



2009

The Millennium Development Goals, Timor-Leste





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Preface

After the restoration of its independence in May 2002, Timor-Leste joined the international community in pledging its support for the Millennium Declaration that sets out a global agenda for human development. When I attended the Millennium Summit in 2000, as an observer, world leaders committed themselves to reducing the number of people in absolute poverty substantially by 2015. Emerging from the Declaration, the Millennium Development Goals (MDGs) are a set of time-bound targets against which governments and the international community will be assessed.

The first MDG report for Timor-Leste in 2004 was a timely contribution to policy-making and dialogue. The release of the second MDG report will prove to be an equally significant event as it gives due recognition to the country's progress towards its development vision and the MDG targets, while acknowledging the many steps that are still needed.

As a latecomer, we are very much aware of and prepared for the daunting challenges we have to tackle to achieve the MDGs. In the midst of a global recession that is hitting developing countries especially hard, Timor-Leste has been making arduous efforts to find its way out of the crisis by introducing the Economic Stabilization Fund and increasing public sector investment.

However, in 2007 half the population lived on less than \$0.88 per capita per day and half of these poor people were children, suffering from hunger and malnutrition. Poverty has the potential to act as a breeding ground for social instability and civil disorder, and the Fourth Constitutional government has made a concerted effort to strengthen links between policy formulation and programmes to achieve Goal 1, through a number of cash transfer programmes. Conscious of the need to achieve gender equality, the poverty reduction strategies will aim to strengthen economic empowerment of women.

While waiting for more data from the Demographic and Health Survey in 2010 and the next population census, this report gives a detailed account of how Timor-Leste had progressed in terms of the MDGs up until 2007 and it identifies what further actions need to be taken. The report provides inputs to the formulation of the National Development Strategic Plan for the country, the preparation of which will begin this year under my leadership. It will contribute to strengthening the capacity of the National Statistics Directorate for monitoring and reporting on the MDGs and will improve awareness of gender-based budgeting among policy makers. As we continue along this path and while taking stock of how far we have come and how much has been achieved or not achieved, we need to keep moving forward. Achieving these goals and targets requires the commitment of all. It will require building partnerships, focusing on the areas of greatest need, while improving the effectiveness of actions. I am convinced that this report will make a significant contribution to our effort to mobilize resources and forge partnerships and collaboration with all segments of society to achieve these goals.

The government acknowledges the active involvement of the United Nations System in Timor-Leste and appreciates its leading roles in supporting the preparation of this report.



Kay Rala Xanana Gusmão
Prime Minister

Foreword

World leaders at the United Nations Millennium Summit in 2000 agreed on a set of time-bound and measurable goals for combating poverty, hunger, illiteracy, disease, discrimination against women and environmental degradation. At the time of the Summit, Timor-Leste was still under the United Nations Transitional Administration. Soon after its independence in 2002, Timor-Leste integrated the MDGs in its first National Development Plan and subsequent plans and programmes, and has shown a strong commitment to the attainment of these goals.

The Millennium Development Goals (MDGs), ranging from halving extreme poverty and hunger to halting the spread of tuberculosis, HIV/AIDS and other sexually-transmitted diseases, and providing universal education to all men and women are all to be reached by 2015. These objectives have galvanized unprecedented efforts to meet the needs of the world's poorest.

The MDGs are indeed people-centred, time bound and measurable, and the goals are achievable. The report suggests further essential steps required for the country to move towards achieving the MDGs. Continuing to forge strong partnerships between the international community and the Government and people of Timor-Leste is one important step.

The first MDG Report of Timor-Leste was prepared during 2003 and was launched in May 2004. A nationwide public information campaign on MDGs was undertaken in all 65 sub-districts to inform the people on the results of the poverty assessment, raise their awareness of MDGs, and promoted active participation by the people in the country's efforts to achieve human development. However, the first Timor-Leste MDG Report did not contain disaggregated data. The 2009 MDG report is published together with a local MDG report of a pilot district of Oecusse. The Oecusse report will help in disaggregating the data to bring out the rural and urban differences in the performance of each goal.

The report will provide inputs to the formulation of the National Development Strategic Plan for the country, whose process is expected to begin this year.

The report is a collaborative effort of a number of agencies and organizations within the United Nations System and has been produced jointly with the Government of Timor-Leste. The National Statistics Directorate together with line ministries significantly contributed to the data collection and analysis. The report has been enriched by several rounds of debate on issues such as data, methodologies, indicators, trend analyses and policy priorities. As a result, the MDGs have gradually become a centerpiece of development dialogue and cooperation in Timor-Leste. We extend our gratitude to every individual and organization involved in this process. Their continuous support is crucial as we all move forward in addressing Timor-Leste's MDG challenges and monitoring the progress.

The challenge now lies in implementation - for which there is no alternative but hard work, good partnerships and close collaboration.



Finn Reske-Nielsen
Deputy Special Representative of the Secretary-General
UN Resident and Humanitarian Coordinator
UNDP Resident Representative



1

A Brighter Future

THIS REPORT ASSESSES TIMOR-LESTE'S HUMAN DEVELOPMENT PROGRESS
IN THE CONTEXT OF THE MILLENNIUM DEVELOPMENT GOALS

The Millennium Development Goals in Timor-Leste

At the United Nations Millennium Summit in September 2000, 189 states agreed to the Millennium Development Goals (MDGs). The goals are to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and develop a global partnership for development. Each goal has one or more targets with their indicators. The main focus of the MDGs is human development and there is a time limit of 2015 with measured progress. The goals are based on global consensus and partnership, emphasizing the responsibility of developing countries to achieve them and the role of developed countries in supporting their efforts.

As one of the youngest countries in the world, Timor-Leste is committed to achieve the MDGs. These goals are in line with the seven National Development Goals (NDGs) of the Democratic Republic of Timor-Leste:

- To improve political development, foreign relations, defence, and security;
- To reduce poverty and promote both rural and regional development;
- To improve social and human development: education and health;
- To promote agriculture, fisheries, and forestry;
- To manage natural resources and the environment;
- To promote industry, trade, and the private sector; and
- To improve infrastructure.

Progress indicators of both the NDGs and the MDGs are the infant mortality rate, maternal mortality ratio, net enrolment in primary education, poverty head count ratio, proportion of population with access to improved sanitation, proportion of population with access to an improved water source, and the under-five mortality rate.

As a newly-independent country, Timor-Leste is still struggling to improve the lives of its people, working together with development partners including the United Nations team. In 2008 the United Nations Development Programme (UNDP) reported that during 2006 Timor-Leste, although a medium human development country, ranked at 141st position out of 177 countries. This indicates that much has to be done to improve the health, education, and economic productivity of Timor-Leste's people.

Measuring progress

Together with the United Nations the government of Timor-Leste produced the first Timor-Leste MDGs Report in 2004. This report described the progress of Timor-Leste in terms of MDGs, concentrating on the results of the 2001 Timor-Leste Living Standards Surveys, the 2002 Multiple Indicator Cluster Survey (MICS), and the 2003 Timor-Leste Demographic and Health Survey (DHS).

This is an important opportunity to monitor and document the progress of MDGs, particularly with more data becoming available, such as the results of the 2007 Timor-Leste Survey of Living Standards (TLSLS), the Health Monitoring Information System, the Education Monitoring

Information System, the 2006 Mekong Economics Oecusse Community Activation Programme (OCAP) Baseline Report, and the Participatory Poverty Assessment (PPA) in 2006.

This progress report, relying on data which is two years old, provides a comprehensive accounting on how far Timor-Leste had come in some areas, and how large an effort is needed to meet the Millennium Development Goals in others. The latest TLSLS data suggests that there had been a dramatic increase in poverty in the years 2001 to 2007.

This is why the Fourth Constitutional government has embarked on a programme to increase the absolute amount of money in the national budget, especially for health, education and infrastructure. This will hopefully result in an improvement in some of the indicators. However, the results of this spending will only be quantified after the next set of poverty surveys which are not due now for another five years. Until then the impact will be estimated based on economic models designed jointly with the UNDP.

The state of human development

Some of Timor-Leste's human development indicators show steady improvement. This is positive and reflects a real commitment by the government and people of Timor-Leste to institute change and work towards a better future. Many of the 2015 targets are attainable provided the government makes concerted efforts in a number of areas.

Poverty

In terms of tackling poverty there has been little improvement for the poorest people of Timor-Leste, generally those who have little or no education and work in agriculture. Also disadvantaged are widows and orphans of the Resistance, as well as veterans and former child soldiers. About half of the Timorese population lives below the basic needs poverty line of \$0.88 per person per day as compared with 36% in 2001. Given the political transition in 2002 and the political crisis of 2006, this stasis is to some extent understandable. However, this makes the task of achieving the head count ratio of 14%, a target set in the 2004 MDG report, even more challenging.

Hunger

Related to poverty and health, this indicator reflects the poor social conditions of the Timorese people, with 45% of children under five years below their target weight in 2001. In 2007, 50% of all children were underweight. In the longer term, poor nutrition in the early years of childhood development impacts on physical and mental development, causing poorer quality human resources for the country in future.

Education

Education standards in Timor-Leste have fluctuated over the past few years but in general the standard is poor. Only 65% of children enrolled for primary education in 1999 compared to the latest figure which shows an increase to 74% in 2007. Significant improvements are needed to provide the children of Timor-Leste with a complete and comprehensive education, in both rural and urban areas, and for both sexes equally. The target percentage for completion of primary education is 100% by 2015, and the most recent figure reported was 56% in 2003.

Gender Equality

As an indicator for gender equality in Timor-Leste, there is a higher proportion of girls to boys in primary and secondary education, but this reverses at tertiary level with 83 girls to every 100 boys. The ratio of literate women to men aged 15–24, another useful reflection of gender equality, shows a decrease from 97% in 2004 to 93% in 2007, with an achievable target of 100% by 2015. The discrepancies between rural and urban areas (higher male literacy in urban areas) must also be addressed. Furthermore, the low percentage of women in wage employment in the non-agricultural sector (36% in 2007) reflects traditional male dominance in this area.

Child Mortality

Timor-Leste's child mortality rate not only shows the actual death rate for infant and under-five children, but in a wider sense describes the social and economic conditions of society. Between 2001 and 2004 there was only a slight improvement in under-five mortality, from 144 deaths per 1000 births in 2001, to 130 in 2004, with a target of 96 by 2015. These children succumb to

common diseases such as respiratory infections, malaria and diarrhoeal illnesses. There was a further deterioration during the same period in the infant mortality rate (below age one) with 88 deaths per 1000 births in 2001 to 98 in 2004. However, the progress since 2004 and its trend will be verified by the up-coming DHS-2010 that will indicate if the target of infant mortality rate of 53 will be reached with required pace of acceleration.

Maternal Health

With the maternal mortality ratio of 660 maternal deaths based on the 2000 UNICEF, UNFPA and WHO estimates, Timor-Leste has made efforts through the past years to improve the quality of maternal health services. The developments of the National Reproductive Health Strategy and the National Family Planning Policy were milestones and provided a good approach in response to this issue. The training evaluation and refresher courses to health providers regarding clean and safe delivery, commencement of Emergency Obstetric Care essential to decrease the risk of complications and morbidity during delivery, and family planning has strengthened national capacity to ensure better quality services to pregnant women. The community has better access to skilled health workers, considered to be fundamental to good childbirth care.

At the moment, no definite trend could be deduced for maternal mortality since no survey has been done to provide this figure. However, the government is working to improve access of pregnant and birthing women to health care and health facilities. The planned 2010 Demographic Health Survey will be able to reflect the current situation. The target of 252 per 100,000 by 2015 could be realized if continued priority will be given to Reproductive health, including Safe Motherhood.

Disease

Disease continues to be a major problem for the people of Timor-Leste, often due to lack of access to health services. Common diseases include respiratory and gastrointestinal infections, as well as malaria, dengue fever, tuberculosis and leprosy. In 2007 there was a 10% prevalence of malaria, but little improvement in the treatment and prevention of the disease between 2001 and 2007.

Another emerging problem is HIV/AIDS and work must be done to educate the population on the risks of the disease and effective preventative measures. There has been significant improvement in this area, with about one fifth of the adult population both using condoms and in monogamous relationships in 2007.

Water and Sanitation

Improvements in sustainable access to improved water sources were hampered by the political crisis in 2006, and this setback will make it difficult to reach the 2015 target of 78%. In 2007 only 60% of the population had sustainable access to an improved water source, and there was a sharp divide between urban and rural areas. Regarding access to improved sanitation, there has been significant improvement in both urban and rural areas and the country as a whole is likely to achieve the 2015 target.

Conclusion

Timor-Leste is half way along the time frame allocated for achievement of the MDGs. It must be noted, however, that Timor-Leste gained independence in 2002, 12 years after the commencement of the MDG period. This must be remembered when assessing the progress in Timor-Leste, and particular attention must be paid to the special problems inherent in such a post-conflict society. There are many legacies of conflict that will affect progress toward the achievement of the MDGs.

The country remains committed to achieving targets set for 2015 in all areas of human development. It is clear, though, that in many areas there is much work to be done. Effective national policies are required but the efforts must be made at a local level, and will require the input and work of every person in every community, men and women in both rural and urban areas. The development of these goals, and the support from outside agencies and donors, gives this new country a real chance to develop and grow, not just economically, but as a thriving culture with a successful, healthy community.

Map



Glossary

ANC	Antenatal Care
BSP	Basic Services Package
CPR	Contraceptive Prevalence Rate
DHS	Demographic Health Survey
DNE	National Directorate of Statistics
EMIS	Education Management Information System
EOC	Emergency Obstetric Care
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
HC	Humanitarian Coordinator
HDR	Human Development Report
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HSSP	Health Services Strategic Plan
IMR	Infant Mortality Rate
MCH	Maternal and Child Care
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NDGs	National Development Goals
NDP	National Development Plan
NSP	New Sputum Positive
NTP	National Tuberculosis Programme
OCAP	Oecusse Community Activation Programme
ODA	Overseas Development Aid
OECD/DAC	Organization for Economic Cooperation and Development/Development Assistance Committee
PPA	Participatory Poverty Assessment
PPP	Purchasing Power Parity
RC	Resident Coordinator
RH	Reproductive Health
SISCA	Community Integrated Health Services
STI	Sexually Transmitted
TBA	Traditional Birth Attendant
TLOTS	Timor-Leste Overseas Trade Statistics
TLCLS	Timor-Leste Survey of Living Standards
TLSS	Timor-Leste Living Standards Survey
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNTAET	United Nations Transitional Administration in East Timor
WHO	World Health Organization

MDGs



Targets and Indicators in Timor-Leste

GOAL 1. ERADICATE EXTREME POVERTY AND HUNGER

Target 1a. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

INDICATORS

- Poverty headcount ratio
- Poverty gap ratio
- Share of poorest quintile in national consumption

Target 1b. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

INDICATORS

- Prevalence of underweight children under five years of age
- Proportion of population below minimum level of dietary energy consumption

GOAL 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2b. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

INDICATORS

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach grade 5
- Literacy rate of 15–24 year-olds
- Literacy rate of 15 year-olds and over

GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3a. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

INDICATORS

- Ratio of girls to boys in primary, secondary and tertiary education
- Ratio of literate women to men aged 15–24
- Share of women in wage employment in the non-agricultural sector
- Proportion of seats held by women in national parliament

GOAL 4. REDUCE CHILD MORTALITY

Target 4a. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

INDICATORS

- Under-five mortality rate
- Infant mortality rate
- Proportion of one year-old children immunised against measles

GOAL 5. IMPROVE MATERNAL HEALTH

Target 5a. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

INDICATORS

- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

Target 5b. Achieve by 2015, universal access to reproductive health

INDICATORS

- The Contraceptive Prevalence Rate for all methods
- The adolescent (15-19 years of age) birth rate
- Antenatal care coverage
- The unmet need for family planning

GOAL 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6a. Have halted by 2015 and begun to reverse the spread of HIV/AIDS

INDICATORS

- HIV/AIDS prevalence among pregnant women aged 15–24 year
- Condom use rate within the contraceptive prevalence rate and among high risk groups
- Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

Target 6b. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

INDICATORS

- Incidence and death rates associated with malaria
- Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
- Prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under Direct Observable Treatment Short-Course

GOAL 7. ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7a. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

INDICATORS

- Proportion of population with sustainable access to an improved water source
- Proportion of population with access to improved sanitation
- Proportion of households with access to secure tenure

GOAL 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8a. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

INDICATORS

- Net Official Development Assistance, total and percentage of Organization for Economic Cooperation and Development/Development Assistance Committee donors Gross National Income to the Least Developed Countries
- The unemployment rate of young people aged 15–24 years, by sex and total

Target 8b. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

INDICATORS

- Telephone lines and cellular subscribers per 100 population
- Internet users per 100 population



2

Achievement of the MDGs in Timor-Leste

GOAL 1. ERADICATE EXTREME POVERTY AND HUNGER

Target 1a. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day



1a.1. Indicators

A number of indicators were employed to understand the nature of poverty in Timor-Leste. As a new country, Timor-Leste does not have inclusive yearly data and therefore data sources vary every year. Indicators used were as follows:

- Poverty headcount ratio (Indicator 1);
- Poverty gap ratio (Indicator 2);
- Share of poorest quintile in national consumption (Indicator 3).

1a.2. Trends

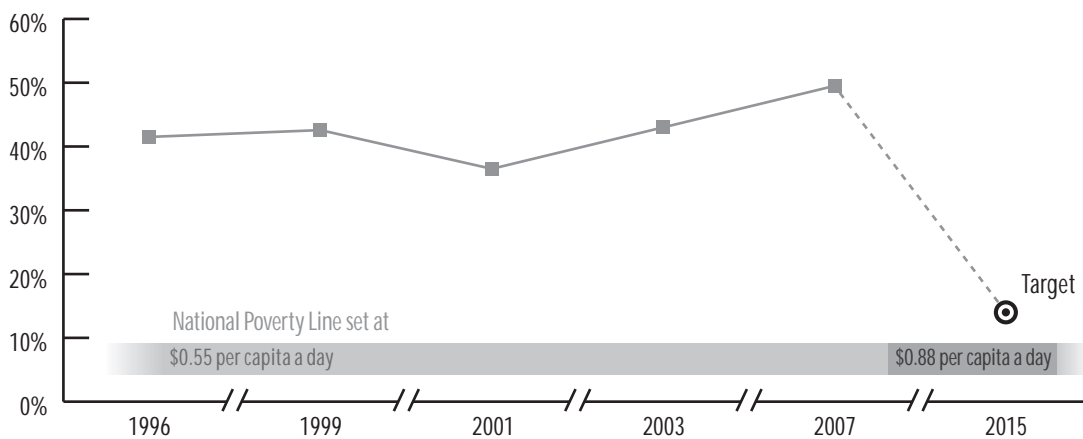
Poverty measurement by examining expenditure revealed significant worsening between 2001 and 2007. This shows that there has been little improvement in the quality of life of Timor-Leste's people. It should be noted that during this period Timor-Leste experienced changes in its economic, social, and political existence. In 2002 the government transitioned from the United Nations Transitional Administration for East Timor (UNTAET) to the Government of Timor-Leste, and in 2006 the country plunged into a political crisis. It is normal for a new country to experience turbulence as a consequence of political transition. This means that there is a need for appropriate policies to ensure that this transition is smooth and to minimize any negative impacts.

INDICATOR 1

Poverty headcount ratio

One of the ways of measuring poverty is the poverty headcount ratio. Between 1996 and 1999 (a period under Indonesian administration), the percentage of the population living below the national poverty line increased from 41.5% to 42.4%. Between 2001 and 2007, the incidence of poverty, measured by the head count ratio, increased from 36% in 2001 to 49.9% based on the new poverty line of \$ 0.88 per capita per day set in the TLSLS 2007. (While the national poverty line was set at \$0.55 per capita a day prior to 2007, the TLSLS set a new poverty line for 2007 at \$0.88 per capita per day reflecting the inflation rate of 7.44% during 2006–2007 which had an impact on the number of people living below national poverty line). This marks a significant increase of 13.6% and can be explained by the decline in real mean private consumption per capita by 26%. With half of the Timorese population living below the basic needs poverty line of \$0.88 per capita per day, it is clear that the government will need to take extra steps in order to achieve the target of 14% by 2015, set in the 2004 MDG Report.

FIGURE 1a.1. PERCENTAGE OF POPULATION BELOW THE NATIONAL POVERTY LINE (US\$0.55 AND \$0.88), TIMOR-LESTE, 1996–2007



SOURCE: TLSLS 2001 / 2007, Timor-Leste MDGs 2004 Report

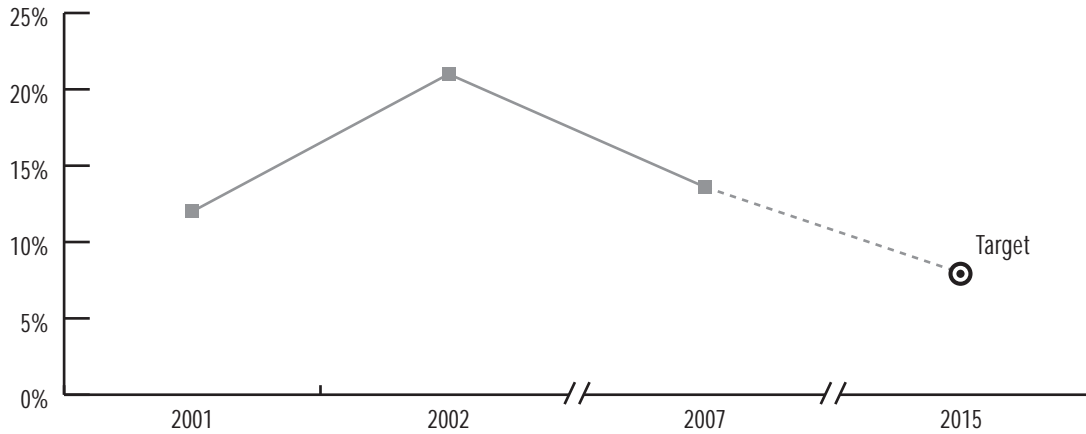
INDICATOR 2

Poverty gap ratio

Poverty is not only measured based on the proportion of the population being poor, but also through the disparity between expenditure of the poor against the poverty line. There are four sources of data for this indicator: HDR Timor-Leste 2006, World Bank 2003 report, Timor-Leste MDG Report 2004 and TLSLS 2007. The first three sources of data for this indicator reported the same figure for 2001 and calculated the poverty gap ratio in Timor-Leste at 12%. Only the World Bank 2003 report provides a figure for 2002, and shows an increase in the poverty gap ratio to 21%. In 2007 it decreased to 14.9%. The HDR Timor-Leste 2006 reports a 2015 target of 8%.

Despite an increase in the percentage population of the poor, Timor-Leste has nevertheless been fairly successful in reducing the poverty gap ratio. This reduction demonstrates that the income of the poor has actually increased, albeit marginally, if comparing 2007 to 2002. The increase, however, was not enough to lift them out of poverty. With the government's efforts focusing on income generation for the poor, it is expected that the poverty gap ratio target of 8% by 2015 will be achieved.

FIGURE 1a.2. POVERTY GAP RATIO, TIMOR-LESTE, 2001–2015



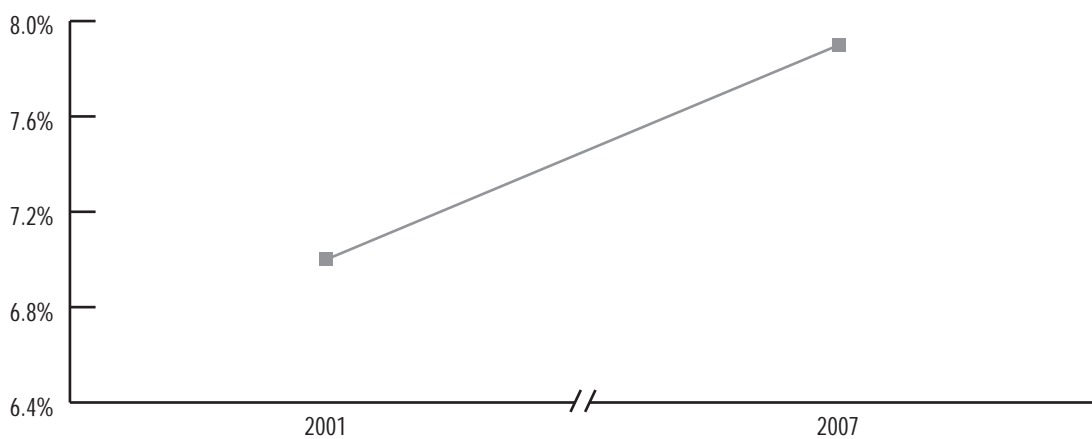
SOURCES: Timor-Leste HDR 2006, World Bank Report 2003, TLSLS 2007

INDICATOR 3

Share of poorest quintile in national consumption

Poverty monitoring does not consider the perspective of absolute poverty alone. Income inequality must also be observed in order to obtain information on poverty from a relative perspective. Calculation of this indicator identified that there has been a slight increase in the share of poorest quintile in national consumption from 7% in 2001 to 7.9% in 2007, barely any improvement in income inequality over the last six years (Figure 1a.3.). If compared to the poverty gap ratio indicator, it can be seen that there has been a slight increase in income of the poor, though one that has not allowed them to escape poverty or increase their consumption share in a significant way. Seen from both an absolute and relative poverty perspective, Timor-Leste had not experienced much improvement; however, the potential to reduce poverty figures in the medium- and longer-term is fairly promising.

FIGURE 1a.3. SHARE OF POOREST QUINTILE IN NATIONAL CONSUMPTION



SOURCES: Timor-Leste MDGs 2004 Report, TLSLS 2007

1a.3. Challenges and efforts

Key challenges that Timor-Leste faces in eradicating poverty include the following:

- There has been little change in the poverty conditions in Timor-Leste and the poor are highly vulnerable to any shocks in the economy. The dependency on imported food sources has resulted in price fluctuations that are subject to the external circumstances. This causes difficulty in controlling the inflation rate, which in turn influences macroeconomic stability. Changes in political stability also have an immediate influence on macroeconomic stability.
- Labour force participation rate in 2006 was 64%, with an unemployment rate of 7%. It was estimated that only 10% of the workforce were paid workers. Since most of the population is involved in subsistence economic activities, they have no income earnings. The labour force participation rate at the level of sucos (villages) is highly variable – the highest was 94.2%, the lowest was 31.7%, and the average in 2007 was 66.5%. The seemingly high rate of labour force participation does not necessarily correspond to overall welfare improvement, unless it is accompanied with a high level of income.
- More than 80% of the population in Timor-Leste, and 94% of the population in sucos, depend on the agricultural sector as the main source of income. However the contribution of the agricultural sector in non-oil GDP is approximately 30%, showing a low level of productivity. With low productivity, and the majority of the population involved in agriculture, actual revenue from the agricultural sector is in fact very little. The second Participatory Poverty Assessment findings reveal that lack of access to local markets, lack of access to financial services, difficulty in selling, and the low price of agricultural products generally cause people to consume the food they produce themselves.

Taking the above challenges into account, poverty eradication in Timor-Leste calls for multiple efforts, including the following:

- There is a need for agricultural policies that lead to adequate levels of food self-sufficiency. This strategy would lessen dependency of Timor-Leste on imported foodstuff.
- It is necessary to control the inflation rate to ensure that the poor, who are vulnerable to macroeconomic shocks, are insulated from the risk of reduced purchasing power.
- Investment must promote the business and industrial sector through the creation of a conducive investment climate, to ensure that people have alternative employment opportunities in the non-agriculture sector.
- Distribution of agricultural produce and farmers' access to the market and financial services should be improved in order to bring about a transformation from subsistence agriculture to commercial agriculture. The purpose of this is to generate an income for farmers and increase the percentage of paid workers in the agriculture sector.

Target 1b. Halve, between 1990 and 2015, the proportion of people who suffer from hunger



1b.1. Indicators

The following indicators were employed to understand the hunger situation in Timor-Leste:

- Prevalence of underweight children under five years of age (Indicator 4);
- Proportion of population below minimum level of dietary energy consumption (Indicator 5).

1b.2. Trends

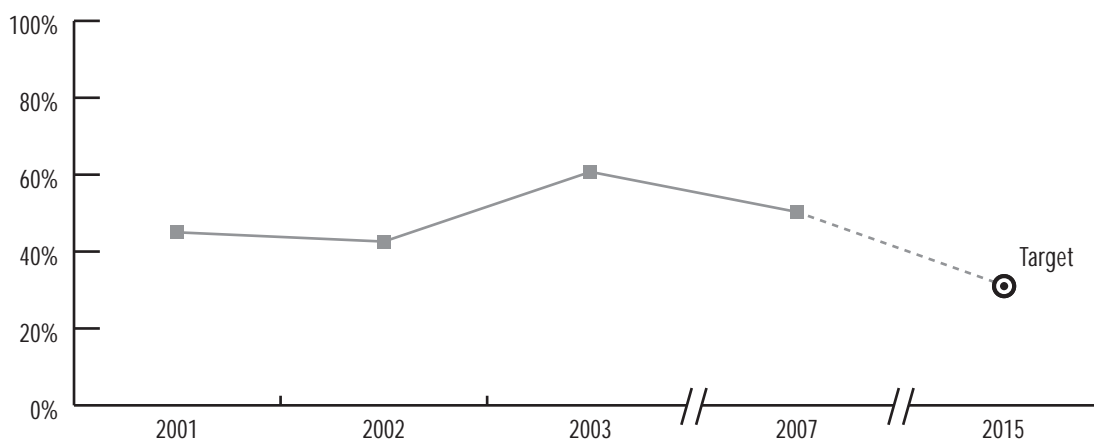
INDICATOR 4

Prevalence of underweight children under five years of age

Poverty impacts the living standards of the people of Timor-Leste, including the quality of their health. Pregnant women and under-five children are normally the most vulnerable to health issues, which are compounded by a general shortage of food and incapacity to meet the nutritional requirements of developing children. Malnutrition is reflected by under-five children that are underweight, and this also provides a measure for poverty and hunger.

In 2001 the prevalence of under-weight among under-five children was 45% in Timor-Leste. The nutrition status of under-five children had deteriorated since then where in 2003 the prevalence of underweight was 45.6% that further deteriorated in 2007 which was 48.6%. The target set for 2015 is 31% which will clearly require great effort to achieve. In the longer term, it is important to note that optimum brain growth and physical capacity takes place in the first five years of life. Thus, hunger that leads to underweight children will cause Timor-Leste to have poorer quality human resources in future.

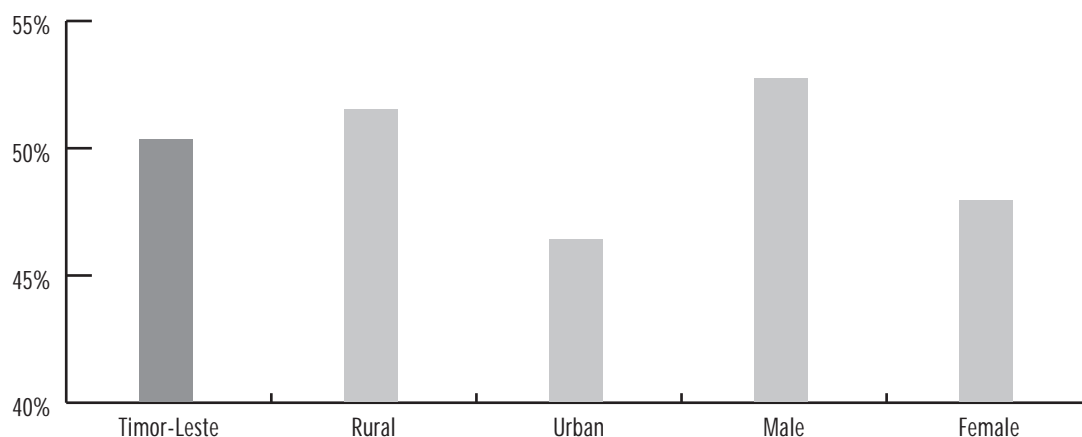
FIGURE 1b.1. PREVALENCE OF UNDERWEIGHT CHILDREN UNDER AGE FIVE, TIMOR-LESTE, 2001–2015



SOURCES: Timor-Leste MDGs Report 2004, TLSLS 2007, DHS 2003

A comparison of urban and rural data indicated that the prevalence of underweight among under-five children in urban areas is slightly worse than that in rural areas (52.5% and 46.1%, respectively, Figure 1b.2). A comparison of both underweight by sex combined both in rural and urban areas, boys were more likely to be underweight than girls 52.5% and 44.5%, respectively.

FIGURE 1b.2. PREVALENCE OF UNDERWEIGHT CHILDREN UNDER AGE FIVE BY REGION AND SEX, TIMOR-LESTE, 2007



SOURCE: TLSLS 2007

INDICATOR 5

Proportion of population below minimum level of dietary energy consumption

Poverty causes inadequate food consumption. Only the OCAP Baseline Report 2006 provides data for this indicator. It reported that the proportion of the population below the minimum level of dietary energy consumption was 64% in 2001. The results indicate that the majority of the people of Timor-Leste are in need of improved nutrition. Even people who do not fit the criteria of "poor" can have a consumption rate that is less than required. In the case of a food price increase, consumption will decrease and hunger will become a serious issue.

1b.3. Challenges and efforts

The key challenges that Timor-Leste faces in addressing the food security issues include the following:

- The current under-nutrition among under-five age children will result into weak physical and intellectual capacities of the younger generation in the future. This will obviously have an impact on the quality of human resources of Timor-Leste in the future global economy.
- Poor access to and utilization of quality nutrition information and services, and the low purchasing power of nutritious food, and inappropriate dietary practices by the population of Timor-Leste.
- Poor public knowledge in nutrition, poor eating habits, and well-being linked to overall health and development in particular the reproductive health linked to maternal nutrition, birth spacing, and child health, knowledge on good sources and importance of nutrition.

The following efforts are required to address the above challenges:

- Providing food and nutrition security to children under-five for a sustained period of time. Meeting nutritional requirements should not, therefore, apply only to under-five children, but also to pregnant and lactating mothers. From this it is hoped that the quality of human resources will improve in the longer term.
- Developing policies that will empower families and communities with adequate knowledge and skills to improve their food and nutrition security.
- Disseminating information to the people of Timor-Leste on issues related to the importance of nutrition and well-being, feeding and caring practice in improving long term quality of life.



GOAL 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2a. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling



2a.1. Indicators

The following indicators were employed to understand the progress in the primary education sector of Timor-Leste:

- Net enrolment ratio in primary education (Indicator 6);
- Proportion of pupils starting grade 1 who reach grade 5 (Indicator 7);
- Literacy rate of 15–24 year-olds (Indicator 8);
- Literacy rate of 15 year-olds and over (Indicator 9).

2a.2. Trends

INDICATOR 6

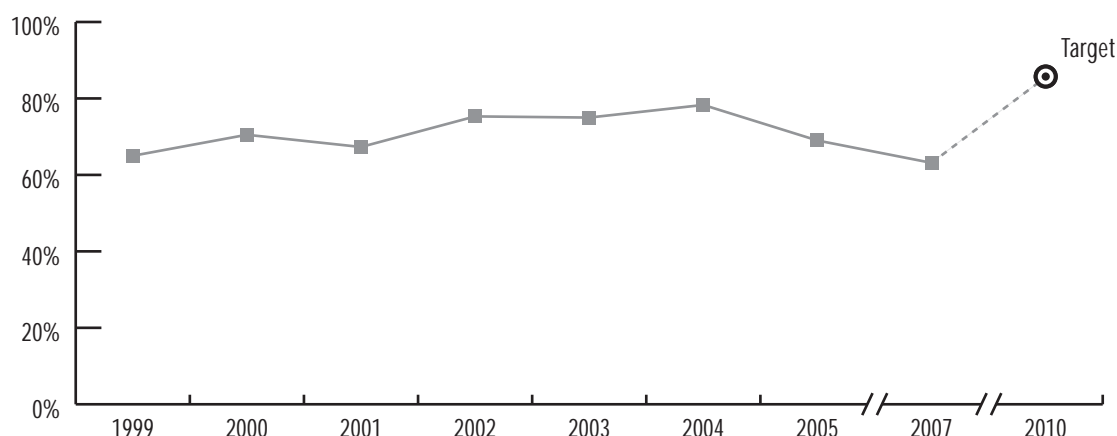
Net enrolment ratio in primary education

Since 1999, the net enrolment ratio at primary education level has been around 60-70% (Figure 2a.1). The ratio rose from 65% in 1999 to 78% in 2004, which was the highest level of achievement during the 1999–2007 period. Unfortunately in the next three years, the percentage decreased. In 2007 it was 63% – even less than the figure for 1999. The target for 2010 is 86%, so significant improvements are needed. Primary education provides children with basic reading, writing, and mathematics skills along with an elementary understanding of such subjects as history, geography, natural science, social science, art and music.

From a demographic point of view, Timor-Leste is a country with a young population. Over 40% of the population are below 15 years of age. This proportion narrowly matches that of the productive age population (15-64 year olds). If the population is grouped into five-year age brackets, the younger age groups record the highest percentages, namely ages 0–4 up to ages 15–19. The weakened net enrolment ratio in primary education in Timor-Leste is thus alarming. The decreasing trend also illustrates that access to primary education had lowered.

Findings of the second Participatory Poverty Assessment identified that people considered their children's education to be very important. Barriers to this include a high cost of access and the need to pay other charges besides tuition fees. The Base Law for Education approved and promulgated in 2008 ensures all children below 17 years of age access to free Basic Education. However, people living in remote areas often find it hard to reach a school. It seems likely that there will remain a considerable need for primary education facilities in Timor-Leste over the coming years. Ultimately, every country with a young population structure needs to ensure that sufficient primary education facilities are in place to accommodate existing and future needs.

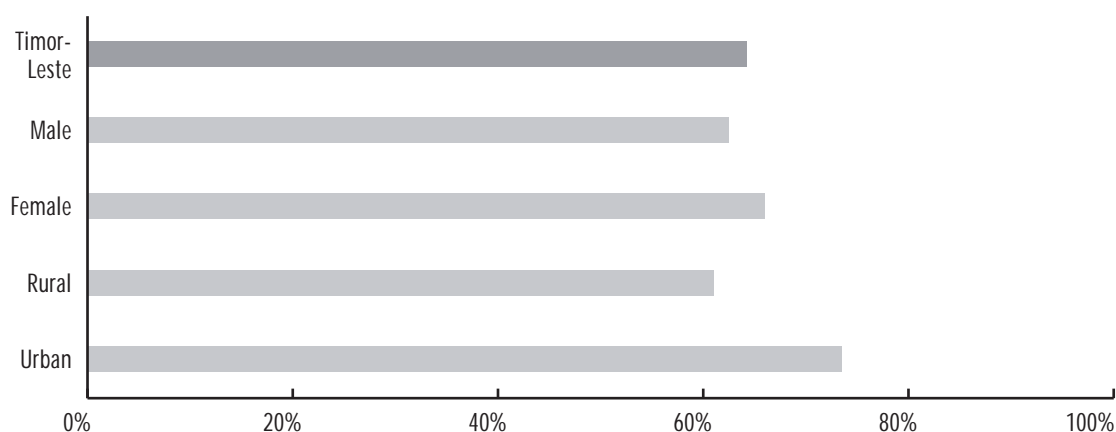
FIGURE 2a.1. NET ENROLMENT RATIO IN PRIMARY EDUCATION, TIMOR-LESTE, 1999–2010



SOURCES: Timor-Leste HDR 2006, World Bank 2003, Timor-Leste MDGs Report 2004, EMIS 2005/2006, TLSS 2001 and TLSLS 2007

Based on location, the net enrolment ratio in primary education is higher in urban areas compared to rural areas (78.7% and 75.9%, respectively). Based on sex, the figure is higher for girls compared to boys (66% and 62.5%, respectively, Figure 2a.2).

FIGURE 2a.2. NET ATTENDANCE RATIO IN PRIMARY EDUCATION, BY LOCATION AND SEX, TIMOR-LESTE, 2007



SOURCE: TLSLS 2007

INDICATOR 7

Proportion of pupils starting grade 1 who reach grade 5

The Ministry of Education data reported that only 56% of the 32,843 students starting grade 2 in 2003 reached grade 5. Publications from other international agencies reported a figure of 47% for 2001 and 2006. The TLSLS 2007, however, estimated a figure of 73% for 2007 (Figure 2a.3).

The target for this indicator is 100%. This means that, by 2015, all primary school students should be reaching grade 5, and therefore be gaining the basic skills of reading and writing. Timor-Leste has experienced significant improvements with regard to primary education after a five-year period of stagnation (2001–2006). An increase between 2006 and 2007 shows that the government has been making strides in improving the availability of facilities and supporting resources for primary schools, such as teaching staff and reading material.

FIGURE 2a.3. PROPORTION OF PUPILS STARTING GRADE 1 WHO REACH GRADE 5, TIMOR-LESTE, 2001–2015



SOURCES: Timor-Leste MDGs Report 2004, EMIS 2005/2006, TLSLS 2007, OCAP Baseline Report 2006

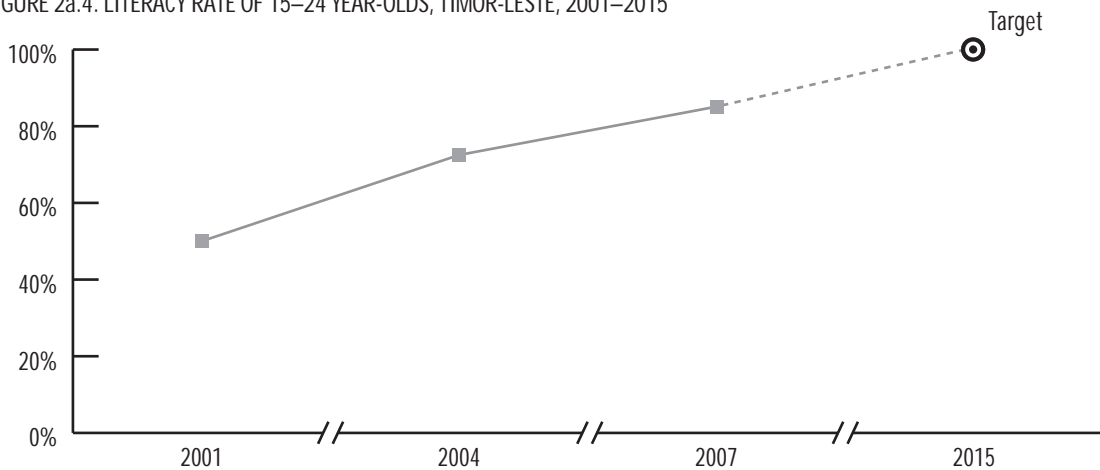
INDICATOR 8

Literacy rate of 15–24 year-olds

In addition to monitoring the progress in the primary education sector, Timor-Leste also aims to remove illiteracy from the 15–24 year-old population. Even though the literacy rate in 2000 in Timor-Leste was lower than that in the East Asia and Pacific region and in Sub-Saharan Africa, a striking trend of increasing literacy has been recorded. In 2001 the literacy rate of 15–24 year-olds reached only 50%, but then increased to 72.5% in 2004, and 85.1% in 2007 (Figure 2a.4). This brings hope that by 2015 all people aged 15–24 will be able to read and write.

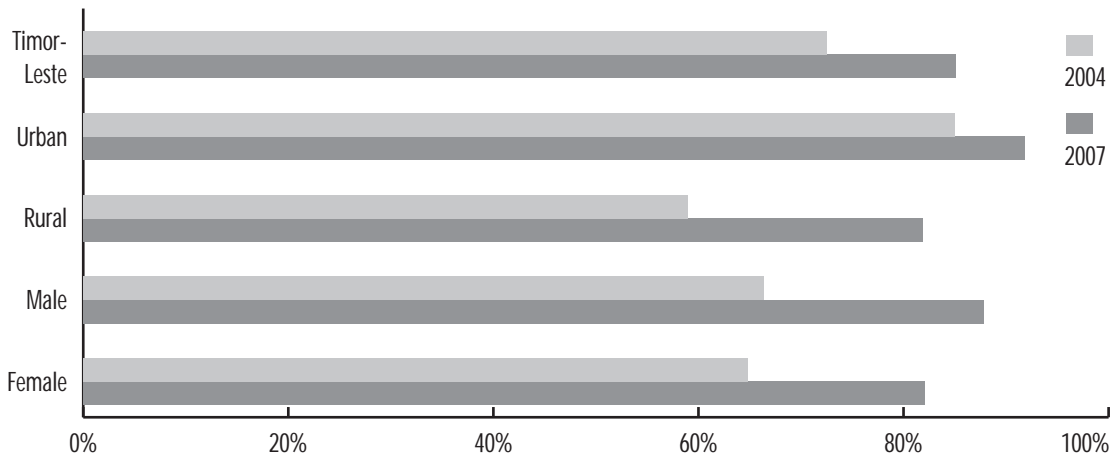
Challenges to eradicate illiteracy in Timor-Leste include reducing the urban-rural and male-female literacy disparities. The high population growth of Timor-Leste, (3.2% per year from 2004 data), is another challenge as it brings a growing population of young people. In 2007, the literacy rate of 15–24 year-olds in rural areas was 81.9%, lower than the 91.8% for urban areas. In this age group the literacy rate was lower for females than males (82.1% and 87.8%, respectively). These figures have improved greatly from 2004. What is interesting is the narrowing literacy rate gap between urban and rural areas between 2004 and 2007. This implies that access to education in rural areas is improving, and the government has been exerting itself to diminish the rural-urban education divide.

FIGURE 2a.4. LITERACY RATE OF 15–24 YEAR-OLDS, TIMOR-LESTE, 2001–2015



SOURCES: Timor-Leste MDGs Report 2004, Population Census 2004, TLSLS 2007

FIGURE 2a.5. LITERACY RATE OF 15–24 YEAR-OLDS, BY LOCATION AND GENDER, TIMOR-LESTE 2004, 2007



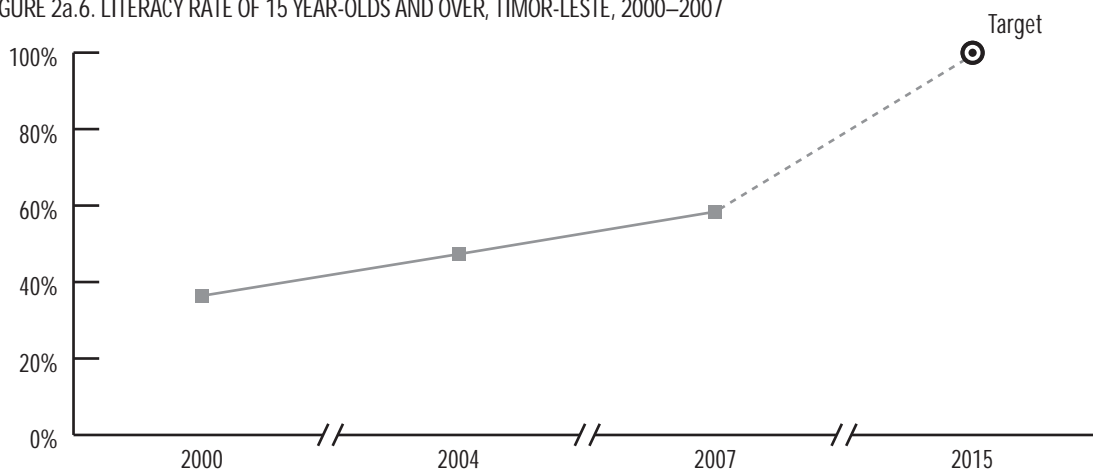
SOURCE: TLSLS 2007

INDICATOR 9

Literacy rate of 15 year-olds and over

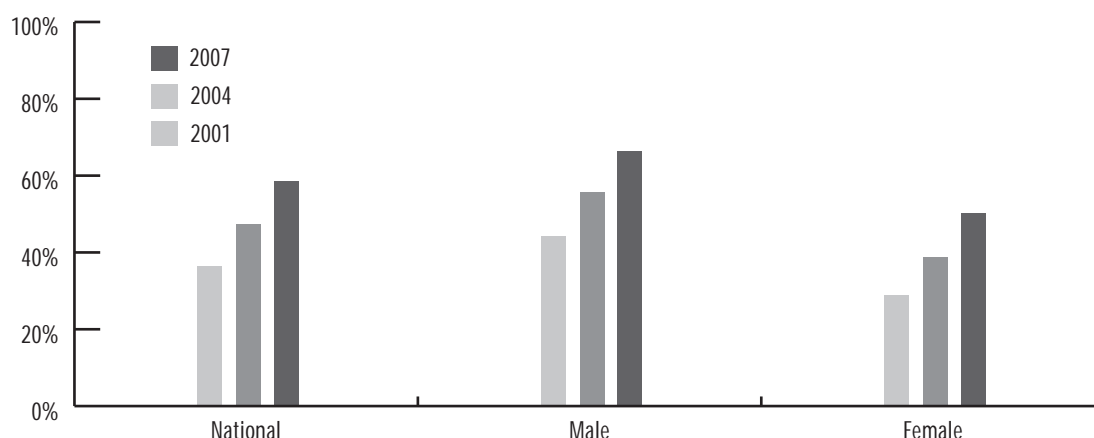
The trend of improving literacy rates does not only apply to ages 15–24, it also applies to all adults (defined here as above the age of 15). Between 2000 and 2007, there was significant improvement in the adult literacy rate in Timor-Leste. From only 36% in 2000, the adult literacy rate rose to 47% in 2004 and 58% in 2007 (Figure 2a.6). It is common for urban populations to be more literate than their rural counterparts, and Timor-Leste is no exception. TLSLS 2007 reveals that in 2007, 74% of the urban adult population were literate, while in rural areas the rate fell to 52%. With regards to sex, the male literacy rate was higher than that of female (Figure 2a.7). A higher literacy rate gap for adults compared to 15–24 year olds shows an improvement in education for the younger generation. Moreover, the difference in adult literacy rates between the sexes indicates the existence of discrimination in education where males were favoured over females.

FIGURE 2a.6. LITERACY RATE OF 15 YEAR-OLDS AND OVER, TIMOR-LESTE, 2000–2007



SOURCE: TLM DGR 2004, TLSLS 2007

FIGURE 2a.7. LITERACY RATE OF 15 YEAR OLDS AND OVER BY SEX, TIMOR-LESTE, 2001, 2004, 2007



SOURCE: TLSLS 2007

2a.3. Challenges and efforts

Key challenges that Timor-Leste faces in addressing the primary education issue include the following:

- Although the dropout rate for primary education is declining, and the net enrolment is increasing, it is alarming that the completion rate is still low. This can indicate that the increasing population of the primary education age group (7–12 years old) is not matched with proper strengthening of the absorption capacity of primary schools and the challenges of other resources, both in human capacity and materials.
- The disparity of primary education access between rural and urban areas indicates that the opportunity for the entire school-aged population to gain a primary education in Timor-Leste remains inequitable.
- The literacy rate is significantly increasing in the younger age groups, but remains low for adults. This indicates that the population group aged 24 and above is contributing to the low adult literacy rate.
- Timor-Leste remains behind its neighbouring countries with regard to primary education progress. To break the vicious cycle of poverty in Timor-Leste, improvement in education is a key prerequisite.

The following efforts are required to address these challenges:

- Improve primary school facilities and pertinent supporting facilities including human resources, in line with the growth of the primary school-aged population.
- Improve access to quality basic education in rural areas to address disparity with urban areas.
- Increase the opportunity for the entire population to obtain an education.
- To improve the adult literacy rate there is a need for an out-of-school (informal education) policy to assist adults with reading and writing skills.



GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3a. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015



3a.1. Indicators

The following indicators were employed to understand the state of gender equality and the empowerment of women in Timor-Leste:

- Ratio of girls to boys in primary, secondary and tertiary education (Indicator 10);
- Ratio of literate women to men aged 15–24 (Indicator 11);
- Share of women in wage employment in the non-agricultural sector (Indicator 12);
- Proportion of seats held by women in national parliament (Indicator 13).

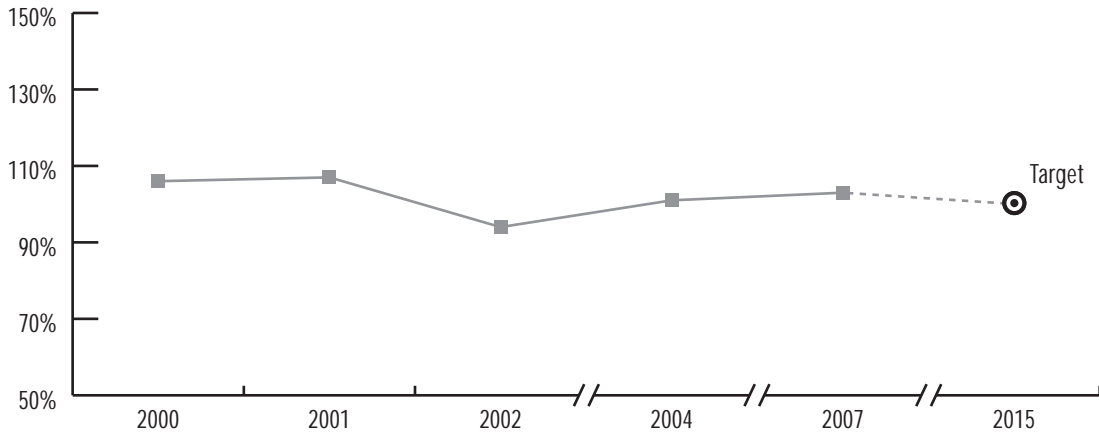
3a.2. Trends

INDICATOR 10

Ratio of girls to boys in primary, secondary and tertiary education

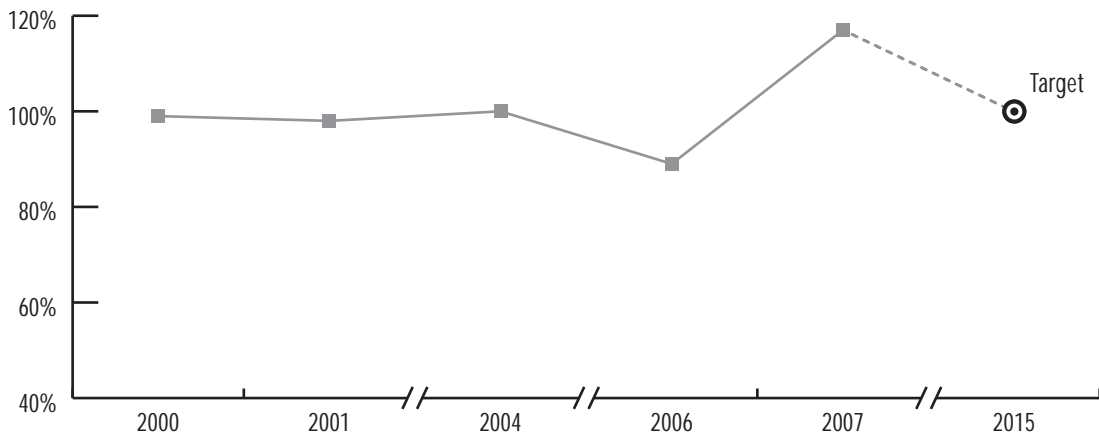
The ratio of girls to boys in each stage of education reflects the social position of girls compared to boys, which in turn depicts gender equality. At primary and secondary education, the proportion of girls was higher than that of boys (Figures 3a.1 and 3a.2). However this rate decreased at the tertiary level (Figure 3a.3). Differences may be caused by lack of information, economic conditions or social values. Regardless of these potential obstacles, it is important for every girl and boy to have the same educational opportunities, throughout primary, secondary and tertiary education.

FIGURE 3a.1. RATIO OF GIRLS TO BOYS IN PRIMARY EDUCATION, TIMOR-LESTE, 2000–2015



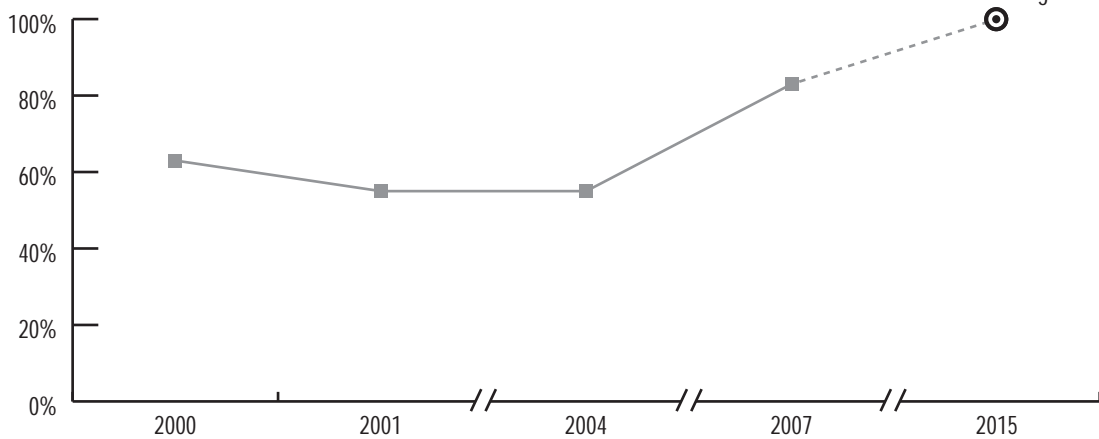
SOURCES: Timor-Leste MDGs Report 2004, TLSS 2001 and TLSLS 2007, UNICEF MICS 2002, Ministry of Education 2008

FIGURE 3a.2. RATIO OF GIRLS TO BOYS IN SECONDARY EDUCATION, TIMOR-LESTE, 2000–2015



SOURCES: Timor-Leste MDGs Report 2004, TLSS 2001 and TLSLS 2007

FIGURE 3a.3. RATIO OF GIRLS TO BOYS IN TERTIARY EDUCATION, TIMOR-LESTE, 2000–2015



SOURCE: Timor-Leste MDGs Report 2004, TLSS 2001 and TLSLS 2007

INDICATOR 11

Ratio of literate women to men aged 15–24

This is another indicator which reflects gender equality. In 2001 the ratio of literate women to men was high at 96%. This figure slightly increased to 97% in 2004, but in 2007 it decreased sharply to 93% (Figure 3a.4). Achieving a ratio of 100% of literate women to men by 2015 is not impossible, but it will require consistent hard work. Further results showed that those living in urban areas were more educated than those living in rural areas, with a higher literacy rate among men than women.

FIGURE 3a.4. RATIO OF LITERATE WOMEN TO MEN AGED 15–24, TIMOR-LESTE, 2000–2015



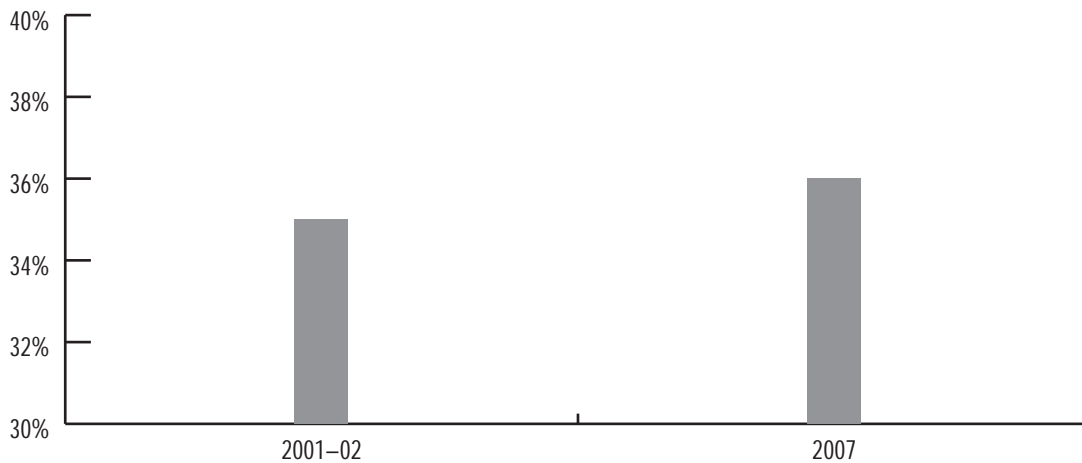
SOURCES: World Bank Report 2003, Timor-Leste MDGs Report 2004, TLSS 2001 and TLSLS 2007

INDICATOR 12

Share of women in wage employment in the non-agricultural sector

This indicator provides another method to examine gender equality. It shows the involvement of women in the labour market, which is traditionally male-dominated. Based on Timor-Leste data sources, female contribution in non-agricultural sectors had slightly increased from 35% in 2001 to 36% in 2007 (Figure 3a.5). Women who are resident in urban areas are more likely to be employed in non-agricultural sectors. This may reflect greater work opportunities for urban women, as many employers prefer to do business in cities or towns which generally have better facilities and infrastructure than rural areas.

FIGURE 3a.5. SHARE OF WOMEN IN WAGE EMPLOYMENT IN THE NON-AGRICULTURAL SECTOR TIMOR-LESTE, 2001–2007



SOURCES: Timor-Leste MDGs Report 2004, Timor-Leste HDR 2006, TLSLS 2007

INDICATOR 13

Proportion of seats held by women in national parliament

This is another useful indicator for measuring gender equality. Parliamentary seats allow for women to participate equally beside men in issues of national scope, particularly politics. Unfortunately there is no adequate data to show the impact of women on policy and decision-making. The latest figure was 28% in 2007 as parliamentarians.

3a.3. Challenges and efforts

Key challenges that Timor-Leste faces in promoting gender equality and empowerment of women are as follows:

- Although the ratio of girls to boys at a very basic level of education remains the same, the ratio decreases with higher education levels. Opportunities for women to enter the labour market are lower than those for men. The ratio of literate women to men aged 15–24 in the period between 2001 and 2007 had fluctuated. There was a noticeable difference of literacy rate between urban areas and rural areas; in fact, the majority of women in rural areas are illiterate.
- The contribution of women in the labour market (excluding the primary sector) is low. The figure was less than 40% between 2001 and 2007.
- At the national level, the proportion of seats held by women in national parliament was less than 30% in 2007.

Promoting gender equality and empowerment of women in Timor-Leste calls for multiple efforts, including the following:

- Re-address policies in the education sector. The opportunity for girls to achieve the same education as boys must be pursued, and the population should be educated about the importance of going to school. Facilities should be prepared which can support learning needs at every educational level. Moreover, the government needs to make basic education compulsory for every citizen.
- Support women entering employment in non-agricultural sectors. Policy makers will have to create more opportunities for women to work in the labour market. Investors should be invited and encouraged to invest in Timor-Leste, and taxes and labour regulations should be re-examined. The government must be particularly aware of the possibility of discrimination against women, and develop suitable policies and regulations to avoid this.
- One of the functions of parliament members is to speak out about problems which are faced by the people. The more women involved in parliament the greater the chance for women's voices to be heard. Therefore the government of Timor-Leste needs to empower women by augmenting the number of seats held by women in the national parliament.



GOAL 4. REDUCE CHILD MORTALITY

Target 4a. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate



4a.1. Indicators

The following indicators were used to illustrate this target:

- Under-five mortality rate (Indicator 14);
- Infant mortality rate (Indicator 15);
- Proportion of one year-old children immunised against measles (Indicator 16).

4a.2. Trends

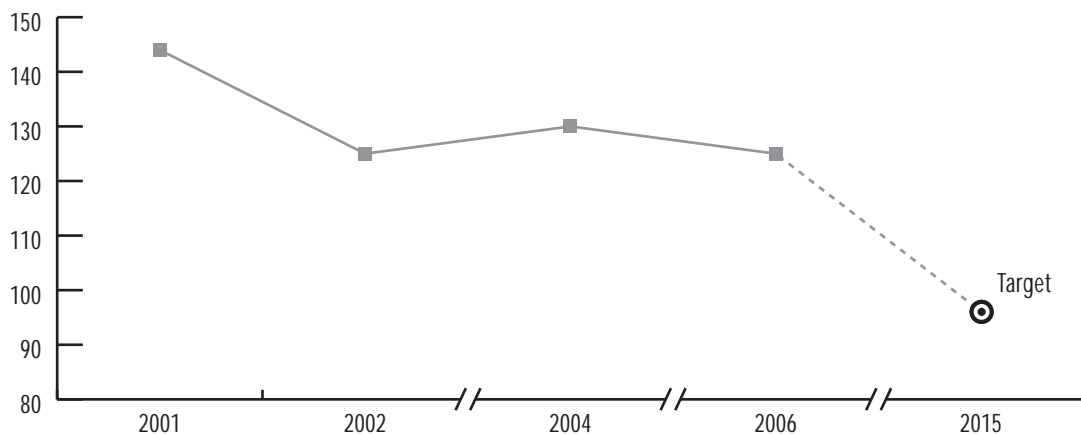
INDICATOR 14

Under-five mortality rate

This indicator not only reflects the actual death rate for under-five children, but in a wider sense describes the social and economic conditions of society as well as the awareness and ability of the population to live in a healthy, hygienic and comfortable environment.

During 2001–2004 in Timor-Leste there was no significant change in the under-five mortality rate. In 2001, out of 1000 live births 144 children died before they reached the age of 5 years. This rate decreased to 125 in 2002, then increased to 130 in 2004. Due to lack of recent mortality data, only the up-coming DHS-2010 will verify if the progress since 2004 and its trend is on track of achieving the target of 96 by 2015. There are still seven years to achieve the target. Policy makers and program manager need to plan and implement the necessary policies and programs in order to reach this target.

FIGURE 4a.1. UNDER-FIVE MORTALITY RATE, TIMOR-LESTE, 2001–2015 (PER 1000 LIVE BIRTHS)



SOURCES: Timor-Leste MDGs Report 2004, UNICEF MICS 2002, Population Census 2004, OCAP Baseline Report 2006.

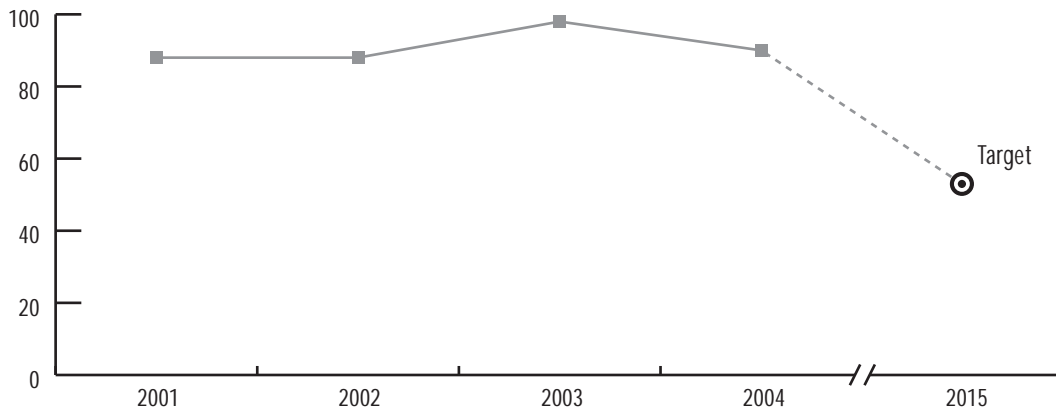
INDICATOR 15

Infant mortality rate

This is another indicator that depicts the demographic conditions of people in Timor-Leste. This indicator is different from the previous one as it involves only the population below the age of one. The major cause of mortality at this life stage includes both internal and external factors of the infant. The knowledge and actions of the mother in caring for the infant play a key role.

Some sources estimate that in 2001 the infant mortality rate in Timor-Leste was 88 deaths (per 1000 live births), and the Census 2004 gives a figure of 98 deaths (per 1000 live births). The latter is the official figure that needs to be verified by the upcoming DHS 2010 that will also indicate the progress and trend if the target of 53 in 2015 can be achieved.

FIGURE 4a.2. INFANT MORTALITY RATE, TIMOR-LESTE, 2001–2015 (PER 1000 LIVE BIRTHS)



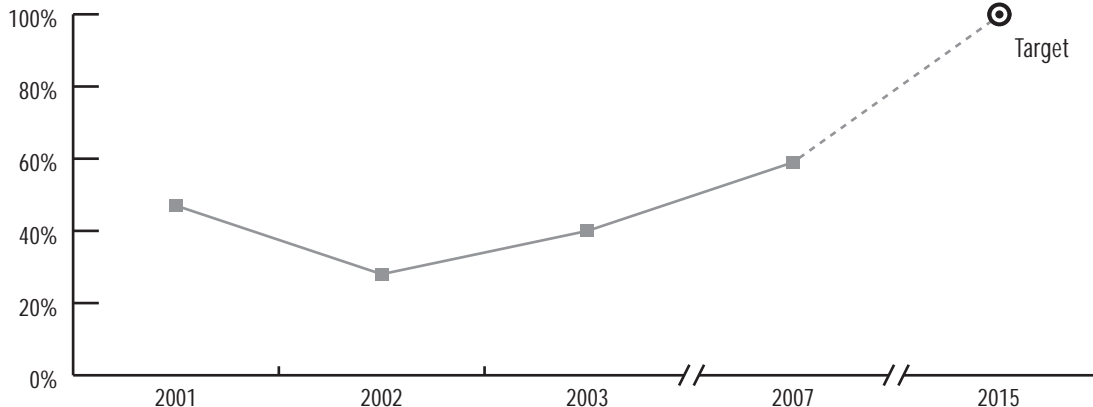
SOURCES: Timor-Leste MDGs Report 2004, Population Census 2004, MICS 2002

INDICATOR 16

Proportion of one year-old children immunised against measles

Measles is one of the most harmful diseases in the world and a major cause of death in children. In 2001 no more than half of all one year-old children had been immunised against measles in Timor-Leste (Figure 4a.3). This situation became worse in 2002, with only 28% immunised. Improvements then took place over the next five years. By 2007, the percentage immunised was 59%. This, however, is still far from the target of 100% in 2015. Real efforts and determination needs to be implemented by the government as soon as possible in order to achieve this target.

FIGURE 4a.3. PROPORTION OF ONE YEAR-OLD CHILDREN IMMUNISED AGAINST MEASLES, TIMOR-LESTE, 2001–2015



SOURCES: TLMDGR 2004, Timor-Leste HDR 2006, TL DHS 2003, TLSLS 2007

4a.3. Challenges and efforts

Key challenges for Timor-Leste to reduce child mortality include the following:

- The weak institutional and human resource capacity, limited infrastructure and systems, combined with poor knowledge and practices of the population on health-care.
- While long distance to health facilities is a constraining factor for many people to seek health care, the poor quality of health services and the weak referral systems further aggravate the situation regarding health-care seeking behaviours.
- The lack of data with inadequate and ineffective functioning of the health management information and the surveillance systems lead to poor planning and management, which are often not evidence-based.
- There was no improvement in the under-five mortality rate from 2001–2004, and the figure was very at 130. This not only reveals a demographic feature of Timor-Leste, it also reflects the poor economic conditions and environmental circumstances in the country.
- The proportion of one year-old children immunised against measles in Timor-Leste reached 74% in 2008, but still remains far from the 2015 target.

The following efforts are required to address the above challenges:

- The government has initiated a wider health sector strategic approach for programme planning and investment in line with the Health Sector Strategic Plan (HSSP) and the Medium Term Expenditure Framework (MTEF). The MoH has already taken efforts to translate the strategies into actions with annual action planning and budgeting, with increased focus on integrated community health services, decentralized planning and capacity building and monitoring that need to be strengthened and sustained.
- There is a need to further improve the policy environment of the health sector in order to enhance the adequacy and effectiveness of essential maternal, newborn and child health (MNCH) services. Proper policy attention and programming needs to be given to the areas of delayed birth spacing and high fertility, access to essential obstetric care and treatment of common childhood killer diseases, on empowering mothers and care-givers on improved caring and care-seeking.
- The availability of health-promotion facilities, along with paramedics and doctors, should be increased, in order to educate people and promote both a healthy life and a hygienic environment.
- These issues are not only the responsibility of those directly in charge, but are important for all decision makers.
- The availability of essential medicines, vaccines, birth control and effective health services in every district hospital will help to reduce the mortality of infants and children.
- All young women must be educated and receive information about all stages of pregnancy, from conception through to delivery of the baby and the postpartum period.



GOAL 5. IMPROVE MATERNAL HEALTH

Target 5a. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio



5a.1. Indicators

Timor-Leste's achievements in the area of maternal health are illustrated by the following two indicators:

- Maternal mortality ratio (Indicator 17);
- Proportion of births attended by skilled health personnel (Indicator 18).

5a.2. Trends

INDICATOR 17

Maternal mortality ratio (MMR)

The 660 per 100,000 maternal mortality ratio from UNFPA, WHO and UNICEF estimate in 2000 provide the only data sources for the MMR.

No nationwide survey based data can be provided because no survey or data collection has been completed to reflect the current situation of the country in relation to maternal deaths.

However, because of the strong commitment made by the government to this goal, efforts such as the developments of the Reproductive Health Strategy, the National Family Planning Policy, Training on Safe and Clean Delivery and Emergency Obstetric Care (EMOC) to health providers, and equipping of established health facilities, have been initiated and, if further strengthened, will bring positive impacts on the current condition and will help the country achieve the target of 252 per 100,000 in 2015.

INDICATOR 18

Proportion of births attended by skilled health personnel

This indicator can be used to measure the correlation between MMR and quality of pregnancy and childbirth care.

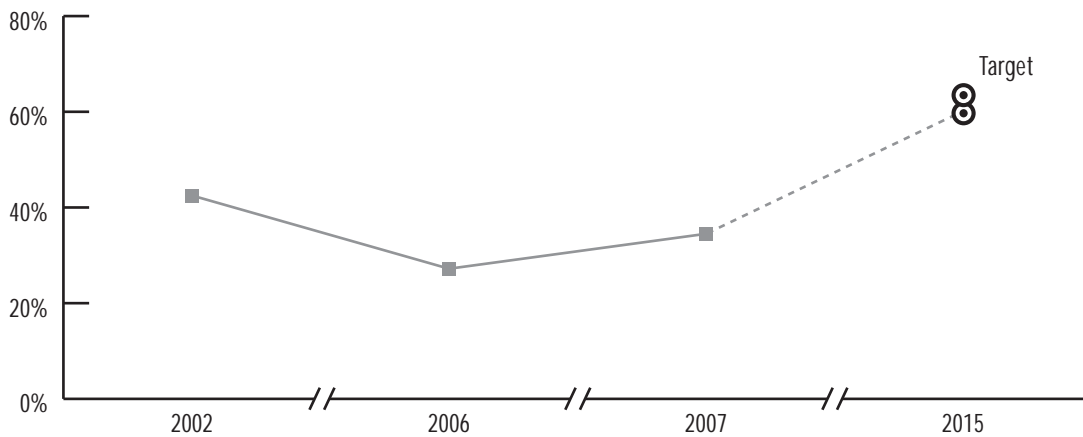
Three quarters of women report that they have difficulty accessing health care services; over 60% cite distance to facilities as a major barrier. The 2003 DHS reported that 90% of all births took place at home, and only 19% of births in Timor-Leste were attended by a skilled health professional. While the percentage of deliveries attended by skilled health personnel was estimated to have increased by 18.7% based on data obtained in the Annual Health Statistics 2007, it remained less than ideal at 41.3% according to the TLSLS 2007 (figure 5a.1).

Comparison between urban and rural areas showed a high percentage of births attended by skilled health personnel in urban compared to rural areas (66% and 21%, respectively in 2007 - figure 5a.2). This reflects that greater focus of the government on the most remote areas are to be prioritized to allow pregnant mothers to have better access to quality maternal health services. With the emergence of SISCA (Community Integrated Health Services) posts in all *suco* levels, the government is hopeful that trends in access to the services will rise accordingly.

There is a slow rising trend in the proportion of births attended by skilled health personnel, though better strategies must be found promptly if an increase in the utilization of skilled birth attendants by the community is to be achieved.

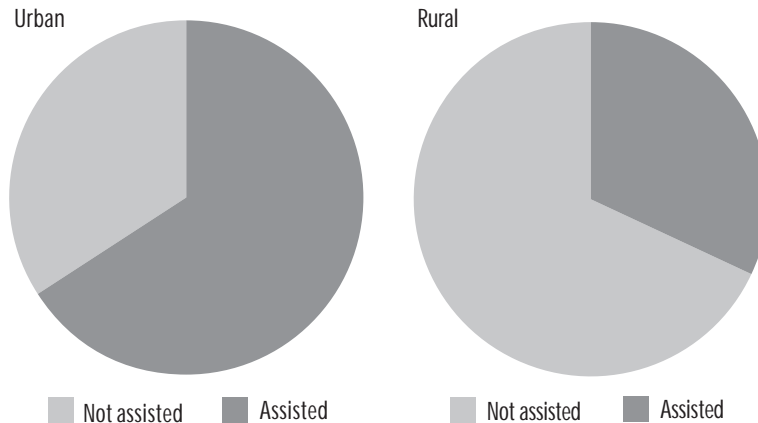
In essence, the figures above show that Timor-Leste needs to be more vigilant and concerted efforts are needed if the country is to achieve the target of 60% in 2015.

FIGURE 5a.1. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, TIMOR-LESTE, 2001–2015



SOURCES: MICS 2002, Annual Health Statistics Report 2006 and 2007

FIGURE 5a.2. PROPORTION OF BIRTHS ATTENDED IN URBAN AND RURAL AREAS BY SKILLED HEALTH PERSONNEL, TIMOR-LESTE, 2007



SOURCE: TLSLS 2007

5a.3. Challenges and efforts

Challenges faced by Timor-Leste to improve maternal health include the following:

- The limited number of midwives able to offer maternal health services constitutes a great challenge to the government to ensure access to maternal health services, especially in rural areas. In response to this need, the government has established the midwifery and nursing school in 2008, in collaboration with the National University, aiming at achieving a more sustainable system. However, this teaching institution will require further improvement in terms of more teaching staff, infrastructure and other facilities.
- There is also uneven distribution of health service providers, especially skilled midwives, with most midwives being concentrated in the urban areas.

- There are limited health facilities equipped to provide Basic Emergency Obstetric Care.
- There is a lack of information to raise awareness among the population in relation to maternal and child health issues.

Based on the above challenges several efforts and strategies may be proposed for Timor-Leste to improve maternal health and achieve the 2015 target:

- Continued efforts in developing maternal health facilities and the required medical support, particularly in rural areas, should be prioritized.
- Increasing the number of skilled health personnel through education and training.
- Ensure that the national behavioural change communication strategy on Reproductive Health is implemented.
- Cooperation with traditional midwives and traditional birth attendants through the provision of additional knowledge to enable them to assist mothers during pregnancy and childbirth in emergency conditions.
- Strengthening the dissemination of family planning education and government policy supporting family planning services, including the provision of contraceptives. With a declining birth rate it is hoped that maternal mortality will also be reduced.

Target 5b. Achieve by 2015, universal access to Reproductive Health



5b.1. Indicators

The following indicators were used to illustrate this target:

- The Contraceptive Prevalence Rate for all methods (Indicator 19);
- The adolescent (15-19 years of age) birth rate (Indicator 20);
- Antenatal care coverage (Indicator 21);
- The unmet need for family planning (Indicator 22).

5b.2 Trends

INDICATOR 19

The Contraceptive Prevalence Rate for all methods

According to the 2003 DHS, the majority of married men and women of childbearing age had a very low knowledge of contraceptive methods, with over 60% of the women and 70% of the men failing to recognize any of the twelve methods listed during the survey. When asked whether they knew where to obtain contraceptives, nearly 70% of women and 80% of men replied that they had no knowledge of sources of family planning. Less than 20% of women of reproductive age (15-49 years) had ever used any method of contraception, and only 9.7% were currently using any contraception. Current use of contraception was related to economic status, with wealthier, more educated women and those living in urban areas more likely to be current users. Among the few women who did use contraception, injectables were the most popular method. The Timor-Leste HDR 2006 reported a figure of less than 1% of the Contraceptive Prevalence Rate covered through use of condoms for 2001-2006.

The vast majority of women received their family planning supplies from the public sector, with the health centre as the most popular source. However, over a third of these women relying on public sector contraceptives had to travel for more than an hour to access their supplies.

The 2007 TLSLS reported a contraceptive prevalence rate (CPR) for all methods of 19.8%, an increase from 8% in 2001. This also represents a near doubling of the corresponding figure from the 2003 DHS. Tracking the contraceptive use of survey respondents over time enables tracking of the efforts towards the provision of quality family planning information and services.

INDICATOR 20

The adolescent (15-19 years of age) birth rate

Pregnancy in adolescence has a higher risk of death. In Timor-Leste the adolescent (15-19) fertility rate is 58.5 per 1,000 adolescent women. This data is derived from the Census 2004 and latest figure will only be determined in the next Census 2010.

Only 34% of births are spaced by three years, and only one in five women who require a Caesarean section has access to one. Hence, improving maternal health is a key national and sectoral priority as reflected in the First NDP 2002-2007, the Basic Services Package (BSP) for Health 2007 and the HSSP 2008-2012.

INDICATOR 21

Antenatal care coverage

The rates of antenatal and postnatal care are improving but remain low. About 6 out of every 10 pregnant women (55.4%) made a first antenatal care (ANC) visit in 2007, with the percentage declining to 31% for the fourth ANC visit. An average of 1.6 ANC visits per pregnant woman was observed in 2007. Only 21.2% of pregnant women made postnatal care visits within one week of delivery. This information was based on the Annual Health Statistics 2007 released by the Ministry of Health.

INDICATOR 22

The unmet need for family planning

According to The DHS 2003, the unmet need for family planning was reported at 3.8%, with 3.7% for spacing and only 0.1% for limiting. No other data could be obtained to show trend or progress for this indicator since no survey has been done to date.

5b.3 Challenges and efforts

Challenges faced by Timor-Leste to improve maternal health include the following:

- The limited number of midwives able to offer maternal health services including family planning services;
- The limited number of health facilities equipped to provide integrated maternal health services;
- Although the trend towards increasing uptake of contraception is encouraging, the government has to sustain these early gains by ensuring availability and accessibility to contraceptive services and supplies improving the quality of services including counseling, and creating demand for family planning;
- Insufficient information and health services to address the young people's concerns regarding sexual and reproductive health.

Based on the above challenges several efforts and strategies may be proposed for Timor-Leste to improve maternal health and achieve the 2015 target:

- Ensuring the implementation of the ARH approach and strategies as a component of the National Reproductive Health Strategy;
- Ensure that the national behavioural change communication strategy is implemented accordingly to improve the awareness of the population on adolescent reproductive health and family planning. Special efforts need to be taken to ensure that information will reach rural communities and people with low level of education and economic status.
- Strengthening the dissemination of family planning education and government policy supporting family planning services, including the provision of contraceptives.
- Men's involvement and responsibility for contraception need to be encouraged.



GOAL 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6a. Have halted by 2015 and begun to reverse the spread of HIV/AIDS



6a.1. Indicators

The following indicators were used to understand the progress of efforts to combat HIV/AIDS in Timor-Leste:

- HIV/AIDS prevalence among pregnant women aged 15–24 year (Indicator 23);
- Condom use rate within the contraceptive prevalence rate and among high risk groups (Indicator 24);
- Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (Indicator 25).

6a.2. Trends

INDICATOR 23

HIV/AIDS prevalence among pregnant women aged 15–24 year

No systematic, nationwide survey on HIV/AIDS prevalence among pregnant women has been done in Timor-Leste. Since there is no systematic supporting data, a thorough trend analysis cannot be carried out.. However, 9 Voluntary Counseling and Testing centers have been established and the total number of HIV positive tests from the general population from all age groups so far is 94.

INDICATOR 24

Condom use rate within the contraceptive prevalence rate and among high risk groups

The Timor-Leste HDR 2006, reported a figure of less than 1% of the Contraceptive Prevalence Rate covered through use of condoms for 2001–2006.

The HIV, STIs and risk behaviour study in East Timor, FHI, 2004 indicated that only 40% of sex workers recognized a condom and condom had been used in only 29% of the last commercial sex and 59% of commercial sex workers never used condoms.

INDICATOR 25

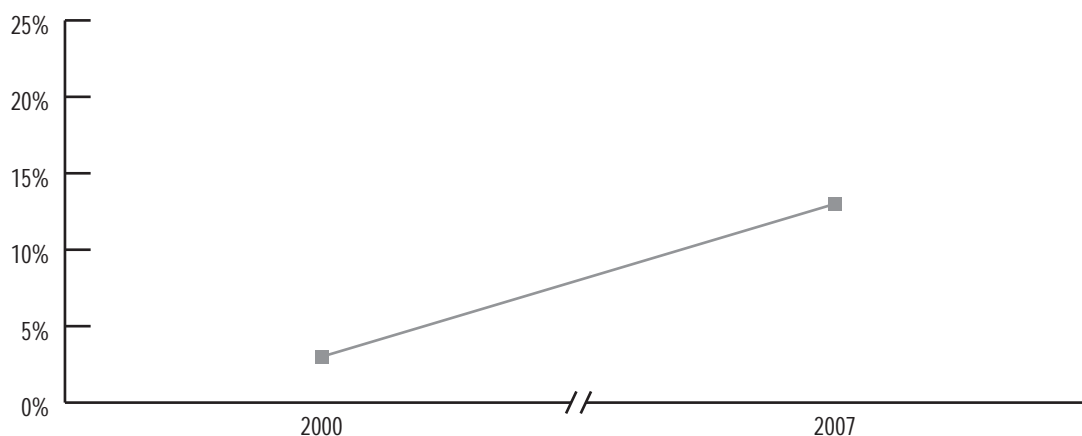
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

Data trends are available for HIV/AIDS knowledge from UNICEF MICS 2002 data and TLSLS 2007. The percentage of the population aged 15–24 with comprehensive correct knowledge of HIV/AIDS increased from 3% in 2002, to 12.9% in 2007 (Figure 6a.1). People from urban areas had a greater awareness of the subject compared to people from rural areas. Also, males were more likely to have this knowledge compared to females.

The 2007 TLSLS indicated that only 66.1% of the population between 15-24 years had heard about HIV/AIDS. Among those who had heard of HIV/AIDS, 73% believed that HIV/AIDS could be avoided, with only 44.8% responding that the disease could be avoided through the use of condoms.

A nationwide study conducted by the Dili Institute of Technology in 2007 found that young men engaged in behaviors that put them at risk of contracting STIs, including HIV/AIDS, with 67% of sexually active men reporting sex with more than one partner, but only 33% reported having used a condom during their last intercourse.

FIGURE 6a.1. PROPORTION OF POPULATION AGED 15–24 YEARS WITH COMPREHENSIVE CORRECT KNOWLEDGE OF HIV/AIDS



SOURCES: UNICEF MICS 2002, TLSLS 2007

6a.4. Challenges and efforts

Key challenges that Timor-Leste faces in controlling the spread of HIV/AIDS include the following:

- There is still a very low level of correct knowledge about HIV/AIDS prevention.
- The level of risk behavior is still high, with young people engaged in unprotected sex and a low level of condom use, with the possibility to exposure to infection.
- Low level of use of condoms among the most at risk groups, including commercial sex workers.

Efforts required to address the above challenges include:

- The health sector, with support from the Global Fund, has initiated behavior change programs targetting the most at risk groups;
- There is need for improved and expanded information activities reaching the general population, with a special focus on young people;
- Ensure proper support efforts, including laboratory, nutritional and medical treatment for People Living with HIV/AIDS

Target 6b. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases



6b.1. Indicators

To illustrate the progress of reducing the incidence of malaria and other major diseases in Timor-Leste, the following indicators were used:

- Incidence and death rates associated with malaria (Indicator 26);
- Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (Indicator 27);
- Prevalence and death rates associated with tuberculosis (Indicator 28);
- Proportion of tuberculosis cases detected and cured under Direct Observable Treatment Short-Course (Indicator 29).

6b.2. Trends

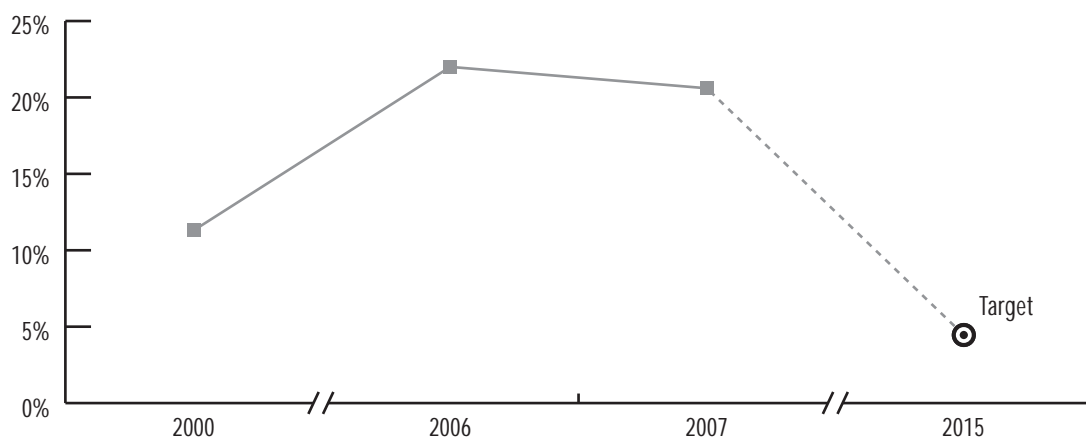
INDICATOR 26

Incidence and death rates associated with malaria

The MoH Health Management Information System is providing data on the incidence of malaria. There was an increase from 113 per 1000 population in 2000 to 206 per 1000 population in 2007 (Figure 6b.1). The target prevalence rate for 2015 is 45 per 1000 population.

No reliable data is available for the death rates.

FIGURE 6b.1. Prevalence rates associated with malaria (%)



SOURCES: TLSS 2001 and TLSLS 2007, Health MIS 2006

TABLE 6b.1. : NUMBER OF MALARIA CASES (PROBABLE AND CONFIRMED) REPORTED AND INCIDENCE RATE PER 1000 POPULATION IN TIMOR-LESTE FROM 2001 TO 2007

	2001	2002	2003	2004	2005	2006	2007
Reported malaria cases	83,049	120,344	203,393	218,342	182,903	224,601	215,402
Incidence rate (per 1000 population)	105	136	225	236	186	221	206

SOURCES: MoH HMIS

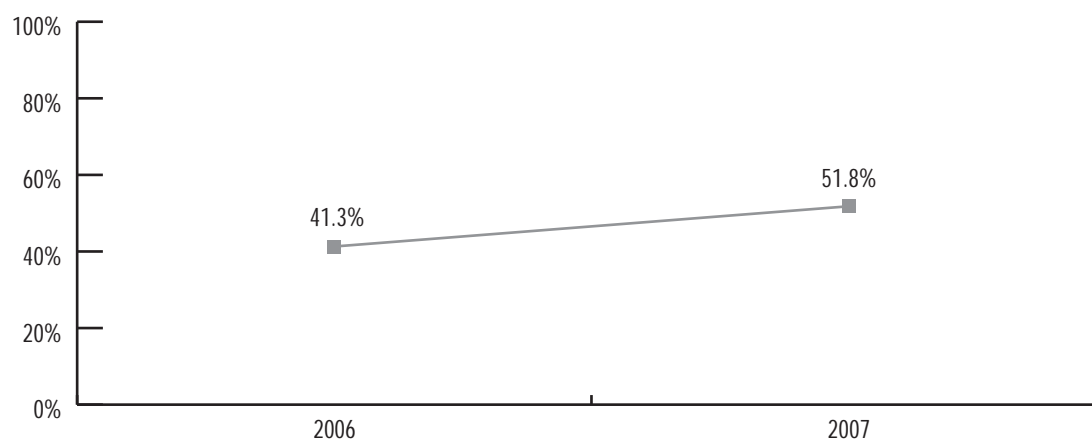
INDICATOR 27

Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures

The data for Timor-Leste shows a substantial improvement in prevention and treatment over the seven years from 2001 to 2007. The proportion of people sleeping under a mosquito net increased from 41.3% in 2001 to 51.8% in 2007. During this period the policy and practice was also changed to distribution of Long Lasting Insecticide Treated Nets. This positive trend shows progress towards the 2015 target of 60%. Data shows that urban residents are more likely to sleep under treated mosquito nets than those living in rural areas (69.6% and 45.5%, respectively), reflecting a greater awareness about malaria prevention in urban areas.

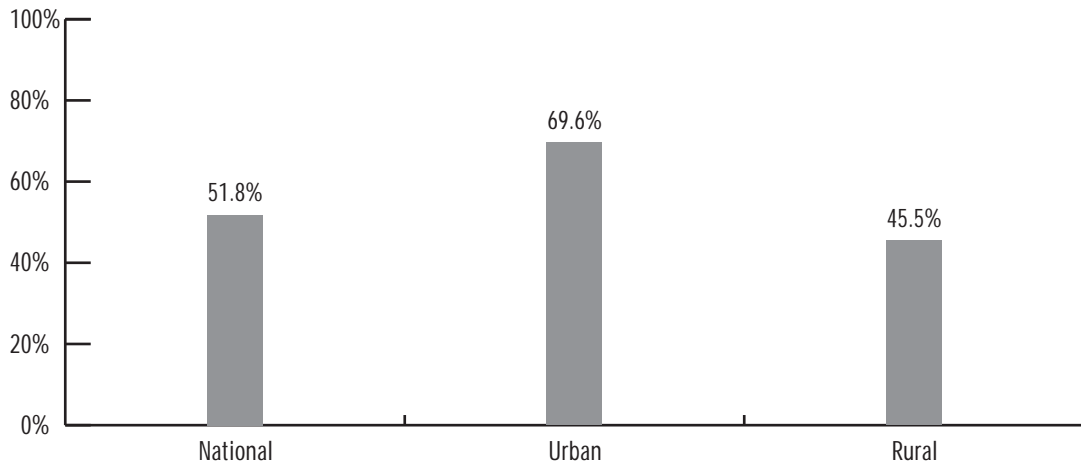
FIGURE 6b.2. USE OF MOSQUITO NETS IN 2001 AND 2007

*Treatment of mosquito nets with insecticides was not carried out after 2005. Insecticide treated insecticide treated nets which life span of 3-5 years insecticide impregnation was distributed from 2006.



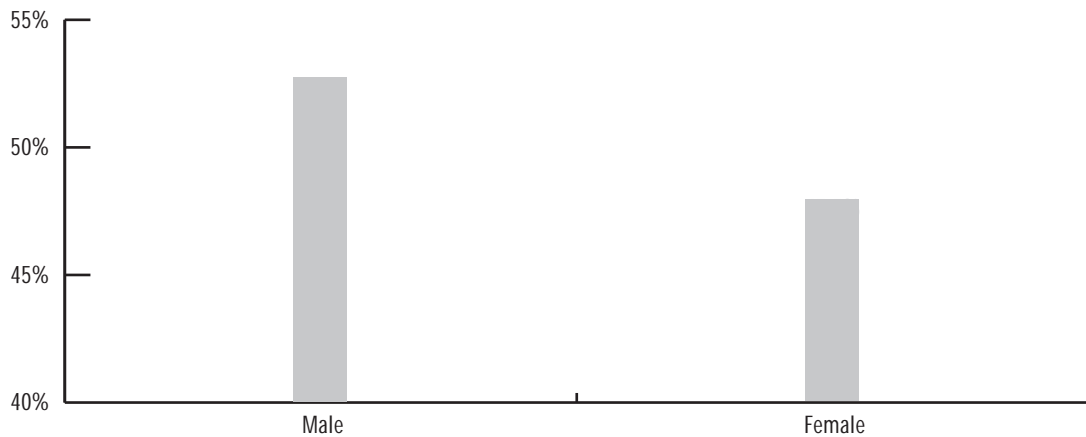
Source: 2001 TLSS Timor-Leste and Survey of Living Standards (TSLSS) 2007

FIGURE 6b.3. PROPORTION OF POPULATION THAT SLEEPS UNDER TREATED MOSQUITO NETS, BY RURAL AND URBAN AREAS, TIMOR-LESTE, 2007 (%)



SOURCE: TLSLS 2007

FIGURE 6b.4. PROPORTION OF POPULATION THAT SLEEPS UNDER TREATED MOSQUITO NETS, BY GENDER, TIMOR-LESTE, 2006 (%)



SOURCE: TLSLS 2007

INDICATOR 28

Prevalence and death rates associated with tuberculosis

In-depth analysis of national programme data set since 2000 through to 2007 showed that the incidence of new sputum positive cases was 145 per 100,000 (range 115-175 per 100,000) in the year 2008 compared to 250 for 2006, as per Global Tuberculosis Control reports. Similarly, the prevalence of TB has been estimated at 447 per 100,000 in 2008 compared to 789 per 100,000 in 2006.

As per the Global report there was slight increase in TB mortality between 2005 and 2006. However, the national Programme data shows a consistent >4% case fatality rate that compares well with any well functioning programme.

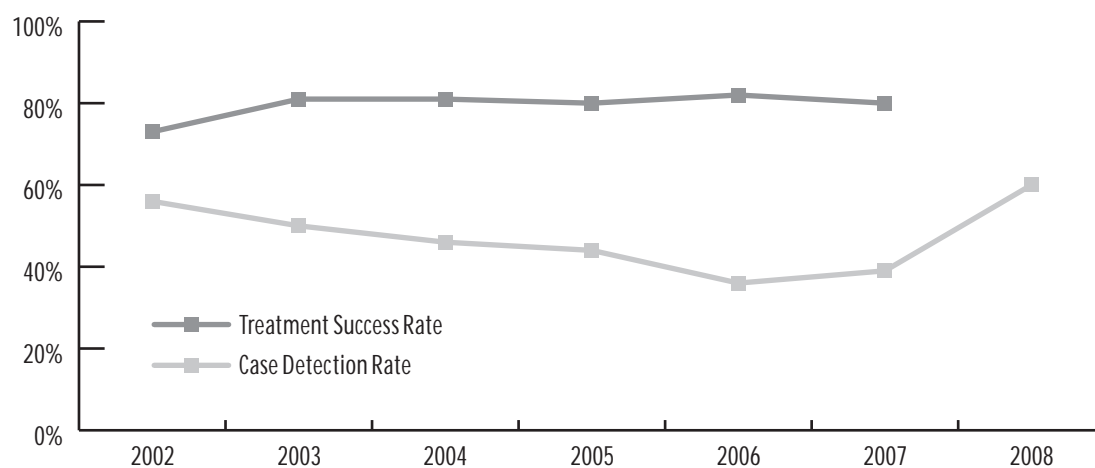
INDICATOR 29

Proportion of tuberculosis cases detected and cured under Direct Observable Treatment Short-Course (DOTS)

National programme data shows a steady decline in the NSP case detection rate between 2002 and 2008. The indicator was calculated using the estimates of incidence of NSP cases as 250 per 100,000 mentioned in the Global Tuberculosis Control report since 2003.

The NSP case detection rates for 2008 are higher due to reduced incidence of disease. With continued strengthening of the National TB Control Programme (NTP) it is expected that global targets of case detection will be accomplished in coming years. The country has been consistently achieving treatment success rates of over 80% since 2003 which, though below the global target of 85%, is remarkable in a post-conflict low resource setting.

FIGURE 6b.6. PROPORTION OF TUBERCULOSIS CASES DETECTED AND CURED UNDER DOTS, TIMOR-LESTE, 2008 (%)



SOURCES: Timor-Leste HDR 2006, Global Tuberculosis Control 2008

* Treatment Success rate for 2007 is for January to March. Case detection rate for 2008 is for initial two quarters and using revised incidence rate

6b.3. Challenges and efforts

Challenges that Timor-Leste faces in controlling the spread of malaria and other diseases include the following:

- The incidence rates for malaria do not show any decreasing trend. The number of reported malaria incidences have increased from 2001 (113 per 1000 population in 2001 to 206 per 1000 in 2007). This can probably be explained by a better reporting system being introduced and more active case detection activities being initiated. The health sector has intensified the preventive and curative interventions with funding from the Global Fund. Intensified Vector Control activities, distribution of Long Lasting Insecticide Treated Nets and changing treatment protocols for malaria are priority activities with a potential to bring the malaria situation under better control and thus achieving the targets until 2015.
- There is a rural-urban and male-female disparity within the population sleeping under treated mosquito nets, indicating a possible knowledge gap or lack of access in these groups.

TB is a major health problem in the country and the Ministry of Health accords commensurate priority to control of the disease. The National TB Control Programme (NTP) is being further strengthened for improved delivery of TB diagnostic and treatment services across the country with additional support from the Global Fund. Sustained political and administrative commitment and resource mobilization will be needed to maintain and further improve disease control efforts. Community awareness about availability of diagnostic and treatment services has to be improved to increase service utilization and reduce stigma.

The following efforts are required to address the above challenges:

- The National Malaria Control Programme continues to give priority to malaria control activities, including early diagnosis, effective treatment, vector control and personal protection activities. Community awareness programmes need to be strengthened to improve the knowledge, attitude, and practices favorable for malaria prevention and control among the community.





GOAL 7. ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7a. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation



7a.1. Indicators

A number of indicators were used to understand the level of access to safe drinking water and basic sanitation in Timor-Leste:

- Proportion of population with sustainable access to an improved water source (Indicator 30);
- Proportion of population with access to improved sanitation (Indicator 31);
- Proportion of households with access to secure tenure (Indicator 32).

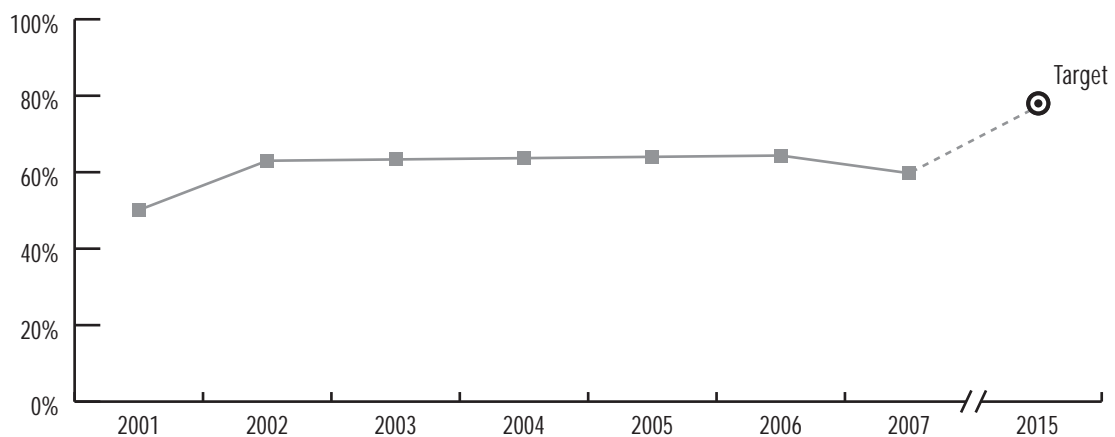
7a.2. Trends

INDICATOR 30

Proportion of population with sustainable access to an improved water source

For this indicator, there was an increasing trend during 2001–2006. The decrease in 2006–2007 may have occurred because of the political crisis in 2006. Because of slow rate of increment, combined with the decrease 2006–2007, the 2015 target of 78% will be difficult to reach.

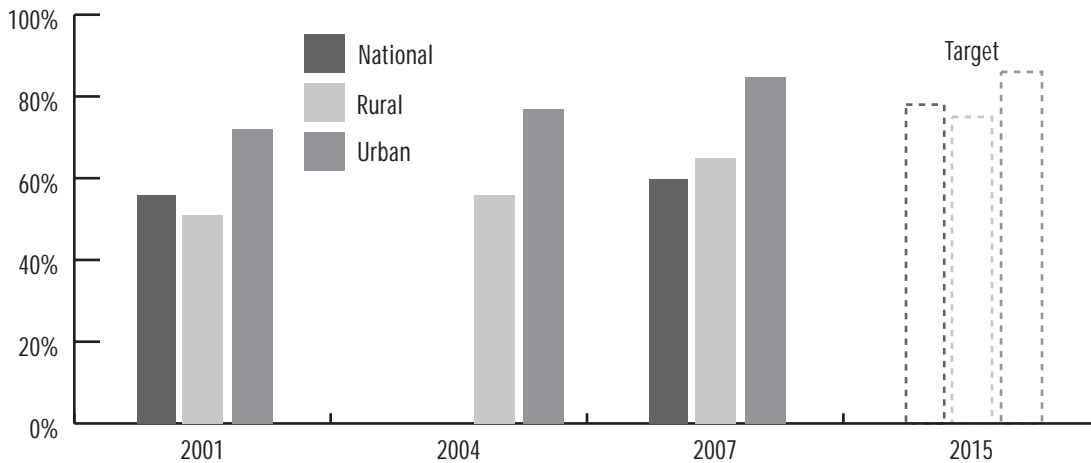
FIGURE 7a.1. PROPORTION OF POPULATION WITH SUSTAINABLE ACCESS TO AN IMPROVED WATER SOURCE (%)



SOURCES: Timor-Leste HDR 2006, WHO Statistics, TLSLS 2007

In urban and rural areas, there is a difference in sustainable access to improved water sources. Data from TLSLS 2007 and Timor-Leste HDR 2006 for 2001 was used. A significant increase was reported in access to improved water sources in urban areas (Figure 7a.2), having increased from 72% in 2001 to 79.9% in 2007. This is only 1% less than the 2015 target. In rural areas, although there had also been an increase, the absolute values remained low. Thus, a much higher increase is needed to meet the target of 75% in 2015.

FIGURE 7a.2. PROPORTION OF POPULATION WITH ACCESS TO AN IMPROVED WATER SOURCE IN RURAL AND URBAN AREAS, TIMOR-LESTE, 2001–2015 (%)



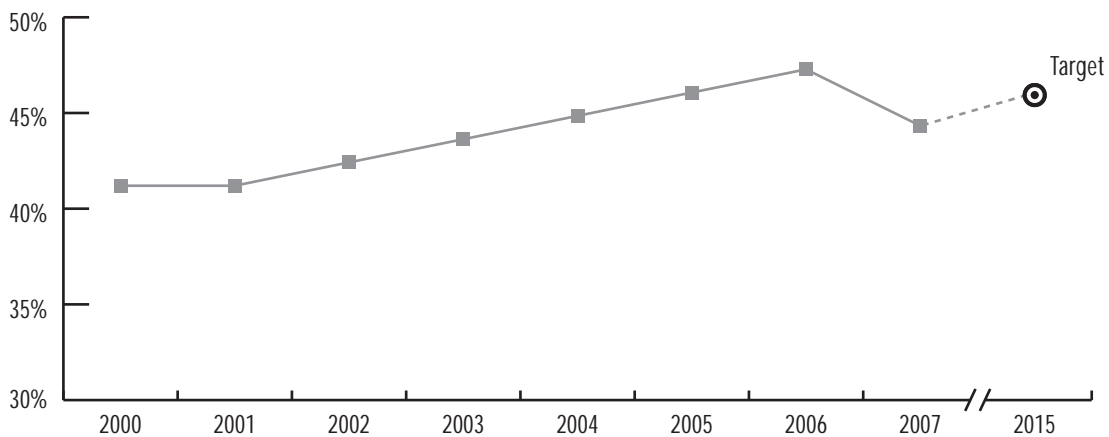
SOURCES: Timor-Leste HDR 2006, WHO Statistics, TLSLS 2007

INDICATOR 31

Proportion of population with access to improved sanitation

As with the previous indicator, this data also shows an increase between 2000–2006 followed by a decrease in 2007 (Figure 7a.3).

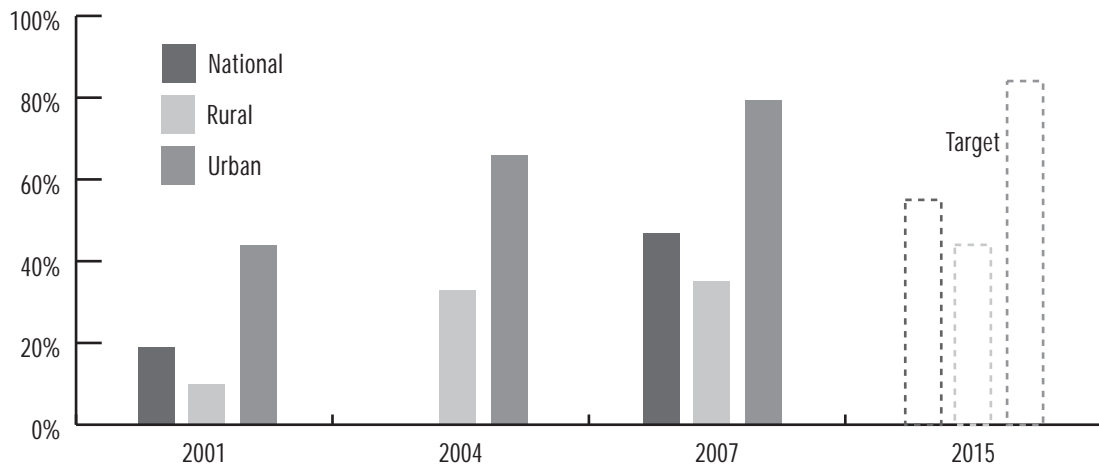
FIGURE 7a.3. PROPORTION OF POPULATION WITH ACCESS TO IMPROVED SANITATION, TIMOR-LESTE, 2000–2015 (%)



SOURCES: Timor-Leste HDR 2006, WHO Statistics, TLSLS 2007

The situation in urban areas is much better than in rural areas. Figure 7a.4 shows that even by 2004 the target of 64% had already been surpassed. Significant improvement of urban sanitation took place over 2001–2007 with an increase from 44% in 2001 to 79.2% in 2007. Although still lagging behind urban areas, there had also been significant improvement in rural areas, with the figure rising from 10% in 2001 to 35.2% in 2007. The MDG target of rural sanitation for 2015 is 55% and it is difficult to meet the target with the current trend. At the national level, the MDG target of 60% in 2015 will be difficult to achieve because by 2007 only 46.8% of the population already had access to improved sanitation facilities.

FIGURE 7a.4. PROPORTION OF POPULATION WITH ACCESS TO IMPROVED SANITATION IN RURAL AND URBAN AREAS, TIMOR-LESTE, 2001–2015 (%)



SOURCES: Timor-Leste HDR 2006, WHO Statistics, TLSLS 2007

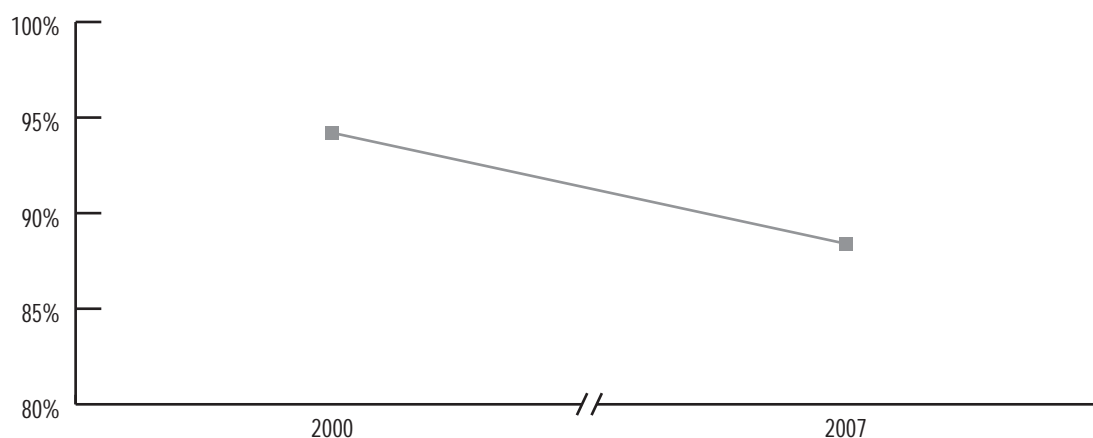
INDICATOR 32

Proportion of households with access to secure tenure

For this indicator, data was obtained from TLSS 2001 and TLSLS 2007. The data shows a decreasing proportion of households with access to secure tenure. In 2007, 88.4% of the population had secure tenure, which was a decrease from 94.2% in 2000 (Figure 7a.5). Timor-Leste has therefore not succeeded in reducing the proportion of the population living in slum areas.

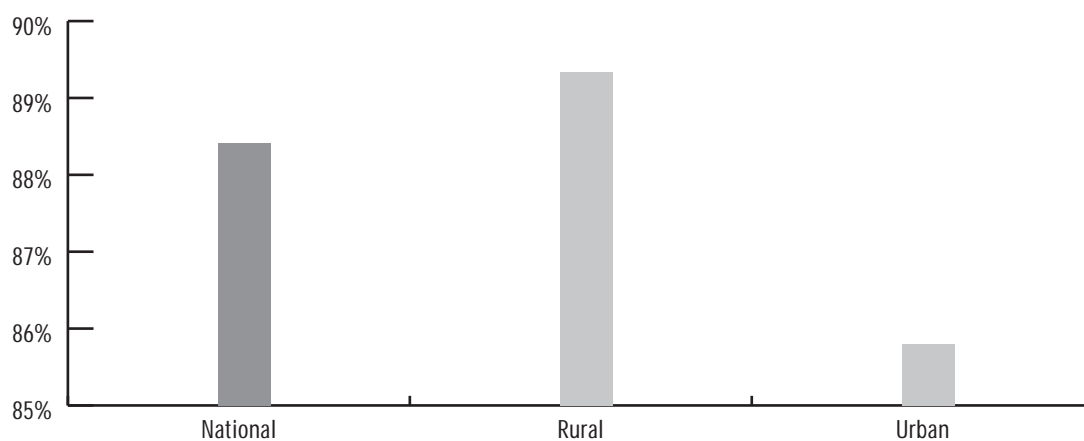
Comparison between urban and rural areas shows that people in rural areas have better access to secure tenure than people in urban areas. In 2007, 89.34% of the rural population had access to secure tenure, compared to 85.8% in urban areas (Figure 7a.6). This is because urban areas tend to be more crowded. Higher land demand in urban areas causes higher land prices, forcing lower income families to live in slum areas.

FIGURE 7a.5. PROPORTION OF POPULATION WITH ACCESS TO SECURE TENURE, TIMOR-LESTE, 2001 AND 2007 (%)



SOURCES: Timor-Leste HDR 2006, WHO Statistics, TLSS 2001 and TLSLS 2007

FIGURE 7a.6. PROPORTION OF HOUSEHOLDS WITH ACCESS TO SECURE TENURE BY LOCATION, TIMOR-LESTE, 2007 (%)



SOURCES: Timor-Leste HDR 2006, WHO Statistics, TLSLS 2007.

7a.4. Challenges and efforts

Key challenges that Timor-Leste faces in improving sustainable access to improved drinking water source and basic sanitation include the following:

- Improvement of access to water sources in Timor-Leste remained constant between 2002 and 2006 and then decreased in 2007. This suggests that government programmes were somewhat ineffective.
- There is inequality in the standards of safe drinking water and basic sanitation across the country. To rectify this requires a visionary strategy which can accommodate local policy, and will require an increase in spending by the government. This will also entail a coordinated effort by all institutions working in this field.
- Based on current and past conditions of deforestation, the quality and quantity in water sources has been decreasing. Unsustainable land use has had a negative impact on the water cycle.
- The limited access to improved drinking water source and basic sanitation impacts on the already low quality of health of people in Timor-Leste.

The following efforts are required to address these challenges:

- Setting and enforcing regulations on safe drinking water in Timor-Leste, including institutional arrangements, provider/operators for safe drinking water, and minimum standard service requirements for all districts.
- Development of sanitation policy that addresses urban, peri-urban and rural context
- Supporting capacity development of Water Supply User Groups which will support the government in management of water and sanitation at local level.
- Emphasizing Total Sanitation approach on rural sanitation promotion. This should be based on the empowering principle that society is capable of defining their basic sanitation needs. The strategy requires a demand driven, participatory approach, informed choice, and matching grant approaches.
- Water source conservation programmes, including efforts to restrict and prevent any activities that could compromise the quality or quantity of water sources. This strategy also involves programmes that target the sustainable land management, especially to protect the quality of water sources.
- Changing people's behaviour to encourage a healthy and hygienic lifestyle. This requires effort from the government to disseminate information about the importance of safe drinking water, basic sanitation and better hygiene practices.



GOAL 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8a. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth



8a.1. Indicators

In the absence of inclusive yearly data and variable sources, a number of indicators were used to understand the development and implementation of strategies for providing decent and productive work for Timor-Leste's youth.

- Net Official Development Assistance, total and percentage of Organization for Economic Cooperation and Development/Development Assistance Committee donors Gross National Income to the Least Developed Countries (Indicator 33);
- The unemployment rate of young people aged 15–24 years, by sex and total (Indicator 34).

8a.2. Trends

INDICATOR 33

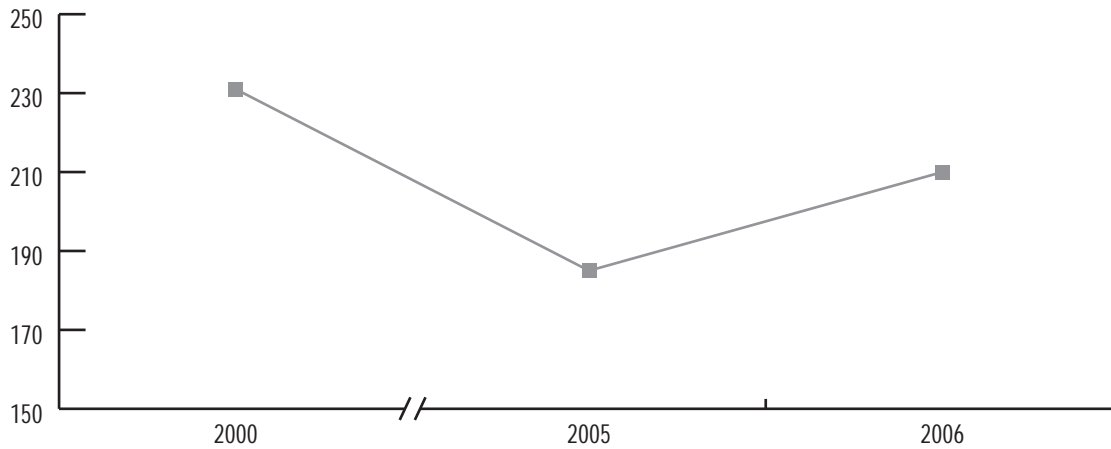
Net Official Development Assistance (ODA), total and percentage of Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) donors Gross National Income (GNI) to the Least Developed Countries

Being recently independent and post conflict, Timor-Leste is categorized as a 'Least Developed country' still in need of close assistance from the international community. ODA is one of the ways to strengthen capacity building for Timor-Leste. ODA comprises grants or loans to developing countries and territories on the Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients. This assistance is undertaken by official sectors such as governments with the promotion of economic development and welfare as the objective. Therefore, indicators that measure assistance would include the net ODA, the total, and the percentage of OECD/DAC donors Gross National Income granted or loaned to Timor-Leste.

Based on the World Development Indicators database for April 2008, Official Development Assistance and Official Aid for Timor-Leste is US\$200 million on average per year between 2000–2006 (Figure 8a.1). The highest aid was US\$231 million in 2000, declining in 2005 to US\$185 million and increasing by 13.5% in 2006 to US\$210 million.

Any assistance provided must establish better employment for youth, and increased opportunities to generate a sustainable income in the future.

FIGURE 8a.1. OFFICIAL DEVELOPMENT ASSISTANCE AND OFFICIAL AID (CURRENT US DOLLAR) MILLION, TIMOR-LESTE, 2000–2006



SOURCE: World Development Indicators database, April 2008

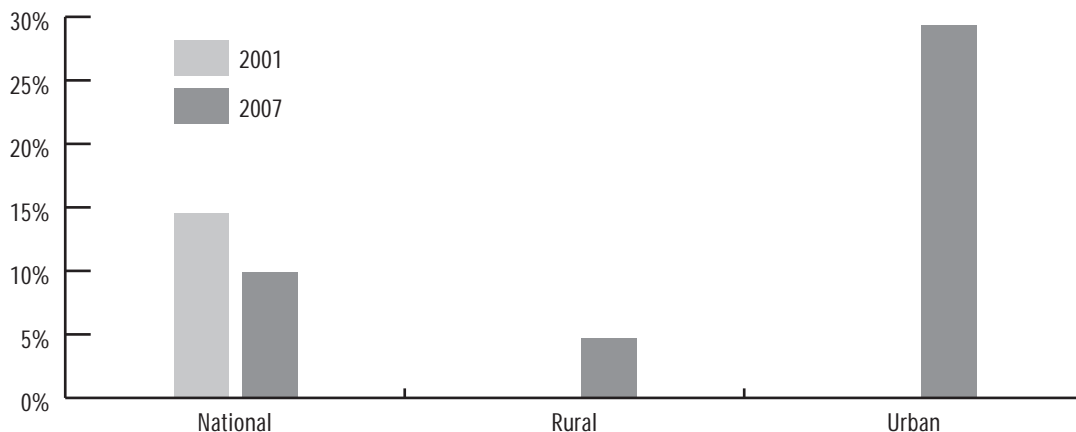
INDICATOR 34

The unemployment rate of young people aged 15–24 years, by sex and total

Overall performance of labour markets in Timor-Leste is insufficient. The contraction of economic growth during the crisis period of 2006, resulting from low levels of public and private investment, and high levels of population growth meant that there were insufficient employment opportunities for a rapidly growing labour force. It is estimated that annually around 15,000 young people enter the labour market, while only 400 formal jobs are created. With 50% of the population below the age of 18 years, combined with rapid population growth, unemployment will remain a pressing challenge in the near future if it not accompanied by any significant progress in investment. According to the 2004 Census, unemployment in the capital Dili was estimated at 23%, and youth unemployment at 40%, rising to 58% for the 15–19 year age bracket.

Although the unemployment rate at national level dropped from 14.5% in 2001 to 10% in 2007, urban youth experienced higher level of unemployment than their rural counterparts and older people. A rural-urban comparison reveals that there was significant difference between urban-rural areas in terms of unemployment rate. In 2007, rural unemployment rate was only 5%, while in urban areas the rate was six times higher reflecting higher under-employment in rural areas.

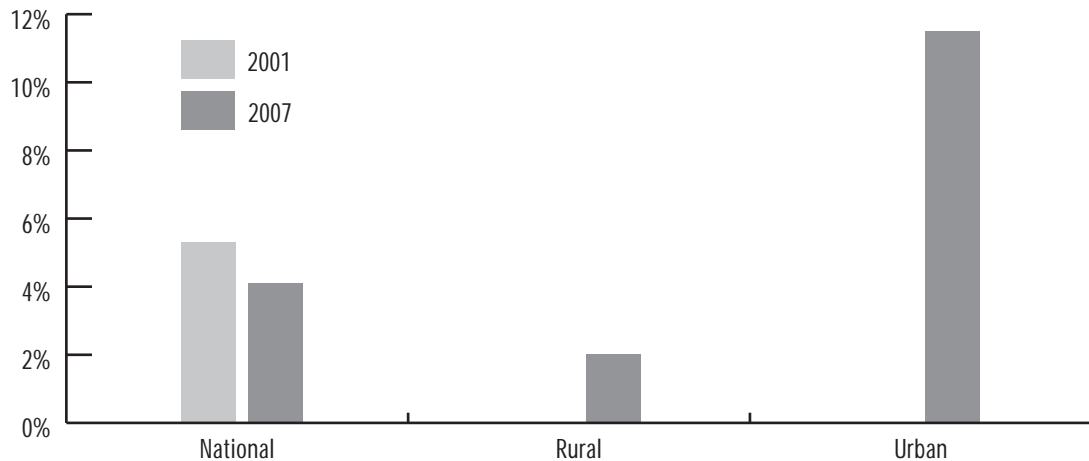
FIGURE 8a.2. UNEMPLOYMENT RATE OF PEOPLE AGED 15–24 IN RURAL AND URBAN AREAS, TIMOR-LESTE, 2001 AND 2007 (%)



SOURCE: TLSLS 2007

For the larger group of people aged 15–64, improvement at the national level over the same period was less significant. From 5.3% in 2001, the unemployment rate decreased to 4.1% in 2007. Rural-urban comparisons show a similar situation to the youth unemployment rate, where higher levels of unemployment existed in urban areas. As much as 11.5% of the urban labour force was unemployed, compared to a mere 2% in rural areas (Figure 8a.3).

FIGURE 8a.3. UNEMPLOYMENT RATE OF PEOPLE AGED 15–64 IN RURAL AND URBAN AREAS, TIMOR-LESTE, 2001 AND 2007 (%)



SOURCE: TLSLS 2007

8a.3. Challenges and efforts

Key challenges that Timor-Leste face in developing and implementing employment strategies include the following:

- Comparing categories, youth unemployment (age 15–24) was much higher than general adult unemployment (age 15–64). This shows that the youth workforce is not fully involved and contributing to the development of Timor-Leste.
- Although financial aid has been constantly provided, the unemployment rate has remained high. The linkage between aid and employment generation – especially of youth – should be recognized as a strategic issue.

The following efforts are required to address the above challenges:

- Prioritize strategic development sectors which can use official development aid to absorb youth workers.
- Increase the capability and productivity of youth in order to increase employment levels.

Target 8b. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications



8b.1. Indicators

The following indicators were used to understand the opportunities to provide benefits of new technologies in Timor-Leste, (particularly information and communications):

- Telephone lines and cellular subscribers per 100 population (Indicator 35)
- Internet users per 100 population (Indicator 36)

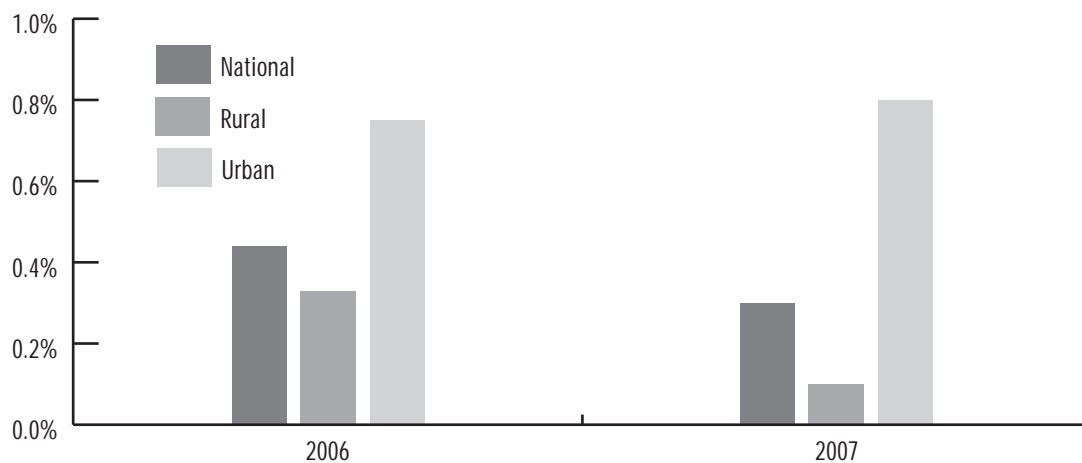
8b.2. Trends

INDICATOR 35

Telephone lines and cellular subscribers per 100 population

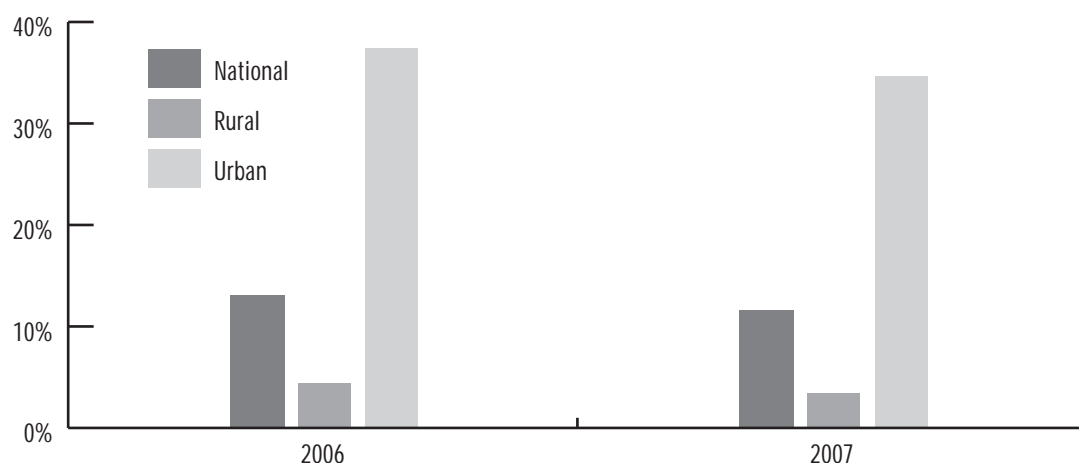
In 2007, less than 0.5% of the population was connected to a landline telephone (Figure 8b.1). Even in urban areas, access to telephones was negligible. Cellular phones, on the other hand, were much more accessible to people than landlines. As expected, urban people were more likely to have cell phones than their rural counterparts, with the percentage of cell phone owners in urban areas being ten times higher than in rural areas (Figure 8b.2).

FIGURE 8b.1. PERCENTAGE OF POPULATION WITH ACCESS TO TELEPHONES, TIMOR-LESTE, 2007



SOURCE: TLSLS 2007

FIGURE 8b.2. PERCENTAGE OF POPULATION WITH ACCESS TO CELLULAR PHONES, BY LOCATION, TIMOR-LESTE, 2006–2007



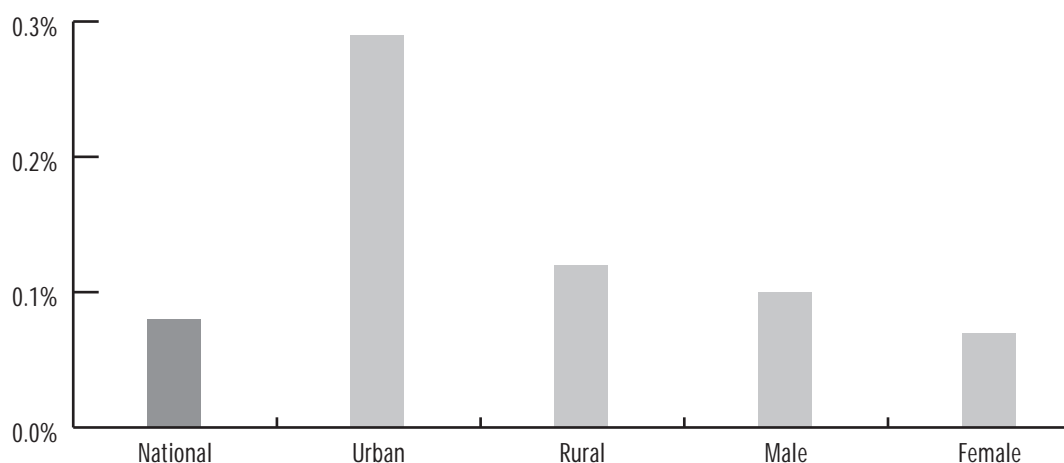
SOURCE: TLSLS 2007

INDICATOR 36

Internet users per 100 population

This can be used as another indicator of improving technology adoption. However, the only data source for this indicator is TLSLS 2007. In 2006, less than 1% of the population was connected to the internet (Figure 8b.3). Even in urban areas, access to the internet was insignificant, albeit twice the rate of rural areas. Moreover, the trend is that men are more likely to use the internet than women.

FIGURE 8b.3. PERCENTAGE OF POPULATION WITH INTERNET, TIMOR-LESTE, 2006



SOURCE: TLSLS 2007

8b.3. Challenges and efforts

Key challenges that Timor-Leste face in developing and implementing strategies include:

- Recent technologies – particularly information and communications – are slow to be adopted in Timor-Leste, which can be shown when comparing with neighbouring countries. However this is a result, rather than a cause, of low standard of living in Timor-Leste.
- The flow of information in Timor-Leste is limited because of this lack of familiarity with information and communications technologies, particularly in rural areas.
- There is a significant gap in information accessibility between sexes. From observing usage patterns, males are likely to access more information than females.

The following efforts are required to address these challenges:

- Increase accessibility of information and communications technologies among the people of Timor-Leste.
- Promote equality between men and women in the accessibility of information.



Published in March 2009

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Visit the UNDP Timor-Leste website at
www.tl.undp.org/undp/MDGs_in_TL.html

Visit the UN Millennium Development Goals website at
www.un.org/millenniumgoals

Visit the UN Millennium Campaign website at
www.millenniumcampaign.org

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Photographs by:

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Pages 6, 16, 24, 36, 40, 46, 60

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Pages 30, 53, 54, Inside covers

Design by:

Toby Gibson (www.transmig.com)
Miguel Duarte

Printed by:

Creative Mandiri, Dili





“The Millennium Development Goals can be achieved if immediate steps are taken to implement existing commitments. Reaching our goals for development around the world is not only vital to building better, healthier and decent lives for millions of people, it is also essential to building enduring global peace and security.

Ours is the generation that can achieve the development goals and free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty.”

– *Report of the UN Secretary-General, 2007*