Psychosocial Recovery and Development in East Timor (PRADET) became a national NGO in 2002 and now provides psychosocial services for people who have experienced trauma, mental illness, domestic violence, sexual assault, child abuse abandonment, trafficking, imprisonment and torture.

PRADET’s vision is for a strong, healthy community that protects and supports its most vulnerable people including those who are affected by trauma, mental illness and other psychosocial problems.

PRADET’s mission is to strengthen organizational relationships with government through the relevant ministries and other services in order to provide support to vulnerable people that experience psychosocial problems through education, counselling, social support, rehabilitation, medical and forensic services.

PRADET’s objective is:

To improve the quality of life and health of people who experience psychosocial problems through psychosocial support, treatment, rehabilitation and education, according to national and international standards.

Winner of the Sergio Vieira de Mello Human Rights Award 2009

She arrived at Fatin Hakmatek, beaten, bitten all over by her husband who also broke her teeth, destroyed her home and also bit their children. When she left him and returned to live with her mother, he came after her demanding money for alcohol and drugs.

The woman went to the police who brought her to Fatin Hakmatek for treatment and support. After a few months he made more trouble—she went back to the police.

Now the woman and her children live well. The husband is currently in prison.
To Our Dear Stakeholders

I realize how quickly time has passed as it is seven years since I began as the Chair of the Board of PRADET.

I am honoured to be accompanying and motivating the Management and all the PRADET staff to maintain and develop this organization to achieve its goals.

This legacy of leadership is a tribute to the success and stability of PRADET. It is also due to our belief in the importance of our mission and vision while prioritizing working together with government departments and partner organizations to serve vulnerable people that need psychosocial support in Timor Leste.

2014 is the year that PRADET began the implementation of our new Strategic Plan 2014-2018. To ensure a good implementation we have created an additional management position to support the Director to improve organisational management systems.

PRADET also appreciates our donors (government and non-government donors) some of whom have conducted organisational assessment to enable PRADET to become an implementing partner with them. It is a credit to PRADET that we have established partnerships with the United Nations Population Fund (UNFPA), the Australian Foundation for Asia and the Pacific (AFAP) and the Ministry of Social Solidarity (MSS).

Our commitment to work in the psychosocial area gives us a unique perspective on the need and hopes of our clients and their families assisting them to make positive changes that can improve their lives and their life in the community. This work has been done in close collaboration with many partners. I am very proud of the progress we have made in 2014.

We have been continually growing and learning through our involvement with other core stakeholders and the community in general.

Our success is the community’s success. With the ongoing support of our donors, partners, volunteers and staff PRADET is ready for the challenges and achievements ahead in 2015.

From the Chair of the PRADET Board

Silverio Pinto Baptista
Chairperson PRADET Board

Civil Society Partners and Friends

ALFeLa
ADTL - Disability Association
Timor Leste
ALKODIB
ASSERT
Australian Red Cross
Ba Futuru
Bairo Pite Clinic
Caritas Australia
Casa Vida
FFSO-Legal Aid
Fokupers
FONGTIL
FPWO-Uma Mahon Oecusse
FTM
Fundasaun Alola
Holy Spirit Salele
IOM
Health Alliance International
Klibur Domin
Kongregasaun SSPS
Marie Stopes International
Rede Feto
RMIT University
Sao Joao de Deus Laclubar
Timor Aid
Uma Mahon Maria Tapo/
Fokupers

Local support

PRADET would like to acknowledge and thank the following people: Kathryn Robertson and Sophia Cason, Dr Gaspar Quintao, Marto de Araujo, Dr Andrew Mohanraj, Anne Finch, Dr Margaret Gibbons and Susan Kendall for their important contribution.

PRADET in 2014

In 2014 PRADET had 4 main programs each providing different services to people experiencing mental illness, domestic violence, sexual assault, child abuse, abandonment, imprisonment and human trafficking. In addition to direct service provision, each program provides community education both to give information and to provide strategies to prevent violence from happening. PRADET staff are frequently asked to provide training to other service providers such as police, health workers, child protection officers and refuge staff.
It is my pleasure to present to you our Annual Report. In 2014 we began the implementation of our new Strategic Plan 2014-2018. Our key goal is to provide quality services and psychosocial support to people who experience domestic violence, sexual assault, child abuse, abandonment, imprisonment, human trafficking and people living with mental illness in Timor Leste.

To realize our goals PRADET organized capacity building for staff, medical and forensic protocol training for doctors and health workers, training to improve case management and communications that will strengthen referral pathways and program partnerships among all government and non-government stakeholders.

PRADET’s work continues to receive recognition among the communities of Timor Leste and amongst our stakeholders. MOUs were signed in 2014 with the Ministry of Justice Prison Program and with the Instituto Nacional de Saude (INS) and we became an implementing partner of United Nations Population Fund (UNFPA).

Year 2014 was regarded as a progress year for PRADET because it was the first time we conducted performance evaluations for all staff. This process helps us to recognize and value the commitment and dedication of the staff and to perform our work more effectively. This process will support our organizational management and improve internal systems.

A key challenge that arose in 2014 and will continue to challenge us is our financial sustainability in the face of cuts in donor funding. These challenges did not alter our commitment to developing and promoting our programs. Our donors and friends have supported us to find solutions to some of these challenges.

I thank all the individuals, donors, partner organizations and community groups who have contributed to our achievements in 2014. PRADET is particularly grateful to the Asia Foundation who has supported the ongoing development of Fatin Hakmatek throughout the districts of Timor Leste.

Manuel dos Santos
Director of PRADET

Mental Health

Programa Assistensia Moras Mental (PAMM) commenced its service in 2002 and consists of 6 counsellors and 2 drivers. PAMM provides assessment, follow-up psychosocial support, information and referral to other services for people experiencing mental illness and trauma and their families. Most people with mental illness have experienced stigma and discrimination as well as not receiving any treatment. There are many myths about the causes of mental illness that need to be challenged so families and communities can effectively assist the person. PAMM provides services in 3 parts:

- **Home Visits.** The counselors travel to 8 districts approximately once every 2 months to visit families in their homes accompanied by the Saude Mental Case Manager (Ministry of Health Mental Health Services), for that district. The Case Manager is responsible for providing medication and the PAMM Health worker provided psychosocial counselling and family support as well as delivering basic needs such as food funded by the Ministry of Social Solidarity. The 8 districts are Dili, Baucau, Manatuto, Ermera, Bobonaro, Manufahi and Aileu.

  In 2014 this service was provided to 57 new clients and follow-ups to 278 existing clients and their families, in eight districts. Of the 278 existing clients, 18 were children, 167 females and 111 males. Diagnoses included bi-polar disorder, schizophrenia, epilepsy, psychosis, depression, major depressive disorder and PTSD.

- **Clients who live in Dili and who are stabilizing and/or recovering from mental illness are treated in PRADET’s Psychosocial Rehabilitation Center 3 days a week for a minimum of 3 or 4 months depending on their needs. Clients are referred and regularly followed up by the only East Timorese Psychiatrist in HNSV (Hospital National Guido Valadares). They are collected and taken home by PRADET transport. Activities included, meditation, cooking, yoga, relaxation, computer skills, sewing handicrafts, social activities such as shopping and singing. Laughter therapy sessions are very popular. In 2014, in its first full year of operation, 12 clients attended the Rehabilitation Center.

  All clients are adults, 7 females and 5 males with a range of diagnoses including bi-polar disorder, major depressive disorder, post-traumatic stress disorder and schizophrenia.

  Since commencing in 2003, PAMM has provided services to over 1382 individuals who experience mental illness and other psychosocial disabilities and their families.

- **In 2014 PAMM staff provided 2 workshops in 2 districts, Bobonaro and Manufahi, providing information and community education about mental illness. The total of 58 participants were community leaders, local health workers, women’s groups and youth groups.**
Marcos (not his real name) is a 44 year old man. He is married with 6 children. In the crisis of 2006 there was a gun fight in his community and from that time he has suffered. In April 2007 he was assessed as suffering from schizophrenia. In August 2013 the Mental Health Case Manager in Dili from Saude Mental referred him to PRADET’s PSR Centre.

When he first came to PSR he was quiet and serious, passive and shy. He had difficulty talking to others. He did not like to eat and had become very skinny. He was also hallucinating, talking and laughing to himself and he was not taking medication regularly.

After 3 months of attending the Centre he began to smile, to talk with others, he became an active participant in the events and activities of the Centre. Then he stopped coming. PAMM staff did a follow up visit to his home and found him very aggressive, talking to himself a lot and suspicious and lying. The staff encouraged his family to continue assisting him and encouraging him to take his medication. For the next 9 months he returned to participate in the activities at the centre. He learnt to cook and began cooking meals for his own family. He learnt to sew and began to sell the towels he made in his community.

“I feel happy to meet with other friends, PRADET staff and doctors at the PSR Centre. I am happy to have learnt how to cook and also to make towels that I can sell and make some income from. I am grateful to attend the activities at the PSR Centre. Before I was shy and afraid and I have no courage to meet with other people. But with the assistance from the staff at PSR I now have the courage and can communicate better with others.”

Financial Report

### STATEMENT OF INCOME AND EXPENDITURE

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>Program Revenue</td>
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<td>Rent Received</td>
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<td>Miscellaneous Income</td>
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<td><strong>TOTAL INCOME</strong></td>
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<td>Program Expenditure</td>
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<td>Personnel Expenditure</td>
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<td>Operational Expenditure</td>
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<td>(179,706)</td>
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<td>Capital Expenses</td>
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<td><strong>TOTAL EXPENSES</strong></td>
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<td>Surplus</td>
<td>54,529</td>
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Victims of Violence

Veronica (not her real name) is 30 years old although no one knows the exact date of her birth. She was a healthy baby born in Viqueque but at the age of 8 she fell and hit her head on a water pipe and vomited. She had some traditional treatment and then she went back to school till the second year of elementary school but she did not finish because she was considered lazy.

Because her parents were very old she went to live with her siblings. Her oldest brother said that before she had this mental problem she was a normal active human being and happy to work. She would speak and laugh and respect neighbour’s and friends. In 2008 Veronica started to get high fever and immobile joints. The family brought her to hospital.

She was diagnosed with schizophrenia because of her symptoms which included laughing, talking to herself, crying out loud for no apparent reason and little regard for her personal hygiene. With the treatment she started to be quiet and cry a lot and walk repetitively and sometimes speaking and laughing to herself. The family took her to a traditional healer and he boiled leaves and washed her with the leaves and then she inhaled the steam from the boiling leaves.

In 2013 the family received information that the MOH was offering treatment for people living with mental illness. They brought her to the Community Health Service and the Mental Health Case Manager agreed to refer Veronica to the St. John of God Hospital in Lalubear for 5 months treatment.

Veronica was then referred back to her family in Dili to continue the medication treatment in Dili. In July 2014 a Mental Health Case Manager Dili referred Veronica to PRADET. Veronica participated in the PRC. She was shy, scared, vacant in responding, and found it hard to follow instruction from counsellors. She would keep walking around, she had little self-care and would not respond when called. After 4 – 6 months Veronica began to show signs of improvement, she started to have small communication with others and started following some of the instruction from the counsellors.

The counsellors encouraged her communication with others and tried to develop her personal skills. She started to laugh and join in the group activities and sing with the group. When the counsellor tells her to do something she is now compliant and she is no longer afraid. Her attention to her own care has improved. She loves to help in the kitchen washing the plates, preparing food such as cutting the vegetables and is more involved in this activity than other clients.

In the first 4 - 6 months the counsellor was concerned that there was no change but in the later months she began to see changes showing improvement. It is still difficult for Veronica to count money and therefore to shop. Even though she has not fully recovered the counsellors will still continue with activities such as singing, storytelling, laughing, game playing, picnics, sewing, cooking, shopping.

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Fatin Hakmatek (Quiet Place) provides safety, emergency accommodation, counselling, medical treatment, medical forensic examination and documentation of injuries as evidence for a potential court case, for people experiencing domestic violence, sexual assault, child abuse and abandonment. Clients are referred to other relevant services such as ALFeLa (legal services), MISS OPL (Child Protection), Uma Mahon (refuges) and health clinics and/or followed-up by Fatin Hakmatek staff.

In 2014 there were 4 Fatin Hakmatek based in Dili, Suai, Bobonaro and Oecusse Hospitals. Each Fatin Hakmatek has a custom built facility with 3 sleeping rooms for emergency, (maximum 3 clients) plus providing practical support such as food, basic needs and clothes. The Suai service covers 3 districts, Covalima, Ainaro and Manufahi, Maliana covers the district of Bobonaro and Oecusse covers Oecusse district. The Dili service covers the remaining 8 districts.

In Dili, nurse counsellors have been accredited as medical forensic examiners by INS (Institute Nacional da Saude) and to date the other services use hospital staff who are accredited medical forensic examiners.

In 2014, a total of 515 new referrals were treated. Since opening its first service in Dili (HNGV), in October 2002, to the end of 2014, these 4 facilities have provided services to a total of 2,611 people, mostly women and children. Overall 65 % of referrals come from police though this figure is higher for the districts.

FH is a participant in the 3 day Drug and Alcohol Program that took place in Suco Balbo. He is a volunteer with the Council of Community Police. He said that he has never drunk alcohol but his father always drinks alcohol. After drinking, his father often becomes violent towards other people. The training gave him information and so he went home and shared that information with his family including his father, especially the information on the impacts of alcohol on our health and behavior.

On the second day of training he brought home the poster he was given on the impact of alcohol and his father was very surprised. His father asked where he got the information so the next day his father attended the training. His father has said he will try to minimize the alcohol. FH sees his father as a good example now to others who drink.
Educating our communities to end violence

The Alcohol and Drugs Community Education Program

After land disputes and domestic violence, alcohol abuse has been named by Chefe de Sucos as one of the 3 main contributors to violence in their communities. With high unemployment among young people and unregulated production of alcohol, this has become a serious issue. Furthermore, very few people understand the impact of alcohol and drugs on their health.

PDAJJ provides a 3 day community education program about the use and abuse of alcohol and drugs, and how to effectively manage emotions. This is co-facilitated with PMTL Community Police. In 2014 follow-up training was completed in all 24 sub districts that had received the 3 day trainings in 2013 with very satisfactory evaluations from over 700 participants.

In June 2014 PDAJJ commenced a program with TAF HAKOHAK to continue providing these workshops in 13 sucus in Atalai, Manatuto, Baucau, Bobonaro and Liquica for a total of 457 participants, 183 women and 274 men.

The Personal Development Course

Providing an adequate and professional response to victims of violence is critical but facilitating programs to change community attitudes to resolving conflict by violence and patriarchal attitudes towards women and children is part of preventing the violence occurring in the first place.

The PRADET Personal Development Course was piloted in 2013 and 12 months funding obtained in May 2014 to continue the program in 10 more sucus in Covalima. In 2014 the course was completed in 5 sucus. They were Beiseuk, Cassabank, Holpilat, Lalawala and Ogues.

The course aims to provide participants with information, particularly about alcohol and drugs, skills and techniques that help resolve conflict such as better communication skills and to identify emotional signals both in themselves and in others. Participants are taught calming strategies to better control anger and resolve the issues with one another.

The Chefe speaks

He shares his personal experience learning about the calming strategies from PRADET’s Personal Development Course.

“After I participated in the Personal Development Course organised by PRADET I went home to explain the information to my wife and children and other members of our family. I talked about the tools we can use to manage anger and sadness. I learnt if you feel angry your heart beats faster, you sometimes sweat and shake. This is our bodies way of telling us we are angry. If we recognize this we can use a calming strategy that will enable us to control our anger. This strategy includes sipping water, breathing deeply, going outside for a walk, then returning after an hour to discuss our anger and resolve the issues with one another.

I have learnt from this course that we create harmony in the family by working together. I understand more about gender roles in our community. I suggested to my family about having a roster of jobs to do so that my wife does not have so much work to do. I also make a roster for myself. Before my wife washed all our clothes but now I wash some of the clothes. On the weekend I also do some cooking. I try to do this because I am the Chefe Suku and I must show some leadership in my own community.

Another point is that before 2014 I used to drink at the Festas but now that I know about the impact of alcohol I do not bring wine to the fiestas or to our family events. I talk to my family about the health problems associated with drinking alcohol. I learnt about this from the Personal Development Course. I also give this information to my neighbours along with some posters that were given to us at the course.

I also deliver all this information to the broader community through my role as a Chefe. I explain that sometimes DV happens because we do not have good anger management control. I learnt the tools from the training and use them in my role with people who might come to see me with family violence issues.

People now see me washing my families clothes so as a Chefe it is a good example to the rest of the community. If we love our wives and daughters we can do this as a sign of our love. We eat food so we should cook food and wash dishes. We wear clothes so we should wash our clothes – this is not just the role of our wives and daughters.”

The Chefe’s wife speaks......

“Before he would get angry and scream and shout and yell bad words. Now he talks with the whole family and has family meetings.”

His wife feels he cares about her and this makes her happy. She says he now sees the work that is needed to be done in the house and shares that work with her.

At 7 years of age she had already been sexually abused by her father. He was imprisoned for this crime. When she was 16 she was abused by another man. That man is also in prison. She became very afraid of intimacy with a man and thought of all men as she thought of her father. Now she lives with her mother and other siblings.

Victims of sexual abuse are often spoken about behind their backs and sometimes there can be little care offered in the community. Sometimes when the victims moves on with their lives and meet someone else and decide to get married, it is then that people might talk to the husband’s family and to the husband and in doing so create trouble for the victims. This happened to the young woman above when she did marry.

Evaluating the impact of the course

In addition Tau Matan staff provided training to border guards in Batugande and Oecussi about human trafficking in Timor Leste. Eighty eight guards participated in this training.

Human Trafficking

Tau Matan supports the psychosocial, medical and emergency accommodation needs of people who have been trafficked either internally or internationally. In 2014 Tau Matan supported 1 new referral, a 23 year old woman from Bobonaro, (returned home) and followed up 4 existing female clients, 2 from Suai, 1 from Ainaro and 1 from Suai to Mauissse. MSS provides funds for emergency and sometimes long term accommodation.

In addition Tau Matan staff provided training to border guards in Batugande and Oecusse about human trafficking in Timor Leste. Eighty eight guards participated in this training.
A medical forensic protocol to document injuries and collect evidence was first developed in 2004 and subsequently revised by Fatin Hakmatek. Training to become an accredited examiner consists of 5 days of theory and 5 days of practicum with a written examination at the end. Fatin Hakmatek has produced a training curriculum and handbook that has been accredited by the Ministry of Justice, the Ministry of Health and Institute Nacional da Saude, (INS). In June/July 2014, Fatin Hakmatek staff facilitated training in Baucau Hospital for 11 more health workers from Baucau (4), Viqueque (3) and Lospalos (3) Hospitals and 1 from FH Dili, bringing the total number of health workers accredited to 39.

On 3 - 7 November a one day refresher course was held for staff in Viqueque and again in Lospalos. Baucau staff attended their refresher course in Dili.

The Graduation Ceremony was held at INS on 26 November 2014 when the head of INS training program announced that the “INS evaluation of the Fatin Hakmatek MFE training program is 100%”. It is planned to commence a Fatin Hakmatek in Baucau in 2015 to cover the districts of Baucau, Lospalos and Viqueque. Problems with high rates of attrition means that this training needs to continue. In May 2014 PRADET and INS signed an MOU to continue this training for the next 5 years, (May 2019).

Fatin Hakmatek has also produced a curriculum and manual for a one day training for health workers on “Recognizing and Responding to Non-Accidental Injuries”. WHO data shows that most people who have non-accidental injuries will seek assistance from health centers for their injuries. So it is important that health centers can respond effectively and not just send the injured person home again. A pilot training was facilitated on 19th August 2014 with staff from Maries Stopes International, Health Alliance and Clinic Bairo Pita and evaluations were very positive.

In 2014 there were 18 women in prison. Most have children and program for the women in Gleno Prison with funding until May 2015. In June 2014 PDAJJ in conjunction with PAMM commenced a similar youth program for the women in Gleno Prison with funding until May 2015. In 2014 there were 18 women in prison. Most have children and most have been victims themselves. Staff visit the prison once a week because of the distance, (2 hours’ drive to the mountain town each way).

JA is from Ainaro and is a prisoner in the Becora Prison. He is in prison for sexual assault and has been in prison for 1 year. He is 17 years old. JA is an enthusiastic participant in the activities that PRADET organizes in the Prison such as learning guitar and painting. He sees learning guitar and painting as an opportunity to improve his talents for the future. PRADET paid the transport and food for his family to come from Ainaro to visit him.

His family were very grateful to be able to afford to visit their son. He shared that his family did not visit because his family is poor and also because his mother is angry that he was convicted of sexual assault. The visit has enabled reconciliation with his family.