glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Timor-Leste

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**1.11 M**
Urban population (2012)[a]	**0.32 M**
Rural population (2012)[a]	**0.79 M**
Population growth rate (2012)[a]	**1.64%**
Gross domestic product USD (2012)[b]	**1.29 billion**

[a] World Population Prospects: The 2012 Revision, UNDESA 2013.
[b] World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)[c]	**47.8**
Under 5 mortality / 1,000 live births (2012)[c]	**56.7**
Life expectancy at birth (2012)[d]	**66 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**114**

[c] Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.
[d] World Health Statistics, WHO 2014.
[e] Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)[f]	**39%**
Use of drinking-water from improved sources (2012)[f]	**70%**

[f] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

In Timor-Leste, being a new country, water and sanitation coverage is lower than in most of the South East Asian countries. Since its independence in 2002, considerable improvements have been made, especially for drinking-water services. However, a large proportion of the population is still without access to sanitation, and rural areas are lagging behind in terms of both water and sanitation services.

Governance

WASH services in Timor-Leste are led by the Ministry of Public Works under the Secretary of State for Water and Sanitation and supported by several other ministries, NGOS and international agencies. A WASH coordination body including all main ministries and NGOs meets formally every three months.

There are now numerous laws and policies to improve water and sanitation services, with a formally approved national policy or plan for sanitation. However, there is currently no national plan approved for drinking-water.

Monitoring

There are reported data for sanitation and WASH related disease outbreak data, however, there appears to be a lack for data for drinking-water. There are also no regular performance reviews for WASH services. In addition there is no policy, institution or resources to perform independent surveillance.

Human Resources

There are two strategic plans that include human resources for WASH services: the Ministry of Health Strategic Plan 2030 and the Ministry of Public Works Strategic Plan 2030, with the latest review held in 2011. The most severe constraints identified for WASH human resources capacity are available financial resources and lack of skilled graduates and training centers. The greatest limitations to WASH services due to human resources are policy development for drinking-water and planning for sanitation services. Institutional coordination is the greatest limiting factor for human resources for hygiene services.

Financing

There is a reported annual financing plan in 2013 for WASH services. The plan is agreed, but insufficiently implemented for all WASH areas. There are also nearly ten donors involved in financing the WASH sector in Timor-Leste, however, there is no joint planning between donors and the government. Each donor is reported to prepare their own financial plan. There is also a considerable gap in financing, with a reported less than 50% of financing needed to meet the MDGs.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

The Ministry of Public Works has lead responsibilities for both sanitation and drinking-water. The Ministry of Health has lead responsibilities for hygiene promotion and also has responsibilities in water and sanitation.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Public Works	✔	✔	
Ministry of Health			✔

Number of ministries and national institutions with responsibilities in WASH: **7**

Coordination between WASH actors includes:
- ✔ All ministries and government agencies
- ✔ Nongovernmental agencies
- ✔ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	60	
Rural sanitation	✔	40	
Sanitation in schools	✘		
Sanitation in health facilities	✘		
Urban drinking-water supply	✘	95	
Rural drinking-water supply	✘	75	
Drinking-water in schools	✘		
Drinking-water in health facilities	✘		
Hygiene promotion	✘		
Hygiene promotion in schools	✘		
Hygiene promotion in health facilities	✘		

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
Keep rural water supply functioning over long-term	
Improve reliability/continuity of urban water supply	
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	
Address resilience to climate change	

[a] Including implementation.

[1] All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making in sanitation and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2010		2010		
Use of performance indicators[a]	●				
Data availability for decision-making[a]					Health sector
Policy and strategy making	✔		●		✔
Resource allocation	●		●		NA
National standards	NA		✘		NA
Response to WASH related disease outbreak	NA		NA		✔
Surveillance[b]	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✘	✘	
Independent auditing management procedures with verification	NA	✘	✘	✘	
Internal monitoring of formal service providers	✘	✘	✘	✘	
Communication[a]					
Performance reviews made public	✘	✘	✘	✘	
Customer satisfaction reviews made public	✘	✘	✘	✘	

[a] ✘ Few. ● Some. ✔ Most.
[b] ✘ Not reported. ● Not used. ✔ Used and informs corrective action.
NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources and skilled graduates. Concrete actions are currently underway for sanitation.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed[a]	✔	✔	✔
Strategy defines gaps and actions needed to improve[a]	●	●	●
Human resource constraints for WASH[b]			
Availability of financial resources for staff costs	✘	✘	✘
Availability of education/training organisations	✘	✘	✘
Skilled graduates	✘	✘	✘
Preference by skilled graduates to work in other sectors	✔	✔	✔
Emigration of skilled workers abroad	✔	✔	✔
Skilled workers do not want to live and work in rural areas	●	●	●
Recruitment practices	●	●	●
Other			

[a] ✘ No. ● In development. ✔ Yes.
[b] ✘ Severe constraint. ● Moderate constraint. ✔ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of donor commitments. There is also an insufficiency of funds to meet MDG targets.

FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies[a]	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used[b]	✔	●	●	●
Estimated % of donor commitments used[b]	✔	✔	✔	✔
Sufficiency of finance				
WASH finance sufficient to meet MDG targets[b]	✘	✘	✘	✘

[a] ✘ No agreed financing plan. ● Plan in development or only used for some decisions. ✔ Plan/budget is agreed and consistently followed.
[b] ✘ Less than 50%. ● 50–75%. ✔ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure[1]	
NA	
Expenditure as a % GDP	
Education[2]	10.0
Health[2]	4.9
WASH[3]	NA

[1] Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
[2] Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
[3] WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, three disadvantaged groups are identified in WASH plans. There are clearly defined procedures for participation, but participation is low.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✔			
Participation and reporting[a]	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✔	✔	✔	✔
Extent to which users participate in planning	✘	✘	✘	●
Effective complaint mechanisms	✘	✘	✘	✘

[a] ✘ Low/few. ● Moderate/some. ✔ High/most.

DISADVANTAGED GROUPS IN WASH PLAN
1. Poor populations
2. Displaced persons
3. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

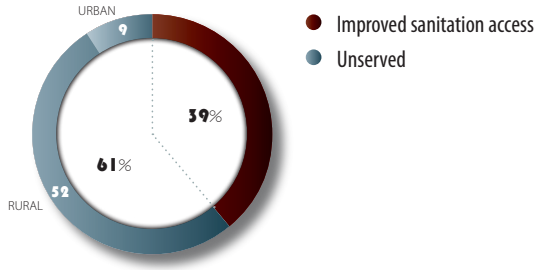
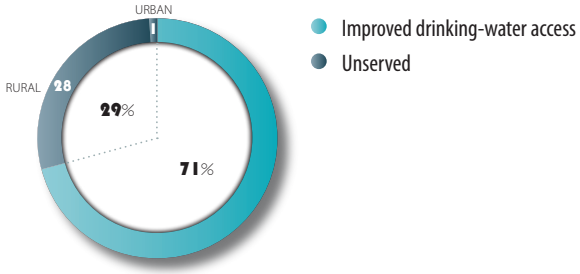


Figure 4. Population with access to improved drinking-water sources



[1] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.