Democratic Republic of Timor Leste
Country Profile for Emergencies and Disasters

Context
The Democratic Republic of Timor Leste is located in the eastern part of the Timor Island with the western part belonging to the Republic of Indonesia as part of the East Nusa Tenggara province. It is bordered by the Wetar straits to the north and the Timor Sea in the South. From the 1511 till 1975 Timor Leste was a colony of Portugal. This was followed by the Indonesian annexation in which the Timorese continued to fight for independence through the guerilla resistance movement. It was a period wrought with violence, human rights abuses and an estimated 200,000 deaths. In 30 August 1999 the East Timorese voted in an historic referendum for independence.

In May 20, 2002 after two years of an interim UN Transitional Administration, the country gained its independence. Currently there are still 30,000 East Timorese nationals in West Timor, most of whom have no intentions of returning to the new republic of Timor Leste. An Indonesian Government program is currently working in the resettlement of these East Timorese to Sumba island. Some violent incidents perpetrated
At present Timor Leste, with a population of 850,000 ranks as one of the 10 poorest
countries in the world. It has a GDP per capita of US$ 478 with 41% of the population
living below the poverty line of US$ 0.55 a day. The Government is still in its infancy
stages however much progress has been made in the rehabilitation of many institutions
particularly in education and health- the two priorities of the National Development Plan.

Languages spoken : Official Languages: Tetum (less than 40 % of the
population) and Portuguese (spoken by less than 5% of the population);
however each district has its own language and dialects (e.g., Lautem-Fataluku, Ermera- Mumbai); Bahasa Indonesia is spoken by most of the staff of the health services and
government offices as they were trained in this language
English is spoken mainly in international agencies and organizations

Administrative Division and Structure of the Health system
The country is divided into thirteen (13) districts: Aileu, Ainaro, Baucau, Bobonaro,
Covalima, Dili, Ermera, Lautem, Liquica, Manatuto, Manufahi, Oe-cusse, and Viqueque.
Oe-cusse is an exclave located in West Timor. Each district is divided into sub-districts
(65) and these are further divided into 498 sucos (villages) and 2,336 aldeias (hamlets).

The National Government has a counterpart in the districts known as the District
Administration. However not all ministries have staff at the district level. The Ministry
of Health is organized into a central/national level and the district level. The central level
is divided into three divisions: service delivery, policy and planning, and administration
under each of these are relevant departments. (Refer to Annex 2 Ministry of Health
Organogram) The District Health Management Team is composed of the District health
manager and two district public health officers (1 Environmental Health and Nutrition; 2
Communicable Disease Control). The team is also responsible for management of public
and clinical health services in their districts.

There are 4 hospitals, 65 community health centers (CHC) and 82 health posts all over
the country. A UN Military hospital is still in operation mainly servicing the UN staff
and currently it is under the Thailand contingent.
There are two seasons a dry season from June to November and a wet season from December to May.

Routes of Access
Two main road networks serve the north coast and south coast of the island. Due to the civil conflict of 1999 some roads and bridges had to be rehabilitated. At present, less than half (around 49%) of villages can be accessed through paved roads. During the rainy season there is difficulty in travel as roads are narrow and winding through hilly terrain. Flash floods and landslides are common during the rainy season. In some areas travel at night is not recommended due to security reasons.

Special helicopter flights may be arranged with the UN PKF during times of emergencies.

Affected Population
As mentioned around 30,000 remain in West Timor and are participating in a programme for resettlement organized by the Indonesian Government. Family to family negotiations are currently in progress. Refugees who do not participate may have the option to come back to Timor Leste however, this number may difficult to estimate at the moment.

Hazards
There are different hazards affecting different districts a listing shows us hazards present in Timor-Leste:

Natural
1. Landslides
2. Flash Flooding
3. Tropical Storms
4. Rural fires
5. Drought
6. Earthquakes
7. Marine Flooding
8. Epidemics (see epidemiological profile)

Human Generated / Complex Emergencies
9. Marine Accidents
10. Road Accidents
11. Civil strife
The hazard of human epidemics may be more of a cause of concern. If diseases such as malaria, ARI, or diarrhea (refer to epidemiological profile of this document) are not even controlled during non-disaster situations, we can expect these to rise rapidly during disaster events to levels that are more difficult to control. From a recent review of the public water system of East Timor, it was found that all public water systems are contaminated with fecal material, thus there is always a potential for an outbreak of diarrheal diseases.  

**Food Security**

In Timor Leste, agriculture is mainly of the subsistence type. After the violence in 1999 food availability deteriorated greatly. But the main harvests of early 2000 were relatively adequate but by mid-2000 there were serious shortages of food supply due to the bulk of returnees from West Timor; but by the end of 2001 this were overcome and some normality in agriculture activities was achieved.

Present figures show an estimated 35% of children under 5 years old as underweight and 3% wasted. And about half of young children and women have iron-deficiency anemia. Over 70% of households are known to suffer from hunger regularly, especially in the period from November to early March with a peak in February each year. This issue has not been directly studied properly in the light of local culture. 

The irregular and poor rainfall during the cropping year 2001/2002 has negatively affected food crop harvest in certain areas of the country, notably coastal districts in the north and some districts bordering Indonesia. The situation is not a cause for alarm or food aid as the Timroese have resorted to various traditional coping strategies to support themselves; this pattern falls within the usual “lean period” occurring annually in Timor Leste. Food relief may be required in some isolated places and should be distributed only after the assessment of food supply situation. Some reduction in crops due to the likelihood of El Nino effects and predicted reduction and irregularity in rainfall, the crop harvest prospects are likely to be of major concern for the coming agricultural season (November 2002 – May 2003).
Epidemiological Profile

Diseases with epidemic potential are:
- Malaria (vivax and falciparum); chloroquine resistant strains have been documented
- Dengue/Dengue hemorrhagic fever
- Japanese encephalitis and other arboviruses
- Cholera
- Typhoid
- Tuberculosis

Water and other utilities
Only 46% of households have access to potable water and 36% have access to electricity. 30% of households have access to mass media.

Public Health National Guidelines
- National Malaria Protocol
- IMCI Treatment Guidelines for Timor Leste
- Working Guidelines for Epidemics Assessment and Response, Ministry of Health Democratic Republic of Timor Leste

<table>
<thead>
<tr>
<th>Crude Mortality Rate</th>
<th>Reporting of deaths has not been a practice that has been instituted; no estimates are available as of yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>Estimated at 70-95 per 1,000 live births</td>
</tr>
<tr>
<td>Under 5 mortality rate</td>
<td>Estimated at 125 per 1,000 live births</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>Estimated at 800 per 100,000 live births</td>
</tr>
<tr>
<td>Immunization</td>
<td>Immunization coverage DPT3 – 56%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Estimated Prevalence 0.01-0.35%</td>
</tr>
<tr>
<td>Reported Recent Outbreaks</td>
<td>September 2001 - Diarrhea Outbreak in Oe-cusse October 2001 - Diarrhea outbreak in Atauro</td>
</tr>
</tbody>
</table>
After almost three years of rehabilitation and reconstruction of the health system, 80% of the population currently has access to services comprising of 4 hospitals, 65 community health centers (CHC) and 82 health posts. The current average walking time to a health center is 70 minutes.

There remains a lack in the health human resource of the country. Currently there are 25 Timorese physicians in the country. The health system employs a considerable number of expatriate physicians who function as district medical officers (21 at present) and specialists (currently 14) in the health facilities all over the country. However, the system has a considerable number of nationals who are of nurses (624) and midwives (226). Utilization of health facilities remains low in many areas.

An ambulance system has been established in the country with 19 ambulances covering the 13 districts. All CHCs and hospitals have functioning two-way radio systems to facilitate communication of referrals and transfers. Hospital and level 4 CHC focal points for emergencies have been trained in an introduction course for basic disaster management.

Main Programmes of WHO and UNICEF directly or indirectly related to emergencies

For WHO:

<table>
<thead>
<tr>
<th>Title of Programme</th>
<th>District/Health Area</th>
<th>Short Description</th>
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</thead>
<tbody>
<tr>
<td>Technical assistance in the training and development of health sector plan for disasters and emergencies</td>
<td>To Ministry of Health Counter parts including District health management team representatives</td>
<td>Technical assistance in the development and implementation of disaster programs</td>
</tr>
<tr>
<td>Technical assistance in the control of communicable diseases- included training on epidemiology for all district staff</td>
<td>To Ministry of Health Counter parts</td>
<td>Technical assistance in the development and implementation of communicable disease control programmes</td>
</tr>
<tr>
<td>Clinical Nurses Training Programme</td>
<td>Currently serving three districts</td>
<td>The programme aims to upgrade skills of nurses in assessment and management of priority diseases and includes training in management of</td>
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</table>
### For Unicef

<table>
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<th>Title of Programme</th>
<th>District/Health Area</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Support to the Immunization Programme of the Ministry of Health</td>
<td>All districts and sub-districts</td>
<td>Unicef supports the national immunization in all areas: (e.g., technical, logistics, and financial)</td>
</tr>
</tbody>
</table>

### Communication
The UN agencies and UN Police communicate through VHF radio channels.

### Coordination
There is a National Disaster Management Office (NDMO) under the Civil Security Department of the Ministry of the Interior. It is tasked to coordinate preparedness, response and mitigation activities for disasters. The office also liaises with other government agencies (e.g., other Ministries, Civilian Police, Fire Fighters), UN Agencies and NGOs for disaster related activities.

In the case of disasters the relevant ministries become the lead agencies (e.g, epidemics-the MoH is the lead agency). However, in general the Ministry of Interior through the NDMO is the central agency.

The UN PKF as a whole together with their health team also has its own disaster management plan and procedures as such coordination with this organization is very important.

UNPKF, the UN Hospital/Medical Contingent, UN Agencies such as WHO, UNICEF, FAO, UNHCR Liaison Office, IOM are participating agencies in management of disasters whenever needed.

### Other Useful Information
The are health precautions when traveling to East Timor. Link to the document below.
Health Information for Travelers to East Timor

*Map 1 is from the WHO Timor-Leste Health GIS and Hazard Maps are from the*