



Submission No 36

Inquiry into Australia's Relationship with Timor-Leste

Name: Mr Garth Luke

Organisation: World Vision Australia

Inquiry into Australia's relationship with Timor-Leste

Submission from World Vision Australia



March 2012

Since the 1999 referendum for independence, Timor-Leste has made remarkable progress in improving the welfare of its people. This progress has not been without difficulty and there are still many issues to be addressed by Timor-Leste and its citizens.

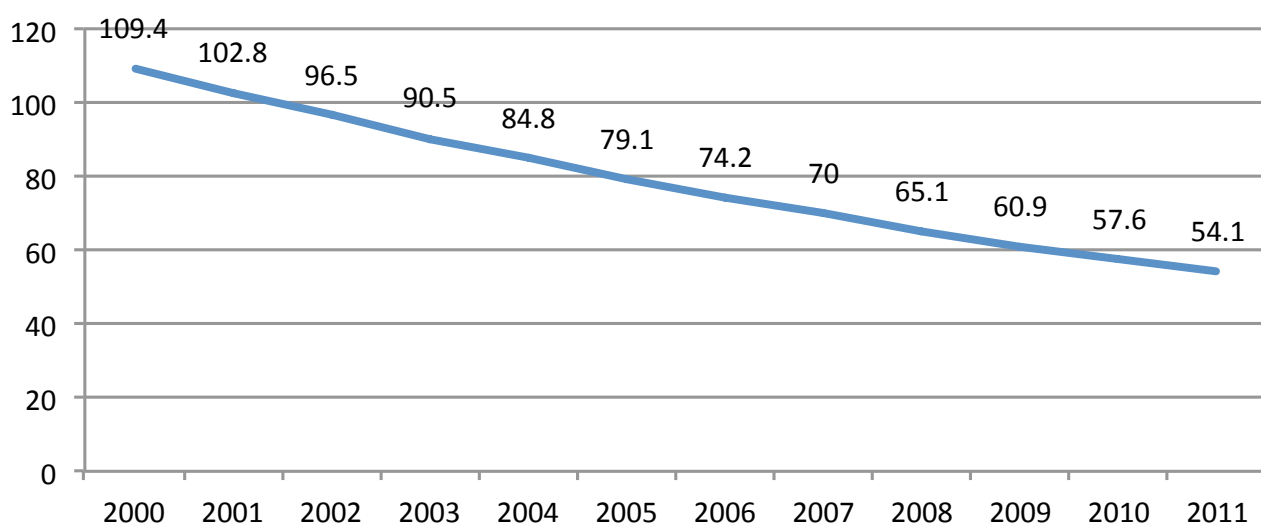
However, World Vision Australia believes that it is important to highlight the progress made to date by Timor-Leste in cooperation with the international community. This brief submission provides an overview of improvements in human development in Timor-Leste since 1999 and a summary of World Vision's work there. We hope that this will help inform the Inquiry's examination of the characteristics and impact of aid in Timor-Leste.

Since 2000 official development assistance¹ to the people of Timor-Leste has averaged US\$230 per person per year in total from OECD donor nations.² Of this, Australia has been the largest single contributor providing around one third of total OECD donor commitments from 2000 to 2011.³

This relatively small amount of money, by advanced economy standards, has been supplemented by private contributions through NGOs and support from some non-OECD nations. It has helped the people of Timor-Leste achieve a remarkable transformation over the past decade. The following charts summarise some of the changes.

Child mortality has been halved since 2000 from 109.4 to 54.1 per 1000 births and Timor-Leste has already achieved MDG4 to reduce child mortality by two-thirds since 1990.

Child Mortality Rate (per 1000 births)



Source: World Bank, World Development Indicators database

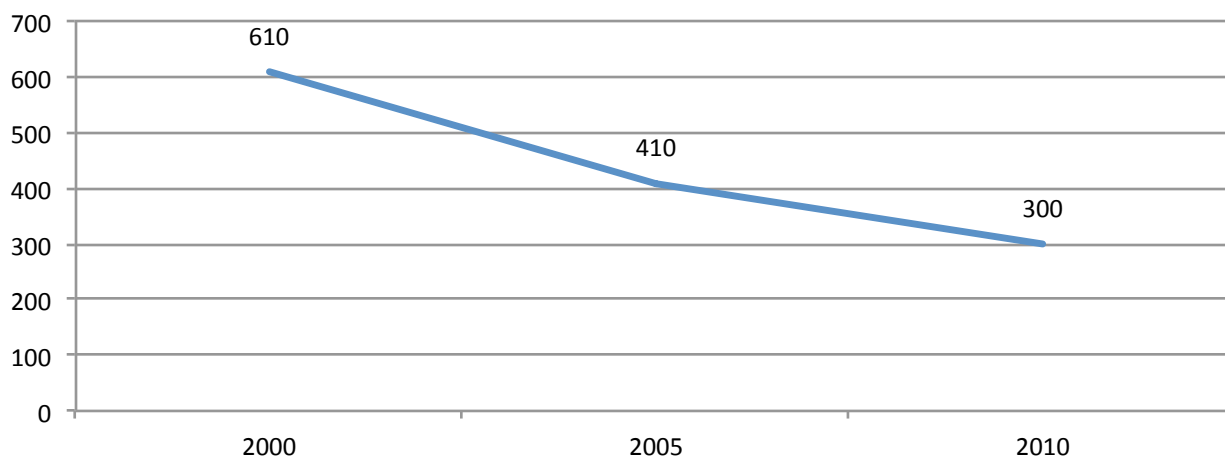
¹ ODA largely excludes peace keeping expenditure.

² OECD DAC Development Cooperation Reports Table 25e

³ OECD DAC CRS database

Maternal mortality has also been halved since 2000 from 610 to 300 deaths per 100,000 births and Timor-Leste is on track to achieve MDG5 to cut maternal mortality by three-quarters since 1990.

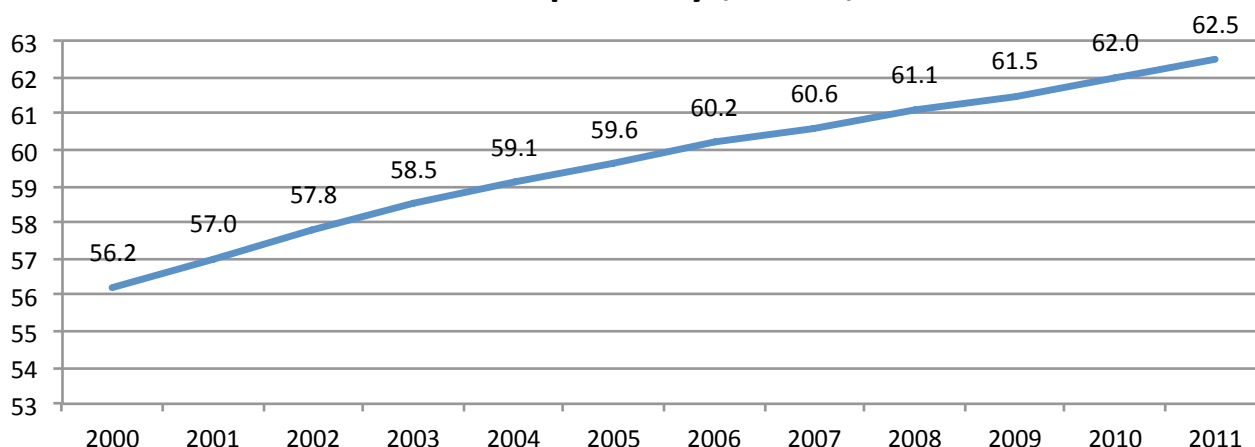
Maternal Mortality Rate (per 100000 births)



Source: WHO et al 2012 Trends in Maternal Mortality: 1990 to 2010

Life expectancy is growing rapidly – from 56 in 2000 to 62 in 2011 – an average increase of seven months each year.

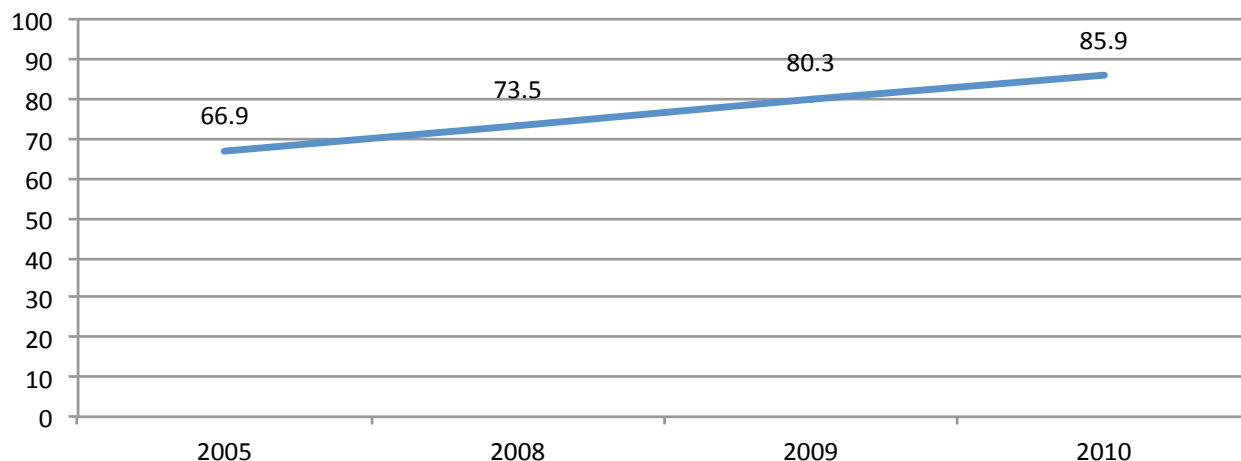
Life Expectancy (at birth)



Source: World Bank, World Development Indicators database

Primary school enrolment is increasing quickly and the number of primary teachers has grown from 3000 in 2001 to 7600 in 2010 which has allowed the pupil-teacher ratio to drop to 30.

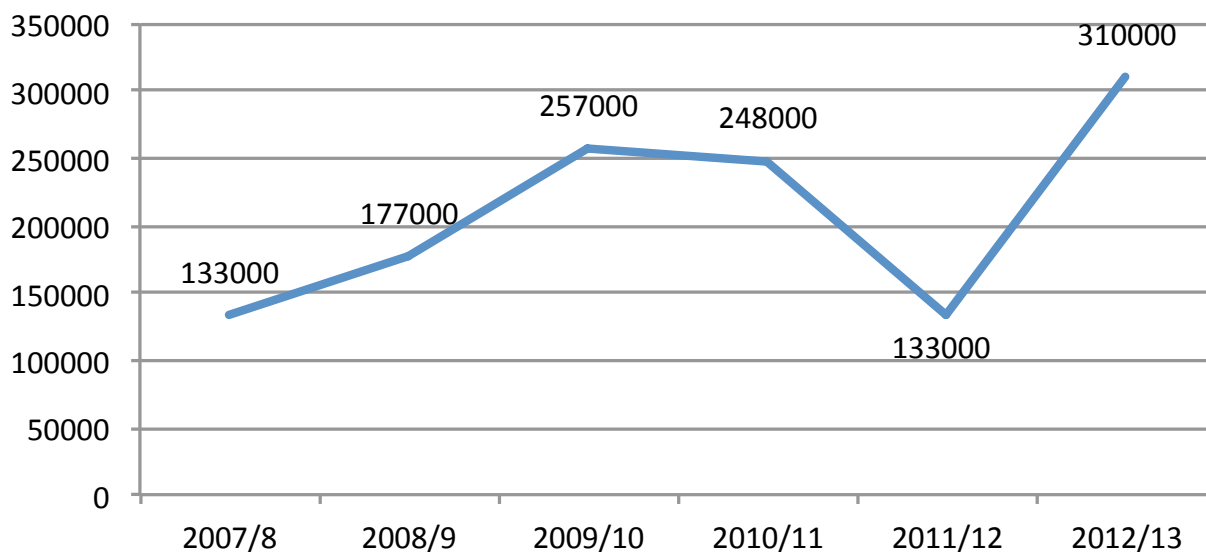
Net Primary Enrolment (%)



Source: UN MDG Indicators database and World Bank, World Development Indicators database

Cereal yields have increased and total cereal production should reach record levels this year.

Cereal production (tonnes)



Source: FAO/GIEWS Country Cereal Balance Sheets

Of course these top level indicators of human welfare do not negate the serious challenges Timor-Leste still faces in regard to issues such as poverty reduction, employment, conflict, gender equality and population growth. However any analysis of the country's progress and needs must acknowledge the huge improvements to date. Perhaps they are best summed up by the recently released UN Human Development Index (HDI) scores. **Timor-Leste's 2012 score of 0.576 is up from 0.418 in 2000. This 2.7% per annum average annual growth in HDI is the fifth highest of the 186 countries covered.**

World Vision's work in Timor-Leste

World Vision has been working in Timor-Leste since 1996. World Vision's focus in Timor-Leste is to address the needs of the poorest of the poor, which means the most vulnerable families, particularly children and women of reproductive age, in isolated, hard to reach communities. This is reflected in the WVTL mission statement "*Labarik Saudavel ba Komunitade Forte – Healthy Children for Strong Communities*".

The current WVTL program operates in the three districts of Aileu, Baucau and Bobonaro and funding will total around \$7.8 million in 2013. Major institutional donors for WVTL's work include AusAID, the European Commission, the New Zealand Ministry of Foreign Affairs and Trade and the Ministry of Foreign Affairs of Japan.

In response to some of the major issues still facing the people, World Vision's strategic priorities in Timor-Leste are:

1. Health (including WASH and nutrition)
2. Education and early childhood development, and
3. Community economic development focussing on agriculture, savings groups and climate change adaptation.

Our approach is to work closely with the Government of Timor-Leste to support its development plans and local services and to work in a coordinated approach with other development agencies.

Healthy births and infancy



Odilia and her baby, Vernon, 3 months in Uma Ana Ulo village

21-year-old Odilia just had her first baby named Vernon. With her husband and her 3 month old baby, Odilia lives at his parents place in the village of Uma Ana Ulo, Baucau. Odilia says “during my pregnancy, I checked my pregnancy conditions at the SISCa community health post ... I was given a blood booster consisting of vitamins and sulfur and obtained information about personal hygiene and how to prevent malaria for pregnant women. The World Vision MCH staff also provided maternity kits to each expecting women. They always reminded me not to work hard, eat lots of fruits and vegetables, to drink a lot of water and to check my health condition regularly at the health facilities. I am glad that this information is provided by SISCa and the MCH project staff, because I want the baby and myself to be healthy. My husband always encouraged me to keep all this information in mind. “

“When the labor pains started, they called an ambulance to bring me to the Community Health Centre (CHC) at Berkoli, because I could not walk for 30 minutes there. After delivery in the CHC of Berkoli, my baby Vernon immediately got the milk colostrums and immunization. Vernon was born at 4 kg. So far I am exclusively breastfeeding up to an age of 6 months. My family,

especially my husband and my mother are very happy because I and Vernon are very healthy.”

Early childhood development

Junino Cardoso (Anino), 5, lives in Gumer sub village. Every day he comes along to the Early Childhood Development Centre to learn, practice and play with other friends. Anino is the youngest of eight children.

“I love coming here because I can learn alphabet A-Z, drawing fish, counting the numbers 1-10, singing and playing the ball. After returning from the centre to my home I do what I got in the center. I love cars and playing football with my good friend Anizu.”

He likes to eat rice, vegetables, beans and pork stew and really likes the color red.



Junino, 5 (left) with his friend Anizu (right) at the ECCD center in Lourba village

Earning money each week and improving child nutrition



João, 74 with his vegetables garden in Fahiria village

João Pinheiro, 74 has 12 grown up children and lives in Fahiria village, Aileu. He used to plant corn and peanuts once a year and a very limited range of seasonal vegetables - black and white mustard.

Despite his age, Jiao is still a vibrant gardener and has become active in World Vision’s program helping local farmers grow a wider range of nutritious and income-earning vegetables.

As part of this program his village has been able to take advantage of vegetable sales to supermarkets in Dili. Those vegetables the village doesn’t sell improve the nutrition of local children.

For further information about this submission please contact Garth Luke, Lead, ODA and Emerging Issues, World Vision Australia ph 02 66842294 garth.luke@worldvision.com.au