

NATIONAL ACTION PLAN
ON
GENDER-BASED VIOLENCE
2017-2021



SECRETARIAT OF STATE FOR THE SUPPORT AND
SOCIO-ECONOMIC PROMOTION OF WOMEN
(SEM)



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Message from the Secretary of State for the Support and Promotion of Women's Socio-Economy



The VI Constitutional Government assumed that gender equality is a cross-cutting issue, since the treatment of gender equality is a task for the entire government and it requires collaboration and interconnection between various sectors of society. The government assumed that gender-based violence is unacceptable in a free and tolerant society, by which the government has committed to develop actions to combat this specific type of violence, which is a more common subsidiary type of violence reported to the police.

Gender-based violence is a multifaceted, complex issue and efforts to prevent and combat this issue require a comprehensive approach. The prevention and response require a multisectoral approach involving various ministerial lines, such as the Ministry of Health, Social Solidarity, Justice, State Administration, Education, Secretary of State for Social Communication, the Secretary of State for the Policy of Professional Training and Employment as well, of course, the PNTL, UNTL, Attorney General of the Republic, the courts, the community and the family. Every institution and every one should collaborate in an active and permanent approach to eradicate gender-based violence, definitively. Although widespread, gender-based violence has been understood as a family problem, historically, and only recently it began to gain recognition as a public issue and an issue of human rights.

The Secretary of State for the Socio-Economic Support and Promotion of Women, in collaboration with other members of the government, civil society, NGOs and with the support of UN Women, UNFPA and TAF has prepared a new National Action Plan against Gender-based Violence (NAP-GBV) for the period of 2017-2021 with more comprehensive, more and new responsibilities, which involve more partners to respond more actively and effectively to new social and cultural situation of Timor-Leste.

The NAP-GBV was developed based on national laws and according to international commitments, for example, the Convention on the Elimination of Discrimination against Women (CEDAW), the International Convention on Civil and Political Rights (ICCPR), the International Covenant on Social and Economic Rights (ICESER) and the Convention on the Rights of the Child (CRC).

The NAP-GBV establishes four pillars or areas of a strategic priority, such as (i) the prevention of gender-based violence, (ii) the provision of services to victims, (iii) access to justice, and (iv) coordination, monitoring and evaluation, and the aim is to reduce and ultimately eliminate the gender-based violence that affects women, men and children in our communities.

The approval of the National Action Plan - Gender-based Violence for 2017-2021 marks the beginning of a new stage in combating gender-based violence in Timor-Leste. A more demanding step but it can be overcome, with success, if the Timorese people unite and respond with one voice. The accomplishment of the National Action Plan against Gender-based Violence depends on every one of us in raising awareness and in the certainty that it is an obligation to combat gender-based violence. Together we can!



Veneranda Lemos

Secretary of State for the Socio-Economic Support and Promotion of Women



DEMOCRATIC REPUBLIC OF TIMOR LESTE
VI CONSTITUTIONAL GOVERNMENT
GOVERNMENT RESOLUTION No. 25/2017
of 17 May

Approves the National Action Plan against Gender-based Violence 2017-2021

The National Action Plan against Gender-based Violence (PAN-GBV) for 2017-2021 is the first revision to the plan, which was adopted and approved in 2012 by the Council of Ministers' Resolution no. 21/2012, of 18 July. The PAN – GBV acts upon the competences of government as provided by the Law against Domestic Violence (LAVD) - Law 7/2010 of 7 July.

In this follow-up, the Secretary of State for the Socio-Economic Support and Promotion of Women, as an important proponent for the issues of gender equality, evaluated the first NAP-GBV in 2015 to better understand the achieved progress and to define the prioritized areas in combating gender-based violence.

The NAP-GBV 2017-2021 extends the government's commitment to ending gender-based violence in Timor-Leste, based on a multi-sector implementation and has been developed in accordance with the national laws and international commitments of the Convention on the Elimination of Discrimination against Women (CEDAW), the International Convention on the Civil and Political Rights (ICCPR), the International Covenant on Social and Economic Rights (ICESR) and the Convention on the Rights of the Child (CRC). It is important to highlight that the NAP-GBV complements and supports the implementation of the policy frameworks, such as the National Action Plan on the UN Security Council Resolution 1325 on Women, Peace and Security, and the National Action Plan on the Rights of the Child.

The development of NAP-GBV was preceded by a process of broad consultation, at the national and municipal levels, which happened from May to July 2016 with interviews, meetings and workshops with key stakeholders in the sectors of education, health, social solidarity, security, and justice, such as the ministerial lines, national institutions, service providers, civil society organizations and development partners. Then we proceeded to the validation of the NAP-GBV that happened in November 2016.

The NAP-GBV was based and developed in accordance with the Principle of Equality, Adherence to the Principles and Human Rights Obligations, Principle of Consent, Principle of Information, Protection and Safety, Professional Obligations and Rules of Conduct, the Responsibility of the Government and the Approach centered on the victim and provides a comprehensive approach, investing efforts on prevention of gender-based violence, provide multi-sectoral services to victims, access to justice, as well as establishes mechanisms for coordination to ensure an effective implementation of the plan, including monitoring and evaluation. The NAP-GBV establishes four pillars or areas of a strategic priority, such as (i) the prevention of gender-based violence, (ii) the provision of services to victims, (iii) access to justice, and (iv) coordination, monitoring and evaluation, and the aim is to reduce and ultimately eliminate the gender-based violence that affects women, men and children in our communities.

Therefore,

the government resolves, pursuant to paragraph (a) of Article 116^o of the Constitution of the Republic, the following:

- To approve the National Action Plan against Gender-based Violence 2017-2021, in annex.

Approved by the Council of Ministers on 7 February 2017.

Publish it.

Prime Minister,

Dr. Rui Maria de Araújo

NATIONAL ACTION PLAN ON GENDER-BASED VIOLENCE 2017-2021

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ACRONYMS

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CSO	Civil Society Organization
DV	Domestic Violence
GBV	Gender-based Violence
GMPTL	Grupo das Mulheres Parlamentares de Timor-Leste (Timor-Leste Women Parliamentarians Group)
IIMS	Integrated Information Management System
INS	Instituto Nacional de Saúde (National Institute of Health)
JSMF	Judicial System Monitoring Program
LADV	Law Against Domestic Violence
LTC	Legal Training Centre
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoJ	Ministry of Justice
MoI	Ministry of Interior
MoSA	Ministry of State Administration
MoSS	Ministry of Social Solidarity
NCRC	National Commission on the Rights of Children
NGO	Non-governmental Organization
OPD	Office of the Public Defender
OPM	Office of the Prime Minister
OPG	Office of the Prosecutor General
PDHJ	Ombudsman for Human Rights and Justice
PNTL	National Police of Timor-Leste
PRADET	Psychosocial Recovery and Development East Timor
PTC	Police Training Centre
RDTL	Democratic Republic of Timor-Leste
RRF	Results and Resources Framework
SECOMS	Secretary of State for Social Communications
SEM	Secretariat of State for the Support and Socio-economic Promotion of Women
SOP	Standard Operating Procedure
SoSYS	Secretary of State for Youth and Sports
TLMDC	Timor-Leste Media Development Centre
ToT	Training of Trainers
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPMA	Planning, Monitoring and Evaluation Unit (OPM)
VPU	Vulnerable Persons Unit (PNTL)
WHO	World Health Organization

DEFINITIONS

DOMESTIC VIOLENCE

Domestic violence is any violence committed in a family context, by a family member against any other family member, where there is some form of relationship of dependence between the victim and defendant, which results or may result in harm or physical, sexual or psychological suffering, economic abuse, including threats such as acts of intimidation, insults, bodily assault, coercion, harassment, or deprivation of liberty. In most cases, 'intimate partner violence' is the main type of domestic violence, but in some societies violence from in-laws can also be the most dominant form.

The Law Against Domestic Violence (2010) defines family as including spouses, ex-spouses, those living in conditions analogous to marriage, ascendants and descendants of spouses and those dependent on family economy such as domestic workers.¹

FATIN HAKMATEK

A '*Fatin Hakmatek*' is a safe and secure location providing care, temporary accommodation (one or two days and nights), and access to specialized services for victims of sexual violence, and/or domestic violence, and/or child abuse or neglect, and/or trafficking. It may be located at a regional hospital or clinic. All *Fatin Hakmateks* operate free of charge to clients and on the basis of non-discrimination. Victims are usually referred to crisis accommodation by a hospital or clinic, the police, other service providers, by the victims' family or neighbours, or go to the accommodation themselves.

GENDER

Gender refers to the attitudes, feelings, and behaviours and the norms surrounding social and cultural roles and relations associated with a person's assigned sex. Gender is socially and culturally constructed and is not genetic. Gender roles are learned from generation to generation and are changeable over time and vary widely both within and between cultures, and within and between social groups within cultures.

GENDER-BASED VIOLENCE

Gender-based violence is violence that targets individuals or groups on the basis of their gender. Gender-based violence includes, but is not limited to, any act whether occurring in public or in private life or perpetrated or condoned by the State, that results in, or is likely to result in, physical, sexual, psychological, emotional, psychosocial or economic harm or suffering to someone based on gender discrimination, gender-role expectations and gender stereotypes.

These acts may include but are not limited to: domestic violence; sexual abuse; dowry-related violence; rape, including marital rape; gender specific traditional or cultural practices that cause harm; non-spousal violence; sexual violence related to exploitation; sexual harassment and street harassment; intimidation and bullying at work; school-related violence and bullying whether

¹ Article 2 (Definition) and Article 3 (Family), Law Against Domestic Violence (Law No. 7/2010).

between students or from teacher or school staff to students or from students towards teachers or school staff; human trafficking; forced prostitution; economic violence and any violence that is acted upon a person because of or pertaining to their gender or perceived gender role model or stereotype.

Gender-based violence is a human rights violation that reflects and reinforces gender inequities and gender inequality and compromises the health, dignity, security, agency, autonomy and respect of both the victims or targets and the perpetrators. In Timor-Leste, women and girls are disproportionately affected; however men and boys can also be victims of GBV and people within the LGBTI (see definition) community are also frequently affected by GBV.

GENDER EQUALITY & GENDER EQUITY

Gender equality is the equal valuing by society of all people regardless of gender, and equal conditions for realising full human rights and for contributing to, and benefiting from, economic, social, cultural and political development.

Gender equity is the process of being fair to people regardless of their gender. To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent all people from living healthy productive lives with same opportunities and rules for all.

GENDER NORMS

Gender norms are social expectations that define what is considered appropriate behaviour for women and men. The different roles and behaviours of females and males, and of children as well as adults, are shaped and reinforced by gender norms within society.

LGBTI

The acronym 'LGBTI' stands for lesbian, gay, bisexual, transgender and intersex. It is an umbrella term which is used to refer to individuals who fall outside of hetero normative constructions of sexual orientation and gender identity.

PERPETRATOR

A person who carries out a violent act or causes hurt and/or harm or imposes their will and actions on others without that person's consent.

PREVALENCE

'Prevalence' is a central term used when presenting results of a survey on violence against women. The prevalence of violence against women refers to the proportion of women who have experienced violence as part of the population of women 'at risk'. Prevalence rates are thus based on counting people rather than events or incidents. Prevalence estimates usually present the percentage of women who have experienced violence either during the previous 12 months or at any time of their life.

REDE REFERÁL

A network of service providers that provide support and referral to victims/survivors of GBV. Through this network, practitioners advocate against GBV in all its forms, monitor the protection situation of women, girls and other at-risk groups and ensure timely access to appropriate support and care services (legal, health, social and psychosocial) for victims of violence. *Rede Referál* is composed of two working groups: 1) the Service Provider Coordination Meeting chaired by the Ministry of Social Solidarity, which is responsible for ensuring coordinated responses to cases of gender-based violence; and 2) the Strategy and Advocacy Meeting, chaired by SEM which advocates for changes to policies and laws, partly based on recommendations from the Service Providers Coordination Meeting.

SERVICE PROVIDERS

Organizations that provide direct services to victims of gender-based violence, including domestic violence, sexual assault and child abuse. These include but are not limited to medical, legal, safe house/shelter, psychosocial and referral services. In Timor-Leste service providers include both government agencies and non-governmental organizations (NGOs).

SEX

Sex refers to biologically and genetically determined differences between people that indicates whether they are (biologically) male or female or intersex, and therefore considered as women or men. If there is no medical or surgical interference these differences are generally considered permanent and universal.

SPECIALIZED ESSENTIAL SERVICES

Essential services relate to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence. Support services targeted to the specific needs of victims of gender-based violence, including domestic violence, sexual assault and child abuse. The essential services reflect the vital components of coordinated multi-sectoral responses including of essential health, policy, justice and social services that can significantly mitigate the consequences that violence has on the well-being, health and safety of women and girls' lives, assist in their recovery and empowerment and stop violence from reoccurring.

UMA MAHON

An '*Uma Mahon*' is a safe and secure location providing care, longer-term (more than two nights) accommodation, and access to specialized support services for victims/survivors of sexual violence, and/or domestic violence, and/or child abuse or neglect and/or trafficking. These shelters should be located in secure and relatively secret locations. All shelters operate free of charge to clients and on the basis of non-discrimination.

VICTIM OF VIOLENCE

A person who is, or has been the target of gender-based violence.

CHAPTER 1: BACKGROUND

1.1 Overview of the National Action Plan on Gender Based Violence (NAP-GBV)

The National Action Plan on Gender Based Violence (NAP-GBV) for 2017-2021 is the first revision of the Plan, which was adopted in 2012 by the Council of Ministers for a three-year period, within the framework of the Law Against Domestic Violence.

The Secretariat of State for the Support and Socio-economic Promotion of Women (SEM), as the overarching national machinery for gender equality, conducted an evaluation of the first NAP-GBV in 2015 to better understand progress achieved and priority areas for addressing GBV.

The CEDAW Committee also made a recommendation to Timor-Leste in November 2015, which called upon the government to “*adopt expeditiously the extension of the National Action Plan on Gender Based Violence*”.²

In April 2016, SEM initiated the process of revision of the Plan, in collaboration with relevant line ministries and civil society organizations and with the technical and financial support of UN Women, UNFPA, and The Asia Foundation.

The NAP-GBV 2017-2021 extends the government commitment to end GBV in Timor-Leste, based on the implementation of a multi-sectoral approach.

1.2 General overview of the situation of gender-based violence in Timor-Leste

Gender-based violence (GBV) is a pervasive problem in Timor-Leste, with domestic violence being the most common form. The Demographic and Health Survey (2009-2010) found that 38 if wineb age 15-49 have suffered from physical violence at some point since age 15. The survey also found that 34 percent of ever married women have ever experienced physical or sexual violence from their husband.³

Although most violence against women in Timor-Leste occurs within intimate partner relationships, rates of non-partner sexual violence are also high, with 14% of Timorese women aged 15-49 having ever been raped by a man who was not their husband or boyfriend.⁴

GBV is a human rights violation and a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality of men. The social acceptance of GBV in Timor-Leste is alarming, due to unequal gender power dynamics, and exacerbated by exposure to other forms of violence, such as child abuse. The Demographic and Health Survey (2009-2010) found that 86% of women and 81% of men believed that the husband is justified in beating his

² Recommendation No. 17 (a), issued on 20 November 2015, CEDAW Committee to Timor-Leste.

³ *Timor-Leste Demographic and Health Survey 2009-10* (Dili, National Statistic Directorate, Ministry of Finance, Republic Democratic of Timor-Leste, 2010), p. 228-240. A nationally representative study undertaken by The Asia Foundation in 2015 found that 59% of ever-partnered women aged 15-49 have experienced some form of physical or sexual violence from their husband or boyfriend in their lifetime. (The Asia Foundation, *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study*, Dili, 2016).

⁴ The Asia Foundation, *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study* (Dili, 2016).

wife under certain circumstances, and these attitudes have changed very little in the six years since (81% women and 70-79% men: The Asia Foundation, 2015⁵).

The perception within many communities that GBV, particularly domestic violence, is a private matter, contributes towards the isolation of victims, often unable to access to proper assistance and support services.

The 2010 Law against Domestic Violence (LADV) importantly made domestic violence a public crime, but more efforts are needed to encourage reporting of cases. The study undertaken by The Asia Foundation in 2015, found that two in three women (66%) who experienced intimate partner violence did not tell anyone at all about the violence. When women did seek help, most told their family or friends (34%), while only 3% went to the police, 2% told a local leader, and less than 1% told to women's organisation or civil society organisation (CSO).

1.3 Legal framework

The National Action Plan on Gender-Based Violence (NAP-GBV) has been developed in accordance with Timor-Leste's national laws and international obligations.

Inherent in the NAP-GBV's outcomes and strategic outputs are the principles enshrined in the Timor-Leste Constitution, including equality before the law and non-discrimination (Article 16), equality between women and men (Article 17), child protection (Article 18) and access to justice (Article 26).

The NAP-GBV (2017-2021) also recognizes the weight that the Constitution attributes to international law (Article 9), including Timor-Leste's commitments within the Convention on the Elimination of Discrimination against Women (CEDAW), the International Convention on Civil and Political Rights (ICCPR), the International Convention on Social and Economic Rights (ICESCR) and the Convention on the Rights of the Child (CRC). In this regard, the NAP-GBV complements and supports implementation of related policy frameworks, such as the National Action Plan on UN Security Council Resolution 1325 on Women, Peace and Security, and the National Action Plan on the Rights of the Child.

1.4 Methodology of NAP-GBV

SEM, as the government's principal entity responsible for planning, executing, coordinating, and evaluating policies in the field of the promotion and defence of gender equality, has led the process of revision and extension of the NAP-GBV, ensuring a broad consultation process at national and municipality level, from May to July 2016.

The consultation phase promoted a multi-sectoral and participatory approach, including the following interventions:

- I. Interviews and meetings with key stakeholders from the sectors of education, health, social solidarity, security, and justice. The list included line ministries, national institutions, service providers, civil society organizations, and development partners.

⁵ The Asia Foundation, *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study* (Dili, 2016).

- II. Consultation-workshops,⁶ ensuring broad participation at national and municipality levels from the sectors of education, health, social solidarity, security, and justice, including line ministries, national institutions, service providers and civil society. The number of workshops was as follows:
- 1) Consultation-workshop in Dili (30 June 2016), the total participants were 91 (female: 62% and male: 48%), representing: Dili, Liquiça, Ermera, Aileu, Baucau, Lautem, Viqueque, and Manatuto.
 - 2) Consultation-workshop in Suai (6 July 2016), the total participants were 63 (female: 56% and male: 54%), representing: Covalima, Ainaro, Manufahi, and Bobonaro.
 - 3) Consultation-workshop in Special Zone of Oecusse, (12 July 2016) the total participants were 68 (female: 64% and male: 46%), representing: Oesilo, Pante Macassar and Passabe.
- III. SEM convened the Inter-Ministerial Commission⁷ on NAP-GBV, on 22 July 2016, which counted with full representation at director level, in compliance with the Government Resolution 21/2012, 18 July. The Inter-Ministerial Commission is the responsible institution to coordinate, monitor and evaluate the implementation of NAP-GBV. The meeting was fruitful to discussed and provide feedback on efficient measures to improve Pillar IV of NAP-GBV on Coordination, Monitoring and Evaluation. Members of the Inter-Ministerial Commission include Ministry of Education, Ministry of Health, Ministry of Social Solidarity, Ministry of Interior, Ministry of Justice, Ombudsman Office (PDHJ), Alola Foundation, FOKUPERS and ALFeLA.

Once the first draft of the NAP-GBV (2017-2021) was finalized, SEM initiated the validation stage. The validation phase followed a participatory and inclusive approach, including the following interventions:

- I. Interviews and meetings with key stakeholders, seeking feedback on the first draft of NAP-GBV (2017-2021). The list included line ministries, national institutions, service providers, civil society organizations, as well as development partners.
- II. Validation Workshop in Dili (15 November 2016) with key stakeholders at director level from the sectors of education, health, social solidarity, security, and justice, including members of the Inter-Ministerial Commission on NAP-GBV, line ministries, national institutions, service providers, civil society and development partners. The Validation workshop on NAP-GBV (2017-2021) counted with 68 participants (52% female and 48% male).

⁶ The definition of the location for the consultation-workshops follows the judicial district criteria, which facilitated a broad participation at municipality level.

⁷ The Inter-Ministerial Commission is the responsible entity to oversee the implementation of NAP-GBV, according to the Government Resolution 21/2012, 18 July.

1.5 Guiding Principles of NAP-GBV

The NAP-GBV has been informed by and has been developed to be consistent with the following principles:

- Principle of Equality

Every individual, regardless of ancestry, nationality, social status, gender, ethnicity, language, age, religion, disability, political or ideological beliefs, cultural and educational level, enjoys the fundamental rights inherent in human dignity and shall be assured equal opportunity to live without violence and the right to preserve his or her physical and mental integrity.⁸

- Adherence to Human Rights Principles and Obligations

GBV is an abuse of human rights and a form of discrimination, which prevents women from enjoying their full rights as citizens and human beings. The Timor-Leste NAP-GBV seeks to address human rights violations that lie at the core of GBV, and is based on respect for the human rights of women, men and children in accordance with Timor-Leste's international legal obligations in human rights and the Constitution of Timor-Leste.

- Principle of Consent

Without prejudice to any other provisions under the criminal law and criminal procedure, any intervention to support victims should be made after the victim gives his or her informed consent and shall be limited by full respect of the victim's will.⁹ This principle is in reference to service interventions, and does not prejudice the public nature of the crime of domestic violence.

- Principle of Information

The State, through the police, prosecutor, public defender's office, and medical and social services, shall ensure that the victim is provided with adequate information to protect his or her rights.¹⁰

- Safety and Security

All programs, activities and interventions developed through the NAP-GBV put safety and security of victims/survivors of GBV as the primary concern.

- Professional Obligations and Rules of Conduct

Any intervention of specialized support to victims/survivors should be conducted in compliance with professional standards and obligations, applicable codes of conduct, standard operating procedures, universal principles of human rights as well as any rules of conduct applicable to the case.¹¹

⁸ Article 4, Law Against Domestic Violence (Law No. 7/2010).

⁹ Article 5 (1), Law Against Domestic Violence (Law No. 7/2010).

¹⁰ Article 7, Law Against Domestic Violence (Law No. 7/2010).

¹¹ Article 8, Law Against Domestic Violence (Law No. 7/2010).

- Government Responsibility

Government Ministries and Institutions have a primary responsibility to demonstrate leadership and provide resources to implement and act in accordance with the NAP-GBV and the Law on Domestic Violence. The Government will act in partnership with civil society, NGOs and service providers. “[T]he State...cannot fail to provide protection to its citizens, as it is its role to coordinate all public, private and community leaders in implementing the policies on prevention of domestic violence and victim support.”¹²

- Victim Centred Approach

It is critical that approaches and programs dealing with victims/survivors of GBV put victims/survivors clearly in the centre. This means consideration of what is in the victim’s best interest overrides any competing concerns. This approach aims to empower the individual toward making his/her own decisions, rather than imposing a course of action on the individual.

1.6 Structure of NAP-GBV

The NAP-GBV (2017-2021) is a five-year multi-sectoral strategy to address the problem of GBV in Timor-Leste. It covers a comprehensive approach, investing efforts in prevention of GBV, provision of multi-sectoral services for victims, including essential health and social services, access to justice, as well as establishing coordination mechanisms, to ensure an effective implementation of the plan, including monitoring and evaluation.

The NAP-GBV (2017-2021), in line with the structure of the first NAP-GBV, establishes four (4) pillars or strategic priority areas, as follows:

- 1- Pillar I – Prevention of GBV
- 2- Pillar II – Provision of Services for Victims
- 3- Pillar III – Access to Justice for Victims
- 4- Pillar IV – Coordination, Monitoring and Evaluation

1.7 Pillars of NAP-GBV

1.7.1 Pillar I - Prevention of GBV

The NAP-GBV (2017-2021) recognizes the paramount importance of investing efforts in preventing GBV from taking place.

Preventing GBV requires actions to address the root causes of violence based on gender, such as gender inequality and discrimination, which result in the perceived lower status of women. As outlined in the overview above, alarming trends have been identified in various studies regarding tolerance of GBV in Timorese communities. It is essential, therefore, to create change by directing efforts at attitudes and behaviours, as well as social norms change.

¹² Preamble, Law Against Domestic Violence (Law No. 7/2010).

Pillar I of NAP-GBV outlines activities that seek to affect long-term change by challenging the prevailing mind-sets within individuals, communities, and society. The NAP-GBV focuses on strategies aiming at:

- Increase the knowledge of human rights, gender equality, GBV, and its harmful effects among community-members and government agencies;
- Transform attitudes, practices, norms and behaviours that support, tolerate or accept GBV and gender inequality;
- Increase the promotion of sexual and reproductive health and rights, supporting healthy, respectful and consensual sexual relationships;
- Engage men and boys transforming harmful masculinities;
- Increase the positive influence of the media in promoting gender equality and zero tolerance towards GBV;
- Support a GBV-aware approach to women's economic and personal empowerment and community support for women's participation in economic development, recognising that being in a higher economic position can also put women more at risk of violence;
- Advocate for the ratification of laws and policies across sectors, which are gender-responsive and gender equal.

Pillar I targets specific groups, which have a crucial role in preventing violence, namely national and local leaders (including Suco Chiefs, Church officials and traditional leaders), families, youth, health workers, the media, and the educational community.

1.7.2 Pillar II – Provision of Essential Services for Victims/Survivors of GBV

The NAP-GBV strategic area on Provision of Services focuses on the multi-sectoral needs of victims of GBV, ensuring they have access to essential services for their physical, mental and social well being, and that they are protected from further violence or re-victimization.

It is essential that victims have access to gender-sensitive care in safe and confidential environments, that services cover a wide range of needs, are coordinated across sectors and delivered by competent and trained staff. In order to ensure sustainability, these services shall be integrated into state sector services.

I. Essential Health Services

In the immediate aftermath of violence, victims must have access to essential health care and medical assistance to address their urgent needs. Accessible health care means that services are physically and geographically available to victims, resourced by professional and competent staff with appropriate training.

The main components of the essential health services are the following: 1) identification of victims; 2) first line support; 3) care for injuries and urgent medical treatment; 4) sexual assault examination and care; 5) mental health assessment and care; and 6) documentation (Medico-legal).

The NAP-GBV (2017-2021) establishes the development and operationalization of National Guidelines to ensure the operationalization of SOPs for health care providers, including training and delivery.

All health care providers shall be aware about first line support (LIVES¹³) and available referral pathways, as health sector is often the first contact for victims/survivors of GBV, even without disclosing abuse or violence. LIVES can be provided by any health care provider with understanding of the National guidelines for health providers with limited resources.

II. Essential Social Services

The assurance of access to and provision of safe and secure accommodation for victims of GBV is also foreseen in the NAP-GBV. While these services have existed in Timor-Leste for several years, predominately operated by national non-governmental organizations, the NAP-GBV establishes the nationalisation of these services throughout the country.

The strategies established include a mapping exercise to determine whether Transit Houses/Short term shelters are required in the seven (7) municipalities where shelters are not currently available. The philosophy of the Transit Houses is to ensure immediate access to secure accommodation for all victims/survivors, including those with special needs, such as mental health issues and physical disabilities.

The NAP-GBV also seeks to improve the access to counselling and psychosocial services for victims/survivors, through the establishment of trained social service workers at the National Directorate of Social Development's (DNDS) to receive and provide crisis information and counselling for victims/survivors in all municipalities.

Furthermore, access to counselling and information will be also established through a free and confidential national violence helpline, available 24/7 that shall provide information on rights, services and crisis counselling for victims/survivors of GBV.

Finally, in order to ensure the seamless coordination of specialized services across different sectors, the NAP-GBV establishes the strengthening and expansion of coordination mechanisms such as *Referral Network* and case management systems at national and municipality level, as well as the establishment of cross-sector professional ethics standards for service providers.

1.7.3 Pillar III – Access to Justice

Pillar III of NAP-GBV focuses on ensuring that rights of victims are empowered, in order to allow informed choices with regards to accessing justice options.

¹³ L- Listen with empathy and without judging;

I - Inquire about Needs and concerns; emotional, physical, social and practical (ex: Child care)

V- Validate

E- Enhance Safety

S- Support her by helping her to connect to information, services and social support.

Moreover, the NAP-GBV also takes into account the importance of effective justice responses towards GBV to ensure redress to victims, as well as to discourage violent behaviour in communities.

Pillar III establishes mechanisms to support that all forms of GBV are investigated, prosecuted and punished, and victims have access to justice measures.

Finally, the NAP-GBV also seeks the strengthening of the national legal framework, in order to better protect women and children, in accordance with international standards.

1.7.4 Pillar IV - Coordination, Monitoring and Evaluation

Pillar IV outlines the necessary mechanisms to ensure a timely and effective implementation of the NAP-GBV. It establishes measures to promote high-level commitment in order to impulse a multi-sectoral intervention, as well as to plan the necessary budget allocation, according to gender-responsive budgeting.

To this end, the NAP-GBV includes measures to reinforce the Inter-Ministerial Commission on NAP-GBV,¹⁴ involving new and essential partners. Namely the Office of Planning, Monitoring and Evaluation within the Office of the Prime-Minister (UPMA), the General Prosecutor Office, the Vulnerable Persons Unit (VPU), the Public Defender Office, the Judiciary, and the following CSOs: Alola Foundation, FOKUPERS, ALFeLA and Rede Feto.

Finally, the NAP-GBV seeks also to strengthen the *Referral network*, in order to ensure an effective coordination and integrated intervention at primary and secondary level.

1.8 GOALS OF NAP-GBV

The overall goal of the NAP-GBV aims at reducing and ultimately eliminating GBV that affects women, men and children in our communities through a multi-sectoral coordinated approach. All indicators proposed are to measure the general objectives:

- % of Timor-Leste women aged 15-49 who experienced some form of physical or sexual violence from men who are not their husband or boyfriend¹⁵
- % of women who reported that in the past 12 month experienced physical or sexual violence from their spouses¹⁶

The NAP-GBV seeks to reach this overall goal through focusing on four strategic areas:

¹⁴ Government Resolution 21/2012, 18 July.

¹⁵ Timor-Leste Demographic and Health Survey 2009-10.

¹⁶ 28% of women experienced physical violence sometimes in the past 12 months (Timor-Leste Demographic and Health Survey 2009-10).

PILLAR I
PREVENTION of gender-based violence

Outcome 1: Transform attitudes, behaviours, practices, norms and power dynamics that contribute towards gender-based violence

- Output 1.1 - Increased knowledge of community leaders, government officials and teachers in gender equality and GBV, as well as their active role in reporting and referring cases of GBV.
- Output 1.2 - Increased awareness of sexual and reproductive health and rights (SRHR), engaging men and boys.
- Output 1.3 - Increased the role of the media in promoting gender equality and zero tolerance towards gender-based violence.
- Output 1.4 - Women economically empowered.
- Output 1.5 - Gender equality is promoted at legal and policy level.

PILLAR II
PROVISION OF SERVICES for victims/survivors of gender-based violence

Outcome 2: Ensure that victims/survivors of gender-based violence have access to essential health and social support services

- Output 2.1 - Strengthened accessible and timely essential health services for victims/survivors including first line support, care for injuries and urgent medical treatment, sexual assault examination and care, mental health assessment and care and medico-legal documentation, provided by trained staff in secure and gender-sensitive facilities.
- Output 2.2 - Enhanced access to accommodation and shelter for victims/survivors in safe, responsive, and gender sensitive facilities, for short and long-term.
- Output 2.3 - Strengthened accessibility to adequate crisis information, and counselling (including psycho-social support) for victims/survivors.
- Output 2.4 - Strengthened measures to facilitate economic independence, recovery and autonomy of victims/survivors.

PILLAR III
ACCESS TO JUSTICE for victims/survivors of gender-based violence

Outcome 3: Ensure that victims/survivors' rights are fully protected through the formal justice system and perpetrators are brought to justice

- Output 3.1 – Enhanced the national legal framework to protect victims/survivors, in compliance with international standards.
- Output 3.2 – Strengthened access to information on rights, services and legal aid for victims/survivors, including accompaniment through legal processes.
- Output 3.3 – Enhanced capacities of policing, prosecution and institutions to ensure the provision of gender-sensitive, safe, accessible, free, and responsive services for victims/survivors.
- Output 3.4- Strengthened judicial actors' capacities to ensure gender-sensitive protection and compensation for victims/survivors, as well as to ensure perpetrators are adequately punished.
- Output 3.5 – Strengthened rehabilitation programmes and monitoring and evaluation of programme effectiveness, for perpetrators to reduce recidivism.

PILLAR IV
COORDINATION, MONITORING AND EVALUATION

Outcome 4: Ensure the effective and efficient coordination, monitoring, evaluation of the implementation of NAP-GBV

- Output 4.1 – Enhanced coordination among NAP-GBV stakeholders.
- Output 4.2 – Enhanced monitoring, reporting, evaluation, and budget allocation of NAP-GBV.

1.9 COSTING AND FINANCIAL REQUIREMENTS

The NAP-GBV includes an indicative budget of activities to be undertaken over a five-year period. These figures are estimates only, and were developed based on obtainable budgets, as well as based on findings of the costing study on essential multi-sectoral services undertaken by the Ministry of Social Solidarity and UN Women, with technical support from the National University of Ireland in Galway.¹⁷ It is important to highlight that the aforementioned Study has not been officially launched at the date of writing.

The rationale for developing an indicative-budget Plan was to create a tool that will support implementation of the NAP-GBV. An estimative budget is important to determine how to allocate funding and resources throughout the NAP's timeline, allowing policy makers to see how sector resource allocation fits into the broader goal of GBV. In this way it can support the development of future government Annual Action Plans, and gender-responsive budgeting efforts.

¹⁷ UN WOMEN, NUI Galway, *Estimating the resource requirements for a minimum package of essential services for women and children experiencing violence in Timor-Leste* (Dili, 2016).

CHAPTER 2: THE NATIONAL ACTION PLAN ON GENDER-BASED VIOLENCE – MATRIX

PILLAR I PREVENTION of gender-based violence									
Outcome 1: Transform attitudes, behaviours, practices, norms and power dynamics that contribute towards gender-based violence									
Outcome Indicator: % of women and % of men believe that husbands could beat wives in some circumstances Baseline: In 2010, 86 percent of women and 81% of men believed that husbands could beat wives in some circumstances ¹⁸									
Expected Outputs	Focus Actions	TIMEFRAME					Institution Focal Point	Collaborating partners	Total Indicative Budget 5 year period (in USD)
		2007	2008	2009	2010	2011			
Output 1.1 – Increased knowledge of community leaders, government officials and teachers in gender equality and GBV, as well as their active role in reporting and referring cases of GBV Output Indicator 1.1.1: <i>Percentage of women and men that accept GBV</i>	1. Engage communities, local and traditional leaders in attitude and behavioural change efforts, and to mobilize communities to take responsibility and challenge GBV.						SEM	MAE FOKUPERS Alola Foundation ALFeLa	100,000
	2. Facilitate discussions with religious leaders aimed at identifying the risks and prevalence of GBV and existing protection mechanisms for women and children and engage them to authentically promote messages of gender equality and non-violence, and encourage reporting of GBV.						SEM	FOKUPERS ALFeLa	30.000

¹⁸ Timor-Leste Demographic and Health Survey 2009-10.

<p>Baseline: 81% women and 79% men¹⁹</p> <p>Output Indicator 1.1.2: <i>Increase the knowledge of local leaders and traditional leaders, women and men, in terms of LADV (Law against Domestic Violence) and also in their roles in making complaints and referring cases of GBV</i></p> <p>Baseline: Not available, it is necessary to collect data</p> <p>Output Indicator 1.1.3: <i>Increase the knowledge of teachers on GBV and sexual harassment.</i></p> <p>Baseline: Not available, it is necessary collect data</p> <p>Output Indicator 1.1.4: <i>Increase the number of government officials, women and men with better</i></p>	3. Design and conduct evidence-based attitudinal change campaigns targeting the youth to promote positive, respectful and non-violent masculinities, challenging gender stereotypes.						MoE	SEM AMKV MVF	80.000	
	4. Conduct school-based programmes focussed on promoting gender equality, reshaping masculinities, and building skills in positive discipline, targeting primary and secondary students, teachers and parents associations.							MoE	SEM	80.000
	1. Design and conduct training for local and traditional leaders (District Administrators, Sub-District Administrators, Suco Chiefs, Aldeia Chiefs, and <i>lia-na'in</i> ; and key women in the community) on human rights, gender equality and GBV, as well as on their legal role in reporting and referring cases of domestic violence in their communities.							MoSA	SEM PDHJ MoE FOKUPERS Alola Foundation ALFeLa	100.000
	2. Design and conduct training for government officials on human rights, gender equality and gender-based violence (including on sexual harassment in workplace), as well as on their responsibility in reporting and referring cases of GBV, culminating in a Code of Conduct that all government officials must sign after each annual training.							SEM	PDHJ	80.000

¹⁹ The Asia Foundation, Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study (Dili, 2016).

<p><i>knowledge about GBV and sexual harassment</i></p> <p>Base Line: Not available, it is necessary to collect data</p>	<p>3. Design and conduct training to teachers and parents' associations on human rights, gender equality, and prevention of gender-based violence, with a particular focus on sexual harassment, within the framework of the "zero tolerance policy".</p>						MoE	SEM	100.000
<p>Output 1.2 – Increased awareness of sexual and reproductive health and rights (SRHR), engaging men and boys</p> <p><i>Output indicator 1.2.1: % of women of age between 15-49 who believe that a woman may not consent to have sexual intercourse with her spouse/husband in certain circumstances</i></p> <p>Baseline: Please refer to DHS 2009-10²⁰</p>	<p>1. Develop a communications campaign to reduce stigma around talking openly about SRHR, including the design and dissemination of clear and informational posters, banners, pamphlets to share accurate information about SRHR with communities.</p>						MoH	SEM	60,000
	<p>2. Design and deliver Comprehensive Sexuality Education²² for students at Primary and Secondary education.</p>						MoE	SEM Secretary of State for Youth and Sports MoH	130.000
	<p>3. Design and implement regular facilitated community discussions among male peers addressing male sexual entitlement.</p>						SEM	MoH AMKV MVF	60.000

²⁰ Baseline, p. 207, *Timor-Leste Demographic and Health Survey 2009-10*.

²² Comprehensive Sexuality Education - CSE (developed from *the International Technical Guidance on Sexuality Education* by UNESCO, UNFPA, UNICEF, WHO, UNAIDS, and more recently UN WOMEN) – defined as a comprehensive human rights-based, gender-focused, life-skills-based approach to sexuality education. CSE can be taught in school or out of school, and to various age groups including being adapted to parents and community-level programmes, is an effective way to teach young people about healthy relationships and conscious respectful choices and equip them with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality and sexual and reproductive health in the context of their emotional and social development.

<p>Output indicator 1.2.2: <i>% of men of age between 15-49 who believe that a woman may not consent to have sexual intercourse with her spouse/husband in certain circumstances</i></p> <p>Baseline: <i>Please see DHS 2009-10²¹</i></p>	<p>4. Identify and support appropriate men from the community to be positive role models for others, and to advocate for behaviour change amongst men.</p>					SEM	AMKV MVF	30.000
<p>Output 1.3 – Increased the role of the media in promoting gender equality and zero tolerance towards GBV</p> <p>Output indicator 1.3.1: <i>Increase the number of journalists, women and men with the knowledge on gender equality and also how to make reports about GBV</i></p> <p>Baseline: <i>not available, it is necessary to collect data</i></p>	<p>1. Develop a media Code of Conduct on gender-sensitive reporting; including ethical guidelines on reporting gender-based violence, informed consent, and disciplinary action in case of breach of code.</p>					SECOMS	SEM	40,000
	<p>2. Conduct annual mandatory training to journalists on human rights, gender equality, GBV and gender-sensitive reporting.</p>					SECOMS	SEM	30,000
	<p>3. Develop and implement a Media Tool to monitor media reporting on gender-based violence and portrayal of women.</p>					SECOMS	SEM	40,000

²¹ Baseline, p. 208, *Timor-Leste Demographic and Health Survey 2009-10*.

<p>Output 1.4 – Women are personally and economically empowered</p> <p>Output indicator 1.4.1: <i>Number of women’s groups which receives economic support from the government has good income</i></p> <p>Baseline: 243 in 2015²³</p> <p>Output indicator 1.4.2: <i>% of women and men has access to social security</i></p> <p>Baseline: 35% of men and 24% of women have access to social security²⁴</p> <p>Output indicator 1.4.3: <i>% of women’s and men’s participation in the labor force</i></p>	<p>1. Provide financial support to women’s networks and business groups, with particular attention to associations, organisations and community groups that support and represent vulnerable women.</p>						SEM	Ministry of Commerce, Industry and Environment SEPFPOE	120,000	
	<p>2. Strengthen the reach and the contribution of the national social protection programme (for example: “Bolsa da Mae”; Veterans Pension, Old Age Pension, etc.) for ALL vulnerable women including women and young women who are victims of GBV, abandonment, family exclusion or social or cultural exclusion, so that they receive adequate economic support from social protection programmes.</p>							MoSS	Ministry of Commerce, Industry and Environment	338,000
	<p>3. Build capacity of women in professional roles including business management, through transformative leadership and assertiveness skills training.</p>							SEPFPOE	SEM IADE Caucus Feto iha Polítika Fundasaun Pátria	50,000

²³ Data from *Relatório Avaliaçãun Hakbiit Feto Iha Ekonomia Liuhusi Fundus Transferénsia Públika Tinan 2008-2015* (SEM, 2016).

²⁴ SEPFPOE, *Timor-Leste Labour Force Survey 2013*.

<p>Baseline: 21 percent of women and 40% of men participate in the labor force²⁵</p> <p>Output indicator 1.4.4: % of women and men in vulnerable employment</p> <p>Baseline: 69% of women in and 47% of men are in vulnerable employment²⁶</p> <p>Output indicator 1.4.5: % of women and men in the programs of vocational technique every year</p> <p>Baseline: In 2009, 41% of women and 59% of men participated in technical vocational training programs²⁷</p>								
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²⁵ SEPFOPE, *Timor-Leste Labour Force Survey 2013*.

²⁶ Democratic Republic of Timor Leste, "Combined Second and Third Periodic CEDAW Report" (2015).

²⁷ SEPFOPE, *Timor-Leste Labour Force Survey 2013*.

<p>Output 1.5 – Gender equality is promoted at legal and policy level</p> <p>Output indicator 1.5.1 Number of discriminatory laws and Policies amended and instituted to address GBV.</p> <p>Baseline: not available, it is necessary collect data</p> <p>Output indicator 1.5.2: Increased number of Judges/Prosecutors/Public Defenders, women and men, with better knowledge of LAVD</p> <p>Baseline: not available, it is necessary to collect data</p> <p>Output indicator 1.5.3 Number of Ministries and Secretaries of State consistently collecting gender-disaggregated data.</p> <p>Baseline: not available, it is necessary collect data</p>	1. Support advocacy strategies to mainstream gender equality in all laws and policies, according to the Constitution, CEDAW and human rights instruments ratified in Timor-Leste.						SEM	UPMA (OPM) GMPTL MoJ	65.000
	2. Develop a comprehensive law on gender equity.						SEM	MoJ	28.000
	3. Deliver awareness and strategic planning training for Ministers and Secretaries of State and parliamentarians, on addressing GBV through law and policy with the aim of visible realistic goals, indicators and outputs within institutional annual work plans, as well as budgeting and legal drafting which are gender equal, gender-responsive and have a gender perspective.						UPMA (OPM)	PCM	87.000
Total Cost of Pillar I									1.648.000

PILLAR II
PROVISION OF SERVICES for victims/survivors of gender-based violence

Outcome 2: Ensure that victims/survivors of GBV have Access to the essential health services and quality social support

Outcome Indicator 2.1: Percentage of health facilities with competent health staff to provide LIVES per year

Outcome Indicator 2.2: Number of health facilities with competent health staff in sexual assault examination and care and medico-legal documentation per year

Outcome Indicator 2.3: Number of health service facilities with competent health staff to make medico-legal documentation

Outcome Indicator 2.4: Proportion of total expenditure of the Government expended to provide essential social assistance for victims of violence

Outcome Indicator 2.5: Number of facilities that implemented the Standard Operating Procedures (SOP) per year

Outcome Indicator 2.6: Number of survivors who are satisfied with the use of assistance from multi-sector service

Expected Outputs	Focus Actions	TIMEFRAME					Focal Point Institution	Collaborating partners	Total indicative Budget of 5 year period (in USD)
		2017	2018	2019	2020	2021			
Output 2.1 - Strengthened accessible and timely essential health services for victims/survivors including first line support, care for injuries and urgent medical treatment, sexual assault examination and care,	1. Develop a national guideline for health service providers on identification and management of victims/survivors of GBV, including roles, responsibilities and referral pathways and socialization to health providers at all levels and related stakeholders on the national guideline.						MoH	PRADET	25,000

<p>mental health assessment and medico-legal documentation provided by trained staff in secure and gender-sensitive facilities</p> <p>Output indicator 2.1.1: <i>Number of clients identified as survivors of GBV by staff at municipality hospitals, CHCs, and health posts</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p> <p>Output indicator 2.1.2: <i>Number of victims/ survivors who have already used the health care facilities every year</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p>	2. Develop an in-service training package for health care providers in line with the national guideline, essential services package, clinical handbook and other evidence based guidelines						MoH	INS	30,000
	3. Conduct a ToT and establish a team of trainers on the package for health care providers						MoH	INS	80,000
	4. Conduct Cascade training to build capacities of selected health staff at all levels in order to ensure that there are staff members in each facility who have received in depth training on essential health services especially first line support of training of doctors, nurses and midwives.						MoH	PRADET	75,000
	5. Develop a pre-service training modules to be incorporated into medical, nursing and midwifery training programmes.						UNTL		24,000
	6. Support the establishment and operationalization of referral pathways and monitoring system.						MoH	MoSS	10,000
	7. Review and update existing medical forensic training package to align it with the Essential Services package and the National Guideline						MoH	PRADET	10,000
	8. Provide capacity building programme on medico-legal services (forensic medicine) to						MoH		130,000

	three health professionals/year with the support of another helpful country.							
	9. Introduce supportive supervision tools and HMIS reporting (while ensuring anonymity and confidentiality) for all health facilities, including 6 hospitals, 68 Community Health Centres (CHCs) and 252 Health Posts, to ensure the provision of First Line Support.					MoH		10,000
	10. Establish within prioritized health facilities spaces to provide LIVES and other components of essential health service package as required ensuring confidentiality and privacy .					MoH		100,000
	11. Support the operationalization of the existent 5 safe rooms/Fatin Hakmatek in Dili, Maliana, Suai, Baucau, and Oecusse to ensure care, safety, counselling, assessment, and ensure coordination of referral for victims/survivors.					MoH	PRADET	2,792,900
	12. Design and distribute to all health facilities posters and pamphlets on GBV and services available for victims/survivors.					MoH	PRADET	25,000
Output 2.2- Enhanced access to accommodation and shelter for victims/survivors in safe, responsive, and gender sensitive facilities	1. Conduct a mapping exercise to determine 7 locations to establish Transit Houses/Short term shelters, considering access to shelter for all victims/survivors, including those with special needs, such as mental health issues and physical disabilities in line with guidelines on					MoSS	FOKUPERS PRADET Casa Vida Uma Paz Baucau Uma Mahon Salele Uma Mahon Luzeiro (Lautém)	5,040

<p>Output indicator 2.2.1: <i>Number of victims/survivors who have used the services of social support every year</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p>	Essential Services Package for Women and Girls Subject to Violence.						FEEO (Oecusse)	
	2. Establish three (3) Transit Houses included in phase 1, according to the mapping exercise and provide staff training in victims assistance, SOP, and referral system.					MoSS		24,393
	3. Operationalize three (3) Transit Houses included in phase 1, according to the mapping exercise, to ensure emergency, and short term accommodation in a safe, responsive and gender-sensitive environment					MoSS		191,193
	4. Establish four (4) Transit Houses included in phase 2, according to the mapping exercise and provide staff training in victims assistance, SOP, and referral system					MoSS		32,524
	5. Operationalize four (4) Transit Houses included in phase 2, to ensure emergency, and short term accommodation in a safe, responsive and gender-sensitive environment					MoSS		254,924
	6. Upgrade the existing shelters/Uma Mahons improving their services in providing private and confidential accommodation free of charge and accessible to victims/survivors					MoSS	FOKUPERS Casa Vida Uma Mahon Salele Uma Mahon Luzeiro FEEO Uma Paz Baucau	344,400

	7. Establish SOP for all shelters, including the development of protocol, standard criteria for shelter admission, and staff training in line with Essential Services Package for Women and Girls subject to Violence.					MoSS	FOKUPERS Casa Vida Uma Mahon Salele Uma Mahon Luzeiro FEEO Uma Paz Baucau	11,081
	8. Operationalize SOP for all shelters, including the development of protocol, and staff training.					MoSS	FOKUPERS Casa Vida Uma Mahon Salele Uma Mahon Luzeiro FEEO Uma Paz Baucau	64,855
	9. Establish SOP for three (3) transit houses of phase 1, including the development of protocol, and staff training.					MoSS		4,749
	10. Operationalize SOP for three (3) transit houses of phase 1, including the development of protocol, and staff training.					MoSS		7,020
	11. Establish SOP for four (4) transit houses of phase 2, including the development of protocol, and staff training.					MoSS		6,332
	12. Provide transport between municipalities and <i>sucos</i> , in order to ensure that victims/survivors have access to service providers.					MoSS	MoH MoI	99,892

	13. Implement the SOP and case management protocol that are used by MSS, SEM, MS and MI.					MoSS	SEM MoH MoI	37.180	
	14. Operationalize SOP for four (4) transit houses of phase 2, including the development of protocol, and staff training.					MoSS		2,340	
<p>Output 2.3 – Strengthened accessibility to adequate crisis information, and counselling (including psychosocial support) for victims/survivors</p> <p>Output indicator 2.3.1: <i>Number of services provider providing victims information about services and counselling for victims</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p> <p>Output indicator 2.3.2: <i>Number of service providers that provide psycho-social support for victims</i></p>	1. Establish a space available for the National Directorate of Social Development (DNDS) staff to receive and provide crisis information and counselling (including psycho-social support) for victims/survivors in all municipalities.					MoSS		41,405	
	2. Operationalize a space available for the National Directorate of Social Development (DNDS) staff to receive and provide crisis information and counselling (including psycho-social support) for victims/survivors in all municipalities.					MoSS		615,992	
	3. Establish the necessary logistic measures to provide 3 social service workers available at each municipality to deliver counselling and psycho-social support for victims/survivors on regular basis, including the development of protocol and training.						MoSS		58,308
	4. Provide social service workers available at each municipality to deliver counselling and psycho-social support for victims/survivors on						MoSS		100,596

Baseline: <i>Not available, it is necessary to collect data</i>	regular basis, including the development of protocol and training.							
	5. Provide training for service providers on dealing with clients who have disabilities or special needs.					MoSS		8,000
	6. Establish a national violence helpline providing information on rights, service providers and crisis counselling for victims/survivors and for referral to service providers, in line with global guidelines on Essential Services for Women and Girls subject to Violence.					MoSS	SEM	103,037
	7. Operationalize a national violence helpline providing information on rights, service providers and crisis counselling for victims/survivors.					MoSS	SEM	70,782
	8. Develop and disseminate community information and outreach at all municipalities on victims/survivors rights and services provided.					SEM	Alola Foundation	

<p>Output 2.4 – Strengthened measures to facilitate economic independence, recovery and autonomy of victims/survivors</p> <p>Output indicator 2.4.1: <i>Number of victims/survivors who have access to social reintegration programmes per year</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p>	1. Develop a national policy to implement the provisions of the law against domestic violence in relation to economic maintenance for reintegration of victims/survivors.						MoSS	SEM ALFeLa	25,000
	2. Design and implement gender responsive vocational training for victims/survivors receiving assistance from MoSS.						SEPFOPE	Alola Foundation	167,897
	3. Support NGOs to implement income-generation projects, with specific provisions for victims/survivors receiving assistance from MoSS.						MoSS		50,000
	4. Advocate for the approval of a Decree-Law on social reintegration, to identify reintegration mechanisms for victims/survivors.						MoSS	SEM	10,000
Total Cost of Pillar II									5,648,840

PILLAR III
ACCESS TO JUSTICE for victims/survivors of gender-based violence

Outcome 3: Ensure that victims/survivors' rights are fully protected through the formal justice system and perpetrators are brought to justice

Outcome Indicator 3.1: Number of victims/survivors of GBV who presented complaint to the Vulnerable Persons Units (VPU)

Outcome Indicator 3.2: Number of referred cases of GBV that are investigated, prosecuted and sentenced

Outcome Indicator 3.3: Number of referred cases of GBV that are brought forward to be judged at the Court of first instance, in accordance with the formal justice system

Outcome Indicator 3.4: % of domestic violence cases that have been judged and condemned to pay sufficient compensation to victims of domestic violence per year

Expected Outputs	Focus Actions	TIMEFRAME					Institution Focal Point	Collaborating partners	Total indicative Budget 5 year period (in USD)
		2017	2018	2019	2020	2021			
Output 3.1 – Enhanced national legal framework to protect victims/survivors, in compliance with international standards Output indicator 3.1.1: <i>Number of laws and policies aligned with international standards to protect victims/survivors of GBV.</i> Baseline: 0	1. Identify the necessary reforms and promote reform of the national legal framework to better protect women and children. Including amendments to the Penal Code and the LADV.						MoJ	GMPTL OPM ALFeLa	25,000
	2. Enact legislation to require courts to publish written decisions in all domestic and sexual violence cases.						SEM	MoJ OPM	10,000

<p>Output 3.2 – Strengthened access to information on rights, services and legal aid for victims/survivors, including accompaniment through legal processes</p>	<p>1. Conduct public information and awareness activities on rights, procedures, and services available for victims/survivors, encouraging reporting of GBV crimes.</p>						SEM	<p>FOKUPERS Alola Foundation ALFeLa PRADET AMKV MVF</p>	80,000
	<p>Output indicator 3.2.1: <i>Number of survivors of GBV that have access to legal aid services provided by legal aid organizations per year</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p>	<p>2. Support free and high-quality information and legal assistance for victims of GBV.</p>						OPD	
<p>Output 3.3 – Enhanced capacities of policing, prosecution and institutions to ensure the provision of gender-sensitive, safe, accessible, free, and responsive services for victims</p>	<p>1. Develop a Best Practice Manual on handling GBV cases and conduct training for police in it's use, including issues on response delivery to victims/survivors, referral pathways, special investigation techniques, medical forensic protocol, and specific SOPs at VPUs.</p>						MoI/PNTL	<p>Police Training Centre</p>	200,330
	<p>Output indicator 3.3.1: <i>Increased satisfaction of women, girls and children</i></p>	<p>2. Establish a safe space at all VPUs, with adequate material resources and trained staff, including staff training, and the development of protocol considering issues on key staff retention VPU and gender balance.</p>					MoI/PNTL	<p>PNTL VPU</p>	71,812

<p><i>attended by VPUs and Prosecutor Offices</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p> <p>Outcome Indicator 3.3.2: <i>The length of time in referring every case of GBV from the VPU to the Court</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p> <p>Outcome indicator 3.3.3: <i>A protocol on the maintenance of the VPU personnel for an effective service delivery of GBV cases</i></p> <p>Baseline: <i>There is no protocol</i></p>	<p>3. Operationalize a safe space at all VPUs with adequate material resources and trained staff, including staff training.</p>					MoI/PNTL	PNTL VPU	873,795	
	<p>4. Produce guides for prosecutors on dealing with cases of domestic violence and sexual violence, including applying an appropriate charge based on all aggravating circumstances, evidence to be produced, and applying for civil compensation and protection orders.</p>						OPG		100,000
	<p>5. Conduct yearly mandatory trainings to all prosecutors on prosecuting GBV cases.</p>						LTC (MoJ)	OPG	40,000
<p>Output 3.4 – Strengthened judicial actors capacities to ensure gender-sensitive protection and compensation for victims/survivors, as well</p>	<p>1. Establish safe waiting rooms in Dili and Baucau Municipality Courts, including secure toilet facilities for victims/survivors.</p>					Municipality Court of Dili Municipality Court of Baucau		29,016	

<p>as to ensure perpetrators are adequately punished</p> <p>Output Indicator 3.4.1: <i>% of public defenders, women and men, who are knowledgeable of GBV, LADV, SoP about the referred cases</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p> <p>Output indicator 3.4.2: <i>% of judges, women and men, who are knowledgeable of GBV, LADV, SoP about the process of referring cases</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p> <p>Output indicator 3.4.3: <i>% of prosecutors, women and men, who are knowledgeable of GBV, LADV, SoP about referring cases</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p>	<p>2. Improve victim waiting rooms in Suai and Oecusse Municipality Court, including building secure toilet facilities for victims/survivors.</p>						<p>Municipality Court of Oecusse</p> <p>Municipality Court of Suai</p>		<p>14,672</p>	
	<p>3. Conduct training every two years for all new judicial actors on GBV, legal framework, SOP referral process, and victims/survivors protection.</p>							<p>LTC (MoJ)</p>		<p>82,190</p>
	<p>4. Produce guides for the courts on dealing with cases of domestic violence and sexual violence. The guides should describe the witness protection measures available under the Criminal Procedure Code, application of aggravating factors in sentencing, and additional orders such as article 38(2) of the LADV.</p>							<p>MoJ</p>		<p>25,000</p>

<p>Output 3.5 – Strengthened rehabilitation programmes for perpetrators to reduce recidivism</p> <p>Output indicator 3.5.1: <i>Number of perpetrators convicted of gender-based violence reached by rehabilitation programmes</i></p> <p>Baseline: <i>Not available, it is necessary to collect data</i></p>	<p>1. Provide pilot funding to a comprehensive and evidence-based offender rehabilitation program.</p>						Moj		100,000
Total Cost of Pillar III									1,731,815

**PILLAR IV
COORDINATION, MONITORING AND EVALUATION**

Outcome 4: Ensure the effective and efficient coordination, monitoring, evaluation of the implementation of the NAP-GBV

Outcome Indicator 4.1: Number of key line-ministries and institutions have implemented NAP-GBV in annual plans and budgets

Outcome Indicator 4.2: The allocation of budget for NAP-GBV per year

Expected Outputs	Focus Actions	TIMEFRAME					Institution Focal Point	Collaborating partners	Total estimative Budget 5 year period (in USD)
		2017	2018	2019	2020	2021			
Output 4.1 – Enhanced coordination among NAP-GBV stakeholders Output indicator 4.1.1: A government resolution to create a new Inter-Ministerial Commission to monitor and coordinate the PAN-GBV Baseline: There is already a Government Resolution No.	1. Develop and implement clear ToRs for “Rede Referral-advocacy working group”, to ensure an effective strategy for partner coordination and integrated response for primary intervention actors (at both national and municipality levels).						SEM	Alola Foundation FOKUPERS ALFeLa	20,000
	2. Develop and implement clear ToRs for “Rede Referral - service providers working group”, to ensure an effective strategy for service providers coordination and integrated response (at both national and municipality levels).						MoSS	MoJ PMO	20,000

<i>21/2012 to create the Inter-Ministerial Commission</i>	3. Organize Rede Referral working groups on monthly basis at national level.						MoSS	SEM	40,000
	4. Conduct socialization and training to “Rede Referral - service providers-working Group” to ensure an integrated response for all actors involved on NAP-GBV.						SEM		60,000
	5. Conduct capacity building on information-sharing system and case management between health, shelter, police, justice system and relevant services, to ensure the safety and confidentiality of victims/survivors, informed consent and the accountability of perpetrators.						SEM	MoJ	80,000
	6. Creates an Inter-Ministerial Commission to ensure the inclusion of necessary partners for effective coordination of NAP-GBV such as the OPM, SECOMS, SEPFOPE, MoSA, MoF, MCIA, General Prosecutor, UNTL and other partners.						SEM	Inter-Ministerial Commission	5,000
	7. Conduct meetings of the Inter-Ministerial Commission 3 times per year, to follow up on coordination of activities, timelines, and identification of challenges in implementing NAP-GBV.						SEM	Inter-Ministerial Commission	25,000

	8. Conduct capacity building activities, through “Rede Referral-service providers working group”, both at national and municipality levels, on SOP and case management to be used by service providers, including the efficient collection, management and sharing of data on gender-based violence (established under output 2.5.3).						MoSS	SEM	40,000
	9. Design and implement communication strategy for NAP-GBV, including awareness-raising campaigns.						SEM		50,000
Output 4.2 – Enhanced monitoring, reporting, evaluation, and budget allocation of NAP-GBV Output Indicator 4.2.1: <i>Funds allocated for the % of indicative budget of NAP-GBV</i>	1. Promote high-level commitment on monitoring the implementation of NAP-GBV, in order to support SEM efforts to provide a multi-sectorial response to victims/survivors of gender-based violence, and provide budget allocation through key line ministries’ Annual Action Plans, in line with Gender-responsive budgeting resolution.						UPMA (OPM)	SEM	8,000
	2. Advocate for the reform of the Decree Law 22/2015, on the Unit of Planning, Monitoring, and Evaluation (UPMA) within the OPM.						SEM	UPMA (OPM)	-

<p>Baseline: <i>In 2017 there is no data</i></p> <p>Outcome Indicator 4.2.2: The annual report to the National Parliament on PAN-GBV has been produced.</p> <p>Baseline: <i>In 2016, there was no report</i></p>	3. Develop and implement an integrated monitoring and evaluation tool to facilitate liaison with UPMA (OPM), as high-level partner to monitor the implementation of NAP-GBV.						SEM	UPMA (OPM)	25,000
	4. Develop ToRs and conduct training for key line ministries (Planning Departments) on NAP-GBV, monitoring, evaluation, reporting and gender-responsive budgeting.							SEM	
<p>Output Indicator 4.2.3: <i>The final evaluation report has been produced and published.</i></p> <p>Baseline: <i>The evaluation report has been produced in 2015</i></p>	5. Define and implement MOU with three (3) CSOs to co-lead the monitoring process of NAP-GBV together with SEM, establishing clear guidelines on roles and responsibilities.						SEM	Alola Foundation FOKUPERS ALFeLa	10,000
	6. Develop and provide regular reporting on the implementation and progress of NAP-GBV to the National Parliament, and make it available to civil society and general public.						SEM	Inter-Ministerial Commission	10,000
	7. Support evaluation and assessment initiatives to allow the effective implementation of NAP-GBV, as well as to promote national engagement.							SEM	Inter-Ministerial Commission

	8. Develop and establish an online database for case monitoring of service providers, including staff training on the use of the database.						MoSS	SEM, MoH, MoI	13,143
	9. Organize annual donors round-table meeting to support the implementation of NAP-GBV.						SEM	Inter-Ministerial Commission Gender Coordination Working Group	20,000
	10. Develop and implement a comprehensive monitoring and evaluation system to improve the collection of gender-disaggregated data to assess the impact and effectiveness of gender responsive budget policy and programmes aimed at promoting women's enjoyment of their human rights on an equal basis with men.						UPMA (OPM)		114,000
Total Cost of Pillar IV									610,143



SECRETARIAT OF STATE FOR THE SUPPORT AND SOCIO-ECONOMIC PROMOTION
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