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**Project Proposal**

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| Project Title | **Preventing and Responding to Gender-Based Violence in Timor-Leste** |
| Organization | UN Women (Timor-Leste), with UNFPA, UNDP and IOM  Sunita Caminha, UN Women Timor-Leste Head of Office,  E-mail: [sunita.caminha@unwomen.org](mailto:pandavr@who.int)  Tel (o): +670-3312189; Mobile (o): +670-781-03396 |
| Date of Submission | 26 September 2018 (28 January 2019 revision) |

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| Target Country | Timor-Leste |
| **Project Location** | National, with activities targeted in 3 municipalities: Baucau, Covalima and the Special Administrative Region of Oecusse-Ambeno |
| **Beneficiaries** | This project will benefit the entire population of the Democratic Republic of Timor-Leste as gender-based violence is widespread, and has high costs to the individuals affected, their families, communities and the State health, justice, security, and social service systems that respond to the abuse. The target group will include children, adolescents and adults. There will be particular focus on the groups that face multiple forms of discrimination, are more vulnerable to violence and have barriers in access to services due to their marginalization: women, girls, boys, particularly those living in disaster-prone communities, members of the lesbian, gay, bisexual, transgender communities and persons with living with disabilities.  The direct beneficiaries will be young women and men, both in and out of school (targeting ages 10-25), representing 36% of the population, persons with disabilities representing at least 3% of the population (in 2016), members of the lesbian, gay, bisexual, transgender and intersex communities, survivors of gender-based violence (noting that an estimated 59% of women in Timor-Leste have experienced some form of intimate partner violence), as well as female and male civil servants, with each group engaged in targeted projectactivities.  Indirect benefits will reach the total population: 1,167,242 people as of 2015 data, comprising 588,561 men and 578,681 women. |
| Project Period | *January 2020 – December 2023 (48 months)*  *(Start-up Date: 1 January 2020)* |
| Goal and Objectives | The Project Goal: Violence against women and girls (VAWG) is prevented and quality essential services are available and accessible to victims/survivors in Timor-Leste in line with the Sustainable Development Goals, notably Goal 3 on health, Goal 4 on education, Goal 5 on Gender Equality and Goal 16 on peaceful societies. This aligns with Timor-Leste’s National Action Plan on Gender-Based Violence (2017-2021) and Strategic Development Plan vision for Timor-Leste to be “*a gender-fair society where human dignity and women’s rights are valued, protected and promoted by the laws and culture*” by 2030.  To this end, the Project Objectives aim to:   1. Enforce implementation, monitoring and adequate resourcing of legislation and policies that address violence against women and girls and promote gender equality. 2. Prevent gender-based violence (GBV), in particular violence against women and girls, before it happens or before it re-occurs. 3. Empower survivors of gender-based violence, especially women and girls, to recover and rebuild their lives through improved access to multi-sectoral services. 4. Generate evidence of what works in the Timor-Leste context to prevent and respond to gender-based violence towards informing efficient and sustainable future investments.   The project links to the existing United Nations Development Assistance Framework (UNDAF 2015-2020), and in particular Outcome 1 on benefits to disadvantaged groups and Outcome 4 on improved service delivery[[1]](#footnote-1). It is expected that similar outcomes will be included in the next UNDAF, particularly if funding is available. |
| Justification for Intervention | Gender-based violence is widely recognized as one of the most pervasive human rights concerns in Timor-Leste[[2]](#footnote-2), with almost 3 of every 5 Timorese women (15-49 years) reporting having experienced intimate partner violence in their lifetime[[3]](#footnote-3). Although both men and women experience GBV, women and girls are more often the target, given the unequal power relationships between men and women within the household, in communities and across society.  Gender-based violence occurs in many forms and across the life cycle. In addition to being a fundamental violation of human rights, it has enormous health, social and economic costs. These costs begin with the severe physical, mental and emotional consequences that not only impact individuals that experience abuse, but also those who witness abuse, most often children. This translates into lost productivity in the workforce, high costs to families and public services, reducing the overall well-being of entire countries and their economies, lasting for generations.[[4]](#footnote-4) GBV is further exacerbated in natural disasters such as floods, landslides, droughts, earthquakes and tsunamis crisis where vulnerability and risks are high, and family and community protections have broken down.  Addressing GBV is fundamental to achieving the 2030 Sustainable Development Goals (SDGs) on Health (Goal 3), Education (Goal 4), Gender Equality (Goal 5)[[5]](#footnote-5), Peace, Justice and Strong Institutions (Goal 16), among others. Dedicated investment in Goal 5 by addressing the underlying social norms and gender discrimination that perpetuate violence and ensuring a multisectoral response to violence against women is in place is the only way to meet the SDG targets by 2030.  Since the promulgation of the 2010 Law against Domestic Violence (LADV), there have been two National Action Plans on Gender-Based Violence (NAP GBV) approved in Timor-Leste (NAP GBV 2012-2016 and NAP GBV 2017-2021), which were developed to support implementation of the LADV. There is increased awareness of domestic violence (the most common form of GBV) as a public crime and an increasing number of cases of domestic violence are being brought before the formal justice system[[6]](#footnote-6).  However, domestic violence and wider social tolerance for all forms of gender-based violence is a serious issue for the young nation of Timor-Leste. This is exacerbated by women’s economic dependence, gender-bias in marriage, stereotyped gender roles, as well as cultural and social beliefs that put women at a lower status than men[[7]](#footnote-7). To date, there has been limited investment in addressing the problem, with less than 2% of the State Budget allocated to gender equality commitments annually, and only a part of that directed at addressing GBV.[[8]](#footnote-8) Efforts from different actors are often short-term, fragmented and insufficient to cover the scale of the problem. This patriarchal context, together with the country’s economic and disaster-risk profile, reaffirms that more needs to be done to prevent violence from taking place and to facilitate support for survivors through quality essential multi-sectoral services.  Global evidence affirms that gender-based violence can be prevented and its harms reduced.[[9]](#footnote-9) This requires context-specific, dedicated and sustained investment in preventing violence before it begins, working with young girls and boys, their families and the wider society to promote transformative norms on gender equality and respectful relationships, strengthening comprehensive services for survivors of gender-based violence and ensuring coordinated actions on the issue.  Toward this end, the UN system, which has supported Timor-Leste since the country’s Referendum in 1999 through its transition to independence and in State building, is well-positioned to accompany and assist Timor-Leste to overcome violence against women toward eradicating all forms of gender-based violence. The UN has documented expertise in preventing and responding to violence against women, working in partnership with Government and civil society to deliver comprehensive and nationally-owned assistance that can be sustained over time.  The UN currently sees four key focus areas that are inter-linked and that can benefit from the expertise that specific United Nations agencies can provide. These four areas identified as needing urgent attention to have an impact on prevalence of GBV are prevention, treatment, judicial response, and disaster preparedness. The three first components are tied together through the existing referral system. The system is in place, but needs to be strengthened. Furthermore, the focus areas are also clearly identified in the National Action Plan on Gender Based Violence that has been approved by the Council of Ministers. Although approved, this NAP has not been fully implemented. The State Secretary of Equality and Inclusion (SEII) has requested support from the United Nations to assist relevant line ministries in their response to the NAP.  To respond to this request, the UN family has organized itself around our existing partnerships. UN Women, which will be the coordinating agency and that will also lead activities on legislative planning, budgeting and monitoring, prevention and coordination, will work closely with SEII and relevant CSO partners; UNFPA will build on its relationship with the Ministry of Health for health sector response; UNDP will work with the Ministry of Justice and IOM will work with the Ministry of Interior and Ministry of Social Solidarity and Inclusion. All of these partnerships will benefit from the lessons learned and best practices that UN agencies have had in Timor-Leste and in other parts of the region as well as from existing partnerships with Civil Society Organizations with experience working on GBV. The convening role of the UN system and its wide range of partnerships will also ensure development partner coordination on GBV and the avoidance of overlap, duplication and activities that have been shown not to work in the past.  The project leverages the UN’s expertise globally and in Timor-Leste, and unique position as a human-rights based intergovernmental body. The foundation is UN Women’s (and previously UNIFEM’s) leadership on gender equality, violence against women and coordination mandate, alongside the expertise of sister agencies (UNDP in expanding access of GBV victims to justice and governance institutions, UNFPA establishing many CSO response services and building the capacity of health sector responses to GBV and IOM investment in gender-responsive preparedness and systems to reduce the risk of GBV in communities at risk of disasters).  The proposed approach supports the Government of Timor-Leste to prevent GBV and improve essential health and justice sector responses to women and children who have experienced violence, coordinating actions and monitoring results, in line with the targets in the NAP GBV (2017-2021). The project is tailored to the context of the country, building on the successful experiences of the UN’s nearly 20 years of programming in the country with attention to the Sustainable Development Goal principle of Leaving No One Behind (LNOB). Through the four-year investment, the UN system can facilitate the localization of global standards for prevention and provision of essential health services to survivors of violence to break the cycle of violence against women and girls in Timor-Leste. |
| Expected Outcomes  and Indicators | 1. Laws and policies, in line with international standards on gender-based violence, especially eliminating violence against women and girls, are in place and translated into action through improved coordination, monitoring and evaluation of the NAP-GBV. 2. Transformative social norms, attitudes and behaviours at community and individual levels challenge practices and power dynamics that contribute to VAWG and other forms of GBV. 3. Quality essential health and justice services are available and accessible for women and girls, among other survivors of violence, reducing the impacts of violence and holding perpetrators to account for their actions. 4. Promising practices and evidence-based approaches to prevent and respond to violence against women are available and used in Timor-Leste. |
| Expected Outputs and Indicators | 1. **Outcome: Laws and policies are translated into action**    1. Institutional capacities for measuring progress on prevention and responses to violence against women are strengthened, toward reporting on SDG targets and indicators, particularly under Goals 5 and 16.    2. Capacity of civil society to advocate for Government funding for the NAP GBV is strengthened.    3. Targeted government institutions (MoE, MOH, MOJ) have increased knowledge on resources required for GBV prevention and response.    4. Women’s machinery (SEII) leadership of inter-sectoral coordination and monitoring of efforts to prevent and respond to violence against women and girls, and other forms of GBV, improved. 2. **Outcome: Transformative social norms, attitudes & behaviours challenge GBV**    1. Community members and Government agencies’ knowledge on GBV, its harmful effects, and reporting processes increased.    2. Schools and communities are mobilized to promote and practice respectful relationships, based on gender equitable norms.    3. Young people, especially men and boys, have increased awareness of sexual and reproductive health and rights.    4. Media’s role in promoting gender equality and zero tolerance towards GBV increased.    5. Women who face multiple forms of discrimination (e.g. young mothers, women with disabilities, survivors of past violence, LBT community and women living with HIV, etc.) have enhanced opportunities to be economically empowered. 3. **Outcome: Quality essential health and justice services available and accessible**    1. Establishment of sectoral guidance and regulations for addressing gender-based violence in Timor-Leste, based on global best practices    2. Health workers’/providers’ capacity to provide coordinated responses to gender-based violence strengthened.    3. Justice sector personnel (PDO, Judges, Prosecutors, paralegals and court personnel- mobile and permanent) capacity enhanced to provide survivor-centred and coordinated access to justice for women clients, including survivors of gender-based violence.    4. Education, health, justice and security institutions’ capacities strengthened to uphold zero tolerance of gender-based violence by its personnel and hold perpetrators to account.    5. Self-help groups for survivors of GBV at national and municipal level existence, including persons with disabilities, members of the LGBTI community, among other marginalized groups. 4. **Outcome: Promising practices and evidence-based approaches available and used in TL**    1. Inter-ministerial coordination entity capacity to conduct annual monitoring and reporting on the NAP GBV (including on budget allocation and expenditure) is improved, toward inter-sectoral knowledge generation and sharing.    2. Parliamentarians have access to evidence on prevent and respond to VAWG, including resourcing needs as part of the State Budgeting process.    3. UNTL and civil society partnerships contribute to survivor-centred documentation of lessons learned and promising practices for preventing and responding to gender-based violence in Timor-Leste.    4. Development partner coordination on gender-based violence under leadership of the women’s machinery strengthened. |
| Activities | * 1. **Legal/Policy framework**   2. Institutional capacities for measuring progress      1. Develop government and CSO capacities (including survivors of violence) to roll out national guidelines on the [Essential Service Package](http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence)[[10]](#footnote-10) for Timor-Leste (with a monitoring framework)      2. Technical support and training for Government stakeholders (MSSI NDOC, MOI, PNTL) to improve capacity to manage and report on cases of GBV, particularly in their coordination role for Disaster Risk Reduction (DRR)[[11]](#footnote-11).   3. Civil society capacity to advocate for Government funding of NAP GBV      1. Provide guidance, training and accompaniment to civil society to monitor   Government’s implementation of gender equality commitments, including NAP GBV, CEDAW and UNSCR 1325   * + 1. Develop capacities of CSOs on monitoring for primary prevention of GBV, including development of a streamlined monitoring framework.     2. Conduct training on evidence-based advocacy and roll out joint advocacy initiatives (for example, using social media, television debates, radio and visual materials with key facts and costs), including survivors of violence, to increase State funding for the implementation of the NAP by line ministries and for GBV referral networks.   1. Knowledge of targeted government institutions on resources required      1. Technical assistance to the institutions implementing the NAP GBV (for planning and budgeting processes) related to services for survivors in line with gender equality commitments including NAP GBV, CEDAW and UNSCR 1325, in collaboration with the Prime Minister’s Office, SEII and MOF. This includes annual analysis of the State Budget from a gender perspective.      2. Develop briefing materials on NAP GBV and gender-responsive budgeting, provide gender analysis and advisory support to Parliamentarians (including Committees and Women’s Caucuses) as requested.   2. Leadership of women’s machinery (SEII) in inter-sectoral coordination strengthened      1. Support SEII to coordinate development of a strategy for primary prevention of GBV in support of NAP GBV implementation and 2030 Agenda (SDGs 5 and 16), drawing from the Joint UN Primary Prevention Framework.      2. Technical support and accompaniment to SEII to organize, document and lead inter-ministerial coordination entity and reporting on progress to address GBV. This includes ongoing mentoring to SEII in advocating for resource allocations.   3. **Prevention**   4. Community and Government knowledge on GBV, its harmful effects, and reporting processes increased      1. Facilitate awareness-raising and coalition-building for joint advocacy on issues such as sexual harassment in public and violence against specific groups of people (Lesbians, Gay, Bisexual, Transgender and Intersex, persons with disabilities, among others) using annual campaigns, such as the 16 Days of Activism, and targeted events throughout the year to maintain visibility of violence against women and girls.      2. Engage traditional leaders, religious groups and networks, and customary justice mechanisms to promote respectful relationships and equitable gender roles for GBV prevention and reducing recurrence of violence.      3. Mobilize athletes as spokespersons to educate community members on the harms of GBV and ways to prevent it, leveraging the UN HeforShe and UNiTE Campaigns.      4. Training for National Disaster Operating Center (NDOC), National Disaster Risk Management Directorate under Ministry of Interior and other first responders on preventing GBV in disasters to reduce GBV risk factors affecting women in disaster prone communities[[12]](#footnote-12).   5. Schools and communities are mobilized to promote and practice respectful relationships, based on gender-equitable norms      1. Review curricula and provide guidance and materials as needed to support Ministry of Education and UNTL to strengthen integration of gender equality messages and activities in secondary and tertiary education curricula as relevant      2. Develop capacities in Ministry of Education and within municipalities on evidence-based whole of school and community mobilization interventions (extra-curricular) for skills and network-building to change harmful attitudes and social norms, using arts and educational programmes, engaging boys and men, traditional leaders, student councils among others. This builds on UN Women's existing work rolling out the Joint UN Connect with Respect curriculum[[13]](#footnote-13)      3. Support development and roll-out of orientation training on GBV and referral system for MOE (together with relevant training institutions - INAP and INFORDEPE), involving Civil Service Commission, CSOs and service providers to promote survivor-centred responses, ethical responses and referrals to students who are at risk or disclose abuse, including related to sexual harassment to uphold zero tolerance of GBV by education sector personnel      4. Establish partnerships with national sports associations[[14]](#footnote-14) (e.g. Cycling, Olympic, Paralympics, Table Tennis, Football, Tae Kwan Do) to protect young athletes against GBV and involve them through peer education to act as advocates for equitable gender roles and positive masculinities.   6. Young people, especially men and boys, have increased awareness of sexual and reproductive health and rights      1. Support comprehensive sexuality and reproductive health education in youth centres and schools include a provision of Comprehensive Sexuality Education (CSE) and utilize existing extra-curricular materials to promote gender-equitable attitudes, greater equality of power in intimate relationships and reduce the incidence of GBV.      2. Facilitation and technical support with the National Scouts Association to establish and roll out a badge on GBV prevention, adapting from the World Association of Girls Guides and Scouts [Voices against Violence Curriculum](http://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum).   7. Media’s role in promoting gender equality and zero tolerance towards GBV increased      1. Establish guidelines and develop capacities of media outlets on gender-sensitive reporting      2. Work with university journalism students, community radio journalists and community groups, to monitor media reporting of gender and GBV issues, including in the context of natural disasters, and present findings and recommendations for editors and media outlets for better reporting and use of existing guidelines.   8. Women who face multiple forms of discrimination (e.g. young mothers, women with disabilities, survivors of past violence, LBT community and women living with HIV, etc.) have enhanced opportunities to be economically empowered      1. Partner with local civil society organizations to provide financial literacy and access to income generation opportunities (skills training, job matching or entrepreneurship) for women at higher risk of violence (survivors of past violence, women with disabilities, members of the LBT community, domestic workers and young mothers), alongside group education for women and their partners on communication and respectful relationships.      2. Partner with private sector companies and vocational institutes to develop job-readiness training and employment opportunities targeting young women at risk of violence. This would build on companies already signed on to the Women’s Empowerment Principles (Kmanek, Telkomcel and ANZ) and engage new companies in promoting economic opportunities for women most at risk.      3. Support the capacity development of 30 women’s groups and women leaders to facilitate participation in DRR decision-making structures, develop GBV integrated CBDRM plans, and identify CBDRM sustainable livelihood projects that contribute to enhancing women’s economic empowerment.[[15]](#footnote-15)      1. **Essential Health and Justice Services**    1. Capacity of health workers or personnel to provide coordinated responses to gender-based violence strengthened.       1. To conduct awareness-raising and understanding of GBV through evidence-based advocacy among senior policy-makers and within health system, about its nature, health and other consequences, risks and causal factors through workshops and participation in global and/or regional level meetings       2. To conduct community awareness activity (community discussion, workshops) on health impact of GBV and the availability of services through partnership with national NGO (with well-established community-based groups)       3. Enhance the participation of health care providers in the existing referral network through hosting referral meetings to support strengthening coordination within health system and with other sectors for a strong multisectoral response to VAWG.       4. Provide technical assistance to MOH through placement of a national coordinator and 4 regional coordinators.       5. Strengthen ability of health care providers to respond to GBV through review and update of national guidelines for health service providers on identification, management and referral of victims/survivors of GBV and to be more inclusive (sensitive to people with disability, children victims of violence).       6. Develop supervision tools including Health Management Information System (HMIS), reporting format (while ensuring anonymity and confidentiality) and support supervision to health facilities to ensure the implementation of guidelines and services are in place.       7. Establish Medico Legal committee to provide expertise and knowledge in relation to Health sector involvement to legal process related to GBV cases.       8. Establish within prioritized health facilities (6 hospitals and 8 Community Health Centres with beds) spaces to provide LIVES and other components of essential health service package as required ensuring confidentiality and privacy.       9. In coordination with existing tertiary educational institutions, provide technical assistance through development of teaching aid materials to integrate content about the identification of, and response to and referral of GBV in pre-service curriculum building on WHO guidelines and tools.    2. Capacity of justice sector personnel (PDO, Judges, Prosecutors, and court personnel- mobile and permanent) enhanced to provide survivor-centred and coordinated access to justice for women clients, including survivors of gender-based violence       1. Scale up the Access to Justice Clinics (AJC) offices under the Public Defender’s Office (PDO) in Dili and Oecusse Judicial Districts to make free legal aid for victims of GBV available across the country.       2. Develop and conduct public information and awareness campaigns for two different target groups, women who face the heightened risk of violence, on legal rights and recourses available and community members on formal justice options.       3. Establish Women and Youth Legal Assistance Programme.       4. Conduct Alternative Dispute Resolution training for local authorities on the gender-sensitive dispute resolution.       5. Facilitate training of judicial actors on GBV case management and protocols, involving organizations representing survivors of GBV and CSOs providing legal assistance.       6. Generate evidence and promote good practices of gender-equitable and survivor-centred informal justice processes, including through training on gender-responsive mediation to public defenders, judicial officials, and CSO mediators in the Public Defender’s Office.    3. Justice institutions strengthened to hold gender-based violence perpetrators to account in line with NAP GBV and uphold zero tolerance of GBV by its personnel       1. Establish focal points in the Offices of Prosecutor-General to develop the institutional capacity in the GBV case management and protocols.       2. Support MoJ to conduct monitoring on GBV cases in trials in the permanent and mobile courts and support advocacy for improved access to justice for GBV survivors.       3. Establish and improve safe waiting rooms and toilet facilities in district courts.    4. Existence of self-help groups for survivors of GBV at national and municipal level, including persons with disabilities, members of the LGBTI community, among other marginalized groups       1. Technical assistance and outreach to facilitate training and opportunities for survivors to access peer-support, and gain skills in self-care and wellness, to strengthen resilience and accessibility of self-help groups, using mobile technology and other innovative platforms for connecting individuals across the country.       2. Partner with women’s organizations and community networks, media, education institutions, private sector and religious groups to raise the visibility of support services at sub-national and national level, partnering with CSOs, reduce stigma for survivors and encourage help-seeking.       3. Conduct study exchange with Korea between women’s self-help groups to share experiences in establishing peer-support networks.      1. **Promising practices and evidence-based approaches**    1. Inter-ministerial coordination entity capacity to conduct annual monitoring and reporting on the NAP GBV for inter-sectoral knowledge generation and sharing is improved       1. Develop capacities on GBV data management and gender statistics to facilitate better tracking and reporting of progress and challenges.       2. Conduct sessions for the NAP GBV Coordination Entity and relevant Gender Working Groups to assess Timor-Leste’s practices on global guidelines and tools for prevention and provision of essential services.    2. Parliamentarians have access to evidence on prevent and respond to VAWG, including resourcing needs as part of the State Budgeting process       1. Conduct briefings and orientations to raise awareness among Parliament members, Committees and related bodies (e.g. Parliamentary Center for Gender) on the global guidelines and tools for prevention and essential services.       2. Sensitize members of Parliament and relevant committees (Committees C, F, G and GMPTL)[[16]](#footnote-16) on the issue of GBV in Timor-Leste and support their oversight role through policy analysis, dialogue, and development of advocacy materials for their outreach programmes.    3. Partnership with universities and civil society contribute to survivor-centred documentation of lessons learned       1. Provide technical support and development of tools for community-based survivor groups and women's organizations to document and present their experiences and promising practices, working with universities and relevant institutions.       2. Organize 2 national conferences on GBV with UNTL to share good practices and develop capacities of civil society and government in ethical GBV research practices for documenting and sharing results of investments for replication and upscaling, engaging practitioners from Korea and other places in the region and within the UN system to leverage global expertise.       3. Conduct study visit with self-care counsellors from Korea to Timor-Leste to provide training of trainers on wellness and self-care for women’s organizations and service providers.    4. Development partner coordination on gender-based violence under leadership of the women’s machinery strengthened.       1. Utilize existing UN Gender Theme Group to coordinate GBV efforts across the UN Country Team in Timor-Leste.       2. Provide guidance and convene the Government, Civil Society and Development Partner Gender Equality Coordination mechanism for strategic advocacy and monitoring of investments and progress made.       3. Facilitate strategic advocacy and provide guidance on information sharing and coordination on NAP GBV via Gender Equality Coordination Group and UN Gender Theme Group. |
| Cross-cutting Issues  Consideration | Addressing gender-based violence requires a multi-sectoral approach. Although violence is a critical public health and security issue, many of the risk factors and determinants of violence lie outside the health and security system, requiring a holistic, integrated and coordinated approach to prevention and response across different sectors, professional disciplines, involving governmental, private and non-governmental institutions. As with the centrality of gender equality for the SDGs, achieving gender equality requires making progress in health (SDG 3) and justice (SDG 16), among other areas. For example, to successfully address GBV, the health system will interact and coordinate its own response with a number of other sectors, including police and justice, social services (such as shelter and child protection), education, labour and employment, etc. The project will contribute to filling the existing gap in multisectoral violence prevention efforts by facilitating national guidelines and networks. At the same time, it will enable multi-sectoral collaboration and coordination to address the risk factors of violence and promote quality service delivery, as well as facilitate the access of survivors/victims of violence to multisectoral services, with attention to health and justice, including through strong referral mechanisms; and generate evidence of what works through testing and evaluation of the intervention.  Attention to intersectionality and cross-cutting issues will be prioritized, for example, by engaging specific groups in activities and ensuring project activities are inclusive and accessible. This will include partnerships with communities in rural areas, young women and men, persons with a disability, and members of the lesbian, gay, bisexual, transgender and intersex community and conducting activities for audiences with varying levels of literacy and starting with needs assessments, accessibility checks and making an effort to reduce the environmental impact of project activities. Additionally, this will also include addressing the increased vulnerability of women and girls in disasters, placing particular emphasis on the exponential increase in GBV during and after disasters. |
| Arrangement | * Managed by **UN Women** * Implemented by **UN Women, UNFPA, UNDP and IOM** * Cooperating with: Secretary of State for Equality and Inclusion, Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Social Solidarity and relevant line ministries, justice/rule of law institutions, and civil society organizations as identified in the NAP GBV. |
| Implementation Structure | The project will be implemented by Direct Implementation Modality (DIM) by the UN Women Timor-Leste Country Office, using the Joint UN Programming Pass-through Modality[[17]](#footnote-17), with UN Women as the Administrative Agent, a Participating UN Organization, and as the Chair of the inter-agency Gender Theme Group (which will be the Convening Agent and is co-chaired by UNFPA). UN Women works in coordination with the Secretary of State for Equality and Inclusion, together with UNFPA, UNDP and IOM, among other partners with support from UN Women’s Regional Office in Bangkok and UN Women Headquarters in New York.  UN Women will recruit an International Technical Specialist on Ending Violence against Women for overall coordination and guidance on the project, alongside a KOICA Multilateral Cooperation Officer (KMCO) for managing the project monitoring, evaluation and reporting, and national staff to support project activities and operations. In addition to UN Women, the three organizations participating will work through their own organizational structures, but co-locating project team members in a shared space to facilitate inter-agency coordination and cross-linkages. Within the project Outcomes, each agency will be responsible for the specific outputs and activities identified below.  For UNFPA, as a Participating UN Organization, this means that full responsibility for implementation rests with the Country Office which has full decentralized authority, with technical support from the Regional Office in Bangkok and from its Technical Division in New York.  For UNDP, as a Participating UN Organization, that would mean full responsibility for implementation rests with the Country Office in Timor-Leste, more specifically within the Governance Programme, and the Justice System Project. The implementation will be supported technically by the UNDP Regional Office in Bangkok and the Bureau for Policy and Programme Support in New York.  For IOM, as a Participating UN Organization, full responsibility for implementation rests with the Country Office, with technical support from the Regional Office in Bangkok and technical divisions at Head Offices in New York and Geneva. |
| Project Budget | * Total Cost: 7.98 million USD (Request to KOICA: 7.29 Million USD; Cost-sharing Other Sources: UN Women: 200,000 USD; UNDP: 200,000 USD; UNFPA: 200,000 USD; IOM 84,112 USD * 2020: 2.18 million USD; 2021: 2.2 million USD, 2022: 2 million USD, 2023: 1.6 million USD) |
| Plan for Monitoring and Evaluation | The Project will establish a monitoring and accountability framework at inception, coordinated by a KMCO Monitoring and Reporting Officer and National M&E Officer, using existing UN Women and sister UN agency frameworks. This will involve validating proposed indicators and refining as needed for national-level monitoring, aligning to existing national GBV commitments and the SDG indicators where relevant; developing baseline measures for targets and identifying interim milestones collaboratively. The Project will develop and use standardized tools for collecting and analysing the data for monitoring progress; conduct reviews and evaluations, case studies; review of developed guidelines, policies and protocols; development and adaptation of sex-and-age-specific performance and accountability measures to monitor how well the project and its institutional partners are addressing gender-based violence (GBV).  The risks of the Project are low given the political will and high costs of gender-based violence. Challenges will relate to the length of time required for individual attitudinal changes to shift actual behaviours and the limited resource allocations currently being allocated to the issue. These risks will be mitigated through sustained collaboration and partnership with the relevant government partners, sound capacity development approaches which are needs-based, incremental and institutionalized and development of a project risk mitigation plan, which will be updated quarterly.  The Project will establish an Advisory Group involving key Government partners based on existing inter-ministerial Coordination Entity for the NAP GBV, together with CSOs, with attention to involving survivor and representatives of groups facing multiple forms of violence, as well as KOICA representatives, meeting quarterly to oversee progress on the project. The Project will conduct a baseline assessment, a mid-term review and end-line independent formative evaluation to ensure results are achieved. The project will also be monitored quarterly through the UN Project Team and provide updates to the UNCT via the UN Gender Theme Group, which is chaired by UN Women and co-chaired by UNFPA. |
| Plan for Reporting  to KOICA | Annual narrative reports and financial reports will be provided to KOICA using a standard Joint UN reporting format. In-person project briefings and visits to project sites will be arranged periodically through the project lifetime. |

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   1. **Problem Statement**
      1. In-depth situation analysis at the project site
      2. Assistance from other organizations to the project site
   2. **Needs Assessment**
      1. Description of target group (beneficiaries) and stakeholders
      2. Needs of beneficiaries
      3. Justification for intervention
   3. **Feasibility of the Project**
      1. Relevance
      2. Effectiveness
      3. Efficiency
      4. Impact
      5. Sustainability
      6. Cross-cutting issues
3. **Project Description**
   1. **Goal and Objective**
   2. **Expected Results**
      1. Logical framework of the project
      2. Expected outcomes
      3. Expected outputs
   3. **Project Activities**
   4. **Project Implementation**
      1. Implementation structure
      2. Legal status of cooperating organizations
      3. Responsibilities of cooperating organizations
      4. Communications plan among all stakeholders
      5. Work plan and time frame
      6. Budget plan (evidence-based)
   5. **Result Management Plan**
      1. Risk management plan
      2. Knowledge management plan
      3. Monitoring and evaluation plan
      4. Transition or Exit strategy (measures for ensuring sustainability)
   6. **Partnership with Donors**
      1. Result of meetings with KOICA country office in target country
      2. Plan for reporting, meeting, ceremony (and etc.)
      3. Visibility and public relations plan

**Appendix 1. Problem and Solution Tree Diagram**

**Appendix 2. Logical Framework**

**Appendix 3. Work Plan and Time Table**

**Appendix 4. Budget Allocation**

|  |
| --- |
| **Abbreviations** |

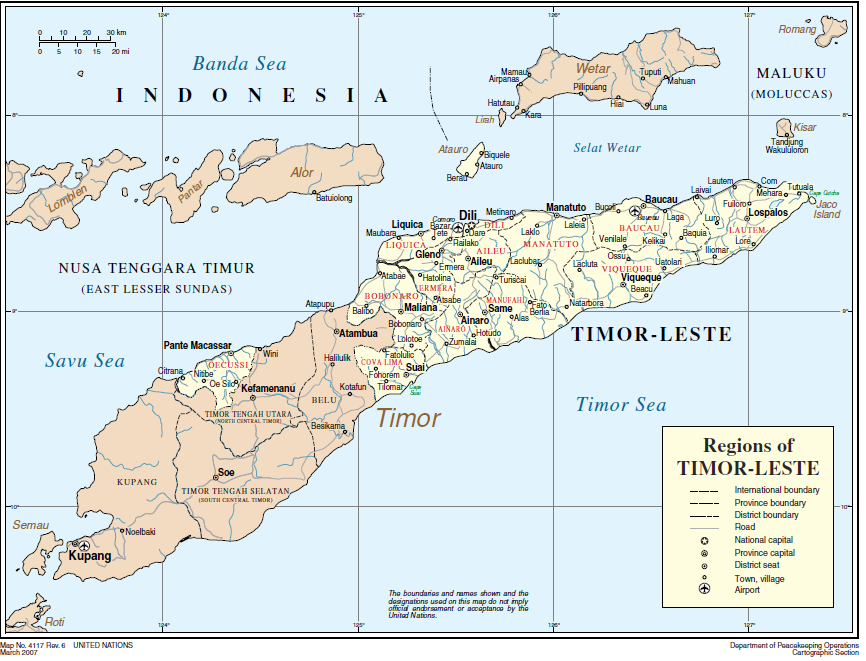
|  |  |  |
| --- | --- | --- |
| **AJC** |  | Access to Justice Clinics |
| **ANZ** |  | Australia and New Zealand Banking Group Limited |
| **CBDRM** |  | Community-Based Disaster Risk Management |
| **CSE** |  | Comprehensive Sexuality Education |
| **CSO** |  | Civil Society Organisations |
| **CEDAW** |  | Convention on the Elimination of all Forms of Discrimination Against Women |
| **DIM** |  | Direct Implementation Modality |
| **DRR** |  | Disaster Risk Reduction |
| **GBV** |  | Gender-based Violence |
| **GMPTL** |  | Women’s Parliamentary Caucus of Timor-Leste |
| **HIV** |  | Human Immunodeficiency Virus |
| **INAP** |  | National Institute of Public Administration of the Democratic Republic of Timor-Leste |
| **INFORDEPE** |  | National Institute for Training of Teachers of the Democratic Republic of Timor-Leste |
| **IOM** |  | International Organization for Migration |
| **KMCO** |  | KOICA Multilateral Cooperation Officer |
| **KOICA** |  | Korea International Cooperation Agency |
| **LADV** |  | Law against Domestic Violence, Timor-Leste (2010) |
| **LBT** |  | Lesbian, Bisexual and Transgender |
| **LGBTI** |  | Lesbian, Gay, Bisexual, Transgender and Intersex |
| **LIVES** |  | World Health Organisation (WHO) Handbook on Health care for women subjected to intimate partner violence or sexual violence |
| **LNOB** |  | Leaving No One Behind |
| **M&E** |  | Monitoring and Evaluation |
| **MOE** |  | Ministry of Education of the Democratic Republic of Timor-Leste |
| **MOF** |  | Ministry of Finance of the Democratic Republic of Timor-Leste |
| **MoH** |  | Ministry of Health of the Democratic Republic of Timor-Leste |
| **MOI** |  | Ministry of the Interior of the Democratic Republic of Timor-Leste |
| **MoJ** |  | Ministry of Justice of the Democratic Republic of Timor-Leste |
| **MSSI** |  | Ministry of Social Solidarity of the Democratic Republic of Timor-Leste |
| **NAP GBV** |  | National Action Plan on Gender-based Violence |
| **NDOC** |  | National Disaster Operations Centre of the Democratic Republic of Timor-Leste |
| **NGO** |  | Non-governmental Organization |
| **PDO** |  | Public Defender’s Office |
| **PNTL** |  | Timor-Leste National Police |
| **SDGs** |  | Sustainable Development Goals |
| **SEII** |  | State Secretary for Equality and Inclusion |
| **TL** |  | Timor-Leste |
| **UNCT** |  | United Nations Country Team |
| **UNDAF** |  | United Nations Development Assistance Framework |
| **UNDP** |  | United Nations Development Programme |
| **UNFPA** |  | United Nations Population Fund |
| **UNSCR 1325** |  | United Nations Security Council Resolution on Women, Peace and Security (2000) |
| **UNTL** |  | United Nation Timor-Leste |
| **VAWG** |  | Violence Against Women and Girls |

1. **Situation Analysis**
   1. **Context of the Project**

Gender-Based Violence (GBV) remains one of the most pervasive human rights concerns in Timor-Leste[[18]](#footnote-18), with almost 2 of every 3 Timorese women (15-49 years) reporting having experienced intimate partner violence in their lifetime[[19]](#footnote-19). Although both men and women experience GBV; women are more often the target, given the unequal power relationships between men and women within the household and in communities and across society. Tolerance of GBV is high, with more than 3 of 4 women and men believing a man is justified in physically beating his wife, illustrating the critical need for investments in prevention, alongside supporting survivors of violence. Addressing GBV is urgent given the high cost of inaction. Considering the high youth population in Timor-Leste, there is an unprecedented opportunity to break the cycle of GBV through dedicated investment in prevention and response. This investment is fundamental to achieving the 2030 Sustainable Development Goals on Health (Goal 3), Gender Equality (Goal 5)[[20]](#footnote-20), Peace and Justice (Goal 16), among others.

The partner agencies in this proposal will draw on national experiences and their technical expertise in country, as well as access to expertise regionally and globally. The UN organizations will leverage their close relations with government institutions to ensure that the individual components of the project are incorporated into government structures and workplans, thereby ensuring sustainability. Furthermore, the partner agencies will draw on their long-standing relationships with civil society organizations, to ensure that lessons learned and best practices from the Timor-Leste perspective are incorporated into the project, maximizing impact and mitigating any risk of duplication.

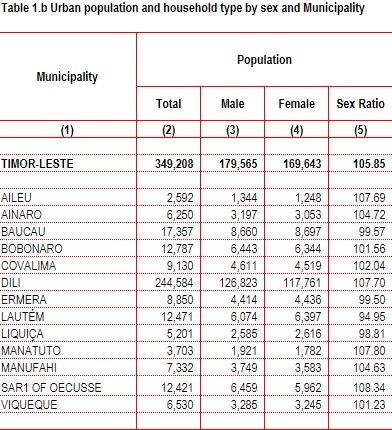
* + 1. **Map of target country and project site**



* + 1. **Country context**

Timor-Leste is one of the youngest nations in the region, with more than one third of the population (36%) between the formative ages of 10 to 25. Despite steady declines in fertility rates, households in Timor-Leste have an average of 5.3 members, with 41% of the household population under age 15 (according to the 2016 Timor-Leste Demographic and Health Survey Key Findings). Overall, 18% of households are headed by women.

It is important to consider fertility rates in Timor-Leste, noting that currently women in Timor-Leste have an average of 4.2 children. Fertility has declined dramatically over the last 13 years, from 7.8 children per women in 2003 to 4.2 children. Fertility is higher in rural areas (4.6 children per woman) than in urban areas (3.5 children per woman) and it varies by municipality, from a low of 3.6 children per woman in Dili to a high of 5.7 children per woman in Ainaro. Fertility decreases as a woman’s level of education increases. Women with no education have an average of 4.8 children, compared to 3.3 children among women with more than secondary education. Fertility also decreases as household wealth increases. Women in the poorest households have on average 1.8 children more than women in the richest households (5.2 versus 3.4).

More than 1 in 5 (22%) women and 19% of men aged 15-49 have no education. 15% of women and 18% of men have some primary education, while 52% of women and 51% of men have some secondary education. 11% of women and 12% of men have more than secondary education. 75% of women and 82% of men are literate[[21]](#footnote-21).

The table indicates the Urban Population and Household Type by sex and municipality.

These findings are from the 2015 Census Timor-Leste and provide a foundation of the general population in Timor-Leste and the municipalities.

As shown, the urban population of Timor-Leste is **349,208** and differentiate by municipality and sex.

Based on this evidence, the following municipalities have significant differences between males and females:

**DILI :** MALE**: 126,823** FEMALE**: 117,761**

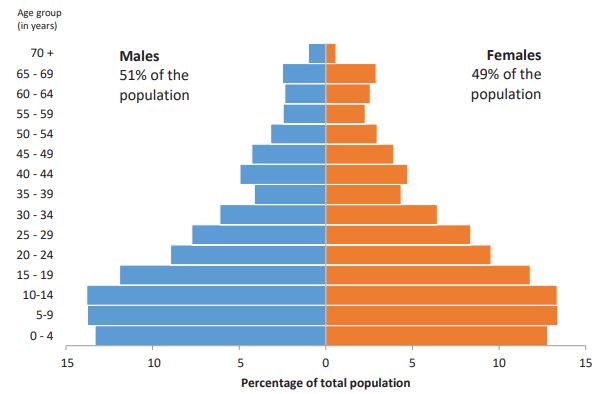
**LAUTEM:** MALE: **6,074** FEMALE: **6,397**

**MANATUTO:** MALE: **1,921** FEMALE: **1,782**

**MANUFAHI:** MALE: **3,749** FEMALE: **3,583**

**SAR1 OF OECUSSI :** MALE: **6,459** FEMALE: **5,962**

The table also shows that there are more males in Dili, Manufahi and Sar1 of Oecussi than there are females.

Timor-Leste has a relatively young population with more people concentrated in the younger age groups. The median age in Timor-Leste is 19.6 years. Half the population is below this age and half above. Based on the 2015 Timor-Leste Census, the following pyramid illustrates the relative size and age distribution of women and men, girls and boys in Timor-Leste. The wide bars at the base of the pyramid show how skewed the population is towards children and young people as a result of having large families. A young population places a burden on people of working age to provide for children and young people, as well as on the State to provide necessary education and health services that children require and employment opportunities for youth as they transition to adulthood.

In addition to its demographic position, Timor-Leste, as a small island, is at risk of natural disasters, which exacerbate pre-existing vulnerabilities and patterns of discrimination. Due to its geographic location, Timor-Leste is exposed to droughts, typhoons, sea level rise, earthquakes and tsunamis, all of which pose significant threat to the social and economic development of the country and the lives of its citizens. In addition, the combination of heavy monsoon rains and steep topography makes many parts of the country prone to the impacts of flooding, landslides and shifting riverbeds. Timor-Leste’s Risk Profile conducted by NDOC in 2016 reports that the main risk prevalent in Timor-Leste on an ongoing historical basis is flood/flash flood and associated events (landslides and slippage). Although the most serious event currently in the longer term is El Nino/Drought, which is estimated to affected 220,000 men, women and children.

Gender inequality remains a noticeable issue at both the community and government levels, due to entrenched gender norms. Common forms of discrimination women face include: lack of protections from sexual exploitation and abuse, unequal access to social assistance, discrimination in aid provision, inequitable access to property restitution, and violence. The limited awareness of those responding to disasters that GBV increases following natural disasters is not recognized, leaving survivors of GBV with even fewer options to seek support. Pregnant or lactating women and adolescent girls, who constitute an average of 18-20% of the female population, are particularly more vulnerable to disasters because of their limited physical mobility and their increased needs for food and water and for access to reproductive health care and safe birthing facilities. Protection from gender-based violence in the context of natural disasters, including through early programme prevention and response, can reduce morbidity and mortality.

Within this context, Timor-Leste, since independence was declared in 2002, has made significant strides to promote gender equality in its legal and policy frameworks, such as in its Constitution, in ratification of CEDAW and Optional Protocol, in adoption of laws and policies on violence against women, economic empowerment of rural women, promoting women’s participation and leadership, and gender-responsive planning and budgeting, a specific target on gender equality in the 2011-2030 Strategic Development Plan, and three National Action Plans: on Gender-Based Violence (GBV), on Gender and the Private Sector, and on Women, Peace and Security, among other areas. However, despite this process, there remain significant barriers to gender equality that limit efforts to sustainably develop Timor-Leste’s economy and the State. The country is a signatory to the Sendai Framework for Disaster Risk Reduction 2015-2030, according to which a gender perspective should be integrated in all policies and practices and the response should be gender-equitable. Timor-Leste has also made a strong commitment to the Sustainable Development Goals (SDGs) and recognizes gender equality as a cross-cutting issue in the country’s Roadmap on SDGs.

Despite these commitments, women’s accumulated skills, experiences and capabilities are not often quite adequately identified, recognized and promoted, and their voices in addressing violence are underutilized. For example, despite being most vulnerable to violence following a disaster, women in rural areas are largely marginalized in the development of DRR policy and decision-making processes. While Timor-Leste is known for a high representation of women in the national Parliament, holding a share of 40% on the 65 parliamentary seats, the female parliamentarians are an untapped source of influence. Women’s share in decision-making roles at the highest levels of Government is 21%, and at the local level challenges remain in increasing women’s participation in politics: they comprise 28% of suco (village) council members, and only 5% of the suco and aldeia chiefs. This pattern is reproduced as well at the household level, where men often have greater influence as decision makers.

The project aims to strengthen the capacities of individuals within communities and within the State institutions alongside an enabling legislative environment to not only prevent GBV from occurring, but reduce its harms through survivor-centred access to essential health and justice services, including in the context of preparing GBV systems to act before, during and after disasters. Partnerships across sectors, with particular attention to justice, health and education sectors will be engaged for their strategic impact. The women’s machinery also plays an important role in this regard.

* + 1. **Overview of the current situation**

Gender-based Violence (GBV) remains pervasive and highly tolerated in Timor-Leste. The latest Demographic and Health Survey conducted in 2015-2016 found that the proportion of women who have suffered different forms of partner violence during the last 12 months is quite high, with emotional violence as the most prevalent form of current partner violence, impacting 44% of women in the last 12 months, followed by economic violencelviii (37%). Physical partner violence affects 36% of women, and 31% of them experience sexual violence. During their lifetime, the Nabilan study dedicated to look at violence against women, found that almost 3 in 5 (59%) women aged 15-49 who had ever been in a relationship experienced physical and/or sexual partner violence at some point in their lives. This widespread problem is exacerbated due to the high tolerance of violence, with more than 80% of women and men believing violence against women is justified in some circumstances. According to the 2016 DHS, 29% of women age 15-49 experienced physical violence within the 12 months preceding the survey.

Four (4%) of women age 15-49 experienced sexual violence within the 12 months preceding the survey, and 47% of all ever-married women report their husbands exhibit at least 1 of the 5 controlling behaviours asked about. 33% of all ever-married women experienced spousal physical violence within the 12 months preceding the survey. 17% of ever-married women who had experienced spousal physical or sexual violence in the 12 months preceding the survey were injured as a result. 20% of women who have ever experienced physical or sexual violence sought help.

Physical and sexual violence do not always occur in isolation; rather, women may experience a combination of different forms of violence. 30% of women age 15-49 have experienced physical violence, but not sexual violence, and 3% of women report having experienced both physical and sexual violence from their current husband. 2% of women age 15-49 experienced sexual violence before the age of 18.

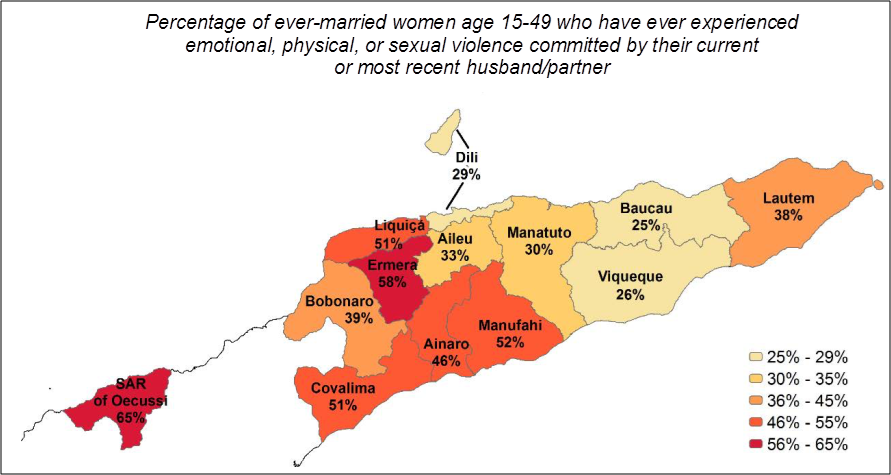
All forms of violence against their wives become more common as the frequency of husband’s drinking or getting drunk increases. The husbands’ own level of education displays a clearer pattern of prevalence of spousal violence than does the educational difference between husbands and wives. Prevalence of women’s experiences of spousal physical or sexual violence declines as educational level of husbands increases.

All forms of spousal violence increase in prevalence as the number of reasons for which women report wife beating is justified increases. While experience of violence is not limited to women who report their fathers beat their mothers, prevalence is higher among women who report their fathers beat their mothers compared with women who report their fathers did not beat their mothers. Prevalence of ever-married women having experienced spousal physical or sexual violence within the 12 months preceding the survey are similar to levels experienced ever in lifetime.

The lack of respectful and healthy relationships contribute to intimate partner violence. For example, as the number of marital control behaviours displayed by husbands increases, so does the percent of women who initiate violence against their husbands, peaking at 16% within the preceding 12 months. Women are also more likely to have initiated physical violence against their husbands if they reported their husbands get drunk very often, 17% have initiated physical violence within the last 12 months compared with 2% of women who report their husbands do not drink.

The DHS survey also showed a marked variation of prevalence among the different municipalities in Timor-Leste: 25% in Baucau of ever married have ever experienced violence by their husband/partner compared to 65% in SAR of Oecusse (see Figure 1).

**Figure 1. Prevalence of GBV/IPV in Timor-Leste Municipalities**

**   
(DHS, 2016)**

Considering this context, the National Action Plan on Gender-Based Violence (2017-2021) sets out a comprehensive framework for the prevention and response to gender-based violence, comprising four pillars focused on prevention of violence before it takes place, providing a comprehensive health and social support to survivors, facilitating access to justice and supporting effective monitoring, coordination and evaluation.

The Penal Code of 2009 and the newly enacted Law Against Domestic Violence (LADV) in 2010 made domestic violence a public crime and included physical, sexual, psychological, and economic violence as the forms of violence. Not only the victims but also anyone aware of the violence could report the case to the police, which is then obliged to file a claim with the Office of the Public Prosecutor within five days, and once registered the case cannot be voluntarily withdrawn. The state acknowledges that the violence is against the public value and interests, not just limited within the private arena. On the other hand, a dualist legal system is institutionalized by the Constitutional Law (Section 2), reflecting the prevalence of the informal justice system among the population. The patriarchal and hierarchical social structure gives greater power to the elderly, mostly men, as spiritual leaders in the family and community. A community-based support system in the units of suco (village) or aldeia (hamlet), is well developed with the customary dispute resolution mechanism in place. In addition, locally elected authorities, suco chief and suco council members, were given the competence to promote the resolution of conflicts that arise in the respective community (Law No. 9/2016). These local authorities, therefore, conduct arbitration or mediation. Although they are encouraged to ‘resolve’ only civil cases, the criminal cases including GBV cases, unless viewed as a ‘serious case’, are often addressed by the suco leaders.

* 1. **General Information on Organization**

UN Women, UNFPA and UNDP are all parts of the United Nations Development system. The three organizations share the same Executive Board which approves each organization’s Strategic Plans. The three organizations (together with UNICEF) have developed a common chapter to their Strategic Plans to ensure strong coordination and collaboration. IOM has a closer status with the United Nations and is actively part of the UNCT in Timor-Leste.

Furthermore, the Executive Board approves the agency specific Country Programmes derived from the UN System-wide UNDAF for each country ensuring that the country level work is clearly linked to the global strategic plans.

UN Women, as the Chair of the UN Gender Theme Group under the Resident Coordinator system will use this forum to ensure coordination between organizations with support of its co-chair, UNFPA. This mechanism will monitor implementation and ensure inter-agency support to activities where relevant and will make it possible for the project to draw on the expertise of the full UN system, not only the partner agencies. The UN Theme Group on Gender is a part of the Resident Coordinator system of the UN which ensures that the full UN family can track progress on the project. Furthermore, the UN GTG, can also be expanded when necessary to be the convener or larger stakeholder consultations with development partners and CSOs.

* + 1. **Overview of organization Headquarters (strategic plan, program, expertise, operations, etc.)**

**UN Women**

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the [Sustainable Development Goals](http://www.unwomen.org/en/what-we-do/post-2015) (SDGs) a reality for women and girls and stands behind women’s equal participation in all aspects of life, focusing on four strategic priorities:

* Women [lead, participate in and benefit equally](http://www.unwomen.org/en/what-we-do/leadership-and-political-participation) from governance systems
* Women have [income security, decent work and economic autonomy](http://www.unwomen.org/en/what-we-do/economic-empowerment)
* All women and girls live a life free [from all forms of violence](http://www.unwomen.org/en/what-we-do/ending-violence-against-women)
* Women and girls contribute to and have greater influence in [building sustainable peace and resilience](http://www.unwomen.org/en/what-we-do/peace-and-security), and benefit equally from the prevention of natural disasters and conflicts and [humanitarian action](http://www.unwomen.org/en/what-we-do/humanitarian-action)

UN Women also coordinates and promotes the UN system’s work in advancing gender equality, and in all deliberations and agreements linked to the 2030 Agenda. The entity works to position gender equality as fundamental to the SDGs, and a more inclusive world. Operating in 32 countries in Asia and the Pacific region and over 90 across the world, UN Women Timor-Leste focuses on ensuring gender equality and rights-based approach for ending violence against women, advancing women’s economic empowerment and ensuring women’s participation in peace and security.

UN Women has been in Timor-Leste since 2001 (previously as UNIFEM) and has contributed to the national legal and policy framework addressing gender-based violence, provided direct support to civil society organizations driving the advocacy behind the legislation (Rede Feto, Fokupers, Asia Pacific Support Collective Timor-Leste, Alola Foundation, etc.), while providing consistent technical assistance to the women’s machinery (now Secretary of State for Equality and Inclusion), since its establishment as an office under the Office of the Prime Minister. This has included direct support to the development of the two National Action Plans on Gender-Based Violence (2012-2016, 2017-2021) as well as mentoring and accompaniment for monitoring, evaluating and costing the Plans. UN Women, with its coordination mandate, has also supported SEII to establish the Gender Equality Coordination Group in 2016 to address gaps in multi-stakeholder coordination of gender equality issues, including around GBV. The Office has supported line ministries to understand their commitments and increase engagement on the issue (with Ministry of Social Solidarity in Costing the NAP GBV 2015-2017, Ministry of Interior in its leadership of the NAP on Security Council Resolution 1325 on Women, Peace and Security, with Statistics on the Gender and SDG Brief, 2017-2018, and with the National Police, in supporting its first Gender Strategy).UN Women has produced a variety of studies and analysis with national partners on the situation of VAWG, contributed to capacity development of national stakeholders on evidence based programming to end VAWG and has designed a whole-school approach to prevention of violence (with Association of Men against Violence, Alola Foundation 2014-2016, with Ministry of Education 2018-2019), arts-based advocacy (Laloran Festival- 2015), work with media (Search for Common Ground HerStories- 2015). UN Women facilitates platforms for marginalized groups to gain visibility (violence against LGBTI and domestic workers) and opens new efforts (e.g. on sexual harassment with the Civil Service Commission and national CSOs). UN Women’s experiences, history of expertise in Timor-Leste and across the world and collaborative approach enable it to contribute to meaningful and lasting change for gender equality and women’s rights to live free of violence.

**UNFPA**

UNFPA is the United Nations sexual and reproductive health agency. UNFPA works in more than 15 countries and territories that are home to the vast majority of the world’s people. Its mission: to ensure that every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

UNFPA Supports countries through:

* Reproductive health care for women and youth in more than 150 countries – which are home to more than 80 per cent of the world’s population
* The health of pregnant women, especially the 1 million who face life-threatening complications each month
* Reliable access to modern contraceptives sufficient to benefit 20 million women a year
* Training of thousands of health workers to help ensure at least 90 per cent of all childbirths are supervised by skilled attendants
* Prevention of gender-based violence, which affects 1 in 3 women
* Abandonment of female genital mutilation, which harms 3 million girls annually
* Prevention of teen pregnancies, complications of which are the leading cause of death for girls 15-19 years old
* Efforts to end child marriage
* Delivery of safe birth supplies, dignity kits and other life-saving materials to survivors of conflict and natural disaster
* Censuses, data collection and analyses, which are essential for development planning

The work of UNFPA is based on the premise that all human beings are entitled to equal rights and protections. UNFPA focuses on women and young people because these are groups whose ability to exercise their right to sexual and reproductive health is often compromised. In Timor-Leste UNFPA supports government to address GBV, supporting the country to promulgate the Law Against Domestic Violence, the establishment of referral networks and related SOPs, the National Action Plans on GBV (2012-2016 and 2017-2021), and to improve the capacity of health services to respond to GBV. In terms of past activities that link up with the current proposal, UNFPA was the key contributor to the government in the development of the GBV National Action Plan in the health sector. Hence, it is the organization best placed to support GBV response through the Ministry of Health. Apart from supporting the development of the GBV NAP, UNFPA has supported MoH developed national guidelines for the health sector response to GBV, approved in late 2018 and this year the guidelines will be disseminated. Thus, the organization has the greatest familiarity with the guidelines in the country and has access to the expertise needed to support the capacity building necessary and the roll out of the GBV NAP for the health sector. The current proposal relies on a functioning referral system and UNFPA was the key partner in working with the Ministry of Social Solidarity to develop sets of Standard Operational Procedures including on Referral pathways to support victims. The referral guidance has since been revised with support from the Asia Foundation. Links with CSOs to ensure that lessons learned and best practices are recognized in the future worm on GBV is of great importance. Historically, UNFPA has supported civil society organizations as sub recipients of our Implementing Partners such as ALFELA, FOKUPERS, CASA VIDA, UMA MAHON SALELE,and PRADET. Apart from financing this has included capacity building, supporting the start-up of organizations and ensuring their access to international best practices through support for training and participation in international meetings and conferences. Hence, UNFPA has the links to be able to draw on lessons learned and best practices from civil society while also working closely with the formal government institutions necessary for mainstreaming the work on GBV into programmes of work to ensure long term sustainability of the health sector response.

**United Nations Development Programme (UNDP)**

UNDP is committed to human development, providing supports to development processes often in conflict-affected settings over the last fifty years. UNDP offices are currently operative in more than 170 countries in the world. With its broad mandate, UNDP can employ multifaceted and context-tailored approaches to a range of areas that hinder human development. The programme areas in which UNDP is specialised in cover all levels of development such as governance, peacebuilding, poverty reduction, climate change, gender equality, and crisis response. Since 2015, UNDP supports governments to achieve Sustainable Development Goals (SDGs) through policy assistance and implementation.

The ‘UNDP Strategic Plan’ outlines overarching vision and outcomes that help harmonise its global efforts, basing its work on the principles of universality, equality and leaving no one behind. The ‘Strategic Plan 2018-2021’ sets out the direction for a UNDP that helps countries achieve the 2030 Agenda for Sustainable Development. By 2021, we want to catalyze tangible progress on:

* Eradicating poverty in all its forms and dimensions, and keeping people out of poverty;
* Accelerating structural transformations for sustainable development, especially through innovative solutions that have multiplier effects across the Sustainable Development Goals;
* Building resilience to crisis and shocks, in order to safeguard development gains.

The Strategic Plan describes how UNDP will better adapt to the range of country contexts in which we work, framed through:

* The three broad development settings to which our approach responds;
* A series of signature solutions which define the core work of UNDP;
* The two platforms though which we will deliver our work:
* Country Support Platforms for the Sustainable Development Goals;
* A global development advisory and implementation services platform;
* An improved business model to underpins our efforts

In 2018, UNDP developed its Third Gender Equality Strategy 2018 – 2021, directly contributing to SDG 5, but also a vital component of achieving progress across all the other sustainable development goals, considering that gender equality reaches 36 targets and 54 indicators across all SDGs. Taking into account the broad mandate of UNDP, the Gender Equality Strategy sets a tone for how UNDP will elevate and integrate gender equality across all of our work.

In particular, it outlines four priorities which are called to attention under UNDP Signature Solution 6 and address fundamental structural barriers to gender equality. They are:

* Removing structural barriers to women’s economic empowerment, including women’s disproportionate burden of unpaid work;
* Preventing and responding to gender-based violence;
* Promoting women’s participation and leadership in all forms of decision making; and
* Strengthening gender-responsive strategies in crises (conflicts and disaster) prevention, preparedness and recovery

Specifically, in Timor-Leste, as part of SDG 5, UNDP supports national partners to develop and implement the required legal and policy frameworks to combat sexual and gender-based violence since the beginning of the country existence in 2002. UNDP’s contribution to gender equality in Timor-Leste in the past includes improving access to justice for survivors of gender-based violence, ending impunity for perpetrators and providing survivors with multi-sectoral support and services. The work in the field of gender equality, economic empowerment and democratic governance has been focused on service delivery and capacity building of the justice institutions, the national police, national prisons, Electoral Management Bodies, inclusive processes for the municipal governments, empowering women entrepreneurs, etc. UNDP in Timor-Leste has work on increasing political representation of women in National Parliament and civic education and support of women civil society organizations MOFFE and CAUCUS in strengthening political representation of women. UNDP has provided support to the justice system since 2003 in different phases and in cooperation with different institutions and civil society organizations throughout the years. Gender Based Violence is a critical component, as for instance, in the Justice Support Project (JSP), one component focuses on “improved access to justice and dispute resolution mechanisms for all with a focus on women and more vulnerable populations”, with two targets explicitly mentioning GBV[[22]](#footnote-22). Efforts in addressing GBV have generated positive results, as of October 2018, out of all cases resolved through mobile courts, 58% were related to GBV. The “PNTL Strengthening Governance and Service Delivery” project has also targeted GBV by providing capacity building to PNTL staff, especially the Vulnerable Persons’ Unit (VPU), on incident report and referral coordination to systematically record the cases of GBV in Baucau in coordination with referral network[[23]](#footnote-23), as well as community engagement workshops focusing on strengthening the GBV referral network for community leaders in Baucau City, Baguia and Quelicai[[24]](#footnote-24).

Moreover, the partners in this work include state actors, public institutions, women’s groups, civil society organizations and movements, and traditional, community and religious leaders. As changing attitudes and ending harmful practices is integral to ending gender-based violence, UNDP also supports awareness-raising and behavior change campaigns, including through community-based conversations, meaningful engagement with men and boys, and working with the private sector and public institutions.

**International Organization for Migration**

IOM is the leading United Nations Agency in the field of migration and works closely with governmental, intergovernmental and non-governmental partners to ensure the orderly and humane management of migration. IOM also works to promote international cooperation on migration issues and to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

With 172 member states, and a further 8 states holding observer status and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants to;

* Assist in meeting the growing operational challenges of migration management.
* Advance understanding of migration issues.
* Encourage social and economic development through migration.
* Uphold the human dignity and well-being of migrants.

IOM activities are cut crossing and include the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration which focuses on understanding how gender affects types of migration undertaken; responding to how gender influences access to social services, economic growth, capacities, risks and vulnerabilities (particularly those associated with GBV and sexual exploitation); and, ensuring diversity and inclusiveness in consultations and participation in activities.

* + 1. **Overview of County Office (CO) in target country (structure, operations, activities, etc.)**

UN Women has been present in Timor-Leste since 2001 (as UNIFEM), and as such, has operated throughout periods of crisis and transition. UN Women’s goal in Timor-Leste is to promote the rights of women and ensure inclusion of women’s participation and leadership as the country works towards safeguarding stability and promoting development. UN Women focuses on two priority areas strengthening women’s economic empowerment and ensuring women’s participation and leadership in all aspects of peace and security processes, with cross-cutting attention to addressing violence against women and ensuring national development planning and budgeting is gender-responsive. UN Women also coordinates and promotes the UN system’s work in advancing gender equality, as Chair of the inter-agency Gender Thematic Group (together with UNFPA), which leads coordinated advocacy on GBV, among other issues, and Chair of the Programme Management Team, as well as Co-Chair of the Gender Coordination Group with SEII.

The UN Women Timor-Leste country team consists of 16 staff members including the Head of Office, Operations Manager, three national Programme Officers and one international Programme Specialist, Communication Officer, a KOICA international Communications volunteer, Finance Associate, an M&E Officer, four project/administrative/executive assistants, and two drivers. The Timor-Leste Country Office is supported by UN Women’s Regional Office for Asia and the Pacific, and close collaboration across the country offices ensures UN Women can access the organization’s expertise and networks across the region. Additional staff will be brought on board to manage implementation of the project.

UNFPA cooperation with Timor-Leste began with the provision of emergency reproductive health kits immediately following the crisis of September 1999. In 2003 UNFPA established its Country Office in Timor-Leste and began its 1st Country Programme (CP). Since 2003, UNFPA Timor-Leste has supported governmental and non-governmental organizations activities on addressing population issues and has strongly promoted reproductive rights and gender equality as key elements to achieve human rights and human dignity. UNFPA Timor-Leste Country Office is comprised of the Representative, Country Assistant Representative, International Operations Manager, Census Technical Specialist, Junior Professional Officer, three national programme officers, one M&E Officer, two programme associates, four Admin and Finance staff, 2 UN Volunteers supporting communications and data and five drivers. Additional staff will be brought on board to ensure implementation of its part of the project.

With the guidelines of the global Strategic Plan, the Gender Equality Strategy 2018 - 2021 and the UNDP Country Programme Action Plan (2015-2019) tailored for the country-specific situation, UNDP Timor-Leste provides technical assistance to the Government of Timor-Leste to achieve stability and sustainable development.

UNDP Timor-Leste, led by the Resident Representative, has also transitioned and is currently comprised of two programmatic portfolios: Democratic Governance, and Sustainable Development and Resilience. The areas of Justice and Security are existing projects in the current portfolio of the Democratic Governance Programme, which also works with National Police of Timor-Leste, Anti-Corruption, Decentralization, National and Municipal Elections and Special Economic and Social Market Zone of Oecusse (ZEESM). On the Country Office level, within the Programmes there are two focal points for matters of horizontal level that deal with issues that tackle all programmes and projects UNDP runs. Namely, the Youth Focal Point and the Gender Focal Point have overview over the respective issues for whole UNDP. In addition to this, during 2018 – 2019, UNDP Timor-Leste undergoes the Gender Seal Corporate Certification Process, led by the Gender Focal Point. The process aims and increasing transformative gender equality results in the countries of intervention, but also within the UNDP structures internally. Moreover, the process is an enormous learning opportunity, and it does ensure and systematized the gender mainstreaming and analysis across all portfolios, projects and programmes of UNDP in Timor-Leste.

The current programmic structure is a result of a restructuring the office went through in the beginning of 2017, to be able to respond more swiftly to fast changing environment of the funding climate and also to the needs of SDG implementation in the country. Those two programmes mentioned above are part of one SDG Acceleration Team, covering project management cycle, innovation, quality assurance and policy, currently consisting of 9 staff, including two Programme Analysts, two Programme Associates, one Junior Professional Officer (JPO), one Communication Analyst, and the Delivery Team of one Programme Analyst, one Programme Associate, and one Executive Assistant.

The Operations Manager, on the other hand, leads the Finance Department of two staff, Human Resources department of three staff, the Procurement and General Administration of five staff, and Common Services Team (IT and Common Premises) of four staff. The Operations Department consists of 14 staff in total under the Operations Manager.

IOM has worked in Timor-Leste since September 1999. The IOM country office in Timor-Leste supports governmental and non-governmental organizations to develop coherent and well-coordinated migration programs and policies in three key areas including movement, emergency and post crisis migration management; migration, climate change and environmental degradation through the institutional strengthening of the government and resilience building of communities to prepare and respond to natural disasters; as well as regulating migration through the provision of support and technical assistance to the government and civil society in dealing with new emerging trends such as human trafficking and migrant smuggling and the development of legal frameworks and coordination mechanisms; institutional capacity building; public information campaigns; and direct assistance to victims.

Gender and mobility programming has been a key component of IOMs work across the Pacific region primarily through gender responsive humanitarian action in the immediate aftermath of disaster and towards durable solutions, addressing Gender-based violence and sexual exploitation in non-crisis and crisis settings, as well as on national borders, supporting policies and pathways for the economic empowerment of women and including women as agents of change in peace building and conflict. Moreover, in September 2018, IOM launched its institutional framework for addressing GBV in Crises (GBViC), which reinforced IOM’s accountability to crisis- affected populations, partners, and donors by articulating and advocating for a robust and consistent approach to quality GBV interventions. The IOM GBViC Framework’s objective is to ensure the safety, dignity, well-being and equitable access to services for all crisis- affected persons, especially women and girls, is prioritized, integrated and coordinated across all IOM operations. The IOM country office is comprised of the Chief of Mission, 2 human resource and finance staff, 1 procurement officer, 3 project managers, 24 national project assistant and 3 international consultants supporting DRR, DRM, communications and monitoring and evaluation, and 3 drivers.

* + 1. **Strategies and activities for responding to the problem**

The project uses a holistic approach, which aims to strengthen national institutions, while transforming harmful norms that perpetuate GBV, but limit access to essential services for survivors. Through targeted partnerships, advocacy, engagement with the groups most affected by gender-based violence, capacity development that is institutionalized and leveraging each agency’s expertise and international best practices in what works to end violence against women and girls, the project will have a wide-reaching impact across Timor-Leste.

The Project is also informed by previous joint UN programming on gender in Timor-Leste, namely, the MDG Spanish Fund Joint Program (JP) -Supporting Gender Equality and Women’s Rights in Timor-Leste (2009 – 2012). The MDG-F Joint Programme[[25]](#footnote-25)made key recommendations through its evaluation[[26]](#footnote-26) and the evaluation of 24 joint gender programme around the world, which highlight the need for the UN to “*ensure a clear strategic rationale for jointgender programmes and firmly ground designs in development effectiveness efforts at country level*” and for the Government to “*ensure full ownership of and accountability for joint gender programmes, as part of wider strategizing and capacity development for gender*.[[27]](#footnote-27)” Considering these recommendations, the project activities are identified is below:

**Output 1: Legal/Policy framework**

* 1. Institutional capacities for measuring progress are strengthened
     1. Develop government and CSO capacities (including survivors of violence) to roll-out national guidelines on the [Essential Service Package](http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence)[[28]](#footnote-28) for Timor-Leste (with a monitoring framework)
     2. Technical support and training for Government stakeholders (MSSI NDOC, MOI, PNTL) to improve capacity to manage and report on cases of GBV, particularly in their coordination role for Disaster Risk Reduction (DRR)[[29]](#footnote-29).
  2. Civil society capacity to advocate for Government funding of NAP GBV
     1. Provide guidance, training and accompaniment to civil society to monitor Government’s implementation of gender equality commitments, including NAP GBV, CEDAW and UNSCR 1325
     2. Develop capacities of CSOs on monitoring for primary prevention of GBV, including development of a streamlined monitoring framework.
     3. Conduct training on evidence-based advocacy and roll-out joint advocacy initiatives (for example, using social media, television debates, radio and visual materials with key facts and costs), including survivors of violence, to increase State funding for the implementation of the NAP by line ministries and for GBV referral networks.
  3. Knowledge of targeted government institutions on resources required
     1. Technical assistance to the institutions implementing the NAP GBV (for planning and budgeting processes) related to services for survivors in line with gender equality commitments including NAP GBV, CEDAW and UNSCR 1325, in collaboration with the Prime Minister’s Office, SEII and MOF. This includes annual analysis of the State Budget from a gender perspective.
     2. Develop briefing materials on NAP GBV and gender-responsive budgeting, provide gender analysis and advisory support to Parliamentarians (including Committees and Women’s Caucuses) as requested).
  4. Leadership of women’s machinery (SEII) in inter-sectoral coordination[[30]](#footnote-30) strengthened
     1. Support SEII to coordinate development of a strategy for primary prevention of GBV in support of NAP GBV implementation and 2030 Agenda (SDGs 5 and 16), drawing from the Joint UN Primary Prevention Framework.
     2. Technical support and accompaniment to SEII to organize, document and lead inter-ministerial coordination entity and reporting on progress to address GBV. This includes ongoing mentoring to SEII in advocating for resource allocations.

1. **Output 2: Prevention**
   1. Community and Government knowledge on human rights, GBV, its harmful effects, and reporting processes increased
      1. Facilitate awareness-raising and coalition-building for joint advocacy on issues such as sexual harassment in public and violence against specific groups of people (Lesbians, Gay, Bisexual, Transgender and Intersex, persons with disabilities, among others.) using annual campaigns, such as the 16 Days of Activism and targeted events throughout the year to maintain visibility of violence against women and girls.
      2. Engage traditional leaders, religious groups and networks, and customary justice mechanisms to promote respectful relationships and equitable gender roles for GBV prevention and reducing recurrence of violence
      3. Mobilize athletes and sporting associations (Olympic Committee, Paralympic, etc.) to educate community members on the harms of GBV and ways to prevent it, leveraging the UN HeforShe and UNiTE Campaigns.
      4. Training for National Disaster Operating Center (NDOC), National Disaster Risk Management Directorate under Ministry of Interior and other first responders on preventing GBV in disasters to reduce GBV risk factors affecting women in disaster prone communities[[31]](#footnote-31).
   2. Schools and communities are mobilized to promote and practice respectful relationships, based on gender equitable norms
      1. Review curricula and provide guidance and materials as needed to support Ministry of Education and UNTL to strengthen integration of gender equality messages and activities in secondary and tertiary education curricula as relevant
      2. Develop capacities in Ministry of Education and within municipalities on evidence-based whole of school and community mobilization interventions (extra-curricular) for skills and network-building to change harmful attitudes and social norms, using arts and educational programmes, engaging student councils, parent-teacher associations, boys and men, traditional leaders, among others. This builds on UN Women's existing work rolling out the Joint UN Connect with Respect curriculum[[32]](#footnote-32)
      3. Development and roll-out of orientation on GBV prevention and referral system for Ministry of Education (together with civil servants and relevant training institutions – INAP and INFORDEPE), involving CSOs and service providers to promote survivor-centred responses and referrals to students at risk or disclose abuse.
      4. Establish partnerships with sports associations to protect young athletes against GBV and involve them through peer-education to act as advocates for equitable gender roles and positive masculinities.
   3. Young people, especially men and boys have increased awareness of sexual and reproductive health and rights.
      1. Support comprehensive sexuality and reproductive health education in youth centres and schools include a provision of Comprehensive Sexuality Education and utilize existing extra-curricular materials to promote gender-equitable attitudes, greater equality of power in intimate relationships and reduce the incidence of GBV.
      2. Facilitation and technical support with the National Scouts Association to establish and roll-out a badge on GBV prevention[[33]](#footnote-33), adapting from the World Association of Girls Guides and Scouts [Voices against Violence Curriculum](http://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum), to promote respectful and healthy relationships using skills-building, arts, and peer-based education and advocacy.
   4. Media’s role in promoting gender equality and zero tolerance towards GBV increased
      1. Establish guidelines and develop capacities of media outlets on gender-sensitive reporting
      2. Work with university journalism students, community radio journalists and community groups to monitor media reporting of gender and GBV issues, including in the context of natural disasters, and present findings and recommendations for editors and media outlets for better reporting and use of existing guidelines.
   5. Women who face multiple forms of discrimination (e.g. young mothers, women with disabilities, survivors of past violence, LBT community and women living with HIV, etc.) have enhanced opportunities to be economically empowered
      1. Partner with local civil society organizations to provide financial literacy and access to income generation opportunities (skills training, job matching or entrepreneurship) for women at higher risk of violence (survivors of past violence, women with disabilities, members of the LGBTI community, domestic workers and young mothers), alongside group education for women and their partners on communication and respectful relationships.
      2. Partner with private sector companies and vocational institutes to develop job-readiness training and employment opportunities targeting young women at risk of violence. This would build on companies already signed on to the Women’s Empowerment Principles (Kmanek, Telkomcel and ANZ) and engage new companies in promoting economic opportunities for women most at risk.
      3. Support the capacity development of 30 women’s groups and women leaders to facilitate participation in DRR decision-making structures, develop GBV integrated CBDRM plans, and identify CBDRM sustainable livelihood projects that contribute to enhancing women’s economic empowerment.[[34]](#footnote-34)
2. **Outcome 3 Essential Health and Justice Services**
   1. Capacity of health workers’/ personnel to provide coordinated responses to gender-based violence strengthened.
      1. To conduct awareness raising and understanding of GBV through evidence-based advocacy among senior policy-makers and within health system, about its nature, health and other consequences, risks and causal factors through workshops and participation in global and/or regional level meetings
      2. To conduct community awareness activity (community discussion, workshops) on health impact of GBV and the availability of services through partnership with national NGO (with well-established community-based group)
      3. Enhance the participation of health care providers in the existing referral network through hosting referral meetings to support strengthening coordination within health system and with other sectors for a strong multisectoral response to VAWG.
      4. Provide Technical assistance to MoH through placement of a National coordinator and 4 regional coordinators.
      5. Strengthen ability of health care providers to respond to GBV through review and update of national guideline for health service providers on identification, management and referral of victims/survivors of GBV and to be more inclusive (sensitive to people with disability, children victims of violence).
      6. Develop supervision tools including Health Management Information System (HMIS) reporting format (while ensuring anonymity and confidentiality) and support supervision to health facilities to ensure the implementation of guideline and services are in place.
      7. Establish Medico Legal committee to provide expertise and knowledge in relation Health sector involvement to legal process related to GBV cases.
      8. Establish within prioritized health facilities (6 hospitals and 8 Community Health Centres with beds) spaces to provide LIVES and other components of essential health service package as required ensuring confidentiality and privacy.
      9. In coordination with existing tertiary educational institutions, provide technical assistance through development of teaching aid materials to integrate content about the identification of, and response to and referral of GBV in pre-service curriculum building on WHO guidelines and tools.
   2. Capacity of justice sector personnel (PDO, Judges, Prosecutors, and court personnel- mobile and permanent) enhanced to provide survivor-centred and coordinated access to justice for women clients, including survivors of gender-based violence:
      1. Scale up the AJC offices under the Public Defender’s Office in Dili and Oecusse Judicial Districts to make free legal aid for victims of GBV available across the country
      2. Develop and conduct public information and awareness campaigns for two different target groups, women who face the heightened risk of sexual violence, on legal rights and recourses and community members on formal justice options.
      3. Establish Women and Youth Legal Assistance Programme.
      4. Conduct Alternative Dispute Resolution training for local authorities on gender-sensitive dispute resolution
      5. Facilitate training of judicial actors on GBV case management and protocols, involving organizations representing survivors of GBV and CSOs providing legal assistance.
      6. Generate evidence and promote good practices of gender-equitable and survivor-centred informal justice processes, including training on gender-responsive mediation to public defenders, judicial officials, and CSO mediators in the Public Defender’s Office (PDO).
   3. Justice institutions strengthened to hold gender-based violence perpetrators to account in line with NAP GBV and uphold zero tolerance of GBV by its personnel.:
      1. Establish focal points in the Offices of Prosecutor-General to develop the institutional capacity in the GBV case management and protocols.
      2. Support MoJ to conduct monitoring on GBV cases in trials in the permanent and mobile courts and support advocacy for improved access to justice for GBV survivors
      3. Establish and improve safe waiting rooms and toilet facilities in the district fixed courts
   4. Existence of self-help groups for survivors of GBV at national and municipal level, including persons with disabilities, members of the LGBTI community, among other marginalized groups.
      1. Technical assistance and outreach to facilitate training and opportunities for survivors to access peer-support, and gain skills in self-care and wellness, to strengthen resilience and accessibility of self-help groups, using mobile technology and innovative platforms for connecting individuals across the country.
      2. Partner with women’s organizations and community networks, media, education institutions, private sector and religious groups to raise the visibility of support services at sub-national and national level, partnering with CSOs, reduce stigma for survivors and encourage help-seeking.[[35]](#footnote-35)
      3. Conduct study exchange with Korea between women’s self-help groups to share experiences in establishing peer-support networks.
3. **Outcome 4: Promising practices and evidence-based approaches**
   1. Inter-ministerial coordination entity capacity to conduct annual monitoring and reporting on the NAP GBV for inter-sectoral knowledge generation and sharing is improved
      1. Develop capacities on GBV data management and gender statistics to facilitate better tracking and reporting of progress and challenges
      2. Conduct sessions for the NAP GBV Coordination Entity and relevant Gender Working Groups to assess Timor-Leste’s practices on global guidelines and tools for prevention and provision of essential services. This focuses on the content and substance of developing understanding among the members of the group on GBV practices.
   2. Parliamentarians have access to evidence on prevent and respond to VAWG, including resourcing needs as part of the State Budgeting process
      1. Conduct briefings and orientations to raise awareness among Government and Parliament members on the global guidelines and tools for prevention and essential services
      2. Sensitize members of parliament and relevant committees (Committees C, F, G and GMPTL) on the issue of GBV in Timor-Leste and support their oversight role through policy analysis, dialogue, and development of advocacy materials for their outreach programmes.
   3. Partnership with universities and civil society contribute to survivor-centred documentation of lessons learned
      1. Provide technical support and development of tools for community-based survivor groups and women's organizations to document and present their experiences and promising practices, working with universities and relevant institutions
      2. Organize 2 national conferences on GBV with UNTL to share good practices and develop capacities of civil society and government in ethical GBV research practices for documenting and sharing results of investments for replication and upscaling, engaging practitioners from Korea and other places in the region and within the UN system to leverage global expertise.
      3. Conduct study visit with self-care counsellors from Korea to Timor-Leste to provide training of trainers on wellness and self-care for women’s organizations and service providers.
   4. Development partner coordination on gender-based violence under leadership of the women’s machinery strengthened.
      1. Utilize existing UN GTG to coordinate GBV efforts between across the UN Country Team in Timor-Leste.
      2. Provide guidance and convene the Development Partner Gender Coordination mechanism for strategic advocacy and monitoring of investments and progress made.
      3. Facilitate strategic advocacy and provide guidance on information sharing and coordination on NAP GBV via Gender Equality Coordination Group and UN Gender Theme Group
      4. **Organization’s capacity on implementing the Project (expertise of personnel, previous experience relevant to the proposed project**, **etc.)**

UN Women has been working in Timor-Leste for more than 16 years, with programming to empower women to have income security, decent work and autonomy, and to build sustainable peace and resilience through women’s leadership and decision-making across sectors, including in the prevention of natural disasters and conflicts. These efforts support government plans and budgets that are gender responsive and create the conditions for women and girls to enjoy their right to live free of violence. UN Women also coordinates and promotes the UN system’s joint work in advancing gender equality, facilitating knowledge exchange based on best practices and connecting international gender equality commitments to the realities of diverse women and men across the country. These focus areas are key to accelerating diversification of the economy and equitable employment opportunities. UN Women’s Strategic Note in Timor-Leste (2015-2020) is aligned with Timor-Leste’s key development priorities, from national commitments including the country’s Strategic Development Plan 2011-2030 as well as Roadmaps for the Public Finance Management Reform and the Sustainable Development Goals and the UNDAF. It directly supports sector specific plans and gender equality commitments related to National Action Plans for Gender-Based Violence (2017-2021), Security Council Resolution 1325 on Women, Peace and Security (2016-2020), advancing recommendations of the CEDAW Committee and for improving the lives of rural women as set out in the 2015 Maubisse Declaration.

Partnerships are the essence of UN Women’s work. We collaborate with diverse civil society organizations and actors, key Government institutions at national and municipal levels, UN sister agencies, bilateral and multi-lateral institutions and the private sector, among others. With this approach, UN Women successfully implements projects dedicated to addressing GBV in Timor-Leste and across the world. In Timor-Leste, recent and current projects dedicated to GBV include:

* *Leveraging Technical Tools, Evidence and Community Engagement to Advance the Implementation of Laws and Provision of Services to Women Experiencing Violence in South-East Asia Phase I* (2013-2015, DFAT-funded)
* *Preventing and Addressing Violence against Women and Girls (VAWG) in Albania, Mexico and Timor-Leste- GLOBAL Programme* (2014-2016, EU-funded)
* *Strengthening Women Survivors of Violence in Timor-Leste* (Implemented by Asosiasaun Chega Ba Ita (2015-2017 - via UN Trust Fund to End Violence against Women)
* Joint UN (UN Women, WHO, UNFPA, UNICEF and Human Rights Advisor’s Unit) *Empower for Change- Reducing violence and discrimination against women and children with disabilities in Timor-Leste* (2018-2020- Multi-donor Trust Fund on Partnerships for Rights of Persons with Disabilities)
* *School-based prevention of violence against women and girls* (2018-2020-DFAT and KOICA – via Regional Office for Asia Pacific- implemented in Timor-Leste and Viet Nam)

An international technical officer will be hired for the Project duration to be supported through a KMCO in Monitoring and Reporting.

UNFPA is one of the leading partners with the government of Timor-Leste. The organization started its operations in the country soon after independence and has a long-standing partnership with the country. Furthermore, by working in collaboration with the government, UNFPA is well placed to ensure sustainability of its interventions as they can be mainstreamed into standard work. This approach also works for UNFPA partnerships with national NGOs. Internally to the UN, UNFPA chairs the Youth Results Group of the United Nations and is the co-Chair of the UN Theme Group on gender. This ensures coordination and avoidance of overlap and duplication. UNFPA is one of the leading agencies on gender equality and women empowerment. UNFPA globally leads the GBV cluster in humanitarian response.

UNFPA Timor-Leste supported government during the development of Law against Domestic Violence Law, the development and implementation of National Action Plan GBV 2021-2014 and NAP GBV 2017-2021, the establishment of Referral Network which chairs by MSS, the recruitment of 13 GBV case workers in which UNFPA supported initially (in the first year) and was taken over by MSS under state budget.

UNFPA has been part of joint programme and continues to partner with other agencies as part of coordinated support to government and NGOs. In addition to the Joint UN projects mentioned by UN Women, UNFPA and WHO jointly supported MoH on the roadmap of health sector response to GBV.

Health sector response to GBV activities were well integrated into the NAP GBV 2017-2021**.**

UNDP is a longstanding institution in Timor-Leste, with the experience, capacity and relationships to implement the project effectively and efficiently. UNDP benefits from longstanding relationships with the Government of Timor-Leste including the justice institutions such as the Ministry of Justice, Courts, Office of Prosecutor-General, and Public Defender’s Office, other UN organizations, and key international and local NGOs and citizens groups, as well as gains from structural resilience that allows it to draw resources from its wider organization and regional specialists to meet greater challenges.

In the area of justice, UNDP is equipped with subject specialists who have worked on exactly these issues as part of the four phases of the Justice System Programme (JSP) that was initially launched in 2003. The JSP has gone through many substantial changes in the form of assistance provided to the justice sector. Gender has been a critical component of the JSP projects as seen in one of the project outcomes elaborates “improved access to justice and dispute resolution mechanisms for all with a focus on women and more vulnerable populations”, with two targets explicitly mentioning GBV[[36]](#footnote-36). Based on the internal analysis, the UNDP external evaluations, and the overall Strategic Plan 2018 – 2021, the justice programme needs to take more robust approach to reach the most vulnerable and in the context of Timor Leste, focusing on the services that victims of GBV receive from the system.

More concretely the experience UNDP has in working with gender equality in Timor-Leste in the past includes improving access to justice for survivors of gender-based violence, ending impunity for perpetrators and providing survivors with multi-sectoral support and services. The work in the field of gender equality, economic empowerment and democratic governance has been focused on service delivery and capacity building of the justice institutions, the national police, national prisons, Electoral Management Bodies, inclusive processes for the municipal governments, empowering women entrepreneurs, etc. Moreover, the partners in this work include state actors, public institutions, women’s groups, civil society organizations and movements, and traditional, community and religious leaders.

In addition, as mentioned above, UNDP Timor Leste is undergoing the Gender Seal process, which ensures gender responsive programmes and projects, monitoring and evaluation, communication, advocacy, as well as increased gender equality within all operations and programmes. Namely, this is capacity that will be developed by the end of 2019, which UNDP can rely on and use for the implementation of this project.

More concretely for the purpose of implementation of this project, UNDP would like to host a Korea International Development Volunteer (KIDV) to support the Monitoring and Evaluation of the activities, a national project coordinator with deep understanding of the justice sector in Timor-Leste, a gender specialist and two administrative support staff will be recruited under this project.

IOM is an expert in understanding the Timorese context concerning migration patterns, causes of displacement, and necessary steps that need to be taken in order to protect persons from harm and vulnerability as a consequence of migration. IOM has been working in Timor-Leste since 1999 in a diverse range of areas including Internally Displaced Persons (IDPs) and camp management, voluntary repatriation of IDPs to communities, reintegration of former combatants, conflict resolution, community stabilization, reconstruction, counter-trafficking and protection issues, border management, disaster risk reduction, and migration health. Through its long-standing partnerships with law enforcement agencies, labor organizations and civil society, it has spearheaded the national response on disaster risk reduction, trafficking of people, supported border control and advanced labor migration schemes. IOM has strong relationships with government, the NGO sector, police, CSOs, labour recruiters and other first responders at national, local and municipal levels. IOM has also worked collaboratively with the International Committee of the Red Cross, and Humanitarian Country Team donors such as DFAT, USAID, KOICA and the EU.

IOM has extensive operational experience in providing support to victims of disasters as well as expertise in building the capacity of government and civil society partners and providing technical support for the development of policy frameworks at national, municipal and community levels. IOM is currently in Phase III of its Disaster Risk Reduction – Building Community Resilience Project in Timor-Leste (DRRBCR). Phase III builds on the progress of Phase I and II of its implementation. IOM works closely with the Ministry of Social Solidarity and the Ministry of Interior, as well as with the National Disaster Risk Management Directorate (NDRMD) and it’s Municipal (MDMC), District (DDMC) and Suco Committees (SDMC) and community radio stations to strengthen disaster risk management governance structures and operations across Timor-Leste. This includes mainstreaming gender into capacity building, community resilience, public awareness and the rapid response facility (Incident Command System).

IOM works to address GBV and sexual exploitation in both crisis and non-crisis setting as well as on national borders. In each setting IOM engages in advocating for a robust and consistent approach to quality GBV interventions. IOM’s GBV Framework focuses on mitigating the risks, supporting survivors and addressing the root causes to contribute towards progressively transforming the conditions that perpetuate GBV. IOM is well positioned to work on legal and policy frameworks to strengthen Institutional capacities for measuring progress with government stakeholders (MSS, MOI, PNTL) to improve GBV monitoring and evaluation in disasters using the GBV information management system (GBV-IMS). IOM also has the expertise to work with law enforcement mechanisms to increase the accuracy of reporting and combine efforts to ensure violence against women and girls is prevented and quality essential services are available and accessible to victims and survivors through effective gender mainstreaming on GBV in disasters.

Prevention is a critical component of IOMs work in GBV in disasters. IOM has the capacity to make concerted efforts to ensure that government and community first responders have the knowledge, attitude and skills to anticipate, recognize and address GBV risks, as well as increase awareness of GBV in disaster through the development of GBV sensitive disaster information packages and mobilising communities to coordinate GBV events and, develop capacity assessments for technical skills in proper formulation and design of programming that seeks to ensure that schools, other learning environments and child-friendly spaces are located in areas that are safe and equally accessible for women, girls and other at-risk groups as part of GBV disaster risk reduction. Additionally, IOM also has experience in consulting with women’s organizations and considering the specific needs of women and girls in DRR, strengthening women’s participation in decision-making and supporting the empowerment of women through sustainable livelihood projects that minimize GBV and integrate GBV into DDR plans in communities at risk from disasters and those recovering from disasters.[[37]](#footnote-37)

**Cooperating organizations in target country**

In support of legal and policy implementation (Outcome 1), the Project will provide technical assistance towards the establishment of national guidelines developed from the Joint UN Primary Prevention Framework and Essential Service Package and develop government and CSO capacities to roll-out, engaging survivors of violence in the process. This will strengthen the leadership of the Secretariat of State for Equality and Inclusion[[38]](#footnote-38) (SEII) and the Gender Working Group mechanism at national and municipal levels on use and analysis of data for policy making and annual planning and budgeting, implementation and monitoring, including in the context of disaster risk reduction. This approach is framed by international standards and norms, using a multi-treaty approach (CEDAW and other HR treaties, BPfA and SDGs. Capacities of line ministries in gender-responsive planning and budgeting, in collaboration with the Prime Minister’s Office, SEII and MOF will also be supported, including through annual analysis of the State Budget from a gender perspective, alongside analysis to review and ensure gender-sensitive legislation (including advocacy with Parliament). These efforts will be complemented by engagement with civil society, in which applied costing[[39]](#footnote-39) of prevention and essential services will inform evidence-based advocacy to increase annual allocation of resources for implementation of the NAP and the Law against Domestic Violence and improve the quality of services.

Toward the prevention of GBV and advocacy (Outcome 2) the Project will expand and create new partnerships with civil society and Government entities coordinated through the Secretariat of State Equality and Inclusion (SEII) to ensure awareness-raising, community mobilization and education strategies are carried out in an integrated manner based on a shared understanding and approach in line with international evidence on preventing GBV[[40]](#footnote-40). This will include continued capacity development, mentoring and accompaniment with Government and CSOs responsible for implementing and monitoring progress against Timor-Leste’s international commitments on gender equality among other human rights. A focus on innovative approaches, through nation-wide advocacy and awareness-raising (including the annual 16 Days of Activism campaign) will use arts, technology and social media to engage non-traditional partners and stakeholders, including boys, men, traditional and religious leaders, networks and building on the HeForShe campaign recently launched by Timor-Leste’s Prime Minister. Given the established evidence that school-based interventions have the potential to shape gender equitable attitudes and behaviours among young people, the project will focus on gendered violence in and around schools, facilitating wider engagement with families and the community to change tolerance of violence.

To strengthen multi-sectoral education, health, and justice sector responses to GBV (Outcome 3), the Project will expand existing partnerships[[41]](#footnote-41) with the Ministry of Health (MoH) to ensure that health service providers have the capacity to deliver essential services in line with global standards and guidelines, that these services are made available and accessible to GBV survivors and that survivors understand and can exercise their rights to services[[42]](#footnote-42). There is a growing recognition of the public-health burden of GBV, including IPV and the potential for the health sector to identify abused women during routine consultations and provide services to victims once identified.[[43]](#footnote-43) This importantly responds to the negative short and long-term health consequences of women who are exposed to violence compared with women who have never been abused[[44]](#footnote-44), as well as the effects on health and well-being of children in violent families (e.g. decreased vaccination and nutritional status, increased risk of behavioural and psychological problems, abandonment and early departure from the home).[[45]](#footnote-45) Though Timor-Leste has a well-established health system providing services through a tier structure of health institutions throughout the country, there are significant gaps in the health sector’s response to GBV (e.g. lack of training in GVB identification and response, distance to available shelters[[46]](#footnote-46), limited coordination between health services and shelters and other referral services). GBV response is clearly within the mandate of the MOH and there is an opportunity through multiple service delivery entry points such as antenatal care and family planning to identify evidence of GBV and ensure that women are not further victimized through their treatment in health services. Multi-sectoral services will be supported through greater engagement with survivors and enabling survivors to access critical peer-support and skills in wellness and self-care.

With regard to strengthening more gender-sensitive and -responsive justice system, the Project will closely collaborate with the state’s justice institutions. UNDP Justice System Programme (JSP) has long been in partnership with the Ministry of Justice (MoJ) and other justice institutions including the Court of Appeal, District Courts, Office of Prosecutor-General, and Public Defender’s Office. As a remedy for injustices of GBV, the Project will focus on improving access to legal information and justice for women, by strengthening the existing models of UNDP Timor-Leste: the Access to Justice Clinics and Mobile Courts. The Justice System Programme (JSP) of UNDP Timor-Leste has been facilitating mobile courts since 2010, scaled up across the country in mid-2014. The mobile courts have brought the formal justice option to the rural areas, where fixed courts do not exist. Over 95 percent of the cases resolved through the mobile courts are, in general, criminal cases, more than a half of which is related to gender-based violence. In 2017, JSP launched a free legal aid service, called the Access to Justice Clinics (AJCs), under the Public Defender’s Office (PDO) in Baucau and Suai, the pilot judicial districts. The initiative primarily provides awareness-raising campaigns on the formal justice system to the communities in remote areas and conducts mediation of civil cases (i.e., land ownership, divorce, or child custody).

For enhanced evidence-based practices, coordination and knowledge-sharing (Outcome 4), the Project will partner with SEII and the Inter-Ministerial Coordination Entity[[47]](#footnote-47) to ensure that legislation and policies are adequately resourced and monitored and institutions have the capacity to implement legislative and policy frameworks[[48]](#footnote-48). To enhance good governance and accountability, TL CO will provide technical support to and build capacity of the Government, with a special emphasis on SEEI, ministerial and municipal Gender Working Groups and the NAP GBV Coordination Entity[[49]](#footnote-49), to fulfill their roles and responsibilities effectively. This will include information sessions for Government to assess existing practices in line with global best practices and training for better coordination among frontline service providers, drawing lessons from the [UN Framework to Underpin Action to Prevent Violence against Women](http://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework) and [Essential Services Package for Women and Girls Subject to Violence](http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence). Further to this, continued provision of technical assistance will work towards strengthening monitoring and evaluation of the NAP, including tracking of resources allocated by sectoral ministries (in coordination with the Prime Minister’s Office, Ministry of Finance, and Parliament) to all pillars of the NAP GBV.

1. **Justification**

Gender-based violence (GBV) remains one of the most pervasive human rights concerns in Timor-Leste[[50]](#footnote-50), with almost 2 of every 3 Timorese women (15-49 years) reporting having experienced intimate partner violence in their lifetime[[51]](#footnote-51). Although both men and women experience GBV, women and girls are more often the target, given the unequal power relationships between men and women within the household, in communities and across society.

Gender-based violence occurs in many forms and across the life cycle. In addition to be a fundamental violation of human rights, it has enormous health, social and economic costs. These costs begin with the severe physical, mental and emotional consequences that not only impact individuals that experience abuse, but also those who witness abuse, most often children. This translates into lost productivity in the workforce, high costs to families and public services, reducing the overall well-being of entire countries and their economies, lasting for generations.[[52]](#footnote-52)

Considering Timor-Leste’s demographic composition, the impact of domestic violence alone can have devastating consequences for future generations. With the momentum underway toward achievement of the 2030 Sustainable Development Agenda, Timor-Leste has an important opportunity to break this cycle of violence through a multi-pronged approach focusing on the enabling environment for implementation of the existing legal and policy frameworks on GBV, investing in evidence-based primary prevention practices, and building on progress made in the health and justice sectors, capturing learning and supporting national capacities for sustained change.

The project is a joint UN effort, which enables the investment to have a wider reach than if only engaging one organization. Administered by UN Women as Chair of the Gender Theme Group, the project will leverage UN Women’s expertise and coordination mandate on gender equality, alongside the expertise of sister agencies (UNDP, UNFPA and IOM). The project will support the Government of Timor-Leste to prevent GBV and improve essential health and justice sector responses to women and children who have experienced violence, in line with the targets in the NAP GBV (2017-2021). The project builds on the UN’s more than 16 years of programming in the country and facilitates the localization of global standards for prevention and provision of essential health services to survivors of violence.

* 1. **Problem Statement**
     1. **In-depth situation analysis at the project site**

Violence against women – particularly intimate partner violence and sexual violence – a major public health problem and a barrier to upholding women's human rights. In the 2015 Nabilan Health and Life Experiences Study, 59% of East Timorese women aged 15-49 years who were ever in a relationship reported experiencing some form of physical and/or sexual partner violence in their lifetime.[[53]](#footnote-53) Fifty-five per cent reported experiences of emotional abuse at some point in their lifetime. Furthermore, 43% reported having been economically abused in their lifetime. Such intimate partner violence has occurred many times for most women (81%) and 77% reported experiences of severe violence, which includes being hit with a fist or with a harmful object, kicked, dragged, beaten up, choked or burnt on purpose, or threated with or had a weapon used against her. Over half (52%) of women who were injured had injuries that were severe enough to require health care (e.g., cuts, burns, sprains, broken bones or internal injuries) yet only a third of these women received treatment.[[54]](#footnote-54)

Women who have been victims of physical and/or sexual violence are at significantly greater risk of disability, suicidal ideation and almost twice as likely to have clinical depression.[[55]](#footnote-55)[[56]](#footnote-56) Children of women exposed to violence are at greater risks for behavioural and adjustment issues such as nightmares, bed-wetting, and being timid or aggressive. Among children, 75% of the study participants reported having experienced some form of physical or sexual abuse as a child and 80% reported experiences of emotional abuse.[[57]](#footnote-57) Childhood experiences of abuse can significantly increase their risk of depression, suicidal thoughts and substance use problems. A separate study assessing the health practices of 400 men participating in a men’s health program by Cooperativa Café Timor found that with respect to perspectives on domestic/community violence[[58]](#footnote-58), approximately 40% of men felt that violence was a problem in their Suco. Only 57% felt that a man should not force his wife to have sex against her will, 15% felt that it was ok and 36% were not sure. This is consistent with the findings of the Nabilan Health and Life Experience Study that 36% and 42% of ever-partnered men in Dili and Manufahi, respectively, reported having perpetrated physical and/or sexual violence against a female partner in their lifetime [[59]](#footnote-59). Mental health and substance abuse are significant issues among men that are associated with perpetration of violence. The Nabilan Health and Life Experience Study found that 30% and 34% of men in Dili and Manufahi, respectively, met the criteria for clinical depression and approximately 10% of men in both Dili and Manufahi reported having alcohol use problems [[60]](#footnote-60).

Beyond the health consequences of violence, global evidence shows that the social and economic costs to individuals and their families are equally damaging- ranging from lost days at work, lower productivity and reduced ability to participate in social and public life as well as caring for themselves and their family.

Underlying the widespread gender-based violence is gender inequality and the gender norms that in general, place men in a position of power over women. This is further exacerbated by women’s economic dependence, gender-bias in marriage, stereotyped gender roles, as well as cultural and social beliefs that put women at the back of men[[61]](#footnote-61). This is augmented by the limited investment in addressing the problem, with that less than 2% of the State Budget allocated to gender equality commitments annually, and only a part of that directed at addressing GBV.

At the institutional level, the lack of budget translates into a lack of investment in service providers who can deliver survivor-centred services to women who might have experienced abuse. From the education sector, which has a critical role to protect students from violence and promote norms that are equitable, this lack of engagement with sector personnel perpetuates the harmful messages that allow violence to take place in the first instance. As such, this context reaffirms that more needs to be done to prevent violence from taking place and to facilitate support for survivors through quality essential multi-sectoral services.

Since the promulgation of the 2010 Law against Domestic Violence (LADV), there have been two National Action Plans on Gender-Based Violence (NAP GBV) approved in Timor-Leste (NAP GBV 2012-2016 and NAP GBV 2017-2021). There is increased awareness of domestic violence (the most common form of GBV) as a public crime and an increasing number of cases of domestic violence are being brought before the formal justice system[[62]](#footnote-62).

Global evidence affirms that gender-based violence can be prevented and its harms reduced.[[63]](#footnote-63) This requires investment preventing violence before it begins, working with young girls and boys, their families and the wider society to promote transformative norms on gender equality and respectful relationships while strengthening the quality of more comprehensive services for survivors of gender-based violence.

**GBV in Disasters**

In Timor-Leste, gender norms foster more “risk taking” among men and “risk avoidance” among women, with implications for preparedness and safety in disasters. Women, girls and boys are 14 times more likely to die during a disaster than men. Past disasters in Timor-Leste show that women, girls, boys have been affected more than men due to gender inequality and a breakdown in social structures that leads to reduced protection. Men and women’s roles dictate how they use resources that impact on the environment, how environmental impacts affect their livelihoods differently, and what their risks might be during a natural hazard. As a consequence, traditional gender relations are reinforced by disasters, and existing inequalities are exacerbated. The leaves women exposed to different protection risks including sexual exploitation and abuse, unequal access to assistance, discrimination in aid provision, inequitable access to property restitution, and violence and even more vulnerable to GBV in disasters.

Additionally, there tends to be a lack of awareness on those responding to disasters, not being aware that GBV could increase and thus neither looking for it nor preparing for it. Despite establishing a strong legal and policy foundation to address disaster risks and its consequences, such as loss of livelihoods and GBV, implementation of a comprehensive approach to addressing disaster risk reduction activities that properly integrate gender issues, such as gender-based violence in disasters, remains a challenge in Timor-Leste. The GoTL has as well put efforts to address gender equality in an at times parallel manner, but with scope for greater complementarity. This has included policy creation and reform, legislation, the introduction of institutional mechanisms and raising public awareness. In order to address the intersectionality and multiple type of impacts of disasters experienced by women and girls, there is a need to fill the gap in the knowledge and efforts to prevent, mitigate and prepare against the negative effects of disasters in a gender responsive manner.

It is well recognized that disasters can increase the likelihood of rape and sexual exploitation, domestic violence, unwanted pregnancies, sexually transmitted infections and complications regarding sexual and reproductive health, including for pregnant women, who face heightened risks from interrupted access to sexual and reproductive health care. During a natural disaster, pregnant or lactating women and adolescent girls, who constitute an average of 18-20% of the female population, are more vulnerable to disasters because of their limited physical mobility and their increased needs for food and water and for access to reproductive health care and safe birthing facilities. Protection from gender-based violence in the context of natural disasters, including through early programme prevention and response, can reduce morbidity and mortality. According to UN reports, 60% of all maternal deaths take place in humanitarian settings and all forms of gender-based violence against women and girls spike during disasters. Moreover, the capacity, knowledge, and impact that women and local women’s groups consistently displayed in a crisis are rarely supported. Experience and research show that when women are included in humanitarian action, the entire community benefits. Despite this, women and girls are largely marginalized in the development of DRR policy and excluded from decision-making processes that shape the response strategies that affect their ability and that of their community to recover from crisis.

**Access to justice of GBV victims**

UNDP’s 2012 country fragility assessment identified the lack of access to justice of the GBV victims as one of the fragility drivers of the country, aggravated by the policy uncertainty around the issue. Despite the enactment of the LADV and the reportedly increased numbers of domestic violence incidents filed in the courts, the customary dispute resolution, namely, *fetosan-umane*, spiritual resolution, and village laws remain the most accessible, affordable, and timely resolution mechanism for most of the domestic violence victims. Only twenty percent of women who have experienced some form of domestic violence ever sought help, some cases of which referred to the traditional justice. Marriage in Timor-Leste is perceived as a link between two families rather than between two individuals, and customary justice redresses the violence in view of reconciling the family relationship without outsiders’ intervention. In addition, confusion among community members exists as only severe cases can be reported to the police or prosecution office. Even the victims of severe violence tend to resort to the formal justice system only when their families can provide support. Thirty-seven percent of women replied that their family could provide shelter, and thirty-four percent of women can get some financial support from their families (Ministry of Planning and Finance and Ministry of Health, 2016).

The formal justice system faces significant challenges in appropriately redressing the issue. Only four fixed courts exist with limited human resources – 34 judges, 33 prosecutors, and 31 public defenders across the country. The case backlog in each institution has accumulated significantly; for example, 3,667 criminal cases are pending in the district courts as at December 2017, and none of the justice institutions collects disaggregated GBV data. Most of the domestic violence cases receive suspended sentences without conditions attached, often leading to the suspects and community members believing that nothing was wrong or the victims losing confidence in the formal justice system. No state facilities for the rehabilitation of perpetrators exist and safe waiting spaces for victims need to be newly built or refurbished in the police stations and district courts. Security and justice actors are often criticized for asking inappropriate questions to the GBV victims. The awareness of the formal justice system among the population is still low, especially in the rural areas, 69% of male and 50% of female respondents have heard of a court, 40% of respondents have heard of a prosecutor, and 25% have heard of legal aid (The Asia Foundation, 2013).

In 2017, UNDP launched a free legal aid service, called *Access to Justice Clinics* (AJCs), under the Public Defender’s Office (PDO) in Baucau and Suai, the pilot judicial districts, covering eight administrative municipalities. The PDO is mandated to disseminate legal information and provide legal aid services to the indigent, which has been a great challenge to implement due to the institution’s limited human and financial resources. The AJCs were officially institutionalized as the extra-judicial division of the PDO as of March 2017 (Decree-Law No.10/2017). From its inception to September 2018, a total of 5,145 people (1,820 women, 35%) participated in the AJCs’ awareness-raising campaigns on the formal justice options and mediation training for local leaders. Notably, 347 people (73 women, 21%) had access to legal aid by registering their disputes (i.e., land ownership, divorce, or child custody) for the mediation service of the AJCs. As shown in the data, the female participation is particularly low, which partly indicates the gender disparity embedded in the country.

In 2019, in response to the gender disparity, UNDP will recruit a gender specialist to design the gender mainstreaming outreach campaigns to underline the equal status of women and gender equity in terms of rights, benefits, obligations, and opportunities, and is planning to develop the outreach programme on legal rights and recourses targeting the female groups vulnerable to violence – women with disabilities, LGBTI, and domestic workers under this proposal. Female participation in the AJC campaigns will be addressed; more targeted women groups will be invited, such as female representatives of local councils or female spiritual leaders. In the context of legal pluralism, the gender-sensitivity of the non-state actors also needs to be strengthened. The ADR training targeting the suco and customary leaders will be revamped to gender-sensitive mediation training. The existing legal assistance programme will focus on training young women and young men, as agents for change as well as part of the referral networks, to identify GBV cases in their respective communities and refer the cases to security and/or formal justice institutions. These activities and expected results are in line withthe action points stipulated in the National Action Plan - GBV (2017-2021): conducting public information and awareness activities on rights, procedures, and services available for victims/survivors, encouraging reporting of GBV crimes and supporting free and high-quality information and legal assistance for victims of GBV.

**Assistance from other organizations to the project site**

The Project will build from the UN’s past and present programming in Timor-Leste under the UNDAF 2015-2020), but will be a distinct UN intervention dedicated to addressing GBV.

In addition to the UN, civil society organizations and women’s organizations have been actively involved in advocacy, awareness-raising, providing health facilities and legal assistance to the female victims. UN Women alone works with over 20 civil society organizations and networks to promote gender equality, including on GBV. The UN agencies have been and will closely collaborate with these organizations as well as the government institutions.

The partner agencies in this proposal are members of the UN Country Team and work together in the UN Gender Theme Group. This coordination ensures that the member organizations work in their specific mandate areas but in close coordination. All partner agencies have global support structures related to GBV programming and will draw on these. Furthermore, although the UN will be working with government counterparts to ensure sustainability, the partner agencies will draw on their long-standing relationships with Civil Society Organizations as well, to ensure that lessons learned and best practices from the Timor-Leste perspective are incorporated into the project and to ensure that there is no duplication.

* 1. **Needs Assessment**
     1. **Description of target group (beneficiaries) and stakeholders**

This project will benefit the entire population of the Democratic Republic of Timor Leste as gender-based violence is widespread, affecting not only the individuals who experience abuse, as well as those that witness abuse. The target group will include children, adolescents and adults. There will be particular focus on the groups that face multiple forms of discrimination, are more vulnerable to violence and have barriers in access to services due to their marginalization: women, girls, boys, especially those in disaster-affected communities, members of the lesbian, gay, bisexual, transgender communities and persons with living with disabilities.

The direct beneficiaries will be young women and men in school and out of school (targeting ages 10-25), representing 36% of the population, persons with disabilities representing at least 3% of the population (in 2016), members of the lesbian, gay, bisexual, transgender and intersex communities, survivors of gender-based violence, noting that at least one third of women have experienced some form of intimate partner violence, as well as female and male civil servants, with each group engaged in targeted projectactivities.

Indirect beneficiaries will reach the total population: 1,167,242 people as of 2015 data, comprising 588,561 men and 578,681 women.

Access to Justice

Through strengthening the PDO’s female victim support and interface between the formal and informal justice systems, the AJCs are expected to reach approximately 1,000 women and GBV survivors per year in the outreach campaigns, empowering them with the knowledge on women’s legal rights and recourses and the formal justice options. Approximately 50 women per year could access gender-sensitive mediation. Once the AJC facilities newly established in Dili and Oecusse Judicial district, which then covers the entire country, the numbers are expected to increase. The project will also ensure in close collaboration with UN Women that all types of actors involved in both the formal and informal dispute resolution - judges, prosecutors, public defenders, mediators, and elected suco authorities as well as traditional leaders - will be able to exercise their competencies based on the gender-sensitive approach and therefore transform the justice system with effective responses towards GBV victims. The district courts will also be equipped with safe waiting spaces and toilet facilities for victims.

* + 1. **Needs of beneficiaries**

The target groups above, particularly the direct beneficiaries have significant needs for information, services and legal support in order to reduce their vulnerability to gender based violence. Prevention activities are critical in order to reduce prevalence of violence by working with government and civil society stakeholders.

Recognizing that violence will still take place, vulnerable groups as defined above need access to high quality appropriate services both in terms of health services and judicial services. As per the problem description, appropriate services will reduce the severe physical, mental and emotional consequences of violence.

* + 1. **Justification for intervention**

Gender-based violence (GBV) remains one of the most pervasive human rights concerns in Timor-Leste[[64]](#footnote-64), with almost 2 of every 3 Timorese women (15-49 years) reporting having experienced intimate partner violence in their lifetime[[65]](#footnote-65). Although both men and women experience GBV, women and girls are more often the target, given the unequal power relationships between men and women within the household, in communities and across society.

Gender-based violence occurs in many forms and across the life cycle. In addition to be a fundamental violation of human rights, it has enormous health, social and economic costs. These costs begin with the severe physical, mental and emotional consequences that not only impact individuals that experience abuse, but also those who witness abuse, most often children. This translates into lost productivity in the workforce, high costs to families and public services, reducing the overall well-being of entire countries and their economies, lasting for generations.[[66]](#footnote-66)  
Considering Timor-Leste’s demographic composition, the impact of domestic violence alone can have devastating consequences for future generations and warrants the investment in prevention and response, while supporting an enabling environment for implementation of the existing legal and policy frameworks on GBV.

Through UN Women, UNDP, UNFPA and IOM, there is knowledge and experience in Timor-Leste to translate the significant global evidence for what works in evidence-based primary prevention practices, and ensuring health and justice services are accessible and survivor-focused, while working through partnerships with national institutions to capture learning and supporting local capacities for sustained change.

* 1. **Feasibility of the Project**

This project builds on existing UN relationships and partnerships with the Government of Timor-Leste and civil society organizations. It is in line with national frameworks on GBV, namely the National Action Plan on GBV and priorities identified by the institutions responsible for its implementation. As elaborated above, the UN agencies have the in-country experience and expertise, as well as the mechanisms for successful coordination already in place, as described earlier to carry out the intervention.

* + 1. **Relevance**

Timor Leste has the second youngest population in Asia and is at the beginning of a youth bulge. With the extremely high prevalence, and acceptance, of violence in the country, a large number of young people are, or will soon be, at risk of all forms of gender-based violence. Therefore, a multi-sectoral approach to gender-based violence that addresses both prevention and services at this critical time, provides an opportunity to drive positive change. Working with multiple partners both in civil society and with government institutions, the project has the potential to significantly reduce the risk of violence as well as to provide effective services when it takes place.

* + 1. **Effectiveness**

Gender based violence is a phenomenon that can only be addressed from a multi-sectoral perspective. By focusing on vulnerable segments of society and on the large number of young people moving into adulthood, the approach by the project ensures effectiveness. The multiple partners in the project have different comparative advantages and work with different duty bearers and institutions. This approach ensures a wide cover of the both beneficiaries and institutions that need to be strengthened to ensure a sustainable approach to eliminating gender-based violence. Using UN Women as a coordinating partners ensures a broad multi sector approach with a close connection to the office of the Prime Minister though SEII. UNFPA, UNDP and IOM all have close partnerships with the relevant institutions to be able to effectively carry out advocacy and to develop the institutional capacity needed for an effective broad-based response to GBV.

* + 1. **Efficiency**

The UN System’s experience with multi agency, multi sectoral joint programmes and long-standing presence and partnerships in the country ensures that the administrative and operational tools for programme implementation are in place. Furthermore, through the UN Theme Group on Gender, Chaired by UN Women, strong coordination of the project can be ensured. Hence, programmatic management, coordination as well as administrative processes are in place which will ensure efficient implementation of the project.

* + 1. **Impact**

The Project aims to have the following impact:

Violence against women and girls is prevented and quality essential services are available and accessible to victims and survivors in Timor-Leste in line with the Sustainable Development Goals, notably Goal 3 on Health, Goal 4 on Education, Goal 5 on gender equality and Goal 16 on peaceful societies. This aligns with Timor-Leste’s National Action Plan on Gender Based Violence (2017-2021) and Strategic Development Plan vision for Timor-Leste to be “*a gender-fair society where human dignity and women’s rights are valued, protected and promoted by the laws and culture*” by 2030.

* + 1. **Sustainability**

The United Nations works directly with government and civil society partners. By ensuring that government entities are a part of the work carried out and the key institutional beneficiaries of capacity developing activities, sustainability can be ensured. Through the unique relationship the United Nations system has with governments because of their membership in the organization, the UN is better placed than most development partners for ensuring that structural adjustments can be made if needed to ensure sustainability and that capacity development results remain with government and remain available to support rights holders.

All partners in the project have strong institutional relations with their implementing partners and are also organizations with a long history in Timor Leste. The combination of long trusted relationships, the open dialogue with government entities, and having a long-term future looking time horizon, makes the UN uniquely placed to ensure sustainability of its interventions.

* + 1. **Cross-cutting issues (environment, gender, ICT, human rights)**

Addressing gender-based violence requires a multi-sectoral approach. Although violence is a critical public health and security issue, many of the risk factors and determinants of violence lie outside the health and security system, requiring a holistic, integrated and coordinated approach to prevention and response across different sectors, professional disciplines, involving governmental, private and non-governmental institutions. As with the centrality of gender equality for the SDGs, achieving gender equality requires making progress in health (SDG 3) and justice (SDG 16), among other areas. For example, to successfully address GBV, the health system will interact and coordinate its own response with a number of other sectors, including police and justice, social services (such as shelter and child protection), education, labour and employment, etc. The project will contribute to filling the existing gap in multisectoral violence prevention efforts by facilitating national guidelines and networks. At the same time, it will enable multi-sectoral collaboration and coordination to address the risk factors of violence and promote quality service delivery, as well as facilitate the access of survivors/victims of violence to multisectoral services, with attention to health and justice, including through strong referral mechanisms; and generate evidence of what works through testing and evaluation of the intervention.

Attention to intersectionality and cross-cutting issues will be prioritized, for example, by engaging specific groups in activities and ensuring project activities are inclusive and accessible. This will include partnerships with communities in rural areas, young women and men, persons with a disability, and members of the lesbian, gay, bisexual, transgender and intersex community and conducting activities for audiences with varying levels of literacy and starting with needs assessments, accessibility checks and making an effort to reduce the environmental impact of project activities.

1. **Project Description**

Gender-based violence occurs in many forms and across the life cycle. In addition to be a fundamental violation of human rights, it has enormous health, social and economic costs. These costs begin with the severe physical, mental and emotional consequences that not only impact individuals that experience abuse, but also those who witness abuse, most often children. This translates into lost productivity in the workforce, high costs to families and public services, reducing the overall well-being of entire countries and their economies, lasting for generations.[[67]](#footnote-67)

Considering Timor-Leste’s demographic composition, the impact of domestic violence alone can have devastating consequences for future generations. With the momentum underway toward achievement of the 2030 Sustainable Development Agenda, Timor-Leste has an important opportunity to break this cycle of violence through a multi-pronged approach focusing on the enabling environment for implementation of the existing legal and policy frameworks on GBV, investing in evidence-based primary prevention practices, and building on progress made in the health and justice sectors, capturing learning and supporting national capacities for sustained change.

This requires investment preventing violence before it begins, working with young girls and boys, their families and the wider society to promote transformative norms on gender equality and respectful relationships while strengthening the quality of more comprehensive services for survivors of gender-based violence.

The project is a joint UN effort, and will support the Government of Timor-Leste to prevent GBV and improve essential health and justice sector responses to women and children who have experienced violence, in line with the targets in the NAP GBV (2017-2021). By working across UN agencies, the project enables the investment to have a wider reach than if only engaging one organization. Administered by UN Women as Chair of the Gender Theme Group, the project will leverage UN Women’s expertise and coordination mandate on gender equality, alongside the expertise of sister agencies (UNDP, UNFPA and IOM). The project will support the Government of Timor-Leste to prevent GBV and improve essential health and justice sector responses to women and children who have experienced violence, in line with the targets in the NAP GBV (2017-2021). The project builds on the UN’s more than 16 years of programming in the country and facilitates the localization of global standards for prevention and provision of essential health services to survivors of violence.

* 1. **Goal and Objective**

Violence against women and girls is prevented and quality essential services are available and accessible to victims and survivors in Timor-Leste in line with the Sustainable Development Goals, notably Goal 3 on Health, Goal 4 on Education, Goal 5 on gender equality and Goal 16 on peaceful societies. This aligns with Timor-Leste’s National Action Plan on Gender Based Violence (2017-2021) and Strategic Development Plan vision for Timor-Leste to be “*a gender-fair society where human dignity and women’s rights are valued, protected and promoted by the laws and culture*” by 2030.

Project Objectives aim to:

1. Enforce implementation, monitoring and adequate resourcing of legislation and policies that address violence against women and girls (VAWG) and promote gender equality.
2. Prevent gender-based violence, in particular violence against women and girls, before it happens or before it re-occurs.
3. Empower survivors of gender-based violence to recover and rebuild their lives through improved access to multi-sectoral services.
4. Generate evidence of what works in the Timor-Leste context to prevent and respond to gender-based violence towards informing efficient and sustainable future investments
   1. **Expected Results**

The Project aims to achieve the following Outcomes:

1. Laws and policies, in line with international standards on gender-based violence, especially eliminating violence against women and girls, are in place and translated into action through improved coordination, monitoring and evaluation of the NAP-GBV.
2. Transformative social norms, attitudes and behaviours at community and individual levels challenge practices and power dynamics that contribute to VAWG and other forms of GBV.
3. Quality essential health and justice services are available and accessible for women and girls, among other survivors of violence, reducing the impacts of violence and holding perpetrators to account for their actions.
4. Promising practices and evidence-based approaches to prevent and respond to violence against women are available and used in Timor-Leste.
   * 1. **Logical framework of the project**

*See Appendix 2*

* + 1. **Expected outcomes and indicators**

*See Appendix 2.*

* + 1. **Expected outputs and indicators**

See Appendix 2.

* 1. **Project Activities**

In order to achieve the above-mentioned result, the project will include the following activities:

**Outcome 1: Legal/Policy framework**

* 1. Institutional capacities for measuring progress
     1. Develop government and CSO capacities (including survivors of violence) to roll-out national guidelines on the [Essential Service Package](http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence)[[68]](#footnote-68) for Timor-Leste (with a monitoring framework)
     2. Technical support and training for Government stakeholders (MSSI NDOC, MOI, PNTL) to improve capacity to manage and report on cases of GBV, particularly in their coordination role for Disaster Risk Reduction (DRR)[[69]](#footnote-69).
  2. Civil society capacity to advocate for Government funding of NAP GBV
     1. Provide guidance, training and accompaniment to civil society to monitor Government’s implementation of gender equality commitments, including NAP GBV, CEDAW and UNSCR 1325
     2. Develop capacities of CSOs on monitoring for primary prevention of GBV, including development of a streamlined monitoring framework.
     3. Conduct training on evidence-based advocacy and roll-out joint advocacy initiatives (for example, using social media, television debates, radio and visual materials with key facts and costs), including survivors of violence, to increase State funding for the implementation of the NAP by line ministries and for GBV referral networks.
  3. Knowledge of targeted government institutions on resources required
     1. Technical assistance to the institutions implementing the NAP GBV (for planning and budgeting processes) related to services for survivors in line with gender equality commitments including NAP GBV, CEDAW and UNSCR 1325, in collaboration with the Prime Minister’s Office, SEII and MOF. This includes annual analysis of the State Budget from a gender perspective.
     2. Develop briefing materials on NAP GBV and gender-responsive budgeting, provide gender analysis and advisory support to Parliamentarians (including Committees and Women’s Caucuses) as requested).
  4. Leadership of women’s machinery (SEII) in inter-sectoral coordination[[70]](#footnote-70) strengthened
     1. Support SEII to coordinate development of a strategy for primary prevention of GBV in support of NAP GBV implementation and 2030 Agenda (SDGs 5 and 16), drawing from the Joint UN Primary Prevention Framework.
     2. Technical support and accompaniment to SEII to organize, document and lead inter-ministerial coordination entity and reporting on progress to address GBV. This includes ongoing mentoring to SEII in advocating for resource allocations.

1. **Outcome 2: Prevention**
   1. Community and Government knowledge on human rights, GBV, its harmful effects, and reporting processes increased
      1. Facilitate awareness-raising and coalition-building for joint advocacy on issues such as sexual harassment in public and violence against specific groups of people (Lesbians, Gay, Bisexual, Transgender and Intersex, persons with disabilities, among others.) using annual campaigns, such as the 16 Days of Activism and targeted events throughout the year to maintain visibility of violence against women and girls.
      2. Engage traditional leaders, religious groups and networks, and customary justice mechanisms to promote respectful relationships and equitable gender roles for GBV prevention and reducing recurrence of violence
      3. Mobilize athletes and sporting associations (Olympic Committee, Paralympic, etc.) to educate community members on the harms of GBV and ways to prevent it, leveraging the UN HeforShe and UNiTE Campaigns.
      4. Training for National Disaster Operating Center (NDOC), National Disaster Risk Management Directorate under Ministry of Interior and other first responders on preventing GBV in disasters to reduce GBV risk factors affecting women in disaster prone communities[[71]](#footnote-71).
   2. Schools and communities are mobilized to promote and practice respectful relationships, based on gender equitable norms
      1. Review curricula and provide guidance and materials as needed to support Ministry of Education and UNTL to strengthen integration of gender equality messages and activities in secondary and tertiary education curricula as relevant
      2. Developing capacities in Ministry of Education and within municipalities on evidence-based whole of school and community mobilization interventions[[72]](#footnote-72) (extra-curricular)
      3. Development and roll-out of orientation on GBV prevention and referral system for Ministry of Education (together with civil servants and relevant training institutions – INAP and INFORDEPE), involving CSOs and service providers to promote survivor-centred responses and referrals to students at risk or disclose abuse.
      4. Establish partnerships with sports associations to protect young athletes against GBV and involve them through peer-education to act as advocates for equitable gender roles and positive masculinities.
   3. Young people, especially men and boys have increased awareness of sexual and reproductive health and rights.
      1. Support comprehensive sexuality and reproductive health education in youth centres and schools include a provision of Comprehensive Sexuality Education and utilize existing extra-curricular materials
      2. Facilitation and technical support with the National Scouts Association to establish and roll-out a badge on GBV prevention[[73]](#footnote-73), adapting from the World Association of Girls Guides and Scouts [Voices against Violence Curriculum](http://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum).
   4. Media’s role in promoting gender equality and zero tolerance towards GBV increased
      1. Establish guidelines and develop capacities of media outlets on gender-sensitive reporting
      2. Work with university journalism students, community radio journalists and community groups to monitor media reporting of gender and GBV issues, including in the context of natural disasters, and present findings and recommendations for editors and media outlets for better reporting and use of existing guidelines.
   5. Women who face multiple forms of discrimination (e.g. young mothers, women with disabilities, survivors of past violence, LBT community and women living with HIV, etc.) have enhanced opportunities to be economically empowered
      1. Partner with local civil society organizations to provide financial literacy and access to income generation opportunities (skills training, job matching or entrepreneurship) for women at higher risk of violence (survivors of past violence, women with disabilities, members of the LGBTI community, domestic workers and young mothers), alongside group education for women and their partners on communication and respectful relationships.
      2. Partner with private sector companies and vocational institutes to develop job-readiness training and employment opportunities targeting young women at risk of violence. This would build on companies already signed on to the Women’s Empowerment Principles (Kmanek, Telkomcel and ANZ) and engage new companies in promoting economic opportunities for women most at risk.
      3. Support the capacity development of 20 women’s groups and women leaders to facilitate participation in DRR decision-making structures, develop GBV integrated CBDRM plans, and identify CBDRM sustainable livelihood projects that contribute to enhancing women’s economic empowerment.[[74]](#footnote-74)

1. **Outcome 3 Essential Health and Justice Services**
   1. Capacity of health workers’/ personnel to provide coordinated responses to gender-based violence strengthened.
      1. To conduct awareness raising and understanding of GBV through evidence-based advocacy among senior policy-makers and within health system, about its nature, health and other consequences, risks and causal factors through workshops and participation in global and/or regional level meetings
      2. To conduct community awareness activity (community discussion, workshops) on health impact of GBV and the availability of services through partnership with national NGO (with well-established community-based group)
      3. Enhance the participation of health care providers in the existing referral network through hosting referral meetings to support strengthening coordination within health system and with other sectors for a strong multisectoral response to VAWG.
      4. Provide Technical assistance to MoH through placement of a National coordinator and 4 regional coordinators.
      5. Strengthen ability of health care providers to respond to GBV through review and update of national guideline for health service providers on identification, management and referral of victims/survivors of GBV and to be more inclusive (sensitive to people with disability, children victims of violence).
      6. Develop supervision tools including Health Management Information System (HMIS) reporting format (while ensuring anonymity and confidentiality) and support supervision to health facilities to ensure the implementation of guideline and services are in place.
      7. Establish Medico Legal committee to provide expertise and knowledge in relation Health sector involvement to legal process related to GBV cases.
      8. Establish within prioritized health facilities (6 hospitals and 8 Community Health Centres with bed) spaces to provide LIVES and other components of essential health service package as required ensuring confidentiality and privacy.
      9. In coordination with existing tertiary educational institutions, provide technical assistance through development of teaching aid materials to integrate content about the identification of, and response to and referral of GBV in pre-service curriculum building on WHO guidelines and tools.
   2. Capacity of justice sector personnel (PDO, Judges, Prosecutors, and court personnel- mobile and permanent) enhanced to provide survivor-centred and coordinated access to justice for women clients, including survivors of gender-based violence:
      1. Scale up the AJC offices under the Public Defender’s Office in Dili and Oecusse Judicial Districts to make free legal aid for victims of GBV available across the country
      2. Develop and conduct public information and awareness campaigns for two different target groups, women who face the heightened risk of sexual violence, on legal rights and recourses and community members on formal justice options.
      3. Establish Women and Youth Legal Assistance Programme.
      4. Conduct Alternative Dispute Resolution training for local authorities on gender-sensitive dispute resolution
      5. Facilitate training of judicial actors on GBV case management and protocols (including related to Sexual Harassment), involving organizations representing survivors of GBV and CSOs providing legal assistance.
      6. Generate evidence and promote good practices of gender-equitable and survivor-centred informal justice processes, including training on gender-responsive mediation to public defenders, judicial officials, and CSO mediators in the Public Defender’s Office (PDO).
   3. Justice institutions strengthened to hold gender-based violence perpetrators to account in line with NAP GBV and uphold zero tolerance of GBV by its personnel.:
      1. Establish focal points in the Offices of Prosecutor-General to develop the institutional capacity in the GBV case management and protocols,
      2. Support MoJ to conduct monitoring on GBV cases in trials in the permanent and mobile courts and support advocacy for improved access to justice for GBV survivors
      3. Establish and improve safe waiting rooms and toilet facilities in the district fixed courts
   4. Existence of self-help groups for survivors of GBV at national and municipal level, including persons with disabilities, members of the LGBTI community, among other marginalized groups.
      1. Technical assistance and outreach to facilitate training and opportunities for survivors to access peer-support, and gain skills in self-care and wellness, to strengthen resilience and accessibility of self-help groups, using mobile technology and other innovative platforms for connecting individuals across the country.
      2. Partner with women’s organizations and community networks, media, education institutions, private sector and religious groups to raise the visibility of support services at sub-national and national level, partnering with CSOs, reduce stigma for survivors and encourage help-seeking.[[75]](#footnote-75)
      3. Conduct study exchange with Korea between women’s self-help groups to share experiences in establishing peer-support networks.
2. **Outcome 4: Promising practices and evidence-based approaches**
   1. Inter-ministerial coordination entity capacity to conduct annual monitoring and reporting on the NAP GBV for inter-sectoral knowledge generation and sharing is improved
      1. Develop capacities on GBV data management and gender statistics to facilitate better tracking and reporting of progress and challenges
      2. Conduct sessions for the NAP GBV Coordination Entity and relevant Gender Working Groups to assess Timor-Leste’s practices on global guidelines and tools for prevention and provision of essential services. This focuses on the content and substance of developing understanding among the members of the group on GBV practices.
   2. Parliamentarians have access to evidence on prevent and respond to VAWG, including resourcing needs as part of the State Budgeting process
      1. Conduct briefings and orientations to raise awareness among Government and Parliament members on the global guidelines and tools for prevention and essential services
      2. Sensitize members of parliament and relevant committees (Committees C, F, G and GMPTL) on the issue of GBV in Timor-Leste and support their oversight role through policy analysis, dialogue, and development of advocacy materials for their outreach programmes.
   3. Partnership with universities and civil society contribute to survivor-centred documentation of lessons learned
      1. Provide technical support and development of tools for community-based survivor groups and women's organizations to document and present their experiences and promising practices, working with universities and relevant institutions
      2. Organize 2 national conferences on GBV with UNTL to share good practices and develop capacities of civil society and government in ethical GBV research practices for documenting and sharing results of investments for replication and upscaling, engaging practitioners from Korea and other places in the region and within the UN system to leverage global expertise.
      3. Conduct study visit with self-care counsellors from Korea to Timor-Leste to provide training of trainers on wellness and self-care for women’s organizations and service providers.
   4. Development partner coordination on gender-based violence under leadership of the women’s machinery strengthened.
      1. Utilize existing UN Gender Theme Group to coordinate GBV efforts between across the UN Country Team in Timor-Leste.
      2. Provide guidance and convene the Development Partner Gender Coordination mechanism for strategic advocacy and monitoring of investments and progress made.
      3. Facilitate strategic advocacy and provide guidance on information sharing and coordination on NAP GBV via Gender Equality Coordination Group and UN Gender Theme Group
   5. **Project Implementation**
      1. **Implementation structure**

The project will be implemented by Direct Implementation Modality (DIM) by the UN Women Timor-Leste Country Office, using the Joint UN Programming Pass-through Modality[[76]](#footnote-76), with UN Women as the Administrative Agent, a Participating UN Organization, and as the Chair of the inter-agency Gender Theme Group (which will be the Convening Agent and is co-chaired by UNFPA). UN Women Timor-Leste Country Office will work in coordination with the Secretary of State for Equality and Inclusion, together with UNFPA, UNDP and IOM, among other partners with support from UN Women’s Regional Office in Bangkok and UN Women Headquarters in New York. In addition to UN Women, the three organizations participating will work through their own organizational structures, as Participating UN Organizations, coordinating through a Joint UN Programme Modality.

For UNFPA this means that full responsibility for implementation rests with the Country Office which has full decentralized authority, with technical support from the Regional Office in Bangkok and from its Technical Division in New York.

For UNDP that would mean full responsibility for implementation rests with the Country Office in Timor Leste, more specifically within the Governance Programme, and the Justice System Project. The implementation will be supported technically by the UNDP Regional Office in Bangkok and the Bureau for Policy and Programme Support in New York.

For IOM full responsibility for implementation rests with the Country Office with technical support from the Regional Office in Bangkok and technical divisions at Head Offices in New York and Geneva.

* + 1. **Legal status of participating organizations**

The United Nations organization’s presence in Timor Leste is governed by the Standard Basic Agreement (or equivalent) between the UN organization and the government of Timor Leste. The agreement ensures that the organizations are working legally in the country and also legalizes the privileges and immunities that the United Nations enjoys in all countries where it operates.

* + 1. **Responsibilities of cooperating organizations**

UN Women will lead overall coordination of the Project, as well as Project Objectives 1, 2 and 4, in coordination with UNFPA, UNDP and IOM as follows: 1) Legal and Policy Framework, 2) Prevent gender-based violence, in particular against women and girls, before it happens or before it re-occurs and 4) Generate evidence of what works in the Timor-Leste context to holistically prevent and respond to gender-based violence

UNFPA and UNDP will be responsible for implementation of activities under Objective 3, in collaboration with UN Women and IOM as relevant. UNDP will focus on the areas of work related to the justice system while UNFPA will focus on all work related to the health sector response. IOM will contribute to activities under Objectives 1, 2 and 3. For a detailed breakdown by agency by activity, please refer to the budget.

UN Women will recruit a KMCO[[77]](#footnote-77) to oversee monitoring & evaluation, public relations, reporting and communication with KOICA. Additionally, each agency will explore the possibility of hosting a Korea International Development Volunteer (KIDV) or KOICA Volunteer Programme.

* + 1. **Communications plan among all stakeholders**

The Project will create a Communications Plan following the baseline findings, to incrementally raise visibility of issues being addressed by the project through diverse communication channels, increase stakeholders engaged and communicating about these issues, and influence attitudes and behaviors related to these issues (such as tolerance of violence, beliefs around caregiving and decision-making in relationships, role of service providers, etc.). The Plan will include engagement with beneficiaries as communicators of the project as well as media outlets and monitor changes over the course of the project. Newsletters, web-stories and annual reports as well as partner meetings and consultations will be organized to share progress and learnings from the project.

The Project Board, including the Heads of all participating agencies, the UNRC, KOICA as donors and the relevant national counterparts will meet at a Project Board Meeting once a year. However, ensuring close cooperation and communication with the donor is important, therefore the Project Management will have meetings on quarterly basis with the KOICA office in Timor-Leste to update on the developments in the project.

* + 1. **Work plan and time frame**

See Appendix 3

* + 1. **Budget plan (evidence-based)**

See Appendix 4

* 1. **Result Management Plan**

To ensure value for money, the Project via UN Women will employ one International Technical Specialist to lead Management and quality assurances of the project, and one KMCO to lead joint Monitoring, Evaluation and Reporting. National staff distributed across the implementing agencies will be recruited to support a smooth and cost-effective approach to joint programme implementation.

* + 1. **Risk management plan**

Each UN organization has an Enterprise Risk Management (ERM) Plan as a part of its institutional structure. All projects, regardless of funding source, are covered under these plans. A specific project Risk Management and Mitigation Plan will be developed for this Project prior to implementation and updated as part of the ERM updates every quarter. Considering the project builds on existing Government commitments to address GBV and deepens ongoing partnerships between the UN and counterpart government and civil society organizations, risks related to initiating the project and ownership are low.

* + 1. **Knowledge management plan**

Outcome 4 is dedicated to knowledge management and the project has several activities which will facilitate the generation of new knowledge, capturing of this knowledge and sharing with stakeholders in various ways. By engaging with universities, civil society and policy-makers/service providers, a diverse set of partners will gain exposure to knowledge management practices and processes, but also develop the skills to capture their own knowledge products for sustaining the approach beyond the project cycle. Knowledge products related to the project (Fact Sheets, videos, web stories, Case Studies, etc.) will be developed and shared as relevant throughout.

* + 1. **Monitoring and evaluation plan**

The project will be monitored in accordance with existing United Nations monitoring and evaluation policies. The Monitoring will be based on Results Based Management principles built around the logical framework. A project staff member will be responsible for overall coordination of monitoring activities. A baseline will be conducted at the inception phase to validate the logframe and facilitate tracking of progress thereafter. The project will have a mid-term review and be substantively evaluated at the end of its lifetime. The participating agencies follow the Executive Board approved Harmonized Approach to Cash Transfer (HACT) approach to operational monitoring.

* + 1. **Transition or Exit strategy**

The United Nations works directly with government and civil society partners. By ensuring that government entities are a part of the work carried out and the key institutional beneficiaries of capacity developing activities, sustainability can be ensured. Through the unique relationship the United Nations system has with governments, who are members in the organization, the UN is better placed than most development partners for ensuring that structural adjustments can be made if needed to ensure sustainability and that capacity development results remain with government and remain available to support rights holders.

This project also specifically supports the Government in strengthening its planning, budgeting and monitoring capacities, which are foundations for the Government to be able to sustain investments made. All partners in the project have strong institutional relations with their implementing partners and are also organizations with a long history in Timor Leste. The combination of long trusted relationships, the open dialogue with government entities, and having a long-term future looking time horizon will facilitate the transition from donor funding to alternative resourcing of activities as required.

* 1. **Partnership with Donors**
     1. **Meetings with KOICA country office in Target Country**

This proposal was developed following a presentation on a joint UN Approach to addressing GBV to the KOICA Office in Dili in August 2018, involving UN Women, UNFPA and WHO. UNDP also has an existing partnership with KOICA in Timor-Leste. This Project will build on these engagements, while moving in a joint manner for greater impact. The current version of the proposal is a revision of the original, following feedback from a feasibility mission to Dili from 14-18 January 2019.

* + 1. **Plan for Reporting, meeting, ceremony (and etc.)**

Annual narrative reports and financial reports will be provided to KOICA using a standard Joint UN reporting format. In-person project briefings and visits to project sites will be arranged periodically through the project lifetime. A final Narrative Report and Financial Report will be submitted to KOICA one year after the end of the project.

Project updates with KOICA will be provided through the established Advisory Group, which will meet quarterly and as requested in the interim periods. A project ceremony can be organized involving the Government-led NAP GBV Coordination Entity, as the project will support its work, to be discussed with the relevant institutions under leadership of the Secretary of State for Equality and Inclusion.

* + 1. **Visibility and Public Relations Plan**

The Project will be featured in agency-specific publications (UN Women Quarterly Newsletter), UN Facebook Page, Twitter, as well as through regular engagement with local media and foreign correspondents as relevant. Project messaging and materials will also be developed and branded for wide recognition, in line with UN Branding guidelines and in coordination with KOICA.

The overall objective of this Visibility and Public Relations Plan is to raise the visibility of the project “Preventing and Responding to Gender-Based Violence in Timor-Leste” in order to have a greater impact on national GBV legislation and policies as well as to prevent GBV and empower the victims. Furthermore, this plan forecasts the use of communication material for the project’s activities. The goal is to ensure that the function and the results of the project are well understood by each specific target audience for each specific activity.

The Visibility and Public Relations Plan will comprise the following elements:

1. Strengthening ties with local media organizations and keeping them informed of the project’s work. Building positive, favorable and accurate media coverage will positively shape the public perception towards the project.
2. Enhancing the visibility of the project by communicating results, ongoing activities and messages on a consistent basis through media interviews, press releases, open-editorial articles, website stories, informative videos amongst others to be published on the website of relevant UN agencies (UN Women, UNFPA, UNDP and IOM) and their social media channels.
3. Utilizing social media channels to further expand the project’s outreach and to disseminate messages, results and activities.
4. Designing specific communication package (including a brochure, posters, stickers and any other promotional material for creation of the visual identity).

**Appendix 1. Problem and Solution Tree Diagram**

| Causes | Causal consequences | Problems to be solved | Activities to solve defined problems | Outputs | Outcomes | Objectives | Goal |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cause 1.1.1: Lack of a systematic investment and evidence-based approach to prevention and response to GBV across sectors | Causal consequence 1.1: Efforts to prevent and address GBV lack sustainability and institutional capacities | Problem 1. Weak implementation and monitoring capacity of GE laws and policies on GBV limits impact of prevention efforts and facilitates impunity for perpetrators | * + 1. Develop government and CSO capacities (including survivors of violence) to roll-out national guidelines on the [Essential Service Package](http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence)[[78]](#footnote-78) for Timor-Leste (with a monitoring framework)   Technical support and training for Government stakeholders (MSSI NDOC, MOI, PNTL) to improve capacity to manage and report on cases of GBV, particularly in their coordination role for Disaster Risk Reduction (DRR)[[79]](#footnote-79). | **1.1 Institutional capacities for measuring progress on prevention and responses to violence against women are strengthened, in line with SDG targets and indicators, particularly under Goals 3, 4, 5 and 16.** | Outcome 1: Laws and policies, in line with international standards on gender-based violence, especially eliminating violence against women and girls, are in place and translated into action through improved coordination, monitoring and evaluation of the NAP-GBV. | Objective 1: Enforce implementation, monitoring and adequate resourcing of legislation and policies that address violence against women and girls (VAWG) and promote gender equality. | Violence against women and girls (VAWG) is prevented and quality essential services are available and accessible to victims and survivors in Timor-Leste |
| Cause 1.1.2 Limited capacities of CSOs and rights holders to monitor and call to account duty bearers on GBV efforts and related GE commitments  Cause 1.1.3 CSOs do not have consistent levels of understanding on gender-responsive budget analysis | 1.2. CSOs are unable to influence implementation of GE laws and policies ; 1.3 CSOs are unable to present a collective voice with evidence for increasing State resource investments | * + 1. Provide guidance, training and accompaniment to civil society to monitor Government’s implementation of gender equality commitments, including NAP GBV, CEDAW and UNSCR 1325     2. Develop capacities of CSOs on monitoring for primary prevention of GBV, including development of a streamlined monitoring framework.     3. Conduct training on evidence-based advocacy and roll-out joint advocacy initiatives (for example, using social media, television debates, radio and visual materials with key facts and costs), including survivors of violence, to increase State funding for the implementation of the NAP by line ministries and for GBV referral networks | **1.2.** Civil society capacity to advocate for Government funding of NAP GBV is strengthened |
| Cause 1.3.1 Line ministry capacity to plan and allocate for GE commitments limited | 1.3. Annual Action Plans of line ministries do not reflect GE and GBV commitments or budget for their implementation | * + 1. Technical assistance to the institutions implementing the NAP GBV (for planning and budgeting processes) related to services for survivors in line with gender equality commitments including NAP GBV, CEDAW and UNSCR 1325, in collaboration with the Prime Minister’s Office, SEII and MOF. This includes annual analysis of the State Budget from a gender perspective.     2. Develop briefing materials on NAP GBV and gender-responsive budgeting, provide gender analysis and advisory support to Parliamentarians (including Committees and Women’s Caucuses) as requested). | 1.3. Targeted government institutions (MoE, MOH, MOJ) have increased knowledge on resources required for GBV prevention and response. |
| Cause 1.4. Inter-ministerial coordination capacities are limited by institutional influence and resources | 1.4 Efforts to implement GBV policies are not well coordinated or monitored | * + 1. Support SEII to coordinate development of a strategy for primary prevention of GBV in support of NAP GBV implementation and 2030 Agenda (SDGs 5 and 16), drawing from the Joint UN Primary Prevention Framework.     2. Technical support and accompaniment to SEII to organize, document and lead inter-ministerial coordination entity and reporting on progress to address GBV. This includes ongoing mentoring to SEII in advocating for resource allocations. | 1.4. Women’s machinery (SEII) leadership of inter-sectoral coordination and monitoring of efforts to prevent and respond to violence against women and girls, and other forms of GBV, improved. |
| Cause 2.1.1: Social norms promote rigid gender roles and harmful masculinities that do not reflect gender equality | Causal consequence 2.1: Survivors of violence face shame and stigma which revictimizes victims and perpetuates the cycle of abuse | Problem 2: Women and children are at risk of gender-based violence due to attitudes of victim-blaming and gender norms perpetuate inequality, alongside weak ownership for commitments and disjointed efforts on prevention | 2.1.1 Facilitate awareness-raising and coalition-building for joint advocacy on issues such as sexual harassment in public and violence against specific groups of people (Lesbians, Gay, Bisexual, Transgender and Intersex, persons with disabilities, among others.) using annual campaigns, such as the 16 Days of Activism and targeted events throughout the year to maintain visibility of violence against women and girls. | Output 2.1: Community and Government knowledge on human rights, GBV, its harmful effects, and reporting processes increased | Outcome 2: Transformative social norms, attitudes and  behaviours at community and individual levels challenge practices, and power dynamics that contribute to VAWG and other forms of GBV.  Outcome 2 Cont.  Outcome 2 Cont.  Outcome 2 Cont. | Objective 2: Prevent gender-based violence, in particular violence against women and girls, before it happens or before it re-occurs. | VAWG is prevented and quality essential services are available and accessible to victims and survivors in Timor-Leste |
| Cause 2.1.2: Community influencers (e.g. religious leaders) are not harnessed to use their roles fully as duty bearers in addressing GBV | 2.1.2 Engage traditional leaders, religious groups and networks, and customary justice mechanisms to promote respectful relationships and equitable gender roles for GBV prevention and reducing recurrence of violence |
| Cause 2.1.3. Limited role models speaking out against tolerance of violence as a private matter | 2.1.3 Mobilize athletes as spokespersons to educate community members on the harms of GBV and ways to prevent it, leveraging the UN HeforShe and UNiTE Campaigns. |
| Cause 2.1.4 DRR mechanisms are not aware of the increased risk of GBV related to disasters | Causal consequence: DRR mechanisms lose opportunities to reduce women’s risk of GBV by not engaging them in ongoing investments in disaster preparedness | * + 1. Training for National Disaster Operating Center (NDOC), National Disaster Risk Management Directorate under Ministry of Interior and other first responders on preventing GBV in disasters to reduce GBV risk factors affecting women in disaster prone communities |
| Cause 2.2.1: Schools do not challenge existing gender inequality and reinforce harmful social norms | Causal consequence 2.2: Children are exposed to harmful messages, practices and potential abuse whether at home or in schools that continues the cycle of GBV across generations and are not gaining protective skills to prevent and recover from gender-based violence  Causal Consequence: Educators and teachers are unable to enforce existing policies on sexual harassment, which is pervasive in and around schools; | * + 1. Review curricula and provide guidance and materials as needed to support Ministry of Education and UNTL to strengthen integration of gender equality messages and activities in secondary and tertiary education curricula as relevant | Output 2.2: Schools and communities are mobilized to promote and practice respectful relationships, based on gender equitable norms |
| Cause 2.2.2: Teachers, students and parents do not have the awareness and skills to counter harmful gender norms and promote alternative views | * + 1. Developing capacities in Ministry of Education and within municipalities on evidence-based whole of school and community mobilization interventions (extra-curricular) for skills and network-building to change harmful attitudes and social norms, using arts and educational programmes, engaging student councils, parent-teacher associations, boys and men, traditional leaders, among others. |
| Cause 2.2.3: Education officials and personnel are unaware of their responsibilities in regards to preventing GBV and are unaware of mechanisms to enforce existing zero tolerance policies | 2.2.3 Development and roll-out of orientation on GBV prevention and referral system for Ministry of Education (together with civil servants and relevant training institutions – INAP and INFORDEPE), involving CSOs and service providers to promote survivor-centred responses and referrals to students at risk or disclose abuse. |
| Cause 2.2.5: Athletes and sporting associations can perpetuate masculine cultures which reinforce male entitlement and could be mobilized to promote positive gender norms | 2.2.4 Establish partnerships with sports associations to protect young athletes against GBV and involve them through peer-education to act as advocates for equitable gender roles and positive masculinities. |
| Cause 2.3.1 young people’s lack of knowledge and skills in sexual reproductive health in order to help transform gender attitudes | Causal consequence 2.3. Young people lack the skills and encouragement to speak out against social norms which emphasize honour of women and girls and privacy of family over rights to live free of violence | 2.3.1. Support comprehensive sexuality and reproductive health education in youth centres and schools include a provision of Comprehensive Sexuality Education and utilize existing extra-curricular materials to promote gender-equitable attitudes, greater equality of power in intimate relationships and reduce the incidence of GBV. | Output 2.3 - Young people, especially men and boys have increased awareness of sexual and reproductive health and rights. |
| Cause 2.3.2: Children are exposed to various forms of violence at early ages which is widely accepted as the norm | 2.3.2 Facilitation and technical support with the National Scouts Association to establish and roll-out a Badge on Violence against Women, adapting from the World Association of Girls Guides and Scouts Voices against Violence Curriculum to promote respectful and healthy relationships using skills-building, arts, and peer-based education and advocacy. |  |
| Cause 2.4.1: Media outlets lack protocols and sensitivity on the causes and consequences of GBV and the harm that can be done through reporting on the issue | Causal consequence 2.4: Media reporting on GBV perpetuates inequitable social norms and victim-blaming | 2.4.1 Establish guidelines and develop capacities of media outlets on gender-sensitive reporting | Output 2.4: Media’s role in promoting gender equality and zero tolerance towards GBV increased |
| Cause 2.4.2: Gender stereotypes and beliefs around violence inform the way that GBV is covered by media outlets |  | 2.4.2 Work with university journalism students, community radio journalists and community groups to monitor media reporting of gender and GBV issues, including in the context of natural disasters, and present findings and recommendations for editors and media outlets for better reporting and use of existing guidelines. |
| Cause 2.5.1-2.5.2: Women do not have financial or social resources to influence decision-making in their homes | Causal consequence 2.5 Women may have few opportunities to reduce the factors that put them at risk of violence, which perpetuates their vulnerability for abuse | 2.5.1 Partner with local civil society organizations to provide financial literacy and access to income generation opportunities (skills training, job matching or entrepreneurship) for women at higher risk of violence (survivors of past violence, women with disabilities, members of the LGBTI community, domestic workers and young mothers), alongside group education for women and their partners on communication and respectful relationships | Output 2.5: Women who face multiple forms of discrimination (e.g. young mothers, women with disabilities, survivors of past violence, LBT community and women living with HIV, etc.) have enhanced opportunities to be economically empowered | Outcome 2 Cont. |
| Cause 2.5.3: Community development and disaster risk reduction policies inadvertently discriminate against women and reinforce the feminization of poverty | 2.5.2. Partner with private sector companies and vocational institutes to develop job-readiness training and employment opportunities targeting young women at risk of violence. This would build on companies already signed on to the Women’s Empowerment Principles (Kmanek, Telkomcel and ANZ) and engage new companies in promoting economic opportunities for women most at risk |
| * + 1. Support the capacity development of 30 women’s groups and women leaders to facilitate participation in DRR decision-making structures, develop GBV integrated CBDRM plans, and identify CBDRM sustainable livelihood projects that contribute to enhancing women’s economic empowerment |  | VAWG is prevented & quality essential services are available & accessible to victims /survivors in Timor-Leste |
| Cause 3.1.1 – 3.1.2: Limited awareness of GBV as a public health issue. | Causal Consequence: GBV issues are not well reflected in policies/programmes | Problem 3.1.1: Awareness raising on GBV as public health issues needs to be increased. | 3.1.1: To conduct awareness raising and understanding of GBV through evidence-based advocacy among senior policy-makers and within health system, about its nature, health and other consequences, risks and causal factors through workshops and participation in global and/or regional level meetings | * 1. Capacity of health workers’/ personnel to provide coordinated responses to gender-based violence strengthened. | Outcome 3:  Quality essential health and justice services are available and accessible for women and girls, among other survivors of violence, reducing the impacts of violence and holding perpetrators to account for their actions.  Outcome 3:  Quality essential health and justice services cont. | Objective 3:  Empower survivors of gender-based violence to recover and rebuild their lives through improved access to multisectoral services. |  |
| Cause 3.1.1: Lack of knowledge by general community on health consequences of GBV and available services. | Causal Consequence: Victims of GBV do not turn to health facilities to seek assistance. | Problem-3.1.2: Community do not know that health facilities can attend to victims of violence.  Victims of violence seek health care though they do not reveal violence as primary reason seeking care. | 3.1.2 To conduct community awareness activity (community discussion) on health impact of GBV and the availability of services through partnership with national NGO (with well-established community based group) |
| Cause 3.1.3-3.1.9: Lack of training to health workers to provide appropriate support and services to victims of GBV | Causal Consequence:  Health workers are not able to provide timely  and appropriate services to victims of GBV. | Problem: 3.1.3-3.1.9: Health providers have an important role to play in preventing and responding to GBV; however, their capacity in detecting cases, provision of services and linking services from and to other sectors remains limited. | 3.1.3 Enhance the participation of health care providers in the existing referral network through MoH hosting referral meetings to support strengthening coordination within health system and with other sectors for a strong multisectoral response to VAWG.  3.1.4 Provide Technical assistance to MoH through placement of a National coordinator and 4 regional coordinators.  3.1.5 Strengthen ability of health care providers to respond to GBV through review and update of national guideline for health service providers on identification, management and referral of victims/ survivors of GBV and be more inclusive.  3.1.6 Develop supervision tools including Health Management Information System (HMIS) reporting format (while ensuring anonymity and confidentiality) and support supervision to health facilities to ensure the implementation of guideline and services are in place.  3.1.7 Establish Medico Legal committee to provide expertise and knowledge in relation with Health sector involvement to legal process related to GBV cases.  3.1.8 Establish within prioritized health facilities (6 hospitals and 8 Community Health Centres with bed) spaces to provide LIVES and other components of essential health service package as required ensuring confidentiality and privacy.  3.1.9 In coordination with existing tertiary educational institutions, through development of teaching aid materials to integrate content about the identification of, and response to and referral of GBV in pre-service curriculum building on WHO guidelines and tools. |  |
| Cause 3.2.1: Lack of free legal aid services for the victims of GBV by the state institutions in the areas where no AJCs exist | Causal consequence 3.2.1: Accessing justice remains difficult and expensive to most of the population | Problem 3.2.1: Limited provision of free legal aid for GBV victims by state institutions in Dili and Oecusse Judicial Districts | 3.2.1: Scale up the AJC offices under the Public Defender’s Office in Dili and Oecusse Judicial Districts to make free legal aid for victims of GBV available across the country | 3.2. Capacity of justice sector personnel (PDO, Judges, Prosecutors, paralegals and court personnel- mobile and permanent) enhanced to provide survivor-centred and coordinated access to justice for women clients, including survivors of gender-based violence. | Outcome 3:  Quality essential health and justice services cont. |  |
| Cause 3.2.2 – 3.2.3: the prevalence of informal justice system and constitutionally institutionalized legal pluralism | Causal consequence 3.2.2.-3.2.3: Limited access to legal information especially in rural areas | Problem 3.2.2-3.2.3: GBV survivors or women with higher risks of sexual violence do not know their legal rights and recourses and formal justice options | 3.2.2: Develop and conduct public information and awareness campaigns for two different target groups, women who face the heightened risk of sexual violence, on legal rights and recourses and community members on formal justice options  3.2.3 Establish Women and Youth Legal Assistance Programme in local communities |  |  |
| Causal consequence 3.2.4: GBV victims feel social pressure to use the informal justice system; majority of GBV cases are addressed through the informal justice mechanism | Problem 3.2.4: GBV cases are ‘resolved’ by local authorities, many of whom focuses on maintaining the family relationship rather than the rights of victims | 3.2.4 Conduct Alternative Dispute Resolution training for local authorities on gender-sensitive dispute resolution | Outcome 3:  Quality essential health and justice services cont. |  |  |
| Cause 3.2.5-3.2.6 Limited awareness of formal and informal justice actors of gender-sensitive and survivor centred approaches | Causal consequence 3.2.5-3.2.6 Women and GBV survivors are reluctant to seek justice following their experiences of abuse | Problem 3.2.5-3.2.6 Women face discrimination and gender bias in accessing justice | 3.2.5 Facilitate training of judicial actors on GBV case management and protocols, involving organizations representing survivors of GBV and CSOs providing legal assistance (UNW)  3.2.6. Generate evidence and promote good practices of gender-equitable and survivor-centred informal justice processes (UNW) |  |  |  |
| Cause 3.3.1-3.3.3: Lack of victim centered approach in the formal justice institutions | Causal consequence 3.3.1-3.3.3: Lack of mechanism to protect GBV victims, which leads to effectively responding to the cases | Problem 3.3.1: Lack of expertise on the issue in the prosecution office | 3.3.1 Establish a focal point in the Office of Prosecutor-General to develop the institutional capacity in the GBV case management and protocols | 3.3 Justice institutions strengthened to hold gender-based violence perpetrators to account in line with NAP GBV and uphold zero tolerance of GBV by its personnel.: |  |  |  |
| Cause 3.5.2 & 3.5.3: Lack of capacity of the courts to manage and implement the mobile courts | Causal consequence 3.5.2 & 3.5.3: The mobile courts’ sustainability is at risk. | Problem 3.3.2: judges’ gender-biased and insensitive comments during the court hearings reported by victims; suspended sentencing practices; lack of enforcement mechanism  Problem 3.3.3: lack of facilities for GBV survivors in the courts | 3.3.2 Conduct monitoring on GBV cases in trials in the permanent and mobile courts and support advocacy for improved access to justice for GBV survivors |  |  |  |
| 3.3.3. Establish and improve safe waiting rooms and toilet facilities in the district fixed courts |  |  |  |
| Cause 3.4: Stigma, shame and limited awareness of support services limit help-seeking of gender-based violence survivors | Causal Consequence 3.4. violence is under-reported and support services do not reach those who need them | Problem3.4: many GBV survivors are disempowered and isolated in their communities | * + 1. Technical assistance and outreach to facilitate training and opportunities for survivors to access peer-support, and gain skills in self-care and wellness, to strengthen resilience and accessibility of self-help groups, using mobile technology and other innovative platforms for connecting individuals across the country     2. Partner with women’s organizations and community networks, media, education institutions, private sector and religious groups to raise the visibility of support services at sub-national and national level, partnering with CSOs, reduce stigma for survivors and encourage help-seeking     3. Conduct study exchange with Korea between women’s self-help groups to share experiences in establishing peer-support networks | 3.4. Existence of self-help groups for survivors of GBV at national and municipal level, including persons with disabilities, members of the LGBTI community, among other marginalized groups. |  |  |  |
| Cause 4.1.: Limited investments to strengthen national systems for coordination on GBV efforts and Capacities of national partners for coordination on GBV is weak | Causal Consequence 4.1. Coordination efforts are often project-based, operate in silos and are not sustained over time  4.1.2. Inter-ministerial coordination is ad-hoc and does not result in better programming | Problem 4:  Investments in GBV have less impact because lessons learned and knowledge is not shared | 4.1.1 Develop capacities on GBV data management and gender statistics to facilitate better tracking and reporting of progress and challenges  4.1.2. Conduct sessions for the NAP GBV Coordination Entity and relevant Gender Working Groups to assess Timor-Leste’s practices on global guidelines and tools for prevention and provision of essential services | 4.1. Inter-ministerial coordination entity capacity to conduct annual monitoring and reporting on the NAP GBV for inter-sectoral knowledge generation and sharing is improved | Outcome 4:  Promising  practices and  evidence-  based  approaches to prevent and  respond to  violence  against women are available  and used in  Timor-Leste. | Objective 4: Generate evidence of what works in the Timor-Leste context to holistically | Violence against women and girls is prevented and quality essential services are available and accessible to victims and survivors in Timor-Leste |
| Cause 4.2 Parliamentarians are not equipped with the knowledge of how they can use their oversight role to improve GBV efforts | Consequence 4.2: Opportunities for improving accountability of government programmes on GBV are missed | 4.2.1. Conduct briefings and orientations to raise awareness among Government and Parliament members on the global guidelines and tools for prevention and essential services  4.2.2 Sensitize members of parliament and relevant committees (Committees C, F, G and GMPTL) on the issue of GBV in Timor-Leste and support their oversight role through policy analysis, dialogue, and development of advocacy materials for their outreach programmes. | 4.2. Parliamentarians have access to evidence on prevent and respond to VAWG, including resourcing needs as part of the State Budgeting process. |
| Cause 4.3. National institutions are not engaged in research and strengthening the evidence-base on addressing GBV in Timor-Leste | Consequence 4.3 Organizations do not use evidence to develop GBV programmes, limiting outcomes of investments | 4.3.1. Provide technical support and development of tools for community-based survivor groups and women's organizations to document and present their experiences and promising practices, working with universities and relevant institutions  4.3.2. Organize 2 national conferences on GBV to share good practices and develop capacities of civil society and government in ethical GBV research practices for documenting and sharing results of investments for replication and upscaling, engaging practitioners from Korea and other places in the region and within the UN system to leverage global expertise.  4.3.3. Conduct study visit with self-care counsellors from Korea to Timor-Leste to provide training of trainers on wellness and self-care for women’s organizations and service providers. | 4.3. Partnership with universities and civil society contribute to survivor-centred documentation of lessons learned |
| Cause 4.4. Investments in UN mechanisms for coordination are uneven across agencies | Consequence 4.4. UN and development partner coordination is not systematic and weakens overall impact of efforts across the system |  | 4.4.1 Utilize existing UN Gender Theme Group (GTG) to coordinate GBV efforts between across UN Country Team in Timor-Leste  4.4.2. Provide guidance and convene the Development Partner Gender Coordination mechanism for strategic advocacy and monitoring of investments and progress made  4.4.3. Facilitate strategic advocacy and provide guidance on information sharing and coordination on NAP GBV via Gender Equality Coordination Group and UN GTG | 4.4. Development partner coordination on gender-based violence under leadership of the women’s machinery strengthened. |  |  |  |

**Appendix 2. Logical Framework**

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| Project Name | | **Preventing and Responding to Gender-Based Violence in Timor-Leste** | | | | | | | | | | |
| Goal | | Violence against women and girls is prevented and quality essential services are available and accessible to victims and survivors in Timor-Leste | | | | | | | | | | |
| Objectives | | 1. Adopt and enforce implementation, monitoring and adequate resourcing of legislation and policies that address violence against women and girls and promote gender equality | | | | | | | | | | |
| 1. Prevent gender-based violence, in particular against women and girls, before it happens or before it re-occurs. | | | | | | | | | | |
| 1. Empower survivors of gender-based violence to recover and rebuild their lives through improved access to multisectoral services. | | | | | | | | | | |
| 1. Generate evidence of what works in the Timor-Leste context to holistically prevent and respond to gender-based violence | | | | | | | | | | |
|  |  | |  |  |  |  |  |  | |  | |  | | | | |  |
| **Outcome 1** | **Indicator 1.1** | | **Baseline** | **Target** | **Means of Verification** | **Source of data** | **Frequency of data collection** |  | | | | | | | |
| Laws and policies, in line with international standards on GBV, especially eliminating VAWG, are in place and translated into action through improved coordination, monitoring & evaluation of the NAP-GBV. | Existence of legal framework that promotes gender equality and non-discrimination against all women and girls (*aligns to SDG indicator target 5.1 and CEDAW Concluding Observation for TL[[80]](#footnote-80))* | | Analysis of legal framework to be conducted at inception | Legislation adopted or amended is based on a survivor-centred approach and good practices related to human rights standards, including coordination | Annual review of Global Database on VAW and country-level monitoring | <http://evaw-global-database.unwomen.org/en> | Annual | **Activities** | | | | | | | |
| Output 1.1 | Indicator 1.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Institutional capacities for measuring progress on prevention and responses to VAW are strengthened, in line with SDG targets and indicators | Number of institutions/ organizations which monitor their implementation of the NAP GBV annually using standardized framework | | TBD at inception | 13 institutions monitor their implementation of NAP GBV annually | UN Women monitoring | Institutional assessments | Quarterly | 1.1.1 Develop government and CSO capacities (including survivors of violence) to roll-out national guidelines on the [Essential Service Package](http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence)[[81]](#footnote-81) for Timor-Leste (with a monitoring framework) | UN Women | | 13 (MoH, Nat’l Hospital, MoJ, MoI, Courts, PDO, Prosecutor, MOE, SEII, MSSI, PNTL, 2 CSOs | | |
| 1.1.2 Technical support and training for Government stakeholders (MSSI NDOC, MOI, PNTL) to improve capacity to manage and report on cases of GBV, particularly in their coordination role for Disaster Risk Reduction (DRR) | IOM | |
| Output 1.2 | Indicator 1.2. | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Civil society capacity to monitor progress on implementation of the NAP GBV and other policies related to GBV are strengthened | Number of joint advocacy initiatives, including survivors of violence, on implementation of the NAP GBV | | 0 | At least 1 per year | UN Women monitoring | UN Women monitoring | Annual | 1.2.1 Provide guidance, training and accompaniment to civil society to monitor Government’s implementation of gender equality commitments, including NAP GBV, CEDAW and UNSCR 1325 | UN Women | | 4 - At least 1 per year | | |
| 1.2.2. Develop capacities of CSOs on monitoring for primary prevention of GBV, including development of a streamlined monitoring framework. | UN Women | |  | | |
|  |  |  |  |  | 1.2.3. Conduct training on evidence-based advocacy and roll-out joint advocacy initiatives (for example, using social media, television debates, radio and visual materials with key facts and costs), including survivors of violence, to increase State funding for the implementation of the NAP by line ministries and for GBV referral networks. | UN Women | |  | | |
| Output 1.3 | Indicator 1.3.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Knowledge of targeted government institutions (MoE, MOH, MOJ) on resources required for GBV prevention and response increased. | Number of line ministries reporting capacity on gender-responsive planning and budgeting | | TBD | At least 5 by end of Project | UN Women monitoring | UNW Assess-ments | Annual | 1.3.1. Develop capacities of line ministries in gender-responsive planning and budgeting, in collaboration with the Prime Minister’s Office, SEII and MOF, including through annual analysis of the State Budget from a gender perspective. | UN Women | | At least 5 by end of Project | | |
| * + 1. Develop briefing materials on NAP GBV and gender-responsive budgeting, provide gender analysis and advisory support to Parliamentarians (including Committees and Women’s Caucuses) as requested). |
| Output 1.4 | Indicator 1.4.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Leadership of women’s machinery (SEII) in inter-sectoral coordination and monitoring of efforts to prevent and respond to violence against women and girls, and other forms of GBV, improved. | % of NAP GBV ministries participating in inter-ministerial coordination entity meetings annually | | 0 (Coordination Entity did not meet in 2017/2018 | 100 | UN Women monitoring | Notes/ documentation from coordination entity meetings | Annual | 1.4.1Support SEII to coordinate development of a strategy for primary prevention of GBV in support of NAP GBV implementation and 2030 Agenda (SDGs 5 and 16), drawing from the Joint UN Primary Prevention Framework. | UN Women/ SEII | | 100% of NAP GBV ministries participating in inter-ministerial coordination entity | | |
| 1.4.2 Technical support and accompaniment to SEII to organize, document and lead inter-ministerial coordination entity and reporting on progress to address GBV. This includes ongoing mentoring to SEII in advocating for resource allocations |
| Outcome 2 | Indicator 2.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activities | | | | | | | |
| Transformative social norms, attitudes and behaviours at community and individual levels challenge practices, and power dynamics that contribute to VAWG & other forms of GBV. | Percentage of people who think it is never justifiable for a man to beat his wife, by sex | | In 2016, more than 80% of women and men believed VAW is justified in some circumstances | 50% | National Household survey | DHS | Every 5 years |
| Output 2.1 | Indicator 2.1.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Community and Government knowledge on human rights, GBV, its harmful effects, and reporting processes increased | Percentage of villages in Baucau, Covalima and Oecusse who have at least one public champion against VAWG | | TBD at inception (Estimation is 10%) | 100% (59 in Baucau, 18 in Oecusse,30 Covalima) | UN Women monitoring | UN Women monitoring survey | Annual | 2.1.1 Facilitate awareness-raising and coalition-building for joint advocacy on issues such as sexual harassment in public and violence against specific groups of people (LGBTI, persons with disabilities, among others.) through annual campaigns, such as the 16 Days of Activism and targeted events throughout the year. | UN Women | | 100% (107 villages) | | |
| 2.1.2. Engage traditional leaders, religious groups and networks, customary justice mechanisms to promote respectful relationships and equitable gender roles for GBV prevention and reducing recurrence of violence | UN Women | |
|  | |  |  |  |  |  | 2.1.3.Mobilize athletes as spokespersons to educate community members on the harms of GBV and ways to prevent it, , leveraging the UN HeforShe and UNiTE Campaigns. | UN Gender Theme Group (Led by UN Women), with IOM | |  | | |
| 2.1.4 Training for National Disaster Operating Center (NDOC), National Disaster Risk Management Directorate under Ministry of Interior and other first responders on preventing GBV in disasters to reduce GBV risk factors affecting women in disaster prone communities |  | | | | |
| Output 2.2 | Indicator 2.2 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Schools and communities are mobilized to promote and practice respectful relationships, based on gender equitable norms |  | |  |  |  |  |  | 2.2.1.Review curricula and provide guidance and materials as needed to support Ministry of Education and UNTL to strengthen integration of gender equality messages and activities in secondary and tertiary education curricula as relevant | UN Women | |  | | |  | | | | |
| Mobilization of schools and communities to promote and practice respectful relationships, based on gender equitable norms | Percentage of students, parents and educators whose attitudes, behaviours and experiences of gender-based violence and help-seeking have improved through the initiative. | | 0% | 80% | UN Women monitoring | Surveys with participants | Quarterly | 2.2.2 Develop capacities in MoE and within municipalities on evidence-based whole of school and community mobilization interventions (extra-curricular) for skills and network-building to change harmful attitudes and social norms, using arts and educational programmes, engaging boys and men, traditional leaders, student councils among others. | UN Women | | 80% | | |
|  |  | |  |  |  |  |  | 2.2.3Support development and roll-out of orientation training on GBV and referral system for MOE (together with relevant training institutions- INAP and INFORDEPE), involving Civil Service Commission, CSOs and service providers to promote survivor centred responses ethical responses and referrals to students who are at risk or disclose abuse, including related to sexual harassment to uphold zero tolerance of GBV by education sector personnel | UN Women | |  | | |
|  |  | |  |  |  |  |  | 2.2.4 Establish partnerships with national sports associations[[82]](#footnote-82) (e.g. Cycling, Olympic, Paralympics, Table Tennis, Football, Tae Kwan do) to protect young athletes against GBV and involve them through peer-education to act as advocates for equitable gender roles and positive masculinities. | UN Women, CSOs | |  | | |
| Output 2.3 | Indicator 2.3. | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Young people, especially men and boys have increased awareness of sexual and reproductive health and rights. | % of young people who demonstrate a change in gender attitudes after receiving training on CSE or Voices against Violence. | | Does not exist | 75% | Pre and Post Tests | Activity Report  UNFPA/ UN Women monitoring Report | Annual | 2.3.1 Support comprehensive sexuality and reproductive health education in youth centres and schools include a provision of CSE and utilize existing extra-curricular materials to promote gender-equitable attitudes, greater equality of power in intimate relationships and reduce the incidence of GBV. | UNFPA | | 75% | | |
| 2.3.2. Facilitation and technical support with the National Scouts Association to establish a Badge on VAW, adapting from the World Association of Girls Guides and Scouts Voices against Violence Curriculum to promote healthy relationships using peer education and advocacy | UN Women | |
| Output 2.4 | Indicator 2.4.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Media’s role in promoting gender equality and zero tolerance towards GBV increased | Number of media outlets using gender-sensitive reporting guidelines | | 0 | 5 | UN Women monitoring | Media monitoring surveys | Annual | 2.4.1. Establish guidelines and develop capacities of media outlets on gender-sensitive reporting | UN Women | | 5 | | |
| 2.4.2 Work with university journalism students, community radio journalists and community groups to monitor media reporting of gender and GBV issues, including in the context of natural disasters, and present findings and recommendations for editors and media outlets for better reporting and use of existing guidelines | UN Women, CSOs | |
| Output 2.5: | Indicator 2.5 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Women who face multiple forms of discrimination (e.g. young mothers, women with disabilities, survivors of past violence, LBT community and women living with HIV, etc.) have enhanced opportunities to be economically empowered | Number of women and young people from marginalized groups reached through economic empowerment interventions | | 0 | 1,300 (100 per municipality) | UN Women and IOM monitoring | Partner monitoring | Quarterly | 2.5.1. Partner with local civil society organizations to provide financial literacy and access to income generation opportunities (skills training, job matching or entrepreneurship) for women at higher risk of violence (survivors of past violence, women with disabilities, members of the LGBTI community, domestic workers and young mothers), alongside group education for women and their partners on communication and respectful relationships | UN Women, CSOs | | 1,300 (100 per municipality) | | |
| 2.5.2. Partner with private sector companies and vocational institutes to develop job-readiness training and employment opportunities targeting young women at risk of violence. This would build on companies already signed on to the Women’s Empowerment Principles (Kmanek, Telkomcel and ANZ) and engage new companies in promoting economic opportunities for women most at risk | UN Women, other agencies | |  | | |
|  | |  |  |  |  |  | 2.5.3. Support the capacity development of 30 women’s groups and women leaders to facilitate participation in DRR decision-making structures, develop GBV integrated CBDRM plans, and identify CBDRM sustainable livelihood projects that contribute to enhancing women’s economic empowerment. | IOM | |  | | |
| Outcome 3 | Indicator 3 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activities | | | | | | |
| Quality essential health and justice services are available and accessible for women and girls, among other survivors of violence, reducing the impacts of violence and holding perpetrators to account for their actions. | 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 age and place of occurrence (SDG Indicator) | | No Data Available (Timor-Leste DHS 2016: 36.8%) | No Data Available/ TBD | Monitoring Report | Timor-Leste Demographic Health Survey  HMIS  MCH Report | Annual |  | | | | | | |
| Output 3.1 | Indicator 3.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Capacity of health workers’/ personnel’ to provide coordinated responses to gender-based violence strengthened. | Number of Health Facilities providing integrated services to survivors of Gender Based Violence and referral | | 4 | 34 | Monitoring Report | Timor-Leste Demographic Health Survey  HMIS  MCH Report | Annual | 3.1.1 To conduct awareness raising and understanding of GBV through evidence-based advocacy among senior policy-makers and within health system, about its nature, health and other consequences, risks and causal factors through workshops and participation in global and/or regional level meetings  3.1.2 To conduct community awareness activity (community discussion, workshops) on health impact of GBV and the availability of services through partnership with national NGO (with well-established community based group)  3.1.3 Enhance the participation of health care providers in the existing referral network through hosting referral meetings to support strengthening coordination within health system and with other sectors for a strong multisectoral response to VAWG.  3.1.4 Provide Technical assistance to MoH through placement of a National coordinator and 4 regional coordinators.  3.1.5 Strengthen ability of health care providers to respond to GBV through review and update of national guideline for health service providers on identification, management and referral of victims/ survivors of GBV and to be more inclusive (sensitive to people with disability, children victims of violence).  3.1.6 Develop supervision tools including Health Management Information System reporting format (while ensuring anonymity and confidentiality) and support supervision to health facilities to ensure the implementation of guideline and services are in place.  3.1.7 Establish Medico Legal committee to provide expertise and knowledge in relation Health sector involvement to legal process related to GBV cases.  3.1.8 Establish within prioritized health facilities (6 hospitals and 8 Community Health Centres with bed) spaces to provide LIVES and other components of essential health service package as required ensuring confidentiality and privacy.  3.1.9 In coordination with existing tertiary educational institutions, provide technical assistance through development of teaching aid materials to integrate content about the identification of, and response to and referral of GBV in pre-service curriculum building on WHO guidelines and tools. | UNFPA | | TBD  30  4 | | |
| Output 3.2 | Indicator 3.2 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Capacity of justice sector personnel (PDO, Judges, Prosecutors, paralegals and court personnel- mobile and permanent) enhanced to provide survivor-centred and coordinated access to justice for women clients, including survivors of gender-based violence |  | |  |  |  |  |  | 3.2.1. Scale up the AJC offices under the Public Defender’s Office in Dili and Oecusse Judicial Districts to make free legal aid for victims of GBV available across the country | UNDP, MOJ, PDO | |  | | |
| 3.2.2. Develop and conduct public information and awareness campaigns for two different target groups, women who face the heightened risk of violence, on legal rights and recourses available and community members on formal justice options. |  | |
| % of judicial personnel reached who demonstrate increase capacity on gender-responsive justice practices | | 0 | 75% | UNDP/ UN Women monitoring activity | UNDP | Annual | 3.2.3. Establish Women and Youth Legal Assistance Programme.in local communities | UNDP, CSOs, PDO | | 75 | | |
| 3.2.4. Conduct Alternative Dispute Resolution training for local authorities on the gender-sensitive dispute resolution | UNDP, MOJ, Courts, OPG, and PDO | |  | | |
|  | UN Women | Annual | 3.2.5. Facilitate training of judicial actors on GBV case management and protocols protocols (including related to Sexual Harassment), involving organizations representing survivors of GBV and CSOs providing legal assistance  3.2.6.Generate evidence and promote good practices of gender-equitable and survivor-centred informal justice processes | UN Women | | 75% | | |
| Output 3.3 | Indicator 3.3 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity 3.3 | Responsible Party | | Planned Target (2020-2023) | | |
| Justice institutions strengthened to hold gender-based violence perpetrators to account in line with NAP GBV and uphold zero tolerance of GBV by its personnel | Percentage of referred cases of sexual and gender-based  violence against women and children that are investigated and  sentenced (SDG indicator 39) | | N/A | 25% | UNDP monitoring, Data from OPG and Courts | UNDP, OPG, Courts | Annual | 3.3.1.Establish a focal point in the Office of Prosecutor-General to develop the institutional capacity in the GBV case management and protocols | UNDP, District Courts, Court of Appeal | | 1,500 GBV cases allocated, 750 cases resolved | | |
| 3.3.2. Conduct monitoring on GBV cases in trials in the permanent and mobile courts and support advocacy for improved access to justice for GBV survivors | UNDP, OPG, Courts | | 25% | | |
| 3.3.3. Establish and improve safe waiting rooms and toilet facilities in district fixed courts. | UNDP | |  | | |
| Output 3.4 | Indicator 3.4. | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity 3.4. | Responsible Party | | Planned Target (2020-2023) | | |
| Existence of self-help groups for survivors of GBV at national and municipal level, including persons with disabilities, members of the LGBTI community, among other marginalized groups. | Number of administrative posts in Dili (of 6) Baucau (of 6), Covalima (of 7) and Oecusse (of 4) with virtual or in-person peer support mechanisms | | TBD at inception (estimated at 1 or 2 out of 23 administrative posts- Dili (6) Baucau (6), Covalima (7) and Oecusse (4) | 4 administrative posts have peer-support mechanisms | UN Women monitoring | UN Women monitoring | Annual | 3.4.1. Technical assistance and outreach to facilitate training and opportunities for survivors to access peer-support, and gain skills in self-care and wellness, to strengthen resilience and accessibility of self-help groups, using mobile technology and other innovative platforms for connecting individuals across the country | UN Women, CSOs | | Exists at national and at least 4 municipalities | | |
| 3.4.2.Partner with women’s organizations and community networks, media, education institutions, private sector and religious groups to raise the visibility of support services at sub-national and national level, partnering with CSOs, reduce stigma for survivors and encourage help-seeking. |
|  |  | |  |  |  |  |  | 3.4.2. Conduct study exchange with Korea between women’s self-help groups to share experiences in establishing peer-support networks. | UN Women | |  | | |
| Project Outcome 4 | Indicator 4.1. | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | | | | | | |
| Promising practices and evidence-based approaches to prevent and respond to VAW are available and used in Timor-Leste. | Existence of a system to track and make public allocations for gender equality and women’s empowerment (linked to SDG Target 5.c.1-Tier 3 and CEDAW Concluding Observations) | | No- System is under development via Prime Minister’s Office, but is not public | Yes | UN Women monitoring | Govt Reports | Annual |  | | | | | | |
| Output 4.1. | Indicator 4.1 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Capacity of the inter-ministerial coordination entity to conduct annual monitoring and reporting on the NAP GBV is improved, including on budget allocation and expenditure. | Percentage of line ministries reached who demonstrate understanding of how to use gender statistics and evidence on GBV in their institution | | 0 | 75% | GTG Monitoring | Survey | Annual | 4.1.1.Develop capacities on GBV data management and gender statistics to facilitate better tracking and reporting of progress and challenges | GTG (Chaired by UN Women) | | 75% | | |
| 4.1.2. Conduct sessions for the NAP GBV Coordination Entity and relevant Gender Working Groups to assess Timor-Leste’s practices on global guidelines and tools for prevention and provision of essential services | UN Women, SEII | |  | | |
| Output 4.2 | Indicator 4.2. | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Parliamentarians have access to evidence on prevent and respond to VAWG, including resourcing needs as part of the State Budgeting process. | Percentage Parliamentarians reached with evidence on GBV prevention and response | | 0 | 100% | GTG Monitoring | Monitoring reports | Quarterly | 4.2.1.Conduct briefings and orientations to raise awareness among Parliament members, Committees and related bodies (e.g. Parliamentary Center for Gender) on the global guidelines and tools for prevention and essential services. | GTG | | 100% | | |
| 4.2.2. Sensitize members of Parliament and relevant committees (Committees C, F, G and GMPTL)[[83]](#footnote-83) on the issue of GBV in Timor-Leste and support their oversight role through policy analysis, dialogue, and development of advocacy materials for their outreach programmes. |
| Output 4.3 | Indicator 4.3 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity | Responsible Party | | Planned Target (2020-2023) | | |
| Partnership with universities and civil society contribute to survivor-centred documentation of lessons learned and promising practices for preventing and responding to gender-based violence in Timor-Leste. | Number of research and knowledge products on good practices for ending VAW in line with ethical GBV research practices developed through UNTL by Timorese students and/or survivors of violence | | TBD (estimated at 0) | 4 | GTG Monitoring | Monitoring reports | Quarterly | 4.3.1 Provide technical support and development of tools for community-based survivor groups and women's organizations to document and present their experiences and promising practices, working with universities and relevant institutions   * + 1. Organize 2 national conferences on GBV with UNTL to share good practices and develop capacities of civil society and government in ethical GBV research practices for documenting and sharing results of investments for replication and upscaling, engaging practitioners from Korea and other places in the region and within the UN system to leverage global expertise.     2. Conduct study visit with self-care counsellors from Korea to Timor-Leste to provide training of trainers on wellness and self-care for women’s organizations and service providers. | UN Women/GTG | | 4 | | |
| Output 4.4 | Indicator 4.4 | | Baseline | Target | Means of Verification | Source of data | Frequency of data collection | Activity 4.4 | Responsible Party | | Planned Target (2020-2023) | | |
| 4.4. Development partner coordination on gender-based violence under leadership of the women’s machinery strengthened. | Number of multi-stakeholder meetings on GBV convened by Gender Equality coordination mechanisms a year | | 1 (2018) | 2 | UN Women/GTG Monitoring | Meeting Notes | Annual | 4.4.1.Utilize existing UN Gender Theme Group (GTG) to coordinate GBV efforts across the UN Country Team in Timor-Leste;  4.4.2.Provide guidance and convene the Government, CSO and Development Partner Gender Equality Coordination mechanism for strategic advocacy and monitoring of investments and progress made  4.4.3.Facilitate strategic advocacy provide guidance on information sharing and coordination on NAP GBV via Gender Equality Coordination Group and UN Gender Theme Group | UN Women/GTG | | 8 | | |

**Appendix 3-1. Work Plan and Time Table (as a whole)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work Plan and Time Table (as a whole) | | | | | | | | | | | | | | | | | | |
|  | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | | | Nov | | Dec | |
| 2020 | Output 1.1, Output 2.1, Output 2.2, Activity 3.2.1 | | | | | | | | | | | | | | | | |
|  | Output 1.2 |  | Activity 3.2.2 | | | | | | | | | | | | |
|  |  | Output 4.1 | Activity 3.2.3, Activity 3.2.4, Activity 3.3.2 | | | | | | | | | | | | |
| Output 3.2: Activity 3.1.1, Activity 3.1.2, Activity 3.1.3, Activity 3.1.4, Activity 3.1.8, Activity 3.1.9 | | | Activity 3.1.2, Activity 3.1.4 Activity 3.1.7 Activity 3.2.8, | | | Activity 3.2.2, Activity 3.2.3 Activity 3.2.4 , Activity 3.2.8, Activity 3.3.1, Activity 3.3.3 | | | | | Activity 3.2.2 Activity 3.2.4, Activity 3.2.8, Activity 3.3.1, Activity 3.3.3 | | | | |
|  |  |  | Output 2.4 | Output 1.4 | Output 1.4 | Output 1.2 | Output 1.3, Activity 3.3.4, Output 2.5, | | | | | Output 1.4, Output 2.4 | |  | |
| Output 1.4 | | | Activity 2.3.2, Output 3.1, Activity 3.3.5 | | | | | | | | | | | | |
| Activity 3.4.1, Activity 3.4.2, Activity 3.4.4, Output 4.3, Output 4.4 | | | | | | | | | | | | | | | | |
|  |  |  | Activity 3.4.3, Output 4.1 | | | | | |  | | |  | |  | |
| 2021 | Output 2.1, Output 2.2, Activity 2.3.2, Output 2.5, | | | | | | | | | | | | | | | | |
| Activity 3.2.2, Activity 3.2.3, Activity 3.2.4, Activity 3.3.1, Activity 3.3.2, Activity 3.3.3 | | | | | | | | | | | | | | | | |
| Output 4.2, | | | | | | | | | | | | | | | | |
| Output 3.2: Activity 3.2.1, Activity 3.2.2, Activity 3.2.3, Activity 3.2.4, Activity 3.2.6 Activity 3.2.8, Activity 3.2.9 | | | Activity 3.2.2, Activity 3.2.4, Activity 3.2.6  Activity 3.2.8 Activity 3.2.9 | | | Activity 3.2.2 Activity 3.2.3 Activity 3.2.4  Activity 3.2.6, | | | Activity 3.2.2 Activity 3.2.4 Activity 3.2.6 Activity 3.2.7  Activity 3.2.8 | | | | | | |
|  | Output 1.2, | Output 4.1 | Output 2.4 | Output 1.4 | Output 4.1 | Output 2.4 | Output 1.2, Output 1.3, Activity 3.3.4 | | | | | Output 1.4 Output 2.4 | |  | |
| Output 1.5, Activity 3.4.4 | | | | | | Output 3.1 | | | | | | | |  | |
| Activity 3.3.5, Output 3.5, Activity 3.4.1, Activity 3.4.2, | | | | | | | | | | | | | | | | |
| Output 4.3, Output 4.4 | | | | | | | | | | | | | | | | |
| 2022 | Output 2.1, Activity 2.3.2, Output 2.5, Output 3.1, Activity 3.3.1, Activity 3.2.2, Activity 3.2.3, Activity 3.2.4, Activity 3.3.2 Activity 3.4.4, Output 3.5, | | | | | | | | | | | | | | | | |
| Output 4.4 | Output 1.2, | Output 1.5, Output 4.1 | Output 1.5 Output 2.4 | Output 1.4, Output 4.4 | Output 4.1 | Output 2.4 | Output 1.2, Output 1.3, Activity 3.3.4 | | | | | Output 1.4 Output 2.4 | | Output 4.4 | |
| Output 3.2: Activity 3.2.1, Activity 3.2.2, Activity 3.2.3, Activity 3.2.4, Activity 3.2.5 Activity 3.2.6, Activity 3.1.8, Activity 3.1.9, Activity 3.3.1 | | | Activity 3.2.2, Activity 3.2.7, Activity 3.2.10, Activity 3.2.6, Activity 3.1.8, Activity 3.1.9, Activity 3.3.1 | | | 3.2.2, Activity 3.2.3, Activity 3.2.7  Activity 3.1.5 Activity 3.1.6,  Activity 3.1.8, Activity 3.1.9, | | | 3.2.2, Activity 3.2.74  Activity 3.1.5 Activity 3.1.6,  Activity 3.1.8, Activity 3.1.9, | | | | | | |
| Activity 3.3.5, Output 4.2, Output 4.3, | | | | | | | | | | | | | | | | |
|  | Output 2.1, Output 2.2, Output 2.5, Output 3.1Activity 3.3.1, Activity 3.4.4 | | | | | | | | | |  | | |  | |  | |
| 2023 | Activity 2.3.2, Activity 3.2.2 | | | | | | | | | |  | | |  | |  | |
| Activity 3.2.3, Activity 3.2.4, Activity 3.3.2 | | | | | | | | | |  | | |  | |  | |
|  | Output 1.2 | Output 1.4, Output 4.1 | Output 1.4 Output 2.4 | Output 1.4 | Output 2.4, Output 4.1 | Output 1.2 | Output 1.3, Activity 3.3.4, Output 2.4 | | | | | Output 1.4 Output 2.4 | |  | |
| Output 3.2: Activity 3.2.1, Activity 3.2.2, Activity 3.2.3, Activity 3.2.4, Activity 3.2.10 5; 3.2.6, | | | Activity 3.2.2, Activity 3.2.4  Activity 3.2.10 5 Activity 3.2.86, Activity 3.3.3 | | | 3.2.2, Activity 3.2.3, Activity 3.2.4  Activity 3.2.10 5 Activity 3.2.86, | | | 3.2.2, Activity 3.2.4  Activity 3.2. 5 Activity 3.2.6, | | | | | | |
| Output 4.2, Activity 3.3.5, Output 4.3,　　 Output 4.4 | | | | | | | | | | Output 4.4 | | |  | | Output 4.4 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix 4. Budget Allocation (Does not include amounts to be cost-shared) 28 JANUARY REVISION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | |  | |  | | |  | | |
| Outputs | Activities | **2020** | | | | | | | | | | **2021** | | | | | | | | | | **2022** | | | | | | | | | | | | **2023** | | | | | | | | | | | | | **TOTAL** | | |
|  |  | 1Q | | 2Q | | 3Q | | 4Q | | USD | | 1Q | 2Q | | 3Q | | 4Q | | USD | | | 1Q | | 2Q | | 3Q | | 4Q | | | USD | | | 1Q | | | 2Q | | | 3Q | | | 4Q | | USD | | USD | | |
| **Output 1.1** | Activity 1.1.1 |  | | X | | X | | X | | 20,000 | | X | X | | X | | X | | 30,000 | | | X | | X | | X | |  | | | 20,000 | | | x | | | x | | |  | | |  | | 10,000 | | $ 80,000 | | |
| Activity 1.1.2 |  | |  | |  | |  | | 40,000 | | X | X | | X | | X | | 40,000 | | |  | |  | |  | |  | | | - | | |  | | |  | | |  | | |  | | - | | $ 80,000 | | |
| **Output 1.2** | Activity 1.2.1 | x | | x | | x | |  | | 5,000 | |  |  | | x | | X | | 5,000 | | |  | |  | | x | | x | | | 5,000 | | | X | | | X | | | x | | | x | | 10,000 | | $ 25,000 | | |
| Activity 1.2.2 | x | | X | | x | |  | | 10,000 | | x | X | | x | |  | | 10,000 | | |  | | X | | X | | X | | | 10,000 | | |  | | |  | | |  | | |  | | 10,000 | | $ 40,000 | | |
| Activity 1.2.3 |  | |  | | x | | x | | 5,000 | |  | X | | X | |  | | 5,000 | | |  | | X | | X | |  | | | 5,000 | | |  | | | X | | | X | | |  | | 5,000 | | $ 20,000 | | |
| **Output 1.3** | Activity 1.3.1 | X | | x | | X | | x | | 28,000 | | X | x | | X | | x | | 28,000 | | | X | | x | | X | | x | | | 28,000 | | | X | | | x | | |  | | |  | | 16,000 | | $ 100,000 | | |
| Activity 1.3.2 |  | |  | | x | | x | | 10,000 | |  |  | | x | | x | | 10,000 | | |  | |  | | x | | x | | | 10,000 | | |  | | |  | | | x | | | x | | 10,000 | | $ 40,000 | | |
| **Output 1.4** | Activity 1.4.1 | x | | x | | x | | x | | 25,000 | | x | x | | x | | x | | 25,000 | | | x | | x | | x | | x | | | 25,000 | | | x | | | x | | |  | | |  | | 25,000 | | $ 100,000 | | |
| Activity 1.4.2 |  | |  | |  | |  | | 40,000 | |  |  | |  | |  | | 30,000 | | |  | |  | |  | |  | | | 30,000 | | |  | | |  | | |  | | |  | | 20,000 | | $ 120,000 | | |
| **Total Outcome 1** | | | | |  | |  | |  | | **183,000** |  | |  | |  | |  | | **183,000** | |  | |  | |  | |  | | | **133,000** | | |  | | |  | | |  | | |  | | **106,000** | | **605,000** | | |
| Output 2.1 | Activity 2.1.1 | X | | x | |  | | x | | 15,000 | | X | x | |  | | x | | 15,000 | | | x | |  | | X | | x | | | 15,000 | | | x | | | x | | |  | | | x | | 15,000 | | $ 60,000 | | |
| Activity 2.1.2 |  | |  | | x | | x | | 10,000 | | x | X | | x | | x | | 30,000 | | | x | | X | | x | | x | | | 30,000 | | | x | | | X | | | x | | | x | | 10,000 | | $ 80,000 | | |
| Activity 2.1.3 | x | | X | | x | | x | | 10,000 | | x | X | | x | | x | | 10,000 | | | x | | X | | x | | x | | | 10,000 | | | x | | | X | | | x | | | x | | 10,000 | | $ 40,000 | | |
| Activity 2.1.4 | x | | X | | x | | x | | 40,000 | | x | X | | x | | x | | 40,000 | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | $ 80,000 | | |
| Output 2.2 | Activity 2.2.1 | x | | X | | x | | x | | 10,000 | | x | x | | x | | x | | 10,000 | | | x | | x | | X | | x | | | 10,000 | | | x | | | x | | | x | | |  | | 10000 | | $ 40,000 | | |
| Activity 2.2.2 |  | | X | | x | | x | | 100,000 | | X | x | | x | | x | | 75,000 | | | x | | X | | x | | X | | | 50,000 | | | X | | | X | | |  | | |  | | 25000 | | $ 250,000 | | |
| Activity 2.2.3 |  | | x | | x | | x | | 30,000 | | x | x | | x | | x | | 60,000 | | | x | | x | | x | |  | | | 30,000 | | |  | | |  | | |  | | |  | | 0 | | $ 120,000 | | |
| Activity 2.2.4 |  | |  | | x | | x | | 10,000 | | x | x | | x | | x | | 25,000 | | | x | | x | | x | | x | | | 25,000 | | | x | | | x | | | x | | | x | | 40000 | | $ 100,000 | | |
| Output 2.3 | Activity 2.3.1 |  | | X | | x | | x | | 30,000 | | X | x | | x | |  | | 30,000 | | |  | | X | | x | | x | | | 10,000 | | |  | | |  | | |  | | |  | | 10000 | | $ 80,000 | | |
| Activity 2.3.2 | X | | X | | x | | X | | 20,000 | | X |  | | X | |  | | 20,000 | | |  | | X | | X | |  | | | 20,000 | | | X | | | X | | |  | | |  | | 10000 | | $ 70,000 | | |
| Output 2.4 | Activity 2.4.1 |  | |  | | X | | X | | 15,000 | | X |  | | X | |  | | 15,000 | | |  | | X | | X | |  | | | 15,000 | | |  | | | X | | |  | | |  | | 15000 | | $ 60,000 | | |
| Activity 2.4.2 | X | | X | | x | | X | | 5,000 | | X | X | | x | | X | | 20,000 | | | X | | X | | x | | X | | | 20,000 | | | X | | |  | | |  | | |  | | 5000 | | $ 50,000 | | |
| Output 2.5 | Activity 2.5.1 |  | |  | | X | | X | | 20,000 | | X | x | | X | | X | | 30,000 | | | X | | X | | X | | X | | | 40,000 | | | X | | | X | | | X | | |  | | 10000 | | $ 100,000 | | |
| Activity 2.5.2 |  | | X | | X | |  | | 15,000 | | X | X | | X | | X | | 15,000 | | |  | | X | | X | |  | | | 15,000 | | |  | | | X | | | X | | |  | | 15000 | | $ 60,000 | | |
| Activity 2.5.3 | X | | X | | x | | X | | 185,000 | | X | X | | x | | X | | 185,000 | | |  | |  | |  | |  | | | - | | |  | | |  | | |  | | |  | | 0 | | $ 370,000 | | |
| **Total Outcome 2** | | |  | |  | |  | |  | | **515,000** |  | |  | |  | |  | | **580,000** | |  | |  | |  | |  | | | **290,000** | | |  | | |  | | |  | | |  | | **175,000** | | **1,560,000** | | |
| Output 3.1 | Activity 3.1.1 | X | | X | | X | | X | | 10,000 | | X | X | | X | | X | | 10,000 | | | X | | X | | X | | X | | | 10,000 | | | X | | | X | | | X | | | X | | 10,000 | | $ 40,000 | | |
| Activity 3.1.2 | X | | X | | X | | X | | 45,000 | | X | X | | X | | X | | 45,000 | | | X | | X | | X | | X | | | 45,000 | | | X | | | X | | | X | | | X | | 45,000 | | $ 180,000 | | |
| Activity 3.1.3 | X | | X | | X | | X | | 5,000 | | X | X | | X | | X | | 5,000 | | | X | | X | | X | | X | | | 5000 | | | X | | | X | | | X | | | X | | 5,000 | | $ 20,000 | | |
| Activity 3.1.4 | X | | X | | X | | X | | 25,000 | | X | X | | X | | X | | 25,000 | | | X | | X | | X | | X | | | 25000 | | | X | | | X | | | X | | | X | | 25,000 | | $ 100,000 | | |
| Activity 3.1.5 |  | |  | |  | |  | | - | |  |  | |  | |  | | - | | | X | | X | | X | | X | | | 35,000 | | | X | | | X | | | X | | | X | | 40,000 | | $ 75,000 | | |
| Activity 3.1.6 | X | | X | | X | | X | | 15,000 | | X | X | | X | | X | | 15,000 | | | X | | X | | X | | X | | | 15,000 | | | X | | | X | | | X | | | X | | 5,000 | | $ 50,000 | | |
| Activity 3.1.7 | X | | X | | X | | X | | 10,000 | | X | X | | X | | X | | 10,000 | | | X | | X | | X | | X | | | 10,000 | | | X | | | X | | | X | | | X | | 10,000 | | $ 40,000 | | |
| Activity 3.1.8 | X | | X | | X | | X | | 90,000 | | X | X | | X | | X | | 150,000 | | | X | | X | | X | | X | | | 160,000 | | |  | | |  | | |  | | |  | |  | | $ 400,000 | | |
| Activity 3.1.9 | X | | X | | X | | X | | 20,000 | | X | X | | X | | X | | 20,000 | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | $ 40,000 | | |
| Output 3.2 | Activity 3.2.1 | x | | x | | x | | x | | 80,000 | |  |  | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | $ 80,000 | | |
| Activity 3.2.2 |  | | x | | x | | x | | 145,950 | | x | x | | x | | x | | 145,950 | | | x | | x | | x | | x | | | 145,950 | | | x | | | x | | |  | | | x | | 145,950 | | $ 583,800 | | |
| Activity 3.2.3 |  | |  | | x | | x | | 12,480 | | x | x | | x | | x | | 12,480 | | | x | | x | | x | | x | | | 12,480 | | | x | | | x | | |  | | | x | | 12,480 | | $ 49,920 | | |
| Activity 3.2.4 | x | | x | | x | | x | | 5,750 | | x | x | | x | | x | | 5,750 | | | x | | x | | x | | x | | | 5,750 | | |  | | |  | | |  | | |  | | 5,750 | | $ 23,000 | | |
| Activity 3.2.5 |  | | x | | x | | x | | 35,000 | | x | x | | x | | x | | 35,000 | | | x | | x | | x | | x | | | 35,000 | | | x | | | x | | | x | | | x | | 5,000 | | $ 110,000 | | |
| Activity 3.2.6 |  | |  | |  | |  | |  | | x | x | | x | | x | | 20,000 | | | x | | x | | x | | x | | | 30000 | | | xx | | | x | | |  | | |  | | - | | $ 50,000 | | |
| Output 3.3 | Activity 3.3.1 | x | | x | | X | | x | | 48,000 | | x | x | | x | | x | | 48,000 | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | $ 96,000 | | |
| Activity 3.3.2 | x | | x | | X | | x | | 20,000 | | x | x | | x | | x | | 20,000 | | | x | | X | | x | | x | | | 20,000 | | | x | | |  | | | x | | |  | | 40,000 | | $ 100,000 | | |
| Activity 3.3.3 |  | |  | | x | | x | | 40,000 | | x | x | | x | | x | | 30,000 | | |  | | x | | x | | x | | | 30000 | | | x | | | x | | | x | | |  | | 30,000 | | $ 130,000 | | |
| Output 3.5 | Activity 3.4.1 | x | | x | | x | | x | | 20,000 | | x | x | | x | | x | | 50,000 | | | x | | x | | x | | x | | | 20000 | | | x | | | x | | | x | | | x | | 10,000 | | $ 100,000 | | |
| Activity 3.4.2 | x | | x | | x | | x | | 5,000 | | x | x | | x | | x | | 10,000 | | | x | | x | | x | | x | | | 10000 | | | x | | | x | | | x | | | x | | 5,000 | | $ 30,000 | | |
| Activity 3.4.3 |  | |  | |  | |  | |  | |  |  | | x | | x | | 60,000 | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | $ 60,000 | | |
| **Total Outcome 3** | | |  | |  | |  | |  | | **632,180** |  | |  | |  | |  | | **717,180** | |  | |  | |  | |  | | | 614,180 | | |  | | |  | | |  | | |  | | **394,180** | | **2,357,720** | | |
| Output 4.1 | Activity 4.1.1 | x | | x | | x | | x | | 15,000 | | x | x | | x | | x | | 15,000 | | | x | | x | | x | | x | | | 15,000 | | | x | | | x | | | x | | |  | | 15,000 | | $ 60,000 | | |
| Activity 4.1.2 |  | | x | |  | | x | | 10,000 | |  | x | |  | | x | | 10,000 | | |  | | x | | x | | x | | | 5,000 | | | x | | |  | | | x | | | x | | 5,000 | | $ 30,000 | | |
| Output 4.2 | Activity 4.2.1 | x | | x | | x | | x | | 5,000 | | x | x | | x | | x | | 5,000 | | | x | | x | | x | | x | | | 5,000 | | | x | | | x | | | x | | | x | | 5,000 | | $ 20,000 | | |
| Activity 4.2.2 | x | | x | | x | | x | | 10,000 | | x | x | | x | | x | | 10,000 | | | x | | x | | x | | x | | | 5,000 | | | x | | | x | | | x | | | x | | 5,000 | | $ 30,000 | | |
| Output 4.3 | Activity 4.3.1 | x | | x | | x | | x | | 20,000 | | x | x | | x | | x | | 45,000 | | | X | | X | | x | | x | | | 35000 | | | X | | | x | | | X | | |  | | 20,000 | | $ 120,000 | | |
| Activity 4.3.2 |  | |  | |  | |  | |  | | x | x | | X | | X | | 30,000 | | |  | | x | | X | |  | | |  | | | x | | | X | | | X | | |  | | 30,000 | | $ 60,000 | | |
| Activity 4.3.3 |  | |  | | x | | x | | 10,000 | |  | x | | X | | x | | 40,000 | | |  | | x | | X | | x | | | 40000 | | | x | | | x | | |  | | |  | | 10,000 | | $ 100,000 | | |
| Output 4.4 | Activity 4.4.1 | x | | X | | x | | X | | - | | x | X | | x | | X | | - | | | x | | X | | X | | x | | | 0 | | | x | | | X | | | x | | | X | |  | | $ - | | |
| Activity 4.4.2 | X | |  | | X | |  | | 30,000 | | X |  | | X | |  | | 40,000 | | | X | |  | |  | | x | | | 30000 | | | X | | |  | | | X | | |  | | 30,000 | | $ 130,000 | | |
| Activity 4.4.3 | x | | X | | x | | X | | 15,000 | | x | X | | x | | X | | 15,000 | | | x | | X | | X | | x | | | 15,000 | | | x | | | X | | | x | | | X | | 15,000 | | $ 60,000 | | |
| **Total Outcome 4** | | |  | |  | |  | |  | | **115,000** |  | |  | |  | |  | | **210,000** | |  | |  | |  | |  | | | **150,000** | | |  | | |  | | |  | | |  | | **135,000** | | **610,000** | | |
| Programme Management, Communications, Monitoring, and Evaluation | UN Women | x | | X | | x | | X | | 160,750 | | x | X | | x | | X | | 160,750 | | | x | | X | | x | | X | | | 160,750 | | | x | | | X | | | x | | | X | | 160,750 | | $ 643,000 | | |
| UNFPA | X | | X | | X | | X | | 99,000 | | X | X | | X | | X | | 57,000 | | | X | | X | | X | | X | | | 57,000 | | | X | | | X | | | X | | | X | | 57,000 | | $ 270,000 | | |
| UNDP | X | | X | | X | | X | | 97,425 | | X | X | | X | | X | | 97,425 | | | X | | X | | X | | X | | | 97,425 | | | X | | | X | | | X | | | X | | 97,425 | | $ 389,700 | | |
| IOM | X | | X | | X | | X | | 98,050 | | X | X | | X | | X | | 98,050 | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | $ 196,100 | | |
| **Total Management, M&E, Comms** | | | | | | | | | | | **455,225** |  | |  | |  | |  | | **413,225** | |  | |  | |  | |  | | | **315,175** | | |  | | |  | | |  | | |  | | **315,175** | | **1,498,800** | | |
| Support Costs | This will be shared as follows: 9% UNW, UNFPA 8%, UNDP 8%, IOM 8% | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | | | | $ 602,237 | | |
| **TOTAL Requested from KOICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ 7,233,757 | | |
| **An additional 684,112 will be added to the budget from UN Agency contributions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ 684,112 | | |
| **GRAND TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$ 7,917,869** | | |

1. See UNDAF 2015-2019 Outcome 1: By the 2020, people of Timor-Leste, especially the most disadvantaged groups benefit from inclusive and responsive quality health, education and other social services and are more resilient to disasters and the impacts of climate change and Outcome 4: By 2020, state institutions are more responsive, inclusive, accountable and decentralized for improved service delivery and realization of rights, particularly of the most excluded groups [↑](#footnote-ref-1)
2. Secretary of State for Equality and Inclusion, NAP-GBV 2017-2021 (http://asiapacific.unwomen.org/en/digital-library/publications/2017/10/national-action-plan-on-gender-based-violence-2017-2021). [↑](#footnote-ref-2)
3. The Asia Foundation. 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study: Summary Report. The Asia Foundation: Dili. [↑](#footnote-ref-3)
4. See for example, <http://www.endvawnow.org/en/articles/301-consequences-and-costs-.html> [↑](#footnote-ref-4)
5. Eliminating all forms of violence against all women and girls in the public and private spheres is a specific SDG Target 5.2 [↑](#footnote-ref-5)
6. Judicial System Monitoring Programme. 2013. Law against Domestic Violence: Obstacles to Implementation Three Years On. JSMP. Dili. [↑](#footnote-ref-6)
7. National Statistics Directorate (NSD) [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro. 2010. Timor-Leste Demographic and Health Survey 2009-10. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro. [↑](#footnote-ref-7)
8. See UN Women analysis of the State Budget 2015-2017. [↑](#footnote-ref-8)
9. Joint UN Prevention Framework. [↑](#footnote-ref-9)
10. The United Nations Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> [↑](#footnote-ref-10)
11. To strengthen GBV referral mechanisms, improved GBV monitoring and evaluation is also needed in existing disaster preparedness mechanisms (using the GBV information management system (GBV-IMS) for data collection, reporting, survivor service referral mechanism, gender-sensitive SOPs and gender sensitive standardized guidelines for relief packages and infra-structure) at the national and municipal levels. Ensuring that law enforcement mechanisms function not only increases the accuracy of reporting but also deters GBV. At the same time, alternative reporting and response mechanisms can support GBV risk reduction, since disasters disrupt and weaken reporting and enforcement mechanisms. [↑](#footnote-ref-11)
12. This will include: protection, GBV core concepts, principles, risk identification and mitigation measures, PSEA, AAP and CoC) and is based on the IOM GBV framework focused on addressing root causes of GBV, prevention of GBV and mitigation of the impact of GBV in preparing and responding to disasters. [↑](#footnote-ref-12)
13. See Footnote 34 for description of the intervention Connect with Respect [↑](#footnote-ref-13)
14. See examples of UN Women approaches to be used at: http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2016/essentials-for-addressing-vaw-in-sports-en.pdf?la=en&vs=244 [↑](#footnote-ref-14)
15. This includes working with 30 existing women’s groups and women leaders to develop 20 GBV integrated CBDRM plans in 20 communities at risk and recovering from disasters, supporting identified interventions that minimize GBV among communities at risk from disasters and those recovering from disasters. [↑](#footnote-ref-15)
16. This refers to Committee C (Committee on Economy, Finance and Anti-Corruption),-linked to State Budget and GRB, Committee F: Health, Education; Committee G: Citizenship, Youth, Gender Equality and Culture and GMPTL: Women’s Parliamentary Caucus of Timor-Leste [↑](#footnote-ref-16)
17. See: <https://undg.org/wp-content/uploads/2016/11/Guidance-Note-on-Joint-Programmes.pdf> [↑](#footnote-ref-17)
18. 17 Secretary of State for the Support and Socio-Economic Promotion of Women, NAP-GBV 2017-2021 (December 2016 draft). [↑](#footnote-ref-18)
19. The Asia Foundation. 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study: Summary Report. The Asia Foundation: Dili. [↑](#footnote-ref-19)
20. Eliminating all forms of violence against all women and girls in the public and private spheres is SDG Target 5.2 [↑](#footnote-ref-20)
21. 2016 DHS key findings [↑](#footnote-ref-21)
22. Justice System Programme, Quarterly Progress Report, Q2 2018. [↑](#footnote-ref-22)
23. “UNDP assisted Baucau sub-district Vulnerable Person’s Unit (VPU) Officers to make a case report of gender-based violence”, December 20, 2018 (<http://www.tl.undp.org/content/timor_leste/en/home/newscentre/articles/2018/undp-assisted-baucau-sub-district-vulnerable-persons-unit--vpu--.html>). [↑](#footnote-ref-23)
24. “Baucau community leaders encouraged to work collaboratively with PNTL and service providers to support gender based violence survivors”, October 7, 2018 (<http://www.tl.undp.org/content/timor_leste/en/home/newscentre/articles/2018/baucau-community-leaders-encouraged-to-work-collaboratively-with.html>) [↑](#footnote-ref-24)
25. 25 Implemented December 2008 – August 2012 by UN Women (lead agency), UNDP, UNICEF, IOM and UNFPA [↑](#footnote-ref-25)
26. 26 MDG-F, Supporting Gender Equality and Women’s Rights in Timor-Leste – Final Evaluation (August 2012) [↑](#footnote-ref-26)
27. 27 MDG-F, Joint Evaluation of Joint Programmes on Gender Equality in the United Nations System – Final Synthesis Report (November 2013), p.9-10 [↑](#footnote-ref-27)
28. The United Nations Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> [↑](#footnote-ref-28)
29. To strengthen GBV referral mechanisms, improved GBV monitoring and evaluation is also needed in existing disaster preparedness mechanisms (using the GBV information management system (GBV-IMS) for data collection, reporting, survivor service referral mechanism, gender-sensitive SOPs and gender sensitive standardized guidelines for relief packages and infra-structure) at the national and municipal levels. Ensuring that law enforcement mechanisms function not only increases the accuracy of reporting but also deters GBV. At the same time, alternative reporting and response mechanisms can support GBV risk reduction, since disasters disrupt and weaken reporting and enforcement mechanisms. [↑](#footnote-ref-29)
30. Inter-sectoral Coordination refers to SEII’s coordination between ministries, including those in the NAP GBV Coordination Entity, but also other institutions, such as Civil Service Commission (for example, to ensure GBV is in induction material, etc.). [↑](#footnote-ref-30)
31. This will include: protection, GBV core concepts, principles, risk identification and mitigation measures, PSEA, AAP and CoC) and is based on the IOM GBV framework focused on addressing root causes of GBV, prevention and mitigation of the impact of GBV in preparing and responding to disasters. [↑](#footnote-ref-31)
32. The Connect with Respect Curriculum will be implemented in 2019 in 3 schools in Timor-Leste and builds on UN Women’s previous work piloting a whole of school approach in collaboration with the Ministry of Education. UN Women in Viet Nam has tested and has demonstrated positive changes in students and teachers. Monitoring and evaluation tools will be developed in 2019 to support measuring of changes. See: <http://asiapacific.unwomen.org/en/digital-library/publications/2016/04/connect-with-respect> [↑](#footnote-ref-32)
33. The Badge on Violence against Women will be given to male and female scouts who complete a series of activities to understand the root causes of violence in their communities, to educate and involve their peers and communities to prevent such violence, and to learn about where to access support if violence is experience. It has a potential to reach the 11,000 National Scouts and will be adapted from “Voices against Violence” is a co-educational curriculum developed by the World Association of Girl Guides and Girl Scouts (WAGGGS) and UN Women, with inputs from young people. <http://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum> [↑](#footnote-ref-33)
34. This includes working with 30 existing women’s groups and women leaders to develop 20 GBV integrated CBDRM plans in 20 communities at risk and recovering from disasters, supporting identified interventions that minimize GBV among communities at risk from disasters and those recovering from disasters. [↑](#footnote-ref-34)
35. This supports *NAP GBV Output 2.4 (Strengthened accessibility to adequate crisis information for survivors- Activity 8 – develop and disseminate community information/outreach on victim rights and services).* This responds to the limited access to information among community members on the services available for survivors of violence since this information is not readily known across communities (who to go to and what services they can provide, considering help-seeking is so low). [↑](#footnote-ref-35)
36. Justice System Programme, Quarterly Progress Report, Q2 2018. [↑](#footnote-ref-36)
37. https://weblog.iom.int/tears-joy-water-washes-away-years-gender-based-violence-papua-new-guinea [↑](#footnote-ref-37)
38. Including the Ministries of Justice, Education, Health, Interior, and Social Solidarity, and the Secretaries of State for Equality and inclusion (SEII), Youth and Sports (SSYS), Social Communication and Vocational Training Policy and Employment (SEPFOPE) [↑](#footnote-ref-38)
39. UN Women, MSS, and National University of Ireland – Galway, *Estimating the resource requirements for a minimum package of essential services for women and children affected by violence In Timor-Leste,* 2017 [↑](#footnote-ref-39)
40. UN Women, *Flagship Programme Initiatives,* 2015. See UN Joint Prevention Framework. [↑](#footnote-ref-40)
41. UNFPA and WHO have an established relationship with the MOH to develop a road map for an integrated response to GBV including the development of national guidelines and are identified as the partners in support of the roll out and implementation. [↑](#footnote-ref-41)
42. Ibid. [↑](#footnote-ref-42)
43. Prevention of violence: a public health priority [World Health Assembly]. Geneva: WHO; 1996 [↑](#footnote-ref-43)
44. The physical health consequences include both acute injury and a broader range of longer term impacts, including: (i) poor nutritional status, digestive problems and hypertension; (ii) diminished sexual and reproductive health outcomes, including fertility, infertility, lack of agency over contraceptive use, and higher risk of HIV and sexually transmitted infections (STIs); (iii) poor maternal health outcomes including increased risk for high blood pressure, risk of ante partum hemorrhage and of miscarriage; and (iv) mental health, including risk of depression, low self-esteem and suicide. [↑](#footnote-ref-44)
45. García-Moreno C, Jansen HA, Watts, CH, Ellsberg M, Heise L, *WHO Multi-country Study on Women’s Health and Domestic Violence against Women Study Team. WHO multi-country study on women’s health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses.* Geneva: WHO; 2005. [↑](#footnote-ref-45)
46. Supported by NGO Pradet http://www.pradet.org/programs/safe-room-fatin-hakmatek [↑](#footnote-ref-46)
47. As well as the Ministry of Finance and the Prime Minister’s *Office Planning, Monitoring and Evaluation Unit (UPMA)* [↑](#footnote-ref-47)
48. UN Women, *Flagship Programme Initiatives,* 2015. [↑](#footnote-ref-48)
49. Composed of ministries responsible for NAP implementation [↑](#footnote-ref-49)
50. Secretary of State for Equality and Inclusion (formerly SEM), NAP-GBV 2017-2021 (December 2016 draft). [↑](#footnote-ref-50)
51. The Asia Foundation. 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study: Summary Report. The Asia Foundation: Dili. [↑](#footnote-ref-51)
52. See for example, <http://www.endvawnow.org/en/articles/301-consequences-and-costs-.html> [↑](#footnote-ref-52)
53. The Asia Foundation: Fact Sheet 1. Intimate partner violence: women's experiences and men's perpetration of violence against women in Timor-Leste. In. Dili: The Asia Foundation, Australian AID and Nabilan; 2015. [↑](#footnote-ref-53)
54. The Asia Foundation: Fact Sheet 2. Health consequences of intimate partner violence against women in Timor-Leste. In. Dili: The Asia Foundation, Australian AID and Nabilan; 2015. [↑](#footnote-ref-54)
55. The Asia Foundation: Fact Sheet 2. Health consequences of intimate partner violence against women in Timor-Leste. In. Dili: The Asia Foundation, Australian AID and Nabilan; 2015. [↑](#footnote-ref-55)
56. The Asia Foundation: Nabilan Health and Life Experience Study - Baseline Assessment Report. In. Dili; In Progress (2016). [↑](#footnote-ref-56)
57. The Asia Foundation: Fact Sheet 2. Health consequences of intimate partner violence against women in Timor-Leste. In. Dili: The Asia Foundation, Australian AID and Nabilan; 2015. [↑](#footnote-ref-57)
58. A sustainable men's health program for rural Timor Leste. Small grant program #2, Timor Leste Health Improvement

    Project Final Report. In*.* Dili: Cooperativa Cafe Timor; 2014. [↑](#footnote-ref-58)
59. The Asia Foundation: Fact Sheet 1. Intimate partner violence: women's experiences and men's perpetration of violence against women in Timor-Leste. In. Dili: The Asia Foundation, Australian AID and Nabilan; 2015. [↑](#footnote-ref-59)
60. The Asia Foundation: Nabilan Health and Life Experience Study - Baseline Assessment Report (tentative title). In. Dili; In Progress (2016). [↑](#footnote-ref-60)
61. National Statistics Directorate (NSD) [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro. 2010. Timor-Leste Demographic and Health Survey 2009-10. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro. [↑](#footnote-ref-61)
62. Judicial System Monitoring Programme. 2013. Law against Domestic Violence: Obstacles to Implementation Three Years On. JSMP. Dili. [↑](#footnote-ref-62)
63. Joint UN Prevention Framework. [↑](#footnote-ref-63)
64. Secretary of State for Equality and Inclusion (formerly SEM), NAP-GBV 2017-2021 (December 2016 draft). [↑](#footnote-ref-64)
65. The Asia Foundation. 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study: Summary Report. The Asia Foundation: Dili. [↑](#footnote-ref-65)
66. See for example, <http://www.endvawnow.org/en/articles/301-consequences-and-costs-.html> [↑](#footnote-ref-66)
67. See for example, <http://www.endvawnow.org/en/articles/301-consequences-and-costs-.html> [↑](#footnote-ref-67)
68. The United Nations Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> [↑](#footnote-ref-68)
69. To strengthen GBV referral mechanisms, improved GBV monitoring and evaluation is also needed in existing disaster preparedness mechanisms (using the GBV information management system (GBV-IMS) for data collection, reporting, survivor service referral mechanism, gender-sensitive SOPs and gender sensitive standardized guidelines for relief packages and infra-structure) at the national and municipal levels. Ensuring that law enforcement mechanisms function not only increases the accuracy of reporting but also deters GBV. At the same time, alternative reporting and response mechanisms can support GBV risk reduction, since disasters disrupt and weaken reporting and enforcement mechanisms. [↑](#footnote-ref-69)
70. Inter-sectoral Coordination refers to SEII’s coordination between ministries, including those in the NAP GBV Coordination Entity, but also other state institutions, such as the Civil Service Commission (for example, to ensure GBV is in the induction material, etc.). [↑](#footnote-ref-70)
71. This will include: protection, GBV core concepts, principles, risk identification and mitigation measures, PSEA, AAP and CoC) and is based on the IOM GBV framework focused on addressing root causes of GBV, prevention of GBV and mitigation of the impact of GBV in preparing and responding to disasters. [↑](#footnote-ref-71)
72. The Connect with Respect Curriculum will be implemented in 2019 in 3 schools in Timor-Leste and builds on UN Women’s previous work piloting a whole of school approach in collaboration with the Ministry of Education. The approach has been tested by UN Women in Viet Nam and has demonstrated positive changes in students and teachers. Monitoring and evaluation tools will be developed in 2019 to support measuring of changes. See more information at:

    <http://asiapacific.unwomen.org/en/digital-library/publications/2016/04/connect-with-respect> [↑](#footnote-ref-72)
73. The Badge on Violence against Women will be given to male and female scouts who complete a series of activities to understand the root causes of violence in their communities, to educate and involve their peers and communities to prevent such violence, and to learn about where to access support if violence is experience. It will be adapted from “Voices against Violence” is a co-educational curriculum developed by the World Association of Girl Guides and Girl Scouts (WAGGGS) and UN Women, with inputs from young people. <http://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum> [↑](#footnote-ref-73)
74. This includes working with existing women’s groups and women leaders to develop 20 GBV integrated CBDRM plans in 20 communities at risk and recovering from disasters, supporting identified interventions that minimize GBV among communities at risk from disasters and those recovering from disasters. [↑](#footnote-ref-74)
75. This supports *NAP GBV Output 2.4 (Strengthened accessibility to adequate crisis information for survivors- Activity 8 – develop and disseminate community information/outreach on victim rights and services).* This responds to the limited access to information among community members on the services available for survivors of violence since this information is not readily known across communities (who to go to and what services they can provide, considering help-seeking is so low). [↑](#footnote-ref-75)
76. See: <https://undg.org/wp-content/uploads/2016/11/Guidance-Note-on-Joint-Programmes.pdf> [↑](#footnote-ref-76)
77. This will build on UNDP’s existing MOU with KOICA for receiving KMCOs. [↑](#footnote-ref-77)
78. The United Nations Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> [↑](#footnote-ref-78)
79. To strengthen GBV referral mechanisms, improved GBV monitoring and evaluation is also needed in existing disaster preparedness mechanisms (using the GBV information management system (GBV-IMS) for data collection, reporting, survivor service referral mechanism, gender-sensitive SOPs and gender sensitive standardized guidelines for relief packages and infra-structure) at the national and municipal levels. Ensuring that law enforcement mechanisms function not only increases the accuracy of reporting but also deters GBV. At the same time, alternative reporting and response mechanisms can support GBV risk reduction, since disasters disrupt and weaken reporting and enforcement mechanisms. [↑](#footnote-ref-79)
80. Based on our joint UN-Govt analysis in 2018: Gender and Sustainable Dev’t in TL (<http://asiapacific.unwomen.org/en/digital-library/publications/2018/08/gender-and-sustainable-development>):, Indicator 5.1.1 Could be produced based on an assessment by SEII, while Indicator 5.1.c requires administrative data that is not yet available and could require greater investments in the data management systems. This can be revisited at the project outset to see which is more viable [↑](#footnote-ref-80)
81. The United Nations Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> [↑](#footnote-ref-81)
82. See examples of UN Women approaches to be used at: <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2016/essentials-for-addressing-vaw-in-sports-en.pdf?la=en&vs=244> [↑](#footnote-ref-82)
83. This refers to Committee C (Committee on Economy, Finance and Anti-Corruption),-linked to State Budget and GRB, Committee F: Health, Education; Committee G: Citizenship, Youth, Gender Equality and Culture and GMPTL: Women’s Parliamentary Caucus of Timor-Leste [↑](#footnote-ref-83)