Human Rights Council

Universal Periodic Review (UPR) of
Timor-Leste
26th Session (October – November 2016)

Joint Stakeholders’ Submission on:

Human Rights in Timor-Leste:
The situation of children and women

Submitted by:

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I. INTRODUCTION

1. This stakeholders’ report is a joint submission of the above-mentioned organizations. The report highlights key concerns related to Children’s and Women’s Rights in Timor-Leste. Each section conveys recommendations to the Government of Timor-Leste.

2. The data and information obtained for this submission came from various sources and includes information from IIMA and VIDES members in Timor-Leste working with children and their families in Baucau, Venilale Baucau, Fuiloro Baucau, Laga Baucau, Dili Balide, Dili Comoro, and Maliana Kailaku. All information concerns the period between the previous UPR of Timor-Leste held in 2011 and March 2016.

3. IIMA is an international NGO in special consultative status with the Economic and Social Council. IIMA is present in 94 countries where it provides education to children and adolescents, particularly the most disadvantaged and vulnerable.

4. VIDES International is an international NGO in special consultative status with the Economic and Social Council, which is present in 41 countries worldwide. It was founded in 1987 to promote volunteer service at the local and international levels for ensuring human rights of vulnerable groups, especially children and women.

II. GENERAL REMARKS

5. This NGO coalition welcomes the constructive participation of Timor-Leste in the 1st cycle of the Universal Periodic Review (UPR). The present joint submission represents the follow-up to the UPR recommendations accepted by Timor-Leste in 2011, with a special focus on children-related issues such as the full implementation of their right to education. The rights of women in Timor-Leste also are addressed in the present report.

6. This NGO coalition perceives children and women as the most vulnerable groups in Timor-Leste, due to the discrimination and human rights abuses to which they are subjected.

III. THE RIGHTS OF CHILDREN

Legal Framework

7. Despite the acceptance of Recommendation n. 77.9 to «conclude and adopt the Children’s Code as a matter of priority»², we note with concern that, so far, a comprehensive and

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¹ The review of Timor-Leste was held at the 15th meeting, on 12 October 2011. See Report of UPR Working Group on Timor-Leste (A/HRC/19/17), 3 January 2012; and its Addendum (A/HRC/19/17/Add.1), 15 March 2012.
An exhaustive text on children’s rights has not been adopted. We welcome the Program of the VI Constitutional Government - 2015-2017 legislature, according to which «The Government will also be investing in the drafting of a proper legal framework concerning the Rights and Protection of Minors, including the Child Protection Act, the Adoption Act, the Educational Guardianship Act and a Special Penal Scheme for youngsters aged 16-21.»

Child Labour

8. Poverty remains widespread in the Democratic Republic of Timor-Leste with one in five people living on less than a dollar per day; children from age 0-14 account for 49 per cent of the total poor while children under the age of 5 account for 25 per cent.

9. Child labour is common regarding support of family income and families often prioritize labor over education for their children, especially in rural areas. Over 8,000 children aged 10-14 were said to be employed during the 2010 census and 4,000 more were seeking work; furthermore, 24 per cent of children aged 6-14 years are not in school. Most often, children work on family farming plots or in their local villages in the informal economy. Many are involved in work that is dangerous or onerous. Although Timor-Leste ratified the ILO Convention on the Worst Forms of Child Labour (Convention 182), we remain concerned about the non-ratification of the ILO Convention on the Minimum Age of Employment (Convention 138). Various measures have been undertaken by the Government to combat child labour in collaboration with UN agencies, however such initiatives have produced a very limited impact on the daily life of the people in Timor-Leste. We note with concern that in Dili, there have not been significant improvements in the fight against unemployment and poverty reduction since the last UPR session.

Violence against children, including Sexual Abuse

10. Few cases of violence and even fewer cases of sexual abuse against children go to court. The law places primary responsibility on parents to initiate cases of sexual abuse for a child under 15 years old; problems arise, however when the alleged offender is a parent. This leaves the child trapped in an abusive family. Also when the perpetrator of sexual abuse comes from a wealthy or powerful family they are generally not held accountable and thus there is an inability to prevent future violations. Child victims often are not in a position to seek help from official authorities in the justice system or prefer not to report abuses for fear of reprisals.

Birth registration

11. IIMA and VIDES International welcome the measures undertaken by the Government of Timor-Leste in compliance with Recommendation No. 77.41 concerning birth registration: the

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6 Recommandation n. 77.41 : In light of what is provided in article 7 of the Convention on the Rights of the Child and with the support of the international community, improve the system of birth registration including by
TLDHS 2009-2010 Census found that 53-55 per cent of children under five were registered. Moreover, in 2011, the National Birth Registration Campaign registered over 63,300 children\(^7\). However, further efforts are still needed to fully implement recommendation 77.41, especially in rural and remote areas of the country where children are often born at home.

12. **We recommend that the Government of Timor-Leste:**

   a. *Prioritise the adoption of the Child Code.*

   b. *Improve the system of birth registration, including strengthening its efforts to sensitize and mobilize public opinion with regard to the benefits of birth registrations and by training registry personnel.*

   c. *Ratify the ILO Convention on the Minimum Age of Employment (Convention 138).*

   d. *Identify and address root causes of child labour and its linkages with lack of education, especially for children in rural areas.*

   e. *Develop sensitization programmes and organize awareness-raising campaigns involving families, community leaders and society at large, including children themselves, to curb all other forms of violence against children.*

   f. *Ensure that every child is protected from all forms of physical, sexual and mental violence and prosecute perpetrators of this abuse;*

   g. *Conduct a study on all aspects of domestic violence and child abuse in the home, assessing the scope and nature of this problem and implement legal measures to address violence against children;*

   h. *Establish effective procedures and mechanisms to ensure that all child victims of violence and abuse have access to adequate care, counselling and assistance with recovery and reintegration services.*

**IV. RIGHT TO EDUCATION**

**Context**

13. Following the 1999 referendum on Timor-Leste’s independence from Indonesia and subsequent widespread violence, it was estimated that less than 5% of all educational institutions

were left standing. However, with the assistance of UNICEF and other international aid organizations, many dedicated Timorese educators returned and quickly re-established the primary and secondary schools.

14. During these years of a return to normalcy, and with the abolition of school fees, the enrollment in Timor-Leste increased rapidly. However, the basic needs of establishing a functioning system and getting children back in school were prioritized over concerns about the quality of schooling. Unfortunately, when a major crisis erupted in May and June 2006, requiring large-scale intervention by military forces and resulting in the resignation of the Prime Minister, the educational system again suffered disruption and attendance rates fell.

**Accessibility to Education**

15. Despite an impressive increase in enrollments in Timor-Leste in recent years, many children still do not have access to school, enter school late, are at risk of repetition, or drop out early. In recent times the government has agreed to put significantly more resources into preschool education. *The Timor-Leste National Strategic Plan for Education 2011-2015* aims to have at least half of all children between 3 and 5 years old enrolled and receiving quality preschool education by 2015. This will entail a significant financial commitment from the government to fulfill its plan.

16. Although the national law recognizes the rights of the child and condemns discrimination, in Timor-Leste we note the persistence of discrimination in the access to school, especially for some vulnerable groups of children such as those from the poorest families, girls and children with disabilities. Certain scholarship funds have been allocated for girls, especially for those who attend high school. However, there have been cases in which these scholarships have been awarded to the daughters of government officials or other individuals without real need.

17. The Timor-Leste Constitution recognizes the equality of people with disabilities and their entitlement to protection. There are few reliable statistics about the extent of disabilities in Timor-Leste but estimates put the number of children with disabilities at around 50,000 to 60,000. There are few services that cater to these children. Moreover, some non-governmental organizations provide specific programs principally for children with physical disabilities but they work almost exclusively in and around Dili. The only specialist primary school in the country is located in Dili. In general, discrimination against children with disabilities is due to non-acceptance of these children or to the ignorance of their illness. There are educational opportunities for children with disabilities as well as for poor and disadvantaged children, but many are not aware of these opportunities and few actually take advantage of them; additionally, corruption diverts resources away from disadvantaged children.

**Availability of Education**

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Constitution of the Democratic Republic of East Timor, Part II, Title I, General Principles, 21:1,2

http://www.crin.org/docs/disabilitystudytimor.pdf
18. The availability of education is a major concern where poor physical infrastructure of schools, shortage of textbooks and teaching materials and an ambiguous schedule for school hours can prevent the provision of quality education for the children.

19. While substantial progress has been made replacing damaged schools and classrooms, there remains a shortage of facilities in rural areas. In many rural areas, children have to walk over one hour to get to school. Distances from school may inhibit the enrollment of young children, particularly girls, and may contribute to early dropout, particularly if reinforced by other factors such as ill health.12

20. There is a shortage of textbooks and of teaching and learning materials. Most teaching and learning takes the form of teachers writing notes on the blackboard and students copying them in their exercise books («chalk and talk» is still the main teaching method). High repetition and dropout rates are closely related to the poor quality of education and low student achievement. The shortage of reading materials also makes it impossible for teachers to assign any meaningful homework.

Quality of Education

21. Good quality education is impeded by a number of factors including lack of infrastructures, insufficient preparation of teachers and language barriers. Furthermore, there are overcrowded classes of 60-65 students on average while in rural areas classes consist of more than 90 students. Therefore, the children’s ages are considerably varied in the classes. As a result, teachers have a very difficult task properly conveying information to children with different needs and knowledge levels. Furthermore, teachers permit unprepared students to advance to the next year even if they have not fulfilled the course requirements.

22. Teacher Preparation. Despite the acceptance by Timor-Leste of Recommendation n. 78.17,13 the quality of teaching remains very low. This is mainly due to teachers’ insufficient educational backgrounds and absenteeism during work hours. Although the government has provided a number of in-services for teachers regarding the new primary school curriculum in recent years, the vast majority of teachers have varying qualifications, if any at all. In rural areas, teachers are often chosen by the community only because they finished junior secondary education. Teachers do not always have advanced knowledge of content areas or pedagogy.

23. Language of Instruction. The constitution designates Portuguese and Tetum as the official languages of the country, with Bahasa Indonesia and English as working languages. The government designated Portuguese as the language of instruction. The implementation of this policy began with Grades 1 and 2 in 2000 and has progressively moved up one grade each year since. Portuguese books are gradually replacing Indonesian books but are in short supply; in practice many teachers continue to rely on Tetum to explain lessons to children. Many problems

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12 Timor-Leste Ministry of Education and Culture, Strategic Plan for Universal Completion by 2015
are connected to the language of instruction as not all teachers can speak Portuguese and students are therefore even less likely to attain competency in the language. Portuguese is often the second or third language of many students. Tetum is currently more commonly used in schools attended by children of the poorest areas and Portuguese is more commonly used in schools attended by children from higher income families, leading to an economic bias in education.

**Student Absenteeism**

24. Illness is considered to be the primary reason for students’ absence from school. Malnutrition and diarrhea are considered to be major causes of illness. Under-nutrition places children at increased risks of morbidity and is associated with impaired mental development. 52% of children under age 5 are stunted, 11% wasted, and 38% are underweight\(^\text{14}\). Provision of free healthy meals at school would contribute to an improved diet for Timorese children.

**Corporal Punishment**

25. There is wide acceptance, even among children themselves, of resorting to violence against children in the name of discipline or correction. Corporal punishment is a common practice that remains difficult to eradicate, particularly in the education system. In fact, in a 2013 baseline survey, 67 per cent of children reported that they had been beaten with a stick and 39 per cent reported being slapped on the face by teachers\(^\text{15}\).

26. **We recommend that the Government of Timor-Leste:**

   a. *Fully implement article 28 of the Convention on the Rights of the Child without discrimination, particularly for girls and children with disabilities and their right to free and compulsory education;*

   b. *Use legislative, policy and educational measures, including sensitization and awareness-raising, to overcome the stigmatization of children with disabilities and ensure equal access to and participation in quality education for these children;*

   c. *Ensure equal access to education and literacy for urban and rural children both in primary, secondary and higher educational levels;*


   e. *Ensure that professionals (medical, paramedical, teachers, social workers, etc.) working with disabled children are adequately trained;*


f. Build new schools according to the international standards and modernize the existent infrastructures, guaranteeing in particular: sufficient classrooms, proper sanitation facilities, and adequate water supplies;

g. Prepare sufficient professionally trained teachers, especially in primary schools, to ensure quality education in classrooms with an acceptable average pupil-teacher ratio;

h. Send inspectors to schools in order to assess the teaching quality;

i. Provide a free nutritious lunch for all children attending primary school to ensure that children receive proper nutrition;

j. Prohibit all forms of corporal punishment of children at school and at home.

V. RIGHTS OF WOMEN

Violence Against Women

27. We commend the acceptance of Recommendation No. 78.8 regarding initiatives to protect women from violence and abuse\(^\text{16}\) as well as the adoption of the Law against Domestic Violence (2010) and the designation of domestic violence as a public crime under the 2009 Criminal Code\(^\text{17}\).

28. We appreciate the efforts of the President of the Republic, the Prime Minister, and other high-ranking state officials in using media, billboards and television outlets to raise awareness in order to combat violence against women. However, domestic violence is not always perceived as a crime in Timor-Leste, affecting all categories of women at different social levels.

29. Gender-based violence continues to be perpetrated in the context of a patriarchal society where these manifestations are culturally and socially embedded and continue to be accepted, tolerated or justified. Women and girls are often victims of violence in their own families. Data from the 2009-2010 Timor-Leste Demographic and Health Survey reported that approximately 38 per cent of women aged 15-49 years had experienced physical or sexual violence since the age of 15\(^\text{18}\). Due to fear of reprisals, victims often prefer not to report the abuses. Moreover, even when the cases of violence are known, domestic disputes are often solved using traditional laws and practices either within the family or before the community leaders. Additional efforts must be made to ensure the full implementation of the law and criminalization of domestic violence rather than using traditional practices.

\(^{16}\) Recommendation 78.8: Organize campaigns aiming at promoting gender equality and to reinforce existing mechanisms to combat and to punish perpetrators of violence against women. (Brazil). See Report of UPR Working Group on Timor-Leste (A/HRC/19/17 ), 3 January 2012.

\(^{17}\) http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=11618&LangID=E#sthash.9E8lNA08.dpuf

30. While welcoming the efforts made by the Government of Timor-Leste to punish and prevent violence against women, this NGO coalition expresses deep concerns about this phenomenon which remains significant in Timor-Leste. Although awareness-raising campaigns have been organized over the last few years, further efforts are needed in order to change culture and popular attitudes.

**Participation of Women to Social and Political life**

31. We commend the acceptance of Recommendation 54 regarding the full respect for equal rights of women in all areas in life\(^1\), especially on the increase of women who have been elected to Parliament. However, in other spheres such as school management the representation of women is still minimal. Several new NGOs have been established to address discriminatory practices against women. However, we note that while many offer positive services, some have gone to the other extreme by taking actions that fail to respect the local culture.

32. **We recommend that the Government of Timor-Leste:**

   a. *Take concrete measures to eradicate multiple forms of discrimination against women and eliminate the structural causes of inequalities;*

   b. *Provide an appropriate and helpful response in order to decrease violence against women, making efforts to prevent domestic violence;*

   c. *Take adequate measures to punish the perpetrators of violence through the judicial system rather than using traditional practices;*

   d. *Guarantee effective assistance to the victims through efficient support services.*

**VI. RIGHT TO HEALTH**

33. IIMA and VIDES International welcome the measures undertaken by the Government of Timor-Leste to progressively establish medical centers and clinics in all districts in compliance with Recommendation No. 77.45 concerning the improvement of access to health services\(^2\). We also note with satisfaction that the mortality rate of children under 5 has significantly decreased\(^3\).

34. Nevertheless, we are concerned about persisting disparities in the quality of health services between main cities and mountain and rural villages; children are more likely to die in rural villages than in their urban counterparts and only two districts of thirteen, namely Dili and

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\(^1\) Recommendation No. 78.8: “Organize campaigns aiming at promoting gender equality and to reinforce existing mechanisms to combat and to punish perpetrators of violence against women” (Brazil). See Report of UPR Working Group on Timor-Leste (A/HRC/19/17), 3 January 2012.


Baucau, have a child mortality rate that is much less than the national average. According to the 2013 Timor-Leste Food and Nutrition Survey, about 52% of children under 5 are stunted, 11% are wasted, and 38% are underweight; malnutrition is the cause of more than one-third of the mortality rate of children under 5.

Furthermore, although there are more medical centers and clinics, these facilities seriously lack appropriate medications, hygiene, and medical instruments. Although the government provides ambulances even in rural areas, lack of human resources is a prominent challenge; trained personnel are reluctant to accept positions in rural areas. Maintenance of these facilities is also a challenge: by way of illustration, although the people on the island of Ataura were provided by the government with a boat ambulance, the boat remained in harbour because it was out of order for one year up to November 2015.

36. **We recommend that the Government of Timor-Leste:**

   a. **Eliminate disparities in quality of health care among main cities and remote villages of the country;**

   b. **Adopt all necessary measures to improve the quality of public health services, including the provision of adequate infrastructures and qualified medical staff who are aware of appropriate hygienic practices;**

   c. **Provide adequate financial aid in order to ensure maintenance of clinics and hospitals and to enable qualified medical staff to receive adequate funds even in rural areas.**

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