Water, Sanitation and Hygiene

THE SITUATION

Timor-Leste has made good progress in helping its people gain access to clean water and sanitation and in 2010 met the Millennium Development Goal (MDG) target on water supply, with more than 70 per cent of Timorese accessing improved water sources. This has undoubtedly contributed to important reductions in infant and child mortality in the last ten years.

However, significant disparities remain between urban and rural populations, with just 61 per cent of rural Timorese receiving water from improved sources compared to 95 per cent of households living in urban areas¹. In addition, only 32 per cent of primary schools have access to toilet facilities with an appropriate water supply² and nearly half of the rural Health Posts don’t have access to running water and suffer from inadequate sanitation and hygiene facilities³.

Meanwhile, progress on sanitation has lagged behind. More than 60 per cent of Timorese do not have access to improved sanitation, and nearly one in every three Timorese still practice open defecation. The discrepancy between urban and rural populations is vivid, with 36 per cent of the rural population practicing open defecation compared to only 7 per cent of people living in urban areas. Timor-Leste remains hugely off-track for meeting the MDG targets on sanitation⁴.

Poor hygiene practices are a common phenomenon in society. According to a behaviour change survey conducted in 2011, only 20 percent of mothers indicated using a latrine for disposing of baby faeces and only 1.6 per cent of mothers wash their hands with soap after touching baby faeces.⁵ Poor sanitation and hygiene practices contribute significantly to the level of malnutrition in Timor-Leste.

WHY WATER, SANITATION and HYGIENE?

Healthy children: Access to and use of clean Water and improved Sanitation and Hygiene (WASH) is critical to the health and well-being of families. Families, specifically young children, are at high risk of suffering from diarrhoea when families do not have access to improved water, sanitation and

² EMIS 2010, Ministry of Education (MoE)
³ Ministry of Health, Environmental Health Division 2014 monitoring report.
⁴ Situation Analysis of Children in Timor-Leste
⁵ MoH Knowledge, Attitude and Practice (KAP) baseline survey in five districts (Ailue, Ermera, Viqueque, Manatuto and Oecusse) 2011.
hygiene. Globally diarrhoea is the leading cause of deaths of children under five-year old. Diarrhoea also has strong links to chronic malnutrition and stunting, which in turn can have a negative impact on children’s longer-term cognitive development.

**Productive lives:** Access and use of improved WASH facilities is essential for people to live healthy and productive lives. Yet, across the country, 54,000 productive hours are lost every day in collecting water\(^6\). Women and girls bear the brunt of this burden; thereby missing out on productive economic activities and girls, are missing out on the opportunity to attend school. The economic consequences of poor sanitation on health, welfare services and tourism is more than US$ 11 million every year for Timor- Leste\(^7\) and this is increasing as the country’s economy expands.

**UNICEF’S CONTRIBUTION**
Since 2009, UNICEF has worked with the Government of Timor-Leste (GoTL) and other WASH sector partners to increase women and children’s access to sustainable WASH services.

With UNICEF’s support, over 37,000 people in six districts (Aileu, Manatuto, Ermera, Viqueque, Oecussi and Liquica) have gained access to clean water through the creation of community-managed gravity-fed water supply systems and point source protections. Water-user committees have been established in all UNICEF-supported communities and have created operational and maintenance funds for future repair needs.

UNICEF has also enabled 61,000 people from 10,500 households to get access to improved sanitation through Community-Led Total Sanitation (CLTS) under which each community takes lead to ensure implementation and maintenance of sanitation initiative. Since 2009, 170 UNICEF-supported communities have been verified as open defecation free (ODF) areas.

In addition, over 17,800 children have benefitted from improved WASH facilities installed in 89 rural primary schools across six districts.

UNICEF has also been one of the major partners to the GoTL in assisting with the development and dissemination of the National Basic Sanitation Policy (2012). UNICEF provided technical support to develop WASH in School and WASH Sector Coordination Guidelines which are expected to be approved in 2015.

**PRIORITIES**
In the coming years, UNICEF will continue to work with partners in order to support national priorities for water, sanitation and hygiene, in particular:

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\(^6\) Water and Sanitation Sector review report 2012

\(^7\) The economic consequences of poor sanitation, a 2008 study of five neighbouring countries: Timor-Leste, Indonesia, Philippines, Cambodia and Vietnam.
• Support to the Ministry of Health and other partners at national and sub-national levels to enhance access to improved sanitation and hygiene facilities, by scaling up Community Lead Total Sanitation (CLTS) programmes. This will contribute to reducing the malnutrition among under-five children, which is a national priority.
• Support to the Ministry of Education to scale up and sustain access to WASH in schools. UNICEF will also work with partners to initiate group handwashing, with soap in schools, to complement the school-feeding programme.
• Promote better understanding of menstrual hygiene needs and devise appropriate strategies to address the issues identified.
• Work with Ministry of Public Works, Transport and Communications, and Ministry of Health to increase the sustainable access to WASH in Rural Health Posts and adjoining communities.
• Support national and sub-national water departments to enhance community capacity to operate and maintain the rural water supply systems.