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United Nations Population Fund

Country programme document for Timor-Leste

Proposed indicative UNFPA assistance:	$16.6 million: $6.4 million from regular resources and $10.2 million through co-financing modalities or other resources
Programme period:	Five years (2021-2025)
Cycle of assistance:	Fourth
Category per decision 2017/23:	Orange
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of $):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.0	5.5	8.5
Outcome 2	Adolescents and youth	1.0	0.9	1.9
Outcome 3	Gender equality and women's empowerment	0.6	3.5	4.1
Outcome 4	Population dynamics	1.2	0.3	1.5
Programme coordination and assistance		0.6	-	0.6
Total		6.4	10.2	16.6

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I. Programme rationale

1. Timor-Leste is a post-conflict State which recently emerged as a lower middle-income country and is prone to natural disasters. Peaceful, democratic elections were held in 2012, 2017 and 2018. Due to greater dependency on oil revenue, which accounted for 81 per cent of all domestic revenues in 2016, the gross domestic product per capital is $3,670. Nevertheless, income is not evenly distributed, as nearly 50 per cent of the population lives in poverty. The oil reserves are finite and may be depleted by the early 2020s. New sources of oil appear far from coming on-line.

2. In 2015, the population of Timor-Leste was 1.2 million, with a total fertility rate at 4.7 indicating a decline from 6.4 in 2010. Modern family planning methods contributed to this decline, although contraceptive prevalence has not significantly increased since 2010. The country is beginning to experience a youth bulge, with 32 per cent of its population aged 10-24 years. Provided behaviours change with policy adjustments, the youth bulge would create a population structure favourable for Timor-Leste to achieve a demographic dividend.

3. Population growth is expected to exert increasing pressure on the economy, resources and social services, as highlighted in the Common Country Assessment. Given the high fertility scenario, there could be an additional 20,000 children (aged 6-17 years) and 300,000 people of working age by 2030 (2015 census).

4. While access to services has improved, persistent inequalities in access to high-quality services and opportunities remain and are a key challenge to development and human rights. Significant disparities continue to exist between urban and rural areas. Women, adolescents, and people with disabilities are among those most vulnerable to exclusion and marginalization.

5. According to 2016 Demographic and Health Survey, 24 per cent of currently married women aged 15-49-years use modern contraceptive methods, an increase of only 3 per cent over the 21 per cent in 2009-2010. Almost three-quarters of unmarried sexually active women have an unmet need for contraception (74.7 per cent). Only one-third (35.9 per cent) of women aged 15-49 years feel that they can make informed decisions regarding sexual relations, contraceptive use and reproductive health care. Addressing the unmet need for family planning would also help the country to reap the benefits of a demographic dividend.

6. Maternal mortality has significantly reduced since independence. Yet all estimates (146-425 deaths per 100,000 live births) remain unacceptably high. As of 2014, the most common causes of maternal death were haemorrhage (50.2 per cent), eclampsia, obstructed labour and sepsis. Skilled birth attendance increased from 29.9 per cent in 2009-2010 to 56.7 per cent in 2016, and deliveries in health facilities increased from 22.1 per cent to 48.5 per cent during the same period. Despite these significant increases, the country is not on track to achieve its targets for skilled birth attendance and deliveries in health facilities. There are also significant disparities in coverage between different geographic, education and income groups. In 2016, 84 per cent of urban women delivered in a health facility, compared to 34.2 per cent of rural women; 87.2 per cent of women in the highest income quintile delivered in a health facility, compared to 16.7 per cent in the lowest income quintile. Coverage and quality of emergency obstetric and newborn care remains below the global standard. As of 2015, Timor-Leste had 3.4 emergency obstetric and neonatal care (EmONC) facilities, including 2.6 comprehensive emergency obstetric and neonatal care facilities, per 500,000 of population. The quality of midwifery education is poor and not standardized, which affect the quality of care and reduces the uptake of services.

7. A key area of concern identified in the CCA is the high prevalence of gender-based violence as a result of persistent gender inequality and harmful gender norms, including intersecting inequalities. The Government has identified this as an obstacle to development and in 2016, 59 per cent of women aged 15-49-years reported experiencing physical or sexual violence by an intimate partner in their lifetime. Acceptance of violence is high, with 70-80 per cent of women reporting that violence is justified in one or more circumstances.

8. In 2010, the national law against domestic violence was passed, followed by the development of a comprehensive national action plan. Despite strong policy reform and the dynamic role played by civil society organizations, low capacity of service providers and implementation challenges, particularly in the health sector, mean that violence against women and girls remains a significant problem. Violence against women is underpinned by and reinforces gender inequality. Despite increasing levels of women's participation in decision-making, women's labour force participation remains low, with women in the workforce representing 24.9 per cent of women of working age, compared to 52.5 per cent among men.

9. Although the legal age of marriage is 18 years for both men and women, in 2016, 2.6 per cent of women aged 20-24 years were married or in a union before the age of 15, and 14.9 per cent before the age of 18, with these marriages/unions being driven by premarital conception of adolescent pregnancies. The levels of illiteracy among young women aged 15-19 years who had given birth were significantly higher (29.3 per cent) than those who had never given birth (13.1 per cent). Sexual violence against girls is also very high, with 24.4 per cent of women (aged 15-49 years) experiencing sexual violence by age 18 and 31 per cent in the previous 12 months.

10. HIV prevalence in Timor-Leste increased tenfold among pregnant women (from 0.04 per cent in 2013 to 0.3 per cent in 2018), and STI patients (0.37 per cent to 3.1 per cent) and also increased among other key population groups. Among pregnant women, the sharpest growth in HIV prevalence was among those aged 15-24 years. Recent data suggests the epidemic is no longer concentrated in key population groups but also in the general population

11. Testing rates remain low and mainly provider-initiated (only 4 per cent of the total population has ever been tested). Stigma and discrimination has been identified as the main barrier to HIV treatment and might explain the high number of drop-outs (currently only 54 per cent of people living with HIV are on antiretroviral therapy, according to the Ministry of Health).

12. To eliminate transmission of HIV and reach government targets, continued and accelerated access to HIV prevention, testing, treatment and care services is required. Young people are not equipped with the knowledge and life skills to prevent sexually transmitted infections and HIV; as such, comprehensive knowledge on HIV among youth is low (7.7 per cent among women and 14.6 per cent among men aged 15-24 years).

13. The previous country programme focused on: equitable access to quality reproductive health services; comprehensive responses to gender-based violence; awareness raising for young people to make informed choices for a healthy, productive life; and strengthened institutional capacity of the national statistics office and the Government on knowledge and evidence generation.

14. The programme evaluation highlighted a number of key achievements: development of key technical and policy documents; development of in-school teaching materials on sexual and reproductive health and rights (SRHR), gender and gender-based violence (GBV) prevention; approval of the National Action Plan on Gender-Based Violence (NAP-GBV); and undertaking of the 2015 population and housing census and 2016 Demographic and Health Survey.

15. The evaluation identified lessons learned and made recommendations for developing the capacity of the Ministry of Health in safe motherhood, family planning, addressing gender-based violence, and improving adolescent sexual and reproductive health. It also recommended continued strengthening of integrated sexual and reproductive health systems, including the logistics management capacity of the Ministry of Health, and technical support on collecting data, with increased emphasis on raising data literacy to enable the Government to obtain, interpret and utilize the data for policy and planning.

16. Drawing on the experience of previous programmes, the new programme will support UNSCDF strategic priorities 3 (Early Childhood Development and Life-long Learning

Outcomes and Skills) and 4 (High-quality Healthcare and Well Being). These UNSCDF priorities are linked to the SDGs 3 and 4.

II. Programme priorities and partnerships

17. The UNFPA programme will contribute to the Strategic Development Plan, which is linked to the Sustainable Development Goals and the 2030 Agenda. The programme is designed to support the Government to achieve its commitments to the ICPD agenda and towards the achievement of the UNFPA transformative results. Through its support to the United Nations Sustainable Development Cooperation Framework, the UNFPA country programme is designed to support the acceleration towards the 2030 Agenda, in line with the Decade of Action.

18. The country programme is designed to contribute to achievement of UNSDCF sub-outcomes in the area of health, focusing on: sexual and reproductive health and building a strong evidence base to increase decision-making and care-seeking behaviour for adolescent women and girls; mobilizing adequate resources for health and reducing the financial hardship arising from out-of-pocket interventions; supporting young people through a focus on healthy relationships and comprehensive sexuality education (CSE); and strengthening of the provision of multisectoral and coordinated gender-based violence response services, with a particular focus on the health sector.

19. The main focus of the programme is to support national efforts to achieve universal access to sexual and reproductive health and reproductive rights, in line with the UNFPA transformative results to end maternal deaths, unmet need for family planning, and gender-based violence and harmful practices. It responds to the principle of leaving no one behind, focusing on women, adolescents and youth, particularly those living in rural areas, people with disabilities and key population groups. The programme will assist the Government in implementing the principles of the ICPD Programme of Action.

20. UNFPA will combine advocacy and policy dialogue, evidence-based policy advice, knowledge management, capacity building and partnerships including South-South and triangular cooperation, in support of Government efforts to accelerate achievement of the SDGs and reduce geographic, socio-economic, gender and socio-cultural inequalities. The programme aims to bridge the humanitarian-development divide by ensuring that humanitarian assistance is delivered in the context of resilience and broader sustainable development priorities. It will strengthen national capacities on disaster preparedness and contingency planning for implementation of the Minimum Initial Services Package (MISP).

21. The programme will directly contribute to UNFPA's transformative results and the high level commitment is that by 2025, 47,000 additional users of modern family planning methods, including adolescent girls aged 15 to 19 years, contributing to a reduction in unintended pregnancies and maternal mortality.

A. Sexual and reproductive health and rights

The UNSDCF shows a link between unmet need for family planning and economic development. For Timor-Leste to achieve its development goals, voluntary access to and uptake of SRHR-HIV services is critical, alongside strengthening of the health systems, SRHR services are also closely linked to gender and youth outcomes.

22. *Output 1. The capacity of the national health system to provide high-quality, rights-based integrated sexual and reproductive health and HIV services, including availability and increased demand for family planning, response to gender-based violence, in line with the essential service package, stigma-free HIV services and referrals is strengthened, including in humanitarian settings*.

23. To achieve this output, UNFPA will work closely with the Ministry of Health to: (a) support implementation of the National Reproductive Health Commodity Security Strategy; (b) continue to build capacity of health-service providers to provide high-quality, rights-based integrated sexual and reproductive health and HIV services to all, including

increased demand for family planning, strengthened response to GBV survivors, and stigma-free HIV services, with a focus on pregnant women, young people and key populations; (c) improve capacity of the health systems to implement MISP (d) support establishment of safe spaces in selected service- delivery points at the community-health-centre level to ensure survivor-centred health response to GBV survivors; (e) advocate for pre-service curriculum development on GBV for health practitioners; (f) encourage improved linkage between survivors and GBV response through case management and referral pathways; (g) ensure participation of health-care providers in the existing referral network; (h) training of health staff to strengthen accessible and timely essential health services for survivors, especially first-line support, including on referral mechanisms; and (i) advocate for policies on SRH and HIV integration, for a more efficient use of healthcare workers, and ensure a continuum of prevention, treatment, support and care services.

24. Output 2. The capacity of skilled birth attendants to provide high-quality maternal health services, including antenatal care, EmONC, postpartum care, and elimination of mother-to-child transmission of HIV and syphilis, as well as to carry out maternal death reviews, is strengthened, especially in areas most in need.

25. To achieve this output, UNFPA will: (a) continue to implement the comprehensive training for EmONC, monitor and provide supportive supervision and mentoring to improve quality of care after training; (b) continue to build the capacity of partners to implement and respond to findings from maternal and perinatal death reviews; (c) work with its partners towards ensuring birth attendants have capacity to provide high-quality antenatal, intrapartum and postpartum care, including elimination of mother-to-child transmission of HIV and syphilis; (d) improve the capacity of the three midwifery schools to provide high-quality pre-service midwifery education including a module on the MISP; (e) train educators and maintain the quality of training by ensuring compliance with international standards; (f) supporting the Government to develop policies that regulate the work environment of midwives; and (g) develop and support a standardized competency-based midwifery bridging education programme.

26. Ensuring midwifery schools have the capacity to deliver the curriculum will increase knowledge of modern family-planning methods among the population, help to respond to and reduce GBV, and improve adolescent sexual and reproductive health. UNFPA will actively seek opportunities for South-South cooperation for capacity building on the midwifery education programme. The success of this output is linked to the development community advocacy and mobilization in the gender and youth programmes to increase health care-seeking behaviour.

27. *Output 3: Awareness on prevention, transmission and treatment of HIV and other sexually transmitted infections, and uptake of HIV testing, especially among key populations, young people and pregnant women is increased, contributing to reduced stigma and discrimination towards people living with HIV*.

28. To achieve this output, UNFPA will: (a) provide technical support to the Ministry of Health in developing a national HIV prevention strategy; (b) work with Ministry of Health and civil society organizations to increase comprehensive knowledge of HIV among the general population, with a focus on key populations, young people and pregnant women, and increase uptake of HIV testing; (c) support efforts to ensure key populations – including people living with HIV and uniformed personnel – have improved demand and referrals to SRH–HIV services; and (d) develop interventions to reduce stigma and discrimination towards people living with HIV. UNFPA will continue to expand its collaboration with civil society organizations, the National Police of Timor-Leste and other key stakeholders. The achievement of this output is linked to the CSE interventions under the youth output.

B. Adolescents and youth

29. The Common Country Assessment identifies adolescent and young girls as one of the most vulnerable groups in Timorese society. To address this vulnerability, comprehensive

sexual education and supporting young people to develop their potential are critically important.

30. *Output 1. The national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality is strengthened*.

31. UNFPA will achieve this output by generating evidence to: (a) provide technical assistance to further strengthen and integrate CSE in the pre-secondary and secondary national curriculum, in line with international standards; (b) collaborate with the State Secretary for Youth and Sport and Civil Society organizations, supporting comprehensive sexuality education for youth outside school through innovative approaches and partnerships, with a particular focus on young girls, through youth centres and youth organizations; and (c) collaborate with the Ministry of Education and Sports to implement boys and girls circle activities to empower youth and sensitize their parents on the importance of CSE.

32. This will promote young people's knowledge of SRHR and increased use of sexual and reproductive health information and services. These activities will also support and inform initiatives under Outcome 3 (below) by promoting gender-equitable social norms, attitudes and behaviours under the Spotlight Initiative, and will also be informed by research on harmful gender norms and youth's online access to information on sexuality.

C. Gender equality and women's empowerment

33. *Output 1. The capacity of relevant government institutions and non-government organizations to implement the National Action Plan on Gender-Based Violence is strengthened*.

34. Reducing GBV is closely linked to the work that UNFPA does under the reproductive health programme, and the two programmes will be closely coordinated. UNFPA will work to achieve this output by supporting efforts to: (a) support strengthening of coordination within the health system and with other sectors for a strong multisectoral response to GBV; (b) raise community awareness on impact of GBV – including intimate partner violence – and availability of services. This will also aim to advocate for and create care-seeking behaviour; (c) support capacity strengthening of relevant government staff in areas of monitoring and evaluation of the implementation of the NAP-GBV; (d) promote the inclusive approach of the NAP-GBV by encouraging an increased focus on GBV prevention and access to GBV services for vulnerable groups, such as persons with disabilities. This output is also closely linked with outputs 1 and 2 of outcome 4 where UNFPA will closely work with the General Directorate of Statistics to strengthen their capacity to collect and analyse data related to GBV, including domestic violence and intimate partner violence, in line with international and regional standards to inform laws, policies and programmes. The output will be partially achieved though the joint programme with four other United Nations agencies through the Spotlight Initiative.

D. Population dynamics

35. High-quality population-related data is critical for programming and monitoring of the UNSDCF in the context of the SDGs and reflects the comparative advantage of UNFPA. The country office will continue its programme on population dynamics, with a focus on census and demographic and health surveys, as per the recommendations of the evaluation.

36. *Output 1. National capacity for production and dissemination of high-quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities and for using this data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings is strengthened.*

37. UNFPA will work to achieve this output by: (a) mobilizing resources and providing technical support to build capacity in the General Directorate of Statistics for collecting, analysing and disseminating data from a population and housing census and from other population surveys, chiefly a demographic and health survey, to better understand demographic disparities in the country; (b) using pillar 5 of the Spotlight Initiative, UNFPA will support the General Directorate of Statistics and other relevant line ministries to improve the range, quality and consistency of prevalence and administrative data on violence against women and girls; (c) utilizing high-quality spatial data derived through the census and DHS to reach those left furthest behind, such as adolescent women in underserved rural and urban areas, to raise their knowledge and access to SRHR; (d) strengthening the statistical literacy of a broad range of development partners, including through collaborative implementation of the UNSDCF with United Nations partner agencies and by increasing awareness of and use of data on violence against women and girls through the Spotlight Initiative; (e) promoting awareness among the public and decision-makers on population dynamics and the demographic dividend and disability statistics to ensure that no one is left behind; and (f) strengthening the capacity of selected line ministries in integrating relevant population issues into plans and policies. The strategy will use health economics analytics and models to measure the potential returns from increased investments in SRHR, detail the cost-benefit scenarios of different interventions and programmes, and use investment cases to inform policies that expand access to essential health services and help to mobilize adequate financial resources.

III. Programme and risk management

38. The UNFPA programme will be implemented through government implementing partners such as the Ministry of Health; the Ministry of Education; the State Secretary of Equality and Inclusion; the State Secretary of Youth and Sport and the General Directorate of Statistics. The Ministry of Foreign Affairs will lead programme implementation and ensure coordination among government implementing partners and selected civil society partners. Collaboration with local civil society partners will be continued and expanded. UNFPA will continuously develop capacities of civil society organisations (CSOs) and will also benefit from capacity building of CSOs through the UN-Women-led CSO component of the Spotlight Initiative. UNFPA will use the national execution modality and collaborate with other United Nations organizations. UNFPA will contribute to the UNSDCF coordination mechanisms by actively participating in the joint UNSDCF Steering Committee, to be co-chaired by the Resident Coordinator and the Ministry of Foreign Affairs, and in results groups and theme groups, for ensuring coherent and effective coordination of the UNSDCF implementation, review and reporting

39. Timor-Leste is highly vulnerable to frequent natural hazards and the effects of climate change. Although the country had a tumultuous past with violent conflict the current situation does not suggest a reversal into conflict. In 2018, elections were held without eruptions of violence. However, the Government was unable to pass a new state budget, and it is unclear when the budget will be available for government programming. The extensive youth unemployment, delayed passing of national budget and limited opportunities could lead to instability during the next country programme. UNFPA programme will seek to mitigate the impact of possible disasters and conflict by building resilience of the population, with a particular focus on young people, through improved life skills and a focus on healthy relationships. The programme will also build resilience of families through a concerted focus on voluntary family planning to improve the health of women and children. This will be achieved by strengthened community engagement for emergency preparation, with a focus on gender-based violence and strengthening of the health workforce to ensure continuity of services during disasters. UNFPA will continue to engage with the Peace and Security mechanisms in the country to support the building of resilient institutions and promote social cohesion.

40. Furthermore, the expected formal designation as a lower middle-income country in 2021, resources from traditional donors will be scarce. However, building on recent

successful resource mobilization, the country office will continue to collaborate and seek funding from bilateral and multilateral donors. For example, funding has been secured through the Spotlight Initiative which will be implemented as a joint programme by UNFPA, UN-Women, UNICEF, International Labour Organization (ILO) and UNDP as well as funding support from the Korea International Cooperation Agency (KOICA), which is anticipated, will support the work under outcome 3 on gender equality.

41. The current staffing of the office is sufficient for implementation of the county programme. However, any additional resources mobilized will require staffing in order to ensure satisfactory implementation. UNFPA will also rely on additional support from the technical and programme staff of the regional office, as required. In the event of an emergency, UNFPA will, in consultation with the Government, reprogramme funds in order to respond to emerging issues within the UNFPA mandate, including humanitarian emergencies.

42. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

43. UNFPA will work with the Ministry of Foreign Affairs which coordinates and monitors all development partners working in the country. UNFPA will primarily use the national execution modality and collaborate with other United Nations organizations.

44. A particular focus on capacity development for partners for monitoring and evaluation will be included to support monitoring of the NAP-GBV under output 3.1 and for support to civil society organisations and the State Secretariat for Youth and Sport to monitor implementation of the national youth policy under output 2.1. These interventions will feed into the overall ability of the Government to monitor development programmes.

45. Together with the Government, UNFPA will develop a partnership plan and a monitoring and evaluation plan, and conduct programme monitoring, including field visits, and periodic progress reviews throughout the programme cycle for tracking progress towards the results, learning, efficient programmatic adjustments and reporting. UNFPA will support the Government to develop a database to facilitate annual tracking of progress, using process and results indicators. UNFPA will conduct thematic evaluations on the Spotlight Initiative as part of joint programming with the United Nations country team and the independent end-of-programme evaluation in 2024, according to UNFPA and United Nations Evaluation Group guidelines.

RESULTS AND RESOURCES FRAMEWORK FOR TIMOR-LESTE (2021-2025)

NATIONAL PRIORITY: By 2030, Timor-Leste will have a healthier population as a result of comprehensive, high quality health services accessible to all Timorese people. In turn this will have reduced poverty, raised income levels and improved national productivity.				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 4: By 2025, the people of Timor-Leste increasingly demand and have access to gender-responsive equitable, high quality, resilient and inclusive Primary Health Care and strengthened social protection, including in times of emergencies.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and Reproductive Health and Rights				
UNSDCF outcome indicator(s), baselines, target(s)	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicator(s): • Proportion of births attended by skilled health personnel (SDG indicator 3.1.2/SP indicator) (geographical disaggregation) *Baseline:* 56.7% (2016); *Target:* >70% • Maternal deaths per 100,000 live births *Baseline:* 195 (2016); *Target*: 135 • Coverage of essential health services (SDG indicator 3.8.1) *Baseline:* 52 (UHC Index, 2019); *Target*: 70 (2024) • Proportion of married women aged 15–49 years who currently use modern contraceptive methods. *Baseline:* 24.1% (2016); *Target:* 40% • Proportion of the population 15-49 years with comprehensive knowledge of HIV disaggregated by gender. *Baseline:* Men 16%; Women 10% (2016); *Target*: Men 25%; Women 25%	Output 1.1. The capacity of the national health system to provide high-quality, rights-based integrated sexual and reproductive health and HIV services, including availability and increased demand for family planning, response to GBV, in line with essential service package, stigma-free HIV services and referrals is strengthened, including in humanitarian settings.	• Number of community health centres providing good quality comprehensive reproductive health services, including HIV and family planning, in municipalities *Baseline:* 8 *Target:* 50 • Percentage of health facilities with no stock out of modern methods during the previous year. *Baseline:* 38%; *Target:* 100% • Number of community health centres with capacity to provide essential services and referrals to survivors of gender-based violence. *Baseline*: 0; *Target*: 13	Ministry of Health; SAMES; Ministry of Social Solidarity; Ministry of Education; Secretary of State for the Promotion of Equality; midwifery schools; civil society partners; United Nations agencies; Australia; EU	$4.3 million ($1.05 million from regular resources and $3.25 million from other resources)
	Output 1.2. The capacity of skilled birth attendants to provide high-quality maternal health services, including antenatal care, EmONC, postpartum care, and elimination of mother-to-child transmission of HIV and syphilis, as well as to carry out maternal death reviews, is strengthened, especially in areas most in need.	• Number of health facilities providing 24/7 basic EmONC services as per national standards. *Baseline:* 8; *Target:* 32 • Number of municipalities with functioning maternal and perinatal death surveillance response mechanisms. *Baseline:* 5; *Target:* 13 • Midwifery schools that have the capacity to deliver the updated national curriculum, skill lab and clinical training site that meet ICM standards and are accredited by the government. *Baseline:* 0; *Target:* 3		$3.37 million ($1.5 million from regular resources and $1.87 million from other resources)
	Output 1.3. Awareness on prevention, transmission and treatment of HIV and other sexually transmitted infections, and uptake of HIV testing, especially among key populations, young people and pregnant women is increased, contributing to reduced stigma	• Number of UNFPA supported organizations (CSOs or other national institutions) actively working towards increasing comprehensive knowledge of HIV. *Baseline*: 1; *Target*: 3 • Number of people who have been tested for HIV in the past 12 months and received the results of the last test. *Baseline: 0; Target: 100,000*		$.830 million ($0.45 million from regular resources and $0.38 million from other resources)

	and discrimination towards people living with HIV.	• Percentage of people 15-49 years with discriminatory attitudes towards People Living with HIV, disaggregated by gender. *Baseline*: Men: 54.9%; Women: 76.4% (2016); *Target:* Men: 36.6%; Women: 50.9%		
NATIONAL PRIORITY: By 2030, Timor-Leste will be a strong cohesive and progressive nation where the rights and interests of the most vulnerable citizens are protected.				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 3: By 2025, all people of Timor-Leste, regardless of gender identity, abilities, geographic location and particular vulnerabilities, have increased access to quality formal and innovative learning pathways (from early childhood through lifelong learning) and acquire foundational, transferable, digital and job-specific skills.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescents and youth				
UNSDCF Outcome indicator(s): • Adolescent birth rate (aged 10-14; aged 15-19) per 1000 women in that age group (SDG indicator 3.7.2) *Baseline*: 42 (aged 15-19); *Target*: 35 Related UNFPA Strategic Plan Outcome indicator(s): • Percentage of women 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission *Baseline:* 7.7%; *Target*: 25% • Percentage of men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission *Baseline*: 14.6%; Target: 25%	Output 2.1. The national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality is strengthened.	• Timor-Leste drafts new and/or strengthens Comprehensive Sexuality Education programmes in line with international standards (Spotlight Initiative Indicator 3.1.1) *Baseline*: No; *Target*: Yes • Number of youth organizations and centres in selected municipalities conducting comprehensive sexuality education training programmes that adhere to national and global standards. *Baseline*: 0; *Target*: 13 • Number of schools implementing boys and girls circle interventions that promotes gender-equitable norms and behaviours and exercise of rights, including reproductive rights). *Baseline*: 3 schools (2019) *Target:* 20 schools (in 6 municipalities)	Ministry of Education Youth and Sports, Secretary of State for Youth and Sports, Ministry of Health	$1.9 million ($1.0 million from regular resources and $0.9 million from other resources)
NATIONAL PRIORITY: By 2030, Timor-Leste will be a strong, cohesive and progressive nation where the rights and interests of its most vulnerable citizens are protected.				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 5: By 2025, the most excluded people of Timor-Leste are empowered to claim their rights, including freedom from violence, through accessible, accountable and gender responsive governance systems, institutions and services at national and subnational levels.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women's empowerment				
UNSDCF Outcome indicator(s): • Percentage of people who think it is justifiable for a man to subject his wife/intimate partner to violence, by age and sex *Baseline*: Men: 53%; Women: 74%	Output 3.1. The capacity of relevant government institutions and non-government organizations to implement the National Action Plan on Gender-Based Violence is strengthened.	• Number of annual monitoring exercises conducted by the government on the implementation of the national action plan on gender-based violence. *Baseline:* 1 (2019); *Target:* 3 • Number of women and girls who have access to SRH and education programmes that integrate	Secretary of State for Equality and Inclusion; Secretary of State for Youth and Sports, Ministry of Education, Ministry of Social Solidarity,	$4.1 million ($0.6 million from regular resources and $3.5 million from other resources)

(2016) *Target*: Men: 35%; Women: 55% • Proportion of women, including those facing intersecting and multiple forms of discrimination, who report experiencing physical or sexual violence who seek help, by sector *Baseline*: 19.5% (2016) *Target:* 35% Related UNFPA Strategic Plan Outcome indicator(s): • 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 *Baseline*: 36.8% (2016); Target: 20%		VAWG response into their strategies. *Baseline* 0; *Target*: 1500	Ministry of Health; civil society organizations (Alola Foundation, Fokupers, Pradet); UN-Women, UNFPA, UNDP, UNICEF, ILO, IOM, Nabilan, EU	
NATIONAL PRIORITY: The Government will continue to improve the quality, timeliness, accuracy and availability of statistical data for our people.				
SPECIFIC FRAMEWORK OUTCOME: Outcome 4: By 2025, the people of Timor-Leste increasingly demand and have access to gender-responsive equitable, high quality, resilient and inclusive Primary Health Care and strengthened social protection, including in times of emergencies.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
Specific framework outcome indicator(s), baselines and target(s)	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicator(s): • Proportion of countries that: (a) have conducted at least one population and housing census during the last 10 years; *Baseline*: 1; *Target:* 1	Output 4.1. National capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities and for using this data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings is strengthened.	• Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of demographic disparities and socio-economic inequalities *Baseline* (2021): 0; *Target*: 3 • Number of studies produced by the National statistical authority on a) adolescents and youth and b) gender-based violence *Baseline:* 1; *Target:* 3 • Number of SRHR investment case studies and health economics analytics and modelling exercises on family planning and gender based violence undertaken and utilised in policies and programming. *Baseline:* 2; *Target:* 5	General Directorate of Statistics; Ministry of Health; other line ministries; international agencies (UNICEF, UN-Women, WHO); civil society organizations; National University of Timor-Leste	$1.5 million ($1.25 million from regular resources and $0.25 million from other resources)