



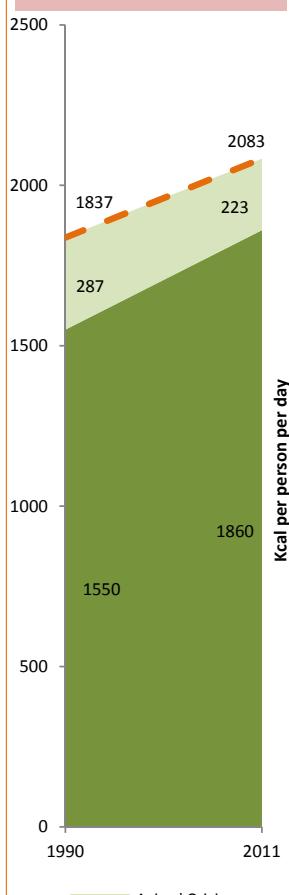
Key Indicators

- Timor-Leste has experienced a slight increase in per-capita GDP and, paradoxically, an increase in undernourishment in recent years. Dietary Energy Supply (DES) has slightly increased, but the dietary quality remains poor, based on cereals and starchy roots.
- This poor quality of diet is largely responsible for persistent, and even rising, high levels of stunting and underweight, high levels of anaemia, high levels of Low Birth Weight, and Vitamin A deficiencies.
- A contributing factor to poor nutritional outcomes is the insufficient access to improved sanitation and water sources, particularly in rural areas. Although the country has made recent progress in this area, improved water and sanitation continue to be far from internationally acceptable levels.

Figure 1.1 Food Availability

From 1990 to 2011:

- DES increased 13%
- Animal-origin supply decreased 22%
- Vegetal-origin products increased 20% and remained the major DES source



Source : FAOSTAT FBS: 2014 update

Figure 1.2 Undernourishment and economic growth

- From 2000 to 2012 GDP increased 56%, with more accelerated growth from 2005-2012
- From 1990 to 2012, Undernourishment increased 8%

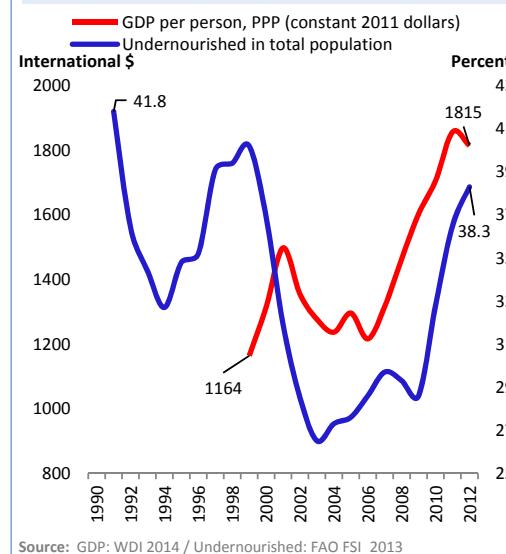


Figure 1.3 Child Malnutrition From 2002 to 2013

- Stunting levels are very high, having increased 4%, and now stand at 58%
- Underweight increased 9.8%, to 49% with underweight
- Wasting stood at 19% in 2009, a critical situation
- Overweight remained at 6%
- Low Birth Weight was 12%

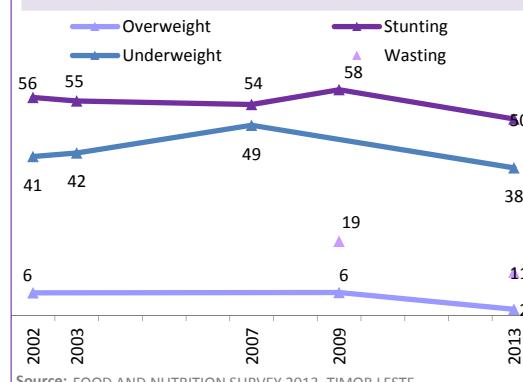


Figure 1.4 Child Mortality From 1990 to 2012:

- Under-5 mortality reduced 67% and already achieved the MDG target
- Infant mortality reduced 63%
- Neonatal mortality reduced 48%

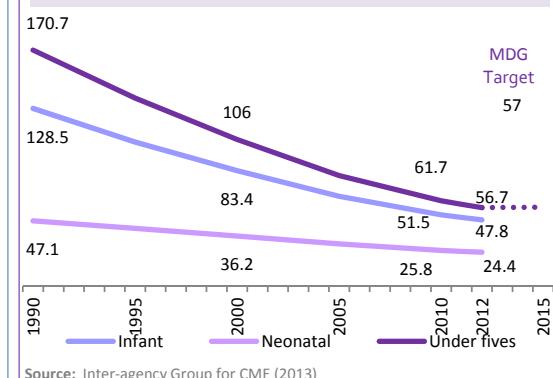
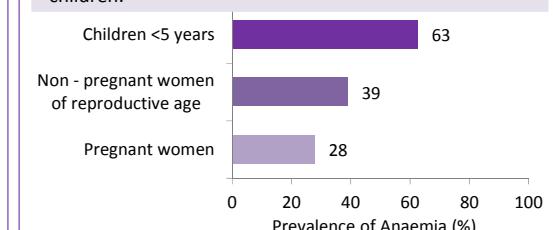


Figure 1.5 Anaemia

- Anaemia is a public health issue, high among under-5 children (38%), pregnant women (28%) and non-pregnant women alike (21%)
- Deworming and iron supplementation are effective for reducing anaemia in pregnant women as well as children.



Anthropometry (Table 1.1)

Underweight adult women (BMI < 18.5 kg/m ²)	24.3 %	2013
Overweight female adults (BMI >= 25 kg/m ²)	10.5 %	2013

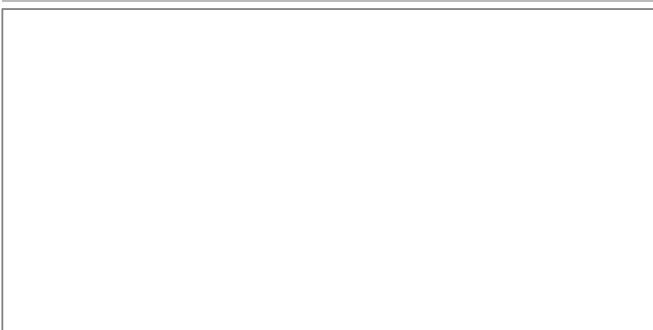
* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents

Proportion of infants with low birth weight	12 %	2003
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Source: Timor Leste Food and Nutrition Survey 2013



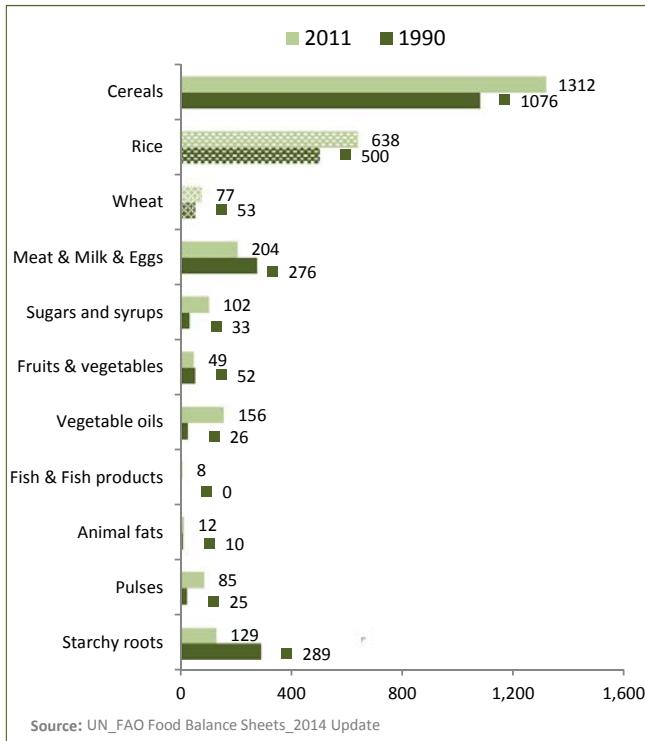
Food Availability / Food Access



Food Availability

Figure 2.1 Food supply by food group - main food commodities contributing in aggregate to more than 80 percent of the dietary energy

(kcal/person/year) Total dietary energy supply= 2,083 (2011)



- Vegetable oils (500%) and pulses (240%) have surged in their contribution to DES, but still are not significant overall contributors
- Meat, milk, and eggs decreased by 26%
- Rice contributes 45% of the cereal intake, and Maize to the 42%
- Cereals remain the most important source of food energy (63%)

Access to food

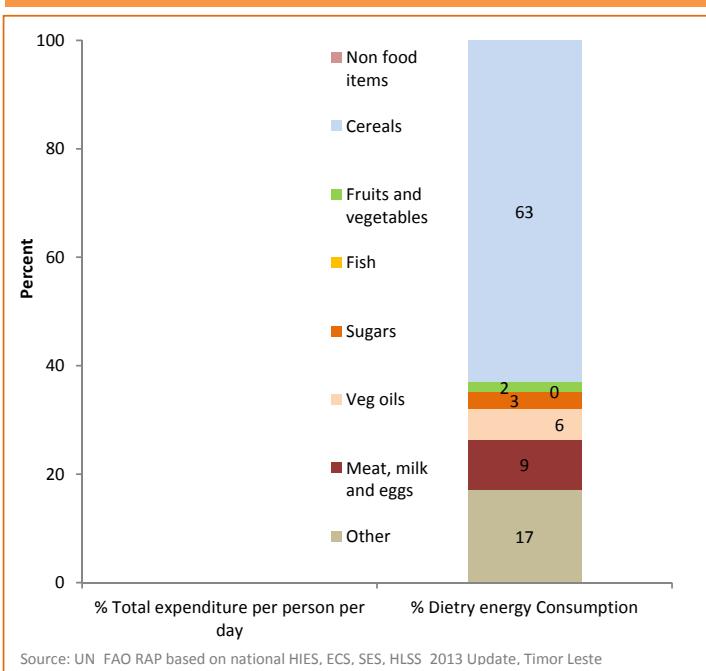
Figure 2.2 Economic access to food

General and food inflation

No Data

Figure 2.3 Share of food expenditure

(2009)





Food Utilization

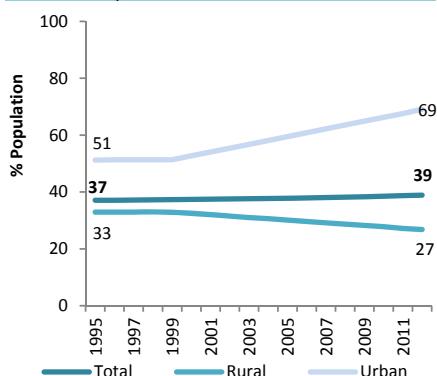
Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions related to improved water and sanitation are important determinants of health and infection incidence and prevalence. In Timor-Leste, water and sanitation conditions have improving only slightly during the past 20 years. These poor improvements have contributed to the increased malnutrition among under-5 children shown in Fig 1.3.

Water and Sanitation

Figure 3.1 Access to Improved Sanitation

From 1995 to 2012:

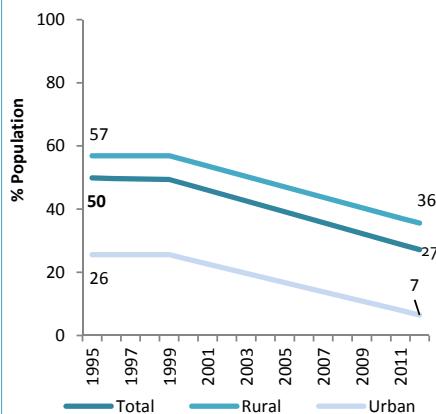
- Access to improved sanitation increased just 5% in 17 years and covers just 39% of the population
- Disparities between rural and urban areas widened
- 63% of people in rural areas do not have access to improved sanitation



Source: WHO-UNICEF Joint Monitoring Programme, 2014

Figure 3.2 Open Defecation

- Open defecation remained prevalent in 27 % of the total population in 2012
- In rural areas, open defecation is practiced by 36% of the population, compared to 7 % in urban areas

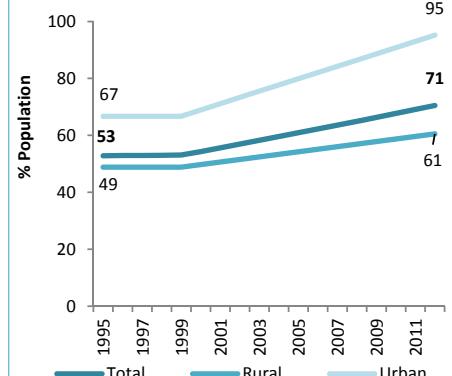


Source: WHO-UNICEF Joint Monitoring Programme, 2014

Figure 3.3 Access to Improved Water Sources

From 1995 to 2012:

Access to improved water sources increased by 34% during 17 years
Disparities in such access between urban and rural areas have increased.
At least 71 % of people have sustainable access to improved water sources



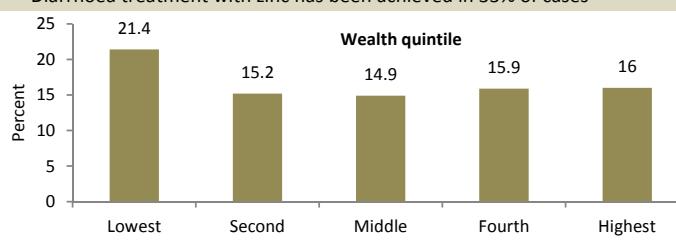
Source: WHO-UNICEF Joint Monitoring Programme, 2014

Food Safety

Quality and food safety efforts cover the entire complex chain of agriculture production, processing, transport, food production and consumption. On the consumption side, the prevalence of diarrhoea among under-5 children is high for all wealth quintiles – paradoxically, particularly for the highest quintiles.

Figure 3.4 Diarrhoea Among Under-5 Children

- Diarrhoea is most common among the poorest quintile, although prevalence is high in all of them, reflecting the priority that must be accorded to improved sanitation, hygiene and food safety
- Diarrhoea treatment with zinc has been achieved in 33% of cases



Source: Timor Leste Food and Nutrition Survey 2013

Management of Diarrhoea (Table 3.1)

Zinc

Share of children under age 5 with diarrhoea receiving zinc treatment

33.3 %

Existing policy framework

Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea

Source: Timor Leste Food and Nutrition Survey 2013



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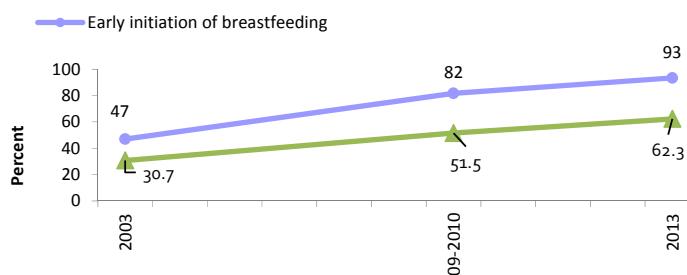


Food Utilization

Nutrition and Health

Figure 3.5 Exclusive Breastfeeding

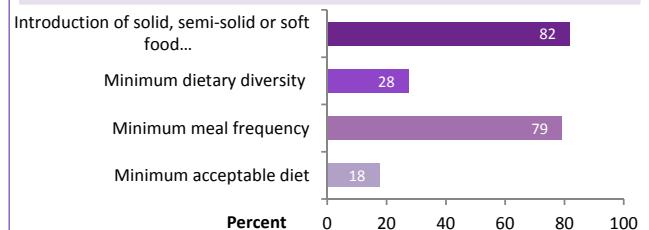
- Exclusive breastfeeding has more than doubled from 2003 to 2013
- Early initiation of breastfeeding increased 98% during the same period



Source: Timor Leste Food and Nutrition Survey 2013

Figure 3.6 Complementary Feeding

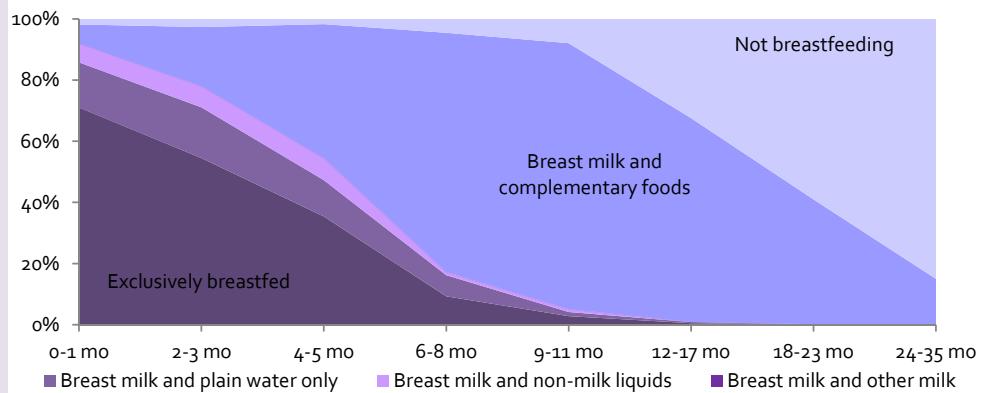
- Introduction of complementary feeding is timely for 82% of children
- 71% of children aged 6-23 months meet the minimum meal frequency
- Meeting the recommended quality of diet remains a challenge



Source: TLS_DHS 2009-2010, Nutrition survey 2013

Figure 3.7 Duration of Breastfeeding

- Duration and frequency of breastfeeding affect the health and nutritional status of both mother and child
- Exclusive breastfeeding is recommended up to age 6 months, and continued breastfeeding with complementary feeding is recommended from age 6 months until 2 years and beyond
- At least 80% of children still breastfeed at age 1 year

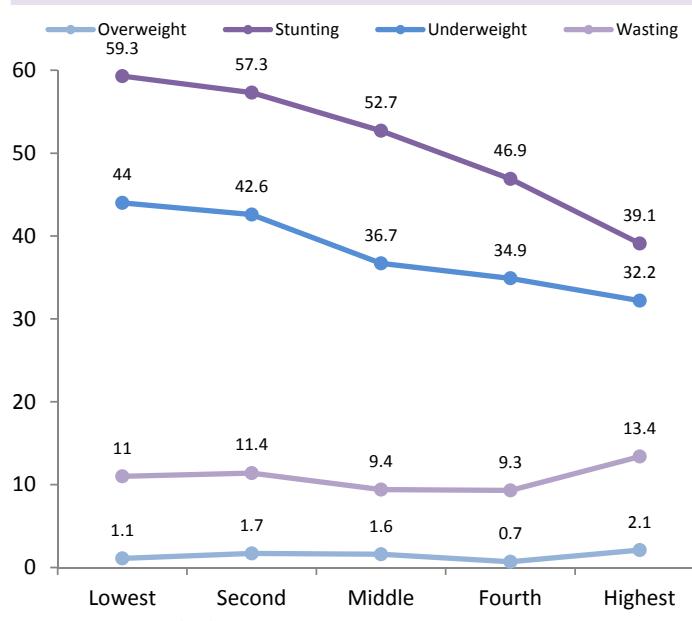


Source: TLS_DHS 2009-2010_2010

Figure 3.8 Child Malnutrition and Poverty

Children in the wealthiest quintile have 25% less stunting and 29% fewer weight deficits than children in the lower quintiles

Children in all quintiles experience critical levels of wasting regardless of wealth, although this is more prevalent in the lower quintiles

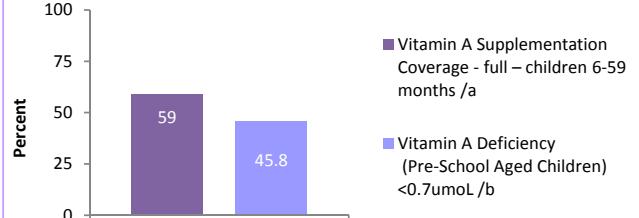


Source: Timor Leste Food and Nutrition Survey 2013

Micronutrient Status

Figure 3.9 Vitamin A

- Vitamin A supplementation covers 59% of children
- Vitamin A deficiencies (46% of pre-schoolers) are severely high, indicating that Vitamin A is lacking in the daily diet and that food-based interventions, including food fortification, deserve ongoing attention.



* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7μmol/L)

Source: a/ UNICEF, State of the World's Children 2012,

b/ WHO Global prevalence of vitamin A deficiency in population at risk 1995-2005 report.

Iodine (Table 3.2)

Households consuming iodized salt /a	59.9 %
Iodine deficiency (Urinary Iodine Concentration <100μg/L) among school-age children	-
*Optimal UIE 100 - 199μg/L	

Source: a/ UNICEF State of the World's Children 2014.



Enabling environment for Nutrition and Food security - Policy documents			
1. National Nutrition Strategy (2004)			
2. Timor-Leste Breast-feeding Promotion Policy (2009)			
Nutrition related issues covered in these policies	Covered	Comments	
Maternal and Child Undernutrition	Child undernutrition Low Birth Weight Maternal undernutrition	?? ?? ??	Community-Based Management of Acute Malnutrition (CMAM) programme implemented
Obesity and diet related NCDs	Child obesity Adult obesity Diet related NCDs	Adults ?? ??	
Infant and Young Child Nutrition	Breastfeeding Complementary feeding Int'l Code of Marketing of BMS	yes ?? yes	Infant and Young Child Feeding in emergencies policies drafted in July 2006 Int'l Code on Breastmilk Substitutes is still under study
Vitamins and Minerals	Supplementation: Vitamin A children/women Iron Folate children/women Zinc children Other vitamins & min child/women	both ?? yes Child	Zinc is used in treatment of some diarrhoea cases
	Food fortification	yes	Voluntary: Salt (60%),
Underlying and contextual factors	Food Safety Food security Food Aid Nutrition and Infection Gender Maternal leave	?? ?? ?? ?? 12 weeks	Maternity leave is paid at a rate of two-thirds of salary. Provisions for Nursing breaks after return to work (paid)?
Social Protection policies or legislation including food or nutrition component			
Food safety policies or legislation			
1. Decree-Law No. 21/2003 regulating quarantine and sanitary control on goods imported and exported (2005)			
Regulates quarantine and sanitary control on goods imported and exported. The aim is preventing and controlling the introduction, establishment and propagation of exotic plagues and diseases and other harmful organisms in the national territory; protecting the environment; regulates monitoring procedures and defines competent authorities			
Other policies addressing food security			
1. Agriculture Development Framework and Food Security Policy (2004)			
Policy focusses on five priority areas: (1) improve food security and raise self-reliance; (2) increase value-added production and marketing; (3) achieve sustainable production and management of natural resources; (4) strengthen the balance of trade by promoting commodity exports, and (5) increase income and employment in rural areas. It underlines the importance of sustainability and capacity development as well as the involvement of the private sector as important elements of development			



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Policy Table - 2

Demographic Indicators (Table - 5.1)		Year	Economic Indicators (Table - 5.3)		Year
Population size (thousands) /a	1,210	2012	GDP annual growth rate /c	0.59 %	2012
Average annual population growth	2.88 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c	1,815	2012
Proportion of population urbanised	28.7 %	2012	Gini index /c (100= complete inequality; 0= complete equality)	39.5	2001
Number of children <5 years (thousand)	201	2012		31.9	2007
Education level of mothers of under-fives: None (%)	-	-	Unemployment rate /c	3.9 %	2010
Life expectancy at birth (Years) /c	Male	66	Population below US \$ 1.25 (PPP) per day /c (%)	37.44	2007
	Female	68.6	Poverty gap ratio /e	8.9	2007
Agriculture population density(people/ ha of arable land /b)	3.7	2006-2008	Income share held by households /a	Poorest 20% 8.95 %	2007
Employment in agriculture sector (% of total employment) /c	50.6 %	2010		Richest 20% 41.27 %	2007
Women employed in agriculture sector (% of total female employment) /c	50.2 %	2010			
Adolescents (Table - 5.2)		Year			
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a	55	2011	Sources:		
Adolescent girls aged 15-19 currently married or in union /f	7.7 %	2009-2011	<p>a/ UN Department of Economic and Social Affairs, World Population Prospects 2010 (for Adolescent Birth Rate: 2012 Update for the MDG database); b/ FAOSTAT 2012 Update; c/ World Bank, World Development Indicators Database, 2013 Update; d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified) e/ UN Statistics Division, MDG database 2012 Update. f/ Timor-Leste Demographic and Health Survey 2009-2011</p>		
Women aged 20-24 who gave birth before age 18 /d (%)	9	2005-2012			

The information included in this Food Security and Nutrition profile, is backed by recognized, validated and properly published information available until June 2014. Although updated information might be available at national level from different sources, until requirements of quality, validity and proper publication are met, it has not been included in this profile.



Food and Agriculture Organization of the United Nations

