



**Spotlight
Initiative**



Administrative Data Mapping

on Violence Against Women and Girls in Timor-Leste

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Supported by GDS
February 2022*



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To eliminate violence
against women and girls



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Acronyms

ALFeLa	Asistencia Legal ba Feto no Labarik
CSO	Civil Society Organization
GBV	Gender-Based Violence
GDS	General Directorate of Statistics
JSMP	Judicial System Monitoring Program
M&E	Monitoring and Evaluation
MIS	Management Information System
MoH	Ministry of Health
MSSI	Ministry of Social Solidarity and Inclusion
NAP GBV	National Action Plan on Gender-based Violence
PNTL	Police Nacional Timor-Leste (National Police Timor-Leste)
PRADET	Psychosocial Recovery and Development in East Timor
SEII	Secretary of State for Equality and Inclusion
SIGAS	Sistema de informação de gestão da assistência social
SOP	Standard Operating Procedure
TLPDP	Timor-Leste Police Development Program
ToR	Terms of Reference
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence Against Women and Girls
VPU	Vulnerable Persons Unit

1. Introduction

The global **Spotlight Initiative** launched by the European Union and United Nations is a multi-year program focusing primarily on the elimination of violence against women and girls (VAWG) by 2030. The programme in Timor-Leste is aligned with the National Action Plan on Gender-based Violence (GBV) and is implemented by UN Women, the United Nations Population Fund (UNFPA), United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF), and the International Labor Organization (ILO) in collaboration with the International Organization for Migration, the Human Rights Advisor's Unit, and the World Health Organization. It is implemented at the national level and in the municipalities of Ermera, Viqueque and Bobonaro. Overall, the programme aims to ensure Timorese women and girls have the right to live a life without violence in a country that is inclusive and gender equitable. It aims to achieve this by targeted action on six pillars: 1) legislation and policies; 2) institutional strengthening; 3) prevention of violence; 4) available, accessible and acceptable quality services; 5) quality and reliable data; and 6) supporting women's movements and relevant civil society organizations (Spotlight Initiative, n.d.).

This **Administrative Data Mapping** forms part of pillar 5 to improve quality and reliable data on VAWG and is supported by UNFPA. It complements the Situation Analysis report on quantitative and qualitative data on VAWG produced in 2020. Close collaboration with UN Women's consultant working on the budgeting, coordination, monitoring and reporting of the NAP-GBV occurred throughout the project. A training on basic data literacy was also provided in November/December 2021, and more advanced training may be continued in 2022.

Mapping administrative VAWG data is essential to identify strengths and limitations in existing data and work towards a harmonized information system that supports the development and monitoring of evidence-based policies and programs. It provides **a mapping of the existing administrative data on VAWG** within government departments, civil society organizations (CSOs) and other information of partners of the Spotlight Initiative at both national and municipality level (Ermera, Bobonaro and Viqueque). Empty forms received during the stakeholder interviews are kept in a separate file for privacy purposes.

2. Methodology

The GBV administrative data mapping followed a **two-pronged approach**:

Level	Approach	Method	Conducted by
National	<ul style="list-style-type: none"> ○ Identified key stakeholders ○ Developed interview guide (adapted according to stakeholder) ○ Information collected through consultations, empty forms, reports and website(s). ○ Information triangulated where possible 	<ul style="list-style-type: none"> ○ Semi-structured interviews focusing on the organization's data production process and availability of GBV administrative data ○ Desk review of organization websites, reports and key documents provided during the stakeholder consultations 	International consultant
Municipality <ul style="list-style-type: none"> ○ Ermera ○ Bobonaro ○ Viqueque 	<ul style="list-style-type: none"> ○ Identified key stakeholders ○ Developed questionnaire ○ Explained questionnaire to stakeholder during training ○ Shared questionnaire ○ Collected questionnaire and empty forms ○ Entered information in template 	<ul style="list-style-type: none"> ○ Questionnaire requesting information on the administrative data production process and organizational capacity to produce data. 	Two local consultants from GDS

An international consultant conducted a mission to consult **national stakeholders**. Meetings were scheduled by UNFPA's Spotlight Initiative Programme Officer who reached out to stakeholders directly, but also indirectly via the program's partners. Interviews were generally conducted with one person and lasted about 60-90 minutes, and extensive notes were taken during each interview. Besides explaining the data production process, the interviewee was

also asked to show the data system on the computer. This provided the interviewer with a brief glance of the system and allowed further validation of the information.

Semi-structured interviews were held with national stakeholders and centered around the GBV administrative data flows and the data the organization produces and/or receives from others. Specifically, interviewees were asked about their data collection methods, purpose, analysis, sharing, quality, storage, challenges, privacy, among others. All respondents were also asked which information they receive from other organizations through referrals, reports, newsletters, or other ways.

Stakeholders in the municipalities were approached during the data literacy training. The training focused on the same target group as previously mentioned, and during the beginning of the training, the questionnaire on GBV administrative data was explained. After the training, stakeholders were asked to fill in the survey (together with other colleagues from their organization) and GDS conducted close follow-up and/or personal visits. GDS entered the information into a standard template per organization. Information from municipalities is often interwoven with information obtained from the national level, as there was significant overlap.

Information from the following stakeholders was collected:

Organization	National	Ermera	Bobonaro	Viqueque
Ministry of Health	X	X	X	X
Ministry of Administration and State		X	X	X
MSSI	X (GDS)	X	X	
Fokupers	X	X	X	
Alola	X	X	X	X
General Directorate of Statistics	X			
Timor-Leste Police Development Program	X			
Timor-Leste National Police Vulnerable Persons Unit	X	X	X	X
PRADET	X	X	X	
Nabilan	X			
NAP GBV consultant	X			
Judicial System Monitoring Program	X			

UN Women	X			
UNDP	X			
UNFPA	X			

Several **limitations** were encountered during the data collection and development of this mapping.

- Data collection was focused on key Spotlight Initiative partners. There are other organizations, such as hospitals, that produce/use GBV administrative data but were not included in the scope.
- Scheduling consultations with line ministries was particularly difficult, as many had end-of-year activities or were unavailable. Targeted organizations that were not interviewed include the Ministry of Justice, Ministry of State Administration, Ministry of Social Solidarity and Inclusion, and Alfela.
- Information in this report is limited by the fact that administrative datasets were not obtained. Some organizations allowed a quick glance of their system, but did not share actual data. In some occasions, empty registration forms which showcases which information they collect partly filled this gap.
- Consultations were held with those in charge of GBV data handling (e.g. data officers). Therefore, a broader perspective on the system was sometimes lacking. For example, the data officer at the National VPU registered GBV cases in the Incident Management System but had no access to the 'Investigation' and 'Intelligence' components of the system. As a result, the GBV administrative data overview in this mapping is deemed incomplete.
- The information in this report solely represents information collected from the interviewee, and does not necessarily represent the practices or views of the organization as a whole.

3. Results

This section provides an overview of the information gathered during stakeholder consultations (national) and from the questionnaire (municipality). It provides brief summaries of the administrative data system of the government departments and CSOs consulted, and additional information collected from secondary sources.

3.1 Government departments

3.1 Ministry of Health

Ministry of Health	
Date	2 December 2021
Interviewee(s)	<ul style="list-style-type: none"> • GBV Programme Officer • Data officer
Overview organization and GBV administrative data system	<ul style="list-style-type: none"> • The Ministry of Health (MoH) coordinates the health response on GBV through first-line support, sexual assault examination and care, mental health assessment and care, and medico-legal documentation. In 2018, the <i>Health Sector Response to GBV: National Guideline for Health Care Providers to address Gender-based Violence Including Intimate Partner Violence</i> was developed to ensure comprehensive, effective and streamlined service delivery. Implementing the disability component outlined in the document is a key responsibility for the MoH (MoH, 2018) • Whilst a step forward in guiding service delivery, the document lacks guidance and agreements on the data production and reporting process on GBV. • MoH functions on a decentralized level, whereby service provision occurs at central, district, sub-district and community levels. Through this network, health facilities provide clinical services and referrals, if needed. The larger hospital premises include Fatin Hakmateks, where counselling, medical treatment and practical assistance is provided through PRADET. They also conduct forensic medical examinations. Fatin Hakmateks use an Excel sheet to track shelter support provided. • The data production process also flows via these levels and is recorded in the Health Management Information System (HMIS). The current HMIS does not have a particular system to 'code' or 'flag' health problems related to GBV, and these are categorized under 'other' (but not specified so 'GBV' cases are essentially lost). • A separate data system – unlinked to the HMIS – collects basic data on GBV (discussed below). The maternal and newborn child health unit is in charge of collecting and compiling data collected from the from health centers across all municipalities.
Data production	<ul style="list-style-type: none"> • In consultation with SEII, MSSI, Pradet and Fokupers, the MoH developed a standardized form which the health facilities use to record individual GBV cases. • All hard copy health facility forms are collected by the MoH at the Municipality level and entered in the template. • The template provides an overview of the number of new GBV cases per month.

	<ul style="list-style-type: none"> • The district level collects data from sub-district and community levels in hard copy, enters the information and then sends both a hard and soft copy to the MoH at national level. • The data officer in MoH Dili enters the received data in Excel and conducts basic comparative analysis on where the cases were higher/lower.
Data sharing	<ul style="list-style-type: none"> • The Excel datasheet is not used further nor shared externally. • Data from other organizations is not regularly received or entered.
Variables	<ul style="list-style-type: none"> • <i>Health registry for GBV cases</i>: name, age, sex, residence, visit date, examination, type of case, type of treatment, coming from/going to • <i>Template for total GBV cases in municipality (monthly)</i>: municipality, facility post, month, hospital, type of case (physical assault, sexual assault, sexual assault of a minor, human trafficking for sexual or obligated services, others) disaggregated by 5-year age group, sex, and type of disability.
Definitions	<ul style="list-style-type: none"> • In the past, MoH used its own definition of GBV. Since MSSI's SOP was developed, they have been using the definitions mentioned in that document. Definitions for 'type of case' are mentioned at the end of the Municipality template
Data strengths	<ul style="list-style-type: none"> • Data is gathered regularly (monthly) from all municipalities.
Data challenges	<ul style="list-style-type: none"> • MoH currently plays a limited role in national GBV data production and there are no connections to data producers outside its own system. • The total number of GBV cases recorded for 2020 by MoH in the data system equalled about 175. This is very low compared to the total figures from other organizations (e.g. PRADET totalled 926 in 2020). • With the exception of a few records, all the recorded cases were about physical assault and were collected from the community health centers. • The reason provided was that more severe cases or those requiring referral to partners (e.g. hospitals, PRADET) were not tracked. • An agreed upon feedback loop did not exist. • There is no detailed definition of disability and a harmonized process to record GBV cases among persons with disabilities (e.g. interpreters are lacking). • The GBV data officer possessed limited data analysis skills and was eager to work on this and gain more advanced analytical knowledge in Excel.
Limitations	<ul style="list-style-type: none"> • Hospitals and HMIS officers were not consulted, so a full understanding of how GBV cases are recorded by service providers/HMIS data officers within hospitals was not clear. • It is unclear whether consent forms are used in all facilities.
Documents obtained	<ul style="list-style-type: none"> • GBV registry template (health facility level) • Total cases in Municipality template (Municipality to Central level)
Data set review	<ul style="list-style-type: none"> • The consultant was allowed to take a general view of the dataset. The dataset directly correlates to the case registration form.

- The MoH in Bobonaro and Viqueque actively collect GBV data by using the same template as the national level. MoH Ermera does not currently collect GBV data, as it is a new area of work for the department.
- When asked which GBV definitions they used, they reported to not have any. They just use the template provided by the national MoH (which does include general definitions), but did not refer to the definition in MSSSI's SOP.
- Data analysis is rare and limited to summarizing the totals. Generally, the MoH in municipalities simply serves as the collector of GBV data, which passes this on to the national level.
- Data is mainly shared with MoH at the national level, but also occasionally with PNTL VPU.
- Limitations include unreliable internet and limited equipment.
- Requested training on GBV, statistics and data production (entry, analysis, publishing, etc.).

3.2 Timor-Leste National Police – Vulnerable Persons Unit (VPU)

Vulnerable Persons Unit	
Date	10 December 2021
Interviewee(s)	<ul style="list-style-type: none"> • Assistant Inspector • Data Officer
Overview organization and GBV administrative data system	<ul style="list-style-type: none"> • VPU is a special unit of the Timor-Leste's National Police (PNTL) focused on assisting survivors of sexual assault, domestic violence and child abuse. The unit provides an access point for GBV survivors and service providers. It receives allegations on GBV and investigates these. • The Unit is present at both national and district level (not in sucos). Each district has a VPU office in the police headquarters. • National and district VPUs have a management information system (MIS) which registers all GBV cases. The system consists of three components: Incident, Investigation and Intelligence. The interviewee (data officer) who registers GBV cases only had access to the Incident Management System and thus only this component was reviewed. • Data privacy is mainly guaranteed by authorizing a few staff with access to the system.
Data production	<ul style="list-style-type: none"> • VPU forms part of and closely collaborates with Rede Referral Network partners. When a survivor arrives at the VPU, they contact Referral Network partners if the survivor requires medical examinations or services. • If referred, after three days, the Assistant Inspector of VPU asks the survivor if they want to file an official complaint. If not referred, they can file a complaint right away, if wanted. • Each survivor receives a unique identification number. • During the interview, VPU asks about the four W's of the violence (who, what, where and when). The information is written in a notebook, which is then later transferred into a Word template. • Data is also collected through a 'Complaint form'. This form requests information on the incident, plaintiff, a minor (if applicable), the suspect and possible witness(es). The form is signed by the plaintiff and the VPU investigator.

	<ul style="list-style-type: none"> • The information collected through this form is entered into the MIS by a data officer. • Data production occurs in the same manner in the 13 municipalities, whereby collected information at the VPUs is entered into the MIS. The National VPU checks the data for completeness. • Cases at suco level are identified/reported to community leaders or to community police who have received training from VPU. Both are supposed to refer the cases to the district VPU and the data is entered there. • Sometimes due to lack of internet or equipment at the lower level, data officers need to travel to a central VPU office to enter data. • Data analysis is limited and consists of summarizing the total number of cases by age, location and type of violence.
Variables	<p>The form for filing a complaint includes the following variables:</p> <ul style="list-style-type: none"> • Details of the complaint: date, time, address, police squad, agent ID • Details of incident: time, place, police station, incident details • Details of plaintiff: name, nickname, date of birth, age, civil state, profession, place of work, parentage, nationality, residence, telephone, ID number, relationship with suspect/offender, etc. • Details of plaintiff (representing minor): name, nickname, date of birth, age, civil state, place of work, residence, nationality, residence, telephone, ID number, relationship with minor, number of additional suspects and their details. • Witness observations: <ul style="list-style-type: none"> ○ Property details: complete description of property which has been damaged, destroyed or stolen ○ Incident details: complete description of incident • Final declaration and signature of plaintiff/witness • Details of investigator (name, ID, signature)
Data sharing	<ul style="list-style-type: none"> • VPU mainly refers survivors to Rede Referral Network partners such as Pradet or shelters, and data is shared with them upon request. • If persons are referred to Pradet for medical forensic examinations, the results can only be picked up by VPU or Alfela. The results are reportedly fast and are used in court. • Data is also shared with the VPU commander upon request. • VPU rarely receives referrals from other organizations, as VPU is often the first point of entry for the survivors. • When a person is referred, VPU uses a form 'Termu de Entrega' which lists personal information (name, position, due diligence, ID) of the submitter of the file (e.g. VPU staff) and personal information of the recipient (e.g. Pradet staff) and both need to sign the form. This is to ensure official handover and follow-up of the case.
Definitions	<ul style="list-style-type: none"> • Standard definitions are not available or used. For example, cases related to long-term violence, sexual assault and domestic violence are defined based on the investigator's knowledge. • In the MIS system, the data officer can tick a box for 'domestic violence' and 'disability' if this is applicable. However, what constitutes as domestic violence or a disability is not explained anywhere. • Prior to logging into the Incident Management System, an IMS manual is visible which can be downloaded. This manual only

	explains how to access the system and does not contain concepts and definitions or imputation rules.
Data strengths	<ul style="list-style-type: none"> • Data at the national level is consistently imputed in the MIS.
Data challenges	<ul style="list-style-type: none"> • MIS data from municipalities is not always up to date, as consistent internet connection and electricity is required to input information. • Data imputed in the MIS Incident component is general, and does not include newly revealed details about the incident. This information is kept in the Word document. • Unclear whether the computers are adequately protected with spyware. • No information is recorded on the mental health state or vulnerability of the person, and limited services are available to respond to these.
Limitations	<ul style="list-style-type: none"> • The only component of the MIS that was discussed and reviewed was the 'Incident' portal. The 'Investigation' and 'Intelligence' portal were not covered in this interview, as the staff spoken to were not associated with this. The National VPU Officer in charge of the whole management information system was unavailable during the mission.
Documents obtained	<ul style="list-style-type: none"> • Referral submission form (does not include information of the survivor) • Complaint/denunciation form
Data set review	<ul style="list-style-type: none"> • The data officer briefly showed how she logs into the MIS and what variables are reflected. These are the same as in the paper registration form. Additional information collected is not reflected in this system.

3.3 General Directorate of Statistics (GDS)

Separate discussions with GDS took place with Mr. Ricardo da Cruz Santos (Director for Methodology and Data Collection) as well as Mr. Silvino Lopes (Director of Systems and Reports, GDS). Both confirmed that whilst GDS has a gender unit and publishes gender statistics, it does not produce or collect administrative data on GBV. At the moment, the only data on GBV is from the 2016 Demographic and Health Survey. No direct plans exist to set up a system to gather data from administrative sources on GBV.

GDS collects data on civil registration and vital statistics via a standard form through coordination with the Ministry of Health. At all sucu levels, the paper forms are submitted each trimester reporting the number of births and deaths. The cause of death is also requested. There is no specific code for GBV and thus deaths due to violence are not registered. However, it should be noted that this would only provide information on extreme cases; if the violence results in death.

GDS also collects data on crime from the police. However, it does not collect data from the VPUs and therefore does not have data on GBV. GDS recognizes the need to collect data on GBV. In this respect, they suggest that a survey would be organized about GBV. GDS plans to include such a survey in the Statistical Work Programme 2022 – 2032. With updated, reliable data on GBV missing, it would indeed be helpful to have a new survey on GBV. Nevertheless, a strong administrative data system on GBV would offer more regular information on GBV.

3.4 Ministry of Social Solidarity and Inclusion (MSSI)

An interview with the Ministry of Social Solidarity and Inclusion (MSSI) in Dili, unfortunately did not take place. MSSI leads the Rede Referral Network; a network of services for GBV survivors at the national and municipal level. The network includes MSSI, ALFeLa, VPU, PRADE and Uma Mahon (Uma Mahon Salele, Casa Vida, FOKUPERS, Uma Paz Baucau and Forum Peduli Wanita Oecusse).

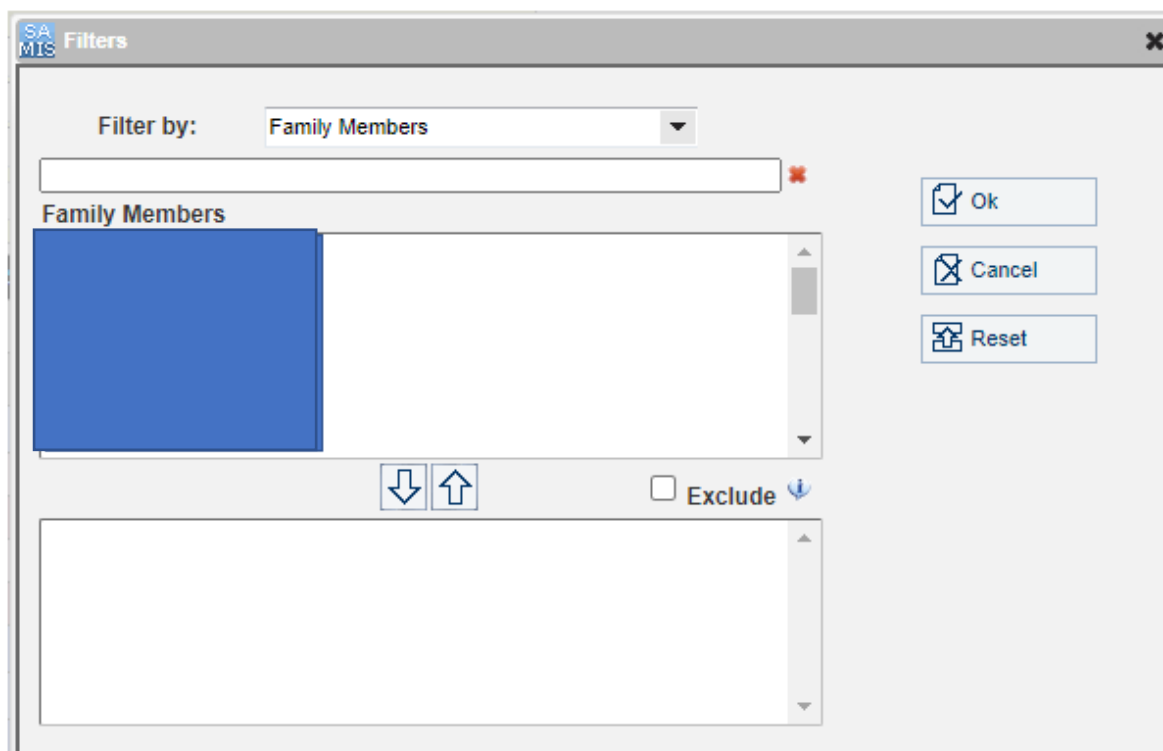
Standard operating procedures (SOP) for case management and coordination to assist victims of domestic violence, sexual violence and other forms of violence against women and children were developed to improve case management, coordination and guide the roles and responsibilities of the members of the Referral Network. The SOP includes forms for intake and assessment, consent and referral.

According to the stakeholders, the SOP has made referrals easier and more clear. However, a challenge that remains is the unharmonized way of administrative data production. Rede Referral Network organizations are using their own forms and definitions (or lack of definitions) and not necessarily the ones in the SOP annexes. The data systems are not connected and therefore, whenever a survivor reaches an organization, the person has to provide much of the same information all over again.

MSSI has an online Social Assistance Management Information System¹ (Sistema de informação de gestão da assistência social (SIGAS)) which provides data on various topics, including gender-based violence. Data can be accessed by logging in as a public user account or a registered user. GBV data that can be accessed by public users includes case status, municipality and administrative post. The data can be further filtered by case status, municipality, type of incident, but also by the full names of victims' family members and GBV focal points. This breaches data privacy matters and should be fixed immediately.

Figure 1. Filter breaching data privacy

¹ <http://www.mss.gov.tl/sigas/>



3.5 Secretary of State for Equality and Inclusion (SEII)

Despite numerous attempts, a consultation with SEII was not held due to their unavailability. Attempts in municipalities were also made by GDS to collect data and involve them in the Basic Data literacy training, but to no avail. As the Government lead on gender equality in Timor-Leste, as well as overseeing the coordination of the National Action Plan on GBV at the national and municipality level, it is unfortunate that the administrative data production process could not be discussed or accessed on their website².

It is important to note that despite the fact that there is limited national data on GBV, SEII has been making efforts to solve this. A terms of reference (ToR) on social statistics was developed in 2020 with the objectives to improve the production of quality social statistics and ensure they are accessible to all line ministries and civil society organizations. The ToR further outlines the establishment of a steering committee to assist in this process. Committee members would include representatives of key government institutions such as GDS and the Planning and Evaluation Unit. The statistics should adequately reflect inequalities and vulnerable groups in Timor-Leste and facilitate evidence-based policymaking and programming. Collaborative efforts between SEII, the Australian Bureau of Statistics and GDS would result in an administrative format for collecting and analyzing these statistics.

3.6 Ministry of Justice

The Ministry of Justice is the government institution responsible for justice and law in Timor-Leste and designing, implementing and coordinating policies in this respect. It is responsible for relations between the Government and Courts, the Public Prosecution and the Superior Councils of the

² <http://seii.gov.tl/documents>

Judiciary, the Prosecution Service and the Office of the Public Defender, and other justice and law stakeholders. Unfortunately, the Ministry of Justice was not available to meet and discuss their data system, but some insights are provided under section 3.3 UNDP.

3.2 Civil Society Organizations

3.2.1 Judicial System Monitoring Program (JSMP)

Judicial System Monitoring Program (JSMP)	
Date	1 December 2021
Interviewee(s)	Data officer
Overview organization and GBV administrative data system	<ul style="list-style-type: none"> • JSMP monitors court cases and advocates for transparency, accountability, legality and the rule of law aiming to improve the judicial and legislative system in Timor-Leste. Community training and awareness is also created on the legal process and human rights. • The organization’s legal team provides legal assistance to survivors and referrals. JSMP accompanies women through the whole legal process, provides phone numbers/information for referrals, helps them get to shelters, etc. • JSMP’s monitoring team monitors hearings and decision-making on GBV cases reaching the four district courts (Dili, Baucau, Suai and Oeccussi), the Court of Appeal or one of the eight mobile courts. • After a court case, JSMP picks up survivors if they are afraid to go home and refers them to Pradet, Fokupers or Casa Vida. • JSMP also occasionally offers a room, clothes and food in emergencies, after which survivors are referred to Pradet. • Data privacy is protected by limiting staff with access to the system. The data officer and the Director are the only ones with access.
Data production	<ul style="list-style-type: none"> • Based on the schedule of hearings shared by the court, field officers who form part of JSMP’s monitoring team go to the courts (including mobile courts) to collect data. • Data on GBV is collected through three forms: crime case, civil case and the dedicated legal assistance to GBV victims form. • The field officers extract information directly from the court files and fill in the adequate JSMP form(s). • The field officers return to the JSMP Dili office and the data officer enters the information in JSMP’s WUFOO digital database. • To analyse GBV court cases, the data officer conducts a key word search on ‘violence’ (and related acronyms) in the WUFOO database and filters out GBV. There is no dedicated query or section on GBV to do this otherwise. • The filtered GBV cases are exported into an Excel file. • Using basic statistics (e.g. sum of cases) they compare cases between years, gender, location, etc. • Results of the data analysis are provided in publications, such as the 2020 Overview of the Justice Sector supported by Australian Aid, Nabilan and the Asia Foundation.
Variables	<p>Legal assistance to GBV victims form includes:</p> <ul style="list-style-type: none"> • Complaint received from victim or VPU, complaint date/time and staff who received the complaint. • Date of JSMP assistance, type of case and VPU/prosecutor case number

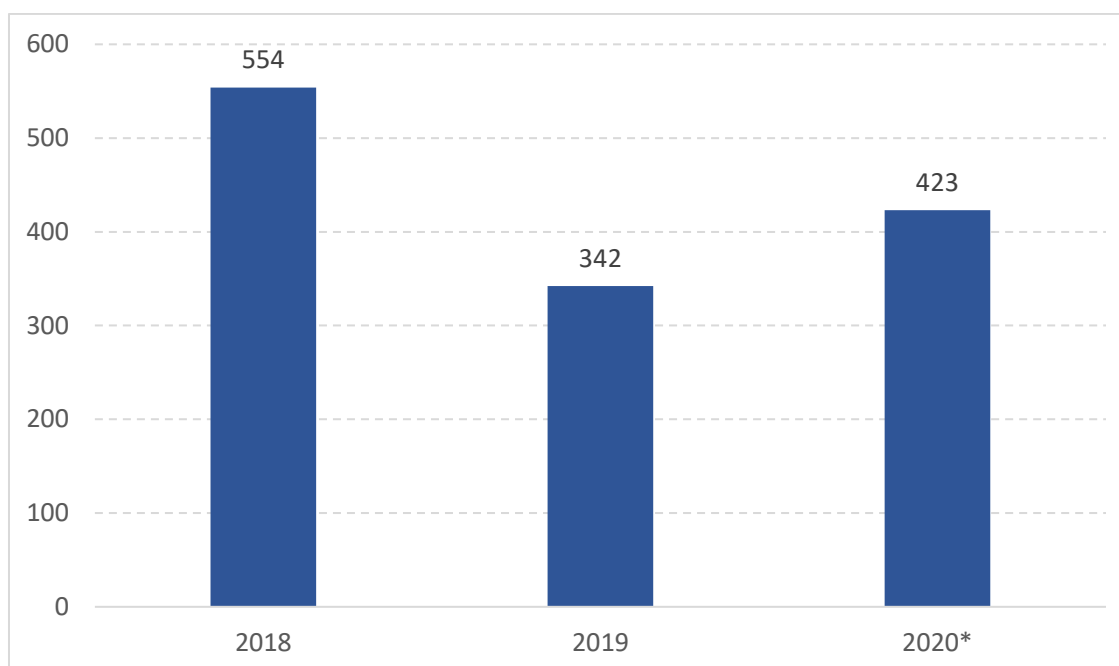
	<ul style="list-style-type: none"> • The victim’s personal information including, date of birth, sex, age, disability, profession. If the victim is a minor; relationship with the suspect, telephone number, residence (sucu, sub-district, district). • Incident details: time/date, place, incident details (from interview), counselling/advice to the victim from JSMP, treatment received and where (PRADET, national hospital, health center, referral hospital), if victim still lives with the suspect (why, how, etc.), where the victim lived after the incident, victim’s comfort of living with the suspect (why/why not). • Previous violence: if previous violence occurred, requests case description, result, court decisions, etc. • Victim referral: date, time, and organization (VPU, PRADET, hospital, Fokupers, Maria Tapo (Fokupers Maliana), Casa vida, FFCJ Oratoriu Dom Bosco, AHMDTL, Public Prosecutor’s office, Uma Mahon ba PAZ, Fila fali ba nia uma • Reason to refer to PRADET; reason to refer to shelter; reason victim returned home. • Due diligence: date, start/end time, prosecutor name and representative, observations of due diligence process. • Tribunal process: first/second judgement date, court jurisdiction, type and number of case, defendant name/sex/profession, witness name/sex/profession/age, prosecutor indictment, defendant’s statement, victim statement, witness testimony, prosecutor allegations, public defender’s allegations, proven facts, data/type/description of decision, general observation, staff providing legal assistance and unit. <p>Civil case form includes:</p> <ul style="list-style-type: none"> • Date and start/end time of first trial • Date and start/end time of second trial • Tribunal location (Dili, Baucau, Suai, Oecussi) and whether it’s a mobile court and which district • Case number, type of civil case, court article number, plaintiff name/age/sex, defendant name, age, sex, and relationship with plaintiff, witness name/age/sex/ • Name of judge, public offender, legal assistant of plaintiff and defendant, translator, justice official • Date and place of incident • Plaintiff allegations and defendant objections • Court presence of plaintiff/defender (why/why not) • Facts, relevant articles, traditional justice mechanisms involved. • Witness testimony • Next date(s) of civil case proceedings • Plaintiff representative’s final recommendations • Defender representative’s final recommendations • Case status (decision, delay, on-going, closing, don’t know) • Decision date and info • Other observations • Staff name and unit <p>Criminal case form includes:</p> <ul style="list-style-type: none"> • Date and start/end time of first trial
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	<ul style="list-style-type: none"> • Date and start/end time of second trial • Tribunal location (Dili, Baucau, Suai, Oecussi) and whether it's a mobile court and which district • Case number, type of civil case, court article number, article case type • Nature of crime (domestic violence, domestic violence and incest, incest, corruption, GBV) • Child involvement (defendant, victim or witness) or not • Measures taken by court • Name of judge, prosecutor, defendant, lawyer, justice official, translator, Alfela staff • Defendant name, sex, age, disability, profession, nationality • Victim name, sex, age, disability, profession, nationality • Relationship between plaintiff and defendant • Witness name, sex, age, disability, profession, nationality • Date/time of first (and second) incident) and location • Chronology of incident • Witness, defendant and witness statement • Medical evidence description (medical forensic examination from PRADET, other medical evidence, other document, expert witnesses) • Prosecutor and defendant final recommendations • Next date(s) of court hearing/statement • Decision date • Case status (decision, delay, on-going, closing, don't know) • Type of decision (according to article) • Description of facts presented during trial • Presence of defendant/plaintiff/Alfela during hearings and court decision • Use of international law in court's decision • Revoking of suspension by court (yes/no) • Observations/other comments • Staff name and Unit
Data sharing	<ul style="list-style-type: none"> • Data is not shared systematically but rather on request (e.g. by Spotlight Initiative partners through a form or with SEII). • Results of basic statistical analysis are shared with colleagues who make JSMP summary reports. • JSMP mentioned that when VPUs receive new cases, they call and JSMP can provide legal assistance to the survivor. In addition, as VPUs in the districts have difficulty with transport, JSMP helps with registering and picking up new cases and bringing them to Dili if needed. • If survivors come straight to JSMP, they do not always inform the VPU of this.
Definitions	<ul style="list-style-type: none"> • The data officer could not provide the GBV definitions they use, but mentioned that they are in line with the national framework.
Data strengths	<ul style="list-style-type: none"> • Extensive coverage of topics • All new court cases on GBV are allegedly tracked and included in the data system
Data challenges	<ul style="list-style-type: none"> • Unstable internet connections makes it difficult sometimes to work with the digital WUFOO database. • The data officer wants to enhance her skills in more advanced statistical analysis.

	<ul style="list-style-type: none"> • JSMP mentioned that an integrated national system on GBV would be ideal but that their main concern is data protection.
Limitations	<ul style="list-style-type: none"> • The dataset was only briefly shown, and thus further analysis of the data and its quality was not done.
Documents obtained	<ul style="list-style-type: none"> • Legal assistance form for GBV victims • Monitoring form for civil cases • Monitoring form for criminal cases
Data set review	<ul style="list-style-type: none"> • The data officer briefly showed how general court cases are added to the WUFOO database and how she extracts the GBV cases (explained under 'data production').

JSMP's 2020 Institutional Report provides an overview of the number of domestic violence cases the organization tracked between 2018-2020 (figure 2). Although it may seem as if in 2020 there were less cases, it is mentioned that 2020 cases remain the highest. The decrease in 2020 is due to the COVID-19 pandemic and the courts only working on urgent cases and the lack of mobile courts during the state of emergency (JSMP, 2020).

Figure 2. Number of domestic violence cases, 2018-2020



3.1 PRADET

Psychosocial Recovery and Development in East Timor (PRADET)	
Date	9 December 2021
Interviewee(s)	Executive Director
Overview organization and GBV administrative data system	<ul style="list-style-type: none"> • Pradet provides a wide range of support to the Timorese population including psychosocial support, counselling, child protection, conflict resolution, , as well as support to victims of domestic violence, sexual assault and abuse, among others.

	<ul style="list-style-type: none"> • Regarding GBV, it offers safe rooms (Fatin Hakmatek), emergency counselling, medical treatment and forensic documentation of injuries and basic need support (food, clothes, medicine, accommodation). • Pradet can accommodate clients for up to 3 nights, after which they refer them to Fokupers Uma Mahon or Casa Vida (shelter) if needed. • Main source of referral is VPU.
Data production	<ul style="list-style-type: none"> • PRADET receives a referral form from VPU. • The survivor is asked for consent to collect information on the incident(s), to be signed by the survivor and PRADET staff. • Technical staff sit with the survivor and manually fill in an assessment form, including the survivor's personal information and case planning. The same form is used in all PRADET affiliates. • The physical form is entered into PRADET's internal database (in Excel) by a database officer. Each PRADET location has a data officer. • Every month, all affiliates across municipalities send a client data report to PRADET HQ in Dili. • The National Data Officer in Dili analyses the data of all affiliates and produces charts. • In 2020, Fatin Hakmatek had 926 clients. Up until August 2021, there had been 702 clients that year. • Analyzed data by PRADET is only disaggregated by sex, child/adult and type of violence, despite significantly more information at their disposal. • Collected data is shared bi-annually with the Nabilan Program and further analysed. PRADET mentioned that they do not receive the results of such analysis and that it would be useful to do so in order to improve their work.
Variables	<p>Client assessment:</p> <ul style="list-style-type: none"> • Client information (name, DOB, age, gender, telephone, address and residence with whom, nationality, level of education, religion, civil state, occupation, disability, head of the family, language(s)) • Referral information (date of referral, referral partner name and staff information, telephone number, client accompaniment and involvement in abuse) • Client history and details of violence • Type of violence (domestic violence (abandoned, physical violence, sexual violence, economic violence, emotional/psychological violence), non-domestic violence (same categories), other (human trafficking, mental illness, others)) • Date of crime, date of assessment and staff • Psychological information of client (e.g. anger, sadness, sense of isolation, worried, used drugs, disoriented, etc. – tick all that apply) • Date of last menstruation, pregnancy test, number of children and sex • Medical forensic examination (date, examiner, description) • Medical treatment (emergency pill, treatment details, STI medication, other medication, date of treatment, medical provider information) • Accommodation (date, place, family accompanying survivor yes/no) • Counselling (date, counsellor name, alcohol use yes/no, further client information) • Action plan (counselling, medical treatment, follow-up, referral)

	<ul style="list-style-type: none"> • Reintegration support (financial, hygiene packet, food, clothing), date and support provided. • Perpetrator(s) information (number, name, gender, age, description, address, civil state, phone number, education level, occupation, nationality, alcohol problem) • Relationship with the perpetrator, number of children • Perpetrator(s) caught by police and detailed information • Case closed (if applicable, date, reason, staff member name and signature) <p>Psychological assessment instrument</p> <ul style="list-style-type: none"> • A 1-5 rating system which aims to measure how the client feels emotionally and observations of survivor's support system/social behavior/health/future plans and follow-up details) <p>Referral form</p> <ul style="list-style-type: none"> • Survivor name • Organization referral/referee name, directorate, telephone number, date of referral, responsible officer, position, signature and date. • Summary of referral objective <p>Reintegration form</p> <ul style="list-style-type: none"> • Name, gender, age, address and date of reintegration of survivor • Information of reintegration institution (name, directorate, number, staff, signature) • Summary of case <p>Home return form</p> <ul style="list-style-type: none"> • Secure client's statement returning home • Name, age, type of case, residence and declaration signed by client and responsible staff.
Data sharing	<ul style="list-style-type: none"> • Basic tables are shared with key partners and donors such as the Asia Foundation (Nabilan) and the Ministry of Health. • Every six months, PRADET shares a report with Nabilan. They receive feedback on how to improve case registration, but they would like to receive more results from further analysis that the Nabilan program conducts.
Definitions	<ul style="list-style-type: none"> • Definition of GBV and violence types are based on the practical view of PRADET staff when the client arrives.
Data strengths	<ul style="list-style-type: none"> • A wealth of information is collected by PRADET in a systematic manner
Data challenges	<ul style="list-style-type: none"> • PRADET mentioned that data reporting among health professionals is a challenge. The 2018 Health Sector Response to GBV/IPV: National guideline for health care providers to address GBV including IPV (Government of Timor-Leste, 2018) is a useful technical guide for them but lacks a data protocol or reporting component. • PRADET also mentioned that the definitions and forms suggested in MSSI's SOP are not implemented. • PRADET is seeking help for a more detailed analysis of their data, so it can be used to improve their programming. They suggested GDS could plan an important role in strengthening data production among GBV organizations. • PRADET is working with UN Women to set up an online database so that it is more easily accessible.

Limitations	The dataset was only briefly shown, and thus further analysis of the data and its quality was not done.
Documents obtained	<ul style="list-style-type: none"> • Consent form • Fatin Hakmatek client assessment form • Referral form • Reintegration form • Home return form
Data set review	<ul style="list-style-type: none"> • The Director briefly showed the excel sheet that they use to enter the data. The variables are in line with those in the various forms.

3.2 Alola

Alola	
Date	3 December 2021
Interviewee(s)	Advocacy Manager
Overview organization and GBV administrative data system	<ul style="list-style-type: none"> • The Alola Foundation was founded in 2001 to raise awareness on the widespread sexual violence against women and girls. It has since expanded its program and also focuses on education, economic empowerment, maternal and child health and integrating their work. • The advocacy program focuses its efforts on advocacy, prevention and protection of GBV survivors. • Alola has been the coordinator of NAP GBV Prevention Pillar since 2013. • Alola Foundation has four departments, each with their own data. The advocacy department manually collects data from clients, and enters it into the department's system. • Data privacy is protected by limiting staff access to the system. The data officer and the Director are the only ones with access.
Data production	<ul style="list-style-type: none"> • Collect GBV data in two ways: 1) general registration forms which ask for personal information, 2) Violence chronology • Forms are paper-based and digital and entered into Excel and MS Access • Field officers in 13 municipalities use the same form, and send hard copies to the National level, where it is entered into the system. • Basic analysis is conducted on the data, including summarizing the figures. • Data is mainly used in a report that is sent to SEII.
Variables	Not received
Data sharing	<ul style="list-style-type: none"> • Alola forms part of the Rede Referral Network, and referrals between Alola and Fokupers, Casa Vida, PRADET, Alfela, VPU and MSSSI (for economic violence survivors) often take place. • Alola does not receive any data from partners or share any information with partners.
Definitions	No agreed upon definitions are used
Data strengths	<ul style="list-style-type: none"> • Unable to assess as dataset and forms not received.
Data challenges	<ul style="list-style-type: none"> • Alola mentioned that data in their system could be double-counted, as systematic correction to avoid this does not exist. • Alola also mentioned that it is a pity that survivors have to go from one partner to the next, and have to re-tell their story upon arrival at each organization.

Limitations	<ul style="list-style-type: none"> • This summary only reflects information collected from the advocacy department. • Only limited information was received during the interview. Further information would be emailed but has not been received yet.
Documents obtained	None
Data set review	Not applicable – needed approval from superior

Alola – Municipalities

- Alola collects different types of GBV data in the three municipalities:
 - Viqueque: physical, sexual, economic, psychological violence and human trafficking
 - Bobonaro: physical, sexual, economic, psychological violence, child marriage, femicide and human trafficking.
 - Ermera: did not collect GBV data as new staff from Dili just arrived.
- Alola receives referrals from CSOs like Pradet, Fokupers, Alfela, Casa Vida and from VPU.
- Data is collected from the village chief and entered into their system. They do not do anything with that data themselves, but send it on to Alola at the central level.
- Transportation is a major challenge to attend to cases and collect data from Suco level.
- Indicated training is needed on GBV, statistics, questionnaire design, and data production in general.

3.3 Fokupers

Fokupers	
Date	2 December 2021
Interviewee(s)	<ul style="list-style-type: none"> • Data officer • Director
Overview organization and GBV administrative data system	<ul style="list-style-type: none"> • Fokupers aims to create awareness and empower women through various programs: advocacy, victim assistance, community outreach and childhood learning. • Fokupers leads the NAP GBV protection pillar • Fokupers mentioned they use the Hamahon database regularly. They received funding through the Victim Assistance program from Nabilan to set up their own database system.
Data production	<ul style="list-style-type: none"> • Survivors sometimes arrive through a referral from other organizations (such as Rede Referral partners, some faith-based organizations and others), and sometimes persons arrive independently. • They are first asked whether they want to share their story, and if so, asked to sign a consent form. • The client's personal information and chronology are written on hard copy forms. • Data is entered into a database which is updated weekly. • Shelters and transit houses outside of Dili also collect data. This is done manually and is not available digitally. The hard copy forms are sent to the Fokupers Dili office.
Variables	<ul style="list-style-type: none"> • Specifics not obtained. Generally mentioned that variables include the type of violence, age, type of case, etc. • Variables in the Hamahon database include the type of cases/violence by age (above or under 18 years), sex, disability.

	<ul style="list-style-type: none"> • In Ermera, FOKUPERS collected data on physical, sexual, economic and psychological violence, as well as child marriage. • In Bobonaro, data was collected on the same violence types as in Ermera, except for child marriage.
Data sharing	<ul style="list-style-type: none"> • There is no systematic way of sharing data with referral partners • As the leader of the NAP GBV Protection Pillar, Fokupers is asked to report to National Parliament and Government on GBV progress. Data on protection provided to the Government is only from Fokupers, and not from other GBV organizations.
Definitions	No agreed upon definitions are used
Data strengths	Unable to assess as dataset and forms not received.
Data challenges	<ul style="list-style-type: none"> • Respondent mentioned that support is needed for data analysis. Thus far, they collect the data, but it is barely analyzed by the organization and not used to inform their programming. • When they were asked by the Government to report on GBV progress for the Protection Pillar, they can only report their figures. They do not have access to data from other organizations working in this pillar. They suggested a joint database/system is greatly needed.
Limitations	Only limited information was received during the interview. Further information was requested again after the meeting but not obtained.
Documents obtained	Hard copy forms were printed and briefly shown, but the empty forms could not be shared.
Data set review	Not possible

3.2 ALFeLa

Asistencia Legal ba Feto no Labarik (ALFeLa) provides legal aid, legal education and advocacy to women and children in order to ensure access to a fair and formal justice system (IWDA, n.d.). ALFeLa has an online case management system that tracks client cases throughout the legal process. The system registers client information, flags for follow-up if needed, and allows for the generation of bilingual reports. A consultation to obtain further detail on their data system was unfortunately not obtained.

3.3 Others

3.1 Timor-Leste Police Development Program

The Timor-Leste's Police Development Program (TLPDP) work on gender is guided by the Gender Strategy of the National Police of Timor-Leste (2018-2022). Its main objectives are to ensure that female and male police officers have equal access to training and education opportunities and that gender equality is embedded in laws, policies and regulations governing the Timor-Leste police force. Weak data systems was one barrier identified to promote gender equality within the police force. Furthermore, a lack of investigation skills and capacity to develop case databases for GBV cases were capacity challenges identified by female police officers. A key activity (1.2.3.2) in the strategy is to "strengthen the Timor-Leste National Police (PNTL) management information system and dashboard to provide sex-disaggregated and gender-responsive data and ensure that PNTL reports use sex-disaggregated data" (p. 16) (UN Women, 2018).

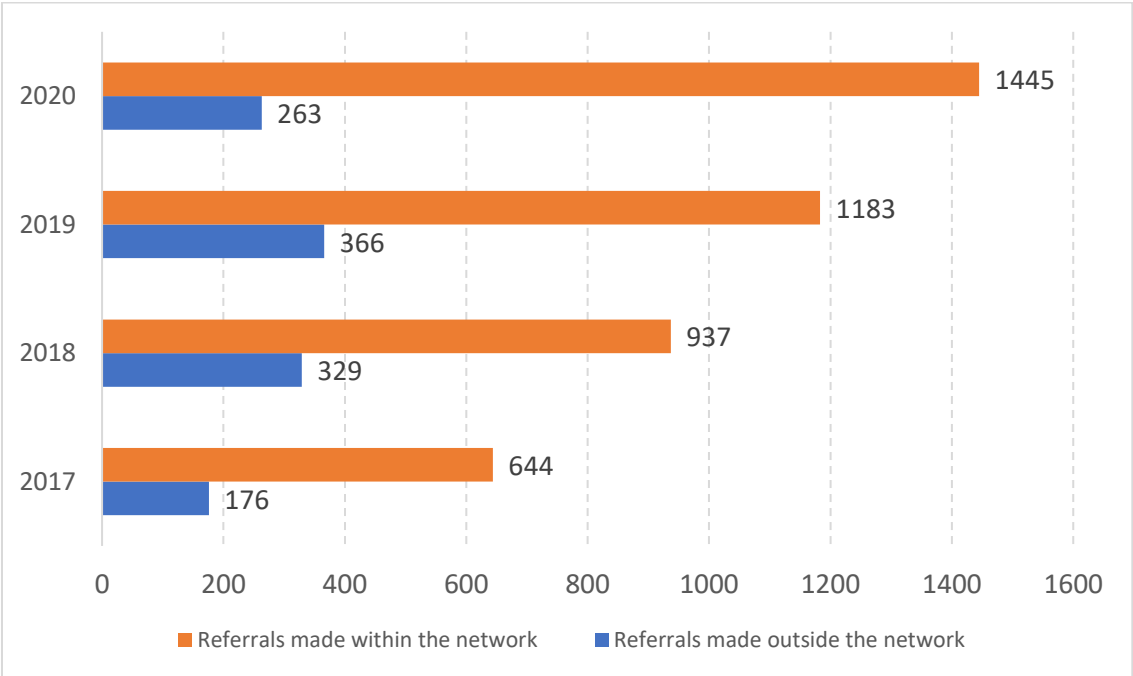
The TLPDP’s gender advisor visited all the municipality VPU offices and assessed their infrastructure and working methods. A publication on this is forthcoming. In short, when it comes to data, the gender advisor mentioned that the VPU has a management information system that is used across the country. However, some VPUs face difficulty in entering all data and doing so in a timely and regular manner due to the lack of equipment and reliable internet connection. Police stations in sub-districts often do not have computers and bring the forms to the municipality VPU where the data is entered. This results in a delay of entry and the possible loss of important information. A monthly report of the municipality VPU is sent to the national VPU. The person in charge at TLPDP for strengthening VPU’s information system was unfortunately on a long home-leave and was therefore not consulted.

3.2 Nabilan Program

Asia Foundation’s eight-year Nabilan (Ending Violence Against Women) Program is committed to ending violence against women and children and providing support services through a US\$24 million commitment from the Australian Government. The program provides support to Timorese organizations focused on service provision, and social norms change, underpinned by research on GBV (Asia Foundation, 2019).

The Nabilan program supports the strengthening of referral pathways and tracks data collected by Rede Referral network partners. In its 2020 Nabilan Progress Report (Volume 1) it shows the increasing number of referrals made within the network between 2017 and 2020 (figure 3).

Figure 3. Referrals made within and outside Rede Referral Network



Source: Nabilan Ending Violence Against Women Program Annual Report (Volume 1) 1 January—31 December 2020 (page 22).

The Nabilan program works with civil society organizations such as Alfela, PRADET, Uma Mahon, and Fokupers. It conducts case management audits to improve the quality of service delivery and reporting. All partners have been given training and guidance on this (including

on how the categories are defined) and collect data through dedicated intake forms (though basic information is the same to an extent). The format is reportedly set but tailored to the organization's capacity. The 2020 Annual Report (Volume 1) provides an overview of the data collected, including:

- Total number of new clients by sex, age group, municipality, level of education, disability status, language(s) spoken, referral source and destination, case type, female household head and case status.
- Additional data is collected based on the organization's specific work. For example, JSMP keeps track of the number of cases they monitor by jurisdiction, number of cases charged, type of cases, etc.

Organizations report the data to Nabilan every 6 months, which then validates it and offers guidance for improvements if necessary. Nabilan analyses and uses the results to inform programming and the report of the Australian Government's Department of Foreign Affairs and Trade. Summary reports are provided to SEII and MSSI (quarterly in Tetun) as well. CSOs indicated that they report data to the Nabilan Program, but would like to receive results of the analysis in return. They were reportedly only able to conduct some basic analysis, such as on the number of new clients compared to the previous year (PRADET) or the number of active cases (Alfela). Generally, data on disability and type of disability is lacking.

The Nabilan program – together with Catalpa International – also developed and designed the Hamahon³ mobile application and website. It was launched in 2018 together with the Timor-Leste Government. The app provides survivors, service providers and police access to up-to-date contact information for support services. Partner organizations can also log-in and fill in weekly reports of the new GBV cases that week. The database includes the number of new clients by sex, age (over and under 18 years), case type and disability status. MSSI forms part of the system and can reportedly see the weekly cases.

3.3 NAP GBV

A consultant hired by the Asia Foundation is currently developing the new National Action Plan on Gender-based Violence (NAP GBV) and conducting wide stakeholder consultations. A key challenge identified is the lack of reliable and standardized data. The absence of harmonized definitions, unified records and appropriate data collection tools and resources hampered an effective referral pathway, monitoring of progress of the previous NAP GBV and an appropriate response to GBV in Timor-Leste in the end. For example, the Ministry of Transport and Communication revealed that whilst they receive complaints of violence (e.g. on the bus), they have no way of registering these complaints. As a result, they do not register these complaints and refer persons to the police. The National Directorate of Land and Property also receives violence-related complaints, but they report it as land dispute rather than violence.

The development of the new NAP GBV's actions and pillars is foreseen to be finished in March 2022, after which the consultant and SEII will jointly develop indicators for the monitoring and

³ <https://hamahon.tl/#/>

evaluation (M&E) framework with each ministry. The consultant mentioned that support with the development of the indicators, and subsequent training on these, would be needed from UNFPA and UN Women. The current M&E tools provided by SEII to guide civil society organizations' data production and reporting was deemed too long and were often not followed by the reporting organizations.

The 2020 NAP GBV report under Pillar 2 (services) includes administrative data of various organizations. The data is mainly summarized data on the total number of persons (disaggregated by sex) accessing services or training for example. Despite organizations collecting further information on age, level of education and location, for example, this is not reflected in the report (SEII, 2020).

3.4 United Nations Development Programme (UNDP)

Up until 2014, UNDP supported justice institutions lead by the Ministry of Justice in setting up an integrated information management system. The work was conducted through a consultant, but did not reach its goal of ensuring universal access to justice data. After the consultant finished the job, technical errors challenged the implementation and the system was taken over by the Ministry of Justice Information Technology Department. It is unclear to UNDP to what extent and by whom the system is used nowadays, but the police and prosecution office allegedly still do so. Nevertheless, these organizations allegedly have trouble accessing an overview of the GBV cases as the system does not provide this. Furthermore, a lack of data exchange and system integration means there are no up-to-date and complete justice data on GBV at the national or municipality level.

3.5 Ministry of State Administration

GDS gathered limited information from the Ministry of Administration and State in Ermera, Bobonaro and Viqueque. In the municipalities, the Ministry of State Administration forms part of the Gender Working groups. The municipalities collected information on different types of violence, namely:

- Viqueque: physical, sexual, economic, psychological violence.
- Bobonaro: physical, sexual, economic, psychological violence, as well as child marriage, femicide and human trafficking.
- Ermera: physical, sexual and psychological violence.

They used the definition of GBV provided by SEII and only shared the collected data internally.

4 Summary of Findings

Summary of Findings	
1	All civil society organizations registered personal information of survivors (upon consent) and have some administrative data on GBV, some more detailed than others.
2	Data collection tools and definitions are not fully standardized (as articulated in the SOP).
3	SOPs did not trickle down to the lower level, with municipalities commonly requesting a harmonized template for data collection.
4	When asked about the use of definitions, most mentioned they do not have them, or they are based on their own interpretation of the case rather than the SOP
5	Data at the national level were entered into a template/system (in Word, Excel, MS Access or online information system) by a data officer.
6	Municipalities often recorded information manually and sent the hard copy forms to the National level, where it was entered into the system. Lower-level organizations were often merely data collectors, and did not use this information for improving their own work.
7	Some organizations in municipalities faced challenges in terms of data entry due to unstable internet connections or access to computers.
8	Some, but not all, organizations entered the referral source/destination into their data system.
9	Several organizations mentioned the concern of double-counting cases and a lacking method to avoid/correct this.
10	Critical data analysis is limited, with data analysis mainly focused on summarizing figures (e.g. total number of cases)
11	Data officers were keen to expand their data analysis skills and learn more advanced ways to analyze and use the data they collect.
12	Data in reports is disaggregated mainly by gender, and more uncommonly disaggregated by age, location and other collected information.
13	Data is not regularly or systematically shared between organizations (except from Rede Referral Network partners to the Nabilan Program)
14	Data systems between the organizations are not linked. The Nabilan Program seems to be the entity that collects the most information from the Rede Referral Network partners and does more in-depth analysis and reporting. CSOs mentioned the desire to also receive the results from their analysis.
15	The role and responsibility of the Ministry of Health is unclear to all of the stakeholders consulted. MoH mentioned that their efforts in requesting data from GBV service providers had been unsuccessful thus far. The health management information system lacks an indicator or way to flag GBV in the system.
16	The main data protection measure taken by organizations is to limit the number of staff who are authorized to access the system.
17	A dedicated strategy and leading organization in charge of the national production of GBV data is missing. Several stakeholders mentioned the important role GDS should play in guiding and collaborating with SEII and MSSI.
18	Organizations expressed the need to have a harmonized data system but point to data privacy as their main concern with this.
19	Several stakeholders mentioned that an important data gap is defining and registering persons with a disability.
20	The purpose of data collection at the suco and district level is mainly to report it to the central level, and it is rarely used for improving their own programming/services.

5 Conclusion & Recommendations

This Administrative Data Mapping is a first attempt at mapping the existing administrative data on VAWG in Timor-Leste. It covers both civil society organizations and Government departments, although consulting some of the latter was proven difficult. Furthermore, obtaining actual data was proven difficult due to the sensitivity of the issue. Whilst the mapping is not complete, important gaps were found that offer room for further improvement. The following recommendations are made:

Opportunities for the new NAP GBV

- Ensure that the importance of data is reflected and taken into account across all pillars of the NAP GBV.
- Actively engage stakeholders during the development of the M&E framework indicators to create ownership and develop realistic indicators.
- Ensure the NAP GBV M&E framework includes columns on each indicator's responsible leading agency, collaborating agency, and development partner and allocate adequate resources.
- Develop an indicator metadata repository⁴ that makes the following explicitly clear for each indicator:
 - Responsible agencies and their roles and responsibilities;
 - Definitions, concepts, classifications and units of measurement;
 - Data sources, collection methods and calendar to collect and release data
 - Data providers and compilers and their mandate (if any)
 - Other methodological considerations (rationale, comments, limitations, method of computation, validation, adjustments, data quality components)
 - Data availability and disaggregation
 - Data limitations and quality
 - Comparability / deviation from national/international standards
 - References and documentation
- Budget and implement regular training, meetings and technical support on data production for the NAP GBV and the indicator metadata repository.
- Implement capacity building training on (basic and more advanced) data analysis to inform policymaking and programming.
- Develop manuals/guides to be accompanied by the training so that (new) stakeholders or staff have a reference document.
- Regularly review and document challenges and lessons learned regarding the implementation of the NAP GBV M&E framework and actively seek solutions and/or support.

Strengthen national data production on GBV

- Strengthen the role of the Government and initiate discussions to elect a Government authority that leads the national production of GBV data. Discuss and establish the roles and responsibilities of MSSI, SEII, GDS and MoH, in this respect. Previous

⁴ The SDG Indicator Metadata template can be used as a guide and can be accessed here: <https://unstats.un.org/sdgs/metadata/files/Metadata-01-01-01a.pdf>

discussions between SEII and GDS and the draft ToR on social statistics could serve as inputs.

- Improve standardization of GBV data collection tools and harmonize concepts and definitions:
 - Review MSSSI's SOP and the implementation of its data collection tools.
 - Ensure broad stakeholder involvement in the process and clarify roles and responsibilities.
 - Include more detailed data reporting guidelines, stipulating (new) specifics on data production, quality assessment and sharing measures for all stakeholders involved.
 - Ensure templates are aligned and trickle down to lower administrative levels.
 - Provide training and both national and municipality level to ensure those involved in the data production process understand the templates and guidelines provided.
- The Health Sector Response to GBV Guidelines should be revised to include a GBV data reporting protocol.
- MSSSI is responsible for leading the Rede Referral Network and, as part of this role, should be empowered to have access to the data collected within this Network. Currently, the Nabilan Program collects and analyses data from the CSOs and provides bi-annual summaries to the MSSSI.
 - It is crucial that the MSSSI becomes the central organization in charge of the Rede Referral Networks' data collection process to ensure sustainability, ownership and better coordination between all GBV stakeholders (beyond the Rede Referral Network).
 - MSSSI's public online SIGAS database currently includes the names of family members of GBV cases. These should be urgently removed to safeguard privacy.
- A technical support team should be instated to support and strengthen data production on GBV (in line with the NAP GBV), including the standardization of data collection tools. The team should be solely dedicated to improve data production on GBV (linked to the NAP GBV) through technical support and regular training. Discussions should take place on where this team is best instated (e.g. at GDS, MSSSI, SEII, etc.), its purpose, composition (e.g. statistician, data expert and IT expert), the scope of work, roles and responsibilities, institutional arrangements and budgeting. A formalized agreement should solidify the decisions made and propel implementation.
- The technical support team should assist all Rede Referral Network partners and beyond. Less common Government Departments, such as the Ministry of Transport and Communications, that are unsure how to register reports of violence, should also be included.
- Given that SEII is the Government lead on gender equality in Timor-Leste and oversees the coordination of the NAP GBV, their close involvement in this should also be ensured. Collaboration between SEII and MSSSI in managing and using the national data on GBV is crucial to link GBV data with policies.

- Clarify and strengthen the role of the Ministry of Health in the GBV data production process
 - Joint discussions with Government partners and relevant CSOs need to be held to establish the role of the MoH.
 - GBV data collection by the MNC unit is currently fully detached from its HMIS system. Dedicated discussions and an in-depth review of the systems should identify ways to harmonize and improve the registration and/or flagging of GBV cases in the HMIS, whilst also producing a complete overview of GBV cases in the country's health system.
- Explore opportunities with other development agencies with an interest in GBV data production – such as the Nabilan Program and KOICA – and harmonize efforts.
- Ensure organizations have adequate equipment and internet connection to fulfil their data-related responsibilities at the national and municipality level.
- Use the National Assembly on GBV which convenes all important GBV stakeholders – to advocate for the importance of national GBV data production and the abovementioned suggestions.
- Steps should be taken to explore the possibility to generate quality statistics from administrative sources. The formation of a National Statistical System (NSS) should take these considerations into account and GDS should play a central role in data coordination and capacity building.

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