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# Situation Analysis of Children in Timor-Leste

The Situation Analysis of Children in Timor-Leste has been developed by the United Nations Children's Fund (UNICEF) in close collaboration with the Ministry of Finance – General Directorate of Statistics and the Commission on the Rights of the Child.

The opinions expressed within this report are those of the authors and do not necessarily reflect the views of the Government or UNICEF.

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# Situation Analysis of Children in Timor-Leste

Government of Timor-Leste  
UNICEF Timor-Leste

2020



Komisaun ba  
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Graphic facilitation of adolescent consultations. Hatu Buliko workshop, 2019

# Foreword

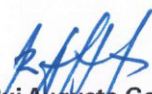
With less than 10 years left to achieve the Sustainable Development Goals as articulated in the 2030 Agenda for Sustainable Development, this report – a joint effort by the Government of Timor-Leste and UNICEF – provides an analysis of the situation of children and adolescents in Timor-Leste. It aims to support national development planning by the Government and the United Nations system; raise awareness of the situation of children in Timorese society; serve as a basis for advocacy with current and potential partners, including donors; and support strengthening of the “enabling environment” – the national framework of laws, policies, strategies, plans and public budgetary provisions – to ensure sustainable improvements for the rights of Timorese children to survival, development, protection and participation.

The situation analysis has been developed in close collaboration with the Ministry of Finance – General Directorate of Statistics – and the Commission on the Rights of the Child. The draft situation analysis fed into the development of the United Nations Sustainable Development Cooperation Framework, 2021-2025, and the UNICEF Country Programme, 2021-2025, and we hope that this publication will inform many other programmes.


As this situation analysis shows, in its short history as an independent country, Timor-Leste has made significant progress for children and adolescents. However, more needs to be done to prevent

vulnerable children from being left behind. With children aged 0-17 years accounting for 43 per cent of the country’s population in 2021, the report pays special attention to two areas in particular. The first is the cross-sectoral nature of the many challenges to the rights of the child, for example in early childhood and adolescence, which are particular areas of focus that represent a real opportunity for progress in the second decade of a child’s life. The second theme is around the importance of investing more resources in the health, nutrition, education, protection and participation of Timorese children and adolescents. There are substantial returns to be had in terms of the saving and improving lives, the contribution to the country’s economy and society, and the reduction of poverty and inequality.

We trust that this report will contribute substantially to the body of knowledge about Timorese children – girls and boys – and support the Government and its partners in making informed commitments, policies and actions for the realization of child rights.



**H.E. Rui Augusto Gomes**  
Minister of Finance



**Dinorah Granadeiro**  
Commissioner on the  
Rights of the Child



**Bilal Durrani**  
Representative,  
UNICEF Timor-Leste

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# Acronyms

<b>ANC</b>	Antenatal care	<b>MoH</b>	Ministry of Health
<b>ASEAN</b>	Association of Southeast Asian Nations	<b>MoJ</b>	Ministry of Justice
<b>CLTS</b>	Community-Led Total Sanitation	<b>MMR</b>	Maternal mortality ratio
<b>COVID-19</b>	Coronavirus disease	<b>MSSI</b>	Ministry of Social Solidarity and Inclusion
<b>CPO</b>	Child Protection Officer	<b>MPI</b>	Multidimensional Poverty Index
<b>CPRP</b>	Country Preparedness and Response Plan	<b>NCLS</b>	National Child Labour Survey
<b>CSO</b>	Civil society organization	<b>NEET</b>	Not in employment, education or training
<b>DGAS</b>	General Directorate for Water and Sanitation	<b>NER</b>	Net enrolment rate
<b>DHS</b>	Demographic and Health Survey	<b>NESP</b>	National Education Strategic Plan 2011-2030
<b>DPT</b>	Diphtheria, pertussis and tetanus vaccine	<b>NGO</b>	Non-governmental organization
<b>ECD</b>	Early childhood development	<b>NMR</b>	Neonatal mortality rate
<b>EGRA</b>	Early Grades Reading Assessment	<b>ODA</b>	Official development assistance
<b>EMBLI</b>	Mother Tongue-Based Multilingual Education	<b>ODF</b>	Open defecation-free
<b>EMIS</b>	Education Management Information System	<b>OHDI</b>	Oxford Poverty and Human Development Initiative
<b>ESP</b>	Education Sector Plan 2020-2024	<b>PLMP</b>	Professional Learning and Mentoring Program
<b>GCF</b>	Green Climate Fund	<b>PPE</b>	Personal protective equipment
<b>GDP</b>	Gross domestic product	<b>PwD</b>	Person with a disability
<b>GDS</b>	General Directorate of Statistics	<b>RCCE</b>	Risk communication and community engagement
<b>GER</b>	Gross enrolment ratio	<b>RDTL</b>	Democratic Republic of Timor-Leste
<b>GNI</b>	Gross national income	<b>SDGs</b>	Sustainable Development Goals
<b>GPE</b>	Global Partnership for Education	<b>SDP</b>	Timor-Leste Strategic Development Plan 2011-2030
<b>GPI</b>	Gender Parity Index	<b>SEFOPE</b>	Secretariat of State for Professional Training and Employment
<b>GoTL</b>	Government of the Republic of Timor-Leste	<b>SRH</b>	Sexual and reproductive health
<b>GPI</b>	Gender Parity Index	<b>U5MR</b>	Under-five mortality rate
<b>HDI</b>	Human Development Index	<b>USAID</b>	United States Agency for International Development
<b>HRC</b>	Human Rights Council (United Nations)	<b>UNCT</b>	United Nations Country Team
<b>ICMC</b>	Integrated Crisis Management Centre	<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>ILO</b>	International Labour Organization	<b>UNDP</b>	United Nations Development Programme
<b>IMF</b>	International Monetary Fund	<b>UNESCAP</b>	United Nations Economic and Social Commission for Asia and the Pacific
<b>INGO</b>	International non-governmental organization	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>IOM</b>	International Organization for Migration	<b>UNFPA</b>	United Nations Population Fund
<b>JMP</b>	Joint Monitoring Programme for Water Supply and Sanitation (WHO/UNICEF)	<b>UNICEF</b>	United Nations Children's Fund
<b>JSMP</b>	Judicial System Monitoring Programme	<b>UPR</b>	Universal Periodic Review
<b>KAP</b>	Knowledge, attitudes and practices (survey)	<b>WASH</b>	Water, sanitation and hygiene
<b>KONSSANTIL</b>	National Council for Food Security, Sovereignty and Nutrition	<b>WFP</b>	World Food Programme
<b>LDC</b>	Least developed country	<b>WHO</b>	World Health Organization
<b>LISIO</b>	Livrinho Saude Inan ho Oan (Mother and Child Health Booklet)		
<b>MoE</b>	Ministry of Education		
<b>MoF</b>	Ministry of Finance		



# Key facts



## Official Name

República Democrática Timor-Leste

## Capital

Dili

## Administrative Divisions

Timor-Leste comprises 13 municipalities (Ainaro, Aileu, Baucau, Bobonaro, Cova Lima, Dili, Ermera, Lautém, Liquiçá, Manatuto, Oecusse, Manufahi, Viqueque), which are subdivided into 65 administrative posts, 452 sucos (villages) and 2,233 aldeias (hamlets).

## Population<sup>1</sup>

1,299,412 (2020, projection)

## Geography

The country is part of the Malay Archipelago, and is the largest and easternmost of the Lesser Sunda Islands.

The land area is approximately 14,874 square kilometres. It consists of the eastern portion of the island of Timor, the enclave of Oecusse (also known as Ambeno; 2,500 sq km) and the islands of Atauro (144 sq km) and Jaco (8 sq km).

## Religions

Catholic (97.6%), Protestant (2.0%), Other (including Muslim, Buddhist) (0.4%), Traditional (<0.1%).

## Languages

Tetum and Portuguese (official languages); English and Indonesian (working languages) and about 30 other local languages.

## Life expectancy

69 years (2017)

## Currency

United States dollar (\$)

## Government

The Constitution provides for a semi-presidential System of government, with the President as the Head of State and the Prime Minister as the Head of the Government. The Legislature – the National Parliament – is a unicameral assembly.

## Gross domestic product

\$2,018 billion (2019) (current US\$)

<sup>1</sup> 2015 Census

# About this report

This situation analysis draws upon a diverse and growing body of data and reports on areas impacting children in Timor-Leste. These include the management information systems of sector-based ministries, the periodic surveys published by the Government's General Directorate of Statistics including the Census and the Demographic and Health Survey (DHS), the findings of formal periodic reviews of human rights by relevant United Nations bodies (especially the Universal Periodic Review and the Committee on the Rights of the Child), various United Nations databases, including for the Sustainable Development Goals (SDGs), the voluntary national review of progress towards the SDGs and sector-based analytical reports on child development and well-being. The review of the data was bolstered by key informant interviews with government counterparts in line ministries.

The analysis uses a sectoral approach to key areas including health, nutrition, water, sanitation and hygiene (WASH), education, child protection, etc, but also uses a life-cycle approach to examine the critical periods of early childhood and adolescence. The report has applied the lenses of gender equality, of inequality and exclusion, children's and human rights and environmental and climate change imperatives. To ensure that the views of children were taken into account, UNICEF organized a large-scale nationwide consultation with adolescents, in partnership with the Alumni Association of the Timor-Leste Youth Parliament. These consultations and the views of the participants are presented in a special section of the report.

UNICEF plans to build on this situation analysis with further research on policy issues affecting children, for example public finance, child poverty and urbanization. Each chapter ends with a list of key recommendations for children that the Government and its development partners may wish to consider. The authors intend this report to be of particular use as an advocacy tool for building consensus around these priority actions to strengthen the rights of children in Timor-Leste.

Sincere thanks go to all those who contributed to the development of this situation analysis, including from the Government of Timor-Leste, UNICEF staff and international consultants, the Alumni Association of the Youth Parliament of Timor-Leste (APFTL), and other stakeholders, particularly the many adolescents who took part in consultations.



# Executive summary



## Executive summary

**Timor-Leste is a small island developing State that regained its independence in 2002. It is one of the world's youngest countries in terms of both nationhood and demography. Since independence, the population has increased by more than one third, from 955,000 in 2002 to 1,299,412 in 2020. As a result of this "baby boom", children aged 0-17 years account for almost half (44 per cent) of the Timorese population and adolescents (10-19 years) an estimated fourth (24 per cent).**

The country is classified by the World Bank as a lower-middle-income country because of its gross domestic product and at the same time by the United Nations as a least developed country, mainly due to its economic and environmental vulnerability. More than two thirds (69 per cent) of the Timorese live in rural areas and four fifths of them rely on the agricultural sector for subsistence. As will be seen throughout this report, most indicators reveal a large disparity between rural and urban areas.

The economy is overly dependent on the exploitation of the country's gas and oil fields, despite some progress towards economic diversification. A large percentage of the population live in poverty, although this has improved. Between 2007 and 2014, the proportion of the population living below the national poverty line fell from 50 to 42 per cent. In rural areas, poverty declined from 55 to 47 per cent and in urban areas from 38 to 28 per cent. **The poverty rate is higher for children than adults, with 47.8 per cent of children living under the national poverty line.**

It is notable that Timor-Leste is one of a small number of countries to have had a statistically significant decrease in the percentage of people who were multidimensionally poor, as per the Global Multidimensional Poverty Index. This is a measurement that assesses deprivations across 10 indicators in three equally weighted dimensions—health, education and standard of living.

Only seven years after receiving formal United Nations recognition, Timor-Leste reduced the incidence of multidimensional poverty from 70 per cent in 2009-2010 to 47 per cent in 2016, the fastest absolute reduction in East Asia and the Pacific.



**As one means of reducing poverty, since independence, and especially from 2008, the Government has introduced a range of social protection measures in the form of pensions,** including to people living with disability, older persons and veterans of the independence struggle. A specific focus has been on ensuring that every Timorese person receives a guaranteed income and support when they are unable to work. One of several cash transfer programmes is the Bolsa da Mãe ("Mothers' Purse"), which provides vulnerable families \$5 per month per child (maximum of three children), paid once per year on condition that the child attends and successfully completes each year of schooling. The challenge going forward is to extend social protection to all in Timor-Leste. Through its commitment to review and evaluate the Bolsa da Mãe,<sup>2</sup> the Government seeks to adjust the allowance with a special focus on investments in the health and education of children. This is a significant commitment because although the number of families increased from 7,000 in 2008 to 61,705 in 2017, the budget remained at \$9 million between 2014 and 2018.



**Timor-Leste has ratified the Convention on the Rights of the Child and its first two optional protocols; and the Convention on the Elimination of all Forms of Discrimination against Women and its optional protocol. The Government has yet to ratify the Convention on the Rights of Persons with Disabilities, and some domestic laws are not in complete alignment with certain international obligations.**

<sup>2</sup> In the Program of the VIII Constitutional Government.



Moreover, Timor-Leste's position is that the legal age of childhood ends at 17 rather than 18 years, which is the age specified in the Convention on the Rights of the Child. While Timor-Leste does not have a law or code elaborating children's rights, it has adopted the National Action Plan for Children in Timor-Leste 2016-2020, the country's first cross-sectoral strategic plan focusing on children. The national Commission on the Rights of the Child is responsible for coordination and monitoring of the action plan.



**The country has made impressive progress in child survival and development in its short history. Of particular note is the elimination of malaria, a major achievement for maternal and child health and well-being.** However, key challenges remain. Health care is free but distance-related barriers limit access, especially in rural areas. The maternal mortality ratio – the number of maternal deaths per 100,000 live births in a given time period – has declined from 219 per 100,000 live births in 2010 to 142 in 2017, close to the regional average of 127. **Neonatal and child mortality have declined considerably, but these rates are still well above the averages for the region.** From 2009-2010 to 2016,

child mortality – the deaths of children under 5 years of age – declined from 64 to 41 per 1,000 live births, and neonatal mortality – deaths during the first month of life – decreased from 25.14 to 19.58 per 1,000 live births. Neonatal deaths account for almost half of deaths of children under age 5, and most occur in the first seven days after birth. This underlines the importance of antenatal care, improving the quality of care and delivering in a health facility with a trained attendant.



**Immunization remains one of the key child health interventions in Timor-Leste.** Between 2009-2010 and 2016, immunization coverage appeared to be plateauing. However, the 2020 Food and Nutrition Survey offers some reasons for optimism. While vaccination coverage did not appear to have improved between 2009-2010 and 2016 according to the two most recent Demographic and Health Surveys (DHS), and may even have deteriorated (for example, the percentage of children aged 12-23 months who received all their basic vaccinations declined from 53 to 49 per cent), the new survey reported a figure of 86.3 per cent for measles vaccination, up from 68 per cent in the DHS.





An age-appropriate, nutritious diet, beginning with exclusive breastfeeding for the first six months, followed by complementary feeding and at least a minimum acceptable diet up to age 2, is another key to a child's healthy growth and development. **Timor-Leste has one of the highest rates of childhood undernutrition in the world, and maternal and child malnutrition is the single greatest risk factor for premature death and disability in the Timorese population.** Stunting – insufficient height for the child's age – is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity. The stunting rate among children under age 5 years has decreased from 50 per cent in 2013 to 47 per cent in 2020 but remains strikingly high, causing irreversible effects on children's physical and intellectual development. While the percentage of children affected by wasting (low weight for height) decreased from 11 to 8.6 per cent, it is important to recall that severe acute malnutrition (severe wasting) is a life-threatening condition that requires urgent attention.



Proper sanitation, good hygiene practices and safe drinking water are further critical elements of children's development as they can reduce undernutrition and stunting by preventing diarrhoeal and parasitic diseases, and the resulting damage to intestinal development. **Water and sanitation in Timor-Leste have improved markedly since the destruction of urban water infrastructure at the restoration of independence, but many challenges remain, especially in rural areas.**

As of 2017, nearly 80 per cent of the population had access to at least a basic drinking water supply, with large disparities between urban and rural areas. A basic supply is defined as drinking water from an improved source that is not more than a 30-minute round trip (on foot) away. Nearly 30 per cent of the rural population are without basic water, compared to just 2 per cent of the urban population. In 2017, a little more than half of the population had access to at least basic sanitation (use of improved facilities which are not shared with other households), but this jumps to 76 per cent in urban areas and drops to 44 per cent in rural areas. Some 28 per cent of rural inhabitants practice open defecation. As for hygiene, specifically handwashing, nationally, slightly more than

one fourth of households have a basic handwashing facility, meaning one that is on the premises with soap and water available. Again, this is substantially higher in urban (43 per cent) than rural areas (22 per cent).

Equally important to maternal and child health are WASH in health facilities and schools. WASH is essential to basic health-care services and helps ensure the quality of care while minimizing the risk of infection for patients, caregivers, health-care workers and surrounding communities. When schools have safe water, toilets and soap for handwashing, children have a healthy learning environment. UNICEF/World Health Organization (WHO) data (2016) show that 96 per cent of health-care facilities have some sort of water supply facility and 97 per cent have some sort of sanitation facility, but it is not known which are basic and which are limited. It is reported that all schools in the country have access to an improved water supply system, sometimes shared with the community, but only 40 per cent have water every day.



**Along with health, nutrition and WASH interventions, preschool education is an important element of early childhood development (ECD), which is a concept that has gained momentum in recent years due to the demonstrated importance of the early years of life to brain development and lifelong well-being.** For the period of pregnancy to age 3 years, a recommended approach is "nurturing care," which consists of a core set of interrelated components including behaviours, attitudes and knowledge about caregiving (e.g., health, hygiene care and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding, secure attachment, trust and sensitive communication); and safety (e.g., routines, protection from violence, abuse, neglect, harm and environmental pollution).

Good parenting is integral to nurturing care, and families may need support to learn positive parenting behaviours. For example, the 2016 DHS noted that "leaving children alone or only in the presence of other young children is known to increase the risk of accidents, abuse, and neglect." Some 26 per cent of children under age 4 were left alone and 16 per cent were left in the care of another child younger than age 10 for more than one hour during the week before the survey. This points to sustainable behaviour change by parents and other

caregivers (“primary duty bearers”) as a key entry point for intervention, beginning with measures to build more positive parenting practices.

While to date there are no integrated ECD programmes in Timor-Leste, the Government has begun to move in that direction. Coinciding with the increasing global focus on ECD, in December 2015 a national ECD conference was held in Timor-Leste. By 2017, a National ECD Policy had been drafted and presented to the Council of Ministers, although it has not yet been adopted. Given the importance of ECD for children’s healthy growth and development, it is strongly recommended that Timor-Leste develop and implement a multisectoral, risk-informed and well-resourced ECD strategy based on nurturing care.

**The Government’s emphasis on increasing access to quality preschool education is a sign of its commitment to young child development.** The 2015 target of providing quality preschool education for at least 50 per cent of all children aged 3 to 5 years was not met, but preschool enrolment tripled from 8 per cent of that population in 2008 to 24 per cent in 2019. The growth in enrolment reflects the increased number of public preschools, from about 90 in 2010 to 239 in 2018. A new standardized curriculum is being finalized, with the aim of having 6-year-olds be ready to start Grade 1.

**The importance of school readiness is highlighted by the fact that almost one fifth of children enrolled in Grade 1 have to repeat that year.** Enrolment rates are high in the first two cycles of basic education (Grades 1-4 and 5-6), but decline in Cycle 3 (pre-secondary, Grades 7-9) and for secondary education. Many of the children who should ideally be enrolled in Cycle 3 or in secondary school, have either dropped out or are still enrolled in Cycles 1 and 2. In primary school, there are slightly more male students than female students, but by the time they reach secondary school, girls outnumber boys and the gap is widening. The number of out-of-school children ages 6 to 11 has declined substantially since 2010, with boys outnumbering girls (6,275 vs. 2,729 as of 2019).

**Efforts to improve the quality of teaching and learning include a new curriculum in Grades 1 to 6, accompanied by a decree law prohibiting repetition in Grade 1, as well as continued infrastructure**

**development, teacher training and mentoring, ensuring that each child receives a set of books, strengthening laws to enforce teacher assiduity and positive discipline methods.**

The high rates of grade repetition and school dropout contribute to the challenges facing Timorese adolescents and youth. Adolescence is a second window of opportunity to influence the child’s development and potentially make up for losses, as well as a critical stage to build on investments and see the long-term benefits of ECD. Challenges faced by adolescents include lack of access to education and skills development outside of formal education, and few viable job prospects. Moreover, they, and adolescent girls in particular, have limited opportunities for civic engagement and participation, in a culture that tends to value elders and males.



**The role that adolescents and youth can play, and its centrality for development, democracy and social cohesion, is nonetheless recognized in Timor-Leste.** The Government and development partners have implemented programming approaches to the adolescent period focused on specific challenges (school dropout, substance abuse, physical and sexual abuse and violence, unemployment, early pregnancy, etc.) or aiming at the fulfilment of more aspirational roles of children (such as opportunities for participation, civic engagement and access to leisure activities).

**Although data are limited, there are indications that adolescents have limited awareness of their sexual and reproductive health.** About 5 per cent of girls ages 15-19 have had a baby, with the rate in rural areas (6.6 per cent) twice that of urban areas (3 per cent). Pregnancy almost always requires marriage. Pregnant girls either drop out of school or are no longer allowed to continue their education, and rarely go back to school after giving birth.

The minimum age for marriage is 16 for both boys and girls, with the authorization of a parent, guardian or civil registrar required for the marriage of a child under 17 years. The 2015 Census reports 7,202 females who were married at 14-15 years of age. The United Nations Human Rights Council has urged that the minimum age of marriage for both boys and girls be set at 18 years,



with no exceptions for traditional customs, but the Government has not accepted the recommendation.



Gender-inequitable social norms and restrictive gender roles persist, along with continued preference for customary law instead of the formal justice system. Violence against women and girls, as well as violence against children, remains prevalent. **Despite limited data, domestic violence is recognized as a widespread issue in Timor-Leste, affecting women and children who are both witnesses and victims.** Some small-scale studies suggest that many Timorese children are exposed to violence in the home, where they may also witness violence against their mothers, and to violence at school.

The Law on Domestic Violence protects against child abuse, yet this and other types of abuse and violence are common, and sexual abuse of children, including by family members, remains a serious concern. Few cases enter the judicial system and the courts have been criticized for handing down shorter sentences than prescribed by law. Similarly, failures to investigate or prosecute cases of alleged rape and sexual abuse are common. The National Police's Vulnerable Persons

Unit generally handles cases of domestic violence and sexual crimes, but does not have enough staff to provide a significant presence in all areas of the country. The capacities of primary investigative, prosecution and judicial personnel in cases of domestic violence, rape and gender-based violence require strengthening.



**There are limited data on persons with disabilities, but there is evidence that violence and neglect of children with disabilities are widespread in Timor-Leste.** A 2016 analysis of the National Disability Policy Framework found inter alia that children with disabilities do not get the same opportunities as their siblings without disabilities, their families are over protective, are ashamed of them and sometimes hide them. The National Policy for Inclusive Education, approved in 2017, reflects a better understanding in Timor-Leste of the importance of a mainstream education system that provides for diversity and minimizes the placement of some children into separate classes or facilities. It particularly concerns the inclusion of children with disabilities, as well as children from ethnic minorities, speakers of minority languages or other groups of children who may otherwise experience difficulties in accessing appropriate schooling. The approval of the

policy was a significant shift in the national context, but implementation has been limited. One of the midterm goals for 2024 is to develop a detailed plan for applying the policy, incorporating current international standards.



**Children in Timor-Leste face a number of protection-related challenges, beginning at birth. Despite concerted attention, birth registration coverage has not markedly improved since 2002.** The 2016 DHS found that just 60 per cent of children under age 5 had their births registered with the civil authority. A 2018 baseline assessment of birth registration identified a number of perceived bottlenecks such as the lack of a strategy, procedures, subnational capacity, equipment and communication between key actors, among others.

As part of its mandate for child protection, the Ministry of Social Solidarity and Inclusion has continued to develop and implement relevant protocols. There are two Child Protection Officers in each municipality (26 in total) and a Social Animator (Social Technician) in each of the 65 administrative posts, all trained to follow the Government's standard operating procedures for referrals to service providers.

There continues to be limited information on the situation of children in alternative care – both residential care and informal family foster care. The 2016 DHS estimated that 9 per cent of children under 15 were living with neither biological parent, a small percentage of whom were “double orphans”<sup>3</sup>. Using 2015 Census data, that would amount to some 41,000 children under 14.

Based on long-standing custom, including during the struggle for independence, Timorese tend to accept the practice of removing a child from her/his family for reasons perceived to be in the best interests of the child. During the struggle for independence, many children were placed in institutions run by the Catholic Church for their safety, or sent to live with relatives. In none of these cases was there any judicial review by a competent authority to ensure that such a decision was made in the child's best interests. **Since independence, many children have continued to be separated from their families, still in the absence of appropriate judicial review.**

**Children come into contact with the law primarily as defendants, as victims and/or as witnesses. The continued absence of a law for a child justice system continues to be an important gap in national legislation.** Current efforts focus on the drafting of a child protection law, which should be complemented by legislation on children in conflict with the law. The latter needs to ensure that detention – which likely needs to include placement in institutional care for the child's “protection” – is a clear last resort, and include provisions for diversionary options for the policy and judiciary, and for non-custodial sentencing.

The minimum age of criminal responsibility was 8 years until 2000, when the United Nations Transitional Administration in East Timor raised it to 12 years, and provided that 12-15-year-olds be treated under juvenile justice rules except for serious crimes. The entry into force in 2009 of the Penal Code effectively raised the minimum age to 16 years (which is high by international standards and is a positive development).

**Child labour is another area with the potential for grave violations of children's rights.** The National Child Labour Survey, undertaken in collaboration between the Government and the International Labour Organization in 2016, found that some 71 per cent of children aged 5-17 years attend school exclusively, while about 13 per cent go to school and do some form of work. Less than 3 per cent are working and not going to school. The remaining children (13 per cent) are neither in employment nor in school. The majority of the children who work do so to supplement the family income.

**Trafficking in children is largely focused on labour exploitation and sexual exploitation.** Timor-Leste legally prohibits both within the Criminal Code (articles 163 and 164), with penalties of 8-25 years imprisonment. It is reported that the Government has increased its efforts to investigate and prosecute trafficking cases, to identify victims and to pursue criminal charges against a complicit official, but failed to obtain any convictions for trafficking. Human traffickers exploit domestic and foreign victims in Timor-Leste, and traffickers exploit victims from Timor-Leste abroad. The main areas of vulnerability for children especially impact girls, who are sent to Indonesia and other countries for domestic servitude and from rural areas to Dili for purposes

<sup>3</sup> In Timor-Leste, a child is defined as an orphan if at least one parent has died; a “double” orphan has neither parent living.

of sex trafficking or domestic servitude, commonly due to a promise of better employment or education opportunities.



Underlying these varied challenges to the development of children and adolescents in Timor-Leste are the **risks posed by climate change and the need for strengthened disaster preparedness as the country is disaster-prone.** Timor-Leste is rated a “medium risk” country due to high levels of human vulnerability and a lack of coping and crisis management capacities. Its mountainous topography, geographic location and climate expose it to extreme weather events. Wetter and hotter periods increase risks of epidemic outbreaks, especially given still weak water and sanitation standards. Such risks are of concern given that areas of good progress are vulnerable to reversal such as, for example, the elimination of malaria.

The global COVID-19 pandemic illustrates the previous point. **While in 2020, Timor-Leste was able to contain the spread of COVID-19, with very few cases (all**

**in quarantine facilities) and no deaths, a series of restrictions put in place to prevent and respond to the pandemic directly affected children and their families, particularly the most vulnerable.**

For instance, access to health services, including immunization, became more challenging, and schools were closed for several months. These measures also had serious social and economic consequences, e.g., loss of jobs and income, for all Timorese. In response, the Government provided a near-universal cash transfer of \$200 per household, among other economic support measures. The pandemic also created opportunities to re-imagine service delivery: a case in point is *Eskola ba uma*, a distance learning programme that was quickly set up to facilitate continuity of education. Moreover, the crisis exposed systemic weaknesses that previously had received limited attention, for instance the long-standing gaps in sustainable water sources. As the country gradually recovers from the pandemic, it is critical that decision-makers focus on building back better and on preparing Timor-Leste to withhold future shocks.



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## Chapter 1

# National overview



# 1. National overview

**Timor-Leste’s independence was proclaimed in 1975, secured in 1999 through an act of self-determination and restored in 2002.** In the struggle for independence, most basic services, productive assets and institutions were destroyed. “The country’s infrastructure collapsed with the water supply, sewerage plants, electricity and communications devastated. Schools and health clinics were destroyed, with low levels of literacy and formal education existing among the general population. .... Institutional frameworks and government systems were out of date or non-existent...” (GoTL, 2019) The establishment of government architecture was hindered by decades of Indonesian administration during which Timorese public employees had very limited opportunities for acquiring technical proficiencies.

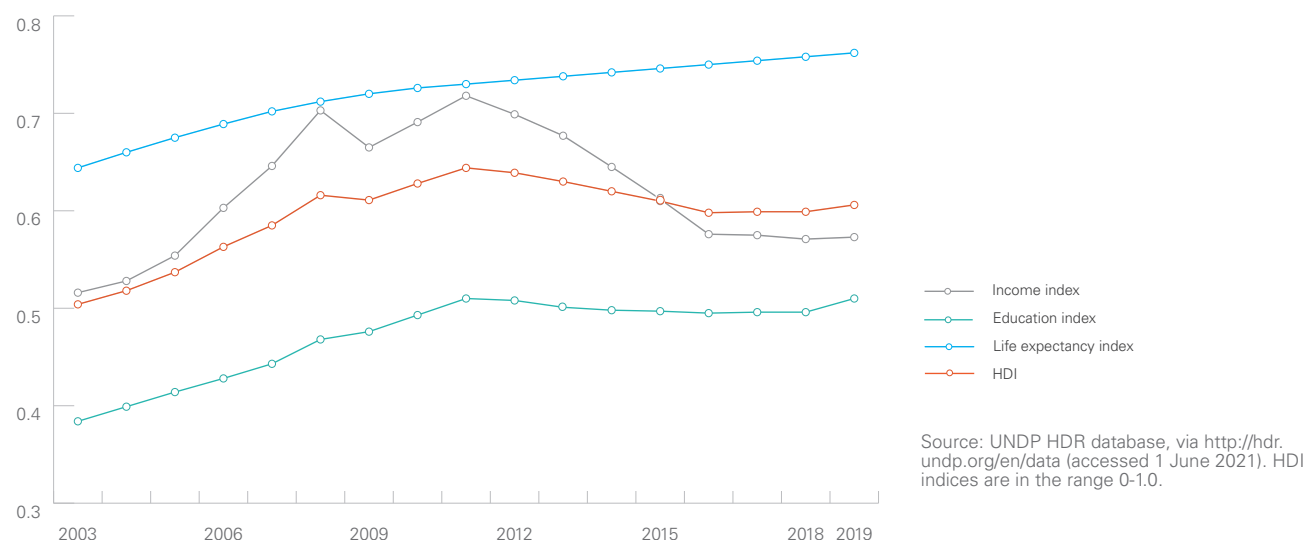
From 2002, the new Government developed, adopted and implemented an ambitious national development plan and acceded to most of the core United Nations human rights instruments, complemented by the

adoption of a progressive and robust Constitution. Even with these constraints, in the same period Timor-Leste has progressed from being ranked on the Human Development Index<sup>4</sup> (HDI) as a low human development country, to a ranking in the upper half of medium human development countries. (UNDP, 2018a, Table 1)

But building a severely damaged economy with negligible infrastructure and very weak social capital has meant enormous challenges not only for the Government and its key partners but also for local communities and households. Timor-Leste ranks 69 of 191 countries on INFORM, the Index for Risk Management, falling in the “medium risk” classification. The score is because of high levels of human vulnerability, lack of coping capacity and limited national capacity for risk reduction and crisis management. In terms of vulnerability, Timor-Leste ranks higher than both the region and the average of countries in the same income group. The country is highly susceptible to the effects of climate change; it

4 A composite measure of proxies for health (life expectancy at birth), education (a combination of mean years of schooling for adults 25 years and over and mean expected years of schooling for children of school starting age) and standard of living (gross national income per capita).

**Figure 1.1**  
**Trends in HDI and its component indices, Timor-Leste (2003-2019)**



is predicted to become about 1.5°C warmer and about 10 per cent wetter by 2050, with significant harms to agricultural productivity that might spur greater rural-urban migration (Molyneux et al. 2012).

## 1.1 Population and demography

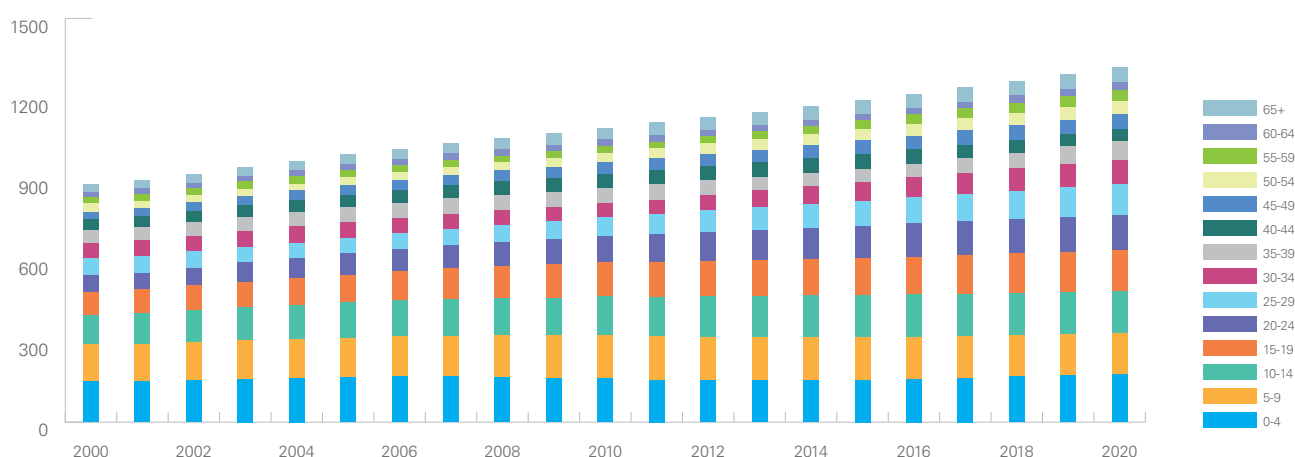
Timor-Leste's population has grown from around 955,000 at the time of independence in 2002, to 1,184,000 in 2015 (national Census) and 1,299,412 in 2020 (Census projection). **The population is one of the youngest in the world; as of 2020, children aged 0-17 years account for 44 per cent of the total (571,419) and adolescents (10-19 years) are projected to make up an estimated 24 per cent (308,019) (MoF, 2016).** According to the 2015 Census, 97.6 per cent of the population is Catholic, approximately 2 per cent Protestant and less than 1 per cent Muslim. (Cited in US Department of State, 2019a)

**Timor-Leste is a highly rural and agrarian society. More than two thirds of the Timorese live in rural areas (UNESCAP et al, 2016) and the agricultural sector provides subsistence to an estimated four fifths of the country's total population (Ibid.). The National Development Plan aimed to promote more balanced regional development by focusing on rural development.** Nevertheless, important disparities between urban and rural Timor-Leste persist, as nearly 71 per cent of the residents of Dili, the capital, occupy the highest wealth quintiles compared to just 9 per cent in rural areas. (National Statistics Directorate 2010)

### 1.1.1 Internal migration

As of 2019, some 31 per cent of the population lived in urban areas and 69 per cent in rural locations. Rural to urban movement was noted from the earliest years of independence. As of 2004, 1 in 10 people had relocated to urban areas within the previous five years; by 2015, around one third of the population of Dili municipality was born in another municipality (Table 17 GDS 2015 Census). Some 200,000 Timorese had internally migrated, of whom almost half had relocated to urban Dili, representing about 40 per cent of the capital's population of 277,279. (GDS 2015 Census, Tables 18 and 19)

**Figure 1.2**  
Population growth, Timor-Leste ('000): 2000-2020





More than half (51.6 per cent) of internal migrants are female (National Statistics Directorate 2016, cited in UNESCAP et al). The majority of migrants (40.8 per cent) are aged 15-29 years, with similar age distribution between males and females. The age category 20-24 is the peak age group (Ibid.). Migrants tend to be single (48.4 per cent), especially those moving to Dili (64.2 per cent) (Ibid.). Migrants have higher educational attainments than non-migrants. Over 40 per cent have secondary-level education compared to nearly 12 per cent for non-migrants. Male migrants are better educated than female migrants, and migrants with better education tend to move to Dili (Ibid.). Internal migrants consider marriage their primary reason for migration (27.5 per cent), followed by following family (23.3 per cent), education (21.9 per cent), employment-related purposes (13.3 per cent) and conflict (3.5 per cent). Among women, the primary reason for migration was marriage (38.2 per cent), and among men it was education (24.5 per cent) (Ibid.)

### 1.1.2 Fertility rates

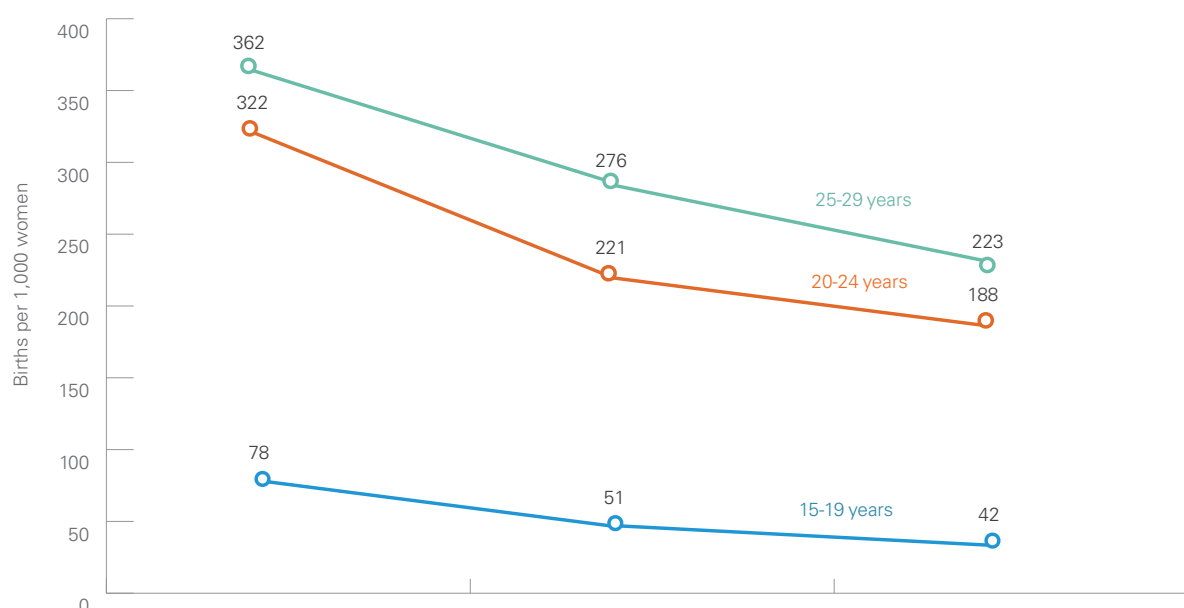
At the time of independence, Timor-Leste had one of the highest total fertility rates in the world, at 6.2 children per woman compared to a range of 1.2

to 4.6 for the Asia-Pacific region. By 2018, Timor-Leste's rate had declined to 4.0 across all age groups compared to the regional range of 1.2 to 4.4 (World Bank DataBank).<sup>5</sup> A lower fertility rate is important because smaller numbers of children per household generally lead to larger investments per child, more freedom for women to enter the formal workforce and more household savings for old age. A continued decline in the fertility rate is an explicit component of the National Strategy for Reproductive, Maternal, Newborn, Child and Adolescent Health 2015-2019, which aims to lower the numbers of children desired by families and refers to increasing access to family planning services countrywide, as being "critical" to national development. (MoH, 2015a, p. 23)

The reduction from 6.2 to 4.0 applies to all municipalities and wealth quintiles and urban/ rural areas, even though rates remain higher for lower wealth quintiles and rural areas. The one category of women with increased fertility between 2009-2010 and 2016 is women with more than a secondary education (an increase from 2.9 to 3.3). The municipality with the highest rate is Ainaro at 5.7, which is nonetheless a sizeable reduction from the rate of 7.2 found in 2009/2010. The important observation is the need to sustain recent efforts,

<sup>5</sup> Within this report, unless otherwise stated, the World Bank DataBank may be accessed via <https://databank.worldbank.org/home>

**Figure 1.3**  
Trends in selected age-specific fertility rates



Source: DHS03, Table 5.7; DHS09-10, Table 4.4; DHS16, Table 5.1

especially for young females. While a continued positive trend (i.e., reduction) does seem evident, including in rural areas, any new figures are projections, with more precise data expected from the next Census, planned for 2021.

The age-specific fertility rate is a measure of the number of births in a year per 1,000 women of a particular reproductive age or age range. The rate for 15-19-year-olds was 44 according to the 2016 DHS, which continues a steady improvement, especially in comparison to other age groups (the rate for 20-24-year-olds was 190 by 2016), but it is not clear what the share of that rate is for girls under 18 years. Between 2009-2010 and 2016, birth spacing also improved across all municipalities, education, wealth and urban/rural categories (the smaller cohort for 15-19-year-olds in 2016 makes estimation more difficult).

### 1.1.3 Dependency ratio and the demographic dividend

Falling fertility levels create opportunities for countries to realize a demographic dividend – the economic growth that can occur when there is an increase in the number of people of working age and a decrease in the number of dependents. What makes efforts to strengthen the demographic dividend so challenging in Timor-Leste is its highly informal economy. This also limits the utility of the dependency ratio, which is the proportion of the population not of working age – typically under age 15 and over age 65 – to the working-age population that may economically support it.

It is at least known that lower fertility rates and improved education both act to strengthen the demographic dividend. This is due to improvements in education being a key driver of economic growth (and of improved health status) and predictive of future income and, specifically, the key importance of female education in lowering fertility rates.

A continuing challenge in this regard is that Timor-Leste's dependency ratio is improving but remains very high; the 2015 Census put it at 89.7 (that is, 100 people of working age supporting 90 people not

of working age, plus themselves), regardless of the income-earning situation of those 90 people. Timor-Leste has continually had the highest dependency ratio in the Asia-Pacific region, but the declining fertility rate has seen it closing that gap. By 2015, Timor-Leste had the second highest ratio across the region and by 2018, ranked fourth highest of 23 Asia-Pacific countries. (World Development Indicators, updated December 2019)

Clearly, the demographic character of Timor-Leste is intertwined with the national economic situation and, as noted, the dependency ratio lacks meaning unless there are economic opportunities for the population of working age. At the same time, although movement of people to urban centres, and especially Dili, has enabled the emergence of a strengthening economy and opportunities for many, it has risked rising inequities that disproportionately impact rural and remote populations.

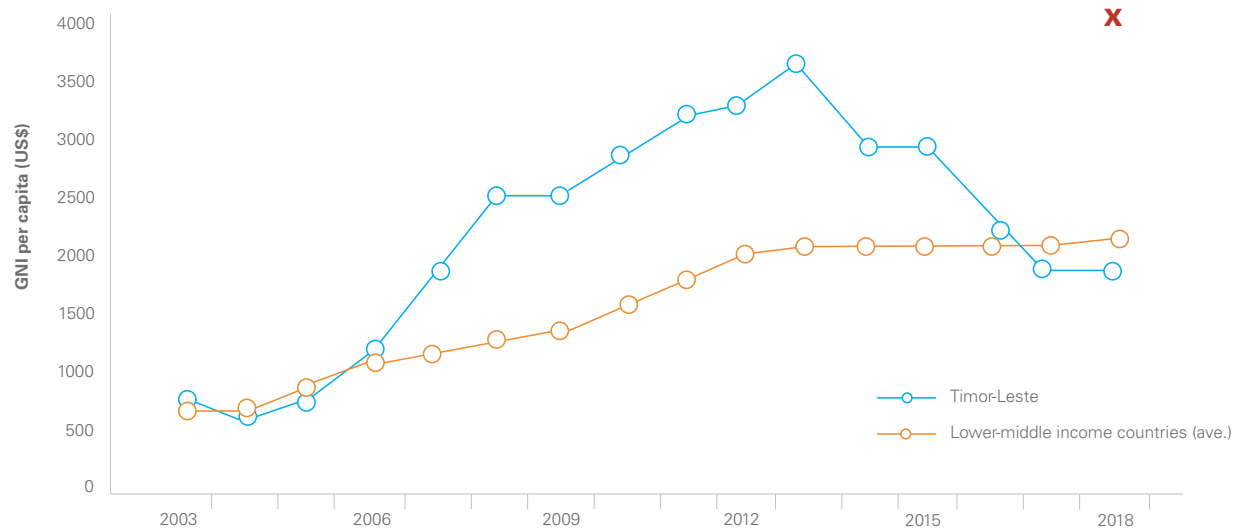
## 1.2 National economic context

Timor-Leste is classified by the World Bank as a lower-middle-income country but aims to attain upper-middle-income status by 2030 (RDTL, 2011, p. 227).

At same time, its challenging economic situation and fragility are illustrated by its simultaneous classification by the United Nations as a least developed country (LDC). LDC status is managed through the United Nations Economic and Social Council, which defines LDCs as “low-income countries confronting severe structural impediments to sustainable development. They are highly vulnerable to economic and environmental shocks and have low levels of human assets.”<sup>6</sup> A country's LDC status is based on three criteria – gross national income (GNI) per capita of \$1,025 or lower, human assets (health and education) and economic vulnerability (structural vulnerability and environmental

6 UNDESA, <https://www.un.org/development/desa/dpad/least-developed-country-category.html>

**Figure 1.4**  
National progress towards upper middle-income status by 2030 (2003-2018)



Source: World Bank, via <https://databank.worldbank.org/source/world-development-indicators#> (accessed 1 February 2020). Income status uses GNI per capita Atlas method. "X" is Timor-Leste's 2030 target for upper-middle income status (2020 value: \$3996).

shocks). In contrast, income status is assigned by the World Bank solely on the basis of GNI per capita. Of the 46 countries currently classified as LDCs, Timor-Leste is the most highly ranked on the Human Development Index.

**It is clear that the national goal of attaining upper-middle-income status by 2030 has experienced a setback since 2013 (see Figure 1.4). Achieving this change from lower-middle-income to upper-middle-income status would require increasing GNI per capita from between \$1,036 and \$4,045 to between \$4,046 and \$12,535.** Given this setback, more concerted and sustained public investment will be required if Timor-Leste is to make progress towards the SDGs, which would require increased investment in children's education, health and social protection.

Timor-Leste's economy and public revenue base continue to be overly dependent upon the exploitation of its gas and oil fields, despite progress towards economic diversification. The Petroleum Fund, established in 2005, was intended to be a perpetual fund to finance government expenditures. The fund peaked at \$16.7 billion in 2014, but increased government expenditures combined with low prices for oil and declining oil reserves could result in the fund's steady depletion over the next two decades, as the capital is eroded and investment earnings fall.

Given the low jobs base of the oil and gas sector compared to its economic strength, declining revenues from the sector have a greater effect on the public budget than on employment. This calls for action to boost viable options for increasing non-oil-based revenue. The World Bank has drawn attention to real opportunities in improving productivity and the International Monetary Fund (IMF) points to national opportunities in a strengthened agricultural sector and in manufacturing and tourism.

### BOX 1.1 Building a sustainable national economy

**With one of the youngest populations in the world and a nascent private sector, Timor-Leste does not have enough jobs for the large number of young people entering the labour market. Seizing a potential demographic dividend will require investment in education, skills and the generation of decent jobs, but also a continued decline in fertility rates. Economic diversification and creating jobs in productive sectors, such as labour-intensive manufacturing, tourism and agriculture, will help grow the non-oil economy.**

Source: SDG Knowledge Platform, Timor-Leste, para 5, at <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=1573&menu=3170>.

The national goal of eradicating extreme poverty by 2030 demands strengthening of the non-oil economy that includes a focus on boosting agricultural output and productivity. But the contribution of agriculture to non-oil gross domestic product (GDP) has been declining, although it remains the largest means of employment and household livelihood. Transforming the agricultural sector is certainly critical for addressing rural well-being (eliminating extreme poverty), strengthening food security and improving nutrition, and in building non-oil GDP (GoTL, 2019, p. 93).

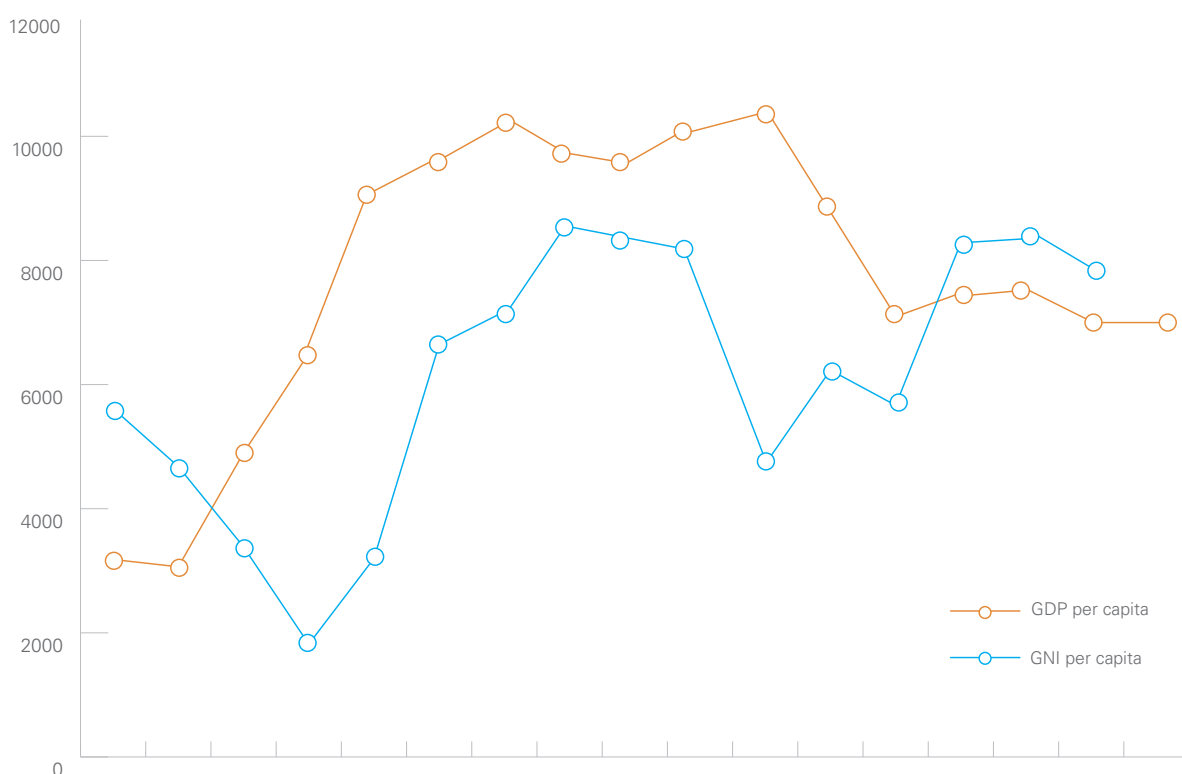
The IMF is clear that strengthening Timor-Leste's non-oil economy requires economic diversification that creates job opportunities for a rapidly-growing population of working age, and that investment in education and health will be essential to capture Timor-Leste's demographic dividend and ensure high, inclusive and sustainable growth to help it achieve the SDGs. (IMF, 2019; accompanying Press Release

No. 19/149, 7 March 2019) To ensure the "growth dividends" from this economic strengthening, which is reliant on improved social sector investment and public budgeting for education and health, the IMF has emphasized a national focus on reforms in the areas of basic education, female employment, improved social protection, addressing skilled labour shortages, improved workers' rights and a minimum wage policy. With an increasingly constrained public revenue base balanced with demands for concerted social investment in children's health and education, over-investment in capital-intensive projects with low returns and focus on securing inclusive growth could imperil poverty reduction and fiscal sustainability (Ibid., p. 36).

The national economy has been vulnerable to fluctuations in such areas as non-oil real GDP, public spending and inflation, but the fiscal deficit is expected to continue to improve. (IMF, 2019, p. 5)<sup>7</sup> Even so, a combination of economic and political

<sup>7</sup> A fiscal deficit (government spending exceeding revenue) can be appropriate economic management, especially in enduring a period of fluctuating revenue, which impacts Timor-Leste with swings in exchange rates and import/export prices.

**Figure 1.5**  
Gross wealth per capita trends, Timor-Leste, 2003-2018



factors is likely to have led to a contraction in GDP of 0.7 per cent on top of a 3.5 per cent decline in 2017 and a gradual deterioration in economic performance since 2008 (World Bank, 2019a, p. 1). These figures do not take into account the effects of the global economic decline resulting from the COVID-19 pandemic.

Two factors influencing the GNI measure are trends in official development assistance (ODA) and remittances from abroad. Overseas remittances into the country have exceeded 3 per cent of GDP since 2016, and are likely to increase further over coming years. Net ODA received represented 25 per cent of GNI at independence, declined to around 6 per cent by the end of the successive United Nations missions in 2012, edged higher to 10.2 per cent of GNI in 2017 and then declined to 8.7 per cent in 2019.<sup>8</sup> This helps to understand recently increasing GNI levels compared to the lower and flatter GDP data that are confined to national output and do not include net income from outside the country.

## 1.3 Employment

The Common Country Analysis (UNCT) found that over 50 per cent of the working-age population are not economically active. Among youth aged 15-24, only 22.3 per cent of males and 19.4 per cent of females were employed (including subsistence). (Census 2015 Analytical report on Youth pg. 28)

**Some 64 per cent of the workforce are directly employed in the agriculture sector, followed by government employment (13.5 per cent). More than half (56 per cent) of those in employment either have no formal education (34 per cent) or have only finished primary education. (20 per cent)** Employment rates are higher for those with no or low levels of education than for those with secondary or tertiary education due to weak demand for a skilled workforce in the country. Of total employment, 73.6

per cent of women are own-account workers (self-employed) or contributing family workers, compared to 47.2 per cent of men. These two kinds of work are considered vulnerable employment due to the difficulties of regulating for employment standards and the high risk of exploitation. Women also perform contributing family labour throughout their lives in comparison to men.

The number of jobs created lags behind the number of job market entrants, contributing to low labour-force participation and high unemployment, particularly for youth and women. Less than a quarter of the labour force is formally employed and there are large rural-urban inequalities. About 4 out of every 10 jobs created over the past decade have been in the public sector. This reflects both a preference among job seekers for public employment as well as difficulties by the private sector to match public sector wages, working conditions and job security. Analysis by the IMF shows that non-oil growth could increase by over 2.5 percentage points per year if labour productivity growth and job opportunities for youth can reach average levels of middle-income countries by 2030. (IMF 2019)

The Constitutional VIII Government Program, adopted in 2018, envisages employment growth flowing from measures to transform the agricultural sector and the private sector for increased productivity, alongside investment in education and health to build a more skilled labour force. (GoTL, 2018, p. 87) This is reflected in the National Employment Strategy 2017-2030, which stated that some 50,000 jobs were added to the national workforce between 2010 and 2013, of which 84 per cent were in the informal sector. (GoTL, 2017, p. 7) Job growth was lower than the growth in the working-age population and was primarily outside of the formal economy. **The strategy refers to the “triple challenge” in strengthening the employment sector, ensuring improved opportunities for: (1) those in the labour force who are unemployed; (2) young people entering the labour force; and (3) women whose productive capacity is underutilized. (Ibid., p. 15)**

The publication in 2019 of the 2016 National Child Labour Survey introduced the concept of “vulnerable”

<sup>8</sup> World Bank, via <https://databank.worldbank.org/reports.aspx?source=2&country=TLS#> (accessed 1 June 2021).

(rather than informal) employment. Vulnerable employment is an aggregation of employment data on own-account workers and contributing family workers. Vulnerable employment may occur within both the formal and informal employment sectors. These categories of workers are less likely to have formal work arrangements and are therefore more likely to lack decent working conditions, adequate social security and “voice” through effective representation by trade unions and similar organizations. Vulnerable employment is often characterized by inadequate earnings, low productivity and difficult conditions of work that undermine workers’ fundamental rights. (ILO & GDS, 2019, p. 11) The combined proportion of own-account workers and contributing family workers in total employment, often considered as a measure of vulnerable employment, was 55 per cent. The majority of vulnerable workers were women (70 per cent) when compared to men (48 per cent). (ILO (2019a))

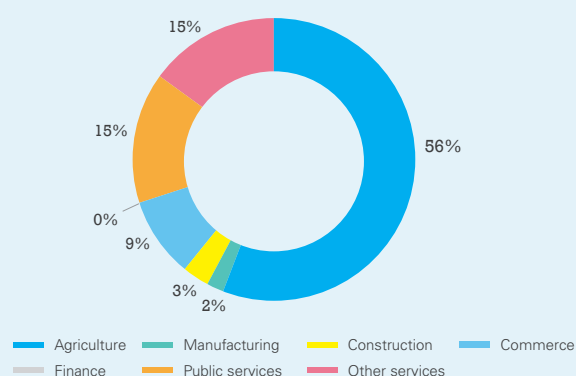
The World Bank cites improved political and economic stability as a prerequisite for enabling increased private investment that will improve competitiveness (and economic growth and resilience) and, in turn, create a “large number of decent employment opportunities”, alongside the importance of curbing public expenditure that is not “pro poor” and prioritizing the building of “human capital” in areas of child health and education. It defines “strategic productive sectors” as commercial agriculture, labour-intensive manufacturing and tourism. (World Bank, 2019a, pp. 6, 16, 22, 23) Different economic sectors display different characteristics in terms of numbers of jobs versus contribution to GDP; for example, oil and mining comprise 61.4 per cent of GDP but provide just 0.6 per cent of jobs in Timor-Leste; the agriculture and services sectors make up 21.0 per cent of GDP but 83.8 per cent of jobs. (IMF, 2019, Figure 5) Fluctuations or changes in either contributions to GDP or employment levels result in quite different policy challenges. (See Box 1.2 for the situation in 2015.)

IMF modelling to improve labour-market outcomes, especially for young people, and to raise labour productivity emphasizes the need to focus on the following:

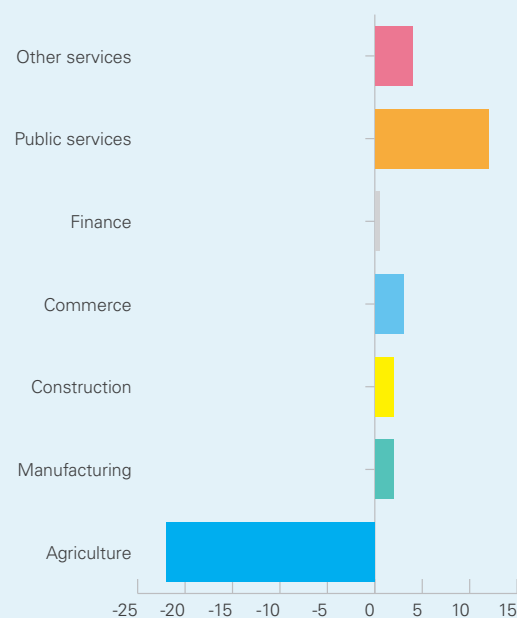
- **Improve basic education outcomes:** expand preschool enrolment, improve infrastructure quality and quantity, increase education attainment,

## BOX 1.2 Shares and changes in employment, 2015

Sectoral share of employment, 2015 (percent)



Change in sectoral shares of employment, 2004–2015 (percent change)



Source: IMF, 2019, p.38

enhance teacher competence and strengthen education sector governance

- **Increase female labour-force participation and job opportunities:** improve female educational attainment, promote access to the formal sector, enforce existing labour regulations (men are three times more likely than women to have employment contracts), ensure access to social protection and eliminate discrimination in recruitment and promotion
- **Address skilled labour shortages:** expand technical/vocational training and better align the supply of skilled labour with private sector demand, expand opportunities for Timorese workers to work abroad
- **Strengthen implementation of labour regulations:** strengthen enforcement of labour regulation to improve worker rights, establish a minimum wage policy that reduces earnings inequality and increases the formal employment of unskilled workers. (Ibid., p. 42)

## 1.4 The enabling environment for child rights

### 1.4.1 The legislative framework

Timor-Leste has been committed to the international human rights framework since independence and has ratified many international treaties. For the purpose of this situation analysis, these include the Convention on the Rights of the Child and its first two optional protocols on children in armed conflict and the sale of children, child prostitution and child

pornography; and the Convention on the Elimination of all Forms of Discrimination against Women and its optional protocol. Notably, the Government has not taken any action to ratify the Convention on the Rights of Persons with Disabilities.<sup>9</sup>

Some shortfalls are evident within the framework of International Labour Organization (ILO) conventions. Timor-Leste has ratified six of the eight ILO “core conventions” excluding the Minimum Age Convention (No. 138), which establishes a minimum age for work of 14 years, preferably at least 15 years, and the Abolition of Forced Labour Convention (No. 105). The United Nations Committee on the Rights of the Child has recommended that the Government ratify the Convention on the Minimum Age. (UNCRC, 2015, para. 57(c))

The Constitution provides that principles within the system of international law shall apply and the rules of the gazetted instruments of that system shall prevail over domestic law where the two are in conflict, in anticipation of reform of that domestic provision. The country has a good record of early accession to most human rights instruments, but domestic laws do not always comply with the country’s international obligations.

One sensitive issue is the national position that the legal age of childhood ends at 17 rather than 18 years, which is the age specified in the Convention on the Rights of the Child. The origin of the view that 17 and not 18 years is the age of adulthood in Timor-Leste emanates from a legal opinion that the Constitutional provision in section 47 (that 17-year-olds have the right to vote and be elected) defines the age of the child. This has been replicated in key domestic laws that remove protections for 17-year-olds in such areas as sexual assault and child labour, and continues to place Timor-Leste at odds with the international human rights system. This may not appear to be the intent of the Constitution because section 18.2 of the Constitution provides that children “shall enjoy all

9 A full list of the various treaties and conventions and their status is in Annex 1.

rights that are universally recognised, as well as all those that are enshrined in international conventions commonly ratified or approved by the State.” Section 9 of the Constitution ensures that the guarantees of approved international conventions, treaties and agreements prevail over domestic laws to the contrary. This would appear not to be the intent of the Constitution.

Timor-Leste does not have a law or code elaborating children’s rights. A children’s code was drafted in 2004 but was not finalized or adopted. A draft law on child protection, prepared by the Ministry of Social Solidarity and Inclusion (MSSI), was presented to the Council of Ministers in 2017 and is still pending. Since, there has been an attempt by one of the Parliamentary commissions to draft a child protection law, but there have not been any consultations with partners and the current status is unclear.

The national Commission on the Rights of the Child holds a broad mandate to review and comment on draft laws affecting children as well as monitoring and evaluating compliance with existing laws, regulations, decrees and policies on their implementation and harmonization with the Convention on the Rights of the Child. It also has a role in advising the Government with respect to all matters affecting

children ... [and, with the Ministry of Social Solidarity and Inclusion, to] implement joint programmes such as awareness-raising, dissemination activities and various technical working groups. (UNCRC, 2014, paras. 26-27) The United Nations Committee on the Rights of the Child has expressed concern “that the Commission does not have the staff and resources necessary to discharge its mandate effectively”. (UNCRC, 2015, para. 12)

**Two of the main barriers to the domestic legal environment remain weaknesses in law enforcement and in the judicial process. The Government goes so far as to refer to the “weakness of the justice system” that “undermines” national development, including by diminishing confidence and limiting investment.**

It urges “profound reform” that needs to occur with “the necessary respect for the separation of powers, but also with urgency and seriousness”. (GoTL, 2018, pp. 115-116) This is not a new imperative; justice system reform has received continuous attention since independence. In 2019, the IMF went one step further: “the legal framework needs to be strengthened, the capacity of the court system raised, and corruption awareness enhanced”. (IMF, 2019, p. 10)





Timor-Leste's participation in the Universal Periodic Review (UPR)<sup>10</sup> in 2016 led it to commit to a range of reforms to improve the human rights situation in the country. The agreed UPR recommendations largely complement and reflect the recommendations of the United Nations Committee on the Rights of the Child and other treaty bodies.<sup>11</sup> This includes urging the country to rectify the anomaly of childhood ending at 17 and not 18 years, which has implications for child marriage, sexual assault and harmful labour practices. Of 154 recommendations, the Government agreed to 146 and noted the remaining eight recommendations. A summarized inventory of the Government's commitments arising from the 2016 UPR is included in Annex 2.

Some of the key commitments accepted by the Government, which are discussed in more detail in subsequent chapters, are to:

- Ratify or accede to all remaining United Nations human rights instruments
- Strengthen efforts to ensure universal birth registration
- Strengthen measures to prevent early marriage
- Strengthen measures to prohibit corporal punishment of children
- Implement measures to keep girls at school including into secondary education
- Adopt specific gender equality legislation compliant with the Convention on the Elimination of all Forms of Discrimination against Women
- Adequately resource the implementation of the National Action Plan on Gender-based Violence
- Provide the Timor-Leste National Police Vulnerable Persons Unit with adequate resources for a countrywide presence
- Implement alternative justice measures to deprivation of freedom for children in conflict with the law
- Increase the percentage of overall budget outlays for health and education
- Strengthen efforts to reduce maternal mortality
- Take measures to ensure that children with disabilities have access to a free education in an inclusive environment (HRC, 2016b, para. 89; HRC, 2017)

### 1.4.2 National policy and planning

**From 2002, Timor-Leste's Government embraced national development planning and technical capacity-building. The current plan, the Timor-Leste Strategic Development Plan 2011-2030 (SDP), is operationalized through periodic plans more aligned with incoming governments (currently the Constitutional VIII Government Program of 2018). Importantly, the SDP is aligned with the Sustainable Development Goals (SDGs), which have defined and measurable targets.**

As part of its commitment to the principles of the 2030 Agenda, the Government carried out a voluntary national review of progress towards the SDGs in 2019.<sup>12</sup> (GoTL, 2019) The review was undertaken within the national SDG framework, starting from the Parliament's ratification in 2015 of the Goals, which included a recommendation that the Government align its planning and budget systems with the SDGs. This was followed by a government directive in 2016 mandating that the SDGs be reflected in annual plans and budgets. By 2017, a road map had been produced, in which the SDP was positioned as a vehicle to achieve the Goals. (Ibid., p. 31) The review thus aligned with phase 1 of the SDP, focusing on infrastructure, institution-building and strengthening human capital, all of which all help create the foundations for economic growth. "Addressing inequality, in order to promote inclusive development, is viewed as an integrated component of the Government's approach to sustainable development." (Ibid., p. 32)

Government technical capacities remain a key challenge in Timor-Leste. As acknowledged in the Common Country Analysis (UNCT), there are limitations because of the lack of consistent and

10 The UPR is a unique process which involves a review of the human rights records of all United Nations Member States. The process is State-driven, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfil their human rights obligations.

11 The observations and recommendations of the Committee on the Rights of the Child are detailed in Annex 3 and the child-related recommendations agreed by the Government within the UPR process are found in Annex 2.

12 See also <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=1573&menu=3170>.

up-to-date data. The analysis recognized that “methodological differences such as the differences in population size according to different sources are a barrier to conducting rigorous comparisons over time and across sectors” and that “the lack of reliable data and absence of disaggregated data poses difficulties in the reporting against the SDGs targets and indicators” so that “new and improved data quality is required in order to improve the monitoring of progress and challenges towards achieving the SDGs”.

The World Bank Statistical Capacity Indicator is a good proxy measure of technical capacity in critical areas of evidence-based planning. It reflects the cumulative availability of periodic national and subnational disaggregated statistics from the General Directorate of Statistics (GDS), such as the Population and Housing Census, Labour Force Survey, Household Income and Expenditure Survey and Standards of Living Survey. Timor-Leste’s score has steadily improved from 32 (out of 100) in 2005 to 71 (2018). All components display steady improvement over the period since 2002, although the “source data” component displays softness that likely reflects shortcomings in Civil Registration and Vital Statistics.

Statistical systems continue to have scope for improvement, as survey frequency may not be sufficient and data integrity may be inadequate. For example, birth registration remains weak and data on the justice system and on children with a disability need improving. The recent voluntary national review of progress towards the SDGs provided an indication of some data shortfalls, recording data availability for education at just 56 per cent, and for WASH at 18 per cent. Both areas have received sustained attention from the Government and its multilateral partners, especially UNICEF, since independence. Importantly, the foundations are strong and improving, especially within the primary national framework of the GDS mandate.

The strength of the public policy and planning framework extends to line ministries. This means that key service delivery ministries – such as in health, education and social solidarity – have sector plans and strategies that are compliant with the SDP and the SDGs. These are widely accompanied by a framework

of data gathering and management information systems that enable improving levels of monitoring and evaluation in order to strengthen relevance and impact.

Two policies are of special relevance. The first, the National Action Plan for Children in Timor-Leste 2016-2020, is the country’s first cross-sectoral strategic plan focusing on children. It does not, however, specify an age range for children. It aims to be “a road map outlining how to progressively build an enabling environment that respects, protects and fulfills the rights of all boys and girls in the country particularly of children living in a disadvantaged situation” and envisions a Timor-Leste “where all children... Live in a loving and caring family and community; Enjoy their full rights to identity, health, nutrition, and quality education; Protected from violence, abuse, corporal punishment, discrimination, trafficking, early marriage and risky labour; Fulfil their right to participation and free to express themselves” (Commission on the Rights of the Child, 2016)

The plan was developed through a participatory process, including community consultations, and focuses on the enabling environment; child protection issues; child health and nutrition and adolescent health; preschool education, basic education and children with disabilities; and child and youth participation. It outlines key strategies to address the recommendations of the United Nations Committee on the Rights of the Child on the implementation of Convention on the Rights of the Child in Timor-Leste, with an indication of responsible entities and a time frame. The coordination and monitoring of this action plan are overseen by the national Commission on the Rights of the Child.

The 2016 National Youth Policy focuses on the 15-to-24 age group, including both adolescents and young adults. This revised policy, the conclusion of extensive consultations with youth throughout the country, provides a vision to guide youth development in Timor-Leste, with goals and strategic interventions related to education, healthy lifestyles, employment and employability, civic participation and violence and crime. However, responsibilities for implementation were to be elaborated in a national plan of action that was drafted but has not yet been adopted.

Timor-Leste has made considerable advancements to the enabling environment on gender equality and women's empowerment since 2002, including laws and policies on violence against women, which cover domestic violence (including marital rape), sexual violence and some forms of sexual harassment and trafficking in persons. An institutional framework for gender equality has been established to enable implementation of laws and policies on gender equality, although many strategies are not monitored after they are signed. Despite legislative advancements, gender-inequitable social norms and restrictive gender roles persist, along with continued preference for customary law instead of the formal justice system. (UNCT, p. 80). Violence against women and girls remains one of the most widespread human rights abuses in Timor-Leste.

### 1.4.3 Civil society<sup>13</sup>

**Civil society in Timor-Leste includes a range of groups at all levels of society. At the village level, groups form around religious, cultural, hobby or sporting activities or self-help and support groups. Some of these groups are affiliated with national organizations, while others are independent.**

Mass membership organizations, some of which operate at the village level, cover a range of issues including women's, youth and faith groups. Service delivery civil society organizations (CSOs) also provide health, education and other services. CSOs deliver microfinance; social enterprise groups also operate in Timor-Leste. The Government supports local CSOs through the Fund for CSOs, along with other ad hoc small grants through line ministries. The Fund for CSOs directs about 80 per cent of funding to church and religious groups and 20 per cent to non-religious organizations.

The Catholic Church plays an important role in Timorese society. The Constitution commends the Church for its participation in the country's liberation efforts. A concordat between the Government and the Holy See establishes a legal framework for cooperation, grants the Catholic Church autonomy in establishing and running schools, provides tax benefits, safeguards the Church's historical and cultural

heritage, and acknowledges the right of its foreign missionaries to serve in the country. The Government and the Timorese Episcopal Conference have an annual agreement under which the Government provides funding to the Church for a range of activities. The agreement for 2021 calls for the Church to receive \$5 million, with 50 per cent to be used for educational purposes, 25 per cent for social purposes, 15 per cent for ecclesial government purposes and the remaining 10 per cent for management of the grant.<sup>14</sup>

Non-Catholic groups have reported tensions regarding unequal allocation of government funds, which they said significantly favoured the Catholic Church. Government leaders occasionally have consulted with religious leaders as part of the Government's broader engagement with civil society.

Government and civil society in Timor-Leste regularly engage on a range of issues. Civil society has been forthright in its criticism of government, particularly around issues such as petroleum funds, the national budget, media regulation and justice. Civil society actors have emphasized the need to diversify the economy and reduce dependence on the Petroleum Fund. (ADB, 2019a)

### 1.4.4 Budgetary commitments for children

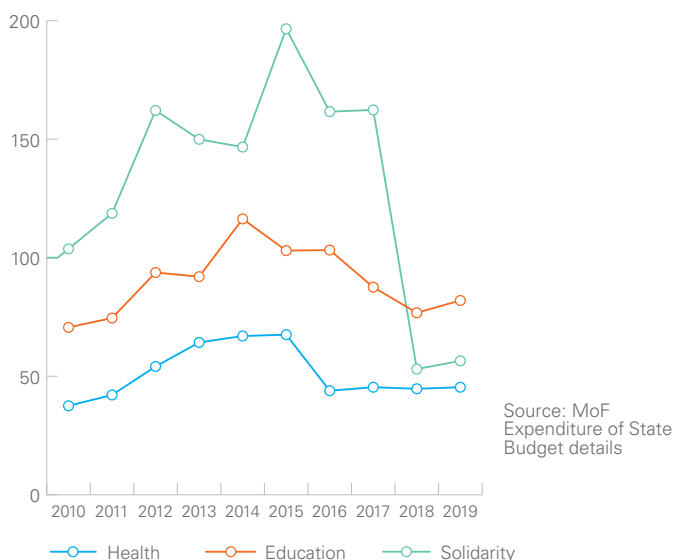
Investing financial resources to help children survive and develop to their full potential is both a moral imperative and an investment in the country's future. Repeated studies find that investments at relatively low financial costs during childhood can yield a lifetime of gains, not only for individuals, but also for societies and economies. Investing in children is fundamental to ensuring the realization of their rights. Equally important, childhood is a unique window of opportunity. Even temporary deprivations experienced by young children can have irreversible effects on their future capabilities and, in turn, on Timor-Leste's future prospects.

The United Nations Committee on the Rights of the Child, in 2015, urged Timor-Leste to "establish a budgeting process that includes a child rights perspective and specifies clear allocations to

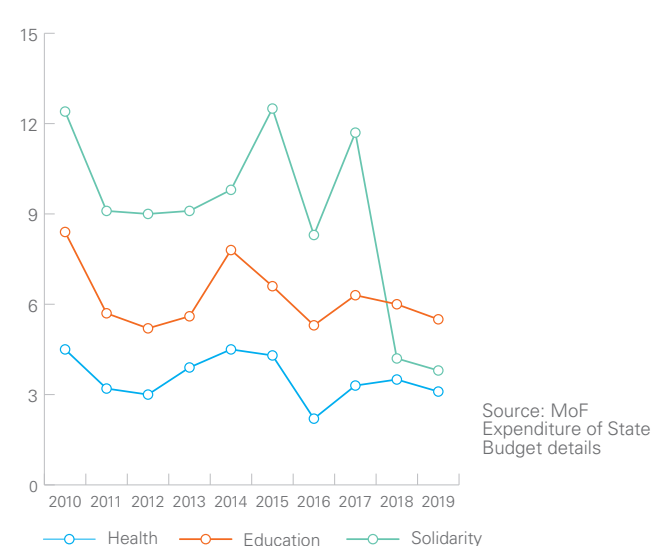
13 Much of the information in this section is drawn from Asian Development Bank (ADB 2019a), Civil Society Brief: Timor-Leste.

14 <http://timor-leste.gov.tl/?p=26087&lang=en&n=1>

**Figure 1.6**  
Trends in primary child-related budgetary allocations (\$M), Timor-Leste (2010-2019)



**Figure 1.7**  
Trends in budgetary allocations as proportion (%) of total budget, Timor-Leste (2010-2019)



children in the relevant sectors and agencies, including specific indicators and tracking system,” and to “provide disaggregated information on the proportion of the national budget allocated to the implementation of the rights of the child at the national and local levels.” (UNCRC 2015) The State committed to acting upon these recommendations in its 2016-2020 National Child Action Plan, and has taken several steps towards that goal. **While there is not yet a system in place to routinely track the proportion of budget allocations and expenditures that directly benefit children, the change from line-item budgeting towards programme budgeting is a major achievement, and there is visible improvement in the analysis available in the Ministry of Finance’s budget books.**

In 2019,<sup>15</sup> of the total State budget of \$1.482 billion, 5 per cent (\$70 million) was allocated to health, 9 per cent (\$139 million) to education and 12 per cent (\$181 million) to social protection. These sectors cover the whole of society and thus not all of the sectoral funds are allocated to children. It is generally accepted that these three sectors are particularly relevant to children’s health and well-being. Within a given sector, there may be competing priorities, i.e., old-age pensions and mother and child allowances. Another factor affecting budgetary allocations is the

changing portfolios of government ministries and subsequent redistribution of funds.<sup>16</sup> In terms of budget execution, the rate for the entire State budget in 2019 was 87.6 per cent, and for the Ministries of Health, of Education and of Social Solidarity and Inclusion was above 90 per cent, placing Timor-Leste in the acceptable-to-good range.

Figures 1.6 and 1.7 show, respectively, budgetary allocations in volume and as a proportion of the total annual budget for the ministries responsible for health, education and social protection from 2010 to 2019.

As per Figure 1.6, these allocations have not increased and the allocations for these ministries remain below international recommendations and benchmarks. Timor-Leste is far from the targets of 15 per cent of public expenditure for health called for in the Abuja Declaration and 15-20 per cent for education set in the Incheon Declaration and Framework for Action.

The share of social protection in the total budget remained largely unchanged at 12 per cent in 2019 and 13 per cent in 2020. It is difficult to assess the extent to which the sector benefits children and vulnerable families, as it includes various programmes benefiting the elderly, veterans, persons with a

<sup>15</sup> Unless otherwise noted, data are drawn from the Ministry of Finance Budget Books as compiled by UNICEF.

<sup>16</sup> For example, the Ministry of Education & Culture (2010-2012) became the Ministry of Education (2013-2017), and then the Ministry of Education, Youth & Sports (2018-2019) (alongside, from 2018, the Ministry of Higher Education & Secretary of State for Youth & Sport).

disability as well as vulnerable families. The Ministry of National Liberation Combatants Affairs holds 48 per cent of the overall social protection sector budget while the MSSSI, which operates the Bolsa da Mãe<sup>17</sup> – a cash transfer programme that targets children from vulnerable families – receives 9 per cent. Any increase in the overall social protection sector does not translate into increased allocations for Bolsa da Mãe. A step forward, however, has been the introduction in 2020 of a specific subprogramme for Bolsa da Mãe within the MSSSI Annual Action Plan. This improves transparency and will enable comparison over time.

To reduce inequalities, more attention – and thus funding – should focus on the most marginalized groups and the poorest areas. In making the transition to programme budgeting that is results-based and transparent, Timor-Leste is moving in the right direction.

#### 1.4.5 Municipal decentralization

Timor-Leste comprises 12 municipalities and the special administrative region of Oecusse. The municipalities and Oecusse (formerly “districts”) comprise 65 administrative posts (formerly “subdistricts”) that are, in turn, divided into administrative units: 452 sucos (villages) and 2,233 aldeias (hamlets). Since 2017, the Government has included specific allocations for municipal functions within its national budget.

**Section 5 of the Constitution states that “on matters of territorial organisation, the State shall respect the principle of decentralization of public administration”.** The early stages included the transition from districts to municipalities, with associated legislation, national budgetary provisions (since 2017) and the continued implementation of the administrative decentralization strategy. Municipal-based services are expected to strengthen the devolved capacities in programme budgeting and medium-term planning so that, through five-year planning and expenditure frameworks, the implementation of the SDP and SDG commitments will be supported. (GoTL, 2019, p. 108) By 2019, the

World Bank noted that decentralized budgets and services were transforming municipal agricultural services, but that allocations were not sufficiently poverty-based. (World Bank, 2019a, p. 28)

There are elements of risk with decentralization. These are apparent barriers within the national enabling environment that may also carry adverse implications at municipal level. Increased demand for public budgets occurs at a time when they are forecast to reduce rather than increase. Alongside areas of improvement in public administration, including planning, information systems and policy development, standards of implementation and service quality – the critical elements of decentralization – are less consistent. There is a need to ensure that what is being decentralized are competencies rather than bottlenecks.

There are grounds for concern that changes of government (there have been four different governments under three different parties in the past five years) can disrupt medium-term planning and reform, cause legislative delays and restrain public spending. (IMF, 2019, pp. 4-5) This is important to the extent that central political commitment to decentralization appears to lack uniformity across parties; several decentralization laws continue to await Parliamentary approval and municipal elections are yet to be held (starting in selected municipalities).

## 1.5 Poverty and inequality<sup>18</sup>

As part of its SDP (and in support of the SDGs), Timor-Leste is committed to the elimination of extreme poverty by 2030. Since 2002, poverty in both urban and rural Timor-Leste has been declining, although the rates remain high by regional standards. (IMF, 2019, Figure 7)

<sup>17</sup> See section 1.7 for more information on the Bolsa da Mãe .

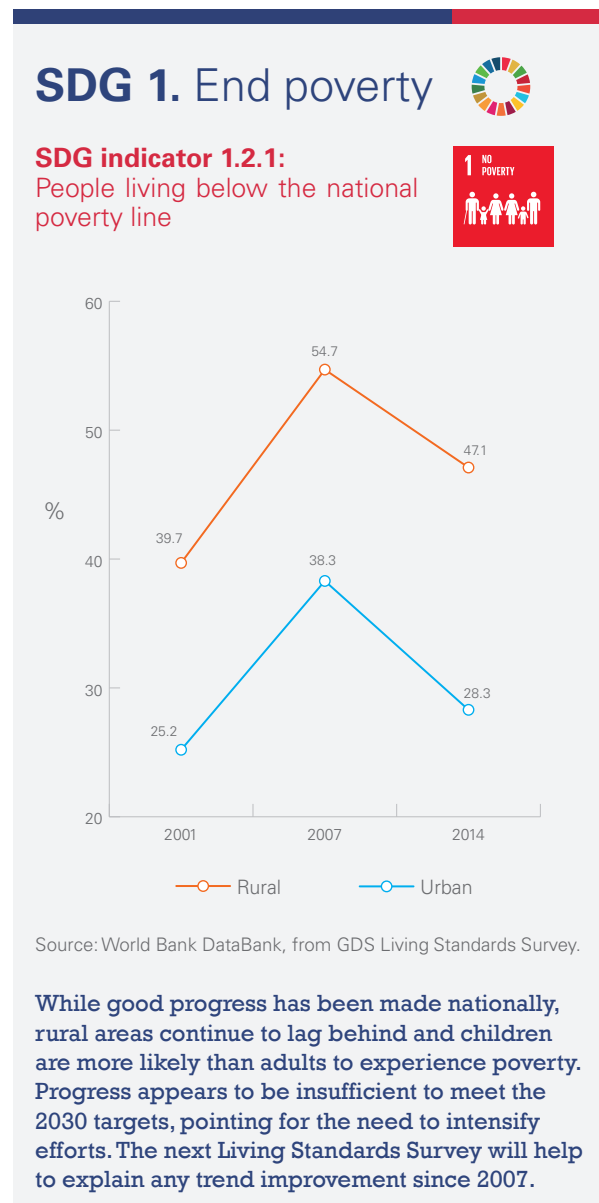
<sup>18</sup> The primary source of poverty data in Timor-Leste are the GDS Surveys of Living Standards, which were conducted in 2007 and 2014. This uses a monetised national poverty line that is calculated from the cost of meeting basic human needs. The rapid increase in living costs meant that, in 2014, the national poverty line was 85 per cent higher than just seven years earlier.

### 1.5.1 Poverty characteristics and trends

Between 2007 and 2014, the proportion of the population living below the national poverty line<sup>19</sup> fell from 50.4 to 41.8 per cent. In rural areas, poverty declined from 54.7 to 47.1 per cent; and in urban areas from 38.3 to 28.3 per cent (World Bank & GDS, 2016, p. 6). Nationally, however, 80 per cent of poor people live in rural areas, even though the single largest cluster of poor people (15 per cent) live in Dili (GoTL, 2019, Box 2, citing GDS Survey of Living Standards of 2014/15).

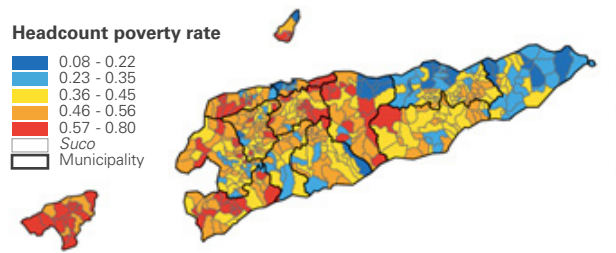
Globally, children are more heavily impacted by poverty, primarily due to a larger proportion of poorer households with larger numbers of children and reduced access to child health services and schooling. In Timor-Leste in 2014, 47.8 per cent of children under 18 were living under the national poverty line, compared with 41.8 per cent for the total population. Children living in rural areas were more likely to live in poverty (53.1 per cent) than those in urban areas (33 per cent). The rates for girls and boys were close, at 47.3 and 48.2 per cent respectively. (UNICEF Timor-Leste & MoF, 2019, p.4)

19 The national poverty line is US\$46.37 per person per month. This poverty line is considered the most relevant measure of what it means to be poor in Timor-Leste. The national poverty line is the most useful threshold for monitoring national poverty and for policymaking

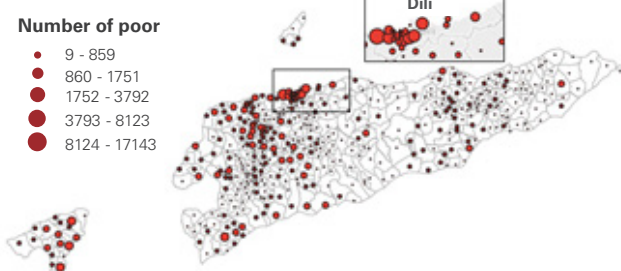


**Figure 1.8**  
Poverty headcount rate and number of poor population

#### Poverty headcount rate



#### Number of poor population



Source: World Bank, 2019b, p.9.

These maps show the countrywide distribution of poverty at suco level. The most obvious observation is that effective responses to poverty reduction are dependent upon local and carefully targeted interventions, although this is less likely to be an efficient response to household poverty if targeted too closely to micro-localities. The analysis draws attention to a “dense belt with high numbers of poor per suco run[ning] from Dili through Liquiçá and Ermera, and also along the western boundary of Ainaro” (Ibid., p. 9). And, it should be added, Oecusse.

The larger decline in urban areas needs to be considered alongside the sizeable movement of people from rural to urban areas and especially to Dili.<sup>20</sup> Importantly, the poverty gap<sup>21</sup> also narrowed in that period, by 3.1 percentage points in urban areas, to 5.9 per cent, and by 3.3 percentage points to 12.2 per cent in rural areas. (UNICEF Timor-Leste & MoF (2019) *Ibid.*, p. 6) This indicates good and equitable progress, including the bringing of poorer households closer to the poverty line, improving opportunities to move above it if favourable conditions are sustained.

Female-headed households are lowering their incidence of income-based poverty at a higher rate than male-headed households, even (by 2014) where there are similar numbers of children in the household. (World Bank & GDS (2016)) The 2019 publication of new suco-level poverty mapping, based on the 2014 Survey of Living Standards, the 2015 Population and Housing Census and 2016 DHS, gives particular attention to gender disaggregation. Importantly, given overall positive trends across municipalities, this analysis reveals that it is disparities within – rather than between – municipalities that are of concern. For example, Dili municipality’s poverty rate of 29 per cent comprises suco (village)-level rates ranging from 8 to 80 per cent. It cites two key patterns: (1) it is in poorer areas of Timor-Leste where women are more

disadvantaged in terms of education and where there are higher levels of abuse and domestic violence against women; and (2) there is an inverse pattern between gender-related labour-force gaps and poverty rates. (World Bank, 2019b, p. 8)

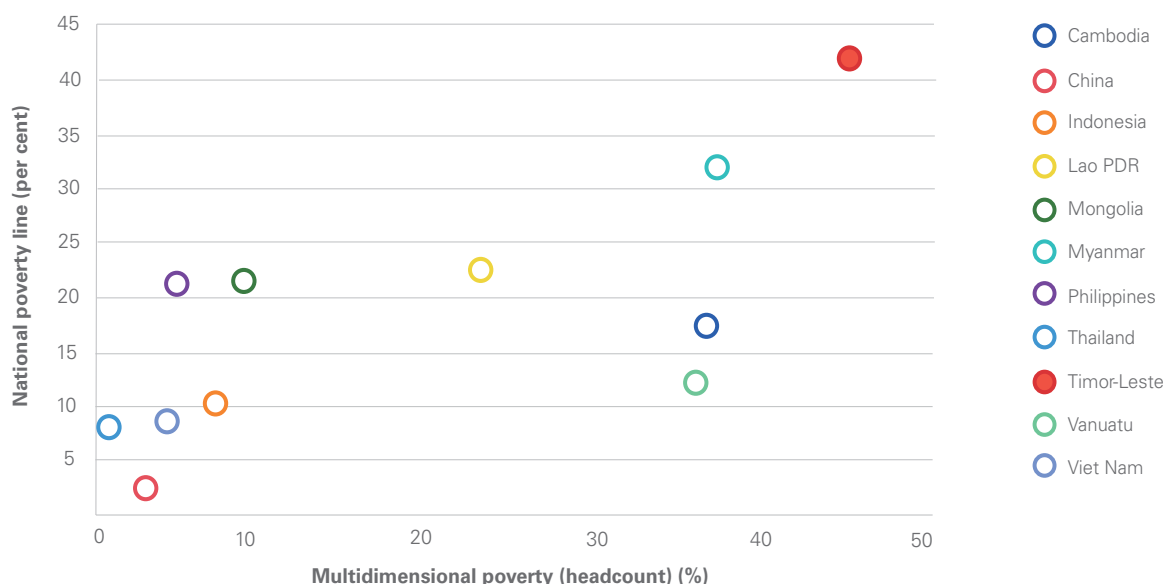
Not uncommonly, the gender mapping illustrates generally higher education standards for females and heavily pro-male employment rates. That is, higher rates of female educational performance do not translate to gender-equitable employment participation. The poverty-mapping report also points out that gender disparities in the labour force are lower in poorer areas. (World Bank, 2019b, p. 15).

### 1.5.2 Multidimensional poverty and deprivation

Sustainable Development Goal 1 aims to end poverty in all its forms everywhere. “Although previously defined only in monetary terms, poverty is now understood to include the lived reality of people’s experiences and the multiple deprivations they face.” (UNDP/OHDI, p.4) Since 2010, the global Multidimensional Poverty Index (MPI), published jointly by the United Nations Development Programme (UNDP) and the Oxford Poverty and Human Development Initiative, has compared acute multidimensional poverty in more than 100 countries. “The global MPI examines each

20 Rural-to-urban movement is not a new phenomenon: see National Statistics Directorate & UNFPA (2006), Timor-Leste Census of Population and Housing 2004: Atlas, Map 6.  
 21 The poverty gap is the ratio by which the mean income of the poor falls below the poverty line. The poverty line is defined as half the median household income of the total population. The poverty gap helps refine the poverty rate by providing an indication of the poverty level in a country. OECD, <https://data.oecd.org/inequality/poverty-gap.htm>

**Figure 1.9**  
**Multidimensional and monetary poverty measurements, East Asia & the Pacific**



Source: <http://hdr.undp.org/en/composite/MPI>.

person's deprivations across 10 indicators in three equally weighted dimensions—health, education and standard of living – and offers a high-resolution lens to identify both who is poor and how they are poor. It complements the international \$1.90 a day poverty rate by showing the nature and extent of overlapping deprivations for each person.”(UNDP/OHDI, p. 9)

Timor-Leste is one of a small number of countries to have had a statistically significant decreases in the percentage of people who were multidimensionally poor and deprived in every indicator. Only seven years after receiving formal United Nations recognition, Timor-Leste reduced the incidence of multidimensional poverty from 69.6 per cent in 2009-2010 to 46.9 per cent in 2016, the fastest absolute reduction in East Asia and the Pacific and the fourth fastest among the 75 countries studied. (UNDP/OHDI, p. 9)

The 2014 Living Standards Survey provides national-level deprivation estimates using data from 2007 and 2014 (see Table 1.1). These indicate strong progress against all indicators, both urban and rural; the main areas of slower progress are in the use of poor cooking fuel (nationally reduced from 97 per cent by a mere 10 percentage points), the still high rate of stunting in children (reduced by 14 percentage points, but only by two points in the West) and 16 per cent of the urban population and 29 per cent of rural residents still without access to safe water. (World Bank & GDS, 2016, pp. 39-41) Notably, the two key poverty dimensions with the highest improvement between 2007 and 2014 were in the situation of children: the reduction in households with at least one child not attending school (60 per cent improvement) and households with at least one child aged under 5 years with wasting (65 per cent improvement).

**Table 1.1**  
**Overall performance in key poverty dimensions**

Indicators (% of population living in households)	2007	2014	Improvement
With no electricity connection	64	28	56%
With poor sanitation	58	40	31%
With no access to safe drinking water	40	25	38%
With poor quality floor in their dwelling	61	48	21%
Using poor cooking fuel	97	87	10%
With very few assets	83	56	33%
With at least one child not attending school	42	17	60%
Without anyone with at least 5 years school	17	13	24%
With at least one underweight child under 5 years of age	35	16	54%
With at least one stunted child under 5 years of age	38	24	37%
With at least one child under 5 years of age with wasting	20	7	65%

Source: 2007 and 2014 Living Standards Surveys



## 1.6 Social protection framework: Bolsa da Mãe

Social protection systems are increasingly being used to tackle poverty in a sustainable manner. They may take the form of a social assistance programme, conditional or unconditional cash transfers, poverty reduction or job-creation schemes, retirement or pension payments, or other such measures of (commonly) public assistance.

Payments may be either means-tested (targeted according to financial means) or universal (available to everybody in a particular category regardless of financial means). Usually – especially in view of their cost to the public budget – they will be dependent upon an efficient and progressive taxation system that also anticipates measures to move economically active people into the formal sector. Properly designed and implemented, social protection is an efficient means of redistribution that strengthens the national social safety net while delivering a priority national good.

In Timor-Leste, the primary mandate is set down in section 56.1 of the Constitution: “Every citizen is entitled to social assistance and security in accordance with the law,” including the establishment of a social security system in accordance with national resources (section 56.2).

Since independence, and especially from 2008, the Government has introduced a range of social protection measures in the form of pensions, including to people with a disability, aged persons and veterans of the independence struggle. A specific focus has been on ensuring that every Timorese person receives a guaranteed income and support when they are unable to work. There remains a national commitment for such measures to evolve into a more comprehensive system, in view of the aim of the SDP that a “universal contributory social security system” be in place to guarantee a pension to all Timorese in case of retirement, disability or death. (RDTL, 2011, p. 45)

Within the social protection measures, there are five cash transfer programmes. Two are wage-related and contributory



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based on public sector service. The other three are the National Liberation Combatants' and Martyrs' Pension, the Allowance for the Support of the Elderly and Invalid programme and the Bolsa da Mãe (Mothers' Purse or Allowance). The veterans' pension is in the range of \$276 to \$575 per month (paid monthly), the elderly and invalid allowance is \$30 per month (paid twice a year) and Bolsa da Mãe is \$5 per month per child (maximum of three children), paid once per year, although the applicable law stipulates monthly payments made at least every six months. (UN Timor-Leste, ILO & MSSSI, 2018, pp. 15-22) A 2015 preliminary analysis reported that Bolsa da Mãe contributions to targeted households represent an average amount of just 2.9 per cent of the poverty line, and just 3.5 per cent of the average household budget in the poorest quintile. (World Bank, 2015, p. 1) Combined, the programmes that facilitate access to education, small-scale social assistance schemes, humanitarian aid and work-related social protection account for less than 10 per cent of the Government's total investment in the social protection system. (Ibid., p. 24)

Bolsa da Mãe cash payments are made to mothers on condition that the child attends and successfully completes each year of schooling. The number of beneficiaries increased from 7,000 families in 2008 (World Bank, 2015, p. 1 & Figure 1) to 61,705 households including 183,265 children in 2017. (UN Timor-Leste, ILO & MSSSI, 2018) Between 2014 and 2018, the total Bolsa da Mãe budget remained at \$9 million and is increasingly dwarfed by other pensions. (Ibid.; World Bank, 2019a, p. 4) Fine-tuning of existing social protection schemes – in terms of coverage, amount and targeting – would enhance their social impact and help to secure fiscal sustainability. (Ibid., p. 4) Of all the schemes, this most applies to the targeted payments for child development, given the multiplier effect of improved education as an investment in national well-being.

The challenge going forward is to extend social protection to all in Timor-Leste. Through its commitment to review and evaluate the Bolsa da Mãe,<sup>22</sup> the Government seeks to adjust the allowance

with a special focus on investments in the health and education of children. (GoTL, 2018, p. 31) That took place within the context of ILO Recommendation No. 202 (2012) on establishing social protection floors and the associated commitment by the Ministers of Labour and Social Affairs of the Community of Portuguese-Language Countries meeting in Timor-Leste in 2018.<sup>23</sup>

The Bolsa da Mãe programme shows immense potential to improve the lives of vulnerable children. However, limitations in budget and operational capacity, low benefit levels, problems with targeting and the spaced and irregular payment schedules prevent it from having greater impact. When paid once a year, families cannot depend on the benefit for day-to-day expenses such as food for their children. A universal approach for beneficiary selection could substantially increase the reach of the Bolsa da Mãe programme to the poorest and most vulnerable households, preventing much of the exclusion errors seen in programmes that rely on proxy means-test targeting. A specific Bolsa da Mãe module for early childhood, including support to pregnant women and children with disabilities, that offers universal coverage and adequate benefit levels, could help to overcome several development issues, from child and maternal mortality to malnutrition. It would also offer a better start in life to all newborn Timorese. (UN Timor-Leste, ILO & MSSSI, 2018, p. 102)

Beside deciding on the optimal way forward, challenges include improving delivery and administration, ensuring operational linkages to essential early child development services, and putting in place effective decentralized roles from the municipal to the suco level. The current technical focus within the MSSSI on social protection has the potential to open crucial opportunities towards some key SDGs for children and the elimination of extreme poverty.

22 In the Program of the VIII Constitutional Government.

23 See the 2018 Declaration of Tibar (XIII Meeting of Ministers of Labour and Social Affairs) via <https://www.cplp.org/id-4447.aspx?Action=1&NewsId=4823&M=NewsV2&PID=10872>.

## 1.7 Disaster risk management and the climate landscape

Timor-Leste is located on the so-called “Pacific Ring of Fire” and is vulnerable to the risks associated with being a small island developing State. The latter are recognized by the United Nations as a distinct group of developing countries facing specific social, economic and environmental vulnerabilities.

According to the Common Country Analysis, “Timor-Leste is one of the most disaster-prone countries on earth, and weak preparedness and coping capacity poses a significant long-term risk to livelihoods and food security and maintaining gains made in sustainable development. Despite the risk that climate change brings to Timor-Leste, climate change is not high on the political agenda. While there is recognition of the serious threat of climate change and disaster risks, and key policy documents exist, it has not translated into real public or political debate about what the country produces and consumes and what Government and society should do to mitigate the effects”. (UNCT, p 97)

It is classified as a “medium risk” country on the INFORM Index of Risk Management, due to high levels of human vulnerability, lack of coping capacity and limited national capacity for risk reduction and crisis management. Its mountainous topography, geographic location and climate expose it to floods, landslides, strong winds and storms, dry spells or droughts, earthquakes and tsunamis. (UNICEF Timor-Leste, 2018a, pp. 2-3)

This is all overlaid with the uncertainties of emerging patterns of climate change and more frequent and extreme weather events, such as more intense dry spells, forest fires, flooding and landslides. Wetter and hotter periods increase risks of epidemic outbreaks, especially given still weak water and sanitation standards. Such risks are of concern given that areas of good progress could be vulnerable to reversal such as,

for example, the National Malaria Control Programme that has helped Timor-Leste to eliminate malaria. Periods of food shortage threaten further deterioration in already very poor nutrition levels, especially stunting of young children. (Ibid., pp. 4-5)

Other risks are associated with services and practice, including reduced water access and indoor air pollution due to wood burning for cooking and warming. Wood burning is a major contributing factor to children’s poor health, especially acute lower respiratory infections.

Timor-Leste is vulnerable to disease outbreaks, particularly measles and dengue fever. There was a measles epidemic in 2011, with 739 cases and eight deaths reported to the Surveillance Unit. Smaller and more localized outbreaks are assumed to occur more frequently. Climate change and rising temperatures are expected to create conditions that will be favourable to more frequent and serious outbreaks of water- and vector-borne diseases.

There is an epidemiological surveillance system in place but health care centres and offices are often ill equipped to handle health emergencies including outbreaks of epidemics. There is a lack of awareness and information in vulnerable communities about transmission of diseases and poor sanitation and hygiene practices.

### Within this context, the primary threats include:

- Harm to children’s health, especially in poor and isolated areas of the country
- Damage to widespread and highly tenuous subsistence agriculture
- National-level impact on the food security situation of the weak and vulnerable

**Timor-Leste has developed and adopted a comprehensive Disaster Risk Management Policy that includes a gender perspective and a focus on children and young people.** The National Disaster Management Directorate is located with the Secretariat of State for Civil Protection. The putting in place of the National Adaptation Plan of Action and the presence of disaster management committees and food security officers in each municipality at the very least means that there is a national framework complemented by a decentralized presence. (UNICEF

Timor-Leste, 2018a; GoTL, 2019, p. 32), although the levels of awareness and capacities for disaster risk management are uneven. Capacities and facilities are not yet sufficient to extend early warning and emergency response services to the entire country, particularly at municipality, administrative post, suco (village) and aldeia (hamlet) levels. A number of CSOs work at community level on awareness-raising and community-based disaster risk management, and the National Disaster Management Directorate has built good relations with these CSOs. The Timorese Red Cross and the Catholic Church are present in all municipalities and involved in emergency response, awareness and community-based activities.

Although budgets and capacities are limited, this better enables preparedness and strengthens mitigation measures in vulnerable communities. It improves opportunities to better link these measures with interventions in such areas as improved land management practices (including tree cutting for fuel), household resilience to shocks, rapid response cooperation, targeting improved water and sanitation amenities and living in areas less vulnerable to flooding and landslides. This underscores the connections between environment, poverty reduction and human development that are emphasized in the SDGs. This is especially evident in the higher-poverty municipalities of Ainaro, Ermera and Oecusse, which also have the highest vulnerability to heavy rainfall and landslides. (UNICEF Timor-Leste & MoF, 2014, p. 49)

The SDP established a number of targets for 2015. This included adoption of an Environmental Basic Law and a designated public authority for global climate change coordination, both of which were achieved, and enhanced public awareness of environmental protection, which was partly achieved. Parallel targets for tree planting and vehicle emissions regulations were not achieved, and a biodiversity law was still in draft form. (UNICEF Timor-Leste, 2017a, Table 2)

The SDP includes goals for 2020 of no family needing to cook with firewood and provision of piped water to all government schools. On the former, more than 81 per cent of the population was still reliant upon

wood use for cooking in 2015 (Census data), with 7 of 13 municipalities above 90 per cent and worsening in some areas. (Ibid., pp. 14 & 42) Such imminent goals are both urgent and challenging.

In short, the risk of environmental disaster is increasing in terms of both frequency and severity of extreme weather events and deepening climate change, and children are especially vulnerable to injury, disease or death during a disaster or from poor environmental practices. The primary threats to children in terms of exposure are those related to drought, epidemics and infectious diseases that link to national responses in such areas as food security, nutrition, access to safe water, mitigation of waterborne diseases and respiratory infections, which are addressed in greater detail in Chapter 3. Additionally, there is a need to more systematically ensure that core public infrastructure – especially schools, health facilities and water and sanitation systems – are climate-appropriate and disaster-resilient, to minimize not only service disruption but also displacement of already vulnerable communities.

## 1.8 Key recommendations

As discussed throughout this chapter, there are challenges and opportunities for concerted government action that would improve the situation of children in Timor-Leste, beginning with the enabling environment:

<p style="text-align: center;"><b>1</b></p> <p>Accede to the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention on the Rights of the Child on a communications procedure and ratify ILO Convention No. 138 (Minimum Age Convention)</p>	<p style="text-align: center;"><b>2</b></p> <p>Review statutory duties of legal guarantees under international instruments and Constitutional provisions for the rights of 17-year-olds as children</p>	<p style="text-align: center;"><b>3</b></p> <p>Implement a cross-sectoral and time-bound comprehensive strategy to eliminate harmful practices, including hazardous labour, and child and forced marriage</p>
<p style="text-align: center;"><b>4</b></p> <p>Institute measures to ensure the adequate resourcing and effective mandate of the Commission on the Rights of the Child</p>	<p style="text-align: center;"><b>5</b></p> <p>Sustain measures to lower total fertility rates across age groups and especially for 15-19-year-olds</p>	<p style="text-align: center;"><b>6</b></p> <p>Build on progress in poverty reduction with attention to areas of deprivation and distributive justice (noting IMF advocacy on a minimum wage – as vulnerable employment grows – and improved equity of female employment)</p>
<p style="text-align: center;"><b>7</b></p> <p>Strengthen the commitment – including budgetary support – to Bolsa da Mãe as a targeted, child-focused cash transfer programme</p>	<p style="text-align: center;"><b>8</b></p> <p>Publish an annual budgetary statement on allocations to children and their intended impact and performance targeting</p>	<p style="text-align: center;"><b>9</b></p> <p>Within a more constrained budget environment, ensure sustained commitments to health, education and social protection as strategic investments in accelerating national human development and in building Timor-Leste’s non-oil economy</p>
<p style="text-align: center;"><b>10</b></p> <p>Prioritize an analytical and policy focus on the situation of children and young people in the formal and informal workforce with attention to conditions of employment, emerging opportunities for vocational skills development and the school/work nexus to maximize retention within formal education</p>	<p style="text-align: center;"><b>11</b></p> <p>Audit public infrastructure such as schools, health centres and water and sanitation facilities in terms of physical upgrading to minimize disaster risks such as access, continuity of service and public safety, including as a means of mitigating internal migration; and ensuring more resilient social services through local risk analysis, training of personnel, community engagement and supply planning</p>	

**On a programmatic level, these recommendations include:**



**Special insert**

## **Chapter 2**

# **Early childhood development: a potential game changer**

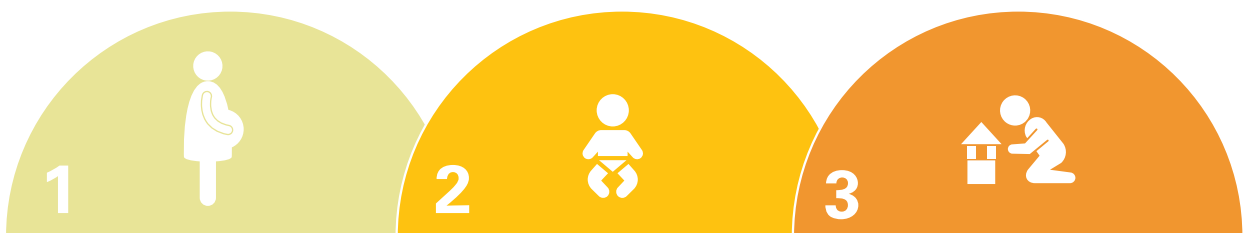
## 2. Early childhood development: a potential game changer

As children grow and develop, the realization of their rights requires different interventions at different points in their life cycle. From the antenatal period to infancy, childhood and adolescence, each age group is faced with specific opportunities and risks, which deserve due consideration in State planning and budgeting. A life-cycle approach is key to ensuring that programmes intervene at the most relevant stages of development.

**Within the life cycle, early childhood and adolescence present two critical windows of opportunity for children's growth and development. This chapter discusses the importance of early child development for children's physical, intellectual and emotional development, which has repercussions throughout the life of the child.**

### What is early childhood development?

**Early childhood development (ECD)** encompasses three age groups:



**From conception to birth:**

The prenatal period when health, nutrition and protection for a pregnant woman are essential

**Birth to age 3:**

During this phase, the brain continues to evolve rapidly, and nutrition, protection and the responsive stimulation that comes from play, reading, singing and interactions with loving adults are critical

**Preschool years:**

From about age 3 to the age when a child begins school. Though health care, nutrition and protection remain important during this phase, early learning opportunities at home and in high-quality preschool settings are also essential. (UNICEF, 2017c)

In its broadest definition, **encompassing education, nutrition and protection against violence**, ECD is an opportunity to make a difference in the lives of millions of children. It reduces the risks of poor school learning and dropout, gender-based inequities in opportunity, vulnerability to physical and sexual violence and exposure to harmful practices and behaviours, and improves social and communication skills.

For the period pregnancy to age 3 years, a recommended approach is “nurturing care”, which consists of a core set of interrelated components, including behaviours, attitudes and knowledge about caregiving (e.g., health, hygiene care and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding, secure attachment, trust and sensitive communication); and safety (e.g., routines, protection from violence, abuse, neglect, harm and environmental pollution).

The Nurturing Care Framework focuses on the period from pregnancy to age 3 because of its importance for brain development. In these earliest years, the health sector is uniquely positioned to provide support for nurturing care. From age 3, children move into more formal preschool settings where the education sector plays a pivotal role. The framework focuses on the period up to age 3 years in order to draw attention to the health sector’s extensive reach, and to make use of it. (WHO, UNICEF & World Bank)

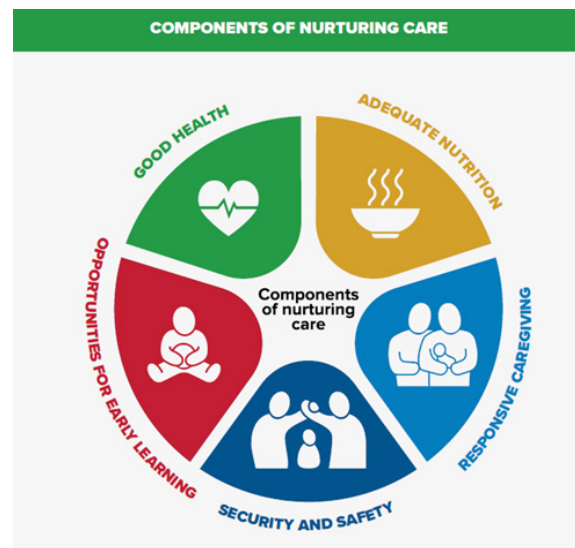
### Why is this important?

The period from pregnancy to age 3 is when children are most susceptible to environmental influences. That period lays the foundation for health, well-being, learning and productivity throughout a person’s whole life, and has an impact on the health and well-being of the next generation.

### What are the threats to early childhood development?

The biggest threats are extreme poverty, insecurity, malnutrition, gender inequities, violence, environmental toxins and poor mental health. (Ibid.)

**Figure 2.1**  
Components of nurturing care



Source: WHO, UNICEF, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

## What are the benefits of ECD?

First and foremost, infants and young children have adequate and appropriate health care, nutrition, responsive caregiving and opportunities for early learning, and grow up safe, healthy and well nourished.

They are encouraged to explore their environment and interact with caregivers and others. As a result, children are physically and developmentally ready for preschool and the eventual transition to primary school. Nurturing care is especially important for children with developmental difficulties and disabilities, as well as for preventing the maltreatment of children. (Ibid., p.12)

The ECD framework builds important linkages to the continuation of nutrition and growth monitoring and provides opportunities for strengthening positive parenting practices and reducing negative behaviours – including in terms of “discipline” or harmful traditional



practices – towards children that, in turn, impacts intergenerational parenting norms. This ascribes a broad meaning to ECD beyond simply the provision of childcare services for 2-3 years prior to school enrolment. It is an escalation both of a more integrated and comprehensive approach to child development and of a recognition of the centrality of the situation of children to national well-being.

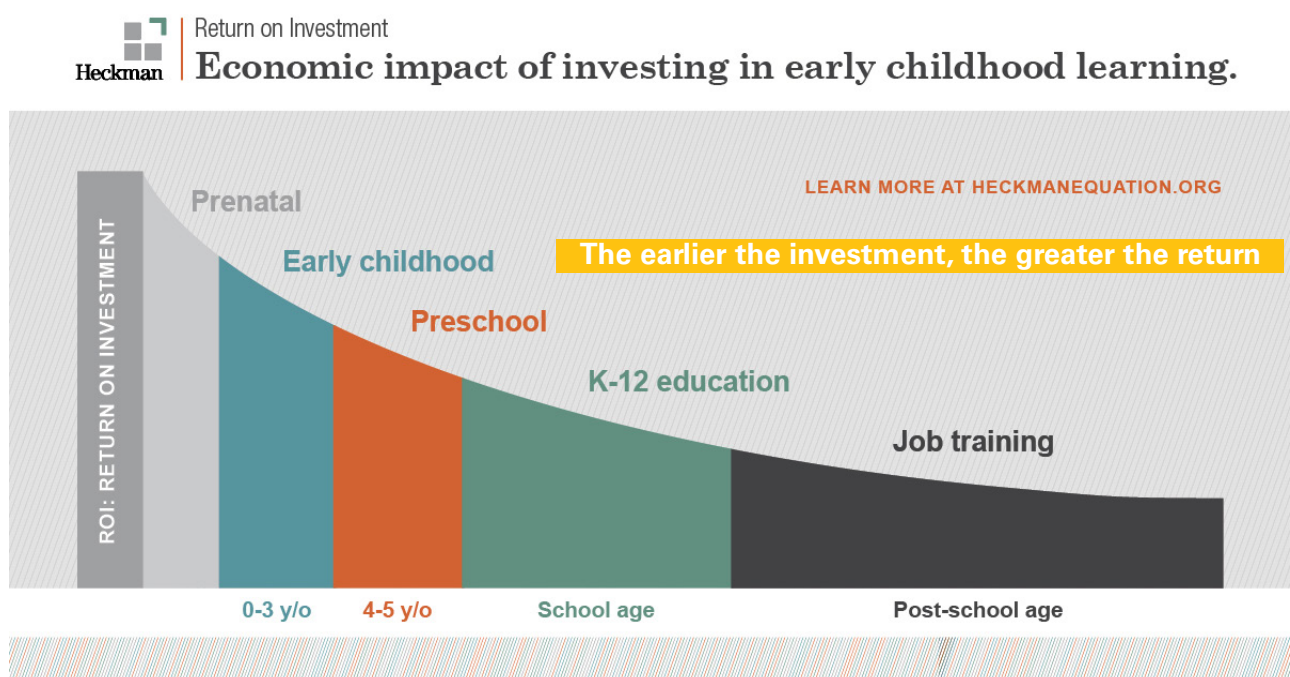
ECD is the most economically efficient and developmentally effective investment in a child’s future and in turn, that of the nation. Research points to the cost-effective nature of ECD interventions. For early childhood care and education, there is “unequivocal evidence that public investment... can produce economic returns equal to roughly 10 times its costs (Barnett, W S & M Nores, 2015). Reducing [under-five mortality] by 4.25 points for children of “mothers with low levels of education ... can result in an almost 8 per cent increase in GDP per capita 10 years later. ... This makes reducing health inequity by targeting the

poorest children a very strong policy alternative for improving economic growth” (UNICEF, 2012, p. 13). According to the World Bank, “it is estimated that young child malnutrition can cost countries from 4 per cent to 11 per cent of their GDP. ... According to recent estimates, \$1 invested in stunting reduction generates about \$18 in economic returns”<sup>24</sup>

From a cost-benefit perspective, UNICEF reports that there is now broad consensus that benefits derived from ECD investments far outweigh costs, with ECD investments giving back almost 13 per cent annually. These programmes are affordable; on average they cost an additional \$0.50 per capita per year. The returns are actualized in reduced poverty and income gaps, as well as increased prosperity and competitiveness of economies. Quality integrated ECD programmes have the potential to boost individual adult earning by almost 25 per cent. (UNICEF 2017b)

24 World Bank, “Reaching the Global Target to Reduce Stunting: How Much Will it Cost and How Can We Pay for it?,” at <http://pubdocs.worldbank.org/en/460861439997767818/Stunting-Costing-and-Financing-Overview-Brief.pdf> (accessed 1 February 2020).

**Figure 2.2**  
**Economic impact of investing in early childhood learning**



Source: Heckmanequation.org

## Early childhood development and the Sustainable Development Goals



Figure 2.3 illustrates the cross-sectoral character of ECD in the SDGs, covering health, nutrition, education and child protection. This requires a less sector-specific approach to child development and a logical policy and programming connection between these areas, which needs to happen from the earliest years of the child’s life. The global ECD-focused SDG targets cover nutrition (stunting, wasting and malnutrition), reductions in neonatal and under-five mortality, universal access to ECD-based learning, care and development – including preschool for school readiness– and an end to violence against children. These issues are addressed in subsequent chapters of this report.

**Figure 2.3**  
Early childhood development and the Sustainable Development Goals

<p><b>2</b> ZERO HUNGER</p> 	<p><b>Goal 2:</b> End hunger, achieve food security and improved nutrition</p>	<p><b>Target 2.2:</b> By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutrition needs of adolescent girls, pregnant and lactating women and older persons</p>
<p><b>3</b> GOOD HEALTH AND WELL-BEING</p> 	<p><b>Goal 3:</b> Ensure healthy lives and promote well-being</p>	<p><b>Target 3.2:</b> By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</p>
<p><b>4</b> QUALITY EDUCATION</p> 	<p><b>Goal 4:</b> Ensure inclusive and equitable quality education and promote lifelong learning</p>	<p><b>Target 4.2:</b> By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</p>
<p><b>16</b> PEACE, JUSTICE AND STRONG INSTITUTIONS</p> 	<p><b>Goal 16:</b> Promote peaceful and inclusive societies for sustainable development</p>	<p><b>Target 16.2:</b> End abuse, exploitation, trafficking and all forms of violence against and torture of children</p>

Source: UNICEF, 2017b, Figure 2.

## ECD in Timor-Leste

As a step in the right direction, for the first time, the 2016 DHS collected and analysed data on ECD and related characteristics. The main focus was on early childhood education, care for young children and whether the child is developmentally on track.

The data indicate equal participation in ECD (primarily preschool) between urban and rural populations, with participation proportional to the mothers' education. Participation was lowest in Manufahi and Oecusse and highest in Bobonaro. The rate of home-based learning and school readiness activities with adults was greater in households with higher income and better educated adults/parents, but much lower for adult males (fathers). Fathers seemed less engaged in such activities with their children at home. (Rao, N, et al, 2014, p. 203) The importance of other adults in positive stimulation of young children is especially true in rural households (Ibid., p. 205). This suggests that cultural norms shaping the roles of extended adult family members are of special significance in Timor-Leste and need consideration in efforts to inform household behaviour in engaging in ECD.

To date, there are no integrated ECD programmes in Timor-Leste, but the Government has begun to move in that direction. Coinciding with the increasing global focus on ECD, in December 2015 a national ECD conference was held in Timor-Leste. By 2017, a National ECD Policy had been drafted and presented to the Council of Ministers, although it has not yet been adopted.

Future work to finalize the ECD policy will offer an opportunity to integrate risk awareness into the ECD programme. Timor-Leste is subject to a range of climate-related disasters including droughts and flooding. These can be followed by epidemics and disease outbreaks. Epidemics can be triggered by excess rainfall/ flooding and droughts due to

contamination of water sources and/ or the use of unsafe water sources. Children and the very young under 59 months of age in both rural and urban areas, are particularly vulnerable to infectious and vector-borne diseases. Climate change adaptation and disaster risk management need to address droughts and epidemics from an integrated perspective that focuses on resilience and covers multiple sectors, e.g., (community) health and nutrition, rural livelihoods and environmental management, water and sanitation, etc.

## Key recommendations

The majority of areas requiring action on ECD are addressed in the following sectoral chapters. The priorities listed here concern the development and implementation of the multisectoral approach to ECD.

### The recommendations to the Government are to:



**More systematically adopt a life-cycle approach** to identify vulnerabilities and windows of opportunity across the lifespan and facilitate the selection of evidence-based, cost-effective interventions



**Determine the lead government agency** for an integrated, multisectoral approach to ECD



**Finalize, adopt and implement a multisectoral, risk-informed and well-resourced ECD strategy based on nurturing care**, that includes attention to nutrition, positive parenting, hygiene practice, early learning and preschool attendance, with strong coordination, including a national ECD secretariat, municipal coordinating structure, ECD database and monitoring and evaluation plan

## Chapter 3

# Health and nutrition



## 3. Health and nutrition

**A child’s chances of surviving and thriving begin at the earliest stages of life, during the antenatal period, and depend on the mother’s health and well-being before and during pregnancy.** Over the past decade, there has been increasing focus on the first 1,000 days of life – from a woman’s pregnancy until the child’s second birthday – as a particular window of opportunity to ensuring the child’s healthy development. These first 1,000 days are when a child’s brain grows and develops and when the foundations for lifelong health are built.<sup>25</sup> This approach entails quality health, nutrition and hygiene practices that impact the child’s growth and development and reduce the risks of disease. It also better enables important early interventions such as the screening and testing of young children for disabilities.

### 3.1 The health-care system

Maintaining and strengthening the health system is critical for the health and nutrition of children, adolescents and women.

“Timor-Leste operates a predominantly publicly financed and provided health system. Health services are provided free at the point of use...” (Guinness et al) The country has a three-tier health-care delivery system,<sup>26</sup> with a national hospital in Dili (the capital) providing tertiary care; five referral hospitals at the municipal level providing secondary services; and a network of 70 community health centres and 309 active health posts delivering primary health services located across

the 13 municipalities in the country. In addition, the community health centres undertake special monthly outreach programmes known locally as Integrated Community Health Services (Servisu Integrado du Saude Comunitade), of which there are some 423. There is another community outreach programme called Health in the Family (Saude na Familia), with medical teams including a medical doctor, a midwife and a nurse conducting home visits.

The private health system remains relatively underdeveloped, although the Ministry of Health in 2011 estimated that about 25 per cent of basic health services are delivered by private providers (both for profit and not for profit). (Guinness et al) There are some 31 private clinics as of mid-2020, as per the Health Management Information System.

The Government aims to have a health post in every suco by 2030. However, the system faces a lack of capacities, including urban/rural disparities in terms of access to and utilization of health care services (WHO 2015), disparity in terms of service availability and quality between municipalities, referral system weaknesses, low availability of medicines and restocking challenges. The barriers to health service utilization in Timor-Leste include poverty, low levels of education, distance to the facility, quality of care and cultural and social barriers are the most prominent barriers, especially for the most vulnerable groups. (Price, J et al, 2016, cited in the Common Country Analysis (UNCT, p. 39).

About 70 per cent of people living in rural and remote mountainous areas and a quarter of households are more than two hours walk to the nearest primary health

<sup>25</sup> (<https://thousanddays.org/why-1000-days/>)

<sup>26</sup> WHO definitions: Tertiary care: The provision of highly specialized services in ambulatory and hospital settings; secondary care: Specialist care provided on an ambulatory or inpatient basis, usually following a referral from primary care; and primary care: Basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system. It is the basis for referrals to secondary and tertiary level care.

facility. (SDP, cited in the Common Country Analysis (UNCT), p.40) Investment in transport services is critical for ensuring equity in access to health services, particularly where ambulatory services are not available. Rural populations are not accessing secondary health services to the same extent as urban populations. The Government is exploring innovative ways to bring health care to more isolated areas and closer to the population. (Guinness et al)

As discussed in the Common Country Analysis, coverage of essential services has increased significantly since the restoration of independence but remains well below the regional and global averages. There has been significant progress in strengthening the health system for universal health coverage. As per the WHO's Global Health Workforce Statistics, as of 2019 there were 7.69 medical doctors per 10,000 population, and 17.56 nurses and midwives

per 10,000 population.<sup>27</sup> However, "there are now concerns around equitable geographical distribution, skill mix, quality, regulation, productivity and even future oversupply and absorption of the country's health workforce." Similarly, the medicines supply system continues to be challenged by stockouts and "a concerning lack of regulation to ensure safe, quality medicine and supplies". (UNCT, p. 39)

Table 3.1 depicts the progress made by Timor-Leste on health-related indicators.

27 <https://www.who.int/data/gho/data/themes/topics/health-workforce>

**Table 3.1**  
**Progress against the goals of the National Strategy on Reproductive, Maternal, Newborn, Child and Adolescent Health 2015-2019**

Goal	Indicator (Year)	Status
1. Reduce MMR to <300	142 (2017) <sup>1</sup>	Achieved
2. Reduce NMR to 15	20.4 (2018) <sup>2</sup>	Not achieved
3. Reduce U5MR to 40	45.8 (2018) <sup>2</sup>	Not achieved
<b>Objectives</b>		
1. Reduce total fertility rate to 4.5	4.1 (2015-2020) <sup>3</sup>	Achieved
2. Increase contraceptive prevalence rate to 40%	26% (2016) <sup>4</sup>	No improvement
3. Reduce 15-19-year-old fertility rate to 40	33.8 (2015-2020) <sup>3</sup>	Achieved
4. Increase skilled birth care to 75%	56.7% (2016) <sup>4</sup>	Not achieved
5. Increase neonatal/post-partum care to 70%	33% (2016) <sup>4</sup>	No improvement
6. Reduce low birth weight babies to <12/100 live births	10.1 (2016) <sup>4</sup>	Achieved
7. Increase immunization coverage to 95%	(2016) <sup>4</sup>	
All basic vaccinations	48.7%	Deteriorated
BCG (tuberculosis)	80.5%	Not achieved
Polio	73.1%/54.3%	Deteriorated
DPT (diphtheria/pertussis/tetanus)	78.4%/61.7%	Deteriorated
HepB (Hepatitis B)	78.4%/61.7%	Deteriorated
Measles (measles containing vaccine)	69.3%	Not achieved
8. Reduce malnutrition in under-5 children by 15% on 2010 rates:	(2013) <sup>5</sup>	
Stunting (58.1 = 49.4 target)	50.2%	Not yet achieved
Wasted (18.6 = 15.8 target)	11.0%	Achieved
Underweight (44.7 = 38.0 target)	37.7%	Achieved

Reference: MoH, 2015a, p. 67.

Data sources:

1. United Nations inter-agency trend estimates, at <https://data.unicef.org/resources/dataset/maternal-mortality-data/>

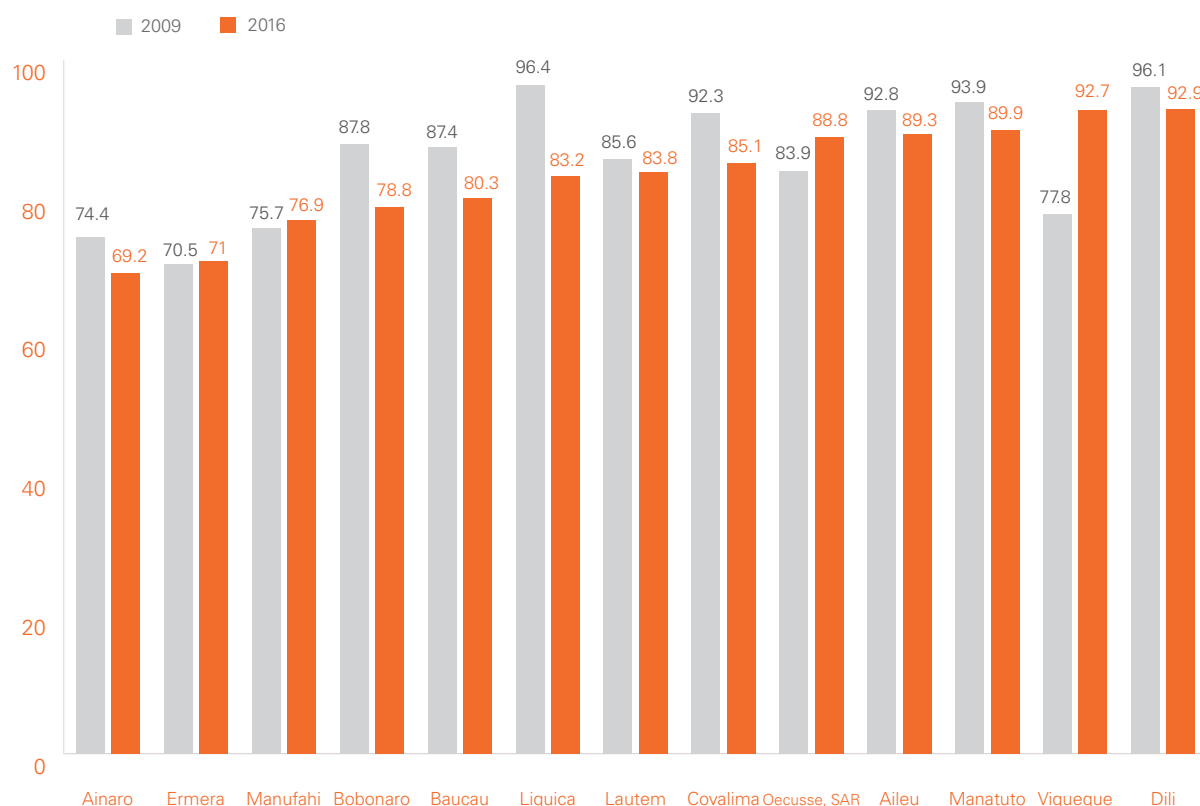
2. UNICEF database, via <http://data.unicef.org>

3. United Nations Department of Economic and Social Affairs, 2019, via <https://population.un.org/wpp/Download/Standard/Fertility/>.

4. DHS 2016 (two figures refer to single and full dose)

5. MoH, 2015c, Table 6.1.

**Figure 3.1**  
Proportion of women receiving at least one ANC visit from a skilled provider, 2009/2010 and 2016 (%)



Source: DHS09-10, Table 10.1; DHS16, Table 9.1.

## 3.2 Maternal health and mortality

Maternal deaths have declined remarkably since 2000, when the maternal mortality ratio was estimated at 745 per 100,000 live births (270 maternal deaths). By 2010, it had dropped to 219 (74 maternal deaths) and by 2017 to 142 (52 maternal deaths).<sup>28</sup>

This illustrates Timor-Leste's strong progress since independence, taking it from the level of a least developed country to approaching the regional average.

Nonetheless, the SDG target<sup>29</sup> for 2030 will be difficult to achieve. **The main issues to be addressed are improved access to and coverage of antenatal care (ANC), increasing the rate of skilled birth attendance and improved quality of care in health facilities, especially in vulnerable municipalities and including via outreach or mobile services.**

Data from the 2009-2010 DHS and the 2016 DHS indicate a small decrease in ANC coverage, from 86 to 84.4 per cent. (DHS2009-2010, Table 10.1; DHS16, Table 9.1) The rates declined in nine municipalities (Figure 3.1) and coverage remained lowest in Ainaro and Ermera. However, the data should be viewed in the context of the overall improvement since the 2003 DHS, when the rate was around 63 per cent. Also, between 2009-2010 and 2016, the proportion of women who made at least four<sup>30</sup> ANC visits increased from 55 per cent to 76.7 per cent (increases of 24 and 20 percentage

<sup>28</sup> Estimates by the Maternal Mortality Estimation Inter-Agency Group via [https://www.who.int/gho/maternal\\_health/countries/tls.pdf?ua=1](https://www.who.int/gho/maternal_health/countries/tls.pdf?ua=1)

<sup>29</sup> Reduce the global maternal mortality ratio to less than 70 per 100,000 live births

<sup>30</sup> Antenatal care (ANC) coverage is an indicator of access and use of health care during pregnancy. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and well-being and that of their infants. Receiving antenatal care at least four times increases the likelihood of receiving effective maternal health interventions during the antenatal period. (WHO Global Health Observatory)



points, respectively, for urban and rural areas). There was also an improvement in the median stage of pregnancy when ANC visits commenced (from 3.9 to 3.4 months). (DHS03, Table 10.3; DHS09-10, Table 10.2; DHS16, Table 9.2).

The quality of antenatal health services showed marked improvement in almost all areas. For example, the percentage of women who had a urine sample taken increased from 17.9 per cent to 62.3 per cent, and those who gave blood samples, from 13.9 to 56.2 per cent. The percentage of women who received iron tablets increased from 63.1 per cent to 85.2 per cent. Such improvements occurred across almost all municipalities, all wealth quintiles and for urban and rural areas, even though coverage for lowest quintile households and rural areas still had lower rates (with gaps closing in most categories).

There has been improvement in many areas but tetanus toxoid coverage needs more attention. Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, a major cause of death among infants. A pregnant woman should receive at least two doses during each pregnancy, with five doses (administered over the course of several pregnancies) providing lifetime immunity. The 2016 DHS found that 72 per cent of women's most recent births in the five years before the survey were protected against tetanus, down from 80 per cent in 2009-2010 (DHS2016, p.129).

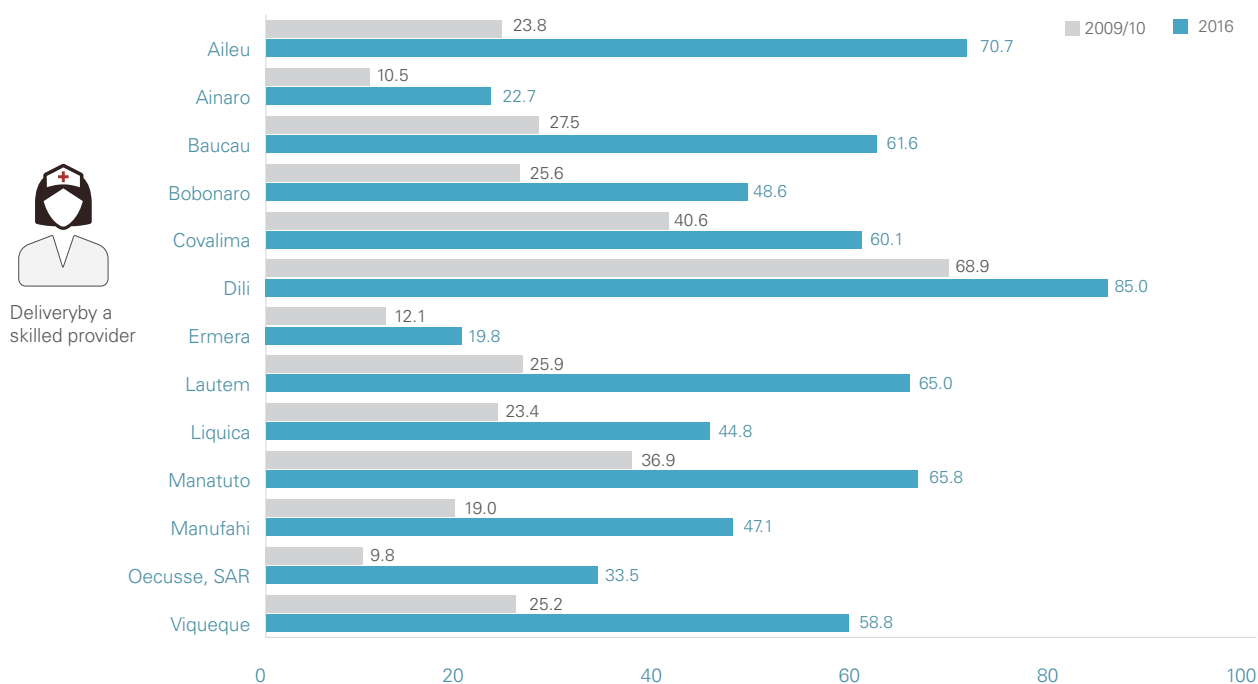
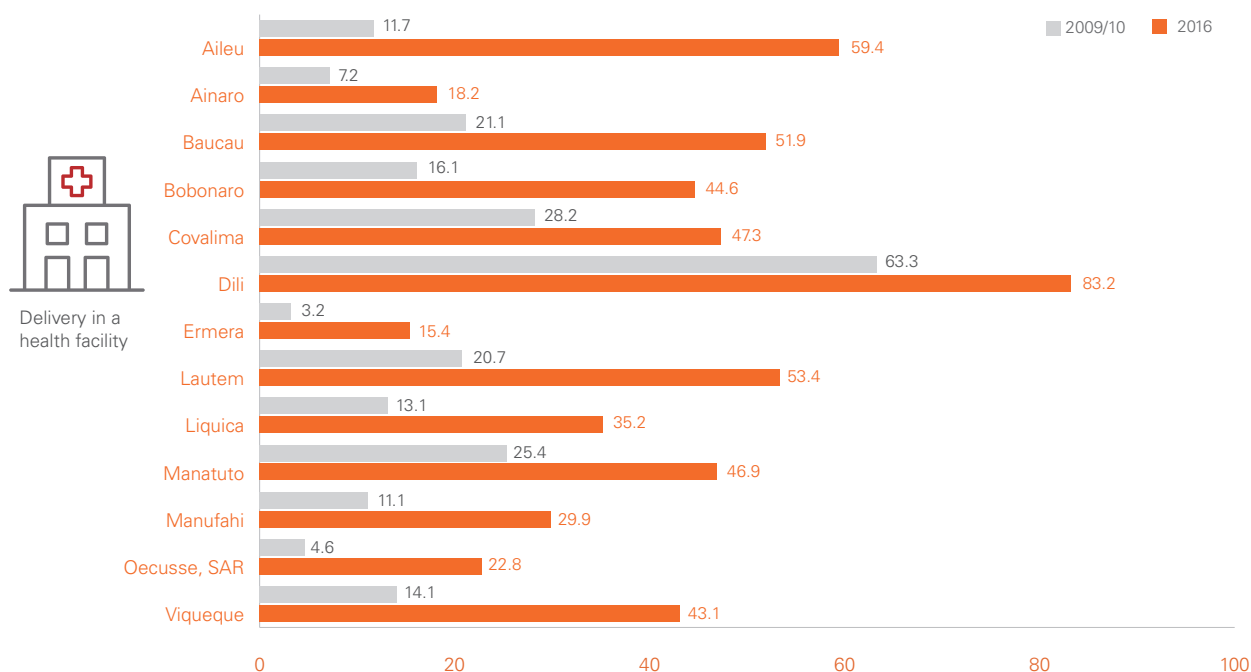
Between 2009-2010 and 2016, national coverage (two or more injections during the most recent pregnancy) fell from 75.8 per cent to 60.4 per cent for pregnant women and from 79.8 per cent to 72.0 per cent for their children. This is reflected across all categories of mother's age, wealth quintile and level of education, with the single exception of an increase in child coverage in Liquiçá. The Government had set a goal of 90 per cent tetanus toxoid coverage by 2020. (MoH, 2016b)

The number of women giving birth in a health facility and with skilled assistance has increased notably (Figure 3.2). The rate of delivery in a health facility increased from 9.8 per cent in 2003 to 22.1 per cent in 2009-2010 and 48.5 per cent in 2016. In the same period, the rate of delivery with skilled assistance improved respectively from 18.4 per cent to 29.9 per cent and to 56.7 per cent. (DHS03, Tables 10.7 & 10.8; DHS09-10, Tables 10.6 & 10.7; DHS16, Tables 9.5 & 9.6) This progress has been countrywide, but the actual rates of delivery in a health facility and with skilled assistance remain lower in the poorest municipalities of Ermera and Oecusse, as well as Ainaro.

The strong improvement in institutional delivery applies to urban and rural populations, although the rural shortfall remains high. More than one in four rural births continue to be assisted by a traditional birth attendant outside a health facility, which likely reflects issues of access and proximity. In just slightly



**Figure 3.2**  
**Delivery in a health facility with skilled attendance, 2009/2010 and 2016 (%)**

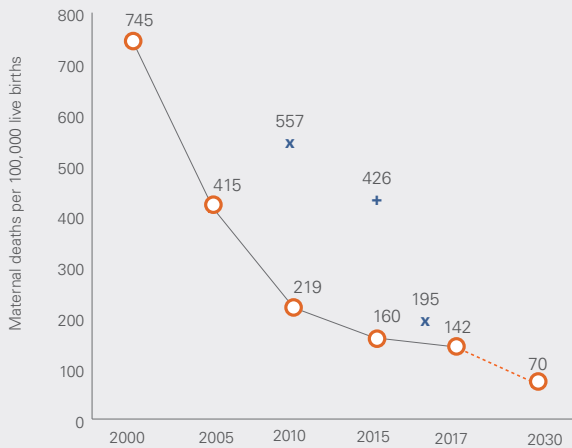


Sources: DHS09-10, Tables 10.6 & 10.7; DHS16, Tables 9.5 & 9.6. Skilled provider: doctor, nurse/midwife or assistant nurse.

## SDG 3. Good health and well-being



### SDG indicator 3.1.1: Maternal mortality ratio

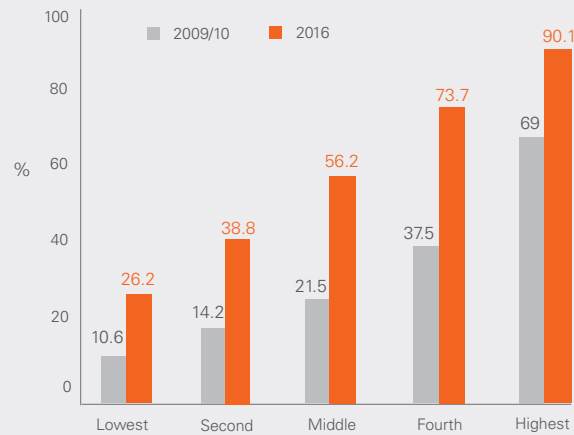


Source: UN interagency trend estimates via <http://data.unicef.org/resources/dataset/maternal-mortality-data/> (Sept 2019); SH estimate (X) for the previous 7 years (DHS09-10, DHS16); 2015 Census estimate (+) (GoTL, 2019, p.138).

**MMR estimates are difficult to derive. Timor-Leste has achieved good progress, primarily due to improved rates of delivery by a skilled birth attendant in a health facility and increased ANC visits. The 2030 target is presently achievable but demands commitment.**

### SDG indicator 3.1.2: Proportion of births attended by skilled health personnel

By health quintiles%



Source: DHS09-10, Table 10.7; DHS16, Table 9.6. Skilled provider: doctor, nurse/midwife or assistant nurse.

**There has been strong improvement in coverage, including across wealth quintiles. There is a need to improve access within rural and moral remote areas, including outreach and mobile services in order to accelerate coverage and impact.**

more than half of rural deliveries (53.2 per cent) was the umbilical cord cut with a new/boiled blade, to limit the likelihood of infection. In urban areas, there was an increase in caesarean deliveries among higher educated and wealthier households. In 2009-2010, C-section deliveries were recorded as less than 2 per cent (5 per cent in Dili) but, by 2016, that rate was 7.8 per cent in urban areas and 1.8 per cent in rural areas (9.2 per cent in Dili and 4.8 per cent in Liquiçá).

Complications of abortion are estimated to contribute to 13 per cent of maternal deaths in Timor-Leste. Given that access to abortion is a very sensitive issue, the complications of abortion, which takes place outside of health facilities in often unsafe conditions, are simultaneously concealed in data reporting (as deaths due to haemorrhage or sepsis) and excluded from it. (MoH, 2015a, p. 26)

There are no data on sexually transmitted infections in pregnant women and little attention is given to prevention of mother-to-child transmission of HIV. The HIV prevalence among pregnant women is estimated to be less than 1 per cent. Just 5.6 per cent of pregnant women receive counselling on HIV

during antenatal care (0 per cent for 15-19-year-olds), and only one in five 15-19-year-old females have knowledge of the means to prevent mother-to-child transmission of HIV. (MoH, 2015a, p. 31; DHS16, Tables 13.4 & 13.9).

The opportunities for continued improvement in women's health are evident: They are to sustain recent efforts to increase knowledge and practices around sexual and reproductive health; improve ANC service coverage in health facilities; take stronger measures to increase access to ANC facilities (especially in Ainaro and Ermera); and continue to improve rates of delivery in health facilities with skilled attendance (especially in Ainaro, Ermera and Oecusse). This requires improved access to public health facilities in those more vulnerable municipalities. That the rate of ANC access did not increase between 2009-2010 and 2016 but the range and timeliness of services did, may indicate improved resources in facilities alongside inadequate attention to outreach or mobile services. In this regard, although the rate of ANC access declined somewhat across most municipalities in that period, it improved quite strongly in Oecusse and Viqueque.

**BOX 3.1****The elimination of malaria in Timor-Leste: a major public health achievement**

“As malaria was a major public health problem in the country at independence, the National Malaria Control Programme (NMCP) was established in 2003, responsible for planning, implementing, monitoring and evaluation of malaria control activities in the country ... In the early years, the NMCP was dependent on other agencies for malaria control due to a shortage of staff, lack of infrastructure, technical expertise and funding. Even though funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria was obtained in 2003, the NMCP relied heavily on other partners and agencies.

“The programme expanded over the years and strategic malaria control activities in an organized manner commenced in 2009 with funding from the Global Fund .... The incidence of malaria declined dramatically from 223,002 cases in 2006 with the last indigenous case being reported in June 2017.

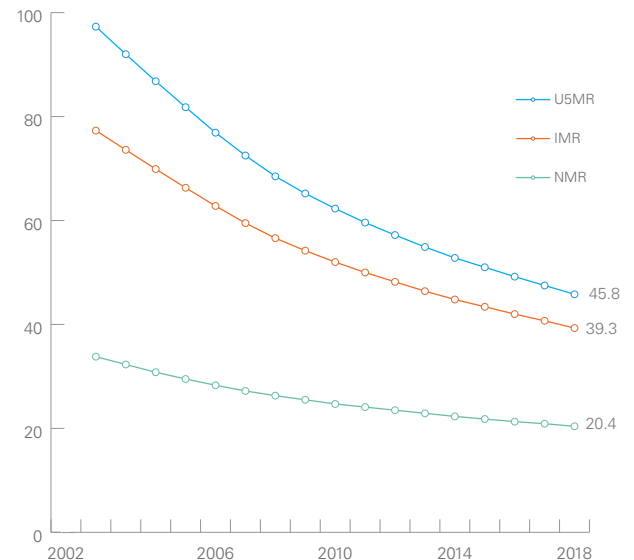
“Malaria elimination from Timor-Leste is a major public health achievement in the region and globally. Its significance viewed from a low-income tropical country lens is even greater. Good evidence-based public health practice with secure financial resources was the cornerstone of this achievement. A combination of effective interventions provided by a dedicated team ensured that the task was achieved.

“This landmark achievement is a testimony that malaria can be eliminated even in developing tropical countries and should be an impetus for countries aspiring to eliminate malaria. The challenge Timor-Leste now faces is the prevention of re-introduction and re-establishment of malaria; it will depend on ensuring adequate funding to implement a sustainable and effective programme, the failure of which will result in the gains achieved thus far disappearing very quickly.”

Excerpted from Manel Yapabandara, A.M.G., do Rosario de Fatima Mota, M., Sarmiento, R. et al. From malaria control to elimination within a decade: lessons learned from Timor-Leste, a newly independent country. *Malar J* 19, 104 (2020). <https://doi.org/10.1186/s12936-020-03162-3>

**Figure 3.3**

**Trends in child mortality rates (deaths per 1,000 live births), Timor-Leste (2002-2018)**



Sources: UNICEF database at <http://data.unicef.org>. Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (UN IGME) in 2019.

### 3.3 Neonatal and child survival

Timor-Leste has achieved strong improvements in child survival, notably the elimination of malaria in the short period since independence (Box 3.1).

Mortality rates for infants and young children have declined considerably (Figure 3.3). From 2009 to 2019, the under-5 mortality rate – the number of deaths of children aged 0-59 months per 1,000 live births – declined from 64.83 to 44.22. The neonatal mortality rate — the number of deaths of infants in the first 28 days per 1,000 live births — decreased from 25.14 to 19.58. Gains in reducing under-five mortality (including neonatal mortality) have been sustained, but are not declining fast enough to meet the targets for SDG 3<sup>31</sup> by 2030 without accelerated effort.

Under-five mortality cannot be reduced much further without more concerted attention to reducing neonatal mortality: by 2018, child deaths within the first 28 days comprised almost half of all deaths of children under 5

31 Target 3.2, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

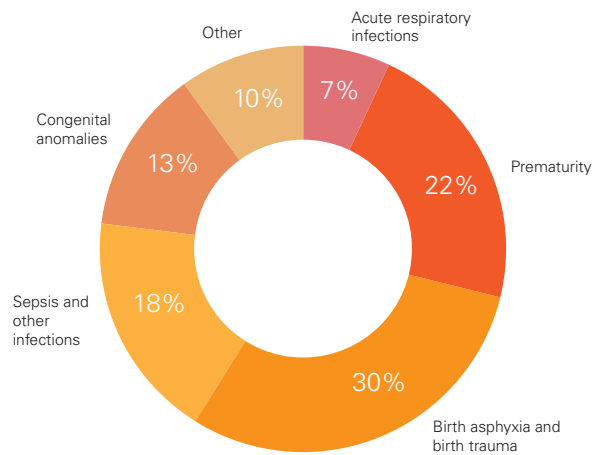
years. Neonatal deaths occur primarily in the first week after birth (particularly the first 48 hours), emphasizing the importance of delivery in a health facility, scaling up interventions and increasing the quality of care in that period.<sup>32</sup>

Figure 3.4 shows the main causes of neonatal mortality in Timor-Leste, which in itself indicates improvement. Over the period 2002 to 2017, for example, there have been no deaths of newborns due to HIV, measles or malaria, and the number of annual newborn deaths due to tetanus dropped from 39 to 6, due to diarrhoeal diseases from 12 to 5, and due to asphyxia (the largest category) from 418 to 278. The one factor for which newborn deaths have *increased* over that period is congenital anomalies, from 94 in 2002 to 118 in 2017. This requires closer attention to ascertain if such disorders are increasing, or being better diagnosed, or if newborns are increasingly at risk of death from such disorders.

Investments in child survival need to go beyond improved access to health facilities and skilled birth attendance. Given that neonatal deaths occur overwhelmingly within the first 48 hours, critical responses need to focus on improving quality of care at the time of birth. This is emphasized by one in two newborn deaths being attributable to delivery complications due to infections (including sepsis), asphyxia and birth trauma. Such a high rate of perinatal asphyxia also risks brain damage to the newborn, in a country that continues to experience extremely high rates of stunting.

In terms of reduction in mortality for children under 5 years beyond those first 28 days, three primary observations are the need: (1) for further efforts to combat respiratory infections and diarrhoeal illnesses; (2) to sustain efforts that have minimized or eliminated key threats (including malaria, measles, sepsis, tetanus and HIV-related factors); and (3) to examine the multiple causes aggregated as “other” that become much more significant as mortality rates decline.

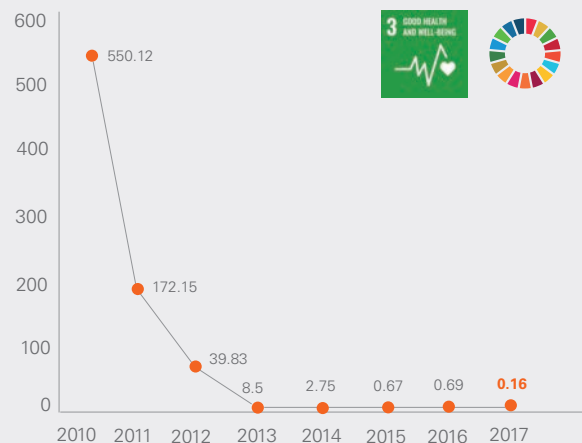
**Figure 3.4**  
Main causes of neonatal death (%), Timor-Leste (2017)



Source: WHO-MCEE estimates for child causes of death, 2000-2017, via [https://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index2.html](https://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html) (Last updated November 2018)

### SDG 3. Good health and well-being

#### SDG indicator 3.3.3: Malaria incidence per 1,000 persons



Source: World Bank Data Bank Health Nutrition and Population Statistics (WHO data).

**Timor-Leste has effectively eliminated malaria-related deaths, provided it can sustain its efforts. Tuberculosis incidence has however remained high at around 500 per 100,000 persons (WHO data).**

<sup>32</sup> See L Hug, M Alexander, D You, L Alkema (2019), “National, regional, and global levels and trends in neonatal mortality between 1990 and 2017, with scenario-based projections to 2030: a systematic analysis”, *Lancet Glob Health* 2019, 7: e710-20.

### 3.3.1 Child immunization

Immunization services are mainly delivered by a nurse or midwife in a health post or community health centre, with all centres having cold-chain facilities and refrigeration (MoH, 2015a, p. 42). The primary basis of assessment is the percentage of children aged 12-23 months who have received the following basic vaccinations:

- One dose of tuberculosis vaccine (BCG)
- Three doses of pentavalent vaccine, to protect against diphtheria, pertussis (whooping cough), and tetanus (DPT) plus hepatitis B and haemophilus influenza (that includes protection against pneumonia and meningitis)
- Four doses of polio vaccine
- Two doses of combined measles-rubella vaccine (DHS16, p. 156 and Table 10.2; MoH, 2016b, p. 11)<sup>33</sup>

Between 2009-2010 and 2016, immunization coverage appeared to be stagnating,<sup>34</sup> although the 2020

Food and Nutrition Survey offers some reasons for optimism. While vaccination coverage did not appear to have improved between 2009-2010 and 2016 according to the DHS and may even have deteriorated (MoH, 2016b, p. 14), (for example, the percentage of children aged 12-23 months who received all their basic vaccinations declined from 53 to 49 per cent), the new survey reported a figure of 86.3 per cent for measles vaccination (up from 68 per cent in the DHS).

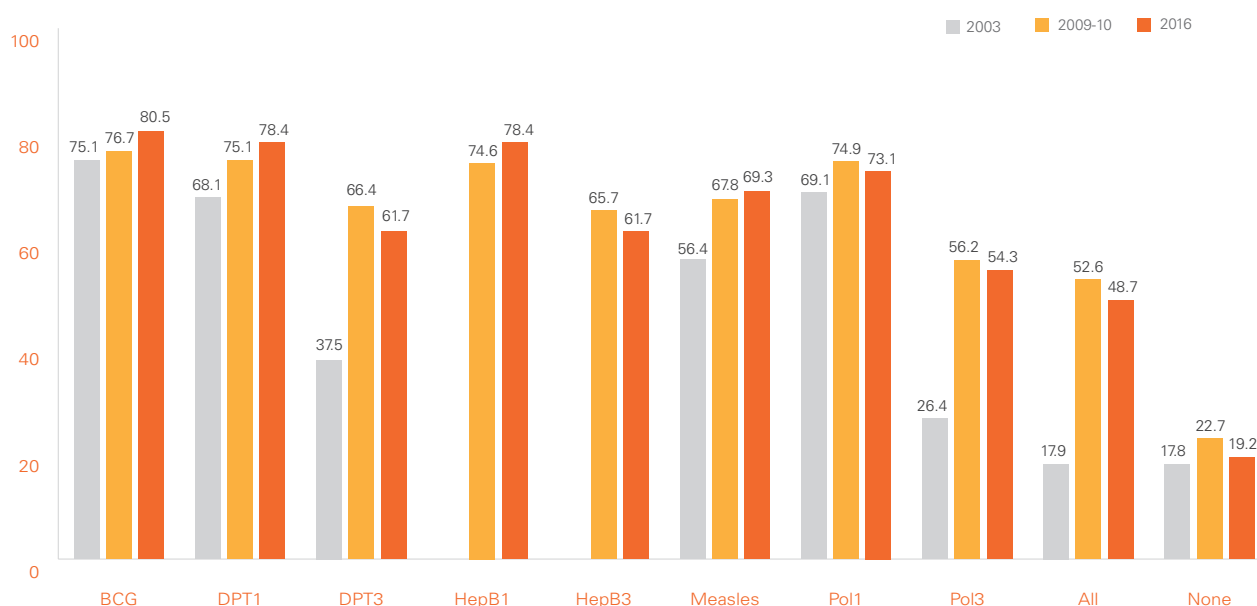
As per the DHS, coverage rates are directly proportional to household wealth, ranging from 37 per cent in the lowest quintile to 56 per cent in the two highest quintiles. Ermera (51 per cent), Manufahi (34 per cent) and Ainaro (35 per cent) have the lowest coverage and Manatuto (61 per cent) and Baucau (67 per cent) have the highest. (Ibid., pp. 156-157).

Some of the reasons for the low coverage are that behavioural and cultural norms do not favour immunization, particularly for the youngest children; difficulty in accessing health facilities, mainly due to distance and cost of transport (indirect financial barriers); and insufficient staffing at health facilities,

33 For WHO recommendations for routine immunization, see [http://www.who.int/immunization/policy/Immunization\\_routine\\_table1.pdf](http://www.who.int/immunization/policy/Immunization_routine_table1.pdf) (revised April 2019), accessed 1 February 2020).

34 One of the main means of managing and monitoring vaccination is the vaccination card issued by the Ministry of Health (and some non-governmental organizations) included in the Mother and Child Health Booklet, known as the LISIO (Livrinho Saude Inan ho Oan). LISIOs were first introduced in late 2004 and are issued to pregnant women via ANC visits. New LISIOs were introduced during the period of the 2016 DHS, and the LISIO was a source of vaccination verification for 40 per cent of children, with the mother's record being the means of verification for the other 60 per cent of children.

**Figure 3.5**  
Estimates of child immunization coverage (%)



Sources: DH03, Table 11.2; DHS09-10, Table 11.2; DHS16, Table 10.3

meaning that there are not enough human resources to staff outreach programmes that would increase coverage.

The Ministry of Health's national immunization programme (2016-2020) included a specific goal to increase immunization coverage to 95 per cent by 2020, including for full immunization of 1-year-olds (with a target of 80 per cent for the newer Rotavirus vaccine for severe diarrhoea). (MoH, 2016b) This included such measures as improved decentralized microplanning alongside more and more efficient local health centres, increased resources at submunicipal level to address disparities in coverage, and measures to ensure maintenance of the cold chain and logistics to prevent stockouts (MoH, 2016b). Nonetheless, there remains a large gap between goals and performance that could compromise efforts to reduce child mortality in line with the 2030 Agenda for Sustainable Development.

### 3.4 Child nutrition

Timor-Leste has one of the highest rates of childhood undernutrition in the world, and maternal and child malnutrition is the single greatest risk factor for premature death and disability in the Timorese population, “resulting in massive—yet preventable—health and economic consequences”. (Provo et al)

As of 2013, childhood undernutrition was the leading risk factor for death in children under age five, accounting for 25.5 per cent of all deaths in this age group. However, the 2020 Food and Nutrition Survey found that there was an overall improvement in the nutrition situation between 2010 and 2020 (Figure 3.6), although stunting remained above the WHO “very



high” threshold of >30 per cent. Wasting moved from the high (10-14 per cent) to the medium (5-9 per cent) category. The survey also found coverage of 77.7 per cent for vitamin A supplementation and 71.4 per cent for deworming. (MoH, 2020)

Nutrition services provided in health facilities include screening for acute and severe malnutrition through growth monitoring and promotion, management of acute malnutrition, vitamin A supplementation, distribution of micronutrient powder for children aged 6-23 months, counselling for appropriate breastfeeding and complementary feeding, iron folic acid supplementation for pregnant women and counselling for pregnant and lactating women.

### 3.4.1 The policy environment

The National Nutrition Strategy 2014-2019 took into account the context of insufficient progress in previous years, the need to address causes of malnutrition as a means of reducing child mortality and morbidity, the particular importance of an integrated approach within the first 1,000 days, the role of improved nutrition in strengthening child learning and well-being, and that “investment in prevention of maternal and child undernutrition is a sound investment for socio-economic development of a country.” (MoH, 2015b, pp. 1-5)

The multisectoral priorities identified by the strategy are to: (1) Improve nutrient intake by mothers, children and adolescent girls; (2) Improve care for mothers and children; (3) Improve food security at household, community and national levels; (4) Improve hygiene practices and access to water and, sanitation; (5) promote optimal nutrition behaviour and practices; and (6) improve policies and capacity for multisectoral nutrition action. The strategy prioritizes pregnant women and children under 24 months to capitalize on the first 1,000 days. (MoH, 2015b, p.7)

The strategy summarizes basic causes (ranging from poverty and high food prices through to nutrition financing, policy and management), underlying causes (household food insecurity, poor human resources for nutrition, and inadequate environmental conditions)

and immediate causes (inadequate dietary intake, and high prevalence of childhood illnesses) (Ibid., pp. 7-11).

Several other initiatives are under way to build on the progress highlighted in the 2020 Food and Nutrition Survey. A new national health sector nutrition strategic plan is being developed. An ongoing effort is PAN-HAM-TIL (Planu Asaun Nasional-Hakotu Hamlaha no Malnutrisaun iha Timor-Leste) (National Action Plan for a Hunger- and Malnutrition-Free Timor-Leste), the country’s response to the Zero Hunger Challenge.<sup>35</sup> Its goal is a hunger- and malnutrition-free Timor-Leste by 2025 through the five pillars of the global challenge: 100 per cent access to adequate food all year-round; zero stunted children less than 2 years of age; all food systems are sustainable; 100 per cent increase in smallholder productivity and income; and zero loss or waste of food.

Timor-Leste’s joining the Scaling Up Nutrition (SUN) Movement in October 2020 is a welcome development that will help to improve coordination in addressing the challenges related to malnutrition in the country.

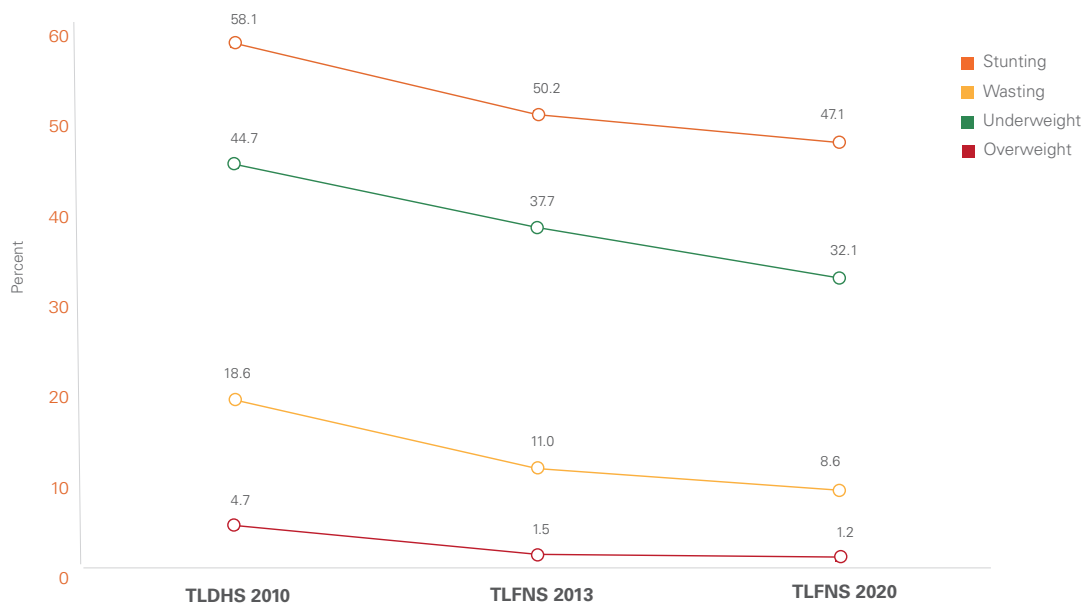
### 3.4.2 Child undernutrition

**Undernutrition in children leads to increased burden from other illnesses, higher rates of mortality and permanent reductions in cognitive ability.** Cross-country analysis by the Asian Development Bank (ADB 2019) has shown that children who are stunted typically begin school later, have lower educational attainment and earn lower wages as adults. Part of the link between undernutrition and poor educational performance is due to the impact of nutrition on physical health. Children who are stunted are likely to experience a permanent reduction in their lifetime earnings as a result of undernutrition. It has been estimated that undernutrition in Timor-Leste leads to \$41 million per annum in lost economic activity. (Provo et al, p.1)

The measures of nutritional status are poorer in rural areas, in lower-income households and for children whose parents have less education (mothers’ education is documented by the DHS). This indicates the numerous factors to be addressed in improving

<sup>35</sup> The Zero Hunger Challenge was launched by then United Nations Secretary-General Ban Ki-moon during the Rio+20 Conference on Sustainable Development in June 2012. In response to the global problem of hunger and malnutrition.

**Figure 3.6**  
Trends in prevalence of malnutrition, 2010-2020



Source: Timor-Leste Food and Nutrition Survey, 2020 (p. 14)

nutritional status, many of which are considered elsewhere in this report. In addition to poor access to adequate WASH facilities, within the nutritional context, important responses concern dietary intake, primarily maternal nutrition and infant feeding practices.

The immediate causes of undernutrition are disease and inadequate diet. The 2020 Food and Nutrition Survey stressed that “malnutrition was strongly associated with diarrhoea and fever in terms of morbidity.” (MoH, 2020, p.4) Underlying causes include a lack of food, poor sanitation, poverty, illiteracy, high fertility rates and high rates of teenage pregnancy. In Timor-Leste the prevalence of stunting in children under 5 increases as children grow from newborn babies into toddlers. This pattern is partly caused by poor feeding practices. (ADB 2019). In particular, lack of access to WASH can affect a child’s nutritional status through diarrhoeal diseases, intestinal parasite infections and chronic ingestion of pathogens which can damage the gut. (WHO, UNICEF & USAID, 2015).

### 3.4.3 Stunting, wasting and anaemia

**Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity.** (MoH, 2020) Because it is the one measure that is largely unaffected by later interventions, prevention is the only meaningful response. Stunting carries adverse lifetime consequences, “including shorter adult height, lower attained schooling, reduced adult income, and decreased offspring birth weight” (MoH, 2015b, p. 5) The 2020 Food and Nutrition Survey found the prevalence of stunting to be 47.1 per cent, compared to 50.2 per cent in the 2013 survey.

The survey found that stunting was significantly higher among children:

- Who were male
- In lower wealth quintiles
- In rural areas
- With mother/caregivers with no education
- Who did not meet the minimum meal frequency
- Who experienced fever in the past two weeks
- Without access to an improved drinking water source



**Wasting is usually a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhoea.** It can lead to increased severity and duration of and susceptibility to infectious diseases and an increased risk for death. The prevalence of wasting was 8.6 per cent, with 7.1 per cent with moderate wasting and 1.5 per cent with severe wasting. (MoH, 2020)

In its voluntary national review report on progress towards the SDGs, the Government reported that sufficient financing and strengthened technical capacity are required to sustain progress on reducing stunting. Both the Ministry of Health and Ministry of Agriculture and Fisheries include strengthening the capacity of the nutrition workforce as a priority. The Ministry of Health, with support from UNICEF and the European Union, invested in creating new positions at national and municipal levels, so that municipal public health officers in nutrition and nutrition coordinators are based in every community health centre in every administrative post. Beyond the number of staff, concerns have also been raised the lack of skills, leadership and institutional capacity of the nutrition workforce. (GoTL, 2019, p.50)

In addition to underweight, a high proportion of children suffer from anaemia, which in young children is associated with impaired psychomotor and cognitive development (DHS 2016, p. 186). The 2013 Food and Nutrition Survey found that 63.2 per cent of children under 5 suffered from anaemia, a “severe” public

health problem according to the WHO public health classifications. (WHO 2010).

### 3.4.4 Breastfeeding practices

The best practices for breastfeeding are initiation within the first hour of delivery and exclusive breastfeeding for the first six months of the infant’s life. Early initiation of breastfeeding has been on a general decline, while exclusive breastfeeding has improved. The 2020 Food and Nutrition Survey found that 63.5 per cent of newborns were breastfed within an hour of birth, far below the 93.4 per cent reported in the 2013 survey. Some 64.2 per cent of infants were exclusively breastfed for the first six months, nearly the same rate, 62.3 per cent, as in 2013. After one year, 91.2 per cent were still breastfeeding. (MoH, 2020)

The “10 steps to successful breastfeeding” summarize a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding.

The United Nations Committee on the Rights of the Child has recommended that the Government approve and implement a national breastfeeding policy and a national code for marketing of breast-milk substitutes, (UNCRC, 2015, para. 47(h)), both of which are in draft and awaiting finalization and endorsement by the Council of Ministers.



**BOX 3.2****The 10 steps to successful breastfeeding****Critical management procedures**

**1a.** Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

**1b.** Have a written infant feeding policy that is routinely communicated to staff and parents.

**1c.** Establish ongoing monitoring and data-management systems.

**2.** Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

**Key clinical practices**

**3.** Discuss the importance and management of breastfeeding with pregnant women and their families.

**4.** Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

**5.** Support mothers to initiate and maintain breastfeeding and manage common difficulties.

**6.** Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

**7.** Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.

**8.** Support mothers to recognize and respond to their infants' cues for feeding.

**9.** Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

**10.** Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Source: UNICEF, 2018b, p. 5.



### 3.4.5 Complementary feeding and dietary diversity

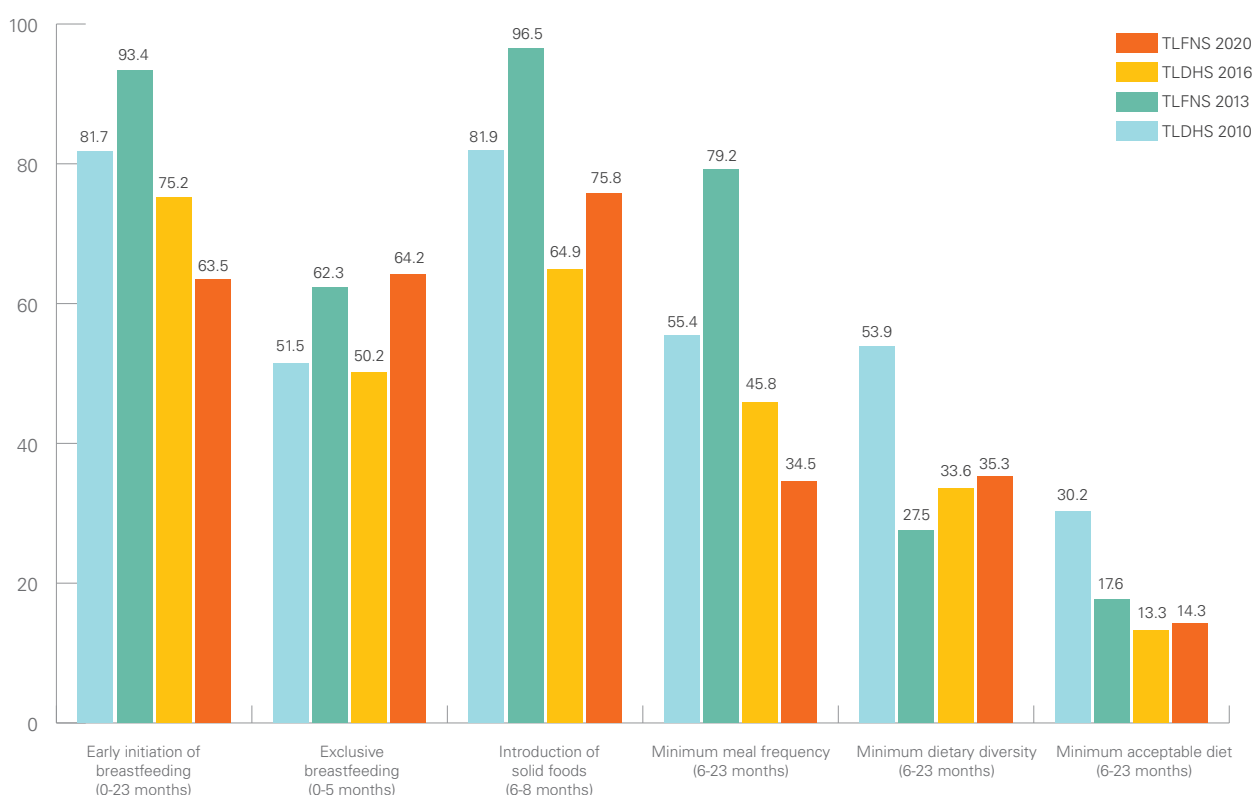
After six months of age, when breast milk is no longer sufficient on its own to meet the infant’s nutritional needs, complementary feeding should be introduced in order to ensure, at least, a minimum acceptable diet. This baseline diet comprises minimum requirements, apart from breast milk, for children aged 6-23 months in terms of dietary diversity (daily intake of at least four food groups) and meal frequency (minimum daily intakes of solid, semi-solid or soft foods).<sup>36</sup> The 2020 Food and Nutrition Survey identifies complementary feeding as a key challenge as slightly more than one third (34.5 per cent) of children achieved a minimum meal frequency, just 35.3 per cent achieved a minimum dietary diversity and only 14.3 per cent achieved a minimum acceptable diet. See Figure 3.7 for the trends in infant and young child feeding from 2010 to 2020 using different studies.

Both the diversity and quality of diets in Timor-Leste are poor for all groups in the population. Diets are generally based on starchy staple foods with small amounts of vegetables and animal-source foods. This is especially the case for nutritionally vulnerable population groups such as women and young children. A government study found that a nutritious diet that met the requirements of energy, protein and 13 micronutrients would be unaffordable for most households, costing between \$158 and \$211 for a household of five people, against a minimum wage of \$115 per month. (KONSSANTIL, 2019)

The study also examined the combined impact of interventions from different sectors on overall household diet access. The results showed that it was possible to increase the percentage of households that would be able to afford a nutritious diet by an average of 250 per cent if a package of well-designed interventions from multiple sectors (education, health, social protection and agriculture) was implemented.

<sup>36</sup> See DHS16, p. 184. For technical comment, see WHO (2010), Indicators for assessing infant and young child feeding practices, Part 3: Country profiles, pp 7-9, and T N Croft, A M J Marshall, C K Allen et al (2018), Guide to DHS Statistics, ICF USA, pp 11.25-11.28. The “minimum acceptable diet” was the original indicator subsequently included in the 2018 Global Nutrition Monitoring Framework.

**Figure 3.7**  
**Trends in key child nutrition indicators, 2010-2020**



TLDHS = Timor-Leste Demographic and Health Survey; TLFNS = Timor-Leste Food and Nutrition Survey  
Source: Timor-Leste Food and Nutrition Survey, p.22

Conversely, if single interventions from one sector only were implemented, the impact on household-level diet access would be limited. These findings highlight that the responsibility for improving nutrition does not lie with one government sector alone (e.g., health), nutrition is instead something that can only be improved if all sectors act together, in a coordinated and complementary fashion.

### 3.4.6 Adolescent and maternal nutrition

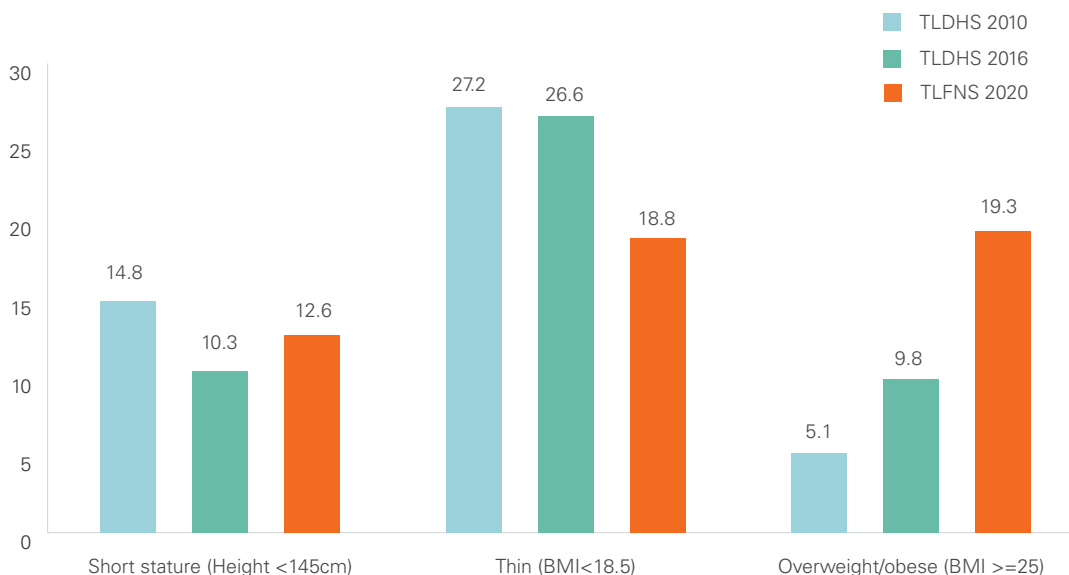
In terms of adolescent nutrition, the 2020 Food and Nutrition Survey found that among women aged 15 to 49, adolescent girls aged 15-19 were most likely to have a low or at-risk Mid-Upper Arm Circumference (MUAC), signalling the need for nutrition support. Overall, the survey found that adolescents have the poorest nutritional status for all indicators and recommended that the Government explore the feasibility of introducing multiple micronutrient supplementation for adolescents and women of reproductive age to contribute to stunting reduction and improve birth outcomes. (MoH, 2020)

Maternal nutrition showed little improvement between the 2009-2010 DHS and the 2016 DHS, especially given large fluctuations in that period at municipal level, and there are limited comparative data on the micronutrient situation. Another source of data is the 2013 Food and Nutrition Survey, which

found the prevalence of anaemia among women of reproductive age to be 39 per cent, near the threshold of 40 per cent set by WHO for signalling a severe health problem. (WHO 2010) Between 2009-2010 and 2016, there was a strong improvement in maternal iron supplementation regardless of socioeconomic conditions, but especially for those with a secondary education and in wealthier and urban households. (DHS 2016, p. 189)

Child nutrition is linked to maternal nutrition. Maternal short stature and thinness are “significantly associated with stunting in children”. In 2020, 18.5 per cent of women of reproductive age were identified as thin, 12.6 per cent were of short stature and 19.3 per cent were considered overweight or obese. (MoH, 2020) The latter figure, which was just 5.1 per cent in 2010, is an indication of the increasing double burden of malnutrition (undernutrition and obesity). Thinness is also associated with fewer ANC visits, where more than 80 per cent of mothers receive counselling on maternal nutrition and breastfeeding. (MoH, 2015c, pp. 16-17) As discussed above, while there has been improved quality of ANC services and an increased level of at least four ANC visits, the number of expectant mothers accessing ANC services has not noticeably increased. Figure 3.8 illustrates the changing trends of maternal malnutrition.

**Figure 3.8**  
Trends in prevalence of malnutrition in women of reproductive age, 2010-2020



Source: Timor-Leste Food and Nutrition Survey 2020, p.24



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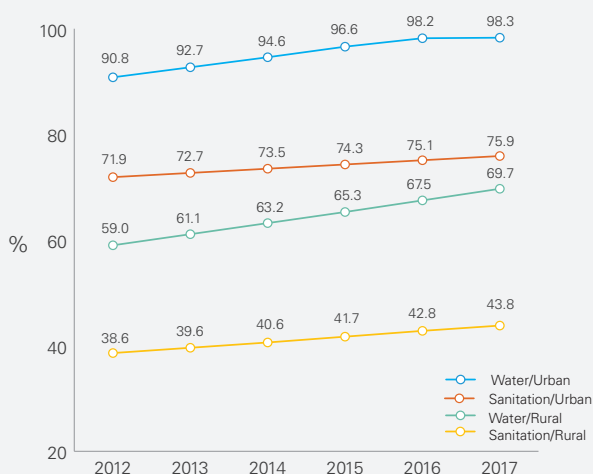
### 3.5 Water, sanitation and hygiene

#### SDG 6. Clean water and sanitation

**SDG indicators 6.1.1 & 6.2.1:** Proportion of population using safely managed drinking water services, and proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water



**Proxy indicators:** Proportion of population using at least basic improved water and sanitation services (%)



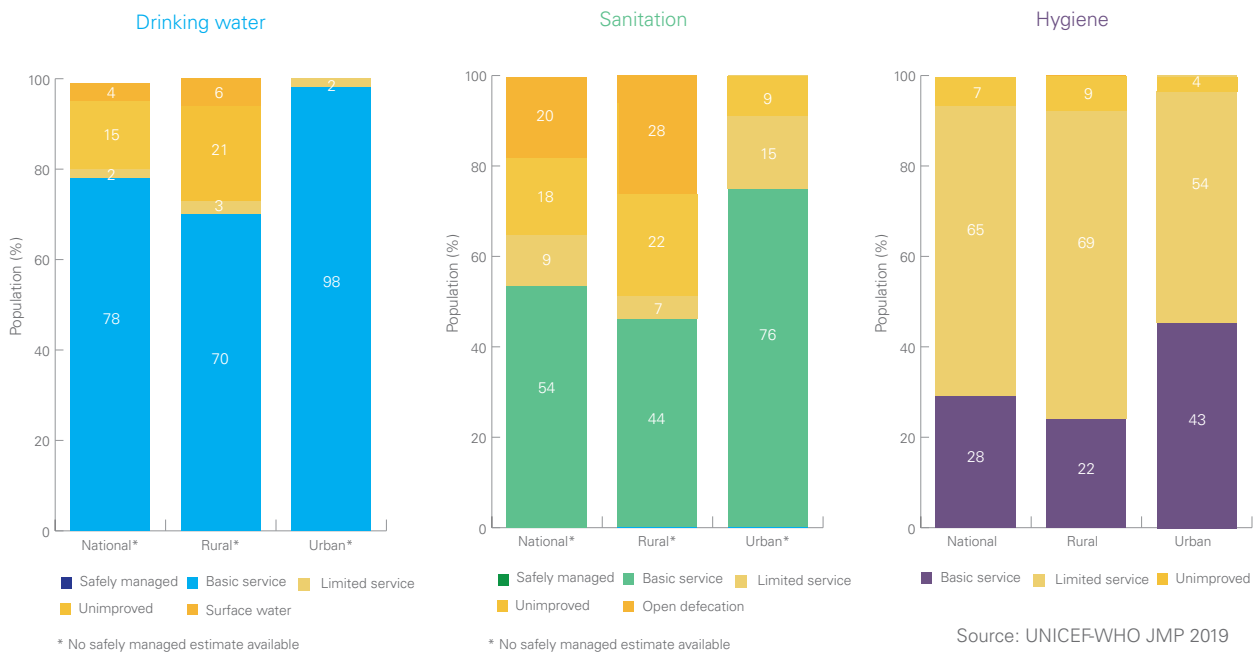
Source: WHO & UNICEF JMP database, via <https://washdata.org/data>.

Apart from urban water access, other facilities need accelerated progress. Basic sanitation coverage is very low and has barely improved over the last five years. The water target remains possible by 2030 with improved rural effort, but the sanitation target appears highly unattainable. Despite progress, WASH in schools at all levels remains poor.

Water and sanitation in Timor-Leste have improved markedly since independence, but many challenges remain, especially in rural areas. Access to at least basic service levels for drinking water and sanitation, in homes and institutions (schools, health-care facilities, etc.), and the practice of effective hygiene are prerequisites for improved outcomes in child survival and development, particularly child nutrition and reductions in both waterborne and transmissible diseases. And, as the SDP emphasizes, these are critical to the social and economic future of the country.

Poor sanitation, lack of access to drinking water and poor hygiene practices are closely tied to the severe undernutrition of children. In fact, three of the 10 major risk factors for deaths of children under 5 in Timor-Leste are unsafe water, unsafe sanitation and inadequate handwashing. (Provo et al) Exposure to faecal contamination in the environment (due to unsafe disposal of infant and child faeces, open defecation, exposure to soil contaminated with human and animal faeces, and poor hand hygiene practices) increase the diarrhoeal disease burden. (Ibid.)

**Figure 3.9**  
**Access to water, sanitation and hygiene by service levels, 2017**



Globally, the primary data source for WASH since 2000 is the WHO-UNICEF Joint Monitoring Programme (JMP). It is important to note that benchmarks used globally have evolved with the development of the SDGs, and that the previous classification of “unimproved / improved” facilities has been replaced by a five-step “ladder”, including surface water or open defecation, unimproved, limited, basic and safely managed services.<sup>37</sup>

The change in classification poses a challenge to assessment of progress against the national SDP targets of access to safe water by at least 75 per cent of rural Timorese and improved sanitation facilities in 60 per cent of urban areas by 2015. According to JMP data for 2015, the final year for the Millennium Development Goals, 69 per cent of the population in rural areas had access to improved or basic water services, and 88 per cent of urban households had access to limited or basic sanitation services including 74 per cent of home-based (not shared) facilities. (RDTL, 2011, p. 84; WHO & UNICEF JMP database)

Thus, the urban sanitation target was exceeded, but the rural water target was not.

The SDP has three targets for 2020: all government schools will be connected to clean piped water; appropriate, well operated and maintained, sustainable infrastructure for the collection, treatment and disposal of sewage in Dili; and drainage will be improved in all municipalities.

### 3.5.1 Drinking water

Modest progress has been made regarding access to safely managed and basic water supply. As of 2017, JMP data showed that nationally, 78.3 per cent of the population had access to at least a basic drinking water supply (up from 63 per cent in 2009-2010). A basic supply is defined as being from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. The increased access was due mainly to the distribution of public taps across the country (GoTL,

37 The water ladder includes surface water (drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal), unimproved (drinking water from an unprotected dug well or unprotected spring), limited (drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing), basic (drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing), and safely managed (drinking water from an improved water source which is located on premises, available when needed and free from faecal and priority chemical contamination) services. The sanitation ladder includes open defecation (disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste), unimproved (use of pit latrines without a slab or platform, hanging latrines or bucket latrines), limited (use of improved facilities shared between two or more households), basic (use of improved facilities which are not shared with other households), and safely managed (use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site) services.

2019, p. 80) and the Government has noted that the increase is mainly seen at the basic service level, which is not necessarily free from contamination. Nearly 30 per cent of the rural population are without basic water, compared to just 2 per cent of the urban population. The disparity in rural areas is further reflected by the fact that one fifth (21.3 per cent) of rural inhabitants use water from an unimproved source (an unprotected dug well or unprotected spring) and another 6.3 per cent rely on surface water.

Under the SDP, the Government’s goal for rural water supply is access to a potable, secure and constant supply of water through measures such as construction of new water supply systems, rehabilitation of non-functioning systems and improving the capacity of operations and maintenance staff. Public standpipes will remain the dominant technology, and are preferred by government as being suitable and affordable for Timor-Leste.

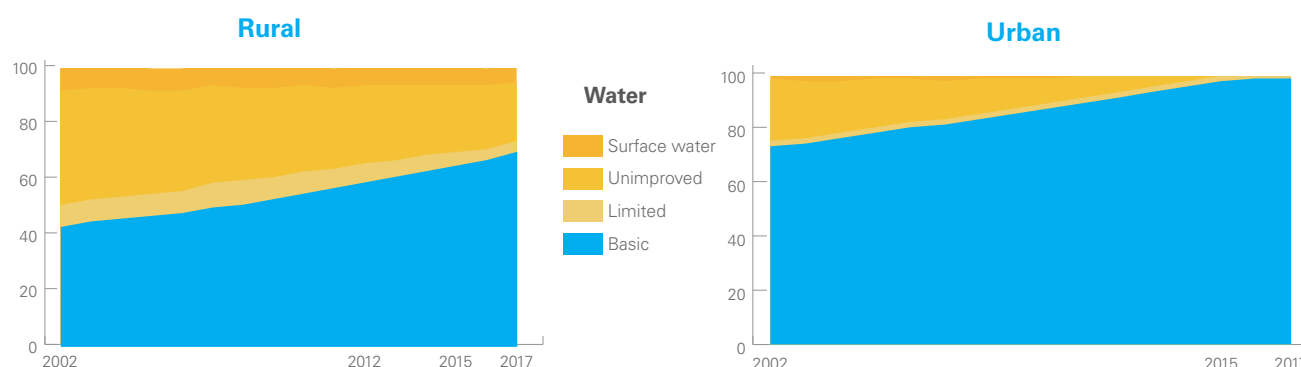
The goal for urban water is to provide 24-hour potable water supply to Dili and municipal capitals. According to the Government’s Five-Year Plan, this will be achieved by securing water sources, building storage capacity, increasing and repairing water transmission networks, connecting households and introducing user tariffs. In urban areas, the future scenario is that the majority of households will have individual connections, with public taps remaining in low-

income areas. (RDTL, 2011, as cited in World Bank, 2015a)

The key bottlenecks that have been identified as impeding progress in the sector are insufficient institutional capacity and lack of technical support services, accountability and incentives for sustaining services. There is not enough funding to pay for water supply operations and maintenance, including no user fees charged in the urban sector and no clear strategy to effectively support operations and maintenance in the rural sector. (World Bank et al, p. iv)

In its voluntary national review report on progress towards the SDGs, the Government cited the lack of reliable data regarding water quality as one of the main challenges when assessing and monitoring water supply in the country. Data are also needed for water infrastructure, water use efficiency, treated wastewater and levels of water stress. Neither the 2015 Census nor the 2016 DHS included any modules that involved water testing, a new requirement for the SDGs. In addition, the Ministry of Public Works currently does not have the capacity to test for water contamination at a nationally representative level. It is necessary to go beyond simply recording the availability of WASH infrastructure and take account of the quality of WASH services. (GoTL, 2019, pp. 83, 86)

**Figure 3.10**  
**Progress towards at least basic water supply, 2002-2017**



Source: WHO & UNICEF JMP database, 2019

### 3.5.2 Sanitation

**In contrast to the progress seen in water supply, progress has been slower for access to sanitation, particularly in rural areas. According to the JMP, in 2017, 53.5 per cent of the population had access to at least basic sanitation (use of improved facilities which are not shared with other households).** The figure jumps to 76 per cent for urban areas compared to just 44 per cent for rural areas. Nationally, 17.8 per cent of households use an unimproved facility (pit latrines without a slab or platform, hanging latrines or bucket latrines), compared to 9.05 per cent in urban areas and 21.7 per cent in rural locations. Some 28 per cent of rural inhabitants practice open defecation, down from 37 per cent in 2009-2010. (DHS)

The National Basic Sanitation Policy (2012) comprehensively covers urban and rural areas. The main focus is on safe excreta disposal and hygiene behaviours, but the policy also covers solid and hazardous waste disposal and drainage. The policy sets out an integrated and staged approach to achieving a healthy environment, with open defecation-free (ODF) sucos being the first target. (World Bank et al, p. 14) The policy defines an ODF community as one that is excreta-free (open spaces, drains, water bodies, institutional buildings). (Partnership for Human Development)

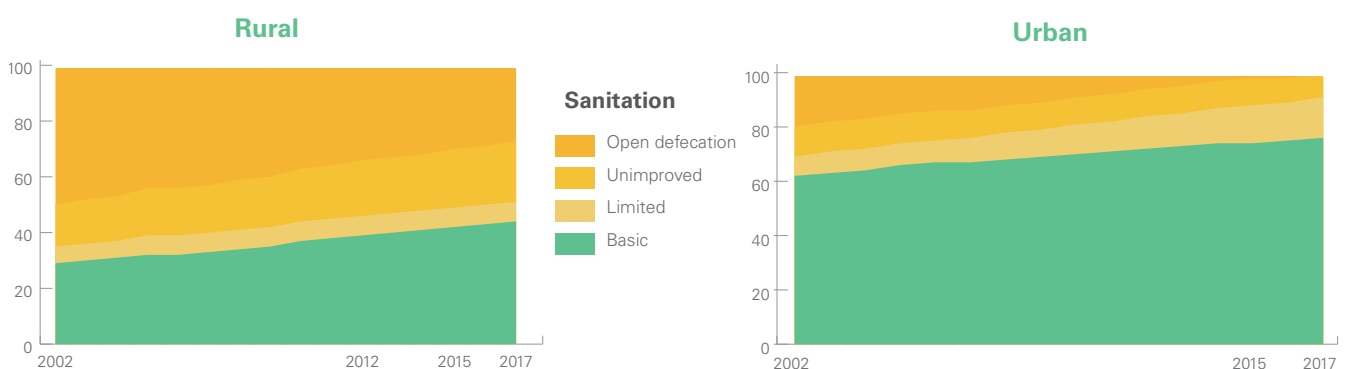
Community led-total sanitation (CLTS) has been implemented in Timor-Leste since 2007 by a range of government and non-government actors. In its voluntary national report on progress towards the SDGs, the Government stated that communities and local government “have demonstrated a clear

commitment to ... ODF .... Eliminating open defecation is an important first step in making big improvements to sanitation and public health. .... CLTS focuses on behavioural change and community mobilisation instead of hardware and shifts the focus from toilet construction for individual households to the creation of open defecation-free communities.” (GoTL, 2019, p. 81) As of 2020, six municipalities were ODF.

A 2017 study of the sustainability of ODF in Timor-Leste (Partnership for Human Development) found that two years after the ODF declaration, 68 per cent of households maintained their own toilet with 13 per cent using a neighbour’s or shared facility for defecation. There was a 20 per cent slippage to open defecation, and 47 per cent of those who had reverted reported that their toilet had fallen into disrepair. Asked what motivated them to remain ODF, respondents mentioned health, privacy and security and pride in owning a toilet. The primary causes of households stopping using and maintaining their toilet and reverting to open defecation were competing priorities, lack of capacity, the cost of maintenance and repair and lack of access to water. Based on these findings, the study stresses the importance of hygiene promotion, improving the image of the pit toilet, equity for vulnerable households (a voucher or credit system) and a reliable, sustainable water supply.

In terms of bottlenecks, sanitation goods and services and skilled technical staff are difficult to obtain in rural areas. Municipal-level planning is not coordinated with all stakeholders and support and communication from the national level to municipal offices is limited.

**Figure 3.11**  
Progress towards at least basic sanitation, 2002-2017



Source: UNICEF-WHO JMP database, 2019



More staff such as community outreach workers are needed for sanitation promotion activities to motivate households to self-invest in improved sanitation in rural areas. (World Bank et al, pages iv-v)

### 3.5.3 Hygiene

Hygiene – the conditions and practices that help maintain health and prevent spread of disease<sup>38</sup> – is the third point of the WASH triangle. Hygiene is multifaceted and can comprise many behaviours, including handwashing, menstrual hygiene and food hygiene. Sector professionals have identified handwashing with soap and water as a top priority in all settings, and also as a suitable indicator for national and global monitoring.

**There are three “rungs” to the hygiene ladder:**

- 1. No facility:** No handwashing facility on premises
- 2. Limited:** Availability of a handwashing facility on premises without soap and water
- 3. Basic:** Availability of a handwashing facility on premises with soap and water.

**As with water supply and sanitation, there are large disparities between urban and rural areas. The JMP data show that nationally, 28.17 per cent of households have a basic facility, which rises to 42.6 per cent in urban areas and drops to 22 per cent in rural households.** Limited facilities are found in 64.5 per cent of households nationwide, against 69.3 per cent in rural areas and 53.5 per cent in urban settings. And finally, nationally, 7.2 per cent of households have no handwashing facilities, which drops to 3.87 per cent in urban areas and 8.69 per cent in rural ones.

There is a clear correlation between household wealth and the quality of a household’s handwashing facility: households in the highest wealth quintile tend to be able to use soap and water to wash their hands, but in the lowest wealth quintile, every other household (55 per cent) has neither soap nor water. (DHS 2016, table 2.7, page 19, as cited in UNCT, p.51)

### 3.5.4 WASH in institutions

**The Government’s emphasis on improving safe water and sanitation at household level is complemented by efforts to improve WASH in health facilities and schools.** Both are critical to the health and development of children. WASH is essential to basic health-care services and helps ensure the quality of care while minimizing the risk of infection for patients, caregivers, health-care workers and surrounding communities. When schools have safe water, toilets and soap for handwashing, children have a healthy learning environment. Beyond school, children who learn safe water, sanitation and hygiene habits at school can reinforce positive lifelong behaviours in their homes and communities. WASH in schools also includes menstrual hygiene management for girls, which helps them to continue attending school once they reach puberty.



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38 <https://washdata.org/monitoring/hygiene>


### WASH in health-care facilities

JMP data for 2016 show that 96 per cent of health-care facilities have some sort of water supply facility and 97 per cent have some sort of sanitation facility, but it is not known which are basic and which are limited. Of the different types of health-care facilities, only hospitals have adequate data on waste management, which indicate that 40 per cent offer basic services, while the majority, 60 per cent, provide limited services and do not adequately separate, treat and/or dispose of waste. No data are available for hygiene and environmental cleaning in health-care facilities. (WHO & UNICEF, 2019, Annexes 3.1, 3.2 and 3.4)








In 2018, UNICEF and the Ministry of Health undertook an assessment of WASH in health-care facilities. (MoH and UNICEF) The assessment covered all six hospitals (100 per cent), 21 community health centres (about 30 per cent), 16 health posts (about 5 per cent) and two private clinics across all 13 municipalities.

#### Among the major findings are:

## Major findings



WASH IN HEALTH-CARE FACILITIES

	<h1 style="font-size: 48px; margin: 0;">1</h1>		
<p>Lack of maintenance is a major reason for non-functional WASH facilities in health-care facilities.</p>	<p>Most village health posts have only one water supply and in most cases it is shared with the surrounding communities.</p>	<p>Health posts lack designated staff for hygiene promotion.</p>	<p>About 38 per cent of health posts and 18 per cent of the community health centres have non-functional toilets.</p>
			
<p>About 50 per cent of the health posts do not have any cleaners. Sometime nurses or volunteers from the surrounding community or the doctor does the cleaning.</p>	<p>There was no handwashing basin in 30 per cent of the health posts. In health posts that have handwashing facilities, about 38 per cent of the handwashing basins are not in use.</p>	<p>On-site septic tanks and open drainage is the common wastewater disposal systems in health posts, but in some cases there is no drainage system.</p>	<p>Only three out of six hospitals have functional incinerators. In community health centres, only five incinerators are working to full capacity, five are operating partially and the remaining 12 centres do not have an incinerator. All health-care facilities practice segregation of hazardous and non-hazardous medical waste.</p>

**Standards for WASH in health-care facilities were drafted and finalized in 2018 but are awaiting completion of the formal approval process.**



### WASH in schools

**Data from the Education Management Information System (EMIS) for 2019 show that all schools in the country, including preschools, primary, secondary and technical/vocational schools, have access to an improved water supply system, sometimes shared with the community.** In terms of functionality, 40.1 per cent have water ever day; 39.3 per cent sometimes have water; 14.7 per cent have a non-functional supply; and 5.7 per cent have no data for functionality.

Based on EMIS data from 2016 on school toilets and relating it to the 2015 projected population of 272,000 students, there were 3,246 toilets, with an average of 83.9 students per toilet compared with the minimum standard of 40; by municipality, the averages range from 43 up to 160 students per toilet. Some 68 per cent of these toilets are reported to be fully functional; 13 per cent partially functional; and 19 per cent not functional.

There are no data on the provision and operational status of handwashing facilities. An assessment of 16 schools<sup>39</sup> in 2016 found that all the schools visited had handwashing facilities but just under half were functional; the rest were not functioning due to lack of water, damage or both.

In 2018, the Ministry of Education and Culture and

UNICEF developed two important policy documents in support of the Government's goals for WASH in schools: (1) guidelines for WASH in schools in Timor-Leste, which set clear levels of acceptable standards for water supply, provision of sanitation facilities and hygiene promotion in schools and provide a common framework and policy direction for all subsector actors; and (2) a costed action plan for WASH in schools with the goal that all preschools and basic education schools in Timor-Leste will have adequate quality and quantities of water, safe sanitation facilities, and will enable students to practice safe hygiene behaviour by 2023.

The main challenges to the provision, operation and maintenance of WASH in schools were identified by stakeholders as part of the process to develop the guidelines and costed action plan in 2018. These challenges were a lack of coordination and communication at national and municipal levels; lack of capacity and of funding; weaknesses in planning, management, operation and maintenance of WASH; and reliance on community water supply systems.

For water supplies, the need is mainly for repair and rehabilitation, with provision of some new hardware. For sanitation, about 12,000 toilets are needed for the minimum standard of 40 students per toilet cubicle. In addition, each school requires toilets for male and female staff, a cubicle for girls for menstrual

<sup>39</sup> The assessment was part of a consultative process that fed into the development of the costed action plan for WASH in schools, which included two consultation workshops with stakeholders from national and municipal levels.

**Table 3.2**  
**Capital costs\* of development of WASH in schools (in thousands of United States dollars)**

	Annual	Total cost
Sanitation: 2019- 2023 (5 years)	14,468	72,329
Water supply: 2019- 2023 (5 years)	3,685	18,426
<b>Annual Total</b>	<b>18,151</b>	
Essential Standard 2018- 2019 (2 years)	1,335	2,669
Hygiene promotion: 2018-2019 (2 years)	1,448	2,897
Enabling environment: 2018-2019 (2 years)	820	1,641
<b>Annual Total</b>	<b>3,604</b>	
<b>Overall total</b>		<b>97,962</b>

Source: WASH in Schools Costed Action Plan, p.9

\*In addition, the plan estimates that recurrent (annual) costs for replacement and operations and maintenance will amount to some \$13.7 million per year.

hygiene management, and a cubicle for students with physical disabilities. Overall, 9,000 new toilets are to be provided as part of the plan, and 2,700 existing toilets would be rehabilitated. Other sanitation requirements include additional septic tanks, solid waste management facilities and sanitary water points for school kitchens. The table below, from the costed action plan, details the capital costs, which total some \$97 million over five years.

On hygiene promotion, the costed action plan states that current teaching of hygiene behaviour is didactic and ineffective in translating knowledge into practice. Based on international experience, better interactive and participatory teaching methods are to be introduced to inspire students to improve their hygiene behaviour. Extracurricular methods such as school health clubs should also be encouraged. Training of teachers on the new approach will be important.

The guidelines in particular address the need for facilities for girls who are menstruating. Facilities need to be constructed in almost all the basic schools. Training of teachers to support girls starting puberty will be an essential component of the hygiene promotion training. The support needs to be provided as part of the teaching curriculum and as an extracurricular activity by teachers.

### 3.5.5 Environment/climate change

As stated earlier in this report, Timor-Leste ranks 69 out of 191 countries on the INFORM Risk Index, falling in the “medium risk” class due to high levels of human vulnerability, lack of coping capacity and limited national capacity for risk reduction and crisis. Many of the environmental and climate change-related hazards have a direct impact on WASH.

#### The major climate risks are:

- Flooding, which could lead to contamination of drinking water sources and loss of sanitation, and be worsened by poor hygiene and sanitation practices. Children may rely on unprotected water sources that can be easily contaminated in flood situations.
- Drought, drying up of water sources, spikes in prices for drinking water leading to use of unsafe sources and increased incidence of diarrhoea and other waterborne diseases.

Timor-Leste has problems with drainage and stormwater pollution in Dili and municipal centres. Waste and contaminants lie on the streets or in dried-up streams before being carried to the sea with the rain. In Dili during the wet season, many sections of drainage channels become blocked with solid waste, plant material (kankung, a water spinach) and sediment, leading to flooding and dangerous levels of pollution. (SDP, p78)

As discussed earlier, many young people move to Dili and other urban areas in search of alternative livelihoods, but the current infrastructure is inadequate for this growing population. Pollution from ineffective waste management (collection, storage, recycling) including the pollution of ground waters is a growing problem in highly populated areas. The lack of a sewerage system and wastewater treatment in Dili contributes to the contamination of drinking water with waterborne infections such as different forms of diarrhoea and viral hepatitis. The absence of proper drainage systems increases the amount of stagnant water, especially during the wet season, providing breeding grounds for mosquitos which are vectors of dengue fever, Japanese encephalitis and other diseases in the city. Children who do not have access to improved sources of water and sanitation/wastewater management, including in crowded peri-urban areas, are particularly vulnerable to epidemics.

Timor-Leste has a well-established National Designated Authority for the Green Climate Fund (GCF) and a functioning Climate Change Working Group. With the support of UNDP, the Authority is progressing steadily with the commitments to global climate change protocols ratified by Timor-Leste. With support from UNDP, Timor-Leste has secured major GCF funding for climate-proof infrastructure, including water. The Authority is also developing proposals for the climate change readiness provision of the GCF.

In terms of preparation and response capacity, the Government has in place a Disaster Management Law (2008) covering prevention/mitigation, response and recovery (general); weather monitoring and forecasting capacity in the National Directorate for Meteorology and Geophysics; and the National Disaster Management Centre and Municipal Disaster Management Centres. There are some community-based climate change adaptation, disaster risk management and food security initiatives, as well as community cohesion and institutions especially in rural areas (though women tend to be excluded from decision-making). The Timorese Red Cross Society and Catholic Church play a relief role and are present in all municipalities. International multilateral agencies have relief capacity and preparedness plans.

A key challenge is that already poor hygiene and sanitation practices can be exacerbated by a disaster and spread disease to an already fragile population.

**An analysis by USAID, IOM and the Government on disaster risk management found that increasing access to improved WASH facilities and application of improved practices will reduce health risks and related vulnerabilities; and that improving drainage systems will be vital to reducing flood risk. (USAID, IOM and GoTL)**

### **3.5.6 Enabling environment**

A closer look at institutional arrangements in the WASH sector gives a better understanding of the situation with regard to water, sanitation and hygiene. The WASH sector is characterized by a complex institutional make-up, with scattered responsibilities for the water, sanitation and hygiene components. The Ministry of Public Works, with directorates for water, sanitation and water resources, focuses mainly on urban water and sanitation. The Ministry of Health is responsible for hygiene and for rural sanitation, with a strong focus on CLTS as the key strategy to end open defecation. There is no direct institutional set-up in place for rural water supply, which is managed by communities themselves. This is particularly challenging for improving WASH services in schools and health facilities, as communities tend to resist sharing their water sources. Moreover, both the rural water and the rural sanitation subsectors depend entirely on financial resources provided by development partners.

The Ministry of Education is responsible for WASH in schools. Specifically, the WASH in Schools Technical Working Group, with membership from various stakeholders, coordinated by the National Directorate of School Social Action in the Ministry of Education, has overall responsibility for WASH in schools. Other ministries with a direct role include the Ministry of Health and the Ministry of Public Works.

This institutional complexity, compounded by weak coordination, has resulted in slower progress in rural WASH services in communities, schools and health facilities than in urban WASH services. As access remains a key issue, little attention has been given to availability and quality, and this situation remains a major barrier to targeting “safely managed”



levels of water and sanitation and to reaching the targets for SDG 6 by 2030. There is thus a need to improve overall planning, financing, management and coordination in the WASH sector. The recent development of WASH master plans for all 13 municipalities, and of funding mechanisms through development banks, are positive steps in this regard.

**An analysis by the World Bank found that Timor-Leste performs adequately in the “enabling” phase of service delivery because it has policy guidelines, national and subsector targets and relatively clear institutional roles.** (World Bank, 2015a) However, budgets for urban and rural water supply and urban sanitation are unpredictable and fluctuate considerably from year to year, and are almost non-existent for rural sanitation. The analysis concludes that Timor-Leste needs to improve in the areas of prioritizing budget allocation, budget execution for major capital works, reporting on expenditure, reducing inequality and improving local participation. Sustainability of interventions, especially in the area of maintenance, needs to be addressed.

In terms of costing, the analysis concludes that to achieve government-defined access targets to 2020, an average of \$39.4 million each year in capital expenditures on water supply, and some \$16.4 million per year on capital expenditures for sanitation will be needed. This includes estimated hardware expenditures by households, which, especially for rural sanitation, are expected to self-invest. In addition, an average of \$7 million per year (\$5 million for water supply and \$2 million for sanitation) will be needed to finance operation and maintenance of rural and urban infrastructure. Critical public funding is necessary for human and operational resources for behaviour change communication campaigns, monitoring and regulation, and private sector development to elicit households to invest in their facilities. For rural sanitation alone, an estimated \$976,000 per year is needed for these interventions.



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### 3.6 Adolescent sexual and reproductive health

#### Adolescent pregnancies and early marriages are prevalent in Timor-Leste.

Recent research (UNFPA et al) suggests that teenage pregnancies result from lack of access to sexual and reproductive health education, to contraception and to the lack of control by young women over their own bodies. This situation is due to conservative attitudes towards teenage relationships which restrict students' access to sexual reproductive health information.

The percentage of girls aged 15-19 who had a live birth remained relatively stable between the 2009-2010 DHS and 2016 DHS, at 5 to 6 per cent (5.2 per cent in 2016 and 5.7 per cent in 2009-2010). There are slight variations in the percentages for the different ages, with small increases for girls aged 17 and 18 and a decrease for 19-year-olds. In both cases the rate for rural areas (6.2 per cent in 2016) is double that of urban areas (3 per cent in 2016).

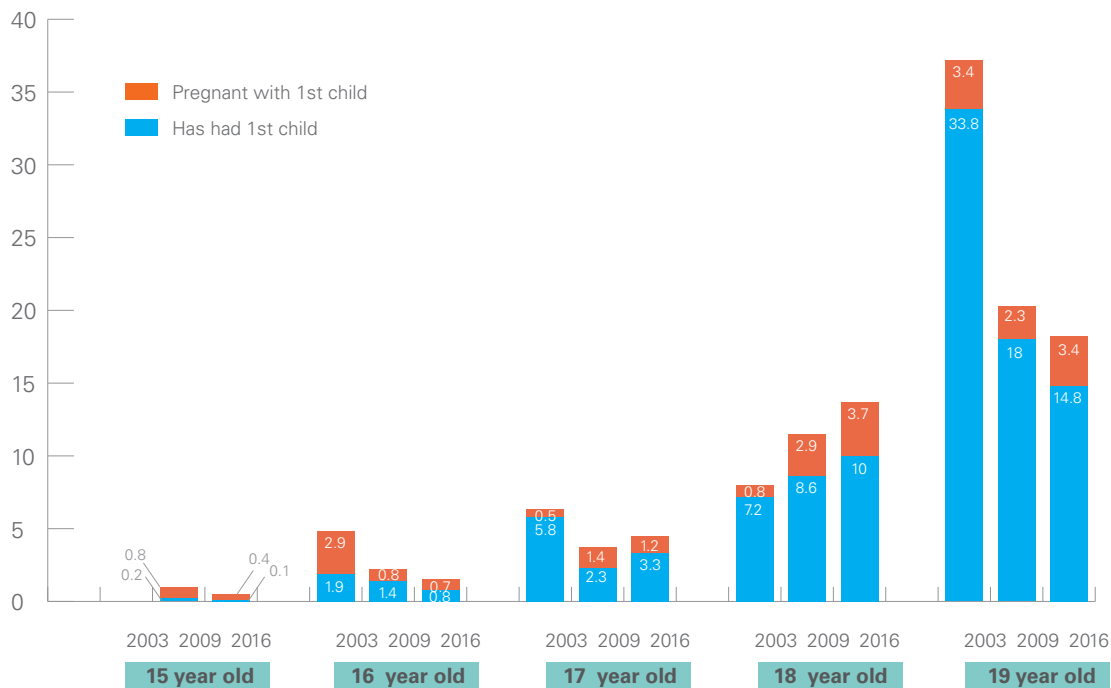
Figure 3.12 illustrates trends in teenage pregnancy and motherhood drawing on data from the 2003, 2009-2010 and 2016 DHS. Pregnancy almost always requires marriage. Data on child marriage show that 14,544 females and 1,150 males were married before 17 years (all ages) (see 2015 Census, Table 16). Females remain highly vulnerable, and increasingly so if, even

as a decreasing proportion of 15-19-year-old girls are commencing sexual intercourse, an increasing proportion of 15-19-year-old boys are. (DHS 2009-2010, Table 6.5; such data were absent from DHS 2016)

Pregnant girls either drop out of school or are no longer allowed to continue their education – and rarely go back to school after giving birth. (UNFPA, 2018) This has a significant impact on their chance of later on having a job or getting out of poverty. School attendance declines sharply for young mothers by age: 61.5 per cent of 15-year-old mothers are in school, but just 12.4 per cent of 19-year-old mothers are, compared to 68 per cent of non-mothers. (GoTL, 2019, p. 70, citing 2015 Census data) Not only the girls but their parents regret their dropping out of school for such reasons, even if they reluctantly accepted the situation. (UNFPA et al, 2017, p. 11) This runs counter to some reports that suggest that a key driver of girls' dropping out of school in Timor-Leste is that parents do not value the girls' educations. Rather, it may be an adaptation to changed – undesired but accepted – circumstances, almost certainly due to entrenched community attitudes. Overwhelmingly for the girl child, pregnancy leads to marriage rather than vice versa, although in some circumstances, parents will advocate marriage once they learn that their daughter has commenced having sex. (UNFPA et al, 2017, p.11)

Once married, girls face cultural and family pressures to follow the pregnancy with further pregnancies (hopefully, though, with improved birth spacing). The

**Figure 3.12**  
Trends in teenage pregnancy and motherhood by age (15-19 years) (%), Timor-Leste



Source: DHS03, Table 5.12; DHS09-10, Table 4.9; DHS16, Table 5.11. There are no 2003 data for 15 year olds, and population may be confined to marital status.

necessary time to promote access to contraception by adolescent girls is prior to the first pregnancy, when the girl is likely to be single, very likely unaware of her risk of pregnancy and very often in no position to prevent the sexual encounter.

In many instances, the lack of awareness of sexual and reproductive health means that a girl may not know she is pregnant until she is far along, often the seventh month. Given poor levels of nutrition and the high rate of stunting, many adolescent girls especially at younger ages are very vulnerable during pregnancy, even more so when their access to information and support is negligible.

Another serious health risk is sexually transmitted infections, including HIV. Although HIV prevalence remains low – especially with 5 per cent prevalence across the key high-risk populations – the primary way for it to remain low is through improved knowledge among young people. There is a worrying upward trend in new HIV infections, which according to the WHO Global Health Observatory increased from 0.12 per 1,000 uninfected population in 2017 to 0.15 in 2019, indicating that their poor level of knowledge has been worsening. One in two adolescents (15-19 years) still have never heard of HIV (highly related to wealth quintile) and just 9 per cent have a

comprehensive knowledge of HIV. The rates are lower for females than for males, and only 16 per cent of adolescent males and 5 per cent of females know where to get an HIV test. (DHS2016, Tables 13.1, 13.3 & 13.8) At the same time, young people are often the ones exposed to greater risks because they may have shorter relationships with more partners or engage in other risky behaviours. (UNFPA, 2018)

An assessment by UNFPA of comprehensive sexuality education (UNFPA, 2018), which is part of the formal curriculum, albeit somewhat fragmented, found many challenges in the Timorese context, including cultural sensitivities preventing discussion of some topics. However, the national policy is supportive and “the threat of the internet and accessible information under pornographic content is pushing actors to invest more in Comprehensive Sexual Education so students have better resources and understanding sources of information.” The recommendations include strengthening of the curriculum to make it “more comprehensive, practical, context-specific and relevant to young people’s lives in Timor-Leste”, complemented by teacher training, gender training, school administrative support, extracurricular activities, whole-of-school activities, engaging with technology, etc. (Ibid.)



### 3.7 Children with disabilities

In terms of the enabling environment, Timor-Leste is committed to ensuring the equal rights of persons with disabilities. The Constitution prohibits discrimination based on physical or mental condition. A National Policy on the

Inclusion and Promotion of the Rights of Persons with Disabilities was adopted in 2012, followed by the National Action Plan on the Rights of Persons with Disabilities (2014-2018), and with a new action plan is under development. In 2017, the Council of Ministers adopted an Inclusive Education Policy, which inter alia, calls for an end to the exclusion from mainstream schooling of children with a disability. (See Chapter 5.6.) The 2016 National Youth Policy specifically identifies young people with disabilities as a priority target group for support. (Cited in Belun and United Nations, 2018) However, the country has not yet ratified the Convention on the Rights of Persons with Disabilities and the Action Plan has not been fully implemented. The United Nations Committee on the Rights of the Child has recommended that Timor-Leste adopt a human rights-based approach to disability and strengthen the relevant laws and policies.

There are limited data on persons with disabilities. The 2015 Census sought respondent advice on disability within the household, which yielded a figure of 3.2 per cent of the population with at least one form of disability.<sup>40</sup> For children under age 15 years, the rate was 0.4 per cent. That rate comprised 0.1 to 0.2 per cent rates for each form of disability (walking, seeing, hearing, intellectual) for each age group (<1, 1-4, 5-9, 10-14), except for a much larger rate of 0.9 per cent for infants under 1 year reported as having a walking disability. The disability rate in the Census for people aged 5 years and over was 3.6 per cent. The 2016 DHS, using a different methodology<sup>41</sup> that assessed difficulty in exercising a larger range of functions, derived a disability rate for children aged 5 years and over of 15.3 per cent. (2015 Census, Table 21.1; DHS16, Table 17.1) The data need to be treated with caution, with

attention to what is being measured and how that is being determined.

Within the Census, the largest “cause of disability” across all ages (43 per cent of all people with a disability) was given as “age”. Disregarding that group leaves 21,864 people reported as having a disability, with 61 per cent of that number having the cause attributed to “congenital/at birth” or “long-term health condition”. (2015 Census, Table 23)

**Other indicators for disability point to the importance of early detection and intervention, especially through the screening and testing of young children for any form of disability. A large proportion of disabilities are likely to be apparent from the early postnatal period, and can range from poor antenatal care, illness or disease (hearing loss in children is commonly linked to measles, malaria or mumps), poor nutritional practices or even unfavourable cultural beliefs or practices.** Congenital anomalies (sometimes known as “birth defects”) may lead to long-term disability and are often linked to poor socioeconomic circumstances and poor access to maternal health care or nutrition. As noted in Chapter 3.3, newborn deaths from congenital anomalies are increasingly reported in Timor-Leste.<sup>42</sup>

The Census data reflect parental reporting on matters that instead need professional assessment, especially in an area of child development that often means delaying or concealing symptoms that require early attention and understanding. It is important to increase pregnant women’s attendance at ANC services and to increase the number of visits; to include early surveillance for disability in postnatal checks; to strengthen improved breastfeeding and nutrition practices; and to incorporate disability screening in early growth monitoring<sup>43</sup> in health facilities. Key child development milestones should be included in any revision of the Mother and Child Health Booklet – the LISIO – alongside improved training and/or awareness of health facility nurses, supported by improved data – and data analysis – on forms and prevalence of disability that inform service response.

40 The disability rate in the Census for people aged 5 years and over was 3.6 per cent.

41 Washington Group/UNICEF child functioning module for disability

42 See also WHO at <https://www.who.int/en/news-room/fact-sheets/detail/congenital-anomalies>.

43 The National Health Sector Plan includes a commitment to growth monitoring of children under 2 and growth screening (mid-upper arm measurement) of 3-5 year olds. Both are suitable for the inclusion of disability assessment and intervention. (MoH, 2011, p. 101)

There are no administrative data on education for students with special educational needs, apart from a small-scale study within the Professional Learning and Mentoring Program that found low access and concluded the need for better teacher training (World Bank, 2018, p. 174). **On the basis of 2015 Census data, it is estimated that 46 per cent of children (age range 3-18 years) with a disability are not enrolled in school (Ibid.).** Those that are continue to be largely in grades that are inappropriate for their age, i.e., in grades for younger children.

**People living with disabilities, particularly women and girls, are the most vulnerable to disaster risks.**

An important step towards including persons with disabilities in disaster preparedness and response was the participation of Ra'és Hadomi TimorOan (RHTO), Timor-Leste's leading national disabled persons' organization, in the government-led rapid disaster assessment after Dili was affected by severe flooding in March 2020. The Government's rapid risk assessment form (RHTO et al), while counting the numbers of persons with disabilities in household assessments, did not include information on types of disability, gender of the person with disabilities or if they have any specific needs. Additionally, if within disaster response teams there is nobody who understands disability inclusion, it is challenging to collect sufficient and usable data and identify persons with disabilities from a rights-based perspective. Staff should receive capacity development support on disability inclusion.

A 2018 study by Belun, a non-governmental organization (NGO), and several United Nations agencies found that many health facilities are not easily accessible to people with disabilities. Participants in focus group discussions said that in rural areas, it can be difficult to get to the clinics because the facilities are far away and transportation can be difficult, especially for people using wheelchairs. Long waiting times are discouraging and facilities do not always have ramps, benches or appropriate toilet facilities for people with physical disabilities. Participants shared stories of being mocked by members of the community, such as being called "aleijado" (handicapped), "beikten" (stupid) and "aat hela deit" (unfortunate). Participants were concerned that the Government uses stigmatizing language when addressing people

with disabilities. For example, the pension for people with disability is called "subsidiu ba invalidu", or the "subsidy for invalids", which has a negative connotation. (Belun and United Nations, 2018)

There is evidence that violence and neglect of children with disabilities are widespread in Timor-Leste. Due to the shame and stigma associated with disability, many families hide children inside the house or limit the child's exposure to society. There is evidence of shackling and restraining of children with disability, particularly children with psychosocial impairments. A report from the United Nations in 2011 reported that there had been a number of cases in which children with psychosocial disabilities were held in long-term restraints. Field staff of RHTO, the national organization of persons with disabilities, are also aware of situations in which children with disabilities have been left in the family house all day without supervision, food, water or means of communication. Training on disabilities has been embedded in the general in-service training module of MSSI for social workers (training has been initiated but this is work in progress), and there is a plan to develop a module specialized on disabilities, but this is still at an initial stage. A referral system is in place, but not many services are available and even fewer specialized services.

A baseline study of violence against women and children found that women who had experienced intimate partner violence were more than twice as likely to be at risk of disability. "However, it is unclear whether violence is contributing to women's risk of disability, or if women living with disability are at greater risk of violence. We expect the relationship goes both ways. Regardless, this signifies the need for more recognition of the strong link between violence and disability among health care workers, organizations for people living with disabilities, and organizations providing assistance to victims of violence." (Asia Foundation, p. 100) Women with disabilities face additional challenges in reporting violence. Some women said they were unaware of how to report cases of gender-based violence, and others spoke of being treated with a lack of credibility or trust by the police or court actors.

## 3.8 Key recommendations

This chapter has detailed a range of health-related challenges confronting Timorese children, despite some very impressive progress. Addressing these challenges will help both to ensure the children's enjoyment of their rights and as an investment in the country's future. The authors suggest the following priority actions:

# 1

Continue to increase access of rural women to quality ANC services and skilled birth attendance in a health facility

# 2

Adopt and implement a national breastfeeding policy and national code for marketing of breast-milk substitutes, based on the International Code

# 3

Improve behaviour change outcomes in infant and young child feeding practices, including messaging during health care visits and at community level

# 4

Given the appropriate focus of the National Nutrition Strategy on the first 1,000 days and behaviour change, and the persistently weak indicators, determine the strategy's shortcomings ahead of renewed commitments

# 5

Improve access to the LISIO and inter-agency support for its use, with no stockouts, to improve rates of birth registration and immunization coverage

# 6

Support the Ministry of Health in its aim to focus on suco-level mapping and service provision to improve weak levels of immunization coverage (noting low rates of full coverage)

# 7

Strengthen efforts in improving rural sanitation and water supply and towards targets for WASH in schools and health facilities

# 8

Ensure access by adolescents to sexual and reproductive health (SRH) advice and support in local health facilities

# 9

Protect the rights of children with a disability by breaking down barriers (physical, societal, attitudinal and socioeconomic) to their full and equal participation in society

# 10

Formally incorporate early testing and screening of young children for any form of disability in postnatal care and periodic health checks, including at time of immunization, with agreed procedures for counselling, referral and support as a prerequisite to strengthening social inclusion

# 11

Integrate emergency preparedness and disaster risk reduction, including for the effects of climate change, in all components

**Special insert**

## Chapter 4

# Adolescent voices

## 4. Adolescent voices



### ○ The process – engaging adolescents

To meaningfully engage adolescents in the analysis of the situation of children in Timor-Leste, UNICEF Timor-Leste and the Alumni Association of the Timor-Leste Youth Parliament (Alumni Parlamentu Foinisa' e Timor-Leste (APFTL) carried out a broad consultation with adolescents in September 2019.

In total, 848 adolescents mainly aged 12 to 17 (58 per cent girls, 42 per cent boys) participated in workshops throughout the country to discuss their situation and changes they would like to see. They brainstormed collectively during the workshops.

**The consultation process unrolled as follows:**

1

APFTL mobilized young people from among its own members, from other youth groups and from artists' groups to facilitate the consultation. UNICEF trained these young people over two and a half days, focusing on the objectives of the consultation, facilitation techniques, ethical research involving children and planning the conduct of a workshop. The training included a mock workshop to enable facilitators to practice.

2

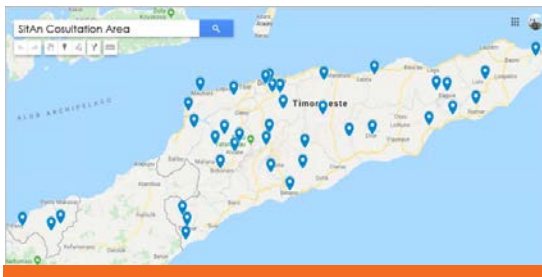
The trained young facilitators (10 females and 16 males) and young artists (1 female and 12 males) then organized and facilitated half-day workshops in three locations in each of the country's 13 municipalities, in collaboration with members of the Timor-Leste Youth Parliament. In total, 39 workshops were held in September 2019 for participants to analyse their current situation and discuss the changes they want to see. The discussions were captured through writing, drawing, acting and video messages addressed to decision makers.



3

At the end of each workshop, a short survey was administered to participants, using Kobo Collect.<sup>44</sup> One UNICEF staff member and three youth volunteers from Hamutuk Ita Rezolve youth group monitored some of the workshops in 6 of the 13 municipalities.

44 A free and open-source suite of tools for field data collection for use in challenging environments.



4

The facilitators undertook an initial analysis of the workshop results and presented them to UNICEF in October 2019. UNICEF then deepened the analysis in consultation with the facilitators, based on the material gathered in the workshop, in particular problem trees capturing the participants' ideas.



5

UNICEF staff and the situation analysis consultant met face-to-face with the workshop participants in Remexio (Aileu) and Dom Alexio (Dili) in October 2019. These dialogues provided an opportunity to discuss the conclusions of the workshops, to present the results of the survey and to validate some initial findings of the situation analysis. This helped to integrate adolescents' inputs into the new UNICEF country programme.



6

The dialogue with adolescents continued in the context of the development of the new programme of cooperation between the Government of Timor-Leste and UNICEF, with face-to-face meetings between UNICEF staff and adolescents to discuss programme strategy.

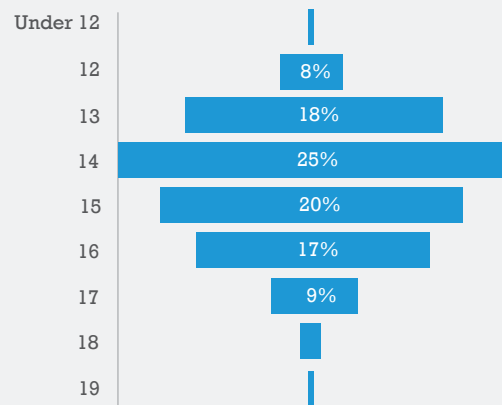


## The participants

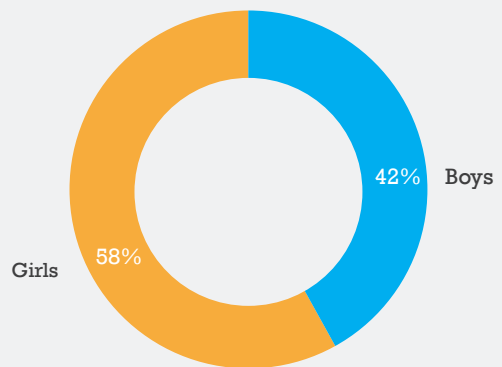
A total of 848 adolescents participated in the workshops, in all of the country's municipalities:



**1** They were mainly aged 12 to 17, with 63 per cent of them aged 13 to 15



**2** More girls than boys participated (489 girls and 359 boys)



**3** The workshops were particularly popular in Lautem municipality, where they attracted many more participants than expected

Municipality	Number of participants	Proportion of girls	Average age
Aileu	63	68%	14
Ainaro	67	57%	15
Baucau	60	60%	15
Bobonaro	50	44%	15
Covalima	59	64%	14
Dili	67	63%	15
Ermera	64	52%	14
Lautem	113	58%	15
Liquiçá	66	56%	15
Manatuto	55	62%	14
Manufahi	61	51%	14
Oecusse	61	48%	15
Viqueque	62	58%	14

## Lessons learned from the process

One of the aims of the consultations was to hear from adolescents in their full diversity. The workshops were successful in covering the whole country, with a conscious effort to reach out to populations in remote locations. They included many young adolescents, with just over half of the participants being 14 or younger. Despite their young age, adolescents were enthusiastic and comfortable sharing their perspectives and ideas with young facilitators. Both girls and boys participated, with a higher share of girls (58 per cent), and independent monitors reported that both girls and boys took an active part in the discussions. Adolescents, when they were later probed by UNICEF about the greater participation of girls, explained that boys were “shy” and needed to be encouraged.

It proved more difficult to ensure participation of adolescents living with disabilities. As per the facilitators, some of the workshops included participants with disabilities, but no exact data are available and it is likely that they were few. Similarly, participants tended to be school-going children, raising questions on the participation of out-of-school adolescents. More preparation time would have been needed for the workshops to be fully inclusive, but there were set constraints during the planning phase due to other, pre-existing commitments of both APFTL and UNICEF. This points to the importance, for any future consultations, of allowing ample time for preparation and outreach to diverse groups of adolescents.

Another challenge that occurred in a few instances was related to languages used during the workshops. Some participants did not speak Tetum well and when facilitators did not know the participants’ local language, they had to rely on ad hoc translators to ensure that all could participate. It is thus crucial to pay greater attention to possible language barriers, particularly when reaching out to diverse groups and younger adolescents.

Various means were used to capture the analysis and recommendations of adolescents during the workshops, including drawing, videos and theatre. Some of the drawings made by young artists provided powerful illustrations of the situation and desired changes, but the video and theatre activities did not yield the expected outputs. This points to the need to provide more training and guidance, and to provide equipment (good quality mobile phones or tablets) to ensure better audiovisual products that can be used to convey adolescents’ voices to decision makers.

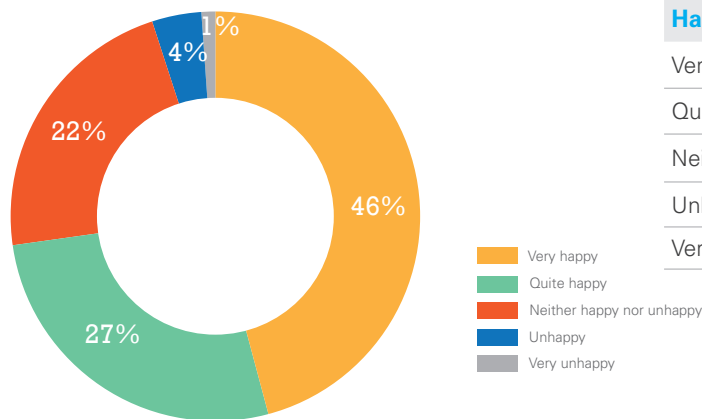


## The voices – listening to adolescents

### Survey results

The 848 workshop participants provided individual answers to a survey completed using Kobo Collect on mobile phones.

### 1 Happiness



Happiness scale	All	Girls	Boys
Very happy	46%	44%	48%
Quite happy	27%	29%	24%
Neither happy nor unhappy	23%	22%	24%
Unhappy	5%	5%	4%
Very unhappy	1%	1%	1%

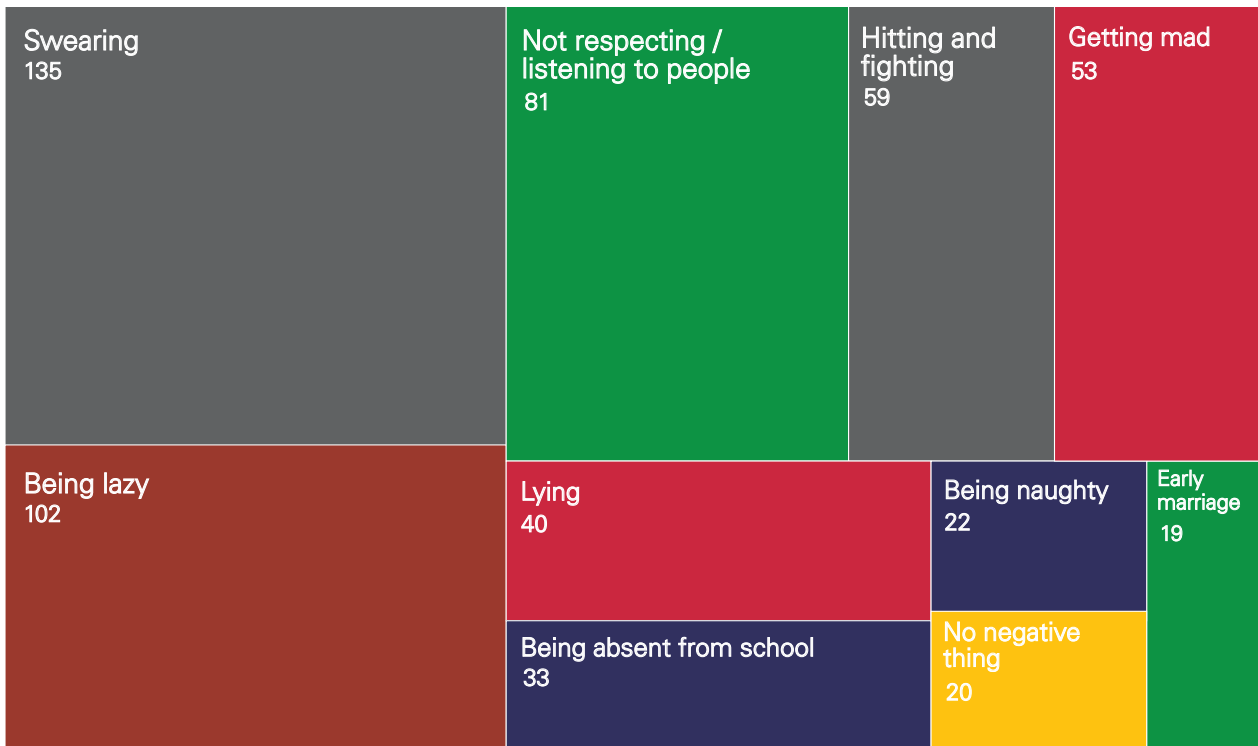
### 2 Positive and negative things in life

Cite one positive thing and one negative thing in your life.

#### One positive thing

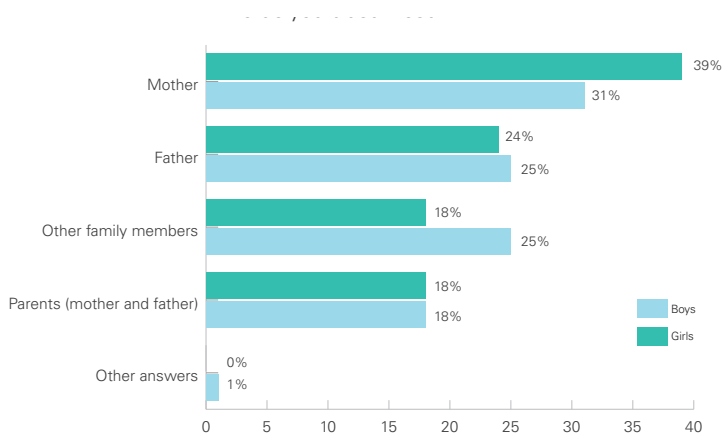


One negative thing



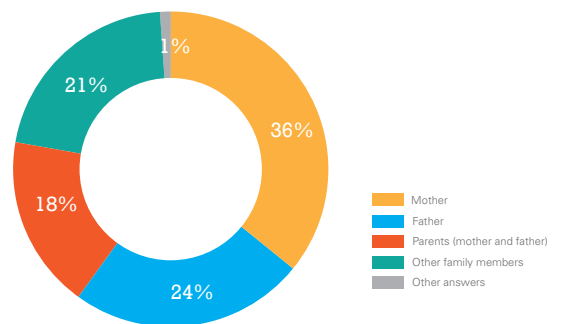
3 Person whom adolescents most trust

Who do you trust most?



Note: due to rounding, percentages may not add up to 100.

Who do you trust most?

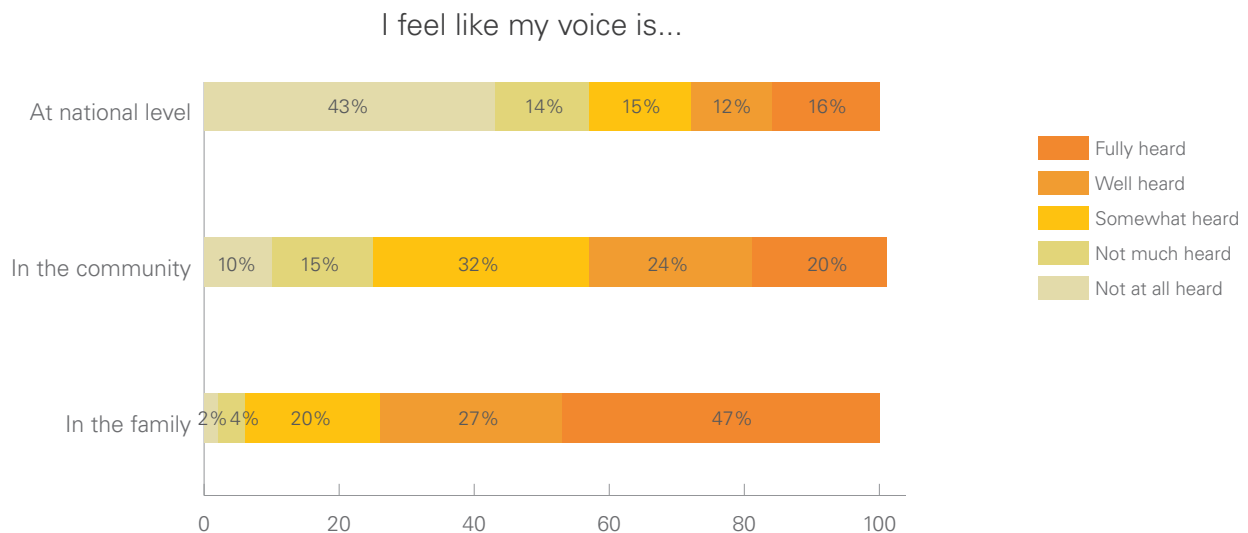


The responses highlight the great role that parents play, with 78 per cent of adolescents choosing their mother, father or both parents. Mothers were the most trusted person in over a third of answers, and girls were more likely than boys to feel so.



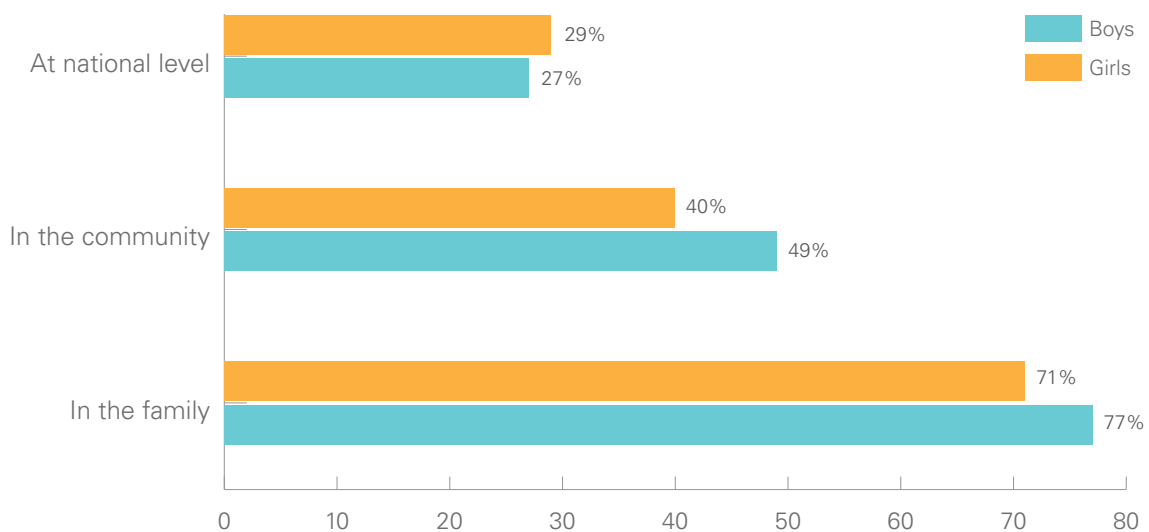
## 5 Influence

### Do you feel that your voice is heard in different forums?



While the majority (74 per cent) felt fully or well heard in the family, this percentage decreased to 44 per cent at community level, and dropped further to 28 per cent at national level. Girls were less likely than boys to feel fully or well heard in the family (71 per cent versus 77 per cent) and in the community (40 per cent versus 49 per cent), but slightly more likely at national level (29 per cent versus 27 per cent).

### My voice is fully or well heard....



***“Let’s take our hands, give freedom and rights to young people to show their ability and capacity...that can bring positive values to the country.”***

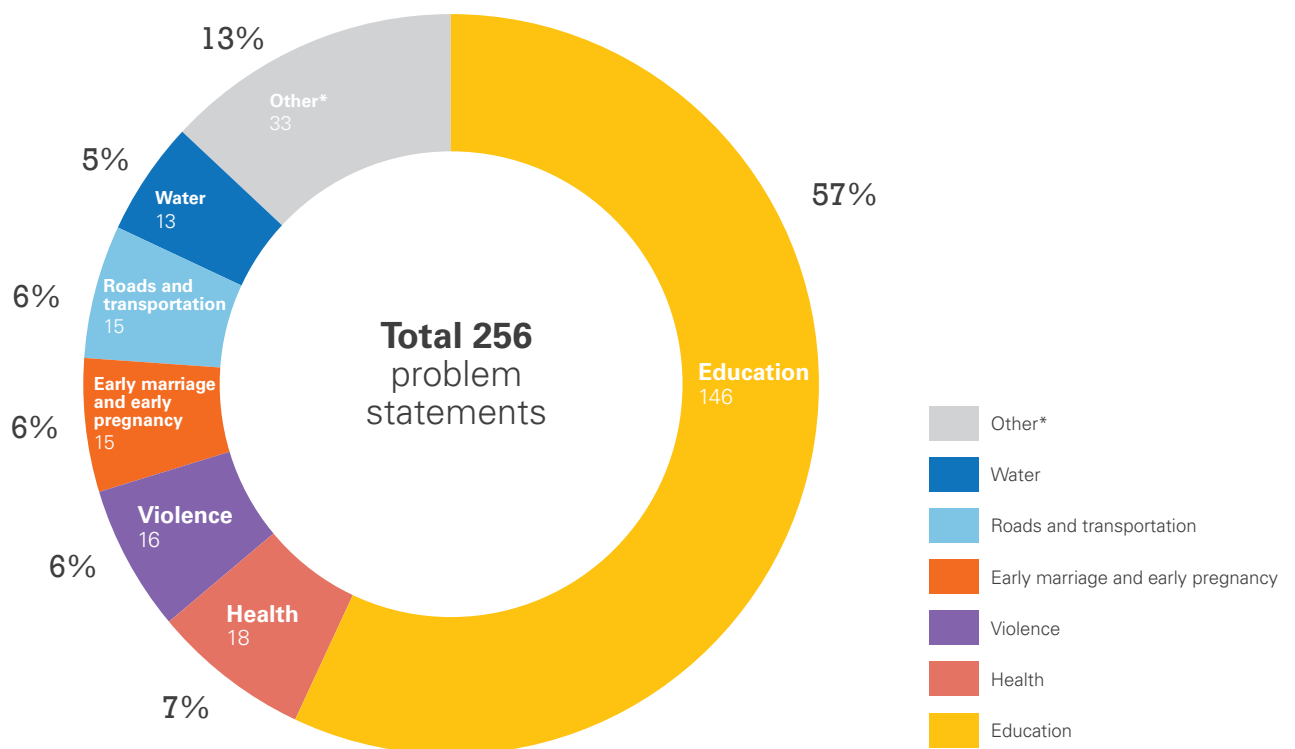
## Workshop results

### The most-discussed themes

During the workshops, participants were first asked to discuss their current situation and analyse its causes. Many groups used problem trees, with a problem statement accompanied by causes and effects. This was followed by discussions on what would be the ideal situations, paths of changes from the current to the ideal situation and recommendations for action.

In the first process of raising issues, some groups listed many issues, while other groups prioritized and selected a few, which made it difficult to analyse the overall popularity of issues of concern. Nevertheless, issues related to education were the most commonly cited, far ahead of other topics.

### Themes raised by participants



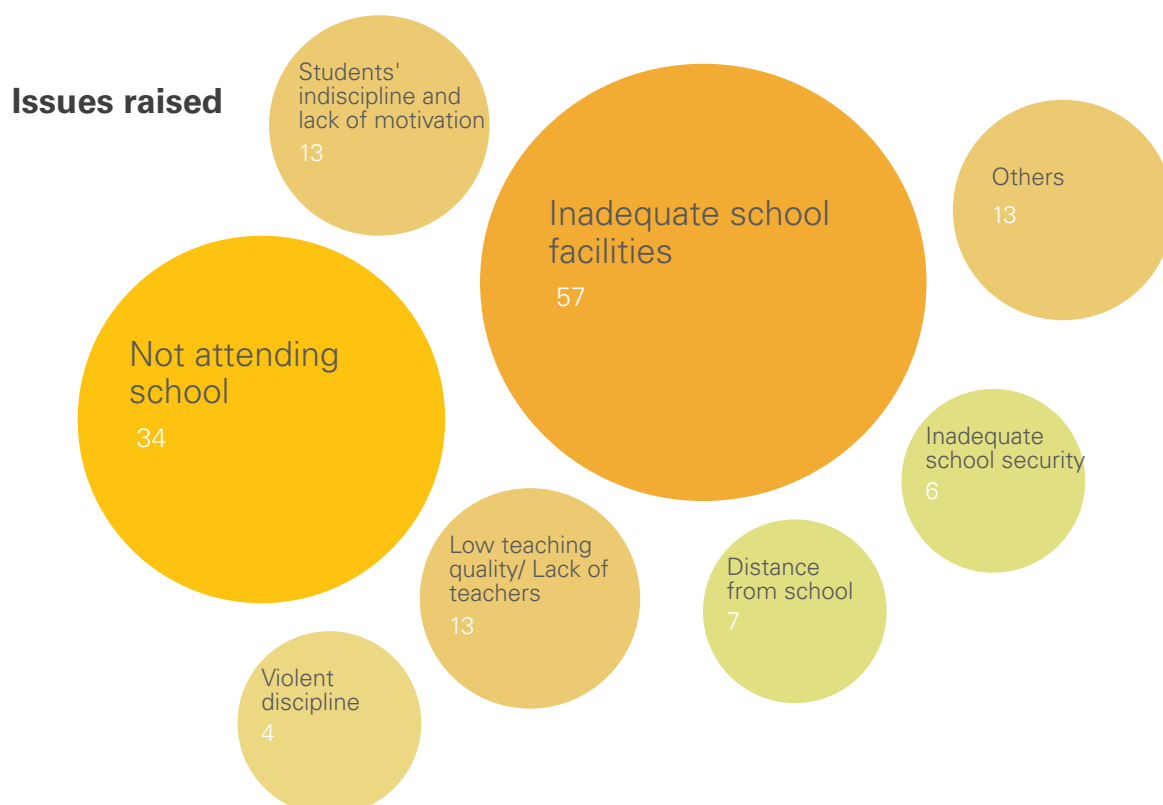
\* These included sports and recreation, electricity, environment, social media and telecommunications, and poverty.

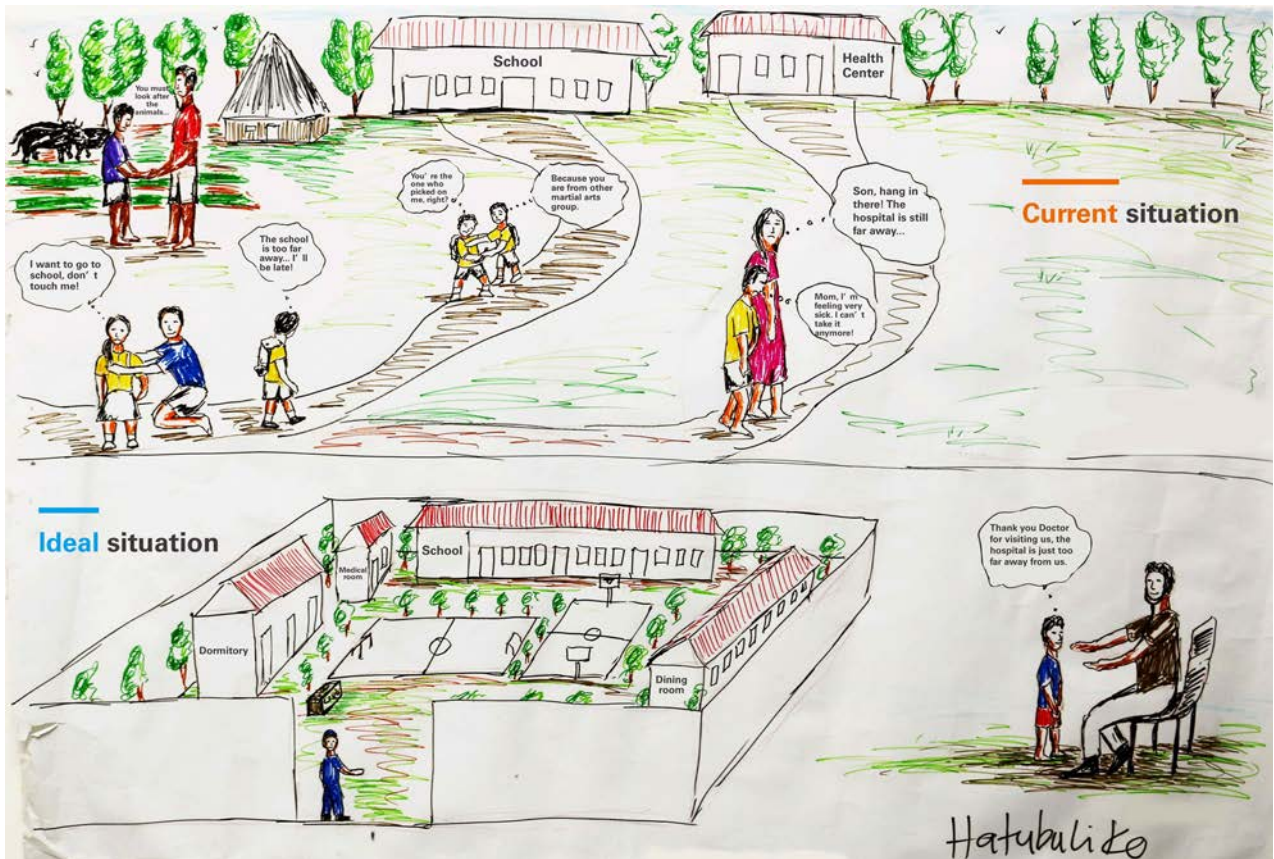


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## 1 Education

Adolescents who discussed issues related to education most often raised **inadequate school facilities** and the **issue of not attending school**.





**Inadequate school facilities**

The majority of groups that discussed inadequate school facilities mentioned specific items, equipment or facilities. Libraries were the most frequently cited.

Inadequate facilities/items	Number of mentions by workshop groups
Library	11
Books and textbook	7
Sports facilities	7
Multimedia equipment	7
Windows and doors	7
Desks and chair	6
Toilet	5

Causes raised by participants	Number of mentions by workshop groups
Lack of support from the Government	10
Damage by students	5
Lack of support/control from school authorities	4
Damage by communities	3
Others	8

**[In our school] “there is no clean water, no water in the toilets, no library, no gate, and a lack of chairs and desks.”**

**“The school director doesn't see the importance of raising issues brought up by students to the Ministry of Education.”**

Effects raised by participants	Number of mentions by workshop groups
Students learn less	28
Students lose motivation to study	8
Students cannot practice (sports and other subjects)	5
Others	23

**Participants put forward some recommendations:**

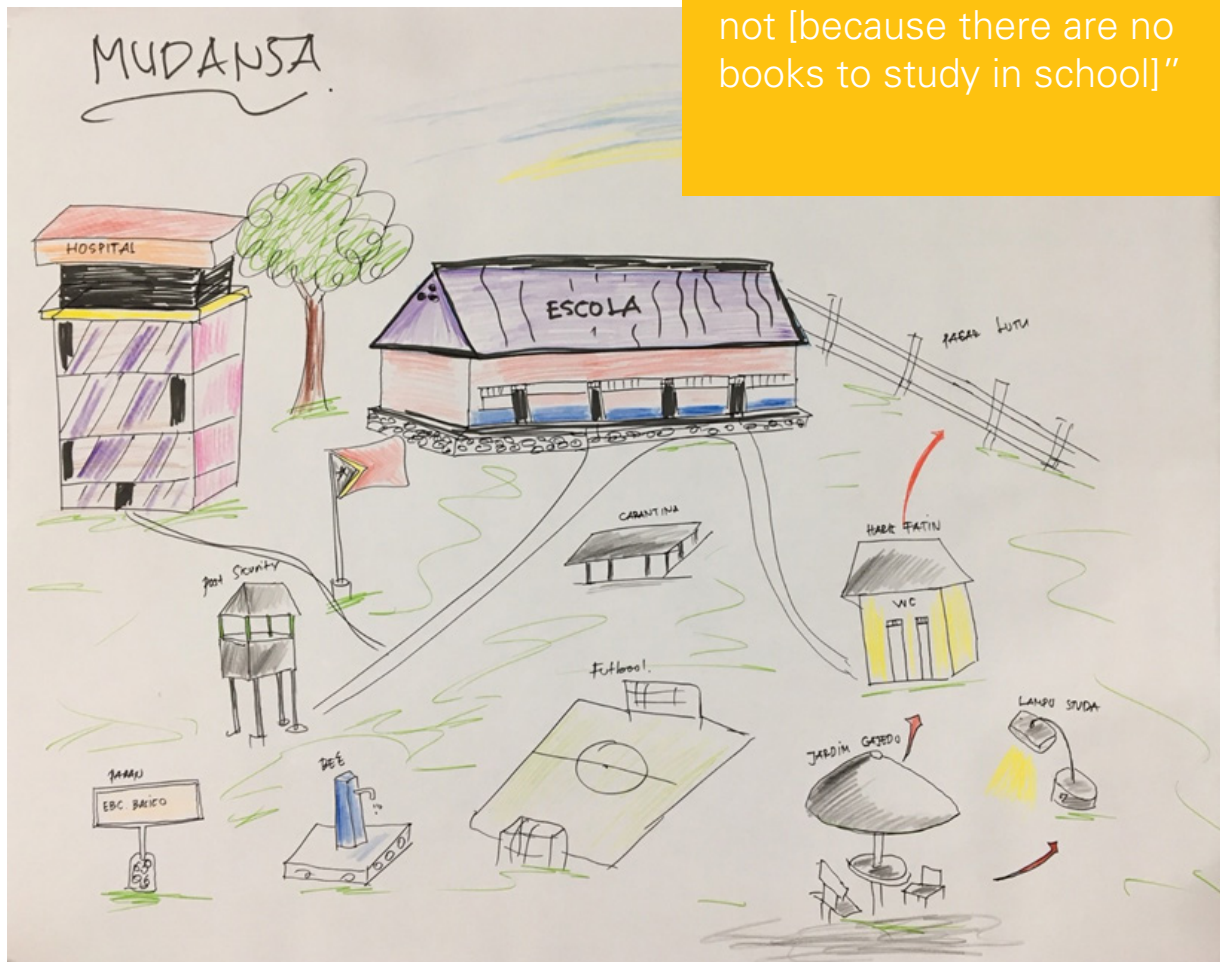
- “The Ministry of Education should go to the field directly to observe what schools need and what they lack, so that these needs can be fulfilled.”
- “The communities need to take care of schools as their own.”

“With a worn-out roof, broken windows, and no chairs and desks, the learning process doesn't go well, especially during the rainy season.”

“We don't study because there are no books.”

“In overcrowded classrooms (80 - 90 students in one classroom), we feel unmotivated to learn, we can't focus to listen to the teachers' explanations.”

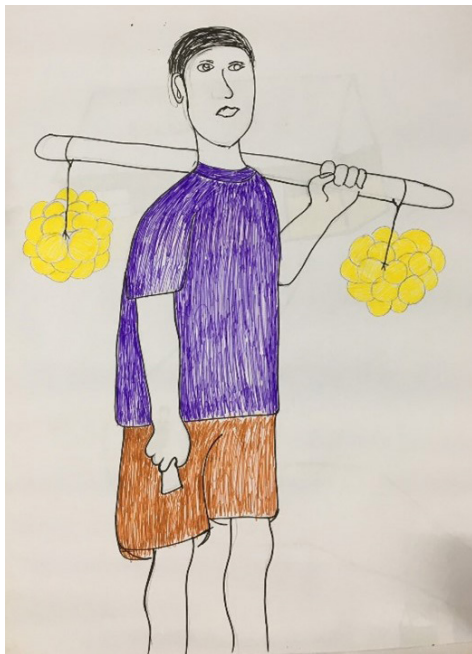
“Our future is like a question mark, whether we can be successful or not [because there are no books to study in school]”





**Not attending school**

The second issue most raised within education was that some students did not attend school. This problem statement incorporates three situations: children who never attended school, children who dropped out and children who attended irregularly.



Causes raised by participants	Number of mentions by workshop groups
Economic reasons / having to work	24
Students' indiscipline and lack of motivation	20
Distance to school / Accessibility issue	17
Early marriage / Early pregnancy	12
Health issues	5
Involvement with martial art groups	5
Lack of support/care from parents	5
Violence experienced by students	5
Others	8

**“Parents cannot pay for school because they have a lot of debt due to cultural practices”**

“Parents force their children to stop going to school to get married”

**“Students experience sexual harassment on their way to school by young people involved in martial arts”**

Effects raised by participants	Number of mentions by workshop groups
Risky behaviours (including "hanging around"; "troublemaker"; "smoking"; "drinking alcohol")	13
Less knowledge and skills	12
Less opportunities in the future	9
Unemployment	9
Early marriage / early pregnancy	8
Work at a young age	6
Others	21

### Participants put forward some recommendations:

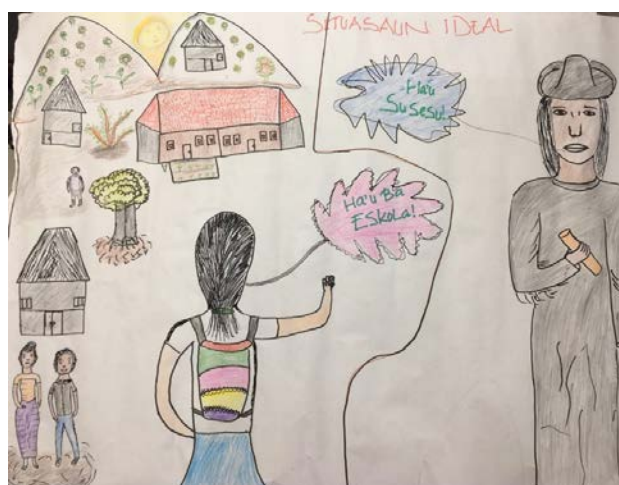
- "We want leaders to provide money to support the poor"
- "The Government and communities need to sit together to build schools in communities"
- "We want the Government to [...] provide transportation"
- "Students shouldn't focus on the family plot, but should instead focus on school"
- "The National Police of Timor-Leste should investigate martial arts activities in our administrative post to build friendship and peace"
- "We don't want teachers to hit us"

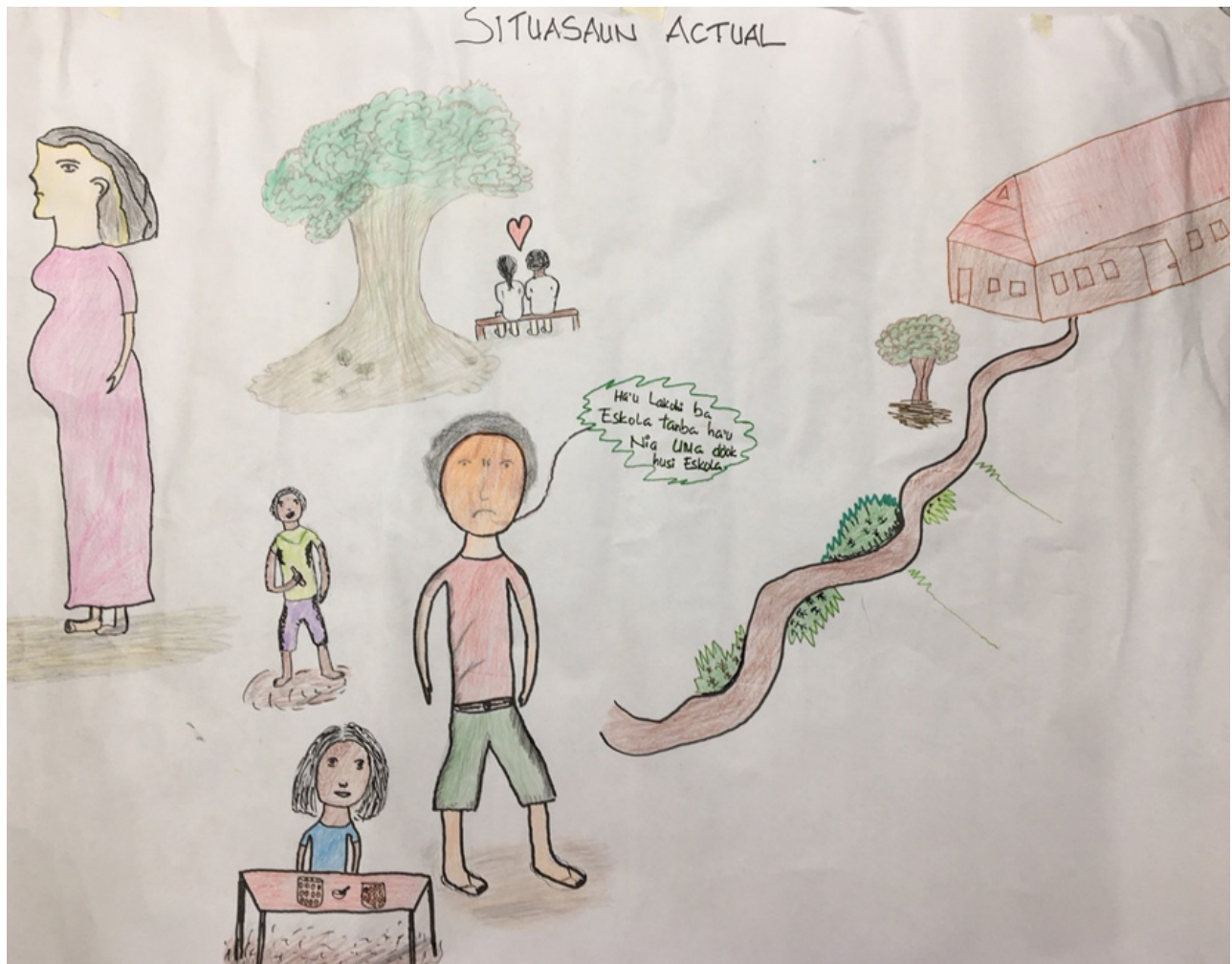
### Low teaching quality and lack of teachers

Low teaching quality and lack of teachers was another commonly raised issue related to education. When discussing causes, some groups pointed out that some teachers "don't explain the learning materials well," "are not punctual" or "are not active because of school distance" while others felt this was due to a lack of support from the Government or from schools to provide learning materials.

### Participants put forward some recommendations:

- "Teachers should return corrected exam papers so that students know the mistakes that they make."
- "Teachers shouldn't be late and need to follow the school's rules."
- "Teachers should only teach the subject that corresponds to their academic background."
- "The Government should recruit more teachers so that each subject can be taught by one teacher."
- "Students need more practical learning sessions."





### ***Distance to school and accessibility issue***

Distance to school and accessibility issues were also commonly raised. Adolescents highlighted as causes the insufficient number of schools, lack of transportation to school and the bad state of roads. As a result, *“students are always late”* or *“students are exhausted, unmotivated to go to school.”*

### **Adolescents put forward some recommendations:**

- *“We would like the Government to build more schools near our sucos.”*



## 2 Health

Adolescents who discussed problems related to health most often raised as critical issues **lack of medical supplies and equipment**.

Issues raised by participants	Number of mentions by workshop groups
Lack of medical supplies and equipment	7
People get sick	4
Low quality of services	4
Lack of health facilities / Distance to health facilities	3
Lack of health personnel	3

Some of the **causes and effects of the various health-related problem statements** are presented through the quotes below:

Issues	Causes	Effects
Lack of medical supplies and equipment	<p>"The Ministry of Health hasn't delivered the medicines"</p> <p>"The Chief of the health centre doesn't pick up the medicines"</p> <p>"Lack of transportation, bad roads"</p>	<p>"People don't want to go to the health centre as they are losing hope"</p> <p>"The health centre is available; however it lacks medicines, and there is no ambulance so it is difficult to transfer pregnant women to the nearest hospital which is better. Patients who are in need of urgent care cannot be helped."</p>

People get sick	<i>"Dirty environment, dirty water, dust, domesticated animals, cooking smokes"</i>	<i>"Itchy skin and stomach ache, coughing, runny nose, cannot breathe"</i>
Lack of health facilities/ distance to health facilities	<i>"The health centre is far away from home"</i>	<i>"People want to go to hospital but the communities don't have money for transportation, as a result they just wait to die"</i>
Lack of health personnel	<i>"Imbalanced distribution of health personnel to all health centres from the Government"</i> <i>"The Government doesn't prepare a place for the health personnel to live in"</i>	<i>"Many babies don't get immunization"</i> <i>"Sometimes there's no doctor when we go for a check-up at the health centre"</i> <i>"Many pregnant mothers suffer or die because they're not assisted by health personnel when giving birth."</i>

**Participants put forward some recommendations:**

- *"Increase the numbers of health personnel and prepare facilities for them"*
- *"The Ministry of Health should build or open a clinic or a hospital in the community, take care of the medicines stock and health equipment such as ambulances"*

### 3 Violence

Adolescents who discussed issues related to violence most often raised **fighting and illegal martial arts groups**.

Issues raised by participants	Number of mentions by workshop groups
Fighting and illegal martial arts groups	10
Domestic violence	3
Sexual harassment	1
Sexual violence	1
Unspecified violence	1

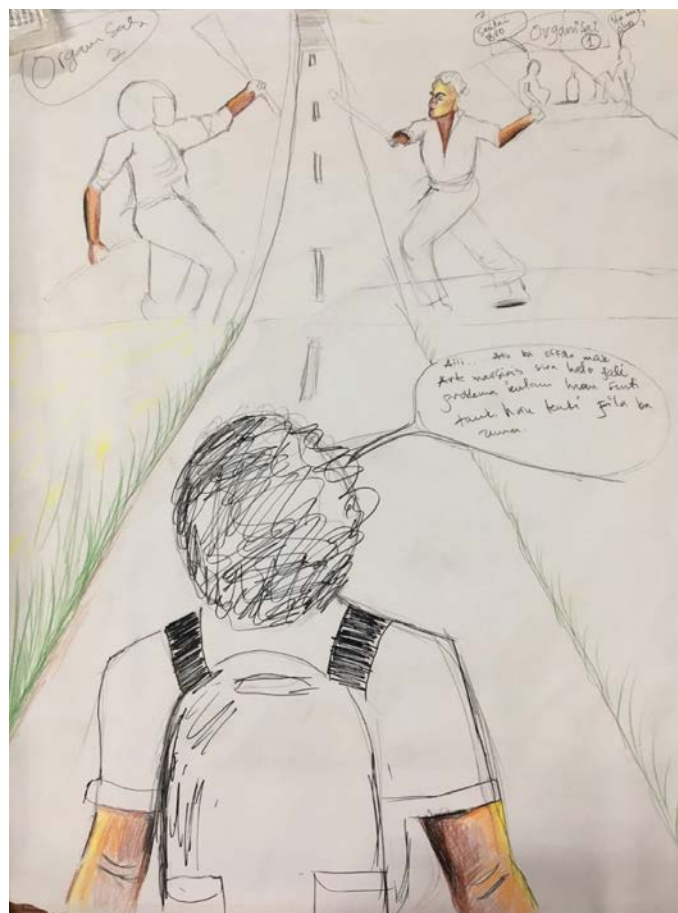
Some of the causes and effects put forward for problem statements related to violence are presented through the quotes below:

Issues	Causes	Effects
Fighting	<i>"Bullying, swearing, overuse of social media"</i>	<i>"Creates hate and vengeance"</i>
	<i>"Girlfriend-boyfriend"</i>	<i>"Narrowing the path to learn"</i>
Martial arts groups	<i>"Want to fight"</i>	<i>"Train in the evening and don't go to school the next day"</i>
	<i>"Different groups provoke each other"</i>	<i>"Murder"</i>
	<i>"Want to force friends from other martial art groups to join the same group"</i>	<i>"Jailed"</i>
	<i>"Drunk"</i>	<i>[Others are] "afraid to go to town"</i>

Domestic violence	<p>"Parents are fighting because of insufficient money and because of us, their children"</p> <p>"Parents get into arguments because of inappropriate behaviour from us and our siblings"</p>	<p>"Children have many thoughts and commit suicide or go crazy"</p> <p>"Children cry and are scared, run away from home to other families, become stressed"</p> <p>"The father injures the mother and the mother calls the police"</p>
Sexual violence	<p>"Bad young partners"</p> <p>"Parents don't take care of their children"</p>	<p>"Unmotivated to go to school"</p> <p>"Unmotivated to work"</p> <p>"Become sick"</p>

### Participants put forward some recommendations:

- "We must love one another"
- "Create a rule for kiosk owners not to sell cigarettes and alcohol at cheaper prices and if they violate it they will be sanctioned"
- "The Government, Suco Police leaders, and Chiefs of Sucos should create a law that can eliminate all the martial arts groups."
- "We recommend to parents and families, whenever there's a problem, to solve it with a cool head, communicate nicely with each other and not to fight. We also ask the local community to provide socialization on domestic violence because we, the children, want to live a life full of love and moral"
- "I want to ask parents not to force their children to do heavy works, not to hit their children, but to care for them"



## 4 Early marriage and early pregnancy

Participants who discussed early marriage and early pregnancy frequently identified individual choice as the cause, followed by family decision.

Causes raised by adolescents	Number of mentions by workshop groups
Own choice	24
Parents/family decision	13
Lack of support/care from parents	3
Sexual violence	1
Not attending school	1

### Own choice:

- *"They want it themselves, because they are young and think that forming a family is an easy thing to do"*
- *"They get involved in a love and sexual relationship too early"*
- *"They associate with the wrong groups and don't listen to what their parents say"*
- *"Always hanging around / engaging in risky behaviour (ransu livre)"*
- *"Parents give freedom to children to do whatever they want"*

### Parents/family decision:

- *"Parents force their children into marriage with a rich family so that they can benefit from it"*
- *"Parents cannot afford to send their children to school because they are paying more attention to cultural practices" [and they then marry their out-of-school children]*
- *"Insufficient family means"*

### Lack of support/care from parents:

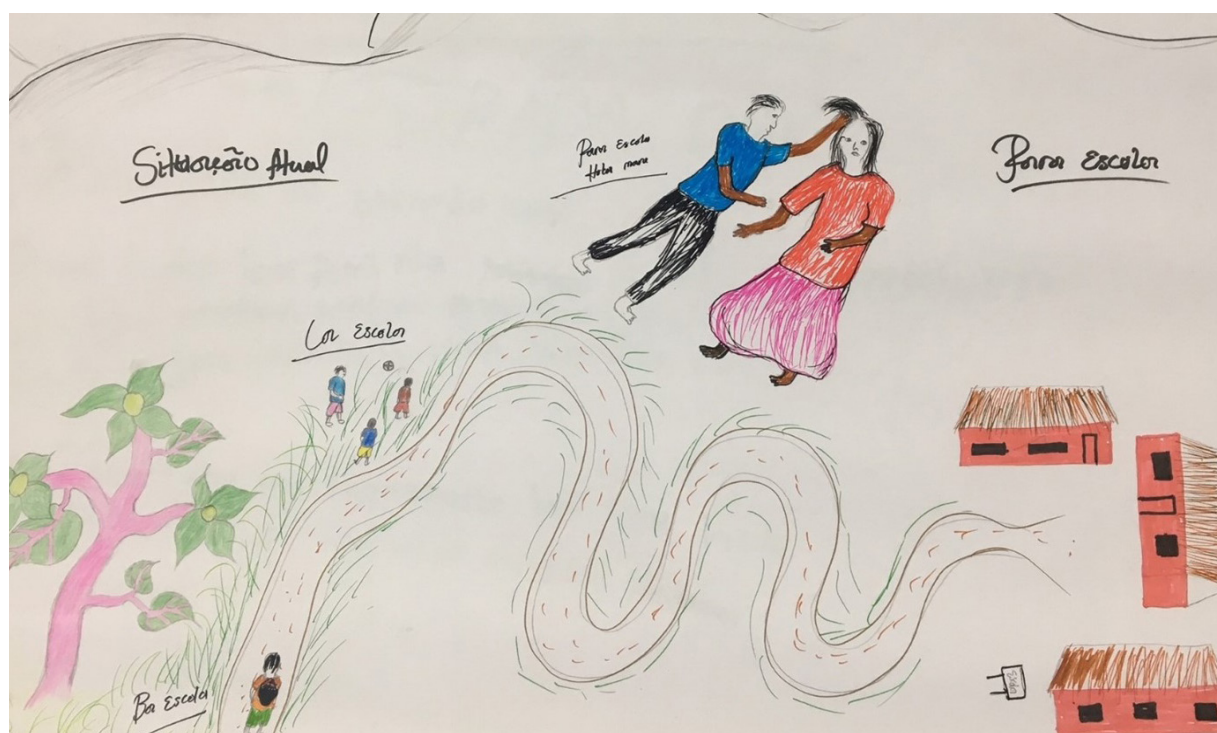
- *"Parents do not pay attention to their children, because they are preoccupied with cultural practices"*
- *"If they get married at a young age they will lose their future"*
- *"Insufficient means which can lead to a divorce"*
- *"Some young mothers die after giving birth"*
- *"Degrade dignity of their parents"*
- *"Defame the neighbourhood"*
- *"Cannot support the family"*

Effects raised by participants	Number of mentions by workshop groups
Poverty / unemployment	9
Abortion / abandoning baby	8
Difficult delivery / maternal and newborn death	7
Less opportunities in the future	7
Divorce / fighting	6
Domestic violence	3
Other	14

### Participants put forward some recommendations:

- “As educated young people, we would like those who have already formed a family at a young age not to be afraid and feel ashamed, and keep walking forward with strong faith and purpose”
- “Adolescents should be at school, they should complete their studies”
- “Parents should put efforts to work and support their children to go to school”
- “Parents should not always follow what their children want and should not do things that are negative and don't benefit their children”
- “The Government should create a programme for those who are not at school so that they all can have access to education”

## 5 Roads and transportation



Adolescents who discussed **bad roads and lack of transportation** as a critical issue linked it to various causes and effects.

Causes raised by participants	Number of mentions by workshop groups
Environmental/climate-related causes (heavy rain, floods, landslides)	8
Lack of support from the Government	6
Lack of infrastructure and maintenance (no bridge, no drainage system, potholes)	6
Tree cutting and burning that facilitate landslides/floods	4
Communities do not allow road construction	3

***“The local authority prefers the roads to be rehabilitated by local companies and doesn’t allow other companies to do the works”***

***“Communities don’t allow the road construction works because it will impact gardens and houses near the roads”***





Effects raised by participants	Number of mentions by workshop groups	Percentage out of all effects raised related to roads and transportation
Limited movement (to school, markets, health centres; for authorities, for tourists)	19	61 per cent
Accidents	4	13 per cent
Air pollution	4	13 per cent
Others	4	13 per cent

*“The reality here is that when someone is in critical condition and needs to be taken to Dili, immediate emergency care cannot be provided due to the bad roads, which don't allow vehicles to run fast.”*

#### **Adolescents put forward some recommendations:**

- *“The Government should rehabilitate roads so that children can go to school”*
- *“We want a small bridge so that we can go to school when it rains”*

## 6 Lack of clean water



Among groups of adolescents that discussed **lack of clean water** as a critical issue, the cause most frequently cited was lack of care for the environment.

Causes raised by participants	Number of mentions by workshop groups
Lack of care for environment (inconsiderate slash and burn, littering, not replanting trees)	12
Inadequate or broken facilities	3
Lack of support/control from the Government	3
Distance to water source	2
Drought	2
Others	2
Effects raised by participants	Number of mentions by workshop groups
Cannot cook or wash dishes and clothes	8
Causes health issues	7
Cannot wash oneself	6
Affects schooling	4
Cannot grow plants and vegetables	3
Others	7

“We come to school late in the morning because we have to fetch water from a faraway water source.”

“It increases the number of diarrhoea cases.”

**Adolescents put forward some recommendations:**

- *“We want a water tap in every household”*
- *“Do not cut trees inconsiderately, because trees are very important for water”*





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## Looking ahead – acting on adolescents’ voices

Beyond the specific recommendations that adolescents addressed to themselves, to parents, to communities and to the Government, their rich analysis also gives some more general insights that serve as a pointer for further action.

### **Adolescents have much to contribute and must be listened to on a range of topics.**

While many of the issues pointed out by adolescents were expected, their causality analysis may differ from that of adults. In order to make policies more effective, not only for adolescents but for the community at large, it is critical that adolescents have opportunities to express their views and that their opinions are taken into account.

### **Adolescents remind us of how interconnected issues are, and that solutions should be too.**

The frequent linkages that adolescents made between sectors, in their analysis, call for the Government and development partners to break sectoral silos and increase collaboration and coordination among sectors.



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Adolescents addressed a number of recommendations to their own age group, which reveals that **adolescents see themselves as change makers and that adults should support this active role**. Adults should not only be thinking of solutions they provide for adolescents, but also empower adolescents as key change makers and create a supportive environment where they can fully contribute.

Finally, the causality analysis developed by adolescents revealed both the strength of prevailing social norms on some issues, in particular early pregnancy, but also the willingness of some to challenge these norms. It is thus important for the Government and its partners **to invest in promoting positive social norms, including gender norms, and to co-design any such initiatives with adolescents and youth** ready to have a dialogue with their peers and elders.

## Chapter 5

# Education



## 5. Education

### 5.1 The education system

Basic education is free and compulsory for all children in Timor-Leste. **Through the Basic Law of Education (2008), the State guarantees the right to education to all citizens and becomes responsible for promoting the democratization of education, ensuring the right to fair and effective equal opportunities in school access and achievements (Article 2).** The Government's vision for education is that "all Timorese will have access to high-quality and equitable education that enables each individual student to develop to his or her full potential, to become a thoughtful and cooperative global citizen and lifelong learner, to live a healthy, peaceful and productive life, to contribute to family and community well-being and to participate actively in the nation's economic, social and political development process." (MoE, 2019, p. 10)

The education system comprises preschool (ages 3-5 years); primary school (Cycle 1/ Grades 1-4, and Cycle 2/ Grades 5-6); and pre-secondary (Cycle 3/ Grades 7-9), followed by secondary school. Basic education covers the nine years of primary and pre-secondary for children aged 6 to 14 years (Cycles 1, 2 and 3). Secondary education (15-17 years) is optional but also free, and is followed by recurrent and higher education. Recurrent education was introduced in 2016 for young people aged 16 years or older who are working or "never had the opportunity to fit into the education system at the established normal age." (World Bank, 2018, pp. 36-38)

The school system is a combination of public (government-run and-financed) and private (largely Catholic) schools. In 2018, 62 per cent of preschool

students were in public schools, increasing to 87 per cent for Cycle 1 and Cycle 2 and 82 per cent for Cycle 3. Two thirds (66 per cent) of secondary students attend public schools. Basic education receives the majority of resources within the public school system, accounting for 71 per cent of schools, 78 per cent of students and 78 per cent of the teachers. (MoE, 2019, p. 17) Some private sector investment has complemented the limited public resources available for preschool and secondary education, but the educational services provided at these levels are still limited compared to the demand. (MoE, 2019, p 30)

The National Education Strategic Plan 2011-2030 (NESP), updated for 2020-2030, guides national education policy. The NESP included measurable targets to be achieved by 2020 to assess progress towards the SDGs. While the country did not achieve these targets, it made some progress as shown in Table 5.1 below.

The Education Sector Plan (ESP), 2020-2024, (MoE, 2019) prepared with support from the Global Partnership for Education (GPE), updates the NESP. The Plan is accompanied by a multi-year results framework and a costed action plan for which over 90 per cent of the funding has been identified. The Plan provides costed activities for the next four years, goals and strategies for the next five-year period, and updated goals for the next decade.

**Table 5.1**  
**Progress made against selected key indicators in the National Education Strategic Plan, 2011-2030**

Target	Result (by 2018)
75% of 3-5-year-olds enrolled in preschool	>20%
95% enrolment in basic education	The combined net enrolment rate for basic education was 90%
Dropout rate in basic education less than 10%	The dropout rate for Grades 1-6 combined (2016) was 2.5%. There were grade-specific rates ranging from 3.5% for Grade 1 to 1.4% for Grade 6*
Secondary enrolment of 126,409 students (MoE, 2011, pp. 66, 76 & 95)	66,234 students

\*The dropout rate depends upon reliable data, especially under conditions of internal mobility of students to Dili. Methodologically, it is derived by subtracting the sum of the grade progression rate and grade repetition rate from 100.

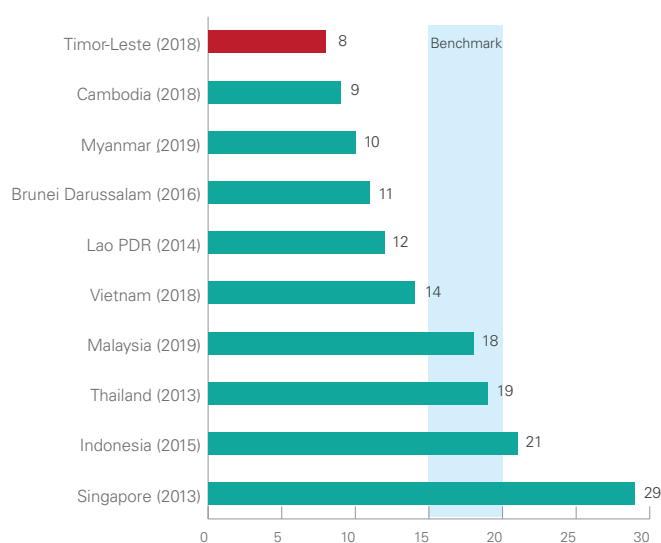
As shown in Figure 5.1, Timor-Leste ranks last in the region for the percentage of government expenditures on education for 2018. In 2019, the amount allocated to the education sector was \$139 million and the share of education in the overall budget continued to stagnate at 9 per cent. This is well below the target allocation of 15 to 20 per cent of public expenditure for education by 2030 set in the Incheon Declaration and Framework for Action.

To support implementation of the Plan, Timor-Leste has received \$9.1 million in funding from the GPE for the period 2020-2024 for the Basic Education Strengthening and Transformation ("BEST") programme. The World Bank (International Development Association) is co-financing the programme with \$15 million. The programme has five components: Improve school infrastructure; Improve teachers' effectiveness; improve teaching and learning materials and strengthen students' learning assessment; Strengthen the EMIS and personnel management information system; and build the capacities of Ministry of Education staff for planning, budgeting and fiduciary management.

The GPE results framework (GPE 2020) includes an indicator for public expenditure on education as a percentage of total public expenditure, which can be reflected in one of two ways: (1) increased public expenditure on education, as compared with a base-year value; or (2) maintained public expenditure on education at 20 per cent or above. This indicator reflects countries' financial commitment to education.

The higher the percentage, the greater the progress towards meeting domestic financing objectives. Timor-Leste achieved 9.2 per cent of public expenditure, (the same as the previous year) against an average of 17.4 per cent for fragile and conflict-affected partner countries and an overall average of 18.7 per cent for GPE developing country partners. Forty-seven per cent of these countries were at or above 20 per cent (GPE, 2020; 2018 data). The Government's commitment to GPE relates to expenditure rather than budgeted allocation. For 2018, the expenditure commitment was to \$131.2 million, compared to actual expenditure of \$73.8 million, a very substantial shortfall.<sup>45</sup>

**Figure 5.1**  
**Expenditure on education as % of total government expenditure in Timor-Leste and ASEAN countries**



Source: UNESCO UIS database / Note: No data available for the Philippines

<sup>45</sup> The expenditure data submitted to GPE may include some smaller additional outlays not sourced from the Ministry of Education (National University of Timor-Leste and Human Capital Development Fund).

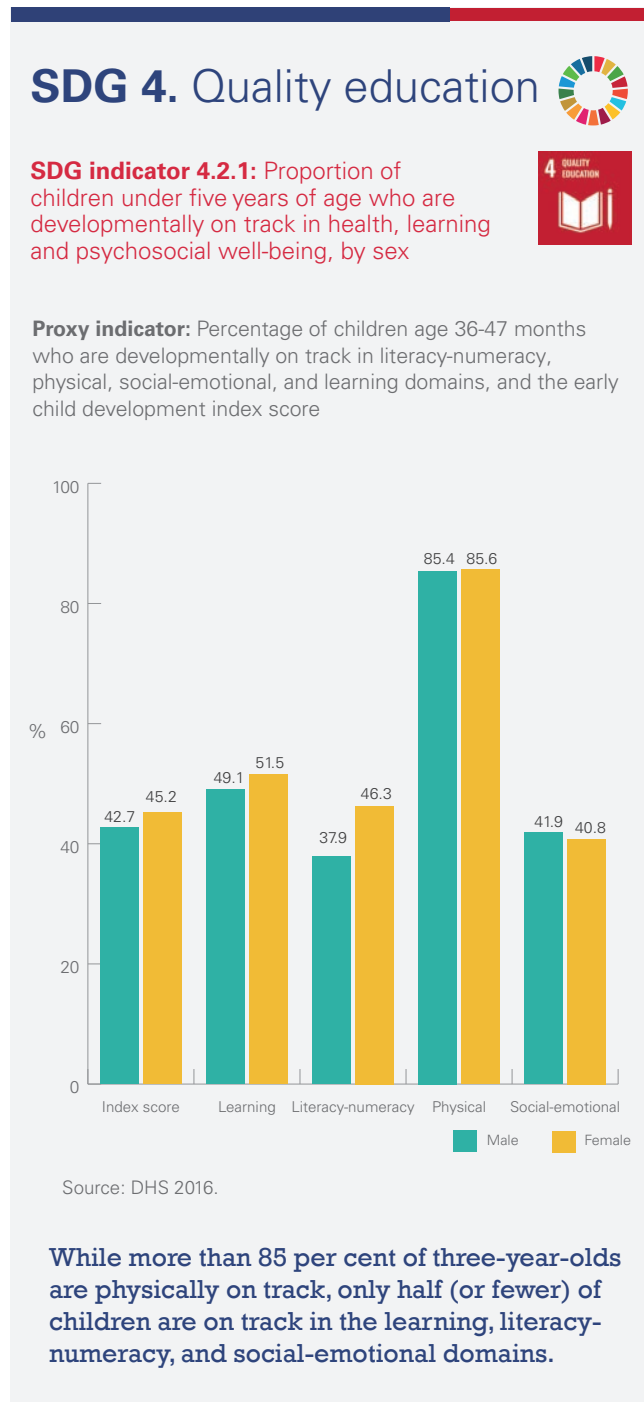


## 5.2 Preschool education

The Education Sector Plan articulates a vision for preschool education that “the State will work together with families, communities and local authorities to ensure that all children from the ages of three to five years have the opportunity to use developmental play to prepare socio-emotionally, physically and cognitively for a successful transition to basic education.” (MoE, 2019, p 10) There has been progress in increasing access to preschool but overall, only a small percentage of children are attending.

A decade ago, barely 10 per cent of Timorese children aged 3-6 years attended preschool, primarily in urban areas and without a basic curriculum or teaching standards. (Rao, N, et al, 2014, p. 177) While the 2015 target of providing quality preschool education for at least 50 per cent of all children aged 3 to 5 years was not met, preschool enrolment has grown from 8 per cent of that population in 2008 to 24 per cent in 2019. Since 2013, when the EMIS began to register preschool enrolment, there has been a steady increase in the number of children enrolled, from 11,506 in 2013 to 20,244 in 2018. (MoE, 2019, p.27) The growth in enrolment reflects the increased number of public preschools, from about 90 in 2010 to 239 in 2018. Private investment is responsible for an additional 135 (36 per cent) preschools.

Much of this investment has been concentrated in Dili, which has only 8 per cent of the total number of basic education schools but accounts for 15 per cent of preschools. (MoE, 2019, p 30, p 16)





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According to the ESP, total enrolment includes some children under 3 years of age, as well as some older children. There has been steady growth in enrolment of the target population of children between the ages of 3 and 5 years, in type A preschool classrooms designed to serve children aged 3 to 4 years, and type B classrooms aimed at 5-year-old children. (MoE, 2019, figures 5 and 6, pp. 27-28)

For 5-6-year-olds, there appears to have been a sharp decline in school enrolment (Figure 5.2). By 2018, an estimated 44 per cent of 5-6-year-olds were in neither preschool nor primary school.<sup>46</sup> This seems to be linked to efforts by the Ministry of Education to enrol children in the correct class for their age group. The explanation lies in the application of the Basic Law, which states that primary enrolment can only begin with children aged 6 or above. However, in practice, large numbers of 5-year-olds (and to a lesser degree, 4-year-olds) were enrolled in primary school because preschools were not widely available. Primary schools had an incentive to enrol underaged children, as they could access additional funding through school grants, which are allocated on an annual per capita basis. In 2017, the Ministry of Education began the

Matricular Campaign, which enforced the attendance of children of the correct age ranges. As a result, 5-year-olds were less likely to be enrolled in primary school. It is important to follow up and monitor the requisite corresponding increase in enrolment of 5-year-olds in preschool.

The general observations on preschool from EMIS data for 2016-2018 and Census data for 2015 are similar: girls are slightly more likely to be in preschool than boys, and lower-income municipalities have higher rates of participation than Dili. In 2018, girls' enrolment was 1.8 percentage points higher than for boys.

As new facilities are opened, municipality-based comparisons yield different situations from year to year, making observations elusive. In 2015, Aileu had the highest participation, with Dili around half that rate and Oecusse the lowest; in 2018, Manufahi had the highest rate (32 per cent), Dili had a rate of 23 per cent, Baucau had the lowest (10 per cent) (EMIS database). In 2017, Manufahi was also the highest, and Ermera was the lowest, slightly below Baucau (World Bank, 2018, Figure 4.3). A key area of

<sup>46</sup> The estimate is made with the assumption that EMIS data for primary-school grades that refer to '<6' comprise 5-year-olds. Given that it is possible that these data could include children younger than 5 years, the decline in the population of 5-year-olds in education could be even greater.

concern is that children in lower-income households (the absence of fees does not mean absence of costs) or whose parents have poorer education levels (DHS records the mothers' levels) may not equitably benefit from improved access to preschool education. According to Census data, parental education, but not urban/rural residence, was a determinant of preschool attendance, which was also more likely for children in households that had migrated internally, so that "a migrant household may attach more value to education as a way for social and economic emancipation." (GDS, UNICEF & UNFPA, 2017, p. 30)

Alongside expanding access, the adoption and implementation in 2015 of the National Preschool Common Core Curriculum has been a key means of improving quality, including in terms of language policy with the promotion of mother tongues and Tetum (World Bank, 2018, p. 115 & Table 5.6).

Since 2015, there has also been support for lower-cost and more accessible community preschools, with the aim of complementing the Government's efforts. This form of preschool typically focuses on building alliances with community groups, parents and other family members in hard-to-reach communities in rural and remote areas. Infrastructure costs are reduced by using existing spaces in community buildings or even family homes. Teaching costs and teacher training times are reduced by providing short-term training to volunteer teachers able to work with small classes. Efforts have focused on Ermera and Viqueque and, by 2019, there were 121 community preschools serving 3,581 children, representing at least 50 per cent of preschool places in those two municipalities. There is a focus on a play-based approach to learning within a curriculum that follows the Common Core Curriculum.<sup>47</sup> The early indications are that these community preschools, complementary to public preschools and compliant with the national curriculum, appear to be improving access in rural and remote areas. The evident compromise in school infrastructure and equipment must be weighed against the high cost-efficiency and affordability for children who would otherwise not attend preschool.

The supervision and monitoring process put in place in many preschools relies on young well-trained preschool

inspectors who work with the superintendents and more general school inspectors in the municipal education directorates. These inspectors are part of the preschool support project, HANDS, financed by New Zealand development assistance, that is slated to be renewed with a second phase that will last until 2024. (MoE, 2019, p. 29)

Given the 2030 target of "at least 80 per cent of children aged 3 to 5 years have opportunities to receive quality preschool education before entering basic education," increasing participation requires attention to issues of demand and access as well as supply, including "the construction or rehabilitation of school infrastructure, the training and recruitment of qualified educators, and the provision of preschool education throughout the country" (World Bank, 2018, p. 10). In this context, alternative models such as the community preschools may be of particular interest.

## 5.3 Basic education

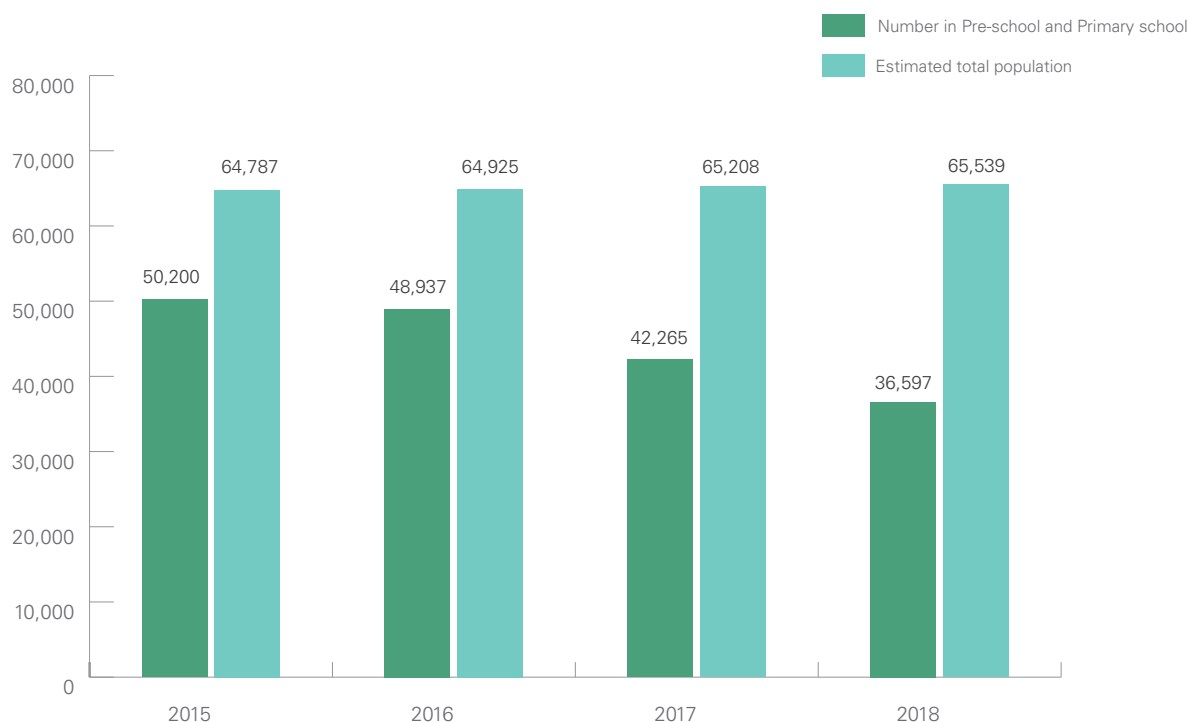
As stated previously, basic education is free and compulsory for all children in Timor-Leste, as articulated in the Constitution (Section 59.1, which guarantees "the establishment of a public system of universal and compulsory basic education that is free of charge in accordance with its ability and in conformity with the law"), and implemented under the Basic Law of Education (2008).

The Government's vision is that "at six years of age, all children will have access to free basic education that ... encourages active learning to develop each child's full potential ... Following nine years of schooling, students ... will be able to communicate effectively, both verbally and on paper, with a solid mastery of both official languages and a basic understanding of English."<sup>48</sup> (MoE, 2019, p.10)

47 Brief paper entitled "CBPS Update January 2020 [draft]" (S Jamtsho), provided by UNICEF Timor-Leste.

48 The Constitution recognizes Tetum and Portuguese as the two official languages (Section 13) and English as a working language (Section 159).

**Figure 5.2**  
Trends in 5-6 year old education enrolment (2015-2018)



Sources: MoE EMIS; GDS 2015 Census estimates. Calculations treat EMIS Primary grades" data for "<6" as a proxy for 5 year olds; this may mean that the school numbers could be overstated.

While the Government has made great progress in re-establishing the education system, continued progress is needed so that all children benefit equally from their right to an education.

### 5.3.1 Access and enrolment<sup>49</sup>

**Age-appropriate entry and access to basic education are improving across all municipalities, and improved access to preschool has been one important factor.** The change since 2016 for children under age 6 years enrolled in Grade 1 is marked, and the decline in the numbers of children age 8 and over between 2014 and 2018 is not offset by any reduction in that population: it is an enrolment-based change.

The net enrolment rate – NER – defined by UNESCO as the number of children of official primary-school age who are enrolled in primary education as a percentage of the total children of the official school-age population – is a measure of age-appropriate schooling.

Delayed enrolment or grade repetition will mean more children in a grade other than the one for their

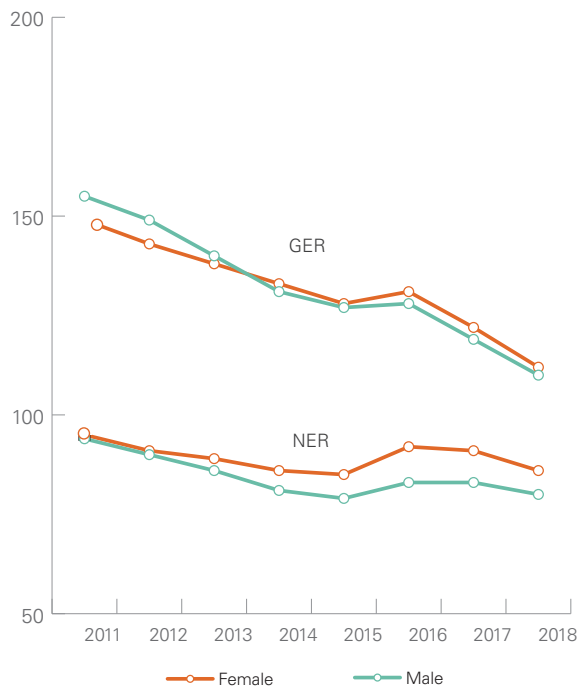
age, and increase the gross enrolment ratio – GER – which UNESCO defines as the number of students enrolled in a given level of education, regardless of age, expressed as a percentage of the official school-age population corresponding to the same level of education. The policy objective is to have both the GER and NER approach 100 per cent, normally by raising the NER and lowering the GER.

In 2019, 296,624 students attended basic education in Timor-Leste, up from 267,038 in 2008/2009. Enrolment rates are high in the first two cycles of basic education, but decline in Cycle 3 (pre-secondary) and in secondary education. The Education Sector Plan cites a GER of 109 per cent for Cycles 1 and 2 in 2018, and 96 per cent for Cycle 3, noting that many of the children who should ideally be enrolled in Cycle 3 or in secondary school, have either dropped out or are still enrolled in Cycles 1 and 2. The Plan attributes this to the high repetition rates in the two primary cycles.

In 2019, the NER for Cycle 1 was 82 per cent and for Cycle 2 it was 55 per cent, meaning that 82 per cent of children aged 6 to 9 years, and 55 per cent of children aged 10 to 11 years, were enrolled in age-

49 Unless otherwise cited, the primary data source in this section is EMIS. <http://moe.gov.tl/?q=node/18>.

**Figure 5.3**  
Trends in NER & GER in Grades 1-4 (Cycle 1) (%) (2011-2018)



Source: MoE EMIS data

appropriate grades, although the quality of the data remains a serious issue. (World Bank, 2020)

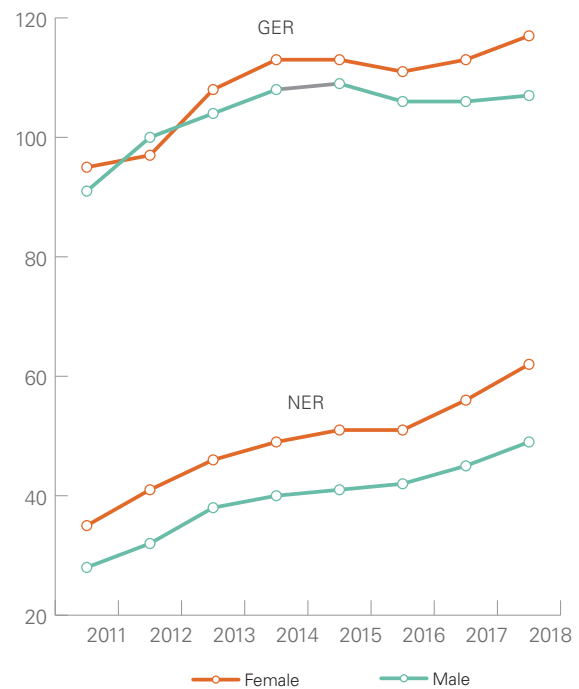
Figures 5.3 and 5.4 show trends in NER and GER in Cycles 1 and 2 from 2001 to 2018.

**A review of the data on age-related enrolments in Grades 1, 2 and 3 between 2014 and 2018 indicates three changes in that period:**

- The very large reduction in children under 6 in Grade 1, presumably linked to the expansion of preschool and ECD access and/or to the Government’s policy of enforcing the law that children entering Grade 1 must be 6, has substantially eased pressure on class size;
- The age-appropriate peak has increased across all three grades, but is still far below an acceptable level as grades increase; and
- The age-inappropriate population in each grade has decreased.

These are all positive outcomes, assuming they signify trends not associated with challenges such as increasing dropout by children in age-inappropriate grades (discussed below), which need

**Figure 5.4**  
Trends in NER & GER in Grades 5-6 (Cycle 2) (%) (2011-2018)

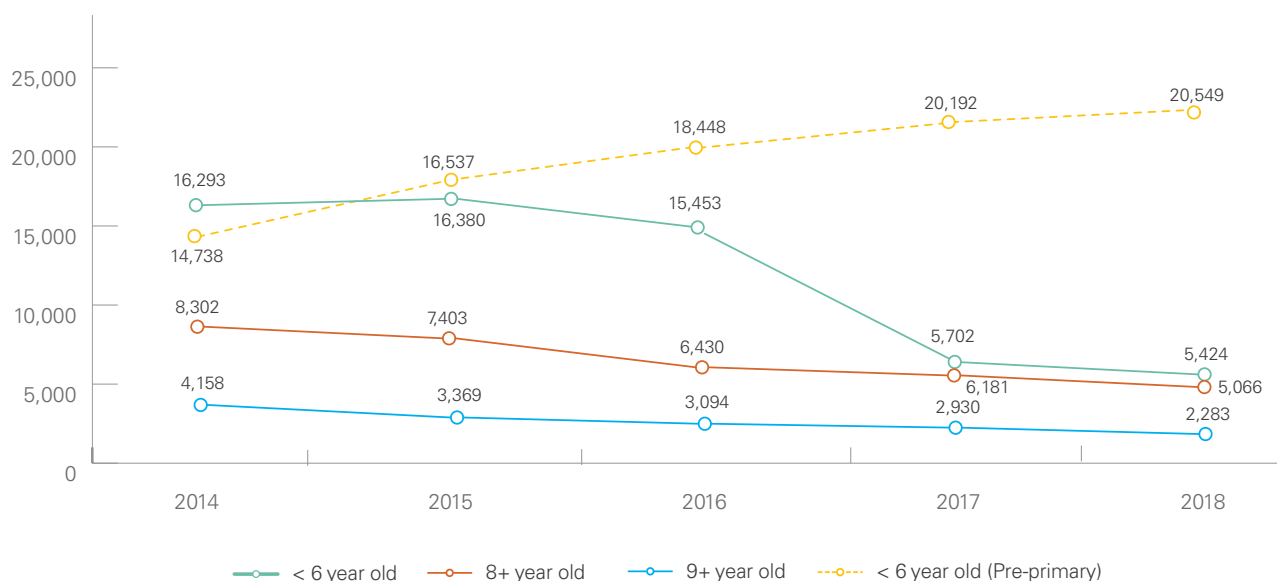


Source: MoE EMIS data

closer examination in the context of the more recent reforms.

What is needed are continuing measures to strengthen both age-appropriate entry into basic education and learning standards that greatly reduce repetition. But progress in this regard is clear. The numbers of under-6-year-olds and of those aged 8 years and over in Grade 1 appear to have peaked in 2015 and declined rapidly since. This applies across all municipalities: between 2015 and 2018, the national change in under-6 enrolments in Grade 1 declined by 70 per cent (from 16,380 to 5,424), ranging from 54 per cent in Viqueque to 90 per cent in Ermera. For children aged 8 years and over, the national decline was 32 per cent (from 7,403 to 5,068), ranging from 20 per cent in Covalima to 54 per cent in Aileu. Figure 5.5 shows the national trend.

**Figure 5.5**  
National trends in Grade 1 enrolments of <6 and 8+ year olds (2011-2018)



### 5.3.2 Repetition and retention

Retention is more difficult to ascertain, given that there are high rates of withdrawal at the point of graduating to a grade in another school and that schools do not uniformly offer the same grade ranges. Large numbers of repeaters continue to occupy places in first and second cycle classrooms.

**In 2018, only 17,701 (48.5 per cent) of the 36,458 children enrolled in Grade 1 were 6 years old; 14 per cent were under 6; 36.6 per cent were overage;**

**and 14.4 per cent were at least 8 years old.** Since a significant number repeat each succeeding grade, the percentage of overage children also increases. In 2018, over 50 per cent of the children in grade 6 were overage.

In 2018, on average, the repetition rate in primary education was 12.5 per cent, but there are important differences across grades, with a repetition rate of 24 per cent in Grade 1 and 5 per cent in Grade 6. Some improvements have been seen: the Grade 1 repetition rate decreased almost 9 percentage points between 2010 and 2018. (MoE, 2019, p18) Nevertheless, in 2019 almost one fifth (19 per cent) of all children who completed Grade 1 were told that they had failed and would need to repeat. (MoE EMIS database, 2019)

The Education Sector Plan posits that a significant number of children become discouraged after failing

one or more grades and drop out without completing their basic education. In 2017, the last year for which dropout records are available, 4.6 per cent of students dropped out of Cycles 1 and 2 and 4.1 per cent out of Cycle 3. The Plan concludes that these dropout rates, combined with the repetition rates discussed above, mean that 8 out of every 10 children who enter grade 1 at 6 years of age repeat at least one grade and/or drop out of the school system before completing secondary education. (MoE, 2019, p. 19)

The high repetition rates in Cycles 1 and 2 were already identified as a significant issue in 2010 in the NESP. Efforts to correct the problem include a new curriculum in Grades 1 to 6, accompanied by a decree law prohibiting repetition in Grade 1, as well as other initiatives such as continued infrastructure development, teacher training and mentoring, ensuring that each child receives a set of books, strengthening laws to enforce teacher assiduity and positive discipline methods. It is too early to assess whether an improved school climate (improved administration, leadership and pedagogy) will help to improve learning achievements.

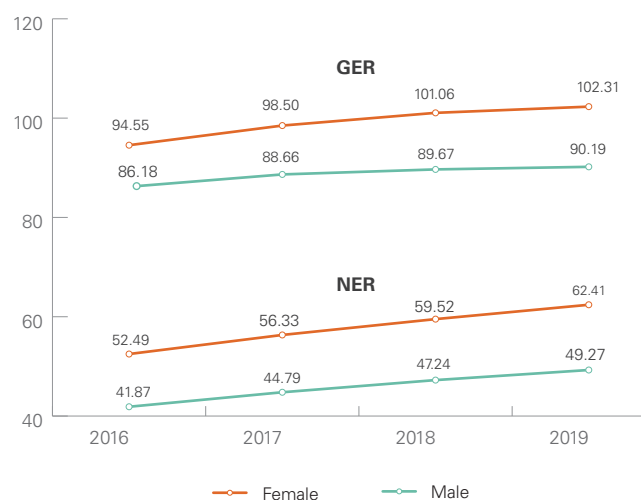
A major concern is the inefficient allocation of resources to schools due to the lack of systematic linking between budget allocations to schools and the actual needs or performance of these schools. The practice of distributing resources to schools without

proper verification of school-level data (including the number of students), has contributed to overcrowded classrooms, an inadequate number of classrooms in Cycle 2 in most rural schools, and inequities in the provision of material and human resources. This in turn has contributed to the overall low quality of the learning environment in schools. (World Bank, 2020, p. 9) Poor school readiness of children not ready for Grade 1, calls for increased access to preschool.

### 5.3.3 Urban/rural differences

The comparison of successive Census data is rather equivocal on this point, but emphasizes much higher rates of primary-school completion in urban compared to rural areas. (GDS, UNICEF & UNFPA, 2017, p. 64) **From the 2010 Census, it was noted that students in urban areas completed pre-secondary at a rate double that of their rural counterparts (GDS, UNICEF & UNFPA, 2017, p. 65), but this is less evident from 2018 EMIS data.** Comparing the numbers of students in Grade 6 in 2017 with those in Grade 7 in 2018 shows ratios in the range of 1.02 in Manufahi to 0.72 in Ainaro, with 1.01 in Dili (greater than 1.0 means more in Grade 7 than in Grade 6 in the previous year). Comparisons between municipalities and Dili are complicated by the movement of students to Dili for further studies, reflected in Dili’s increasing population through each year of pre-secondary. Of around 212,000 people who internally migrated within the country in the 2015 Census period, fully one in seven (14.2 per cent, or 30,017 people) moved to Dili (city) for education. (2015 Census data, Table 19)

**Figure 5.6**  
Trends in NER & GER in Grades 7-9 (Cycle 3) (2016-2019)



Sources: MoE EMIS data

## 5.4 Gender equality

At primary level, slightly more boys than girls attend school, but as they progress through the grade levels, the gap reverses and widens in favour of girls, with boys falling behind.

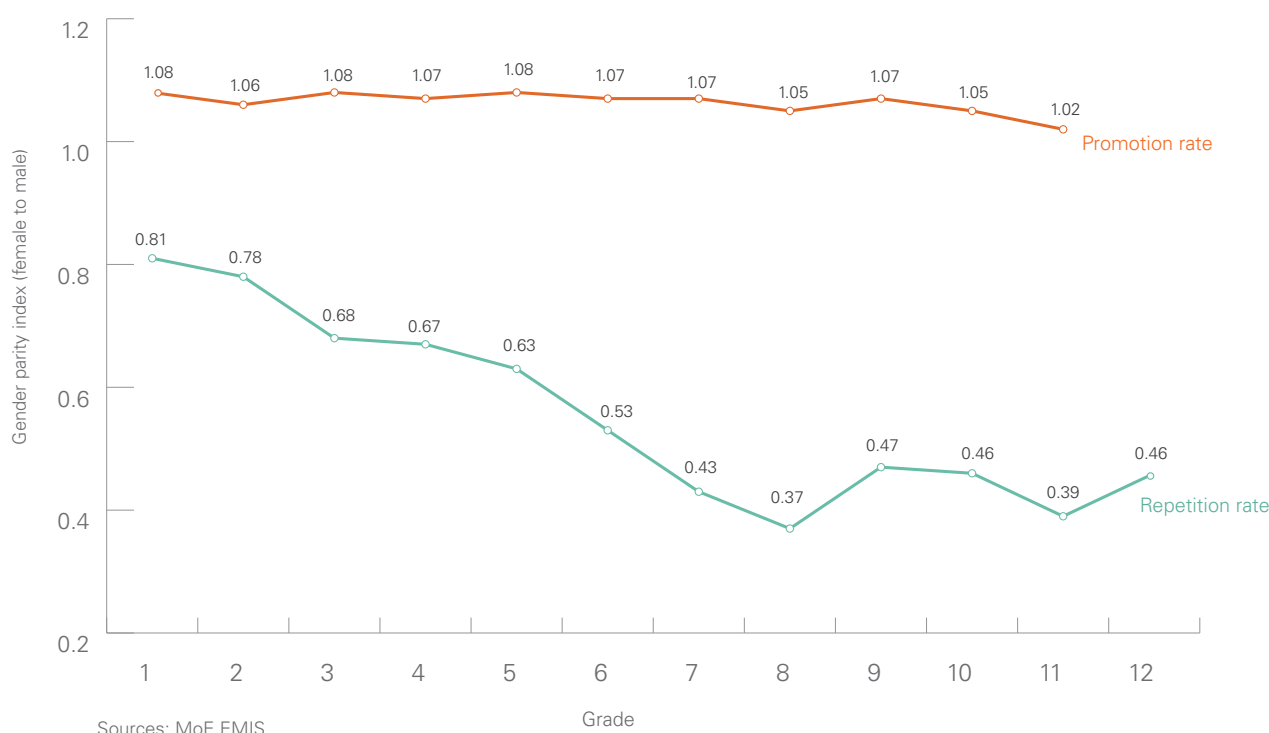
The Gender Parity Index (GPI) for primary school attendance is 0.96, indicating that in primary school, there are slightly more male students than female students, i.e., 96 girls for every 100 boys. By the time they reach secondary school, the GPI is greater than 1.0 (1.08), indicating that females now outnumber males. (2016 DHS, p. 49)

In Cycle 2 (Grades 5 and 6), since 2017 there has been a widening gap in the net enrolment rate (NER) with boys lagging even further behind girls, and the opening of an increasing gender gap in gross enrolment ratio (GER).

The gender difference among pre-secondary students is illustrated in Figure 5.6. The World Bank notes that there is only a “slight gender difference in the passing rates for both basic and secondary education ... [and] that girls perform a little better than boys” (World Bank, 2018, p. 175) The GPI is 1.05 for primary and 1.06 for secondary, meaning that for every 100 boys who pass, there are respectively 105 and 106 girls who pass.

Figure 5.7 shows the gender gap for grade promotion (moving to the next grade within a school), transition (moving to the next grade from Cycle 2 to 3 and from Cycle 3 to secondary), and grade repetition (2017 data). The gender difference may be “slight,” but it should be apparent that the cumulative effect over successive years produces alarming outcomes for boys. Additional to marginally higher pass rates, girls have a higher rate of age-appropriate enrolment per grade, higher rate of earlier enrolment and lower rate of older-age enrolment. Girls represent 48 per cent of the estimated population of 12-14-year-olds, but comprise 51.0 per cent of students in pre-secondary. (EMIS database; 2015 Census projections)

**Figure 5.7**  
Female to male ratio for promotion and repetition rates, 2017



At the end of grade 1, there were 108 females for every 100 males who progressed to the next grade, and 81 females for every 100 males who repeated the grade. At the end of grade 11, there were 102 females for every 100 males who progressed to the next grade, and 39 females for every 100 males who repeated the grade.

Higher enrolment of females is also apparent in secondary school. GER and NER for both boys and girls increased between 2014 and 2018. By 2018, there was a difference of 12 percentage points between males and females for NER and nine points for GER, with higher rates for females in both instances.

## 5.5 Quality of education

The quality of education in Timor-Leste faces serious challenges related to teaching, learning and the school environment.

- **Learning:** There is no annual assessment of children's learning progress and there is a lack of adequate teaching and learning materials.
- **Teachers' qualifications:** In 2016, while 90 per cent of basic education teachers had the required qualification of the Bachalerato degree,

fewer than 40 per cent of them had obtained their degree from a university, with most teachers having obtained their qualifications through equivalency programmes.

- **Teachers' competencies:** Teachers usually have limited pedagogical training and use outdated methods of teaching. To help address this shortcoming, the National Institute for the Training of Teachers and Education Professionals has delivered an intensive complementary training programme and provided teacher-training licences to teachers in Cycles 1 and 2 of basic education. (World Bank 2020)
- **Lack of adequate infrastructure:** Schools often do not have reliable water and electricity supply and are in weak buildings that are not disaster-resilient. This hinders the availability of schools for use as emergency shelters, which could lead to a disruption of education during and following disasters. (UNCT, p97)





Since 2002, Timor-Leste has progressively introduced reforms in these areas. A national primary education curriculum was introduced in 2004, with Portuguese as the primary language of instruction, complemented by Tetum. But a 2010 Early Grades Reading Assessment (EGRA) study found very poor reading rates for children in early grades. In 2013, there was a push for a standard curriculum in Tetum.

Commencing in 2015, the new curriculum was introduced in Grades 1 and 2, with an additional two grades to be added each year. However, the scheduled implementation for Grades 5 and 6 in 2017 was deferred because the teaching and learning materials were not distributed. The new curriculum uses Tetum as the language of instruction, with Portuguese introduced gradually.<sup>50</sup>

These issues concerning the language of instruction have repercussions for children's right to an education. For example, it is difficult to strengthen early grade teaching and learning, with reading as the key skill, when two thirds of the children have a mother tongue

that is neither Tetum nor Portuguese. In her report on her visit to Timor-Leste in April 2019, the Special Rapporteur on the rights of indigenous peoples (HRC, 2019) found that a major obstacle to education is the use of Portuguese and Tetum in primary school as mediums of instruction when most children do not speak or understand these languages.<sup>51</sup>

The 2016 report of the assessment of an experimental pilot project, Mother Tongue-Based Multilingual Education (EMBLI), suggests that significant improvements could result from enabling teachers to teach in the children's first language throughout preschool and primary level up to Grade 2. This would also increase the possibility of recruiting capable teachers, even in the face of the need for Tetum language development and accompanying printed teaching materials. (S Walter, 2016) The Ministry of Education is implementing mother tongue-based multilingual education in three municipalities (Manatuto, Lautém and Oecusse) as an EMBLI pilot project for preschools.

<sup>50</sup> Within the school system, Tetum is Tetun Dili (Tetun Praca), developed from Tetun Terik with the addition of less common or traditional vocabulary from Portuguese. The 2015 Census recorded 32 indigenous and several other "mother tongue" languages, with Tetun Praca (31 per cent), Mambai and Makasai together comprising 58 per cent of the population. English was the most prevalent non-indigenous language (primarily within Ermera) (ranking 16th nationally), Bahasa Indonesia (22nd) and Portuguese (27th). (2015 Census, Table 12)

<sup>51</sup> See A/HRC/42/37/Add.2 for the full report.

In 2016, the Professional Learning and Mentoring Programme (PLMP) was introduced to strengthen good teaching and learning practices in primary education and institutional development in the areas of school administration, teacher competencies and information flow. (RDTL, World Bank & Australian Government, 2017, pp. 7, 12 & 14) A 2017 evaluation of the new curriculum and PLMP included a replication of the EGRA research of 2010. The 2017 study found some modest areas of improvement, especially in reading; that results were stronger in schools covered by PLMP; but that limited Tetum proficiency continued to be a “major constraint” (Ibid., p. 93). It also found that mathematics learning in Grade 1 was relatively strong but decreased in Grade 2, “suggest[ing] either that the curriculum is too accelerated for [Grade] 2 or that teachers are not able to effectively teach the content for whatever reasons”. (World Bank, 2018, p. 93) But it has also been noted that the evaluation took place less than a year into the reforms and “many schools are still familiarizing themselves with the new models”. (World Bank, 2018, p. 88)

The Decree Law No. 4/2015 mandated that students in Grades 1 and 2 be assessed in terms of their literacy. The introduction of the new national curriculum for Cycles 1 and 2 has led to greater emphasis on both formal and informal classroom-based assessment to observe and evaluate student achievement regularly. There has been a shift away from the use of examinations in the early grades (1, 2, 4). Teachers use a range of assessment methods (formative, summative assessment and exam) and follow assessment ideas set out in the lesson plans. The lesson plans are a key source of ideas for assessments in Cycles 1 and 2 for all subjects including literacy and numeracy.

Student progress is measured by standard national exams for Grades 9 and 12. Following a substantial improvement in Grade 9 student examination results between 2013 and 2014, average scores have remained remarkably similar across the years (2014 to 2016) and across all 13 municipalities (all average scores in a range of 30-33, of a maximum of 50). (World Bank, 2018, Figure 6.3 & Table 5.1). Success rates for secondary education are extremely high across all municipalities: 100 per cent in 2013 and 95 per cent, 96 per cent and 99 per cent in 2014, 2015

and 2016 respectively. The World Bank expresses caution in results that are incapable of distinguishing the comparative learning levels of students and schools. (Ibid., p. 66) A World Bank/GPE project – Timor-Leste Basic Education Strengthening and Transformation – will finance periodic national student learning assessments on a sample basis during the project period and strengthen the capacity of the Ministry of Education to manage them. (World Bank, 2020)

## 5.6 Inclusive education

The National Policy for Inclusive Education, approved in 2017, reflects a better understanding in Timor-Leste of the importance of a mainstream education system that provides for diversity and minimizes the placement of some children into separate classes or facilities. It particularly concerns the inclusion of children with disabilities, as well as children from ethnic minorities, speakers of minority languages or other groups of children who may otherwise experience difficulties in accessing appropriate schooling. (MoE, 2019, pp. 52-53)

**For the Government, the framework for action is the social inclusion component of the NESP, in which the focus is on “socially marginalized groups” for whom access is constrained by “socio-economic status, ethnicity, language, race, religion, age, gender, disability, HIV status, migrant status, or where they live”.**

The NESP goal for 2015 was the development, implementation and resourcing of a Social Inclusion Policy, with three programme results: gender balance across all areas of education (see section 4.4 above), increased enrolment in basic education of children with disabilities and the development and implementation of policies and measures to promote the rights of socially marginalized groups. (MoE, 2011, pp. 126, 130-131)

### 5.6.1 Children with disabilities

The National Policy for Inclusive Education was endorsed by the Ministry of Education in 2012 and by the Council of Ministers in 2017. The approval of the policy was a significant shift in the national context, but implementation has been limited, in part because it marks “a fundamental change in the approach to which most schools, school leaders, teachers, and parents are accustomed.” One of the midterm goals for 2024 is to develop a detailed plan for applying the policy, incorporating current international standards so that “socially marginalized groups access the same educational opportunities, rights and services as the mainstream of society”. (MoE, 2019, p, 52)

The policy calls for an end to the exclusion from mainstream schooling of children with a disability, citing “a critical need for strategies that ensure steady, consistent, well-planned, adequately financed and closely monitored measures to incorporate children with disabilities into mainstream classrooms”. (MoE, 2019, p.52)

Even so, improving rates of inclusion remains a challenge, and it is difficult to assess progress due to the very limited data on children with disabilities. While EMIS collects individual student data on disability upon entry in Grade 1, its accuracy and completeness are questioned. A small-scale study within the PLMP found low access and concluded the need for better teacher training (World Bank, 2018, p. 174). On the basis of 2015 Census data, it is estimated that 46 per cent of children (age range 3-18 years) with a disability are not enrolled in school (Ibid.). Those that are continue to be largely in grades that are inappropriate for their age, i.e., in grades for younger children.

A 2016 analysis of the National Disability Policy Framework (Ministry of Social Solidarity and UNESCO) found inter alia that children with disabilities do not get the same opportunities as their siblings without disabilities, their families are over protective, are ashamed of them and sometimes hide them. The 2018 study by the NGO Belun<sup>52</sup> found that many youths with disabilities continue to be out of school;

less than half (44 per cent) of youth aged 15-24 years with disabilities have ever attended school, which is half the rate (87 per cent) of their peers without disabilities. A 2017 government monograph based on the 2015 Census, cited by Belun, showed that the percentage of youth with a disability aged 15-24 years who have never attended school is more or less the same between boys and girls (54 and 55 per cent respectively). (GDS, UNICEF & UNFPA, 2017)

The Belun study found that youth with disabilities who entered school have a higher dropout rate than their peers: two thirds (66 per cent) did not make it to secondary school; while only half (51 per cent) of youth who do not have a disability drop out that early. Literacy rates in this group are low. In 2015, only 32 per cent of youth with disabilities were literate in at least one of the four main languages used in Timor-Leste (Tetun, Indonesian, Portuguese or English) versus 84 per cent of youth without disabilities. Young women with disabilities had lower literacy rates (27 per cent) than young men with disabilities (36 per cent). (Ibid.)

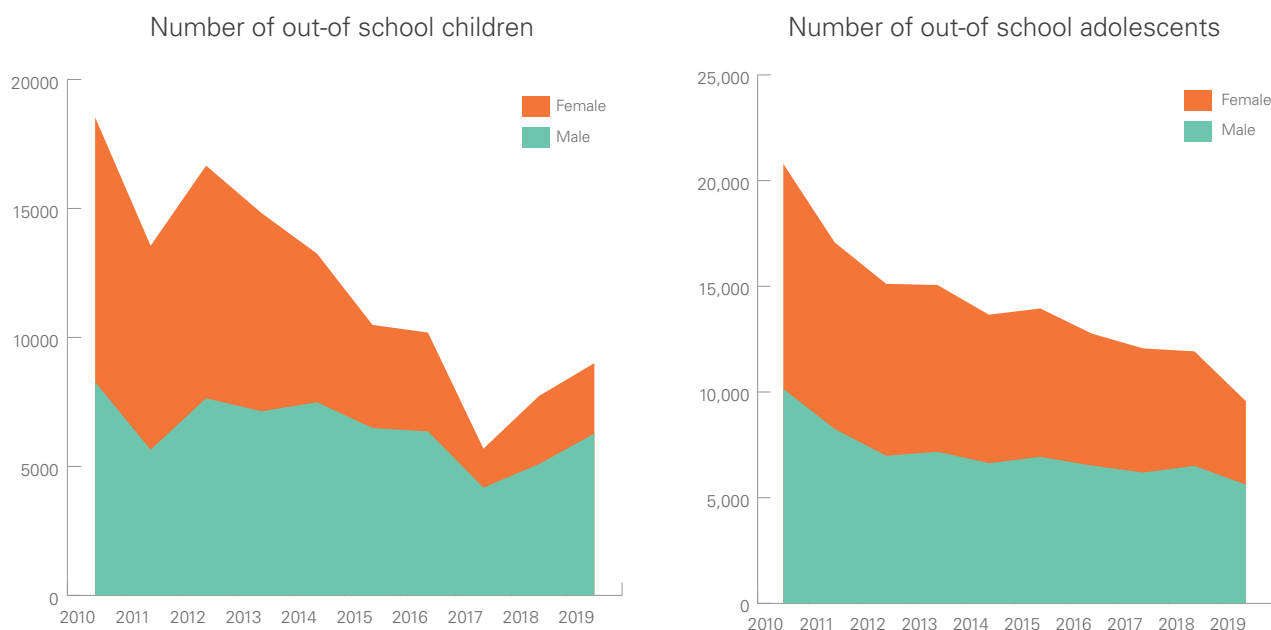
Consultations with children and young people with disabilities<sup>53</sup> identified a range of obstacles to their getting an education, including inaccessible infrastructure (no ramp or accessible toilet), community and family attitudes, and lack of access to assistive devices[. . .] teachers did not possess the necessary skills to teach children with special educational needs, including use of sign language and provision of braille [and] the curriculum of pre-secondary and secondary level does not sufficiently integrate issues faced by children with a disability.. (GoTL, 2019, p. 70) This indicates not only that few children with disabilities are attending school, but that they do so largely at a later age, with many barriers to their inclusion and retention.

### 5.6.2 Out-of-school children

UNESCO data show that the number of out-of-school children has declined substantially – by more than one half – since 2010, from 18,532 in 2010 to 9,004 in 2019. Progress is even more impressive when the numbers are disaggregated by sex: of those 18,532

<sup>52</sup> The study combines analysis of the 2015 Census data, information gathered from two focus group discussions in Dili and evidence from relevant studies and reports published by organizations of people with disabilities and other relevant institutions.

<sup>53</sup> Held in conjunction with the preparation of the Government’s voluntary national review of progress towards the SDGs.

**Figure 5.8****Out-of-school children (6-11) and adolescents (12-14) in Timor-Leste, 2010 to 2019**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Out-of-school children</b>										
<b>Total</b>	<b>18,532</b>	<b>13,555</b>	<b>16,660</b>	<b>14,821</b>	<b>13,248</b>	<b>10,486</b>	<b>10,188</b>	<b>5,688</b>	<b>7,728</b>	<b>9,004</b>
Female	10,261	7,912	9,018	7,684	5,761	3,998	3,831	1,511	2,639	2,729
Male	8,271	5,643	7,642	7,137	7,487	6,488	6,357	4,177	5,089	6,275
<b>Out-of-school adolescents</b>										
<b>Total</b>	<b>20,790</b>	<b>17,076</b>	<b>15,117</b>	<b>15,061</b>	<b>13,657</b>	<b>13,951</b>	<b>12,764</b>	<b>12,061</b>	<b>11,922</b>	<b>9,562</b>
Female	10,641	8,827	8,132	7,889	7,023	7,019	6,245	5,872	5,418	3,948
Male	10,149	8,249	6,985	7,172	6,634	6,932	6,519	6,189	6,504	5,614

Sources: UNESCO UIS

out-of-school children in 2010, 10,261 were girls, compared to 8,271 boys. By 2019, there were 2,729 girls and 6,275 boys. The figures declined steadily until 2017 when they began to creep up again. The number of out-of-school adolescents has declined less dramatically but consistently in the same period. Overall, more males than females are out of school.

The framework of the Inclusive Education Policy includes attention to increasing enrolment and reducing dropout. EMIS provides dropout rates by grade that show the cumulative effect of annual rates across every grade, but the relevant issues include timely entry, school readiness upon entry, reduced repetition rates, access and affordability, and the

family's valuing of education. This is, to some extent, reflected in the reasons given by households for children dropping out of school according to the 2014 Survey of Living Standards. For almost 40 per cent of households, the reasons given were "completed sufficient studies" or "lack of interest"; costs were cited by 20 per cent and pregnancy or marriage in 10 per cent of responses. Housework, agricultural or "other" work comprised 15 per cent of responses. (World Bank, 2018, p. 61)

Municipal disparities are marked but unclear in terms of drawing conclusions. For example, in 2018, the EMIS out-of-school rate for 6-year-olds was highest in Oecusse (42.3 per cent) and lowest in Bobonaro

(18.3 per cent); for 7-year-olds, the rate was 0 per cent in several municipalities, 3.3 per cent in Oecusse but 12.4 per cent in Liquiçá; for 12-year-olds, Aileu had the highest rate (22.5 per cent) and Covalima the lowest (4.1 per cent). Movements of children to schools in urban centres, especially Dili, also make it harder to understand changes in the out-of-school rate.

The most vulnerable out-of-school population comprises the children who have never been to school, who are unlikely to be included in EMIS data. The 2016 Child Labour Survey found that about 17 per cent (43,000) of children aged 5-17 years reported having never attended school. The primary reason given was that they were “too young” (50 per cent), even though half of this group was aged at least 7 years, followed by “not interested in school” (13 per cent), “cannot afford schooling” (10 per cent) and “disabled/illness” (8 per cent). Another 12 per cent responded either that schooling was not considered valuable or the family opposed schooling. (Figure 5.9). (ILO, 2019a, p. 84)

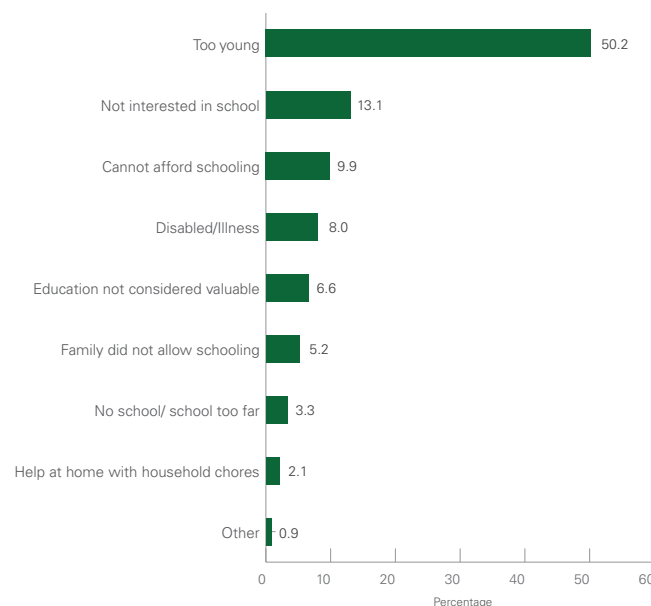
### 5.6.3 Other factors affecting participation

The hidden costs of education (books, school supplies, school uniforms and transportation, contribution to the school parent-teacher association, etc.) are a barrier to children’s access and retention. Family expenditures on basic education amount to an annual average of \$21 per child, of which 4 per cent is for “enrolment”. There are also costs listed as “other education expenditure”. (World Bank, 2018, p. 210; citing 2014 Living Standards Survey) which is the largest component of household expense in basic education after school uniforms.

One area where there is clear inequity in access to education is household wealth. According to the 2016 DHS, a child in the highest wealth quintile was at least three times more likely to have attended preschool than a child in the lowest quintile; in secondary school, the rate for the highest quintile was at least double the rate for the lowest quintile (DHS16, Tables 2.13 & 2.14).

Two other factors have a bearing on access to school-based services: the school feeding programme and the availability of functioning WASH services.

**Figure 5.9**  
Reason for never attending school of children aged 5-17 who never attended school



Source: ILO, 2019, Figure 8.8.

A school feeding programme was introduced countrywide in 2005/2006 and expanded in 2014 (UNCRC, 2014, para. 203; UNICEF Timor-Leste & MoF, 2014, p. 123). The budget is under the Ministry of State Administration and the Ministry of Education is responsible for distribution. The school feeding programme serves a dual purpose in terms of: (1) improving children’s nutritional intake and diversifying their diets; and (2) helping them to stay in school, particularly in remote areas where they may need to walk for several hours to get to school. Despite the investment needed, such a programme remains a cost-effective measure for large numbers of children, especially in terms of school attendance. The programme has also been a factor in the enrolment of underage children in primary schools (World Bank, 2018, p. 44; GoTL, 2019, p. 48). This has presumably been eased somewhat by expanded access to preschool.

Lack of access to suitable WASH facilities in schools is a readily preventable factor in girls dropping out, especially after the onset of menstruation. Data must be treated with caution, as discussed in detail in Chapter 3.5. As elaborated earlier, the Government has developed a costed action plan for WASH in schools. The plan

indicates that about 12,000 toilets are needed for the minimum standard of 40 students per toilet cubicle. In addition, each school requires toilets for male and female staff, a cubicle for girls for menstrual hygiene management, and a cubicle for students with physical disabilities. Overall, 9,000 new toilets are to be provided as part of the plan, and 2,700 existing toilets would be rehabilitated.

The lack of a protective environment is another factor that affects attendance and may lead to children withdrawing from school. A 2015 survey of children in urban and rural preschools, basic education schools and secondary schools in Ainaro, Covalima, Dili, Ermera, Oecusse and Viqueque, showed that children are overwhelmingly happy to be at school but that children from wealthier backgrounds felt safer than children from lower-income households. Most children were more concerned about safety going to or from school than in being at school (especially girls). At the same time, physical violence by teachers appeared to be prevalent, with apparent impunity for those teachers despite the Ministry of Education's 2008 Zero Tolerance directive for violence against children.

Emotional violence by a teacher was reported as more prevalent than physical violence, including personal insults, threats of violence and humiliating forms of punishment. Sexual violence primarily took the form of sexual comments or touching by

teachers and sexual harassment by other children, but also included some instances of assault or rape. The survey found that child-friendly schools had 40 per cent lower rates of physical violence and half the rate of emotional violence of other schools. Another finding is that violence at school or on the way to school leads to reduced attendance and lower academic performance. (UNICEF Timor-Leste, 2016)

## 5.7 Secondary education

Secondary education is for young people aged 15-17 years who have completed the three cycles of basic education. **The Government's vision for secondary education is that “upon completion of basic education, all Timorese will have the opportunity to spend three years in a quality secondary education institution. By developing core scientific, humanistic and technical knowledge and expanding their skills for entrepreneurial and independent thinking and learning, students will broaden their future economic prospects.”**



The ESP acknowledges that secondary education has not received the attention to quality reform called for in the NESP 2011-2030. Unlike preschool and basic education, where curriculum reform is now nearing completion and major development partner programmes have assisted the Ministry in efforts to improve school management and in-service teacher training, secondary education has not enjoyed major development partner support, nor has it advanced as expected in the development of new curricula adapted to the socioeconomic needs of Timor-Leste. (MoE, 2019, p. 23)

Although dropout rates remain high, each year more students finish basic education and enrol in secondary education. In the coming decade, success in efforts to reduce repetition rates should improve the efficiency of basic education, reducing the time students spend in cycles 1 through 3, and continuing the increase in demand for secondary education. (MoE, 2019, p.45)

There has been an increase of almost 50 per cent in the number of public schools since the NESP 2011-2030 was prepared, from 64 public secondary schools in 2010 to 94 in 2018, but enrolment has risen by 150 per cent over this time period. The increase was still noticeable in recent years: between 2015 and 2018, enrolment in secondary education increased by 29 per cent, with increments of more than 4,000 additional students each year. Over the same period, the number of secondary school teachers increased by 22 per cent. As of 2018, the gross enrolment ratio for secondary education was 71 per cent, meaning that 71 per cent of a population of 93,084 young people aged 15-17, ie 66,234 young people, were enrolled in secondary school. (MoE, 2019, p. 18)

With more students enrolling, secondary schools have become particularly subject to intensive overcrowding and up to three multiple shifts per day. Investment is urgent, not just for new schools but also for rehabilitation of existing classrooms, and for the special facilities required for effective technical and vocational education. (MoE, 2019, p. 30) The Government might consider strengthening secondary education within selected municipal “hubs” to ease the pressure on secondary schools in Dili, given the

numbers of students who move from rural areas for a better education. Any such policy formulation should take into account the trends in the youth labour force and the implications for the evolving rural labour market.

The ESP also recognizes that meeting increased demand will require ongoing annual increases in the numbers of trained secondary education teachers, the construction of new infrastructure, and acceleration of the structural and curricular changes needed to ensure that secondary education enhances the students’ economic prospects. Private investment already accounts for 39 per cent of secondary education schools. (MoE, 2019, p. 45)

## 5.8 Young people not in employment, education or training

The proportion of adolescents and young people classified as not in employment, education or training (NEET) appears to be increasing. **The 2016 Labour Force Survey found that 45 per cent of young persons aged 23 to 29 years are not employed or in the school system in Timor-Leste.**

Many are unemployed and the others are outside the labour force as subsistence foodstuff producers or as potential workers waiting to return to the labour force when conditions are improved. Although there are some methodological caveats on the data in the National Child Labour Survey, if the NEET data are reasonably accurate, then – alongside increasing numbers of the same age group in school – there is an emerging risk of a marked division within the looming young adult population between those with improving education and those with none. (ILO & GDS, 2019)

A 2018 policy brief by the NGO Belun<sup>54</sup> reported that 47,505 youth aged 15-24 (20 per cent of the youth population) were not employed and not in school. Youth aged 15-19 are less likely to be NEET (14 per

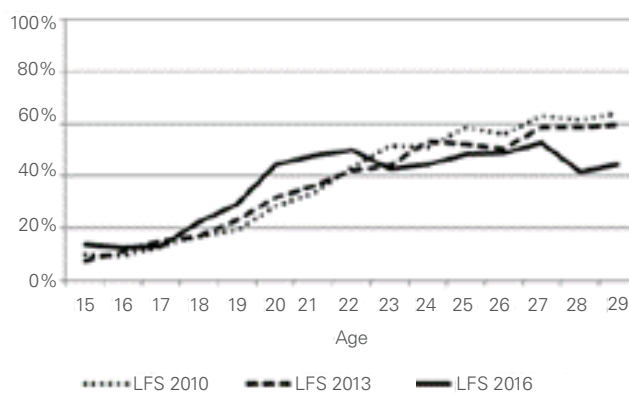
54 Based on data from the 2015 Census, qualitative data from focus groups discussions and supporting evidence from studies and reports



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cent) compared to youth aged 20-24 (28 per cent) but those most excluded from education are the 15-to-19-year-old NEET young people. They have already left school even though they are still of school-going age, but have not done so to take up a job. They represent 14 per cent of young people of this age group, with no noticeable differences between boys and girls. The majority (71 per cent) of NEET young people started school but dropped out before completion. Many NEET are illiterate and young people who are illiterate have more than double the chance of not being in employment, education or training (17.2 per cent of literate youth are NEET versus 36.6 per cent of illiterate youth). (Belun and United Nations, 2018a)

**Figure 5.10**  
**Young people not in employment, education or training: 2010, 2013, 2016**



Source: ILO & GDS, 2019, Figure 10



## 5.9 Key recommendations

This chapter has detailed a range of challenges in the education sector. The authors suggest the following priority actions to advance children's rights to education and contribute to the country's economic and social progress:

# 1

Sustain preschool expansion and improved access – including through community preschool initiatives – while strengthening service quality, and review the situation of 5-year-olds not in preschool in order to build the effectiveness of early learning efforts and age-appropriate entry into basic education

# 2

Ensure continued strong progress in the enrolment and retention of 6-year-olds in Grade 1, especially on the basis of them having engaged in ECD and/or preschool and being ready to learn, with corresponding focus on reducing Grade 1 repetition levels

# 3

Review the extent and impact on the range of costs of (free) education, including as a factor in school dropout and increasing income-based educational inequality

# 4

Establish a solid national learning assessment system for basic and secondary levels

# 5

Join as a regular participant in global/regional comparative learning assessments of Timor-Leste's students<sup>55</sup>

# 6

Implement the Inclusive Education Policy, with adequate resources in view of very low levels of current inclusive education practice

# 7

Take concerted actions in schools at all levels to provide improved water sources and sanitation amenities

# 8

Review measures to enable secondary-school students to continue education without relocating to Dili, with better resourced local learning "hubs," at the same time paying attention to the changes in the national labour market and economy

# 9

Progressively increase the share of the national budget for education to a minimum of 15 per cent, pending review of increasing it to the recommended 20 per cent level and reaching parity with peer countries

# 10

Develop a model of budgetary management that prioritizes strengthening the quality of teaching and learning using the resources made available by the stabilization of student intake populations in earlier grades

# 11

Improve the collection, analysis and utilization of data and evidence on individual students, teachers and schools to ensure more equitable access to quality learning opportunities, with focus on supporting the most marginalized/vulnerable groups of children and adolescents

# 12

Support the Ministry of Education to strengthen disaster risk reduction/management in schools, drawing for example from the recommendations of the USAID/IOM Management Municipality Profiles<sup>56</sup> (USAID, IOM and GoTL)

<sup>55</sup> See World Bank, 2018, p. 13.

<sup>56</sup> Suggested disaster risk reduction/management (DRR/M) in the education sector/activities at school: (1) Teachers listen to weather forecast and inform parents not to send children to school/send children home, if they can be expected to be at risk of a hazard impact either at the school or on their way; (2) Awareness campaigns/extracurricular DRR training/activities (e.g., tree planting, Lafaek magazine) or DRR integrated in the natural sciences; (3) Simulation exercises/emergency drills; (4) Using schools as evacuation centres; (5) First aid kits available at schools; (6) Protection wall built to protect school from flooding/drainage system for school built; (7) School Disaster Management Committees.

## Chapter 6

# Child protection



## 6. Child protection

**The term “child protection” refers to prevention and response to violence, exploitation and abuse of children in all contexts.** This includes reaching children who are especially vulnerable to these threats, such as those living without family care, on the streets or in situations of conflict or natural disasters. It also encompasses birth registration, to guarantee the child’s right to a name and identity.

Although protection of children is enshrined in the Convention on the Rights of the Child, throughout the world these rights are frequently breached, often by primary duty bearers to the child such as parents, other adult family members, teachers or other adults with direct and trusted links to the child’s care and well-being.

### 6.1 The legal and policy environment

Timor-Leste has a strong foundation of laws, policies and services in place for child protection. The Constitution makes explicit provisions for the protection of children in Section 18:

1. Children are entitled to special protection by the family, the community and the State, particularly against all forms of abandonment, discrimination, violence, oppression, sexual abuse and exploitation.
2. Children shall enjoy all rights that are universally recognized, as well as all those that are enshrined in international conventions normally ratified or approved by the State.
3. Every child born inside or outside wedlock shall enjoy the same rights and social protection.

The Law against Domestic Violence (2010) covers all family members by the definition of domestic violence including children and persons in a dependent context, for example unrelated children being looked after by the household and domestic workers. The law covers physical, sexual, psychological and economic domestic violence. (UNCRC 2014, para. 119). “It reinforces the provisions of the Penal Code<sup>57</sup> in addition to establishing a mechanism to prevent domestic violence, promote victim’s rights and guarantee the protection of victims. As such, the law strengthens the support for victims and defines the responsibilities of different government institutions and their collaboration with CSOs. This law marked the shift from traditional conflict resolution to a formal criminal justice system. Article 36 of the law reinforces all crimes of domestic violence as public crimes. It also does not make any exemptions, and as such facilitates the effective prosecution of perpetrators including a husband/partner.” (UN-Women)

The Penal Code sets the age of consent at 14 and criminalizes sexual conduct by an adult with anyone younger than 17, with higher penalties if the child is below 14 years. However, enforcement is considered to be limited.

There are some obvious gaps in legislation, such as

<sup>57</sup> Article 154 of the Penal Code, on mistreatment of a spouse, states that “any person who inflicts physical or mental mistreatment or cruel treatment upon a spouse or person cohabiting with the perpetrator in a situation analogous to that of spouse is punishable with 2 to 6 years imprisonment if no heavier penalty is applicable by force of another legal provision”.

the continued absence of legislation for children in conflict with the law and the anomaly concerning the exclusion of 17-year-olds from protection provisions. The primary area needing attention is the more effective implementation and enforcement of legal provisions.

A draft law on child protection is under discussion. In 2007, the then Ministry of Social Solidarity (now MSSI) developed the policy for child protection which was approved by the Council of Ministers in 2008. This policy established a child protection network in all 13 municipalities and includes a case management policy of child abuse and neglect cases. (UNCRC 2014, para. 111).

The recommendations arising from the consideration of Timor-Leste's State party reports by the United Nations Committee on the Rights of the Child, Committee on the Elimination of Discrimination against Women and the UPR, **raised a number of issues for action by the Government which include:**

- The minimum age of marriage should be raised to 18 years and "a child below the age of 16 can in no circumstances marry";
- A comprehensive strategy should be adopted to eliminate discriminatory stereotypes and harmful practices "such as bride price (barlake), child and/or forced marriage and polygamy";
- Steps should be taken to ensure the receipt, investigation and prosecution of complaints about domestic violence and the sexual exploitation, abuse and incest of children in a child- and gender-sensitive manner;
- The relationship between the "ordinary and traditional" legal systems should be regulated in terms of the impact of such legislation on the rights of women (and girls);
- The proposed law and national plan of action to combat human trafficking should be adopted and the mechanisms for investigation, prosecution and punishment of traffickers be strengthened.

**Another challenge is that the management information system for child protection and justice needs substantial improvement with better data**

for alternative care and placement; violence against children, including sexual abuse; child labour; judicial proceedings and sentencing; statistics from the Vulnerable Persons' Units of the National Police; and the need to include 17-year-olds in the data.

## 6.2 Birth registration

Birth registration is the formal registration of a birth with the central public registry for such purposes; for Timor-Leste this is the National Directorate of Civil Registration and Notary in the Ministry of Justice. On the basis of that registration, a child's parents may receive the child's birth certificate. This means that a child may have its birth registered, may additionally have a birth certificate or may have neither. The Convention on the Rights of the Child establishes the child's right to a name and identity, commencing with the child's birth registration "immediately after birth" (article 7.1). SDG target 16.9 is aiming for universal birth registration of children under 5 by 2030.

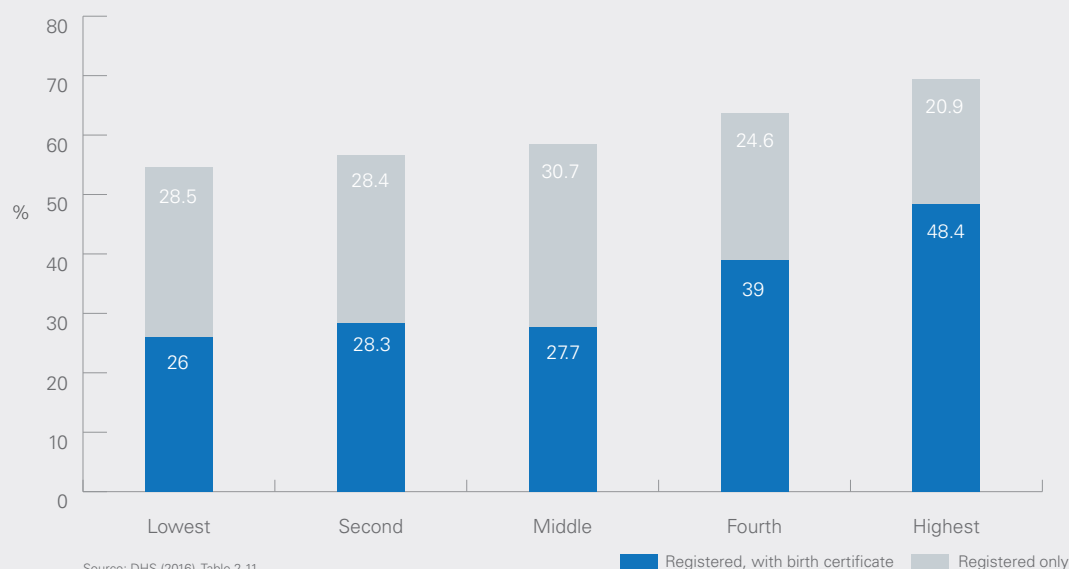
Despite concerted attention, birth registration coverage in Timor-Leste has not markedly improved since 2002. The 2003 DHS showed that 53 per cent of children under age 5 were reported to have been registered (hospital record, village record, proof of birth and birth certificate), but only 9 per cent had a birth certificate. (Cited in the 2016 DHS, p. 28-29) The 2009-2010 DHS reported that the births of 55 per cent of children under age 5 had been registered: 41 per cent had a birth certificate. (DHS 2009-2010, p.28) **The 2016 DHS found that 60 per cent of children under age 5 had their births registered with the civil authority; this included 34 per cent with a birth certificate.**

The United Nations Committee on the Rights of the Child has expressed concern about the number of children not registered or registered late, and about barriers to registration, in particular regarding children in rural areas and costs for documents. (Birth registration is free except for late registration.)

## SDG 16. Peace, justice and strong institutions

**SDG indicator 16.9.1:** Proportion of children under 5 years of age whose births have been registered with a civil authority

By wealth quintile (%)



Source: DHS (2016), Table 2.11

**With just 60.4 per cent of births registered by 2016, attaining universal coverage by 2030 appears out of reach, although not impossible if an integrated system is put into place with collaboration by traditional and religious authorities with Civil Registry and support from health centres and post-natal care services.**

The Committee also reiterated its concern that the draft civil registry code had not yet been approved. The Committee recommended strengthening efforts to: ensure that all children are provided with birth certificates free of charge, including through mobile units and outreach programmes in remote areas; raise awareness of the importance of birth registration; and adopt and implement the draft civil registry code. (UNCRC, 2015)

In late 2004, the Ministries of Health and of Justice introduced the LISIO – Mother and Child Health Booklet, which included a birth notification form. Use of the form exceeded the number of hospital-based births in the initial period, indicating that it was also being utilized by mothers who had home-birthing and subsequently attended postnatal health checks. (UNCRC, 2007, para. 44)

While the percentage of children with birth certificates improved from 9 to 41 per cent, it is unclear whether the LISIO contributed to the increase. In 2011, it was reported that civil registration services had been established at municipal (formerly district) level,

with registration “outposts” in hospitals, and that a national campaign had reached around 30 per cent of children under 5 (UNCRC, 2014, paras. 76-77). However, overall, the percentage of registered births increased by just seven percentage points in 13 years, with differences between municipalities ranging from 38 per cent in Liquiçá to 75 per cent in Ermera. (DHS 2016, Table 2.11)

A 2012 assessment led to the drafting of a Strategic Plan for Strengthening Civil Registration and Vital Statistics (2014-2020) that is yet to be finalized.

**A 2018 baseline assessment of birth registration identified a number of perceived bottlenecks such as the lack of a strategy, procedures, subnational capacity, equipment and communication between key actors, among others.** There are reports of low suco-level commitment due to lack of training, health facilities with LISIO stockouts, the Civil Registry not collecting birth notification forms due to lack of travel capacity, and the disruption due to change of staff after national elections. (GDS, UNICEF & UNFPA, 2019, p. 12)

**Three particular factors need attention:**

(1) Effective communication is critical between civil registration centres and such key actors as health posts, sucos and religious institutions. (2) The costs associated with the birth registration process need to be addressed, including fees levied by the Church for issuing a baptismal certificate, which is often used as proof of identity for parents and children, and costs for transportation in remote communities. (3) The problem of stockouts of LISIOs, due to planning and distribution issues, needs to be addressed, as they are a useful tool for registering births. In addition, plans for real-time registration linked to mobile technology need to progress, especially if based within health facilities and linked to the Civil Registry, reducing the need to rely on baptismal certificates, which may entail additional costs.

Despite the lack of progress in increasing birth registration rates, the potential is there. Parents in even the poorest and most remote households acknowledge the value of birth registration, but experience problems of access and cost. (UNICEF Timor-Leste, 2017b, p. 56) What is not as evident is the capacity to sustain momentum through a change of government; whether at subnational level the key actors are working together; whether structures are in place to ensure that registration occurs at the earliest possible opportunity after birth, at least by the first postnatal visit to a health facility; and that, pending any adoption of real-time registration, the means of registration (including the LISIO) remain available countrywide.



## 6.3 Care and protection

The Ministry of Social Solidarity and Inclusion (MSSI) has the primary State mandate for child protection, although other ministries have similar duties (e.g., the Ministries of Education and of Health). The programme of the VIII Constitutional Government emphasizes a protective environment for children.

### As per the National Action Plan for Children in Timor-Leste, the Government had four goals on child protection for the 2016-2020 period:

- The number of child victims of abuse, violence and neglect who receive assistance from MSSI increases from 400 in 2015 to 1,000 in 2020;
- 90 per cent of reported cases of violence against children benefit from community support services at municipal level;
- 80 per cent of children deprived of a family are placed in family-based care and, otherwise, in duly compliant residential care for a short period; and
- A reduction in cases of child labour, children living or working on the street, children in conflict with the law and child trafficking, with such children receiving appropriate government assistance. (Commission on the Rights of the Child, 2016)

#### 6.3.1 Effective parenting and protection

Neglect of children by their parents and caregivers can have consequences that are as serious as more overt forms of abuse. Twenty-nine per cent of children under age 4 were left alone or left in the care of another child younger than age 10 for more than one hour during the previous week. (DHS 2016, p. 378) The 2016 DHS finds that "Leaving children alone or only in the presence of other young children is known to increase the risk of accidents, abuse, and neglect" (Ibid.)

This points to sustainable behaviour change by primary duty bearers as a key entry point for intervention, beginning with measures to build more positive parenting practices. (See Box 6.1) The benefits of improved parenting are substantial. A small-scale UNICEF 2015 study of knowledge, attitudes and practices (KAP)<sup>58</sup> related to parenting found that targeting parenting interventions within income-poor families can achieve results for children on a par with those from higher-income families. (UNICEF Timor-Leste (2017b)) It also drew attention to geographic variations in attitudes and behaviours that need consideration in strengthening parental knowledge and practice. (Ibid., pp. 3 & 58)

Generally, respondents displayed good awareness of appropriate child-rearing practices, despite specific areas of weaker understanding of some areas of health, hygiene, care and protection. Unsurprisingly, a major impediment was inadequate means to ensure a suitable standard of living, which highlights the need for social protection and poverty reduction efforts.

The MSSl is piloting parenting education in two administrative posts, after which there will be an end-line survey. **The aim is to implement culturally appropriate and gender-sensitive parenting and caregiving programmes to support families in providing a violence-free home. Such programmes should include:**

- Increasing the understanding by parents and caregivers of the physical, psychological, sexual and cognitive development of infants, children and adolescents in the context of social and cultural factors;
- Promoting non-violent relationships and non-violent forms of discipline and problem-solving skills;
- Addressing gender stereotypes; and
- Support to parenting education initiatives to encourage alternatives to violence for disciplining children. (Ibid., p. 158)

58 The 2015 baseline KAP study was informed by the detailed responses by 1,000 parents (90 per cent female, 10 per cent male) across one administrative post in each of four municipalities of Ermera, Lautém, Liquiçá and Viqueque. Between them, each of those 1,000 households averaged 4.3 children (under 18 years). Of the parents surveyed, only 50 per cent had ever attended school and 43 per cent were illiterate (no ability to read), raising challenges for parenting effectiveness training and communication materials. The study drew attention to geographic variations in attitudes and behaviours that need consideration in strengthening parent knowledge and practice.

### BOX 6.1

#### How to promote positive parenting practices

**General parenting:** Every child needs unconditional love, verbal and physical affection, emotional security and sensitivity to his or her needs and feelings.

**Minimum Acceptable Diet:** Feed your young child (from 6 - 23 months) daily nutritious foods such as egg, liver, chicken, meat, mung bean or kidney beans.

**Hygiene:** Wash your hands with soap and water at important times such as before eating, before feeding young children, before cooking, after using the toilet, after cleaning baby's bottom and after touching dirty things. Stop defecating in the open.

**Danger Signs and Care Seeking:** Take your child immediately to a health facility if they are showing signs of serious illness.

**Early Stimulation:** Interact with your child in utero and from the time they are born through games and play, songs, rhymes, stories and reading.

**Education:** Send your child to school from an early age, keep involved in your child's learning and provide support with their homework.

**Child Protection:** Ensure children are cared for and supervised by an adult or a child older than 10 years old and protect your child from physical violence and all forms of abuse.

**Birth Registration:** Register your child immediately after birth.

**Alternative Discipline:** Use positive discipline approaches with your child to resolve conflict or redirect misbehaviour.

**Adolescent Issues:** Talk to your adolescent children about issues related to bodily changes and sex and sexuality in order to prepare them for the future.

Source: UNICEF Timor-Leste, 2017b, Table 2.

### 6.3.2 Alternative care

As per the Convention on the Rights of the Child (article 9), the separation of a child from his/her parents without the parents' informed consent may only occur due to a decision made by a competent public authority – subject to judicial review – in accordance with prevailing law that decides that such separation is “necessary for the best interests of the child”. In Timor-Leste, the competent authority is as per the delegation of the Minister for Social Solidarity and Inclusion.

#### **There continues to be limited information on the situation of children in alternative care – both residential care and informal family foster care.**

In its initial report to the United Nations Committee on the Rights of the Child, the Government estimated that the number of children placed into institutional care (almost entirely within the care of the Catholic Church) had, in the period 2000-2005, at least doubled, from 1,242 to 2,700. (UNCRC, 2007)

The 2016 DHS estimated that 8.9 per cent of children under 15 were living with neither biological parent, of whom 0.3 per cent were double orphans.<sup>59</sup> (DHS 2016, Table 2.10) Using 2015 Census data, that would amount to some 41,000 children aged 0-14-years. Bearing in mind a 2012 estimate of 3,500 to 5,000 children spending time in residential care facilities following the reported escalation of the numbers of children removed from their families in the earliest years of independence, the MSSSI inventory of orphanages in 2016 stated a child population of 1,433 (60 per cent female) in 22 orphanages. A similar inventory in 2003 found 1,221 children, with no breakdown by sex, in 28 orphanages, noting additional undocumented orphanages.

The 2015 Census recorded 941 children under age 15 years not living in a private household; as a proxy indicator of children in institutional care, this would almost certainly be an underestimate (see below). An estimated 22 per cent of households include a foster and/or orphan child under 18 years (24.4 per cent of urban households and 21.1 per cent of rural households). (DHS 2016, Table 2.9) This indicates that

the majority of children living with neither biological parent are in informal foster care arrangements, which continues to be the norm rather than any formal process of foster care or adoption.

It appears likely that current estimates may continue to understate the number of children in residential care, compounded by poor data on informal alternative domestic placement of children, especially in foster care or informal adoption arrangements.

#### **The Government's initial report to the United Nations Committee on the Rights of the Child (UNCRC, 2007, paras. 71 & 73) provided the drivers of alternative care as follows:**

"The population of Timor-Leste has historically demonstrated and continues to demonstrate a widespread acceptance and practice of removing a child from its family for reasons perceived to be in the best interests of the child.

During the popular resistance, many children were placed in other households or in institutions by their parents for their safety and to enable parents or older siblings to better support the independence movement. For example, many children were placed in Church-run institutions for improved protection against the authorities and militia groups. In none of these cases was there any judicial review by a competent authority to ensure that such a decision was made in the child's best interests. Since independence, many children have continued to be separated from their families, still in the absence of appropriate judicial review. **Perhaps the primary forms of separation of the child from its family that persists today are for reasons of:**

- The placement of children (mainly with the parents' consent but without any judicial or administrative review) into a residential institution;
- The transfer of children between households as a form of "informal" adoption
- The involuntary cross-border separation of children due to the previous occupation. (no longer applicable)"

<sup>59</sup> In Timor-Leste, a child is defined as an orphan if at least one parent has died; a "double" orphan has neither parent living.



The Government has been drafting regulations and procedures for the operation of orphanages, adoption and foster care since 2002, including assessment to establish that it is in the child's best interests and standards of care. (UNCRC, 2007, paras. 91-92; UNICEF Timor-Leste & MoSS, 2012, pp. 44-46; Commission on the Rights of the Child, 2016, pp. 29-30)

There is no formal process of regulation and monitoring of children in institutional placement, and of children subject to informal adoption or foster care. Most children in institutional care – largely orphanages operated by the Catholic Church – are removed from their families without any formal assessment by the Government's child protection authority (within MSSSI), even when their removal is purported to be linked to concerns about risk to the child (or even when there are no such concerns and the child is removed).

**A 2012 review referred to limited information and reported that:**

Anecdotal information suggests that as many as 3,500 to 5,000 children in Timor-Leste are growing up for substantial periods of time in residential care facilities, and that most children are placed in such facilities due to poverty and because of child protection concerns, predominately violence, abuse and early marriage of the girl child. It has also been reported that children are often placed in residential care facilities, often for long periods of time, without considering other options for their placement and care. Some girls are even placed in such facilities by their families to avoid the stigma of abuse and pregnancy. (UNICEF Timor-Leste & MSSSI, 2012, p. 2)

That same review estimated that 47 per cent of children in shelters (for female victims of violence) and 42 per cent of children in orphanages were living with both parents prior to being moved into the facility. (Ibid., p. 12) Children in such facilities experience comparatively high standards of schooling, hygiene and nutrition. In orphanages, school attendance is around 98 per cent, 83 per cent bathe at least three times a week, 76 per cent of children report never wearing dirty or torn clothes and 93 per cent eat three meals a day, although with poor dietary diversity (Ibid., Tables 3.8-3.10). However, the rate of staff violence is

high, as is children's fear of staff. (Ibid., Tables 3.14 & 3.15)

The lack of formal monitoring of alternative care for vulnerable children also means weak capacity to prevent the exploitation or abuse of these children. Most children in institutions are already vulnerable by virtue of being removed from their families. For instances of violence or abuse, the key issue concerns the capacity and commitment of institutions to build an environment where child victims can be heard and appropriate actions taken in a timely and child-sensitive manner in compliance with national laws.

Instances of sexual violence and physical assault by a perpetrator who was an orphanage duty bearer in Oecusse were revealed in 2018. The Oecusse facility in which the sexual assaults are claimed to have occurred has been listed on MSSSI inventories of orphanages needing to be within a regulated framework since at least 2003.

**Until fairly recently, residential care facilities such as orphanages were not monitored and there were no uniform minimum standards for their operation.** The minimum standards for institutional residential care – orphanages and boarding houses – were endorsed in 2008 but only recently began to be implemented. The key issue was a lack of regulatory framework, i.e., a ministerial diploma that operationalizes/enforces the minimum standards. This has now partly been resolved with the approval of a decree law in 2017 to regulate all social solidarity institutions, including childcare centres and boarding houses. This was operationalized through a ministerial diploma adopted in early 2020, which is now enabling work to be carried out on this issue. Plans/ongoing work include registration and licensing of institutions, as well as capacity-building.

**Building on these developments, it is vital to make any transfer of the child away from its birth parents or other sanctioned primary carer subject to formal review and approval.** The best way to minimize the perceived "need" for removing the child from his or her primary carers, especially birth parents and/or siblings, is through a well-resourced and well-managed social protection scheme (Bolsa

da Mãe) to lift households out of poverty. This should be complemented by measures to promote effective parenting and by local networks of child protection workers. This also opens opportunities to address high levels of home-based violence against children.

### 6.3.3 Violence against children and women

**Although the Law on Domestic Violence protects against child abuse, violence against women and children in many forms is common and sexual abuse of children, including by family members, remains a serious concern.**

**Violence against children** includes “all forms of violence against people under 18 years old. For infants and younger children, violence mainly involves maltreatment (i.e., physical, sexual and emotional abuse and neglect) at the hands of parents and other authority figures. Boys and girls are at equal risk of physical and emotional abuse and neglect, and girls are at greater risk of sexual abuse. As children reach adolescence, peer violence and intimate partner violence, in addition to child maltreatment, become highly prevalent.”<sup>60</sup>

**Violence against women** is defined as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering

to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>61</sup>

Because of the sensitive nature of the subject, data on the extent of violence against children and women are not always readily available.<sup>62</sup> However, some small-scale studies point to widespread violence in the home, where children may witness violence against their mothers, and to violence at school. Children are especially vulnerable to all types of violence, and children with disabilities are at even greater risk, because the perpetrators are commonly duty bearers and children have limited scope to pursue either protection or justice, including for sexual abuse that is clearly proscribed in law.

**Studies have highlighted widespread practice of corporal punishment (or physical violence) as a way for disciplining children both at home and in school.** The 2015 study of knowledge, attitudes and practices (KAP) related to parenting (UNICEF Timor-Leste (2017b)) found that 83 per cent of parents believed that it was sometimes necessary to frighten or threaten their children in order to make them behave, and 46 per cent believed that in order to bring up and educate a child properly, the child needed to be physically punished.<sup>63</sup>

60 [https://www.who.int/health-topics/violence-against-children#tab=tab\\_1](https://www.who.int/health-topics/violence-against-children#tab=tab_1)

61 [https://www.who.int/health-topics/violence-against-women#tab=tab\\_1](https://www.who.int/health-topics/violence-against-women#tab=tab_1)

62 There are quantitative reports on high levels of gender-based violence (see, for example, DHS2016, Chapter 16, concerning 15-19-year-old females), violence against children in institutional care (see UNICEF Timor-Leste & MoSS, 2012, sampling children aged 7-17 years) and violence against children in schools (see UNICEF Timor-Leste, 2016, covering 22 ‘pre-secondary’ and 13 secondary schools).

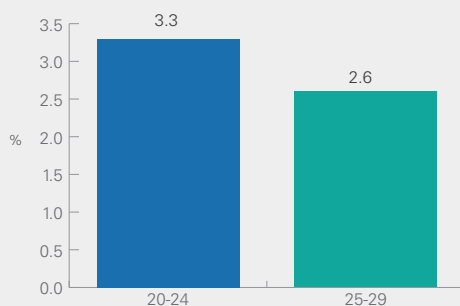
63 This study was conducted in four administrative posts of four municipalities and focused on the beneficiaries of the Bolsa da Mãe cash transfers; 995 recipients participated in the surveys, in addition to 44 individual in-depth interviews and 12 focus group discussions.

## SDG 16. Peace, justice and strong institutions



**SDG indicator 16.2.3:** Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18

**Proxy indicator:** Proportion of young women aged 20-29 years who experienced sexual violence by age 18 (%)



**Sexual violence against female children may be comparatively low, but is also rarely reported and even less likely to be investigated or prosecuted.**

Source: DHS (2018), Table 16.5

### Children are also exposed to violence in schools.

According to a 2015 survey on violence in schools<sup>64</sup> by the Ministry of Education, the Commission on the Rights of the Child and UNICEF, 75 per cent of boys and 67 per cent of girls reported that they had experienced physical violence by a teacher at school in the last 12 months, including being hit (with hand or object), slapped, kicked pinched or pulled by a teacher. Parents were reported as being generally supportive of violent disciplinary practices at schools, which they saw as necessary for children's moral and educational development. (UNICEF Timor-Leste 2016)

In 2012, the Government reported to the United Nations Committee on the Rights of the Child that children continued to suffer corporal punishment and verbal abuse in schools "despite considerable efforts by the Government to eradicate such behaviour." (UNCRC, 2014, para. 92) That same report stated that parents are subject to prosecution for "excessive discipline" and that there have been cases of parents being prosecuted for abuse "based on excessive corporal punishment." (UNCRC, 2014, paras. 92 & 94)

**The 2016 DHS found that among women age 15-49, in the 12 months preceding the survey, 29 per cent had experienced physical violence and 4 per cent had experienced sexual violence.** One third (33 per cent) of all ever-married women had experienced spousal physical violence in the same 12-month period, and 17 per cent of ever-married women who had experienced spousal physical or sexual violence in those 12 months were injured as a result. (2016 DHS, p 300)

A "culture of shame" and "victim blaming" surrounds cases of sexual abuse and creates significant barriers to reporting, according to the 2015 study on violence in schools. (UNICEF Timor-Leste 2016) Only one child said that they had formally reported being sexually abused at school, and the majority of children who reported to have been sexually abused said that they had told "no one" at all about what had happened to them. The main reason children gave for why they didn't report cases of sexual abuse was that they felt ashamed, and this was particularly the case for girls. In cases where sexual violence is reported, it is apparent

that informal or "restorative" resolutions are prioritized over a criminal justice response; including arranging for the marriage of the victim to the perpetrator, or the payment of compensation by the perpetrator to the victim's family. Where cases of sexual abuse of children are formally reported, the child is liable to be institutionalized in a "shelter". (Ibid.)

Of 60 cases involving rape monitored by the CSO Judicial System Monitoring Programme (JSMP) in 2018, 19 victims were aged 15 years or younger, 10 were 14-16 years and 12 were 17 years and older (in the other 19 cases, the age of the victim was unknown). (JSMP, 2019, Table 12) The study drew attention to the incidence of incest against minors as a concern, including for its concealed nature, and that the child victim's age or consent needs to be disregarded in proceedings. JSMP monitored 49 cases of incest between 2012 and May 2018 and claimed the actual number was far higher. (United States Department of State, 2019) JSMP recommends that the Penal Code be amended to incorporate a specific article on incest in the that does not consider the victim's consent or age. (JSMP, 2019, p. 57)

As part of its mandate for child protection, MSSSI has continued to develop and implement relevant procedures. There are two Child Protection Officers (CPOs) in each municipality (26 in total) and a Social Animator (Social Technician) in each of the 65 administrative posts, all trained to follow the Government's standard operating procedures for referrals to service providers. MSSSI also receives referrals from agencies for providing support services to vulnerable children. However, it has been reported that MSSSI has been highly constrained in fulfilling its mandate due to budget shortfalls (United States Department of Labor, 2019, Part III). The social solidarity budget is the primary source of funding for most of the mandates discussed in this chapter, especially the role of MSSSI. When the increase in recurrent pension payments to the aged and veterans are taken into account, resources for children are stretched thin, which limits the expansion of critical programmes for child protection and related social protection measures like the Bolsa da Mãe.

64 The mixed-methods study was conducted across five municipalities. In each municipality five schools were selected. Students and teacher were then randomly sampled; 1,405 students and 279 teachers were surveyed, and focus group discussions were held with students, parents, teachers, police officers and other members of the community. Study findings are not representative at country level.

Child victims of violence and abuse – predominantly in the home – face barriers to redress that include public defenders and the judiciary itself. These barriers are especially steep for children, given their greater dependence upon a family duty bearer to support them. The capacities of primary investigative, prosecutorial and judicial personnel in cases of domestic violence, rape and gender-based violence remain inadequate. Most importantly, in addressing key areas of child protection, successful interventions must include and emphasize effective and protective parenting from the child’s birth. This aims also to impact nurturing of children by the broader community.

### 6.3.4 Child marriage

**The minimum age for marriage is 16 for both boys and girls as prescribed by article 1490 of the Civil Code No. 10/2011, with article 1500 requiring the authorization of a parent, guardian or civil registrar for the marriage of a child under 17 years.** Following the UPR in 2016, the United Nations Human Rights Council urged that the minimum age of marriage for both boys and girls be set at 18 years, with no exceptions for such reasons as traditional customs, which would also conform with the country’s obligations under the Convention on the Elimination of all Forms of Discrimination against Women. The Government did not accept the recommendations because such a prohibition on child marriage “is not in line with the perspectives of the Timorese society”. (HRC, 2017, p. 5)

There are two predominant forms of marriage: traditional marriage (kaben adat) (“bride price monogamic” in the Civil Code) and marriage in the church (kaben igreja) (“Catholic” in the Code). For the former, once the union and the bride price (barlake) and other cultural requirements have been agreed, the couple is free to live together. Traditional or church marriages are rarely registered with the Civil Registry office, which means that “women’s right to inheritance or property upon separation or as a result of bereavement are negatively affected by the lack of civil registration.” (Committee on the Elimination of Discrimination against Women, 2015, para. 39(g)), even though such registration is required in accordance with article 1538 of the Civil Code.

For relationships involving a girl who is pregnant before marriage or under the minimum age of marriage, a traditional marriage is more common, whether in an urban or rural household. For this type of arranged marriage, the views of the girl are of little importance and she is culturally

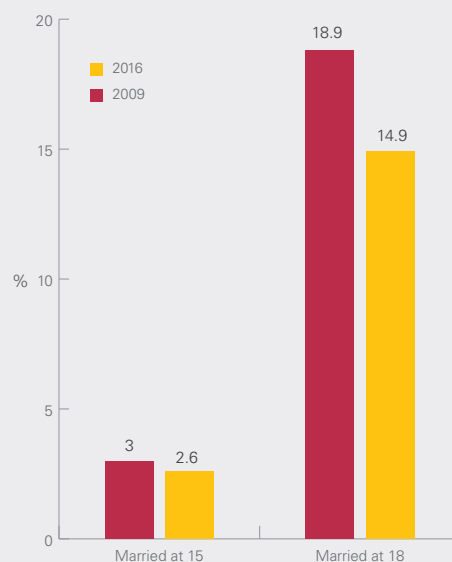
## SDG 5. Gender equality



**SDG indicator 5.3.1:** Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18



**Proxy indicator:** Percentage of women aged 20-24 who were first married by exact age



Source: DHS (2010), Table 6.3; DHS (2016), Table 4.3.

The proportion of women marrying early is declining, but needs to decrease faster. Having a minimum age of 17 years requires closer attention to specific ages below 18 years, and to links to pregnancy and extent of access to reproductive health knowledge and assistance.

likely to accept the situation. (UNFPA, Secretary of State for Youth and Sport & Plan International, 2017, p. 10)

While it is apparent that social and cultural norms disapprove of motherhood outside of marriage, it is not as clear that the currently low legal age of marriage is in line with social expectations. Evidence suggests that parents largely desire their daughters to complete at least the period of basic education, that marriage of adolescent girls is largely a consequence of a pregnancy, and that appropriate support for unmarried adolescent girls appears to be, at best, limited.

**The 2015 Census reported 1,561 females of any age who had married at 14 years and 5,641 married at 15 years, for a total of 7,202. (Census Table 16)**

Given statutory provisions, these marriages would be largely if not fully confined to cultural marriages, along with an unknown proportion of the 6,192 girls married at 16 years of age. This is mainly of concern in the context of the impact upon women and their

lack of consent in an arrangement that is linked to parental agreement. It is important to note that for many girls, their sexual initiation occurs not only within the context of very limited knowledge of their sexual agency, especially of their rights of control of their bodies and the nature of consent, but possibly not even until they are faced with the prospect of an unplanned pregnancy.

There were no males married below 16 years. For all 10-14-year-olds in the Census period, nine males and 177 females were living together in a marriage-like relationship. For 15-19-year-olds (a population largely comprising people able to legally marry), 5,311 females (8 per cent) and 1,966 males (3 per cent) were either married, divorced, widowed, separated or living together. (Census Table 15)

### **6.3.5 Girls' rights and harmful traditional practices**

**The Government's most recent (2013) periodic report to the United Nations Committee on the Rights of the Child considered harmful traditional practices as comprising "child marriages, using children for domestic chores, child labour, neglect, domestic violence, sexual abuse and trafficking".**

(UNCRC, 2014, para. 183) The Committee on the Elimination of Discrimination against Women considers some additional areas – bride price (barlake), child and/or forced marriage and polygamy – and urges the Government to adopt a comprehensive strategy towards elimination of these practices, complemented by awareness-raising programmes targeting the judiciary, law enforcement, teachers, parents and community leaders, especially in rural areas (Committee on the Elimination of Discrimination against Women, 2015, para. 15).

In many child marriages, the girl's explicit voluntary and informed consent may not be evident, and there is little data on the issue. The extent of polygamy is hard to establish; it is not referred to in the Government's periodic reports to the United Nations Committee on the Rights of the Child, the 2015 Census or the 2017 teen pregnancy and early marriage study. The Civil Code clearly prohibits polygamy for civil and Catholic marriages (article 1490(c)), but it might be sanctioned within a

traditional cultural marriage.

Barlake, a form of bride price or dowry, is an explicit legal provision for a cultural marriage within the Civil Code and is very common. "Although the practice varies widely among ethnic and geographical groups, the main principle is that the husband's family pays the bride's family with money and goods. The idea is that the families become joined and united once the barlake is paid. The entire agreed-upon commitment is "rarely given all at once, [and] instead [is] staggered over the life of the marriage at significant ceremonies of life and death. This staggering of payments and the ongoing relationship it creates between the families provides the bride's family with some leverage over the treatment of their daughter and the children" (USAID, The Asia Foundation, Stanford Law School) Conversely, it can imply a form of "ownership" of or entitlement over the female and can be "linked to domestic violence and to the inability to leave an abusive relationship". (US Department of State, 2019) Additionally, there continue to be concerns around such practices as traditional inheritance systems that tend to exclude women from land ownership. (Ibid.)

### **6.3.6 Trafficking and exploitation**

Trafficking in children is largely focused on labour exploitation and sexual exploitation. Timor-Leste legally prohibits both within the Criminal Code (articles 163 and 164), with penalties of 8-25 years imprisonment. The Law on Preventing and Combating Human Trafficking was promulgated in 2017, and amended the Criminal Code to extend criminal liability for trafficking to include "legal persons" such as corporations. (United States Department of State, 2018, pp. 419)

**It is reported that the Government has increased its efforts to investigate and prosecute trafficking cases, to identify victims and to pursue criminal charges against a complicit official, but failed to obtain any convictions for trafficking and detained and deported dozens of women, who were likely the victims of sex trafficking, without proper screening. (Ibid., pp. 418-420).** Human traffickers exploit domestic and foreign victims in Timor-Leste, and traffickers exploit victims from Timor-Leste abroad. The main areas of vulnerability for children

especially impact girls, who are sent to Indonesia and other countries for domestic servitude and from rural areas to Dili for purposes of sex trafficking or domestic servitude, commonly due to a promise of better employment or education opportunities. Some Timorese families place children in bonded household and agricultural labour. This may include sending the child abroad, but more normally occurs in rural Timor-Leste, and helps the child's family to reduce domestic debts. (Ibid.)

## 6.4 Children in contact with the law

Children come into contact with the law primarily as defendants, as victims and/or as witnesses.

The Convention on the Rights of the Child mandates a range of rights for the child in all such matters. Article 3 requires that in "all actions concerning children... [including] courts of law... the best interests of the child shall be a primary consideration". Article 12 provides to children the right to express views and to be heard in judicial proceedings affecting the child, and to have those views taken into account. Article 40 sets down a range of rights and guarantees for the child brought into the justice system, including to promote the child's social reintegration, to receive legal assistance in preparing and presenting the child's defence, to have the matter dealt with without delay, to have a right of appeal to a higher court, to have access to free interpretation assistance, to have full privacy in all proceedings, and to have access to a full range of alternative measures to detention.

The minimum age of criminal responsibility was 8 years until 2000, when the United Nations Transitional Administration in East Timor raised it to 12 years, and provided that 12-15-year-olds be treated under juvenile justice rules except for serious crimes. The entry into force in 2009 of the Penal Code effectively raised the minimum age to 16 years (which is high by international standards and is a positive development) by defining 12-15-year-old children as minors exempt from criminal responsibility. (JSMP, 2014, p. 19) This would mean that 16-17-year-olds are detained with (young) adults, but it is expected (as per article 20(2)

of the Penal Code) that all 16-20-year-olds would be treated in accordance with the rights of child detainees ("specific provisions") and afforded rehabilitative support and access to training.

### **The continued absence of a law for a child justice system continues to be an important gap in national legislation.**

Since soon after independence there were efforts to draft a juvenile justice law, in parallel with the drafting of the Children's Code in 2004, which was not adopted. Current efforts focus on the drafting of a child protection law, which should be complemented by legislation on children in conflict with the law. The latter needs to ensure that detention – which likely needs to include placement in institutional care for the child's "protection" – is a clear last resort, and include provisions for diversionary options for the police and judiciary, and for non-custodial sentencing.

Few cases enter the judicial system and the courts have been criticized for handing down shorter sentences than prescribed by law. Similarly, failures to investigate or prosecute cases of alleged rape and sexual abuse are common. The National Police's Vulnerable Persons Unit generally handles cases of domestic violence and sexual crimes, but does not have enough staff to provide a significant presence in all areas of the country. (United States Department of State, 2019) The capacities of primary investigative, prosecution and judicial personnel in cases of domestic violence, rape and gender-based violence remain inadequate.

### **National NGO JSMP found that most criminal cases involving children that reach the courts concern crimes of sexual and physical violence against children.**

While cases relating to crimes of sexual and physical violence are the most common type heard by the courts, JSMP research and other sources indicate that cases which reach the court are likely to represent only a small minority of actual crimes committed against children due to a lack of understanding of the formal justice system, a widespread tolerance of violence against children and a preference for traditional justice resolution mechanisms. Monitoring of 81 cases in 2018 involving minors as victims included the offences of rape (40 per cent), failure to provide food assistance (25 per cent) and simple offences against physical

**BOX 6.2****Obstacles to reporting a crime perpetrated against a child**

- Physical violence as an acceptable method of discipline
- Delayed reporting
- General lack of knowledge and understanding about the formal justice system
- Disregard for reporting obligations by the National Police and the Child Protection Officers
- Weak cooperation between the social services and the judicial authorities
- Preference for traditional justice
- Misuse of power and influence by the police forces
- Not enough structures and police officers specialised in child matters

Source: JSMP, 2014, p. 53.

**BOX 6.3****Obstacles to the investigation and charging of a crime perpetrated against a child**

- Poor communication between the National Police and public prosecutors
- Misclassification of crimes
- Poor quality of investigations due to lack of knowledge and resources
- Disregard for the legal obligation to investigate and prosecute public crimes
- Rare use of precautionary/security and child protection measures
- Technically poor and incomplete charging
- General poor understanding of the legal framework

Source: JSMP, 2014, p. 53.

integrity characterized as domestic violence (19 per cent), among others. (JSMP 2019, Table 14).

Data are limited. A specialized study by JSMP in 2014 noted that “Authorities do not seem to keep current records and most government and judicial institutions do not appear to be consistently using data-collection systems”, and that statistics from the Vulnerable Person Unit are often imprecise due to poor data collection and lack of systematic recording. (JSMP, 2014, pp. 9 & 46) Case recording is insufficiently rigorous to make any data sufficiently reliable or informative, compounded by poor reporting, and potentially misleading due to inconsistencies within laws about age of majority; MSSJ does not record crimes perpetrated by children consistent with Penal Code provisions and 18-year-olds “are considered minors for the purposes of these records”. (Ibid., pp. 69-70)

**Issues such as insufficient and poorly qualified human resources, extensive gaps in legislation,**

**unclear mandates in child protection and a poor understanding and flawed application of the law have been identified as some of the main factors impeding the realization of children's right to access the formal justice system.**

The combination of such factors, among others, means that minimum international standards on child justice are not being met in Timor-Leste. (JSMP 2014, pp. 3-4) Most cases do not reach the investigation phase, let alone the prosecution. Most child victims reaching court are adolescent girls who have suffered sexual violence, although there is a “high incidence” of cases involving young children (as young as 2 years of age) as victims of sexual abuse (JSMP 2014, p. 44).

Box 6.2 lists barriers to reporting and Box 6.3 lists barriers to investigation and to laying a charge.

When crimes are perpetrated against children, during the trial they face a series of further obstacles that preclude it being a child-friendly process: their safety is not guaranteed; their privacy is not protected;

they can be subject to cross-examination by the alleged perpetrator; there is inconsistent use of child protection measures; and the social services are not involved. (JSMP, 2014, p. 60.)

There is a need to develop and implement a juvenile justice system that is child-sensitive, requiring that children in conflict with the law who are criminally responsible are dealt with by a specialized system separate from and different to the criminal system designed for adults. (JSMP 2014, p. 7) Two measures that await implementation – both laws were drafted in 2010 – would set a strong standard through the Penal Code’s exempting children aged 12-15 from criminal liability and treating 16-20 years olds within a “special penal regime” that keeps them separated from adults during the stages from arrest through to detention. (ILO, 2019a, p. 16)

The comparative absence of adequate scrutiny when placing children into institutional care extends to the justice system, in which “a significant number of child victims involved in court cases are under the care of shelters and other alternative care institutions” as a child protection measure, informally and often without judicial sanction. (JSMP, 2014, p. 65)

## 6.5 Child labour

### 6.5.1 Legal and policy environment

Child labour is subject to key global instruments, some of which have been ratified by Timor-Leste, particularly the Convention on the Rights of the Child (article 32) and ILO Convention No. 182 on the Worst Forms of Child Labour. The Government is in the process of complying with the latter by formalizing hazardous work provisions. It has not ratified the fundamental Minimum Age Convention (No. 138), and still has negligible inspectorate resources for children and thus minimal capacity to enforce the various provisions.

The Secretariat of State for Professional Training and Employment (SEFOPE) enforces laws on child labour, receives child labour complaints and refers complaints

to the National Police for further investigation; MSSI receives referrals from SEFOPE to support child labour victims. The National Commission Against Child Labour and the Inter-Agency Trafficking Working Group are mechanisms to better coordinate efforts around child labour.

The Labour Code No. 4/2012 of Timor-Leste establishes the rights of children to engage in economic activity, subject to age and the nature of the work, and to protections applying to children’s employment.<sup>65</sup> This aims to complement measures to support children in their completion of basic education without interference from economic activity.

Nationally, the Labour Code (Art. 5(h)) defines a young person as someone under the age of 17. It does not apply to labour relations involving family members working in small family-run undertakings that seek to support family subsistence. The Code includes a “work for minors” section (articles 66-70) that specifically prohibits employment of children under 17 in the worst forms of child labour (so that 17-year-olds are not included in the child labour protections) and establishes a minimum working age of 15 years for certain types of work. Light work by 13-14-year-olds is permitted in certain circumstances including that it not exceed five hours per day or 25 hours per week. (UNCRC, 2014, paras. 238-239)

A list of what constitutes hazardous work was finalized in 2012 and submitted to the Council of Ministers for approval by 2013 and again in early 2018, but has not yet been adopted. (Ibid., p. 22; UNCRC, 2014, para. 245; United States Department of State, 2019)

#### **The ILO Committee of Experts has made some observations and recommendations to the Government related to obligations under Convention No. 182:**

- The absence of protection for all children from the guarantees of Convention No. 182 due to the Penal Code’s omission of 17-year-olds from the definition of a child, in areas of their use, procurement or offering of a child

<sup>65</sup> Within this section, various technical terms are clarified (“child labour”, “economic activity”, “hazardous work”, labour force participation rate, etc). For further clarification of various terms see ILO, 2019a, Chapter 2.



for prostitution, pornography or pornographic performances, exploitation in the production and trafficking in drugs, use for the purpose of begging, and engagement in hazardous forms of work;

- The need for improved information on the measures of compliance with section 68(4) of the Labour Code in defining, monitoring, investigating, prosecuting and eliminating hazardous types of work and the worst forms of child labour by children under 18 (especially including children on the street); and
- Parallel efforts to facilitate access to free basic education including reducing the number of out-of-school children, and to promote the rehabilitation and social reintegration of child victims of trafficking and commercial sexual exploitation.<sup>66</sup>

### 6.5.2 National Child Labour Survey 2016

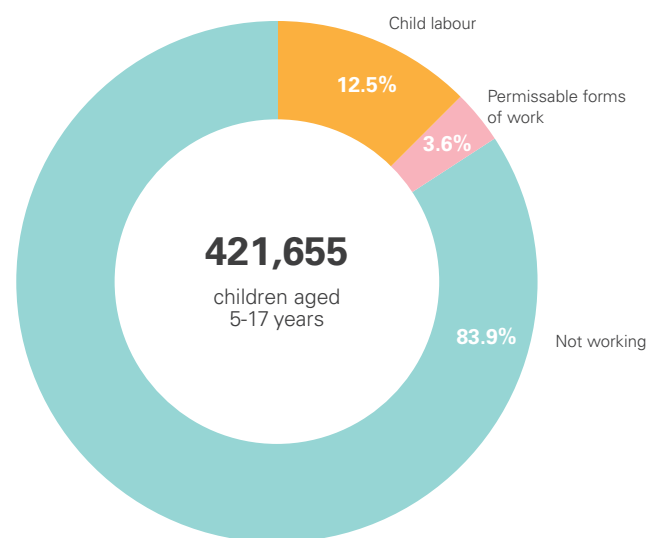
**In the Timorese context, the term “child labour” refers to children aged 5-12 years engaged in any form of work, children aged 13-15 years engaged in work other than light work, and children aged 13-17 years engaged in economic activities constituting the worst forms of child labour.** This is in accordance with the Labour Code and was the framework used in Timor-Leste’s first National Child Labour Survey (NCLS) in 2016, which excluded non-hazardous worst forms of child labour due to measurement difficulties. “Hazardous” child labour is defined as working 45 or more hours per week, working in (defined) hazardous conditions and night work. (ILO, 2019a, pp. 28-29; see p. 48 re excluding non-hazardous labour.) “Economic activity” includes production or service activities whether formal or informal, paid or unpaid, and performed within or outside the family.

The NCLS surveyed 1,740 households across all municipalities (22 per cent urban, 78 per cent rural), as a statistical sample of the national population of almost 422,000 children aged 5-17 years (50 per cent boys, 50 per cent girls).<sup>67</sup> Overall, 16.1 per cent of children

aged 5-17 years are employed (females: 16.5 per cent; males: 15.5 per cent); (urban: 5.5 per cent; rural: 19 per cent). (ILO, 2019a, Table 4.1 & Figure 5.2)

According to the NCLS, out of the total child population of some 421,655 children aged 5-17 years, 12.5 per cent are in child labour (52,651); 3.6 per cent are working in permissible forms of work (15,037);<sup>68</sup> and 83.9 per cent are not working. There was a sharp increase in children’s involvement in child labour, from 9.9 per cent in the 5-12-year age group to 20.8 per cent of 13-14-year-olds. The prevalence of child labour decreases for 15-17-year-olds (14.1 per cent) as many of these children have attained the minimum age for admission to employment and are not involved in prohibited forms of hazardous work. Children in rural areas are almost four times more likely to be in child labour than their urban counterparts (14.8 per cent against 3.9 per cent). Gender disaggregation shows that girls have a higher prevalence of child labour than boys (13.4 per cent against 11.5 per cent). (ILO, 2019a)

The majority of children are working to supplement the family income (58.4 per cent), with a large gap between urban (38.5 per cent) and rural (60.1 per cent) residents, followed by “learn skills” (28.5 per cent), again with a large urban (54.7 per cent)/rural (26.3 per cent) split. (Ibid.)



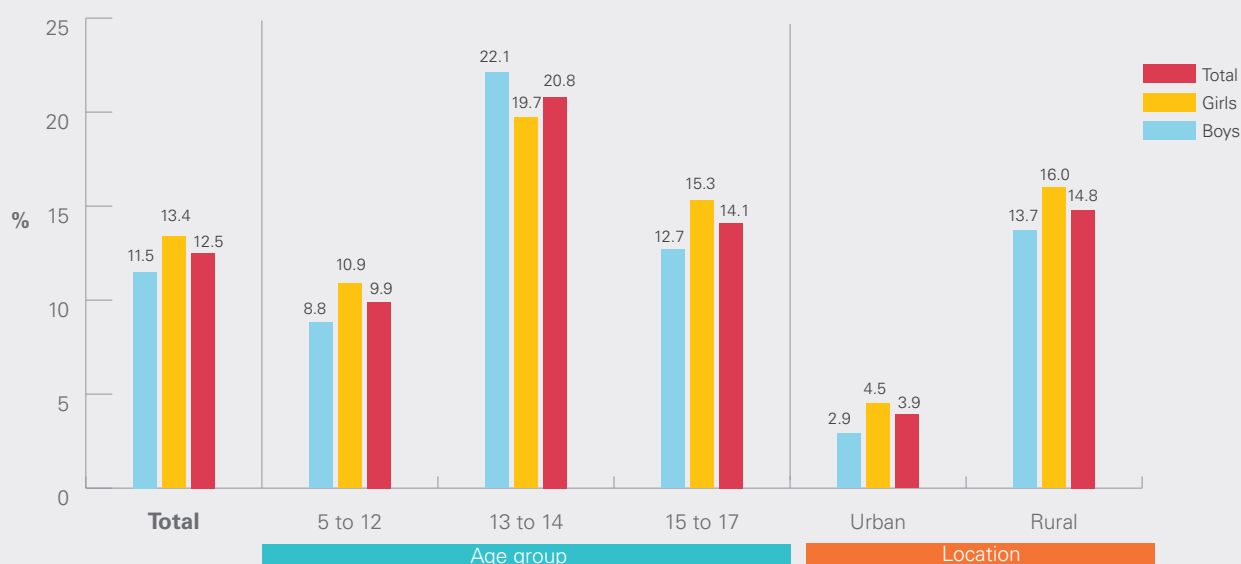
66 See via <http://www.ilo.org/dyn/normlex/en/f?p=1000:20010:::NO:::> (accessed 1 February 2020)

67 For sampling methodology, see ILO, 2019a, pp 44-46.

68 These two categories (12.5 per cent in child labour and 3.6 per cent working in permissible forms of work) total 16.1 per cent as mentioned in the preceding paragraph.

## SDG 8. Decent work and economic growth

**SDG indicator 8.7.1:** Proportion and number of children aged 5-17 years engaged in child labour, by sex and age



Source: ILO (2019a). Figure 72: data relate to the survey reference week. Child labour is all work by 5-12 year olds, all non-hazardous work greater than 25 hours and all hazardous work by 13-14 year olds, and all hazardous work by 15-17 year olds. This represents 52,651 children.

**Child labour is high and primarily occurs within subsistence family-based employment that is outside the scope of the Labour Code. It is especially prevalent amongst children of mandatory school age.**

There is lack of data related to the situation of children who move from rural to urban areas for economic reasons. Over 200,000 people migrated internally in the 2015 Census period, including almost 100,000 into Dili. Nationally, 13.3 per cent migrated for employment or to seek employment; of those who moved to Dili, 17.2 per cent did so for employment.

Given that the national economy is still heavily family-based, informal and subsistence-focused, any data should be interpreted with caution. Most children are in school and not working, and the large majority of working children are also in school. The large number of 5-12-year-olds not in education, employment or training primarily reflects 5-6-year-olds who are not yet in Grade 1. There is little seasonal variation in when children work, with the highest percentage in January (31.3 per cent) and the lowest in September (29.3 per cent). (ILO, 2019a, Figure 5.4)

It is important to distinguish between child labour and engagement in household chores, which can be

methodologically difficult. In Timor-Leste, household chores primarily comprise food/meal preparation or serving, washing clothes and housecleaning. This is of concern if it places the child at risk or if it interferes with the child's education. The NCLS reports that household chores are carried out by girls more than boys, across all age groups, and more so in rural areas where this work begins earlier. The weekly average increases from eight hours for 5-12-year-olds to 11 hours for 15-17-year-olds, but this still means that for 15-17-year-olds, 31 per cent of girls and 22 per cent of boys are engaged in household chores for at least 14 hours per week. For the 43,000 children who reported never attending school, just 2 per cent did not attend due to carrying out domestic chores (this does not cover periodic non-attendance or dropout for such reasons). (ILO, 2019a, Figure 5.6 & p. 84)

**Of all working 5-17-year-olds, 55.6 per cent work as "field crop and vegetable growers"<sup>69</sup> and 25.9 per cent are "housekeeping and restaurant service workers".<sup>70</sup> For the former category, the percentage**

69 Defined by ILO as "Field crop and vegetable growers plan and carry out the necessary operations to grow and harvest various types of field crops ... for sale or delivery on a regular basis..." <https://www.ilo.org/public/english/bureau/stat/isco/isco88/6111.htm> Accessed 26 March 2021.

70 Defined by ILO as "Housekeepers and related workers [who] organize, supervise and carry out housekeeping functions in hotels, clubs, boarding

**increases with age and, for the latter, it decreases (mainly involving 5-12-year-olds).** More than half (56 per cent) of child workers are categorized as a “contributing family worker”; and a further 35 per cent as an “own-account worker” (basically self-employed, commonly within the informal economy); these two categories, combined, are “often considered as a measure of vulnerable employment”: this applies to 91 per cent of working children. That one in four working children are working for more than 20 hours per week is an indicator of a sizeable population at risk of school withdrawal. (Ibid., p. 38, Figures 6.3 & 6.5)

The labour-force participation rate – the proportion of the population of working age who are either employed or unemployed or otherwise available for employment – has continued to increase for 10-14-year-olds and 15-19-year-olds, male and female. (ILO & GDS, 2019, p. 16).<sup>71</sup> Between 2010 and 2016, the rate for 15-24-year-olds (that is, primarily people aged 18 years and over) trebled, from 8.5 per cent to 25.8 per cent. (Ibid., p. 17) As noted previously, labour-force participation has increased overall, in large part due to shifts in subsistence farming, with families expanding foodstuff production for the market or moving to informal employment.

### 6.5.3 Worst forms of child labour

**Of the estimated 52,651 children engaged in child labour (as per the definition earlier in this section), around 30,000 are in hazardous work, of whom 22,400 are also attending school. This comprises all of the 5-12-year-olds, almost all of the 13-14-year-olds and half the 15-17-year-olds in work, and is largely a rural phenomenon.** This mainly takes the form of hazardous work conditions (such as machinery and exposure to gas, fire or noise) (59 per cent), followed by night work (42 per cent) and long hours (13 per cent) (some children are in multiple categories). (ILO, 2019a, pp. 69-72) Whether urban or rural, male or female, school attendance rates are lower for those students who are also working and engaged in hazardous rather than non-hazardous work. (Ibid., p. 83 & Figure 8.7)

By 2018, it was reported that “Timor-Leste [had] made

a minimal advancement in efforts to eliminate the worst forms of child labour”; with child labour including the cultivation and processing of coffee, work on fishing boats and net repairs, the handling of pesticides, construction including brickmaking, operating weaving and knitting machines, carrying heavy loads, and sexual, domestic and agricultural labour “sometimes as a result of human trafficking”. (United States Department of Labor, 2019, Part I; United States Department of State, 2019)

While there were actions by the relevant agencies to combat child labour, no violations were found or penalties imposed. In addition, the Government generally did not enforce child labour laws outside the capital. The Labour Code does not apply to family-owned businesses operated for subsistence, the sector in which most children worked. The Government has not adopted a list of prohibited hazardous work. (United States Department of State, 2019)

In 2004, there were eight labour inspectors for the whole country, all based in Dili. There were 20 by 2013, although none dedicated solely to child labour. There were 26 in 2017 and 2018. The amount of funding for the Labour Inspectorate was reported as \$488,835 in 2017 but just \$279,000 in 2018. (UNCRC, 2007, para. 252; UNCRC, 2014, para. 241; United States Department of Labor Affairs, 2019, Part III) The ILO Committee of Experts has requested information on measures taken to improve labour inspection on the worst forms of child labour, including violations and penalties applied. (ILO, 2019b) There is clearly a need for improved labour and workplace inspections that include attention to child labour, and for dedicated child labour inspectors, more effective enforcement of laws and regulations (especially in the informal sector), and the implementation of standards still under consideration (including with respect to hazardous work), all appropriately funded.

## 6.6 Adolescent civic participation

Adolescence is generally viewed as the years from the onset of puberty, which varies in age for all children

schools and other enterprises and institutions and in private households.” Accessed 26 March 2020 <https://www.ilo.org/public/english/bureau/stat/isco/isco88/5121.htm>

71 Technically, there is not a labour force participation rate for under-15-year-olds due to the minimum age set down in the Labour Code, although there is limited scope for “light work” from 13 years.



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(typically commencing around 10-11 years but maybe sooner or later), even though there remains a tendency to define an age range. The WHO defines adolescence as the ages of 10-19 years inclusive, which has been emulated by UNICEF for the purposes of programming. (UNICEF, 2018c, p. 9) The United Nations Committee on the Rights of the Child focuses on the period from age 10 years up to 18 years, the age of legal entry into adulthood. (UNCRC, 2016b, para. 5).

To promote the resilience and healthy development of adolescents, the Committee has stressed the importance of inter alia: strong relationships with and support from the key adults in their lives; opportunities for participation and decision-making; problem-solving and coping skills; safe and healthy local environments; respect for individuality; and opportunities for building and sustaining friendships.

Programming approaches to the adolescent period have typically focused on specific challenges (school dropout, substance abuse, physical and sexual abuse and violence, unemployment, early pregnancy, etc.) or the fulfilment of more aspirational roles of children (such as opportunities for participation, civic engagement and access to leisure activities). This report takes the approach that adolescence is a second window of opportunity to influence the child's development and potentially make up for losses, as well as a critical stage to build on investments and see the benefits of ECD and the early years.

### 6.6.1 Civic participation

Adolescence is an age when children develop their interest in broader social and civic engagement. This is primarily shaped by their social interactions and their access to information. The United Nations Committee on the Rights of the Child says that Governments should introduce measures to guarantee adolescents the right to express views on all matters of concern to them, in accordance with their age and maturity, and ensure they are given due weight, for example, in decisions relating to their education, health, sexuality, family life and judicial and administrative proceedings. States should ensure that adolescents are involved

in the development, implementation and monitoring of all relevant legislation, policies, services and programmes affecting their lives, at school and at the community, local, national and international levels. (UNCRC, 2016b, para. 23)

The role that adolescents and youth can play, and its centrality for development, democracy and social cohesion, is well recognized in Timor-Leste. **The country has over time set up a number of mechanisms to facilitate their participation in decision-making and promote civic engagement.** These include a system of youth representatives at suco level (one female and one male aged 17-30 per suco), youth centres at municipal level and the Youth Parliament at national level. A number of youth organizations exist, including the Timor-Leste National Youth Council and the Alumni Association of the Youth Parliament, as well as informal youth groups.

Although embracing a small proportion of the country's young people, the **Timor-Leste Youth Parliament is one important means of giving a voice to adolescents.** The Youth Parliament was endorsed by Parliament as a government-run programme in 2009 (Resolution No. 23/2009), and comprises two representatives (one male, one female) aged 12-17 years from each of the 65 administrative posts, elected for a three-year term. Upon completion of their term, they may join an "alumni association" that mentors new members and extends their own engagement in civic affairs.

A 2018 evaluation of the Youth Parliament programme reported that geographic representation and gender balance had been ensured but that the inclusion of children with a disability and of out-of-school children had not. There was a need for harm mitigation mechanisms for children and for a formalized reporting system. Members were confident in their performance ("return on the trust and time invested in them") and potential to reach large numbers of children ("indirect beneficiaries") but the impact on young people more broadly was negligible. (UNICEF Timor-Leste, 2018b, pp. 8-9) The report noted that its particular advantage was "in connecting to parliamentary process and policymaking" and that it annually presented policy recommendations to

ministries, but that any consequential ministry actions were not being tracked or reported. (Ibid., pp. 68-69) The evaluation noted the importance of improved training opportunities, but child protection, gender and human rights "are not priority skills" in the view of Youth Parliament members. (Ibid., p. 69)

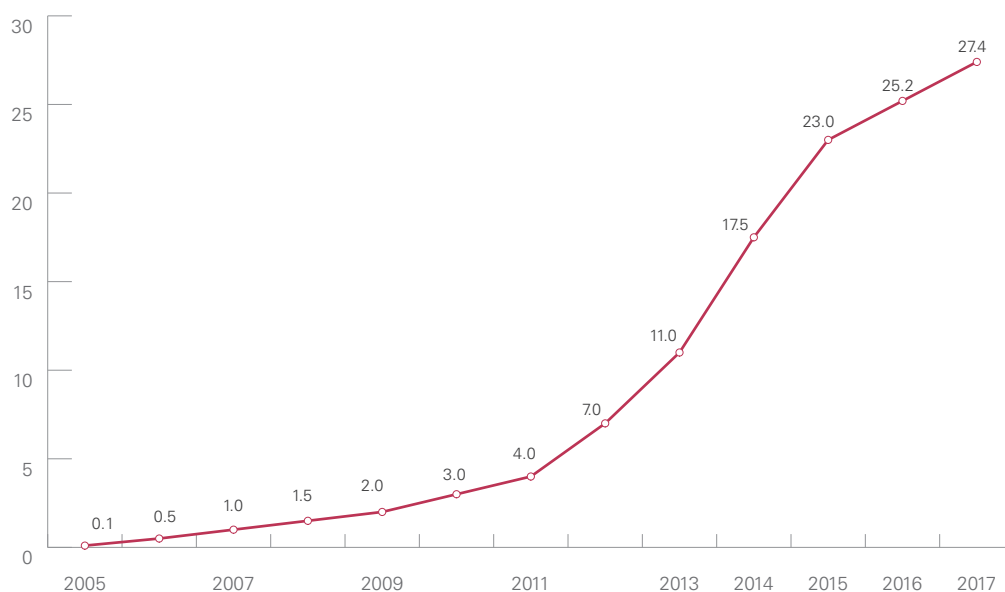
**Overall, the civic engagement and participation of adolescents could be further strengthened, in particular by building stronger connections between the Youth Parliament and the Government and Parliament's policymaking and decision-making processes.** As per the 2016 National Youth Policy, "youth civic engagement and participation is not yet strong in community activities and their participation is also not strong in the areas that most affect their daily lives, such as education and health." The policy further states that "Suco Council youth members do not seem to have knowledge about their tasks and responsibilities as youth representatives in the suco Councils. At the same time, Council leadership resists the active engagement of young people in the decision-making process." Limited participation of youth in local planning is compounded by top-down decision-making processes and legitimacy issues in current municipal leadership. The survey of 850 adolescents carried out during the situation analysis consultations showed that while 74 per cent felt that their voice was heard in the family, only 44 per cent felt heard at community level and just 28 per cent at national level.

Cultural attitudes are a key impediment to youth participation in local planning and wider societal engagement. These include "young people's lack of capacity for social interaction, the elderly's lack of trust on young people, lack of encouragement from the family, and low community awareness of the potential of young people," as per the 2016 National Action Plan for Children. Encouragingly, high school students were among the leaders of the March for Climate Justice held in September 2019 that was a first for Timor-Leste and attended by more than 400 marchers.<sup>72</sup>

A potential impediment to the participation of children and adolescents was a May 2020 proposal by the Ministry of Justice to amend the Penal Code

72 Via <https://www.greenleft.org.au/content/marching-climate-justice-timor-leste>

**Figure 6.1**  
**Proportion of population of Timor-Leste using the Internet (%), 2005-2017**



Sources: World Bank Data Bank (accessed 1 February 2020)

by making defamation a crime punishable by up to three years in prison. The proposal has since been withdrawn but it did reflect a long-standing discussion and mixed views on the issue going back 20 years. The renewed support is largely based on offences and insults made through social media, especially against national heroes and public officials. Given the support for the proposed law from some quarters, it is possible that the issue may be revisited, and threaten young people's self-expression and potential activism on social media.

### 6.6.2 Internet usage, social media and risks of online abuse and exploitation

A growing number of young people in Timor-Leste have mobile phones and are using the Internet as a source of information and for networking. In 2019, 27.5 per cent of the population used the Internet and there were over 1.4 million prepaid mobile-cellular telephone subscriptions.<sup>73</sup> It is likely that the proportion of young people using the Internet is higher than is shown in Figure 6.1, given that Internet uptake is faster among

younger age groups and the figure represents the national average for all ages.

One fast-emerging area of vulnerability for children – especially but not only adolescents – relates to risks of online abuse and exploitation. Risks include cyberbullying, cyberstalking, sexting and its unanticipated sharing,<sup>74</sup> access to inappropriate content in an unregulated system and online predation by adults in areas of grooming for sexual abuse or exploitation.<sup>75</sup> The consultations with groups of adolescents held to develop this document pointed to awareness by children in Timor-Leste of social media and its merits and risks. Use of digital technologies is an area needing careful but prompt attention and action, for example to promote appropriate online practice and protect children online while maintaining their rights to expression, participation, information and privacy. It is also important to avoid the threat in various countries that criminalizes children (for example, for consensually sexting images to a friend) rather than the adults who might seek to exploit them.

73 As per the International Telecommunication Union (ITU) World Telecommunication/ICT Indicators Database.

74 Cyberbullying is the abuse of online media to bully the recipient, often by anonymous or concealed senders, including abuse that may be more widely viewed by others; cyberstalking is the abuse of digital forms of communication such as email and social media to harass a person in an aggressive manner; and sexting is the sharing of sexualized text or images to a known recipient that may be voluntary or coerced, but is vulnerable to sharing with third parties without the original sender's knowledge or consent.

75 The Global Threat Assessment 2019 categorizes five stages of sharing of most "self-generated indecent imagery" as being non-consensual, ranging from: (1) Sexting (age-appropriate, consensual production and sharing of sexualised imagery between two adolescents or young people, with a risk these images are shared by others without consent; to (5) "Sextortion" (the process whereby adults or adolescents groom, coerce or manipulate a child into performing sexually over webcam for the purpose of obtaining more explicit material to share with other offenders. The depth of victim trauma is heightened by the sense of self-blame and guilt arising from blackmail and extortion. (WeProtect Global Alliance 2019, p. 31))

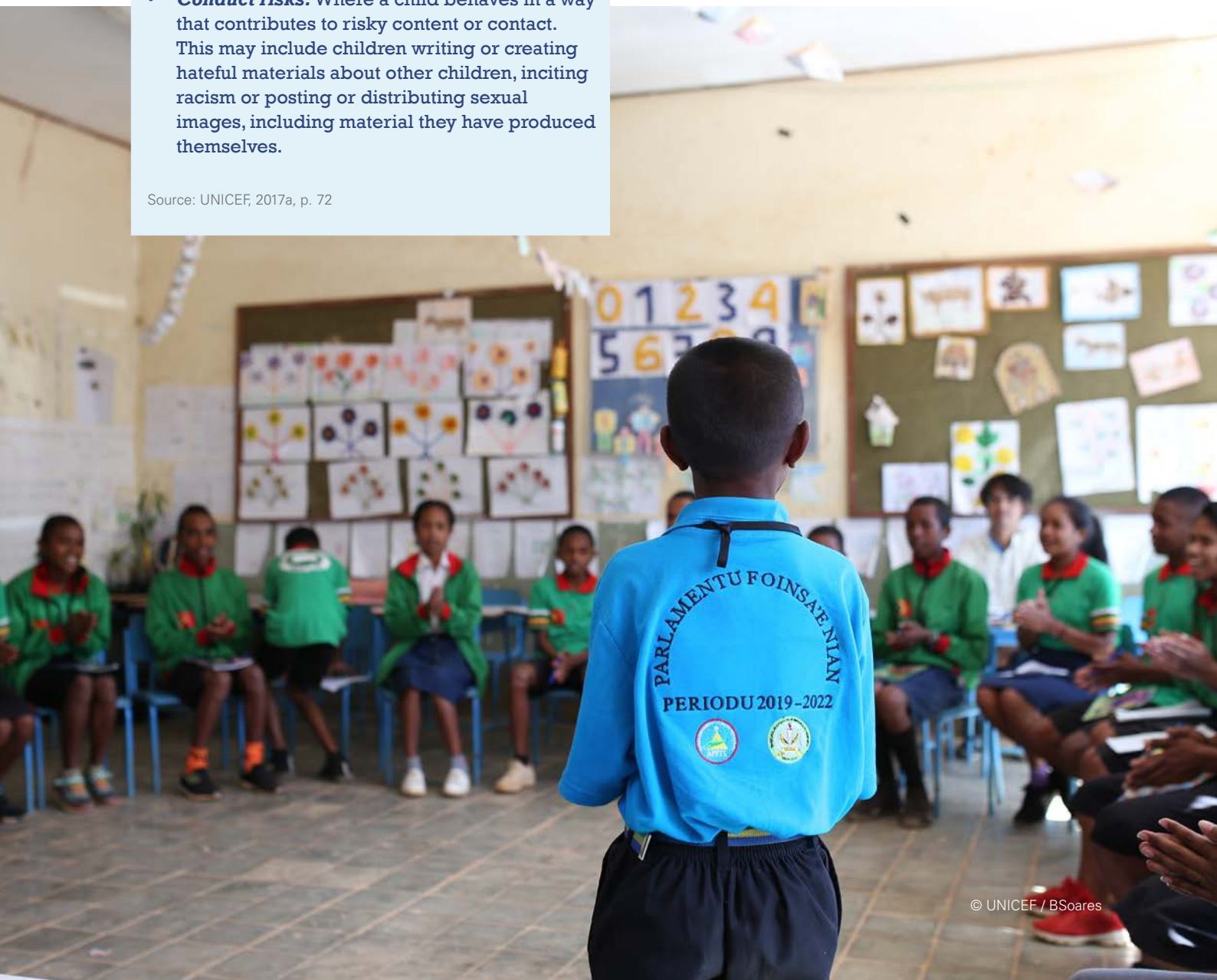
**BOX 6.4****Three forms of online risk**

- **Content risks:** Where a child is exposed to unwelcome and inappropriate content that can include sexual, pornographic and violent images; some forms of advertising; racist, discriminatory or hate-speech material; and websites advocating unhealthy or dangerous behaviours, such as self-harm, suicide and anorexia.
- **Contact risks:** Where a child participates in risky communication, such as with an adult seeking inappropriate contact or soliciting a child for sexual purposes, or with individuals attempting to radicalize a child or persuade him or her to take part in unhealthy or dangerous behaviours.
- **Conduct risks:** Where a child behaves in a way that contributes to risky content or contact. This may include children writing or creating hateful materials about other children, inciting racism or posting or distributing sexual images, including material they have produced themselves.

Source: UNICEF, 2017a, p. 72

UNICEF has categorized three forms of risk (Box 6.4). As many countries have learned, the response is not to try to filter or limit access or to target children's use of the Internet with surveillance or enforcement, but to promote improved knowledge of online behaviour and coping strategies, and to act in conformity with global and regional guidance and standards that support international cooperation in surveillance and enforcement. There is a need for a fine balance between freedom of access and the duty to protect.<sup>76</sup>

<sup>76</sup> Refer to, for example, the Council of Europe's Lanzarote Convention at <https://www.coe.int/en/web/children/convention> and the Global Threat Assessment 2019.



## 6.7 Key recommendations

The area of child protection encompasses a broad range of challenges to children's rights to care and protection. The authors suggest that the actions outlined below will "move the needle" on the child protection scale and make a real impact in the lives of Timorese children.

# 1

Adopt and implement a child protection law, complemented by legislation on children in contact with the law that includes provisions to prioritize diversionary measures (from court and from detention) and the child offender's rehabilitation

# 2

Formalize the implementation and enforcement of the hazardous work provisions for the protection of children engaged in such labour<sup>77</sup>

# 3

Ratify ILO Convention No. 138 (Minimum Age Convention) and respond to ILO requests for information concerning areas of concern in child labour

# 4

Approve and implement the Civil Registry Code, with priority attention to ensuring *suco*-level capacity in effective, comprehensive and free birth registration

# 5

Upgrade efforts to formalize countrywide access to measures to promote positive parenting (including as a means of reducing violence and abuse of children and extreme forms of "discipline"), complemented by municipal child protection networks to strengthen decentralized support systems to parents, children, other duty bearers and communities

# 6

Ensure long overdue introduction of formal procedures for reviewing, approving and monitoring all forms of alternative care for children, including informal foster care and widespread institutional care, that includes judicial and/or administrative decision-making for any such transfers in accordance with the best interests of the child

# 7

Implement a countrywide system of registration and regulation of the procedures in all places of institutional care of children as a temporary measure

# 8

Plan for real-time birth registration, linking the national Civil Registry database with health facilities, and *suco*-level administrations and community leaders involved in registering the child, including through mobile services

# 9

Raise the minimum age of marriage to 18 years, with provision for case-by-case lowering of that age in appropriate circumstances, provided that it cannot be set below 16 years

<sup>77</sup> There are additional useful recommended actions on child labour at ILO, 2019a, Chapter 9; and at <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/timor-leste> (Part VII, Table 11).



## 10

Take steps to ensure that all marriages (religious, traditional and civil) of a person less than 18 years are promptly lodged with the Civil Registry, and ensure that no child under 16 years is involved

## 11

Assign inspectors to concerted child labour inspection and enforcement of child labour laws, including with attention to the situation of children in the changing structure of the informal workforce and economy and to retention in schooling

## 12

Formalize interactions between the Youth Parliament and Government and parliamentary processes, to facilitate regular, meaningful dialogue, and provide further opportunities for adolescent civic engagement and participation

## 13

Adapt and/or develop legislation to ensure online protection of children from violence, abuse and exploitation, while also maintaining their rights to expression, participation, information and privacy, and sensitize service providers, parents and children on safe and positive online practices

## 14

Develop emergency response capacities for child protection in case of population displacements, for example, family tracing, gender-based violence, prevention of sexual exploitation and abuse, etc.

## Chapter 7

# COVID-19: Lessons and challenges from the first year of the pandemic



## 7. COVID-19: Lessons and challenges from the first year of the pandemic

In 2020, the COVID-19 pandemic unrolled around the globe, impacting the situation of children, families and communities everywhere. Timor-Leste was no exception. **While in 2020, the country was able to contain the spread of COVID-19, with very few cases (all in quarantine facilities) and no deaths, a series of restrictions were put in place to prevent and respond to the pandemic, such as the closing of schools, and these directly affected children and their families, particularly the most vulnerable.** These measures also had serious social and economic consequences, e.g., loss of jobs and income for many Timorese.

The advent of COVID-19 in Timor-Leste, and the response by the Government, the United Nations system, CSOs and Timorese civil society, provide rich lessons for the country. Although the situation changed after 2020, with community transmission of COVID-19 and fatalities, the actions taken by the Government to respond to the first wave of the pandemic created new opportunities for children in Timor-Leste while also underlining existing fragilities.

### 7.1 The Government's response: 2020 timeline and chronology of events<sup>78</sup>

January 2020	
30 January	WHO declared COVID-19 as an international health emergency
February 2020	
6 February	Government established a set of measures for prevention and control of the COVID-19 outbreak
18 February	Government created the Interministerial Commission for the coordination and implementation of measures to prevent and control the COVID-19 outbreak
March 2020	
11 March	WHO declared COVID-19 an international pandemic
19 March	Government established exceptional and temporary measures relating to the COVID-19 epidemic
21 March	First confirmed case of COVID-19 in Timor-Leste
22 March	Government announced that all public and private schools would close between 23 and 28 March
24 March	Government created an emergency telephone line for people with symptoms of COVID-19

<sup>78</sup> This timeline and chronology of events described in this section are taken largely from United Nations Timor-Leste, Socio-Economic Impact Assessment of COVID-19 in Timor-Leste, 2020. The assessment focused on the municipalities of Baucau, Bobonaro, Dili and Viqueque and the Special Administrative Region of Oecusse. As stated in the report (pp. 7-8), it is important to note that "the results are not nationally representative and can be generalizable only at the sampled sucos level".

<b>March 2020</b>	
27 March	State of Emergency declared from 28 March to 26 April
28 March	Government established the COVID-19 prevention measures for the implementation of the Declaration of State of Emergency (which included restrictions on freedom of movement, and closure of schools, universities and churches)
31 March	Government approved a set of measures for reducing the negative economic impact and economic recovery following the pandemic of COVID-19
<b>April 2020</b>	
06 April	Creation of the COVID-19 Fund to finance the expenditure relating to preventing and combating COVID-19
07 April	Government signed an agreement with Airnorth to operate three flights per week between Dili and Darwin for the transport of medical supplies, medical emergencies and the provision of essential goods and services
08 April	The National Parliament advises the Government to adopt measures to prevent and combat COVID-19 and to standardize measures for economic and social development
28 April	Renewal of the State of Emergency starting on 28 April and ceasing on 27 May (Second State of Emergency)
29 April	Protocols on antenatal care, intrapartum and postnatal care developed and launched
30 April	The Government adopted monetary support for households during the COVID-19 pandemic. This support consists of a monthly payment of \$100 per household, that will be paid for two months
30 April	The Government approved extraordinary and temporary support for private sector employers and workers, in order to respond to the reduction in workers' incomes and the financial difficulties of employers, seeking to ensure the maintenance of jobs
30 April	Creation of remuneration supplement for officials, agents and public administration workers who provide their professional activity in COVID-19 prevention or control services or under conditions of direct exposure to the SARS-Cov2 virus
<b>May 2020</b>	
12 May	Immunization (EPI) guidelines approved and launched
27 May	Renewal of the State of Emergency, starting on 28 May and ceasing on 26 June (Third State of Emergency)
27 May	Government established the situation room of the Integrated Crisis Management Centre
<b>June 2020</b>	
4 June	Ministry of Health launched the country's first official national hotline dedicated to mental health and psychosocial support
30 June	Government approved the second extraordinary transfer from the Petroleum Fund to strengthen the COVID-19 Fund
<b>July 2020</b>	
28 July	The Management Council for the COVID-19 Fund released the COVID-19 Fund Budget Execution Report
<b>August 2020</b>	
4 August	Timor-Leste identified the first person to test positive for COVID-19 since April
6 August	Government declared State of Emergency- Starting on 6 August, and ceasing on 4 September (Fourth State of Emergency)
18 August	Government releases Economic Recovery Plan with scenarios for medium- and long-term recovery (2021-2022 and beyond)

**The timeline above illustrates the measures taken by the Government to respond to the rapidly unfolding crisis.** After the declaration by WHO of an international public health emergency on 30 January, the Council of Ministers approved the establishment of a dedicated coordinating body, the Interministerial Commission, to respond to COVID-19 and maintain essential services. The commission was chaired by the Prime Minister and comprised key ministers (Health; Economic Affairs; Finance; Foreign Affairs and Cooperation; State Administration; Transport and Communications; Defence; Interior; Justice; Social Solidarity and Inclusion; Education, Youth and Sports; Higher Education, Science and Culture; Agriculture and Fisheries), the Secretary of State for Social Communication, the heads of the armed forces and National Police and the Director of the Integrated Crisis Management Centre (ICMC).

In early March, the Government with partners began briefing government officials, community leaders and the Catholic Archdiocese on prevention measures. The WHO declared COVID-19 to be an international pandemic on 11 March. When the first case was confirmed in Timor-Leste 10 days later on 21 March, the Government, in view of the fragile health system, moved quickly to control the outbreak. It closed the land border with neighbouring Indonesia, instituted a state of emergency, restricted freedom of movement, closed schools, universities and churches, and implemented widespread public information campaigns. The state of emergency, originally for the period 27 March to 26 April, was subsequently extended in 30-day increments until 4 September (excluding the period from 26 June to 6 August). The ICMC was established under the authority of the Prime Minister to function as a situation room to coordinate the heightened response. Its functions included providing technical support; preparing and consolidating information from a variety of sources; and coordination and monitoring.

## 7.2 The Government's policy response and Economic Recovery Plan

In April 2020, the Government announced a series of policy responses focused on four areas of support: (1) strengthening health services; (2) promoting food security and social protection; (3) boosting employment and output; and (d) providing fiscal and financial stimulus to support macroeconomic policies.

According to an analysis by the Asian Development Bank, "Timor-Leste's response to COVID-19 was effective but also brought to the fore deeper weaknesses in the system that need to be addressed." (ADB 2021) The analysis recommended that the country "focus on non-oil economic growth; update the social protection strategy to develop a more efficient and inclusive system that leverages technology to enable frequent and well-targeted payments; develop a 'smart stimulus' program to use budget resources to drive economic diversification and development of the private sector; and review and update the tourism policy and strategy to ensure that Timor-Leste is positioned to develop a sustainable tourism sector." (Ibid.)

In August 2020, the Government issued its Economic Recovery Plan for the short and medium terms. (GoTL 2020) For the immediate post-pandemic period, beginning in the second half of 2020, it proposed temporary measures to mitigate the impact of the crisis, with a view to a longer-term recovery of the national economy. Initially, the purpose was to secure as much as possible jobs that existed before the crisis, to recover household income through direct support to citizens, and to support the survival of businesses. For the second stage, the plan proposed structural measures of economic "recovery with transformation", to be implemented from 2021, extending to 2022 and beyond. The proposed public policies, all centred on human development, aimed to support the creation of

new productive and decent jobs; the implementation and consolidation of social programmes of public investment (education, health, housing, social protection); and changing the productive structure of the economy. The plan specified that “the annual State Budget will have to provide ... more resources for education, health, and food/nutrition. The ‘rule of thumb’ would be to set as a goal ... the doubling of spending in these areas” over the next five years, starting in 2021. (Ibid.)

The ADB found that these measures, “if well implemented, will start to address many of the existing challenges highlighted by the crisis. The ... measures relate to the need to extend coverage of social protection systems, invest in agriculture to increase productivity and develop local markets to reinforce food security, incentivize formalization of the labor market, and lead the tourism industry to transform and find its own niche.” (ADB 2021)

### 7.3 Financing the response: the COVID-19 Fund<sup>79</sup>

On 31 March, the Government approved a set of measures for reducing the negative economic impact of the pandemic, followed on 30 April by an economic stimulus and response package that included a near universal cash transfer programme to help families meet basic needs. (This is discussed in greater detail in the section on social protection below.)

During this initial period, the 2020 budget had not yet been approved, so to finance these critical measures, the Government approved a total withdrawal of \$536.3 million from the Petroleum Fund in two stages; \$250 million on 6 April followed by \$286.3 million on 30 June. In approving the withdrawal, the Parliament stipulated that all pandemic-related expenditure be channeled through a single consolidated COVID-19

fund, from which withdrawals were to be made in stages based on demonstrated need. Of the \$536.3 million, the treasury was allocated \$316.8 million for ensuring business continuity in public administration and the COVID-19 Fund received \$219.5 million. The mandate of the fund at that time was the acquisition of medical equipment and essential supplies such as rice, construction of quarantine facilities, training, cash transfers to vulnerable households and social protection measures. When the 2020 State budget was approved in September, the COVID-19 Fund was integrated into the overall budget. It included new measures such as Cesta Basica – a food basket for vulnerable households – and support for employees.

In addition to the \$219.5 million allocated from the Petroleum Fund withdrawal, the COVID-19 Fund received \$113.0 million from the approved budget and \$748,000 from ILO for a cash transfer programme. This amounted to \$333.2 million, a little more than 23 per cent of the total annual budget, excluding loans. In terms of expenditure, “by the end of Financial Year 2020, the fund’s cash execution was 76.1 per cent of its allocation, with capital development at 25.7 per cent. Though the execution of this appropriation category is low on average, this year was more problematic. The fund was created only mid-year and the piecemeal nature of the tranches received meant that forward planning, procurement, and implementation was difficult.” (Jamal)

The Government “prioritized strengthening health communications and capacity for testing, quarantine, and treatment, for which it received significant donor support. For two months, all public transport and scheduled passenger flights were suspended and the land border with Indonesia remained closed ... Businesses and markets could remain open with adherence to government guidance on hygiene and social distancing, but several shut down due to their inability to meet health requirements.” (ADB 2021)

### 7.4 Support from development partners

While waiting for the government funds to be released, development

79 Much of this section is based on Aashna Jamal, How Timor-Leste Financed Its COVID-19 Efforts, The Diplomat, 17 February 2021.

partners played a critical role in financing and providing technical support for COVID-19 prevention and response efforts, such as through the purchasing of initial stocks of personal protective equipment (PPE) and support to the National Laboratory to increase testing capacity.

Some provided additional support to existing programmes and activities: for example, Australia injected additional funds into its TOMAK (To'os ba Moris Di'ak) programme to contribute to food security. In total, development partners have reported commitments of over \$40 million for COVID-19-related activities, in areas ranging from nine medical support pillars<sup>80</sup> to supporting food security, economic recovery, water and sanitation, social inclusion and gender. (GoTL 2021 and annex 1)

## 7.5 The United Nations response

The United Nations as a whole played a critical role in responding to the heightened needs of children and their families, and in strengthening national systems for COVID-19 prevention, response and post-crisis recovery. It is worth noting that many government ministries and services were closed for some time at the outset of the pandemic and were not set up to function with remote work. At the same time, many development partners repatriated their personnel at the onset of the crisis. The United Nations agencies and personnel, however, continued to operate throughout.

**An important element of immediate support was the provision of supplies and equipment for the medical response**, primarily by WHO and UNICEF. WFP provided food assistance to vulnerable families

and tracked incoming shipments of food items by the private sector. UNICEF supported the upgrading and/or installation of WASH facilities in schools, health facilities and near border crossing points. IOM distributed hygiene kits in the Suai Quarantine Centre and UNFPA and UN-Women provided “dignity kits” for women and girls in eight quarantine facilities. ILO engaged with 10 local contractors to maintain 275 kms of roads, providing employment to 1,850 people from vulnerable rural communities. UNDP and UNFPA served as technical leads for the Socio-Economic Impact Assessment of COVID-19 in Timor-Leste. (UN Timor-Leste, 2020a)

United Nations agencies also provided technical and policy support. Early in 2020, as the severity of COVID-19 became apparent, the United Nations system, under as the leadership of WHO, began preparing a COVID-19 country preparedness and response plan focusing on the direct health impacts. The version dated 3 March showed that already, the Ministry of Health with WHO was closely monitoring the situation and strengthening preparedness, including capacity-building for all health workers, to equip them with accurate technical information, strengthen emergency preparedness and response and institute appropriate surveillance systems to detect cases and contacts. An important aspect of the training was to provide reliable and accurate information to dispel the many myths circulating about the virus.

### The plan outlined the following objectives:

1. Limit human-to-human transmission, including reducing secondary infections among close contacts and health-care workers, preventing transmission amplification events.
2. Identify, isolate and care for patients early, including providing optimized care for infected patients;
3. Strengthen laboratory capacity for specimen collection, in-country testing and transportation to referral laboratories
4. Communicate critical risk and event information to all communities, and counter misinformation.

As the economic and social ramifications of the

<sup>80</sup> The nine medical support pillars for the COVID-19 response in Timor-Leste are: (1) Country-level coordination, planning and monitoring; (2) Risk communication and community engagement; (3) Surveillance, rapid response and case investigation; (4) Points of entry; (5) National laboratories; (6) Infection prevention and control; (7) Case management; (8) Operation support and logistics; and (9) Maintaining essential health services.

measures taken to address the pandemic became apparent, the United Nations in Timor-Leste developed the COVID-19 Multi-Sectoral Response Plan, an inter-agency effort in support of the Government’s response. The plan prioritized the needs of the people most affected and/or at-risk of the health and non-health impacts of COVID-19, focusing on areas where United Nations agencies had a comparative advantage. (UN Timor-Leste, 2020b)

In line with the Global Humanitarian Response Plan for COVID-19, the Country Preparedness and Response Plan (CPRP) and the Multi-Sectoral Response Plan addressed three strategic priorities: (1) Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality (addressed through the CPRP); (2) Decrease the deterioration of human assets and rights, social cohesion and livelihoods (focusing on the most vulnerable, maintaining essential services and continuity of the supply chain for essential commodities); and (3) Protect, assist and advocate for those particularly vulnerable to the pandemic.

**The Multi-Sectoral Response Plan focused on nine key sectors with designated lead agencies and/or government departments:**

<b>Food Security</b> Sector Lead: FAO and WFP	<b>Protection</b> Sector Lead: UN-Women
<b>Nutrition</b> Sector Lead: Ministry of Health; Co-lead: UNICEF	<b>Economic recovery</b> Sector Lead: UNDP
<b>Logistics</b> Sector Lead: WFP	<b>Social Protection</b> Sector Lead: ILO
<b>Education</b> Sector Lead: UNICEF	<b>Maintaining Essential Health Services</b> Sector Lead: WHO
<b>WASH</b> Sector Lead: General Directorate of Water and Sanitation	

The United Nations system also produced the rapid Socio-Economic Impact Assessment of COVID-19 in Timor-Leste, (UN Timor-Leste, 2020) published in August, to understand the extent of the impact of the pandemic on vulnerable groups, poor households and micro, small and medium-sized enterprises. While the assessment was limited to four municipalities and Oecusse and therefore was not nationally representative, it did observe changes in livelihoods, employment, food security, health care, education

and other basic services, including social protection and gender equality (some of which are described in the sections below). Its aim was to inform socioeconomic response and recovery programmes.

## 7.6 The role of civil society

CSOs were quick to support prevention and response efforts and were well positioned to support delivery of community-led pandemic responses such as awareness campaigns; providing hand washing facilities; supporting rights and social protections; and addressing livelihood issues. They supported greater social accountability of state institutions, “demanding that authorities fulfil their obligations during the emergency.” (Sloman, part 1)

A CSO Team for the Prevention of COVID-19 was established with members including FONGTIL (the NGO Forum), Core Group Transparency (the social accountability network), Rede Feto (the women’s network), Rede Edukasaun (the education network), Lao Hamutuk and Ra’es Hadomi Timor-Oan (National Disabled Persons Organization). The team provided space for diverse voices (women, persons with disabilities, farmers and informal sector workers) to be heard. The civil society response to COVID-19 comprised: (1) service delivery; (2) advocacy and policy dialogue with government; (3) preserving civic spaces for debate to influence policy; and (4) building social capital by linking people together, thereby also contributing to community cohesion.

Because the Government’s initial response focused on health, which was the subject of the daily briefings by the Integrated Crisis Management Centre, the CSO COVID-19 Impact Information Centre was established, led by the CSO Team for the Prevention of COVID-19. The aim of the new centre was to address the economic and social impacts of the pandemic and the government response. It supported sharing of information with both the Government and the public on the impact of COVID-19 on diverse groups and sectors, and on how to prevent COVID-19. “Civil society [was] key in bringing evidence, diverse voices and feedback to the COVID-19 response.” (Sloman, part 2)



## 7.7 A changed operating environment

Over the course of the year, restrictive measures were gradually relaxed as the situation seemingly improved. Schools started reopening from July, albeit with reduced learning time due to physical distance requirements. Still, access to Timor-Leste remained severely restricted, with no commercial flights and land borders opening only every few weeks. This significantly complicated programme implementation for both the Government and development partners, as many supplies and services are imported.

Despite its successes in holding back the pandemic, Timor-Leste remained vulnerable to the spread of COVID-19. As one analysis (UN Timor-Leste, 2020b) pointed out, the risk of community transmission remained high due to congested housing and limited sanitation, with illegal crossing at the land borders compounding the risk (as later shown by the rise in COVID-19 cases in 2021).

As the pandemic dramatically changed the operating environment, with the closure of schools and more generally with restrictions on face-to-face interactions, it also created opportunities to re-imagine service delivery. The crisis has compelled all stakeholders to consider the potential of technology for programme implementation, in a country with a multitude of remote villages and where the frequency of disasters is likely to grow due to the impact of climate change. The crisis also exposed systemic weaknesses that previously had received limited attention, which in turn helped to build political will for action.

Some selected sectors or sub-sectors are explored in greater details below.



### 7.7.1 Risk communication and community engagement

**One of the most important steps in containing the pandemic was to communicate accurate information about the virus, and how to prevent its transmission, to as many people as possible, as rapidly as possible, using risk communication and community engagement (RCCE).** This refers to “the processes and approaches to systematically

consult, engage and communicate with communities who are at risk, or whose practices affect risk. The aim is to encourage, enable and include stakeholders in the prevention of and response to risks by adapting communication to local realities. In the case of COVID-19, RCCE enables authorities and communities to work together to promote healthy behaviour and reduce the risk of spreading infectious diseases” (FAO)

The Ministry of Health, with UNICEF as co-lead, led RCCE efforts for the COVID-19 response, developing a national strategy and setting up coordination mechanisms. The Ministry and its partners developed and distributed stickers, posters and banners printed with prevention messages and produced videos featuring high-profile personalities as well as children. Working with the Timor-Leste Disability Association, the campaign developed a video in sign language and materials printed in Braille. The Ministry also established a hotline number – 119 – which people could call for information about COVID-19.

By April, all 13 municipalities, even in remote areas, had been reached by a vehicular community outreach campaign (supported by UNICEF, WHO, IOM, WFP and other partners) making loudspeaker announcements; and 95 per cent of the population had been reached via a variety of channels (vehicular outreach, TV, national and community radio, social media) as per estimates from the Ministry of Health.

The Socio-Economic Impact Assessment of COVID-19 in Timor-Leste found that the COVID-19 risk communication was largely responsive to the needs of the respondents. Some 91 per cent of all participants said they received timely or somewhat timely information and 87 per cent agreed that the information they received relating to COVID-19 was easy to understand. The highest-wealth households and those in Dili were more likely to receive information through media (TV, Internet, newspaper, SMS), and the lowest-wealth households and those outside Dili were more likely to receive information directly from other people (word of mouth, government officials, NGOs).

Respondents in an online survey of adolescents and youth (Commission on the Rights of the Child 2021) said they felt sufficiently informed on COVID-19 and found the information easy to understand for their age. Some asked for more credible information,

information on the global situation and information on COVID-19 vaccines or a cure. Close to two thirds of respondents said they would go to the health centre if they felt COVID-19 symptoms. In a third survey, of 100 persons with disabilities,<sup>81</sup> 92 per cent of the respondents said they had received information about COVID-19. Most respondents reported receiving their information about COVID-19 through informal channels like national television, family members, radio, Ministry of Health, neighbours and friends. (OHCHR 2020).

Sixteen per cent of respondents in the adolescent survey reported that they did not have a face mask; some considered masks unnecessary and some lacked money to buy one. Some 71 per cent of respondents in the Socio-Economic Impact Assessment reported they were washing their hands and 70 per cent were wearing a mask. Slightly more women than men reduced family visits, stayed at home, kept a one-metre distance and avoided public spaces. Use of various prevention methods was lower outside Dili, among the lowest wealth quintile and vulnerable households. Statistical tests showed households with water availability were more likely to apply prevention methods, yet 56 per cent of the households in the study were observed to be without water on the premises, with rates ranging as high as 84 per cent (Oecusse) and 71 per cent (Viqueque). (UN Timor-Leste 2020, p. 13)



### 7.7.2 Health, nutrition and WASH

All essential health-care services experienced disruption because of the state of emergency and physical distancing requirements. There are no exact data, but the Ministry of Health **estimates that for the first six months of 2020, a number of indicators for maternal and child health – such as women having ANC visits, children under 5 years of age attending outpatient consultations in health facilities, and routine immunization of children under 1 year – declined compared to the same period in 2019.**

As per the Socio-Economic Impact Assessment, during the state of emergency, 14 per cent of

households with children below age 10 missed a vaccination. Of these, nearly all (97.5) per cent were vulnerable households, defined in the Socio-Economic Impact Assessment (UN Timor-Leste 2020, p. 29, 30) as female- or single-headed households or households with a member with a disability, or who is pregnant or lactating or is elderly. Key informant interviews conducted for the impact assessment suggested that the reasons for missing vaccinations and other routine health services could include the repurposing of community health centres for COVID-19 readiness, interruptions to public transportation, restrictions on movement and a lack of face masks. (Ibid., p. 82)

**To promote demand for routine immunization during the pandemic, the Ministry of Health developed a national guideline to continue immunization services under the state of emergency and conducted orientation and training for health-care workers in all 13 municipalities.**

As for the health needs of persons with a disability (PwD), the survey report (OHCHR 2020, p. 14) concluded that although health facilities closed many of their services, PwD did not experience lack of health care in the period of COVID-19 restrictions. PwD mentioned that because their access to health care is always difficult, they rarely use it. Reasons for the inaccessibility include the distance to the health facility, the lack of transportation, lack of funds to pay for transportation, lack of family support, the physical inaccessibility of the health facility and the inability of staff to communicate with them.

Like many countries, Timor-Leste lacked the necessary specialized medical supplies to prevent transmission of coronavirus and treat cases of COVID-19. A major challenge was the many delays in procurement of those critical supplies, particularly PPE, oxygen concentrators and ventilators. At the beginning of the pandemic, supply was tight in the global market until production caught up with demand. The supplies were not available in the local market and everything had to be imported from other countries, mainly Australia, China, Indonesia and Malaysia. Transporting these emergency supplies to Timor-Leste, given the huge global demand and logistical challenges, took several months, as a small

<sup>81</sup> This was a small-scale survey of 100 PwD (49 with physical impairment; 22 with vision impairment; 11 with hearing and speaking impairment; 9 with psychosocial problems; and 9 with intellectual Impairment).

country like Timor-Leste was not prioritized. With support from UNICEF, the Government eventually was able to acquire essential medical equipment, PPE and supplies for infection prevention and control for health facilities and quarantine and isolation centres, which were finally delivered to the Ministry of Health on 25 August after a delay of some five months. (UNICEF Timor-Leste 2020)

As discussed elsewhere in this situation analysis, malnutrition is one of the most pressing challenges for children in Timor-Leste, with high rates of stunting and wasting. High levels of poverty, food insecurity and malnutrition, lack of access to market, combined with very low resilience of agricultural systems, dependence on food imports, and little diversification of the rural economy have exacerbated the impact of the COVID-19 crisis in Timor-Leste and are likely to amplify its mid-to long-term impact on food security and people's and children's diets. (UN Timor-Leste 2020, p. 144). The Socio-Economic Impact Assessment found that measures to contain the pandemic, especially those restricting the movement of people and the transportation of goods, affected the production and circulation of food, leading to the rise in food insecurity. Participants in the survey, especially those in the lowest wealth quintile, reported skipping meals or running out of food (Ibid., p. 11). Compounding this situation, because of the school closures, over 320,000 participants aged 6-15 who benefit from the school feeding programmes, missed out on this support.

**Demand for WASH services in communities and institutions increased significantly as a result of COVID-19 prevention measures.** The General Directorate for Water and Sanitation (DGAS) of the Ministry of Public Works, supported by UNICEF, was responsible for emergency coordination in the sector. The pandemic helped to focus attention on some of the long-standing gaps in the WASH sector and led to upgrading and improving WASH in health-care facilities, schools, points of entry into the country and markets. While these needs have long been evident, they were routinely underfunded. The increased attention to WASH facilities due to COVID-19 also provided an opportunity to build toilets that consider gender and disability issues, and to design innovative, child-friendly handwashing stations.

Handwashing remains one of the main ways to halt transmission of COVID-19, making clean water, sanitation and hygiene even more critical to health. An initial priority was to ensure functional WASH facilities, particularly running water and handwashing facilities, in public places, health centres, schools and points of entry into the country. Temporary and stand-alone handwashing facilities were provided by a range of stakeholders, with the beneficiaries responsible for refilling them with water. There are no data yet on the cumulative contribution of all stakeholders, but DGAS and the Ministries of Health and of Education, with support from UNICEF, provided 189 public handwashing tanks, 240 school handwashing tanks and 13,532 portable handwashing devices. These facilities helped to maintain hand hygiene in public spaces during essential daily activities, in health services, at border controls and in schools, once they reopened.

However, the WASH sector also faced a number of challenges arising from the pandemic. The restrictions imposed on freedom of movement meant that community-based activities such as Community-Led Total Sanitation – a critical programme for rural sanitation, implemented by the Ministry of Health in collaboration with several partners – were paused. This was a major setback to the national target of Timor-Leste becoming Open Defecation-Free by the end of 2020. The target was not achieved and is currently under review for setting a new, realistic timeline.

While the enormous demand for WASH services due to the pandemic was a positive development for filling resource gaps in the sector, it also caused serious bottlenecks in the response due to high expectations and long-standing gaps that required time to be addressed. The most critical gap was the lack of sustainable water sources and the inability to set up such sources over the short term. At many places where hygiene and sanitation facilities were provided, the lack of a water supply was a major hindrance to their being fully operational.

Funding became an issue for many development partners because the limited emergency resources available for COVID-19 were not flexible to integrate development activities, which was how many WASH interventions were categorized. Likewise, the sustainability of the interventions is not assured

because of ambiguities in accountability for ownership, operations and maintenance. Moreover, coordination was complicated by the fact that the WASH response was implemented several ministries and many stakeholders. The absence of a mechanism to capture and update WASH interventions by stakeholders also made it difficult to track progress, and led in instances to both duplication of efforts and missing some deprived areas.



### 7.7.3 Social protection

Because of the measures adopted during the state of emergency, including closure of businesses and restrictions on movement, the majority of individuals (both women and men), households and small businesses<sup>82</sup> saw their income reduced, as per the Socio-Economic Impact Assessment. In particular this affected youth, older people, vulnerable and poor households. The Socio-Economic Impact Assessment (UN Timor-Leste 2020, p. 9) found a drastic reduction in the number of persons with any form of income before and after the state of emergency: almost 59 per cent of people who had an income prior to the crisis had lost it, and 81 per cent of small businesses reported loss of earnings. The percentage of households without any form of income increased considerably in just a few months. More than half (56.6 per cent) of all households had no revenue as of July 2020, compared to 18.3 per cent prior to the state of emergency.

**The Government responded to this situation by providing relief for immediate needs through a near-universal cash transfer (“Uma Kain”), making a one-time payment** of \$200 to all households in the country with a monthly income of less than \$500 – over 300,000 households – at a total cost of \$60 million. Several development partners supported this initiative, including Australia, the World Bank and the United Nations country team. The programme integrated the provision of information to families, making it the first ‘cash plus’ scheme in Timor-Leste. Over 300,000 brochures were distributed along with the cash, providing information on infant and young child feeding, handwashing and COVID-19 prevention. Subsequent research by the Asia Foundation found that the majority of households interviewed reported

spending their payment on food. (Asia Foundation, 2020) Many adolescents and youth reported that they influenced their family’s use of the cash transfer, males more so than females. Adolescents and youth reported that “food and non-alcoholic drinks” were the top use for the cash, followed by “health and education”. (Commission on the Rights of the Child, 2021).

As vital as the payments were, their delivery was slowed by weaknesses in the country’s civil registration and vital statistics system. There is no national registry, database of households or unique means of identification. To identify eligible households, the Government cross-checked names in village-level registers against the most recent agricultural census. This postponed implementation by almost two months, with the payouts taking place during June and July. Some families received the cash towards the end of 2020 or in early 2021, after their claims had been processed as part of a complaint mechanism.

The Socio-Economic Impact Analysis (UN Timor-Leste 2020, p. 129) pointed out that the eligibility for the household cash transfers was determined using the “family card”, which often listed men as the head of households. The payment recipients showed that 80 per cent of recipients were men. At the same time, there were indications that women who had separated from their partners, were living in domestic violence shelters or individuals whose households were not recognized by local authorities faced difficulties accessing the payment.

The survey of persons with a disability (OHCHR 2020, p. 19) found that many of them did not fit the criteria to receive the subsidy. Due to their specific situation, many are single, have no children or family and thus, no family card. Other respondents mentioned that they live in very rural areas and that it was too difficult to get their documents in order and register for the subsidy. Just 28 per cent mentioned that their family received the Uma Kain subsidy. There was no special consideration given to provide extra support for PwD, even to help them register for the subsidy. According to the survey report, PwD often lack the physical, financial or cognitive capacity to enrol in such programmes, even the dedicated State subsidy

82 Small businesses in this case refers to micro, small and medium-sized enterprises

for PwD (only half of the respondents had access to the subsidy for PwD of \$30 per month).

Many of Timor-Leste's social protection programmes rely on local officials to interpret programme parameters and determine eligibility, leading to ad hoc or subjective decisions and targeting errors. Monitoring tends to be weakly enforced, and PwD in particular reported feeling very dependent on the willingness of village leaders to assist them in applying for and receiving their entitlements.

The difficulties faced in identifying eligible households for the Uma Kain cash transfer has pointed to the need to strengthen identity management, and helped to build momentum for the Unique Identifier initiative, envisioned since 2019 as one of the bases for e-government in Timor-Leste. The Government is exploring how to provide citizens with a unique identifier, which should facilitate planning and reduce fraud, particularly for social benefits.

Further to the Uma Kain cash transfer, the Government also developed a food basket programme (Cesta Basica), which started in the last two months of 2020 and targeted the entire population with food and personal care products. The objective was to help families meet their basic needs and to support farmers, producers and local traders. The experience with COVID-19 has thus significantly increased government buy-in for universal social protection.

The results of a series of three "pulse" polls by the Asia Foundation, in May, July and September 2020, appear to have validated the Government's response. (Asia Foundation, 2020a) Asked if they thought the country was going in the right direction, in May only 40 per cent of respondents said yes, increasing to 54 per cent in July and 59 per cent in September. Overall levels of trust in the Government to take care of people were at 49 per cent in May, 64 per cent in July and 83 per cent in September. The biggest challenge facing the country remained COVID-19 (62 per cent in May, 53 per cent in July and 72 per cent in September). In May, 52 per cent of respondents thought the current government response to the pandemic was appropriate, remaining stable at 53 per cent in July and climbing to 59 per cent in September. After the Uma Kain payment was launched in June, by July, 63 per cent of households had received the payment, increasing to 75 per cent in

September. Food security remained an issue: in May, seven in ten respondents had cut meal size or skipped a meal in the past 30 days because there was not enough money for food. By July this had been reduced to two thirds of households and by September that had dropped to half of the respondents.



#### 7.7.4 Education

All schools and educational establishments closed as of 23 March 2020 and started reopening from 26 June. The closures affected all schoolchildren in the country, estimated at 392,178 girls and boys ranging from preschool to secondary school. (EMIS 2019) **The Ministry of Education, Youth and Sport developed a COVID-19 response plan with three outcomes: all children have access to continuing education opportunities including those with disabilities and from marginalized communities; adequate preparedness measures are in place to allow schools to open safely both from a physical and a psychosocial point of view; and the capacity of the education system to respond to emergencies is strengthened.**

Just one week after the school closures, on 30 March, the Ministry launched a remote learning programme – "Eskola ba Uma" / "School goes home" – for children from preschool up to Grade 6. Over time, a total of 68 episodes, each 30 minutes long, were produced. The episodes aired from Monday to Friday and were repeated on weekends until mid-June on three different TV channels. The lessons were adapted to broadcast on the radio on RTTL and 22 local community stations. They were also made available on social media, as well as on a global online platform developed by UNICEF, Microsoft and the University of Cambridge, "Learning Passport." Learning material from preschool to secondary level, including textbooks, supporting materials and video lessons, were made available for free on the Learning Passport platform and on a free mobile application. Moreover, printed materials were distributed to children living in remote regions.

To promote equity, materials on the Learning Passport included accessible e-books and resources in several national languages. An e-book was developed for parents on how to talk to children with neurodevelopmental disabilities about COVID-19.

Some story books were converted into audio format for visually impaired children and all *Eskola ba Uma* lessons and messages about COVID-19 on TV were provided in sign language.

However, according to the report of the disability survey (OHCHR 2020, p. 21), children with disabilities did not receive any specific support for accessing online or television school during the school closure period. The survey also concluded that international NGOs and donors did not focus on provide access to school for these children, like internet access and connectivity devices, appropriate transport or advocacy for disability-inclusive solutions for online classes.

There are many families in Timor-Leste who do not have access to TV, radio or the Internet. According to the 2016 DHS, TV penetration was 40 per cent (urban, 80 per cent; rural, 28 per cent), and radio coverage was 25 per cent in total (urban, 34 per cent; rural, 22 per cent), although these may have increased since. The World Bank Open Data shows that Internet penetration was 24 per cent in 2019. Mobile phone penetration was high at 84 per cent (urban, 96 per cent; rural, 80 per cent), but this does not necessarily indicate widespread use of smartphones. The country was pushed to enhance its ICT infrastructure, but at the same time the most marginalized children in remote areas had to rely on printed materials that took a long time to arrive.

Overall, 54.5 per cent of respondents to the Socio-Economic Impact Assessment survey said their children continued their education while schools were closed, but 44.5 per cent said they did not. The most common reason for not continuing was the hope that “children will catch up after going back to school”, followed by a reported lack of learning materials at home and “no one available to help the child study”. For children who continued their education, the highest percentage reported to have studied alone (85 per cent). Watching educational shows on TV, home-schooling and use of online courses/materials were other forms of continued learning. A majority (82 per cent) of the households whose children did not continue education were vulnerable and one third were from the lowest wealth quintile. Children in female-headed households were more likely not to continue education. A higher proportion of children in households in the highest wealth quintile, non-

vulnerable households and in Dili watched educational TV shows (*Eskola ba Uma*), accessed online courses and materials, and did exercises set by the teacher and home-schooling. (UN Timor-Leste 2020, p.14)

When the schools reopened, the Learning Passport was a critical tool, reaching 95 per cent of the education workforce with online training on COVID-19 prevention. Schools had to follow strict COVID-19 guidelines, including reduced numbers of children in class, which in turn limited learning time. To encourage families to send their children back to school, a Back-to-School Campaign disseminated key messages through television, radio and print media, and community mobilization activities promoted collective efforts to bring all children back to school. In preparation for the reopening of schools, UNICEF provided 13,000 buckets with taps, and 239 basic education schools lacking access to regular water supply received water tanks with hand-washing stations and small grants to ensure water availability.

Missed education was the number one impact of COVID-19 for adolescents and youth, according to the online survey. They missed their friends, their teachers and learning. Returning to school proved difficult for 39 per cent of respondents and for 65 per cent of those with disabilities. More than 40 per cent of the respondents wanted decision makers to focus more on children and youth, in particular on education for children, and job creation for young adults.

The most vulnerable children are at risk of not returning to school due to economic pressures to help support their families. Another factor is the effect of the school closures on educational performance. A study (Engzell et al) of the school closures in the Netherlands, a wealthy country that had a relatively short lockdown (eight weeks), has a well and equitably funded school system and the world’s highest rate of broadband access, revealed a learning loss of about 3 percentile points, equivalent to one fifth of a school year. The study concluded that “losses are up to 60% larger among students from less-educated homes, confirming worries about the uneven toll of the pandemic on children and families ... The findings imply that students made little or no progress while learning from home *and suggest losses even larger in countries with weaker infrastructure or longer school closures.*” (Emphasis added)



### 7.7.5 Protection from violence and mental health

As discussed in Chapter 6 of this situation analysis, data on the extent of violence against children and women are not always readily available because of the sensitive nature of the subject. Respondents to the Socio-Economic Impact Assessment survey were not asked about violence against women and girls or any form of domestic violence during the state of emergency. (UN Timor-Leste 2020, pp. 97-99) This was based on guidance from UN-Women and WHO that the COVID-19 mitigation measures could pose risks to survivors of violence, compromising privacy and confidentiality and outweighing the benefits of data in rapid assessments. Instead, key informant interviews were conducted with the staff of women's shelters and other service providers, who provided mixed information. Some informants said that the reported incidents of domestic violence had increased somewhat, and one said that reported cases of child abandonment had also risen. Others said that reported cases of domestic violence had decreased or were unchanged. In Baucau, no new cases had come to the attention of an INGO that works with survivors, but shelter staff reported an increase in domestic violence and gender-based violence. An INGO supporting response services nationally noted that reported cases had increased. It is important to note that as with other pandemics and findings elsewhere, the reports of violence are much lower than the actual experiences of women and girls with violence, considering that help-seeking in pre-COVID times was low (with around 20 per cent of survivors reporting to formal services).

Most of these key informants interviewed for the Socio-Economic Impact Assessment suggested that the state of emergency measures did not limit women's access to their services, but case management visits to follow-up with clients was limited by the lack of transportation and movement restrictions. Staff reported that those returning home from the shelter were especially vulnerable to food insecurity. "As an in-depth interview conducted with a 32-year-old woman illustrates, lack of food and money can trigger domestic violence. She explained, 'Usually the problem is because of the food, money or miscommunication and affairs, married other women and second wife, sometimes they're jealous. But food and money- sometimes the wife asks for money and food so many times then the husband loses control and hits the wife.'" (UN Timor-Leste 2020, p. 98) Because

shelter staff had limited ability to monitor cases, it should be assumed that the administrative monitoring data do not capture all incidents of violence.

Data analysis by the Secretary of State for Equality and Inclusion (responsible for the National Action Plan on Gender-Based Violence) indicated that from January to June 2020, there was a slight increase in the number of clients received by front-line service providers, with no major disruption in operation of services, including legal assistance, shelter services and Fatin Hakmatek (which provide medical treatment, examination, forensic documentation, counselling and temporary shelter for people experiencing sexual assault, domestic violence and child abuse).

**The mental health of children and adolescents was a concern during the state of emergency because they were cut off from their friends and peers by the restrictions at a frightening time.** The dominant emotions expressed by adolescents taking part in the online survey were fear, stress and sadness. Recognizing the need for emotional support and accurate information, the Ministry of Health launched the country's first official national hotline dedicated to mental health and psychosocial support. The hotline is operated by the Ministry of Health and PRADET, a local NGO that has been providing psychosocial services in Timor-Leste for 20 years. Calls to the hotline are answered by trained mental health counsellors, who can offer over-the-phone support as well as referrals to other health services. The hotline also provides information to those seeking support for health-related issues, treatment or information.

In other protection-related initiatives, the Ministry of Social Solidarity and Inclusion and UNICEF developed a series of materials on parenting during the COVID-19 pandemic, with information on how to explain COVID-19 to children, how to help children cope with stress and how to support continued learning. The Ministry and UNICEF conducted a training module on child protection and COVID-19 to equip social welfare workers with knowledge and skills on how to promote child and family well-being and improve the coordination of service delivery. The Commissioner on the Rights of the Child and UNICEF have also advocated for the release of children in detention as a protection measure, and hygiene kits were distributed in prisons, orphanages and safe houses in all municipalities.

## 7.8 Key recommendations

At the outset of the global pandemic in early 2020, the Government of Timor-Leste was quick off the mark in crafting a multisectoral response that kept COVID-19 at bay for the better part of the year. As was the case in many countries, the response included restricted movement and closure of schools, churches and many businesses under a state of emergency. These restrictions and closures had both negative and positive effects on children, adolescents and their families. The following recommendations are derived from lessons learned from the experience which can be applied as the country gradually recovers from the pandemic and is ready to build back better in a “recovery with transformation”.

1

Continue to demonstrate political will in implementing multisectoral, human development-centred policies and in increasing resources for social programmes, in line with the pledge in the Economic Recovery Plan to double spending on education, health, housing and social protection in the next five years

2

Continue and build on the collaboration and policy dialogue with civil society, allowing diverse voices (including adolescents and youth, women, persons with disabilities, farmers and informal sector workers) to be heard and contribute to policies that affect them

3

In a country with many remote villages and where the frequency of disasters is likely to grow due to the impact of climate change, continue to explore the potential of technology for programme implementation, for example learning from the “Eskola ba Uma” / “School goes home” remote learning programme, and increase investment in IT connectivity to make online learning and other ICT-based services accessible in remote areas

4

Continue to strengthen the health system, and step up efforts to respond to long-standing gaps in water, hygiene and sanitation, to increase the country’s capacity to simultaneously respond to any future epidemics and ensure continuity of basic health and nutrition services

5

Improve the collection, use and dissemination of up-to-date and quality data on the situation of children, including in times of emergencies, focusing especially on sensitive areas such as violence against children in addition to health, nutrition, education and protection

6

Build on the successful, near-universal Uma Kain cash transfer programme by expanding social protection for all children, families and vulnerable groups such as persons with a disability, as a means to address poverty and reduce inequalities. In tandem, develop a national registry, database of households or unique means of identification to be sure that no one is left behind in accessing social protection entitlements

7

Continue to make available youth-friendly resources for mental health, building on the experience of the national hotline established by the Ministry of Health and ensuring that mental health resources are accessible to people living in remote areas who may not have access to a telephone or smartphone





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# Annexes

# Annex 1.

## The status of United Nations human rights instruments in Timor-Leste

Instrument	Status of domestic effect <sup>1</sup>	Reporting status <sup>2</sup>
<b>1. United Nations human rights treaties</b>		
<b>International Convention on the Elimination of All Forms of Racial Discrimination (1966)</b>	In force (accession: 16 April 2003) Declaration on a communications procedure (art. 14) not yet made	State party's report overdue since 2004.
<b>International Covenant on Economic, Social and Cultural Rights (1966)</b>	In force (accession: 16 April 2003)	State party's report overdue since 2005. Advice is that GoTL has started preparations.
Optional Protocol: Communications Procedure (2008)	Signed only (28 September 2009)	
<b>International Covenant on Civil and Political Rights (1966)</b>	In force (accession: 18 September 2003)	State party's report overdue since 2004. Initial report awaiting submission to Council of Ministers.
Optional Protocol: Communications Procedure (1966)	No action	
2 <sup>nd</sup> Optional Protocol: Abolition of death penalty (1989)	In force (accession: 18 September 2003)	
<b>Convention on the Elimination of All Forms of Discrimination against Women (1979)</b>	In force (accession: 16 April 2003)	Initial report due 2004, submitted 2008; Combined 2nd-3rd periodic report due 2013, submitted 2015, Concluding observations issued 2015; 4th periodic report due Nov 2019.
Optional Protocol: Communications procedure (1999)	In force (accession: 16 April 2003)	
<b>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)</b>	In force (accession: 16 April 2003) Declaration on a communications procedure (arts. 21-22) not yet made	Initial report due 2004, submitted 2016, Concluding observations issued 2017; Follow-up report submitted 2018; 2nd periodic report due Dec 2021.
Optional Protocol: State visits/inquiries (2002)	Signed only (16 September 2005)	
<b>Convention on the Rights of the Child (1989)</b>	In force (accession: 16 April 2003)	Initial report due 2005, submitted 2007; 2nd-3rd periodic report due 2013, submitted 2013, Concluding observations issued 2015; 4th periodic report due April 2020.
Optional Protocol: the involvement of children in armed conflict (2000)	In force (accession: 2 August 2004)	Initial report due 2006, submitted 2007, Concluding observations issued 2008.
Optional Protocol: the sale of children, child prostitution and child pornography (2000)	In force (accession: 16 April 2003)	Initial report due 2006, submitted 2007, Concluding observations issued 2008.
Optional Protocol: communications procedure (2011)	No action	
<b>International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990)</b>	In force (accession: 30 January 2004) Declaration on a communications procedure (arts. 76-77) not yet made	Initial report submitted 2015, Concluding observations issued 2015; Follow-up report submitted 2017 on, inter alia, child exploitation; 2nd periodic report due Sept 2020.

Instrument	Status of domestic effect	Reporting status
<b>Convention on the Rights of Persons with Disabilities (2006)</b>	No action	
Optional Protocol: communications procedure (2006)	No action	
<b>International Convention for the Protection of All Persons from Enforced Disappearance (2006)</b>	No action	
<b>2. ILO Conventions<sup>3</sup></b>		
<b>Fundamental Principles and Rights to Work – Core Conventions</b>		
Forced Labour Convention, 1930 (No. 29)	In force (ratification: 16 June 2009)	Protocol 29 of 2014 (concerning the taking of measures to prevent forced or compulsory labour) has not been ratified.
Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87)	In force (ratification: 16 June 2009)	
Right to Organise and Collective Bargaining Convention, 1949 (No. 98)	In force (ratification: 16 June 2009)	
Equal Remuneration Convention, 1951 (No. 100)	In force (ratification: 10 May 2016)	
Abolition of Forced Labour Convention, 1957 (No. 105)	No action	
Discrimination (Employment and Occupation) Convention, 1958 (No. 111)	In force (ratification: 10 May 2016)	
Minimum Age Convention, 1973 (No. 138)	No action	
Worst Forms of Child Labour Convention, 1999 (No. 182)	In force (ratification: 16 June 2009)	
<b>Other relevant ILO Conventions</b>		
Workers with Family Responsibilities Convention, 1981 (No. 156)	No action	
Maternity Protection Convention, 2000 (No. 183)	No action	
Domestic Workers Convention, 2011 (No. 189)	No action	
Violence and Harassment Convention, 2019 (No. 190)	No action	
<b>3. Other</b>		
Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000) (1st Palermo Protocol)	In force (acceded: 9 November 2009)	

**Notes:**

1. Sources: United Nations Treaty Collection database at <http://treaties.un.org/Pages/Treaties.aspx?id=4&subid=A&lang=en> and ILO Database of the ratification of Conventions by country at <http://www.ilo.org/dyn/normlex/en/f?p=1000:11001::NO::> (accessed 1 February 2020).

2. Source: Office of the United Nations High Commissioner for Human Rights treaty body document database at [http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Countries.aspx](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx) (accessed 1 February 2020).

3. Sources: ILO Information System on International Labour Standards via [https://www.ilo.org/dyn/normlex/en/f?p=1000:1:::~:::](https://www.ilo.org/dyn/normlex/en/f?p=1000:1:::) (accessed 1 February 2020).

# Annex 2.

## Child rights and child development commitments: Timor-Leste

This annex summarizes the range of commitments by the Government of Timor-Leste to the children of that country. It is a companion to Annex 3 that summarizes recommendations to the Government by the United Nations Committee on the Rights of the Child to improve national compliance with the Convention on the Rights of the Child. This annex also aims to serve as a reference point for child rights advocates in shaping national priorities and actions to improve the situation of children in Timor-Leste.

The following tables cover two separate formal frameworks of commitments: the global Sustainable Development Goals (SDGs) and the Universal Periodic Review (UPR) peer review process of the United Nations Human Rights Council. Two sources for the national commitments to children are the 2018 Constitutional VIII Government Program (GoTL, 2018), which can be viewed as both an update to the 2017 Roadmap and a national five-year (to 2023) plan towards, inter alia, progress towards the SDGs, including for children, and the National Plan of Action for Children (Commission on the Rights of the Child, 2016). The latter plan is primarily aligned with the SDGs and the recommendations of the United Nations Committee on the Rights of the Child (see Annex 3).

### Sustainable Development Goals for children

For the SDGs, the child-related targets are those globally agreed to be of particular relevance to the child, even though many more goals and targets impact the situation of children.

Goal	Target	Indicators <sup>1,2</sup>
<b>1. End poverty in all its forms everywhere</b>	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
		1.2.1 Proportion of population living below the national poverty line, by sex and age
	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1 Proportion of population covered by social protection floors/systems by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	1.4.1 Proportion of population living in households with access to basic services
<b>2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture</b>	2.2 By 2030 end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards among children under 5 years of age
		2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards among children under 5 years of age, by type (wasting and overweight)

Goal	Target	Indicators <sup>1,2</sup>
<b>3. Ensure healthy lives and promote well-being for all at all ages [3.2.1 &amp; 3.2.2 restate 3.2 to set targets as per A Promise Renewed]</b>	3.1 By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio (per 100,000 live births) 3.1.2 Proportion of births attended by skilled health personnel
	3.2.1 By 2030 reduce the under-five mortality rate to 25 or less deaths per 1,000 live births	3.2.1 Under-five mortality rate
	3.2.2 By 2030 reduce the neonatal mortality rate to 12 or less deaths per 1,000 live births	3.2.2 Neonatal mortality rate
	3.3 By 2030 end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		3.3.2 Tuberculosis incidence per 100,000 population
		3.3.3 Malaria incidence per 1,000 population
	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.2 Suicide mortality rate
	3.6 By 2020, halve global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries (fatalities)
	3.7 By 2030, ensure universal access to SRH-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
		3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution	
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)	

Goal	Target	Indicators <sup>1,2</sup>
<b>4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</b>	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex 4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex
	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be aggregated
	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
	4.a Build and upgrade education facilities that are child, disability and gender-sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)
<b>5. Achieve gender equality and empower all women and girls</b>	5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18 5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location
	5.6 Ensure universal access to SRH and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
	<b>6. Ensure availability and sustainable management of water and sanitation for all</b>	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations		6.2.1 Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water

Goal	Target	Indicators <sup>1,2</sup>
<b>7. Ensure access to affordable, reliable, sustainable and modern energy for all</b>	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services	7.1.2 Proportion of population with primary reliance on clean fuels and technology
<b>8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</b>	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training	8.6.1 Proportion of youth (aged 15-24 years) not in education, employment or training
	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
	8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the ILO	8.b.1 Existence of a developed and operationalized national strategy for youth employment, as a distinct strategy or as part of a national employment strategy
<b>10. Reduce inequality within and among countries</b>	10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average	10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population, and the total population
<b>11. Make cities and human settlements inclusive, safe, resilient and sustainable</b>	11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing
<b>12. Ensure sustainable consumption and production patterns</b>	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature	12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education and; (d) student assessment
<b>13. Take urgent action to combat climate change and its impacts</b>	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	13.1.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population
		13.1.2 Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030
<b>16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</b>	16.1 Significantly reduce all forms of violence and related death rates everywhere	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age
		16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause
	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
		16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
16.9 By 2030, provide legal identity for all, including birth registration	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	
<b>17. Strengthen the means of implementation and revitalize the global partnership for sustainable development</b>	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics
		17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

**Notes:**

- Text has in some places been modified from the global SDG Indicators by UNICEF (globally) and by national agreement between GoTL & UN.
- Indicators in bold are those for which UNICEF is a global Custodian or Co-Custodian.

## Universal Periodic Review for children

For the UPR (2016), the following table summarizes/paraphrases recommendations that particularly impact children. Note that in many cases, several countries may propose recommendations on the same matter; these are paraphrased as a single recommendation so that it is also useful to check against the source documents at the bottom of the table. Note that, where different intentions are used in different recommendations in the source document (for example, “ratify...” and “consider ratifying...”; the stronger intent that is supported by the Government is used. (Note that United Nations use of “ratify” is taken to include accession.)

### Supported

Ratify the Convention on the Rights of Persons with Disabilities

Ratify the Optional Protocols (communications procedure), including to the Convention on the Rights of the Child

Submit all overdue human rights treaty reports

Issue a standing invitation to special procedure mandate holders

Continue efforts to implement the National Action Plan on Persons with Disabilities

Consider ratifying ILO Convention on Domestic Workers (No. 189)

Complete the Children’s Code, with specific protection provisions

Adequately resource the National Commission on the Rights of the Child

Finalize the elaboration of the National Action Plan for children’s rights

Enact comprehensive anti-trafficking legislation in accordance with the 1<sup>st</sup> Palermo Protocol

Intensify administrative and legislative measures to ensure universal birth registration

Adequately resource the Office of the Provedor with respect to the promotion and protection of human rights

Continue implementing policies to protect the rights of women and girls

Adopt specific gender equality legislation that defines discrimination against women as per Article 1 of the Convention on the Elimination of all Forms of Discrimination against women

Establish a national action plan to keep girls in school, including in secondary education

Implement the National Action Plans on gender-based violence (including psychosocial support for and reintegration of victims) and for zero hunger

Sufficiently resource the National Police’s s Vulnerable Persons Unit for countrywide coverage

Bring the Civil Code into full conformity with international obligations and commitments, including the Convention on the Elimination of all Forms of Discrimination against women, to recognize civil partnerships and de facto non-traditional marriages, and gender equality in inheritance and land ownership

Revise laws and resource interventions concerning sexual and gender-based violence to ensure conformity with the Convention on the Elimination of all Forms of Discrimination against women

Strengthen measures to protect the rights of the child in order to prevent child marriage

Implement the prohibition of all corporal punishment in all settings

Strengthen laws dealing with trafficking in persons and combat exploitation of children including incest, human trafficking and human organ trafficking

Strengthen the justice system, including access across municipalities and alternative measures for children in conflict with the law



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Strengthen key partnerships in order to introduce family planning in rural areas

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Resource and prioritize education and training efforts to enhance the employability of young people and the unemployed

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Develop national awareness-raising plans to combat school dropout, including addressing causes such as early pregnancy, gender-based violence and inadequate school sanitation

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Increase the percentage of overall government spending dedicated to health and education

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Increase efforts to reduce maternal mortality

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Ensure that children with disabilities have access to free education in an inclusive learning environment

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**Noted**

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Raise the minimum age of marriage to 18 years for boys and girls, with no exceptions

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Study the introduction of a universal basic income for all citizens over 18 years without preconditions, with payments made from the interest on investments accrued from oil royalties

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Sources: HRC (2016b), para. 89; HRC (2017).

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# Annex 3.

## Summary of recommendations of the United Nations Committee on the Rights of the Child

Timor-Leste submitted its combined 2<sup>nd</sup> and 3<sup>rd</sup> periodic report on the Convention on the Rights of the Child to the United Nations Committee on the Rights of the Child in 2013. The Committee issued its observations in 2015, and the following table summarizes what are, effectively, its recommendations to the Government of Timor-Leste to strengthen its compliance.

The table aims to serve as a reference point in the lead-up to Timor-Leste's submission of its 4<sup>th</sup> periodic report that was originally due in April 2020. That drafting process will necessarily be accompanied by a review of progress and (hopefully diminished) shortfalls. Accordingly, the table endeavours to include comments on progress.

The table is a summary and paraphrasing of those recommendations, so that it is important to also refer to the original text. This should include attention to the Committee's deliberate use of "invites", "encourages", "emphasizes", "urges" and "recommends" to infer a sense of comparative importance. The first recommendation, not included below, is that the Government act to address the Committee's previous recommendations (on the initial state report of 2007).

Theme (paras.)	Recommendation
<b>III. Main areas of concern and recommendations</b>	
<b>A. General measures of implementation</b>	
Legislation (10-11)	Develop CRC-compliant "consistent legislative frameworks" in all areas of children's rights, especially "prompt adoption" of the children's code, the juvenile justice regime, human trafficking laws and laws on child protection and alternative sentencing
Comprehensive policy and strategy (12-13)	Adequately resource the Commission on the Rights of the Child for implementation and coordination roles and for assessing impact
Allocation of resources (14-15)	Ensure a child rights-based public budgeting process, with clear allocations to children across sectors, indicators and a tracking system
	Define strategic budgetary lines for children requiring affirmative social measures, quarantined from fiscal pressure
Data collection (16-17)	Ensure mechanisms to monitor, evaluate and report on budgetary resource allocation for child rights
	Improve the data-collection system for assessing child rights' progress, duly disaggregated and disseminated
Independent monitoring (18-19)	Collect systematic data on violence against children
	Adequately resource the Office of the Provedor to promote and protect the rights of the child, including complaints handling and victim protection and follow-up, and awareness of the procedures
<b>B. Definition of the child (20-23)</b>	
	Ensure 18 years as the minimum age of marriage, with total prohibition below 16, and build awareness of the harmful effects of early marriage, especially across decision makers and duty bearers
	Take active measures to put an end to harmful practices against children
<b>C. General principles</b>	
Non-discrimination (24-25)	Ensure equal rights to all children without discrimination, especially including children with disabilities and children born out of wedlock
Best interests of the child (26-27)	Strengthen efforts to ensure application of the "best interest" principle within all legislative, administrative and judicial proceedings, and in all relevant policies, programmes and projects

Respect for the views of the child (28-29)	Ensure that the effective implementation of legislation recognize the rights of the child to be heard in relevant legal proceedings
	Promote meaningful child participation and empowerment within family, communities, schools and student bodies, including by vulnerable children

#### D. Civil rights and freedoms

Birth registration (30-31)	Ensure that all children receive birth certificates free of charge, including through outreach services
	Adopt and implement the draft civil registry code

#### E. Violence against children

Corporal punishment (32-33)	Adopt the children's code and amend legislation to explicitly prohibit corporal punishment in all settings, including families, schools and institutions
	Promote appropriate and participatory forms of child-rearing and discipline, and expand parental and professional education and practices
	Strengthen public awareness-raising of the negative impact of corporal punishment, with the involvement of children and media
Abuse and neglect (34-35)	Formulate a comprehensive strategy to prevent/combat child abuse, including child involvement and legal/policy implementation
	Adopt and implement the draft child protection law
	Establish an accessible mechanism for reporting abuse and neglect and ensuring victim protection
	Facilitate the rehabilitation of child victims, including access to health and mental health services
	Ensure professional training in prevention and monitoring of domestic violence and accessing a child/gender-sensitive complaints process
	Adequately resource the Child Protection Network for implementing long-term programmes that address the root causes of violence and abuse
Sexual exploitation and abuse (36-37)	Encourage community-based programmes for tackling domestic violence, child abuse and neglect, with victim, volunteer and community involvement
	Establish mechanisms, procedures and guidelines for child-friendly and mandatory reporting, and effective investigation and prosecution of cases of child sexual abuse, exploitation and incest
	Conduct awareness-raising and education programmes to combat stigmatization of child victims of sexual exploitation, abuse and incest
	Adequately resource child protection agencies and ensure background checks and supervision of professionals and staff working with children
	Systematically train law enforcement officials, social workers and prosecutors on the appropriate and effective handling of complaints
	Develop globally compliant programmes and policies for the prevention of child sexual exploitation, and the recovery and social reintegration of child victims
	Adequately resource and effectively implement the National Plan of Action on Gender-Based Violence

#### F. Family environment and alternative care

Family environment (38-39)	Finalize and implement the Child and Family Welfare System Policy
	Strengthen assistance to parents and legal guardians in child-rearing duties, especially in situations of poverty and in rural areas, including by strengthening the family benefits system, child allowances and services, and counselling and parenting education
Children deprived of a family environment (40-41)	Ensure that financial and material poverty are never the sole reason for removing a child from parental care, placing a child in alternative care or preventing a child's reintegration
	Strengthen support to biological families to prevent formal or informal out-of-home placements
	Ensure that children in need of alternative care are placed in family-based rather than institutional care, with contact maintained with and/or returned to their family when in the child's best interests
	Ensure safeguards and standards based on the child's best interests in determining placement in alternative care, including periodic review

	Strengthen government oversight of the operation of alternative care facilities, and review the Policy, Procedures and Standards for Childcare Centres and Boarding Houses (2010) to ensure compliance
	Adequately resource alternative care centres and relevant child protection services, in facilitating rehabilitation and social reintegration of children
Adoption (42-43)	Urgently regulate informal adoption, enact adoption legislation and policies as per the CRC, and adopt procedures for intercountry adoption in compliance with the relevant Hague Convention
<b>G. Disability, basic health and welfare</b>	
Children with disabilities (44-45)	Adopt a human rights-based approach to disability, strengthen the laws and policies for people with a disability, and review and approve the National Action Plan for People with Disabilities and National Policy on Inclusive Education and Action Plan, ensuring that they are implemented in an inclusive manner for children with a disability
	Strengthen support for caregivers of children with disabilities, including counselling and training, and increasing the Bolsa da Mãe stipend for caregivers
	Develop guidelines and training materials and provide continuing training for professional working with children with disabilities, and implement mechanisms to monitor care provider performance
	Ensure that schools, health services and facilities for social life (including leisure activities) are accessible and adequately resourced, and that children with disabilities are protected and fully integrated
	Strengthen data collection disaggregated by disability, to inform key sectors about appropriate policies and programmes to advance the situation of children with disabilities
	Consider ratifying the Convention on the Rights of Persons with Disabilities
Health and health services (46-47)	Strengthen efforts to ensure adequate health resources, particularly for neonatal, prenatal and postnatal care, and in rural areas
	Improve training and access to health-care professional and midwives for childbirth, and expand the community birth preparedness initiative to increase deliveries in health-care facilities
	Continue measures to prevent child stunting, wasting and undernourishment, including through the revised National Nutrition Strategy
	Increase professional capacity to ensure child access to quality health services, including municipal-level immunizations and implement the electronic child-tracking system to support universal coverage
	Ensure that homes, schools and other public facilities have countrywide access to safe water, basic sanitation and hygiene facilities, and promote proper sanitation and hygiene practices
	To improve access to clean water, strengthen government coordination, develop an action plan and ensure adequate public resources and staff countrywide
	Strengthen the introduction of clean cooking technologies, and raise awareness and change behaviours about improved cooking practices
	Approve and implement breastfeeding policy and the marketing code, increase health centre support, and improve maternity leave duration and infant feeding practice
Mental health (48-49)	Strengthen mental health services and programmes for children, including increasing the number of specialists and the quality of psychosocial rehabilitation
	Ensure that all professionals working with children are trained in mental health responses, including in children's homes, places of safety and correction centres
Adolescent health (50-51)	Develop campaigns and programmes on the harmful effects of early pregnancy, targeting households, local authorities, religious leaders and judges
	Promote sex education for adolescents and the wider community, with attention to the prevention of teenage pregnancies and sexually transmitted infections
	Adopt a legal minimum age of alcohol and tobacco use, and establish programmes and services to address substance abuse
	Assess the nature and extent of adolescent health problems, with adolescent participation, to inform health policies and programmes

Standard of living (52-53)	Intensify short term and sustainable efforts to address child poverty, including public policies and a national plan
	Strengthen all social protection programmes to improve outcomes for children and poverty reduction strategies, to identify, monitor and resource priority actions against child exclusion
	With UNICEF and others, create a nationally defined social protection floor for child access to basic services

#### H. Education, leisure and cultural activities

Education, including vocational training and guidance (54-55)	Implement the National Policy Framework for Preschool Education, the related strategic action plan, and the pilot project to establish 12 preschools in remote communities in Aileu and Ermera
	Allocate sufficient funds for the development and expansion of early childhood education
	Increase access to, retention in and completion of inclusive and quality basic education, especially for vulnerable and marginalized populations
	Continue to improve access to and quality of education for all, including quality teacher training
	Continue to develop bilingual textbooks and teacher guides in all core subjects
	Ensure access, especially for vulnerable children, to education, regardless of means and including improved school grants and feeding programmes
	Continue to expand capacity to address the shortage of school facilities
Mainstream gender equality policies in the education sector, ensure mandatory training of teachers in gender issues and sensitivity, and address the situation of violence and sexual harassment in schools	

#### I. Special protection measures

Economic exploitation, including child labour (56-57)	Act to prevent the economic exploitation of children through legislation and policies to address child labour in the formal and informal sectors, and prohibit the placement of children in illicit activities (included bonded labour) and dangerous work
	Continue to raise awareness of the negative consequences of child labour through public educational programmes
	Consider ratifying ILO Minimum Age Convention No. 138
	Seek technical assistance from the ILO International Programme on the Elimination of Child Labour
Children in street situations (58-59)	Undertake a comprehensive study of the root causes forcing children into street situations
	Develop a comprehensive strategy for the protection, prevention and reduction of children in street situations
	Provide children in street situations with adequate protection and assistance for recovery and reintegration
Sale, trafficking and abduction (60-61)	Enact the law on trafficking in persons, implement the associated national plan of action, and strengthen measures to improve law enforcement
	Establish a monitoring mechanism for the investigation and redress of such abuses, and ensure effective prosecution and punishment of those who exploit children for the purposes of prostitution or forced labour
	Continue to implement appropriate policies and programmes for prevention of child sexual exploitation and victim recovery and social reintegration
	Expand public education campaigns on identifying possible victims and perpetrators, and preventive measures, assistance and redress, within the tourism industry

Administration of juvenile justice (62-63)	Ensure that all children (under-18) are protected by the juvenile justice system
	Adopt a holistic and preventive approach for children in conflict with the law and underlying social factors that supports children at risk at an early stage
	Promote gender-aware restorative justice and alternative (including diversionary) measures to detention, such that detention is a last resort, for the shortest possible time and regularly reviewed
	Ensure that detention facilities for children are adequate, separate from adults, and internationally compliant
	Provide effective rehabilitation services, including access to mental health counselling and substance abuse treatment, and social skills development
	Enhance the skills and specialization of all relevant (including law enforcement, judicial and social work) actors in the juvenile justice system
	Harness the technical expertise developed by the Inter-agency Panel on Juvenile Justice and its members
<b>J. Ratification of the Optional Protocol on a communications procedure</b>	
(64)	Ratify the OP on a communications procedure
<b>K. Ratification of international human rights instruments</b>	
(65)	Ratify the Convention on the Rights of Persons with Disabilities, the International Convention for the Protection of All Persons from Enforced Disappearance, and the remaining optional protocols to the core human rights treaties
<b>L. Cooperation with regional and international bodies</b>	
(66)	Cooperate with, among others, the ASEAN Commission on the Promotion and Protection of Women and Children and the Community of Portuguese-speaking Countries
<b>IV. Implementation and reporting</b>	
<b>A. Follow-up and dissemination</b>	
(67)	Ensure that these recommendations are fully implemented
(67)	Make the combined 2nd & 3rd CRC periodic reports, the written replies to the list of issues, and the concluding observations widely available in the national languages
<b>B. Next report</b>	
(68)	Submit the next (4th) periodic report by 15 April 2020 and in accordance with harmonized reporting guidelines, including on the status of these recommendations, and not exceeding 21,200 words
(69)	Submit an updated core document not exceeding 42,400 words in accordance with the harmonized reporting guidelines

Source: United Nations Committee on the Rights of the Child (2015).



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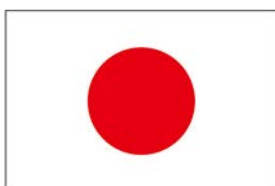








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