



Executive Brief: Timor Leste Comprehensive Food Security and Vulnerability Analysis

Overview, scope and methods

Since the violent struggle for independence prior to 2002, which seriously affected the socio-economic status of the country, Timor Leste has made substantial progress in reviving the economy, rehabilitating infrastructure and establishing viable political institutions. However, it is still one of the poorest countries in East Asia. Thirty-eight percent of the population live on less than US\$0.55 per capita per day.

Timor Leste is prone to a range of natural disasters such as drought, floods and strong winds, as well as agricultural risks such as pests and diseases. Poverty and natural disasters severely restrict the access of poor people to food, especially in rural areas. Two thirds of the rural population experience food shortages for about four months during the lean season each year (November to February). Two consecutive years of drought (2002-2003) linked to the El Nino climatic phenomenon exacerbated food insecurity. Since then, drought-like conditions and erratic rainfall in 2003-4 and 2004-5 led to an annual deficit in food production. WFP is present through a two year PRRO, "Investing in people's future"¹.

To obtain an in-depth understanding of the food security situation in Timor Leste, where food insecurity and vulnerability are widespread, WFP conducted a Comprehensive Food Security and Vulnerability Analysis (CFSVA) from November to December 2005. This involved a national food security survey of 1,700 households, interviewing 173 key informants and collecting nutritional information on 1,877 children aged 6 to 59 months. The team also analyzed secondary data from a variety of UN and government sources. The survey benefited from the contribution of various NGOs and the Government of Timor Leste, in particular the National Statistics Directorate, the Ministry of Transport and the Ministry of Health.

The CFSVA was prepared under the umbrella of the Strengthen Emergency Needs Assessment Capacity (SENAC) project and was made possible through funding and support of the Humanitarian Aid Department of the European Commission.²

In April 2006 (after the CFSVA was conducted), clashes between rival groups led the country to the brink of civil war. The food security situation of many urban residents remains affected by the civil unrest; more than 145,000 people mainly from the Dili area are displaced and in need of humanitarian assistance.

How many people are food insecure?³

Approximately 213,000 people (20 percent of the population) are food insecure.

Approximately 244,000 people (23 percent of the population) are highly vulnerable to becoming food insecure.

Timor Leste has high malnutrition rates. About 46 percent of children under 5 are stunted or too short for their age.

About 57 percent are severely underweight, and 21 percent are wasted or too thin for their height.

Definitions used in this study:

Food insecurity¹ exists when people do not have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Vulnerability² describes the level of risk for future food insecurity. It is the full range of factors that place people at risk of becoming food insecure. The degree of vulnerability of individuals, households or groups of people is determined by their exposure to the risks factors and their ability to cope with or withstand stressful conditions.

¹ FAO (2002), *The State of Food Insecurity in the World 2001*

² FIVIMS (FAO Food Insecurity and Vulnerability Information and Mapping System) definition.

¹ The goal of the current 2004-2006 PRRO is to contribute to: reducing malnutrition among vulnerable groups; universal primary education through both mother-and-child health and school feeding activities; and strengthening emergency preparedness and response in case of natural disasters and other emergencies. The total budget is US\$9.5 million.

² The SENAC project aims to reinforce WFP's capacity to assess humanitarian needs in the food sector during emergencies and the immediate aftermath through accurate and impartial needs assessments. The project is funded by internal and external sources, including major donors such as ECHO.

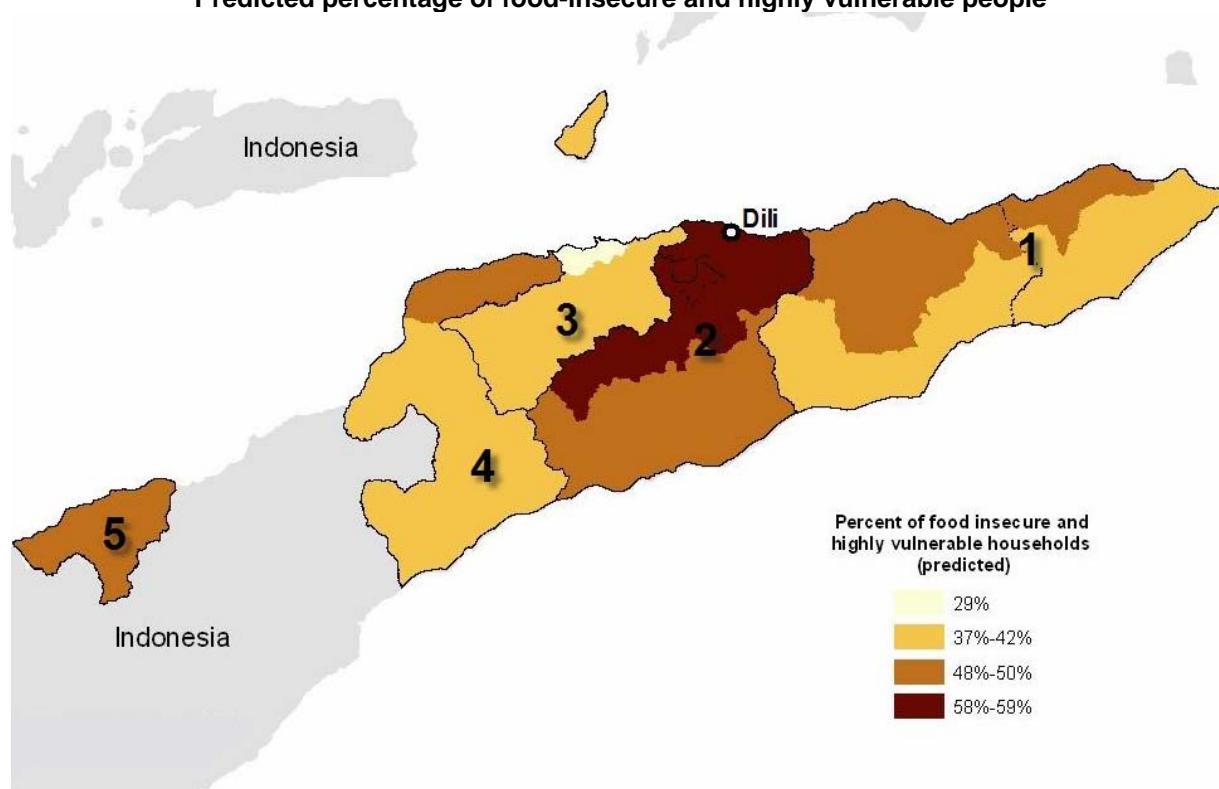
³ While the study was conducted in the most rigorous manner, some limitations have been acknowledged and taken into consideration for the conclusions. Information on the methodology is available in the first chapter of the report.

Who are the food-insecure people? Where do they live?

Food-insecure people are present throughout Timor Leste but the most food-insecure or highly vulnerable people are in the central and northern areas of the country, followed by the north-western areas and the Oecussi region.

Administrative regions	Percentage of food-insecure and highly vulnerable people
Central and northern areas of region 2	58-59%
Central and southern areas of region 2 - north-western area of region 4 - north and eastern areas of region 1	48-50%
Oecussi region/region 5	48-50%
Rest of the country (except Dili)	37-42%
Dili	29%

Predicted percentage of food-insecure and highly vulnerable people



Food-insecure households are generally:

- households headed by women;
- subsistence agriculturalists who rely primarily on agriculture for both their food source and income generation, without access to livelihoods based on trading, skilled labor, or salaried jobs (agriculture is the main livelihood activity for the majority of these households: 42 percent of the people are ordinary farmers; 22 percent are livestock farmers);
- households that lack access to irrigated land;
- uneducated persons;
- households that have experienced shocks, particularly unemployment; and
- households that have limited access to health care and other services.

What are the underlying causes of food insecurity?

Several underlying causes of food insecurity have been identified. Poor access to food⁴ appears to be the main cause of food insecurity.

⁴ A household's capacity to regularly acquire adequate amounts of food through a combination of its own stock and home production, purchases, borrowing, etc

Some of the key underlying causes include:

- general isolation and lack of infrastructure, particularly in the case of the Oecussi region;
- poor access to adequate farmland and irrigation;
- poor access to non-agricultural income-generating activities; and
- low purchasing power related to livelihoods. Ordinary farmers and farmer-artisans are the most food-insecure and vulnerable groups.

Besides poverty and purchasing power, household food insecurity is also affected by a range of recurrent natural disasters such as drought, floods and strong winds, as well as pests and disease, which make subsistence farmers vulnerable to intermittent food crises.

In addition to weak food access, the other causes of high malnutrition are insufficient mother-and-child health and care facilities, lack of access to safe drinking water, and inadequate hygiene methods and sanitation⁵. Food taboos and cultural dietary practices also lead to poor diets.

Sixty-four percent of the households have been exposed to a shock in the last 12 months, the main one being the high cost of agricultural inputs such as seeds or fertilizers, drought or irregular rainfall, and reduced availability of food. In the event of a shock, the most common coping strategy is to consume seed stocks, which reduces a household's capacity to produce the following year. The second most common strategy is to reduce the number of meals and the portion sizes.

What are the implications for programming?

Several interventions are recommended, due to the varying underlying causes of food insecurity, and the geographic distribution of food-insecure and vulnerable groups.

Targeting: Most programmes should rely on geographic targeting of the most food-insecure regions, followed by socio-economic targeting at the household or individual level.

Programming:

- **Mother-and-child health and nutrition programmes.** These programmes should target pregnant and nursing mothers and young children. They should provide a nutrition education component focusing on improving diet through an increase in diversity. These programmes could also include HIV/AIDS education programmes, health and hygiene education and caring practices (breastfeeding and weaning). A food component is appropriate to ensure attendance and participation. Mother-and-child health programmes are needed throughout the country but are most needed in the Oecussi region (region 5), followed by the west of the country (region 4).
- **Supplementary feeding programmes for children.** This is justified by the high wasting rate in the country. The programmes should be combined with improved care practices, water and sanitation programmes and improved health services aimed at enhancing food utilization. They should concentrate first in the priority areas of Oecussi (region 5) and in the west (region 4); however, the levels of wasting make them necessary in the rest of the country as well.
- **School feeding.** Because of the high prevalence of food insecurity throughout the country, all children in programme areas should be assisted through school feeding. A nutrition education component could also be introduced.
- **Agricultural programmes through food-for-work (FFW) and food-for-training (FFT) activities.** FFW/FFT should focus on improving agricultural methods, access to agricultural inputs and irrigation, as well as increasing the use of livestock. All the country would benefit from such activities but Oecussi region should receive priority.
- **Micro-credit schemes, micro-finance programmes, and small enterprise creation programmes.** These programmes should focus on increasing income, purchasing power and access to credit. Oecussi (region 5) as well as the east of the country (regions 1 and 2) should be targeted.

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⁵ According to a 2003 joint report of the Government of Timor Leste, Asian Development Bank, Japan International Cooperation Agency, UNDP and the World Bank, one half of all people in the country lack safe drinking water and three out of five lack safe sanitation.