



Convention on the Rights of the Child

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Consideration of reports of States parties

List of issues in relation to the combined second and third periodic reports of Timor-Leste

Addendum

Replies of Timor-Leste to the list of issues*

[Date received: 18 August 2015]

Part I

1. Timor-Leste has a firm commitment to provide the additional information requested by the Committee on the Rights of the Child in February 2015, and Timor-Leste is ready to compile all of the information required by the Committee to complete the Timor-Leste progress report that was sent in 2013, in order to satisfy the Committee's concerns that were highlighted in the list of issues sent by the Committee that require additional information.

2. Therefore, we are confident that the responses taken by Timor-Leste, that are set out in this complementary report, which will be used to evaluate the efforts and measures taken in relation to children's issues in Timor-Leste since the restoration of independence on 20 May 2002, and since the submission of its 2008 Initial report and its 2013 progress report, are in line with the list of additional information required, and reflect the existing political and legislative realities in regards to the protection of the rights of the child in Timor-Leste.

3. Timor-Leste is also a member of the Community of Portuguese Speaking Countries (CPLP) and has addressed the issue of protecting the welfare of the child in accordance with the principles and values of CPLP member countries, and has engaged in international collaboration with all of the members of the CPLP to eradicate discrimination in regards to the protection of the child based on the Convention on the Rights of the Child 1989 and has given full consideration to the protection of the child as a member of the CPLP during the

* The present document is being issued without formal editing.



CPLP conference that took place in Dili between 22-23 June 2015. Timor-Leste took over the presidency of the CPLP for the 2015-2017 period, which included the meeting of the council of ministers of the CPLP whereby the members of the CPLP affirmed their commitment for the protection of the child, in order to guarantee and ensure protection in areas affected children in the member countries of the CPLP.

4. Timor-Leste has adopted the principle of legality in accordance with national law and in harmonization with other laws that consider the age of majority still 17 years. In relation to the draft Tutelary and Education Law for Minors which is being finalized and harmonized in line with the juvenile justice coordination mechanism and the drafting of legislation, that shall be presented to the Council of Ministers. The Law Against Human Trafficking was approved by the Council of Ministers in 2015.

5. In accordance with the Constitution, all legislation in Timor-Leste is normally produced in the official languages, namely Tetum and Portuguese, however other local languages can be used to disseminate information to the community so that the communities in rural areas can understand the substance of these laws, and the laws can also be translated into the working languages of Indonesian and English when it is necessary to involve other entities who do not understand the official languages of Tetum and Portuguese.

6. In 2013 a survey was launched to draft a National Action Plan on Human Rights via an Instruction from the Prime Minister of Timor-Leste No. 017/X/2014, to create a Working Committee on Human Rights to appoint focal points in the line ministries to draft a National Action Plan on Human Rights that also covers the rights of the child in Timor-Leste. In relation to the National Action Plan, the Committee is currently preparing a draft National Action Plan on Children's Rights, and the Committee already has a five year Strategic Plan for the period 2015-2019.

7. The status of the Commission for the Rights of the Child is set out in Decree-Law 02/2013 approving the Organic Structure of the Ministry of Justice which in Article 17.3 states that the National Commission for the Rights of the Child is under the administrative authority of the Ministry of Justice and has technical autonomy to perform management tasks in accordance with established orders corresponding with the operational procedures of the commission, and the National Commission for Children's Rights is headed by a National Commissioner who is directly appointed by the Prime Minister with a two year mandate and the commission is staffed by public servants in accordance with the policies of the Public Service Commission and currently there are 12 staff, comprising both permanent and temporary staff members. With the recent restructuring of the government in February 2015, the 6th Constitutional Government was formed which reorganized the structure and changed the name of the National Commission for the Rights of the Child (KNDL) to the Commission for the Rights of the Child (KDL) which is under the authority of the Minister of State, Coordinator of Social Affairs and Minister of Education.

8. In 2010 Timor-Leste carried out a national census and in 2015 Timor-Leste will start a new national census whereby the Directorate General for National Statistics will work in collaboration with all of its institutional partners as well as the United Nations Children's Fund (UNICEF) to consider the establishment of a database system for children in Timor-Leste.

9. The Office of the Ombudsman for Human Rights and Justice has been receiving an annual budget allocation from the State since its establishment, and budget allocations have been as follows: 2011 - \$1,298,000.00, 2012 - \$1,322,000.00, 2013 - \$2,180,000.00, 2014 - \$1,512,000.00, 2015 - \$1,411,000.00.

10. The human resources of the Office of the Ombudsman for Human Rights and Justice (PDHJ) are permanent officers in line with the Public Service recruitment policy and the

PDHJ has 95 permanent staff members and 15 temporary staff members, and the PDHJ received technical and financial assistance from the United Nations Development Programme (UNDP) for institutional capacity building programs. The PDHJ also had a partnership with USAID through a Government-to-Government (G to G) program with funding of \$117 million for an 18 month project that expired in January 2015.

11. The Office of the Ombudsman for Human Rights and Justice also has a mandate to receive complaints from the public as well as carrying out awareness raising activities and from 2006 onwards monitoring has been conducted that indicates that there have been 5 cases of teachers committing crimes of corporal punishment and attempted sexual abuse.

12. In relation to the Registry Code, public consultations are currently taking place to hear the views of all entities before the draft is presented to the Council of Ministers for approval and the team is endeavoring to prepare a final draft before it is submitted to the Council of Ministers.

13. Timor-Leste has a law that prohibits the commission of any act against a child in any circumstance and any manner as set out in the Timor-Leste Penal Code, the Law Against Domestic Violence and other laws that prohibit violence against children. Timor-Leste has also adopted a Zero Tolerance policy in relation to violence against children in schools.

14. In relation to the reintegration of children who have suffered violence, based on current data the Ministry of Social Solidarity has been involved in and overseen a total of 327 cases between 2012-2015 involving conflict with the law. The Ministry of Social Solidarity through a social solidarity institutional strengthening program has managed to provide assistance to all institutions that are implementing welfare programs for children and families, especially vulnerable children and mothers. Existing shelters in Timor-Leste have been able to get financial support to help children and families who have been victimized and who need protection and social assistance for their welfare.

15. Timor-Leste has established a Child Protection System which has three pillars: Prevention, Interventions and Legal Assistance; The Prevention pillar increases knowledge in the community about Child Protection and prevents children from being exposed to risks and dangers; Interventions and Child Services assist children who have suffered abuse and services are provided through the Referral Network to ensure that there are integrated interventions and Legal Assistance to ensure children's access to justice.

16. To guarantee protective services for children, the Government of Timor-Leste, through the Department of Child Protection within the Ministry of Social Solidarity (MSS) has established a Child Protection Network in the 13 municipalities (districts), and in 2013 the MSS started extending the Child Protection Network to the 65 Administrative Posts (sub-districts). Social workers are available to ensure the functioning of the Child Protection Network: at the Municipality (District) level the Government has deployed 26 Child Protection Officers (2 in each Municipality). At the Administrative Post (sub-district) level, 65 social workers (social animators) have been deployed (one for each Administrative Post).

17. The Child Protection Network at the Municipal level comprises Child Protection Officers, the Vulnerable Persons Unit of the Police, Focal Points from the Ministry of Health, Focal Points from the Ministry of Education, Ministry of Justice and representatives from NGOs operating in the field of child protection. Coordination mechanisms between members of the Child Protection Network the Child Protection Network at the Municipality level is coordinated by the Child Protection Officers and at the Administrative Post level it is coordinated by Social Animators. Members of the Child Protection Network have regular meetings every month at the Municipality level and quarterly at the Administrative Post level to improve the quality of services and to update cases. When necessary, restricted "case conference" meetings are held to discuss specific and complicated cases.

18. Strategy and Role of the Child Protection Network. The Ministry of Social Solidarity has adopted policy of Social Mobilization to conduct awareness raising campaigns to prevent children from suffering any form of abuse. The Child Protection Officers have developed a “talk show” for community radio, and have developed community dialogue with community leaders, and they have conducted campaigns in school to prevent teachers from using — “corporal punishment” against students.

19. To ensure interventions in cases involving children who have been victimized, the Government established a coordination mechanism through the Referral Network System that has established guidelines to provide direction regarding the functioning of the Referral Network and Standardized Operating Procedures that define the role of each actor. This defines the role of the Child Protection Officers, Police of the Vulnerable Persons Unit, the role of Pradet (an NGO that provides counselling and forensic examinations), the role of health centers in providing emergency and ongoing treatment to victims, the role of safe houses to ensure the protection and intensive assistance to victims who are in danger, the role of the Ministry of Education in relation to the reintegration of children in schools, the role of ALFeLa (an NGO that provides advocacy for children’s access to justice), and the role of the Safe Houses.

20. To ensure interventions in cases and to ensure the reintegration of children, the Ministry of Social Solidarity has adopted a Case Management Policy that provides clear guidance about the cycles or phases that have to be passed through when attending to a case. In case management, attention is given to the role of the family in terms of guaranteeing the child’s reintegration in the family and community. All interventions are based on the principle of “upholding the best interests of the child”. Through a Ministerial Order on the Reinsertion/Reintegration of victims, the Ministry of Social Solidarity has clear guidance on measures that need to be taken to facilitate the process of reintegrating children in the family. The Ministry of Social Solidarity has adopted a “Child and Family Welfare System Policy” to ensure protective services are provided to the child to address the role of the family and the community. The Ministry of Social Solidarity has developed and is finalizing a draft Child Protection Law to regulate the components of interventions in cases involving children who are at risk or in danger. The Ministry of Social Solidarity has developed and is finalizing a draft Decree-Law on social solidarity institutions, including those institutions that are providing rehabilitation and reintegration services to victims, namely: Safe Houses that are operated by the NGO PRADET and Shelters operated by NGOs (Casa Vida, Holy Spirit Salele and FCJ (Youth Communication Forum).

21. The Referral Network System provides a coordination mechanism, and the guidelines provide clear guidance on the articulation between the pillar regarding intervention and service provision to victims, and the legal aid pillar. When the Vulnerable Persons Unit acts through the Referral Network mechanism, it will start collecting evidence from PRADET interventions and evidence from health treatment interventions (forensic examinations) to start compiling a case file for the Public Prosecution Service with the aim of ensuring that victims will have access to justice and to ensure the prosecution of those who perpetrate violence against victims who are minors.

22. In this regard, the Child Protection Officers carry out an important role by producing social reports that provide references to the Public Prosecution Service in the analysis of cases involving minors. The Child Protection Officers and social officers at the shelters have an important role in monitoring the judicial process to instill confidence that victims will be able to access justice and to ensure the legal protection of the victim until he/she is reintegrated in the family and community.

23. Also, monitoring and referral mechanisms are being strengthened to ensure the protection of children. The Child Protection Network is being strengthened in all

municipalities and is being established in 22 Administrative Posts, especially in border areas with the support of UNICEF.

24. Through the Ombudsman for Human Rights and Justice, in 2013 Timor-Leste signed an agreement with the Indonesian National Commission on Human Rights in Bali relating to the children who disappeared between 1975 and 1999. Through this cooperation with Indonesia a number of children have been identified, namely 13 children that were taken by the Indonesian military to Indonesia (missing) and Timor-Leste has submitted this list to the Indonesian National Commission on Human Rights. A total of 300 children went missing between 1975-1999 based on a list from the Indonesian National Commission on Human Rights. A meeting has taken place between the children and their families, that was facilitated by the Ombudsman for Human Rights and Justice and the Indonesian National Commission on Human Rights in May 2015, and some of those children have visited their families of their own volition and using their own funds. The children that went missing between 1975-1999 are now adults and they are fully entitled to choose Indonesian citizenship or Timorese citizenship, as they have the right to choose.

25. The Ministry of Justice, through the National Directorate of Registry and Notary Services, has established a registry for children born in 12 municipalities and the Oecusse Special Administrative Region. This 'on-line' registry is available to the 12 registry offices, the Oecusse Administrative Region and the central registry office in Dili. Regarding a policy on birth registration, there is a Memorandum of Understanding (MOU) between the central hospital and referral hospitals that started in 2007 which includes clinics at the administrative post level and health posts at the village level, as well as monitoring the registration of births in rural areas and remote areas.

26. Timor-Leste has started a survey on births that has been given to the offices that register the birth of children (babies) so they can produce birth certificates, and the registration of children is compulsory pursuant to UNTAET Regulation No. 3/2001. The National Directorate of Registry and Notary Services, within the Ministry of Justice, has established a partnership with UNICEF, which provides technical and financial support for the program to register children aged 0-5 in Timor-Leste.

27. Timor-Leste has adopted a compulsory birth registration system and therefore all children are born with the right to have their birth registered and to receive a birth certificate from the State, issued by the National Directorate of Registry and Notary Services, within the Ministry of Justice, and children who have been separated from their parents or those whose biological father is unknown have the right to access the registry through the family that is responsible for them, based on declarations provided to the National Directorate of Registry and Notary Services, Ministry of Justice.

28. The National Directorate of Registry and Notary Services, Ministry of Justice, has also established a policy on a mobile registration system and a mechanism to collaborate with the village chiefs in rural and remote areas in the 12 municipalities and the Oecusse Special Administrative Region to register newborns in villages and sub-villages that are located a long way from public services. Birth registration and the processes and mechanisms for the adoption of children are set out in the Civil Code and require judicial decisions through the Public Prosecution Service, to enable the National Directorate of Registry and Notary Services, Ministry of Justice, to carry out the registration. There are two examples involving foreigners; one from Brazil and one from Australia who have carried out adoption. No adoptions have occurred between citizens of Timor-Leste.

29. The national policy on the protection of people with disabilities. The Ministry of Education has given full consideration to the circumstances of people with disabilities such as their right to access school free of charge and to provide maximum assistance so that they can study within a system of inclusion (mainstream education), and the Ministry of

Education is currently providing training to 236 teachers in three municipalities, namely Dili, Aileu no Lautem. This training will build the capacity of teachers to ensure that children with disabilities can have access to regular schools. In addition, data collection has commenced in remote areas to identify children with disabilities in the municipalities of Dili, Ainaro, Aileu and Lautem. The Ministry of Education also has a policy on accessibility for children with disabilities in regular schools, and implementation has started in the municipalities of Dili, Lautem and Aileu. This policy will cover all of the municipalities.

30. The education policy applies to children with disabilities in public primary schools, with the aim of allowing them to study together with other children who are not disabled, who will assist them. Only those children who are suffering visual or auditory disabilities study at special schools, such as the school in Taibesse (SLB). In remote areas the education policy is implemented through satellite schools and through parallel classes.

31. The immunization program of the Ministry of Health aims that by 2015 the vaccination coverage (complete vaccination) will reach 95% for children under-one year of age. Immunization services are available at all levels of health care facilities including fixed site clinics (SISCA) at Suco (village level), mobile clinic and outreach. All efforts have contributed to increase immunization coverage in the country. Latest immunization coverage (2014 administrative report) showed the progress made, with around 80% for complete three doses of Diphtheria, pertussis, Tetanus, Hepatitis B, and HIV (together these five antigens protecting against five diseases is called pentavalent vaccine) and OPV (complete three doses of Oral polio Vaccine) and around 70% for measles at 9 months (single dose). However coverage differs substantially from municipality, with municipality with around 50% coverage (2014 administrative report). The country is going to introduce the routine vaccination program in September of this year 2015, two doses of MR (measles-rubella) vaccine to prevent congenital Rubella along with measles to eliminate measles-rubella from the country and an injectable polio vaccine to eradicate polio from this country.

32. The new approved Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Strategy 2015-19 defines key interventions and activities on immunization as follows:

- 1) Educate communities and parents on the importance of immunization in preventing common childhood illnesses, standard immunization program, its schedule and where to access the service.
- 2) Collaborate with local authorities at the village level for mapping of infants (grouped by age in months) for immunization according to standard schedule.
- 3) Provide immunization services by village according to appropriate schedule and record it in immunization card. Educate parents on how to deal with fever post-immunization.
- 4) Monitor the immunization status of infants in the sub-districts with the lowest coverage of immunization and high drop-out rates, such as Manufahi and Dili, which need special attention. Aim for an increase of immunization coverage between 5-10% each year.
- 5) Address disparities in coverage of immunization services by providing sufficient services for districts, sub-districts and villages with a low coverage of immunization at least to achieve the average level.
- 6) Ensure quality of cold chain at every level of health facility through facilitative supervision.
- 7) Ensure availability of vaccines and prevent stock-outs.

- 8) Manage carefully every case of immunization side-effects.
- 9) Improve integrated services for managing common childhood illnesses and ensure availability of relevant medicines.
- 10) Facilitate community participation and actions for increasing complete immunization coverage in infants.

33. Weighing children and measuring their upper arm circumference indicates normal weight, underweight and severely underweight, as well as normal, moderate mid upper arm circumference-MUAC and malnutrition, which indicates when appropriate interventions are required to help the child return to normal. In relation to the issue of malnutrition in Timor-Leste, the Ministry of Health has taken a range of measures to conduct interventions such as the Infant and Young Child Feeding Program for newborns (first milk (colostrum), exclusive breast feeding, provision of complementary food and ongoing breastfeeding until 2 years or past 2 years of age).

34. The Ministry of Health is working together with UNICEF, the Alola Foundation and international and national organizations to promote and carry out interventions, acute malnutrition treatment programs in the community, whereby malnutrition is identified by health staff or volunteers at health facilities (Community Health Centers, Health Posts, Integrated Community Health Services (SISCA)) and food treatment is provided (Plumpy'Nut for severe malnutrition and referral for hospitalization if severe malnutrition with complications). The Ministry of Health is working with UNICEF and international and national organizations to carry out interventions, and supplementary food programs.

35. When children are suffering malnutrition with moderate mid upper arm circumference-MUAC, intervention will be carried out and modified ground corn batar-uit with micronutrients to prevent children aged six months to five years, and pregnant and breast feeding mothers who are suffering from LKL menus from suffering severe malnutrition (Corn Soy Blend-CSB, Timor Vita which is produced by Timor Global, and the use of packets of Plumpy'Sup are being piloted in 3 municipalities, namely Bobonaro, Covalima and Oecusse). The Ministry of Health is working with the World Food Program (WFP) on a micronutrient intervention program (national program for Vitamin A and Abendazole which takes place twice a year in February and August for children aged 6-59 months. Zinc, Iron-Folic Supplementation Tablets, fortification of salt with iodine, Micronutrient Powder programs).

36. Malnutrition Hospitalization Treatment Program and Hospital Diet, whereby appropriate intervention is provided to children suffering malnutrition + complications, and Regular Diet and Specific Diet provided to those suffering from illnesses requiring hospitalization. A Nutrition Advocacy Program is conducted at all levels, from the highest level down to the local leaders, schools and communities by providing information on the prevention of malnutrition through the consumption of local nutritious foods and interventions through the use of clean water, handwashing with soap and personal hygiene. Awareness raising interventions through relevant programs, the relevant line ministries (Agriculture, Commerce, Education, Economics, Infrastructure, Agencies, and all NGOs working in the fields of health and nutrition).

37. Measures to provide rural WASH facilities, Community Action Plans are part of community preparations for clean water facilities, a measure to conduct joint planning with the community before installing a clean water system, and creating a sense of ownership over the clean water system that is being built or installed. The establishment of Facility Management Groups to monitor the operation of clean water systems so that clean water can flow to public tap stands and the community can collect water that is near to their homes, in accordance with the aforementioned standards. Capacity building to the Facility Management Groups (GMF) through training to provide assistance for the maintenance of

clean water systems when they need repairs. In this way, the sustainability of clean water can be guaranteed for the long term. The Government is collaborating with donors and has a commitment to providing O&M services to the clean water systems in rural areas, especially for clean water systems that use solar-powered or electrical powered pumps. Place importance on gender sensitivity in clean water services in rural areas, especially women's involvement in Community Action Plans and Facility Management Groups to ensure the participation of women in relation to clean water facilities in rural areas.

38. These efforts are aimed at ensuring access to safe drinking water, sanitation and housing, especially in rural areas. Monitoring of households to provide health education to promote basic sanitation in each household through KUBASA (classification of houses based on environmental health criteria) clean water treatment facilities (chlorination), analysis of drinking water quality through the National Laboratory, control of Dengue and Malaria vectors in the household (abatement) maintenance of water systems in the community through Facility Management Groups (GMF). Creating a household demand for the construction and use of toilets and handwashing with soap through PAKSI (Community Action Plan for Sanitation and Hygiene, WASH Education and Communication through SISCA. Wash campaigns through the Media (Television, Radio, etc).

39. Provision of capacity building through training to health officials (doctors, nurses and midwives) about how to further increase the knowledge and improving the quality of services to provide comprehensive treatment for these two infectious diseases. Conducting national campaigns to provide basic awareness raising on HIV and STIs for the population in general, namely: Students at pre-secondary schools and universities, religious institutions, local authorities at the municipality level and in remote areas, so that the general community will have knowledge about the transmission of HIV and how to protect themselves from these two types of infections. Provision of services and specific treatment to at risk groups, such as (FSW, MSM and those affected). The Ministry of Health is working together with UN Agencies, international and national NGOs, religious institutions, the F-FDTL (army), PNTL (police), community leaders, civil society, the Ministry of Social Solidarity and the National Commission for Combating HIV-AIDS in Timor-Leste (CNCS-TL) to combat these infections and to provide an alternative means of combating HIV and STIs through the use of condoms.

40. The education policy for pre-school children aged from 3 to 5 was recently provided to the main primary schools, this policy is not mandatory, but it is applied mandatorily in primary schools.

41. The education policy applies to children with disabilities in public primary schools, with the aim of allowing them to study together with other children who are not disabled, who will assist them. Only those children who are suffering visual or auditory disabilities study at special schools, such as the school in Taibesse (SLB). In remote areas the education policy is implemented through satellite schools and through parallel classes.

42. To ensure the quality of educators and students, from 2011 onwards the Ministry of Education has been providing training to educators with materials about pedagogy, ethics and Portuguese language and a type of bachelor training, especially for those educators that are from a non-teaching background.

43. In relation to students, the Ministry of Education has made changes to the examination system from a periodic system to a pass system, whereby the educators use a routine approach for each student and assess their daily study activities from the first year up until a year eight (8) and the students who are studying at year 9 have national exams to assess their knowledge to award a pass or fail. The results of their exams are sent to the national office because now there is an electronic correction system.

44. The education policy provides equal opportunity to all to access education without regard to their sex, however the Ministry of Education is focusing on girls to prevent them from dropping out and encouraging parents to give equal opportunities to their daughters and sons.
45. The legal basis/national education framework is inclusive, and therefore all citizens have the right to education. The State is promoting equal opportunities and is overcoming economic, social and cultural inequalities, guaranteeing the right to a fair and effective quality of opportunity in academic access and success (Article 2 of the Education System Framework Law). Primary education is universal, compulsory and free and lasts for nine years (Article 11 of the Education System Framework Law).
46. The National Strategic Plan presents a vision that all Timorese children must go to school and receive a quality education that will provide them with knowledge and skills to guide them so they can have a healthy life, be productive and can actively contribute to national development.
47. Schools should not just centers for children, but they need to be places that seek out children, by teaching the community to actively locate students that are living far away and not attending school. Speak with their families to find out their difficulties and approach them to bring their children to be enrolled at school.
48. Ensure that children living in remote areas can enroll and continue their schooling; provide several different grades in isolated schools, and ensure proper training for teachers and the development of materials to support this type of teaching and provide other measures of support such as school transport.
49. The Ministry of Education has started drafting a National Policy on Inclusive Education that addresses students who have special needs, the Education System Framework Law specifically provides definitions and guarantees for people with disabilities and those with special needs, for example curriculum, methods, techniques and educational resources.
50. Measures to deal with early marriages include actions such as awareness raising in the community so that they can understand concepts about the needs of the child to guarantee their studies. Traditional means are used to resolve the issue if the parents of the child come forward and inform the school. The school is obliged to help find a solution relative to the rights of the child to access school. Enrolment rates in the last three years are 95.99% for primary school and 60.48% for secondary school. The literacy rate at the primary school level is 86.64%. The State has adopted measures relating to any form of violence against girls in schools, and the Ministry of Education has a zero tolerance approach to any form of violence against children in schools. If this occurs then the teacher or school employee will be removed from his/her position and the crime will be prosecuted in accordance with criminal law. Incest is a crime and is also dealt with in accordance with criminal law.
51. The Government of Timor-Leste in 2014, via Resolution 1/2014, 15 January, established a National Commission against Child Labour with the mission of implementing and monitoring the application of the International Labour Organization (ILO) Convention No. 182 that deals with the protection of children and their rights, and to combat child labour. This commission has 13 members from the Government, employer and labour organizations and civil society.
52. When it was created the Commission established its rules of procedure and in 2014 it held 11 meetings. In its most recent meeting last year in December the Commission approved a list of activities considered dangerous and this work is prohibited for those under the age of 18, to complement Article 67. 2, d) of the Labour Code which prohibits the

hiring of minors to carry out work, by its nature or from the conditions under which it is exercised, is likely to jeopardize their health, security and moral development. This list has been included in the Decree-Law and is being discussed within the Secretariat of State for Vocational Training Policy and Employment (SEPFPOPE) and will be presented for public consultation together with employer organizations and labour organizations before submission to the Council of Ministers for approval.

53. The Commission has also taken other measures to commemorate World Day Against Child Labour on 12 June, through an awareness raising campaign in the community, especially with local authorities, parent's associations, schools, youth centers, etc. This year the theme of the commemoration relates to quality education and this event took place in Maubara and more than 78 schools participated, and the message delivered was aimed at giving children and youth the courage to continue their schooling and for parents, school directors and local authorities to support them in this regard.

54. This year the Commission also started raising awareness in the municipalities to explain to employers, workers and civil society organizations, school directors and others about the concept of child labour and also forced labour, and the applicable law.

55. The labour code in Article 68 establishes the minimum age for admission at work to be 15 and also age 13 for light work as defined in Article 69. The law does not prescribe the minimum age for dangerous work, but the International Labour Organization (ILO) Convention No. 182 has been ratified and it is applicable in the internal legal system of Timor-Leste in accordance with Article 9 of the Timor-Leste Constitution, and the prescribed age to carry out such work is 18.

56. Timor-Leste ratified the International Labour Organization (ILO) Convention No. 182 in 2009 via Parliament Resolution No. 9/2009, 8 April. The Law Against Human Trafficking was approved by the Council of Ministers and Article 31 of this law states that a commission named CLASH will be established to address the law on human trafficking and will be responsible for the drafting and coordination of a National Action Plan on human trafficking.

57. The draft juvenile justice law will be split into two categories; one relates to the Tutelary and Education law for Minors aged 12 - 16, which is being drafted by the Juvenile Justice Coordination Mechanism team (MKJJ) together with the National Directorate of Legal Assistance and Legislation (DNAJL) to finalize the aforementioned proposal that is being revised and should be submitted to the Office of the Minister of Justice in 2015 and in relation to the draft law on a Special Penal Regime for minors aged 16-21, a proposal has been finalized and legislative authorization will be sought from the National Parliament.

58. The prison system in Timor-Leste uses the common prison system and now preparations are being made to apply and implement a complementary law on the Special Penal Regime for children aged 16-21 by the Ministry of Social Solidarity. Timor-Leste has common prisons that have separated blocks and cells for adult prisoners or high profile people.

59. However, the Ministry of Justice through the National Directorate for Prison Services and Social Reinsertion has a policy and plan for 2016 to construct a Juvenile Centre so that those in conflict with the law can serve the sentences issued by the courts. At the community level when children are in conflict with law normally the case will be resolved via a family mechanism involving the parties who aim to seek an amicable solution through mediation between the families and with the payment of a fine or compensation.

Part II

(a) New bills or laws, and their respective regulations

60. The draft Civil Registry Code is awaiting approval from the Council of Ministers, and the Law Against Human Trafficking has been approved by the Council of Ministers and is now before the National Parliament awaiting approval, the Law Against Drugs has been approved by the Council of Ministers and has been submitted to Parliament for approval.

61. The Ministry of Social Solidarity is now preparing a draft Law on Juvenile Protection that will be submitted to the Council of Ministers, the Tutelary and Education Law for Minors aged 12-16 will be submitted to the Council of Ministers for approval, including a Special Regime for minors aged 16-21 which requires the approval of the Council of Ministers.

(b) New institutions (and their mandates) or institutional reforms

62. According to Decree-Law 02/2013 approving the Organic Structure of the Ministry of Justice, the National Commission for the Rights of the Child (KNDL) is under the authority of the Ministry of Justice in accordance with the structure of the V Government, and this institution has been changed to the Commission for the Rights of the Child. In February 2015 the name of the National Commission for the Rights of the Child (KNDL) was changed to the Commission for the Rights of the Child (KDL) which is under the authority of the Minister of State, Coordinator of Social Affairs and Minister of Education.

(c) Recently introduced policies, programmes and action plans and their scope and financing

63. The National Commission for the Rights of the Child (KNDL) previously sent a progress report to the Committee when it was under the Ministry of Justice but with the political changes in 2015 the National Commission for the Rights of the Child (KNDL) changed its name to the Commission for the Rights of the Child (KDL) which is under the authority of the Minister of State, Coordinator of Social Affairs and Minister of Education.

(d) Recent ratifications of human rights instruments

64. Since the time Timor-Leste submitted its second report in 2013 no human rights instruments have been ratified.

Part III

65. On the allocation of budgets for children through the school grants program and school feeding program for the three year period of 2012-2014, the Ministry of Education allocated the following funds to all of the students in schools:

(a) School grants:

(i) In 2012 the budget allocated to students at primary school totaled \$1,874,805.00;

(ii) In 2013 the budget allocated to students at primary school totaled \$2,982,118.00;

(iii) In 2014 the budget allocated to students at primary school totaled \$2,750,891.00;

- (a) School feeding program:
 - (i) In 2012 the budget allocated to students at primary school totaled \$12,674,000;
 - (ii) In 2013 the budget allocated to students at primary school totaled \$12,674,000;
 - (iii) In 2014 the budget allocated to students at primary school totaled \$12,927,000.
- 66. The number of children with disabilities that received attention:
 - (a) Data not updated on those living with their families.
 - (b) None living in institutions.
 - (c) 345 attending regular primary schools.
 - (d) None attending regular secondary schools.
 - (e) No data on attending special schools.
 - (f) No concrete data on out of school.
 - (g) No concrete data on those abandoned by their families.
- 67. Enrolment rates in the last three years are 95.99% for primary school and 60.48% for secondary school, and the literacy rate is 86.64% for primary school.
- 68. The total Health budget of MoH is 65.4 million US \$ for 2015.
- 69. The 5-years RMNCAH 2015-2019 operational plan that was designed to be implemented from 2015-2019 requires US \$66 million with an average annual cost of US \$13 million annually for program implementation. Within the limited state budget, to achieve the goals and targets, MoH has to advocated with donors, and other development partners for securing more funding.
- 70. Updated statistical data (disaggregated by age, sex, socioeconomic background, ethnic origin and geographical location) for the past three years on the number and/or rates of:

(a) Infant mortality and mortality rates for children under 5 years of age

Table 1
Distribution of cases & deaths by age group 2011

<i>Age Group</i>	<i>Cases</i>	<i>%Cases</i>	<i>Deaths</i>	<i>CFR (%)</i>
<1	16	4.3	1	0.0
1-4	88	23.4	0	0.0
5-14	105	27.9	0	0.0
>15	167	44.4	0	0.0
Total	376	100.0	1	100.0

Table 2
Distribution of cases by gender 2011

Females	203
Males	173

Total	376
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Table 3
Distribution of cases & deaths by age group 2012

<i>Age Group</i>	<i>Cases</i>	<i>%Cases</i>	<i>Deaths</i>	<i>CFR (%)</i>
<1	64	6.8	3	0.4
1-4	249	26.5	4	0.5
5-14	349	37.1	0	0.0
>15	278	29.6	4	0.5
Total	940	100.0	11	100.0

Table 4
Distribution of cases by gender 2012

Females	475
Males	465
Total	940

Table 5
Distribution of cases & deaths by age group 2013

<i>Age Group</i>	<i>Cases</i>	<i>%Cases</i>	<i>Deaths</i>	<i>CFR (%)</i>
<1	63	10.4	0	0.0
1-4	159	26.2	0	0.0
5-14	234	38.5	0	0.0
>15	152	25.0	0	0.0
Total	608	100.0	0	0.0

Table 6
Distribution of cases by gender 2013

Females	276
Males	332
Total	608

Table 7
Distribution of cases & deaths by age group 2014

<i>Age Group</i>	<i>Cases</i>	<i>%Cases</i>	<i>Deaths</i>	<i>CFR (%)</i>
<1	52	7.7	1	0.1
1-4	228	33.9	1	0.1
5-14	232	34.5	1	0.1
>15	161	23.9	0	0.0
Total	673	100.0	3	0.0

Table 8
Distribution of cases by gender 2014

Females	276
Males	332
Total	608

Table 9
Distribution of cases & deaths by age group 2015

Age Group	Cases	%Cases	Deaths	CFR (%)
<1	23	3.4	0	0.0
1-4	126	18.6	0	0.0
5-14	294	43.3	0	0.0
>15	235	34.7	0	0.0
Total	608	678	0	0.0

Table 10
Distribution of cases by gender 2015

Females	334
Males	344
Total	678

(b) Low birth weight and children that are underweight, wasted and stunted

Regarding malnutrition and the health of children in Timor-Leste in 2012, 2013 and 2014

Table 11
Newborns weighing less than 2.5 kg in health facilities (community health centers and hospitals)

Year	Newborns weighing less than (<2.5 kg)		Stillbirth		Infant deaths			
					0-6 days		7-22 days	
	CHC	Hospitals	CHC	Hospitals	CHC	Hospital	CHC	Hospital
2012	240	1 176	74	186	92	135	6	0
2013	232	878	78	174	90	26	10	1
2014	363	0	166	0	134	0	43	0

- (c) **Immunizations**
- (d) **Tuberculosis, pneumonia, diarrhea, worm infestations and other diseases common among children**

National Tuberculosis Program

Table 12
News smear positive cases by age group (in year) annually 2014

<i>District</i>	<i>New smear positive cases by age group (in year) annually 2014 (<15)</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>
Aileu	1	3	4
Ainaro	3	0	3
Baucau	1	0	1
Bobonaro	0	1	1
Covalima	1	2	3
Dili	4	2	6
Ermera	1	1	2
Lautem	1	4	5
Liquica	3	0	3
Manatutu	1	2	3
Manufahi	0	3	3
Oecusse	0	0	0
Viqueque	0	2	2
Timor-Leste	16	20	36

Source: Unidade Prog. TB.

- (e) **Maternal mortality**

Table 13
Malaria morbidity and mortality for children aged below 5 in 2014

<i>No</i>	<i>District</i>	<i>#Morbidity</i>				<i>#Mortality</i>				<i>Obs</i>
		<i>Pf</i>	<i>Pv</i>	<i>Mix</i>	<i>Total</i>	<i>Pf</i>	<i>Pv</i>	<i>Mix</i>	<i>Total</i>	
1	Aileu	0	0	0	0	0	0	0	0	0
2	Ainaro	0	0	0	0	0	0	0	0	0
3	Baucau	0	1	0	1	0	0	0	0	0
4	Bobonaro	0	1	0	1	0	0	0	0	0
5	Covalima	0	1	0	1	0	0	0	0	0
6	Dili	0	2	0	2	0	0	0	0	0
7	Ermera	0	0	1	1	0	0	0	0	0
8	Lautem	0	2	0	2	0	0	0	0	0
9	Liquica	1	1	0	2	0	0	0	0	0
10	Manatuto	1	0	0	1	0	0	0	0	0

No	District	#Morbidity				#Mortality				Obs
		Pf	Pv	Mix	Total	Pf	Pv	Mix	Total	
11	Manufahi	0	9	1	10	0	0	0	0	
12	Oecusse	13	1	4	18	0	0	0	0	
13	Viqueque	4	4	1	9	0	0	0	0	
	Timor-Leste	19	22	7	48	0	0	0	0	

(f) **Women and girls receiving medical and professional services for pregnancy and child birth in rural and urban areas**

(g) **Teenage pregnancies**

(h) **Sexually transmitted infections, including HIV/AIDS**

Table 14

Positive HIV/AIDS cases for children under 15 detected in 2014

Distrito	Q1		Q2		Q3		Q4		Total	
	M	F	M	F	M	F	M	F	M	F
Aileu										
Ainaro	0	0	0	0	0	0	0	0	0	0
Baucau	0	0	0	0	0	0	0	0	0	0
Bobonaro	0	0	0	0	0	0	0	0	0	0
Covalima	0	0	0	0	0	0	0	0	0	0
Dili	0	0	0	0	0	0	0	0	0	0
Ermera	0	0	0	0	0	0	0	3	0	3
Liquica	0	0	0	0	0	0	0	0	0	0
Lautem	0	0	0	0	0	0	0	0	0	0
Manatuto	0	0	0	0	0	0	0	0	0	0
Manufahi	0	0	0	0	0	0	0	0	0	0
Oecusse	0	0	0	0	0	0	0	0	0	0
Viqueque	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	3	0	3

(i) **Tobacco, alcohol and drug use**

Table 15

Data on Tobacco use in Timor-Leste

Indicator	Total	Year	Source/Comments
Prevalence of actual tobacco use for those aged 15-49	69.5% - Men 4.7% - Women	2009	DHS; Including the use of any tobacco in age group 15-49
Prevalence of actual tobacco use for adolescents	50.6% - Men Youth 17.3% - Women Youth	2006	Global Youth Tobacco Survey, Aged 13-15
Total alcohol per capita (> 15 years old) consumed	0.9 Liters	2005	Atlas OMS; 97% consume beer.

<i>Indicator</i>	<i>Total</i>	<i>Year</i>	<i>Source/Comments</i>
in a calendar year in terms of liters of pure alcohol			Local alcohol probably not all included

Funds allocated by the Government for case management and victim reintegration

Table 16
Directly allocated to the Child Protection Department

<i>Financial Year 2013</i>		<i>Financial Year 2014</i>		<i>Financial Year 2015</i>		<i>Obs.</i>
<i>Children</i>	<i>Funds US\$</i>	<i>Children</i>	<i>Funds US\$</i>	<i>Children</i>	<i>Funds US\$</i>	
948	\$174 000.00	1 116	\$166 069.00	1 082	\$129 231.00	

Table 17
Allocated to NGOs such as safe houses and shelters and institutions that provide services to children

<i>NGO</i>	<i>Financial Year 2013</i>		<i>Financial Year 2014</i>		<i>Financial Year 2015</i>	
	<i>Children</i>	<i>Budget US\$</i>	<i>Children</i>	<i>Budget US\$</i>	<i>Children</i>	<i>Budget US\$</i>
Casa Vida is an NGO that provides services to Children in Shelters, and accompanies children during the judicial process and facilitates reintegration	67	\$75 404,00	91	\$109 000,00	59	\$184 000,00
Holy Spirit Salele is an NGO that provides support for child victims to keep studying in Covalima Municipality (border area with Indonesia). However, they also accept some specific cases referred from other municipalities. The Salele Shelter is where the NGO Holy Spirit Salele provides protection and reintegration services, and is supported by the Justice Facility (now the Asia Foundation), UNFPA and UNICEF	32	\$225 552,00		\$225 552,00		\$225 552,00
Youth Communication Forum (FCJ) provides support services children who spend most of their time in the street and also provides services to children who are in conflict with the law and in other cases that can't be dealt with by Casa Vida or special shelters						
ALMA SISTER is an NGO that provides support services to children with disabilities and mental retardation	77	\$19 992.50	79	\$34 260.00	96 (40 women, 56 men)	\$40 017.00

71. Measures to prevent families from sending their children to institutions — based on analysis of factors forcing parents to send their children to institutions:

(a) They are unable to send their children to school because there are not enough places in public schools and sometimes they need to take their children and put them in public schools;

(b) Parents living in rural areas find it difficult for their children to get access to pre-secondary and secondary schools. Therefore, the children have to go and live in boarding schools or orphanages that are in the municipal (district) capitals so they can get access to continue their studies.

72. In response to the aforementioned factors the Government has taken the following measures:

(a) To help families overcome the circumstances described in Point 1 the Ministry of Social Solidarity has taken measures to develop the CCT Bolsa Program to help mothers look after their children and try to prevent them from placing their children in institutions. The Bolsa Mãe Program provided assistance to 54,765 families in the 2014 financial year with funding of \$8,476,740;

(b) The Ministry of Education has constructed schools and has improved the quality of teaching in rural areas. Therefore the Ministry of Public Works has improved the infrastructure such as roads and telecommunications to facilitate children's access to transport to school and to also create the conditions that will give teachers a desire to work in rural areas.

Table 18
Bolsa Mãe Program

<i>Bolsa Mãe Program</i>	<i>2013 Financial Year</i>		<i>2014 Financial Year</i>		<i>2015 Financial Year</i>	
	<i>Families</i>	<i>Budget US\$</i>	<i>Families</i>	<i>Budget US\$</i>	<i>Families</i>	<i>Budget US\$</i>
Provides subsidies to poor families and orphans from when they are born until the age of 17	30 104	\$4 450 500.00	54 765	\$8 476 740.00	54,215	\$8 367.00

Table 19
Boarding schools and orphanages

<i>Boarding schools and orphanages</i>	<i>2013 Financial Year</i>		<i>2014 Financial Year</i>		<i>2015 Financial Year</i>	
	<i>School aged children</i>	<i>Tons of rice provided</i>	<i>School aged children</i>	<i>Tons of rice provided</i>	<i>School aged children</i>	<i>Tons of rice provided</i>
55 boarding schools and orphanages in 2013		3 988	309	-	-	-
59 boarding schools and orphanages in 2014		-	-	4 443	756	-
65 boarding schools and orphanages in 2015		-	-	-	4 625	816

Table 20
Shelters, boarding schools and orphanages

<i>No.</i>	<i>Shelter</i>	<i>Boarding Schools and Orphanages</i>	<i>Legal Basis</i>	<i>Regular Inspection</i>
01	Casa Vida	-	1. Draft Decree-Law recognizes Social Solidarity Institutions 2. SOPs (Standardized Operating Procedures) on the functioning of shelters	Regular Inspection
02	Holy Spirit Salele	-	1. Draft Decree-Law recognizes Social Solidarity Institutions	Regular Inspection

<i>No.</i>	<i>Shelter</i>	<i>Boarding Schools and Orphanages</i>	<i>Legal Basis</i>	<i>Regular Inspection</i>
			2. SOPs (Standardized Operating Procedures) on the functioning of shelters	
03	Youth Communication Forum (FCJ)	-	1. Draft Decree-Law recognizes Social Solidarity Institutions 2. SOPs (Standardized Operating Procedures) on the functioning of shelters	Regular Inspection
04	-	65 Boarding Schools and Orphanages	Draft Decree-Law recognizes Social Solidarity Institutions Policy and procedures for Boarding Schools and Orphanages	Regular Inspection