

# REVIEW REPORT

## **Disability Specific Partners and Program Final Version 28th June 2019**

The report was prepared for DFAT Timor-Leste,  
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## ACRONYMS AND ABBREVIATIONS

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ADTL	Asosiasaun Defisiensia Timor-Leste – the national peak organisation for disability
Agape	School for the deaf
ANCP	Australian NGO Cooperation Program
CBM Australia	Australian development organisation that provides technical advice on disability inclusion
CBR	Community Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs and Trade (Government of Australia)
DID	Disability Inclusive Development
DPO	Disabled Persons Organisation
EVAW	Ending violence Against Women
FGD	Focus Group Discussion
GBV	Gender Based Violence
GoA	Government of Australia
GoTL	Government of Timor-Leste
INGO	International Non Government Organisation
KDTL	Klibur Defisiensia Tilun – DPO for deaf and hard of hearing people
M&E	Monitoring and Evaluation
MEL	Monitoring Evaluation and Learning
MoH	Ministry of Health
MSSI	Ministry of Social Solidarity and Inclusion
NABLIN	EVAW program funded by GoA and implemented by The Asia Foundation
NAP	National Action Plan on disability
NGO	Non Government Organisation
PAMM	Programa Asistencia Moras Mental – program of PRADET
PHD	Australia-Timor-Leste Partnership for Human Development
PMO	Prime Minister’s Office
PRADET	Psychosocial Recovery and Development in East Timor
RHTO	Ra’es Hadomi Timor Oan, the national DPO
SECOMS	The Secretariat for Social Communication
TL	Timor-Leste
TLM	The Leprosy Mission INGO that specialises in disability and registered and has office in TL
TOMAK	To’os Ba Moris Diak – DFAT investment in food security and agriculture
UN	United Nations
UNTL	Universidade Nacional Timor Lorosa’e – the National University of Timor-Leste

## EXECUTIVE SUMMARY

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### Background

#### Timor-Leste

In Timor-Leste the concept of disability rights is poorly understood even by people with disability. There are limited disability specific services. Most services are located in the capital and the focus is rehabilitation services for people with physical disabilities.

Representation and advocacy by people with disabilities is relatively new in Timor-Leste. Ra'es Hadomi Timor Oan (RHTO), the only national disability organisation, was established in 2006. It takes an active role in advocacy, as well as training and capacity development for government and CSO staff on disability rights and inclusion and on promoting mainstreaming of disability in different sectoral areas. The peak organisation, Asosiasaun Defisiensi Timor-Leste (ADTL), brings together DPOs that represent different impairment groups (for people who are blind, deaf, and people with psycho-social disability), CSOs, and service providers in disability. It is recognised by government and the majority of NGOs and CSOs interviewed in the review as an influential and lead voice for advocacy on disability in Timor-Leste.

The Government of Timor-Leste (GoTL) is yet to sign or ratify the UN CRPD. It has however adopted the definition of disability provided in the CRPD in the *National Policy for the Inclusion and Promotion of the Rights of People with Disabilities (2012)* and through this a commitment to the obligations in line with those articulated in the CRPD. This commitment has not been demonstrated by action. The first *National Action Plan for People with Disabilities (2014 - 2018)* although a draft document that was not formally approved by the GoTL, was also a positive move to progress action on disability across the whole of government, however implementation of the plan was weak. The reasons for this include a lack of dedicated budget and limited knowledge and technical expertise on disability within government.

#### Government of Australia

Disability inclusive development is a key development priority for the Government of Australia (GoA). Australia's Timor-Leste Disability Strategy (2015 - 2020) was developed in 2014 to articulate a coherent 'whole of program' approach for strengthened focus and increased investment on disability inclusion for Australia's Aid Investment Plan in Timor-Leste. The priorities of the strategy are to increase the commitment by the GoTL to disability rights and inclusion; and increase a strong and coordinated disability sector.

In 2016, DFAT in Timor-Leste received Disability-Inclusive Development (DID) Fund of AUD 3 million from 2016 to 2020. The Australia Timor-Leste Partnership for Human Development manages most of these funds, and provides additional funding for twin-tracked disability inclusive development. The PHD design proposes a 3-5% allocation of the total PHD budget over its ten-year timeframe to support disability inclusive development in Timor-Leste.

## The Review

### Purpose

The findings from the independent review provide the basis for recommendations for DFAT on future strategies and investment in the disability sector by the GoA in Timor-Leste in the short term to 2021 when the first phase of PHD ends, and options in the longer-term to 2026, which is the end of the ten year PHD investment.

### Methodology and Scope

The review team applied qualitative, participatory mixed methods to assess:

- » The quality and impact of the disability specific work implemented and managed through PHD since 2016
- » The strength and quality of disability partnerships with local DPOs and disability service provider partners, the Government of Timor-Leste, and by CBM Australia that provides technical advice to PHD, DFAT and the disability and development partners

### Key Findings and Recommendations Disability Sector in Timor-Leste

The PHD managed funding has contributed to progress in the key areas of awareness raising, improving knowledge about the rights of people with disabilities, and there is evidence of effective inclusive practice supporting positive change at a local level for individuals with disabilities and their families.

Overall the foundation pieces that support reform on disability rights and inclusive development are emerging. The GoTL has stated their commitment to disability rights, but as yet there is minimal evidence of meaningful action or results in policy and program reform. Although knowledge on disability inclusion is improving, overall there are considerable gaps in the human resource capacity of both government and civil society, and ongoing technical and financial assistance over the long term will be needed to progress the reform process.

### Recommendations

1. The GoA should continue in the long term to prioritise and as is feasible maintain the current level of investment in disability inclusive development in Timor-Leste through its bilateral investments, and through the support it provides through other channels to international and local NGOs, DPOs and to UN programs.
2. The GoA should use its influence as a recognised leader in disability and development to try and influence other bilateral and multilateral development partners to include commitments to disability in their program investments.

### Choice of Disability Partners

The selection of the main strategic partners was based on findings from consultation that took place in 2014, and the advice of the then CBM Technical Adviser. Based on emerging needs identified by PHD, additional smaller scale adhoc support has been provided through PHD's budget for disability to organisations, both service providers and small DPOs. This includes the KDTL the DPO for deaf and hard of hearing people, and the community based rehabilitation service, Metinaro rehabilitation clinic.

The decisions to fund the national peak body in disability (ADTL) and the national DPO (RHTO) makes sound sense as they are the key entry points for the GoTL, development partners and other CSOs to engage and coordinate with the disability sector. The assumption is that support to these organisations will help them to more effectively deliver on their purpose that includes to raise awareness on disability; promote change prevailing attitudes; advocate for adoption of the CRPD; policy reform; and improve access and quality of services, and contribute to improvements to the quality of life for people with disabilities in Timor-Leste in the medium to longer term. The partnership with ADTL and RHTO also provides a way for DFAT to reach other DPOs in Timor-Leste that represent people with different impairments.

PRADET that provides access to community services for people with psycho-social disabilities; and AGAPE that promotes sign language for people with hearing impairments are the other organisations being supported by the PHD managed funds. While these groups of people with disabilities generally are more marginalised and have less access to services and resources, the two organisations were selected without any formal selection or appraisal process.

## Recommendations

3. The current local partners ADTL, RHTO and PRADET that all have contracts with PHD should continue to be funded until the end of the 2020 DID Fund as long as they continue to meet their contractual requirements.
4. Decisions about direct funding of Agape in the short-term should be based on a more thorough assessment of the organisation's commitment to disability rights and the principles of disability inclusive practice, and consideration of other organisations that offer Sign language education for deaf people and people who are hard of hearing.
5. Prior to June 2020, DFAT should commission a mapping and capacity needs assessment of all DPOs and disability service providers in Timor-Leste, to help in the design of future funding mechanisms to support disability partners and help determine allocation of resources based on the needs, priorities and likelihood of contribution to impact.
6. DFAT should support RHTO and ADTL in the longer term because of their mandate and their national reach across the disability sector, but this decision should be based on a thorough assessment of achievements and progress made during the current funding contract period that ends in June 2020.
7. If funding of partners is not to be continued beyond June 2020, PHD / DFAT needs to inform the partners well in advance (ideally not less than 6 months) of the end of the contract, to enable partners to have sufficient time to manage any implications.

## The Activities Implemented by Partners

The partners are implementing activities that are in line with their own strategic priorities and the GoTL and GoA policies and priorities on disability. The lack of adequate process and outcome monitoring by the partners and by PHD makes it difficult to provide a precise assessment about quality and effectiveness of practice. There are concerns about the relevance and effectiveness of certain activities that have been supported by the DID Fund; the CBR training through the ADTL, and the sign language training provided by Agape. A further concern is the rapid growth in scale and scope of RHTOs activities that creates risk of compromising the quality of practice and the likely impact of the results in the longer term.

Early progress has been made on collaboration between CSO / DPO and government and across the different parts of government, and positive first steps towards in some of the essential components policy and institutional reform on disability in Timor-Leste has started.

## Recommendations

8. PHD with CBM's advice should strengthen strategic and outcome level monitoring and establish reflection and learning processes with the disability partners and other key stakeholder groups.
9. DFAT with PHD using the expertise of the CBM managed 'DID4all' facility, should as a priority follow up on the recommendations made in the 2018 management review of the independent end evaluation of the National University of Timor-Leste (UNTIL), CBR course (2012- 2017), and use this the information gained to make a decision on DFAT's funding of CBR in Timor-Leste in the short and longer term (beyond 2020).
10. In the short and longer term, DFAT should ensure that appropriate technical and financial resources are allocated through the bilateral program to advocate and strengthen commitment and coordination within the GoTL on key disability specific and mainstream policy reform issues, which may include locating some of the engagement and support of policy reform within the bilateral investment, *Governance for Development*.



## Technical Advice by CBM

CBM's technical advice and inputs is valued and is still needed by the mainstream development partners in the medium and probably the longer term. However, there is potential to access more locally based technical resources on disability and on organisational capacity strengthening of the DPOs from disability and mainstream NGOs in Timor-Leste, and from other DPOs and individual experts who are people with disabilities from Indonesia and the Pacific. If applied this would probably offer a more cost efficient and is a more sustainable approach to capacity strengthening. It should also have the additional benefit of strengthening networks and exchanges between DPOs in the region.

There is weakness in the coordination and a lack of clarity over the management relationship between CBM and PHD, and the communication and coordination between CBM with PHD and DFAT is inconsistent. As a result, the potential added value of CBM's advice at the program and at the strategic level is not being maximally accessed and most effectively used by both PHD and DFAT.

### Recommendations

11. PHD with CBM, should explore options for locally based resources for both organisational and technical capacity strengthening in Timor-Leste and in Indonesia and the Pacific for the DPOs, which is more relevant, cost efficient and sustainable in the medium and longer term.
12. PHD and DFAT should agree a process for stronger and more regular coordination meetings with CBM to assist strategic review and planning, and build this into CBM's annual plans and in-country inputs, noting this will require additional time resources be committed by DFAT.

## Management by PHD

PHD's Access and Equality team is a small and dedicated team that is working at maximum capacity in fulfilling their management responsibilities for the program of disability specific and mainstream activities. The Technical Lead has good competencies and knowledge in disability, but due to the scope of the PHD's work in mainstream and disability specific activities, at times there are understandably challenges in balancing the disability team's inputs on management, administration with an appropriate level of time on strategic issues with GoTL, partners, and with DFAT and CBM.

Progressing disability inclusive practice requires a multi dimensional approach that includes working with government on policy reform and programs; civil society (DPOs and NGOs) for advocacy; and with both disability specific and mainstream service providers. The PHD design provides a good framework to progress disability in each of these dimensions through its work in different sectors, and partnership with government, civil society and service providers. However, PHD's ambitious program of work has a wide scope and has been scaled up quickly, and demands a broad range of different skills to effectively manage.

### Recommendations

13. PHD review the current responsibilities of the team responsible for disability to determine if additional capacity or change in management structure may help strengthen strategic management of the disability activities.
14. PHD strengthen monitoring of the disability activities and introduce with CBM's input more regular reflection, learning process that includes partners, and produce documentation of the results and lessons learned from implementation of disability inclusive practice.
15. DFAT explore possible options for different, options for technical support, and management and funding arrangements for some areas of the disability specific practice that may include working with locally based NGOs in Timor-Leste, and drawing on the expertise in the DFAT initiative Governance for Development to strengthen disability policy and program reform at the national level with GoTL.

# 1. INTRODUCTION

## 1.1 Document Purpose

This document presents the findings from the independent review that was undertaken during March 2019 of the effectiveness of the support provided by the Government of Australia (GoA) to the disability sector in Timor-Leste that is managed by the Australia-Timor-Leste Partnership for Human Development (PHD). The review focuses on the disability specific investments that have supported partnerships with Disabled People's Organisations (DPOs), and disability service providers. This support has been funded by the Department of Foreign Affairs and Trade (DFAT) through the PHD budget and additional resources from the Disability-Inclusive Development (DID) Fund since 2016 up until 2020.

The review findings provide the basis for recommendations made in this report about options for DFAT on future strategies and investment in the disability sector in the short term to 2021 when the first phase of PHD ends, and in the longer-term to 2026, which is the end of the ten year PHD investment.

DFAT Post in Timor-Leste, and the management staff of PHD is the main audience for this report. It is expected that DFAT will share and make time to discuss the findings and recommendations made in the report with stakeholders and contributors to the review, including the Government of Timor-Leste (GoTL), representatives of DPOs and NGOs in Timor-Leste and CBM Australia.

## 1.2 Key Background Information

### Disability Inclusive Development – Concept

“Disability-inclusive development means that all stages of development processes are inclusive of and accessible to people with disabilities”.<sup>11</sup>

The Convention on the Rights of Persons with Disabilities (CRPD) provides a globally agreed framework for disability inclusive development. Adherence to the principles and commitment made in this international human rights treaty ensures people with disabilities are active drivers and contributors at all stages of any development initiative (designing, planning, implementing, monitoring and evaluating). People with Disabilities therefore are the subject not the object of the development action.

DFAT's strategy on disability inclusive development is based on the CRPD framework. Central to the strategy is ensuring that development processes enable people with disabilities to be front and central in the development in line with the principle of “nothing about us without us”.<sup>2</sup>

A requirement for effective disability inclusive practice is that people with disabilities understand their human rights, and have opportunity, confidence and resources to participate and contribute in development processes. There must be changes in ‘how development is done’ by governments, development partners and donors.

This occurs by improving their knowledge and understanding of disability; changing systems and processes, reallocating resources that will help create opportunities in development that allow genuine inclusion, and benefits by people with disabilities.

Disability-inclusive development is a relatively new area of practice. There are resources that provide guidance on its design and implementation, but there is inconsistency in the approaches used to measure the effectiveness of inclusive processes and the results. It is generally acknowledged that there is need to strengthen the evidence base to improve knowledge on disability inclusive practice.<sup>3</sup>

- 1 Development for All: Evaluation of progress made in strengthening disability inclusion in Australian aid (2018)
- 2 Development for All 2015 - 2020: A Strategy for strengthening disability-inclusive development in Australia's aid program (May 2015)
- 3 Disability Inclusive Development Good Practices: Level of Commitment to Core Concepts of Human Rights, Cheryl Henderson, Hasheem Mannan, Jessica Power, Vol. 29, No.3, 2017; doi 10.5463/DCID.v29i3.608

## Disability in Timor-Leste

### Situation for People with Disabilities

People with Disabilities make up an estimated 4.5% of Timor-Leste's population.<sup>4</sup> This figure is much lower than the accepted global prevalence rate of 15%. Under reporting on disability is generally due to the methodology and survey tools used for data collection.

It also occurs in situations where understanding on disability is limited, and negative attitudes towards people with disability prevail.<sup>5</sup>

In Timor-Leste people with disabilities and their families experience high levels of discrimination and social stigma. Recognition and respect of the rights of people with disabilities remains very low. People with disabilities are typically isolated from others in their community, and although their family may care for them, generally they are not respected as people with rights, abilities and skills who can contribute to society.<sup>6</sup>

At the family and community level disabilities continue to be mainly viewed through a welfare or medical lens. The concept of disability rights is new and is poorly understood even by people with disabilities. There are limited disability specific services, and those that are available are located in the capital Dili, and the focus is rehabilitation services for people with physical disabilities. There are emergent services for people with psycho-social disability, and very few options available for people with sensory (visual and hearing), intellectual or multiple disabilities.

### Government's Commitment to Disability Rights and Inclusion

The Government of Timor-Leste (GoTL) has not signed or ratified the UN CRPD. It has demonstrated a commitment to the CRPD's obligations by adopting the Convention's definition in the National Policy for the Inclusion and Promotion of the Rights of People with Disabilities, that was approved in 2012.

The first National Action Plan for People with Disabilities (2014 – 2018) was a positive move to gain commitment to disability across the whole of government, however implementation of the plan that was never formally endorsed was weak. Stakeholders, including representatives of the GoTL, who were interviewed for this review attribute the low level of implementation to it not being formally approved, and a lack of dedicated budget, inadequate staff, and limited knowledge and technical expertise on disability within government.

The Ministry of Social Solidarity and Inclusion (MSSI), through the Directorate of Social Services, is the lead ministry with responsibility for disability. The MSSI promotes and protects the rights of people with disabilities through their own programs including social protection, and by cooperating and facilitating coordination with other line ministries to improve understanding on disability and access to services.

MSSI is leading the development of second NAP, and is facilitating setting up of the National Disability Council. PHD is supporting the MSSI in these activities, and the coordination and contribution by the national DPO Ra'es Hadomi Timor Oan (RHTO) and the peak disability organisation, Asosiasaun Defisiensiia Timor-Leste (ADTL).

Cooperation between the MSSI and the Ministry of Health's (MoH) that is also supported by PHD is advancing disability inclusion in health policy and programs. The PHD 6 month report (December 2018) notes that there has been recent progress in the provision of medical certification to people with disabilities, which improves their access to social protection, and improved information to service providers and people with disabilities easier access to mainstream health services.<sup>7</sup>

The GoTL recognises the contribution made by the DPO and other civil society organisations (CSOs) and service providers in disability. There is good coordination and cooperation between the DPOs, CSOs and the MSSI. This positive working relationship between CSOs and GoTL provides an important platform for advancing policy reform and program development on disability.

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4 World Report on Disability (2011), WHO

5 Timor-Leste Population and Housing Census (2010), Analytic report on Disability (Vol 10)

6 PHD Disability Inclusion Strategy (2017 - 2020)

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7 PHD Six-monthly report July – December 2018

MSSI and the Prime Minister's Office (PMO) are two funding streams from the GoTL that supports some of the organisations for their operations and activity costs. The grants are made through an annual competitive scheme that is available for local Timor-Leste DPOs and CSOs. In 2017, the MSSI granted a total of USD 2 million to 53 organisations working with 'vulnerable groups'. Some of these funds are granted to DPOs and disability service providers, although the majority goes to organisations assisting other 'vulnerable groups, for example for shelters. The value of the 12-month grants ranged from about USD1,500 to USD84,000.<sup>8</sup>

The GoTL has also prioritised in policy on mental health and psychosocial disability. The National Mental Health Strategy (2016 - 2020) aims to integrate mental health in to the primary health care system, although at present most of the services available are institutionally based.

### Representation and Advocacy

Representation and advocacy by people with disabilities is relatively new in Timor-Leste. RHTO, the only national disability organisation, was established in 2006. It takes an active role in advocacy, as well as training and capacity development for government and CSO staff on disability rights and inclusion and on promoting mainstreaming of disability in different sectoral areas.

ADTL is the peak organisation that brings together DPOs, including smaller DPOs that represent different impairment groups (for people who are blind, deaf, and people with psycho-social disability), CSOs, and service providers in disability. It is recognised by government and NGO and CSOs as the lead voice for advocacy on disability in Timor-Leste.

ADTL and RHTO are major recipients of Australian Aid through the DID Fund (2016 - 2020). More information about these organisations, and the activities they have implemented through the Fund is given in Section 3 of this report.

### Government of Australia

Disability inclusive development has been a key development priority for the Government of Australia (GoA) since 2009. In 2014, as part of the review of the first Development for All Strategy, consultations took place with key stakeholders in government and civil society on disability in Timor-Leste. These consultations provided the basis for Australia's Timor-Leste Disability Strategy (2015 - 2020). DFAT staff developed the strategy with the technical support of CBM Australia.

The purpose of the Timor-Leste Disability Strategy (2015 - 2020) is to articulate a coherent 'whole of program' approach for strengthened focus and increased investment on disability inclusion for the Aid Investment Plan.

The strategic priorities are:

- » **Increasing commitment by Timor-Leste Government** to disability rights and inclusion evidenced by the National Policy and National Action Plan
- » **Increasing a strong and coordinated disability sector** – led by the peak body ADTL, and the national DPO RHTO, with stronger emphasis on disability rights and advocacy

The disability specific areas of action are:

- » **Support local advocacy and awareness raising**
- » **Strengthen the voice and leadership by people with disability**
- » **Improve the evidence base**

The strategy also provides direction on mainstreaming activities in a wide range of key sector programs including health, education, water and sanitation, Ending Violence Against Women (EVAW), rural and village development.

<sup>8</sup> Based on data provided by MSSI staff to the review team.

## DID Fund

The purpose of the DID Fund is to provide dedicated resources to strengthen DID activities within existing DFAT investments. DFAT Disability Section in Canberra manages the DID Fund that is made available to DFAT Posts through a competitive funding mechanism. In 2016, DFAT in Timor-Leste received DID Funding of AUD 750,000 per year for 4 years (2016 - 2020). Further details of the design proposal are provided in Section 3 of this report.

**Table 1. Summary of DFAT's Current and Planned Investment in Disability Inclusive Development in Timor-Leste 2009 - 2026**

	2009 - 2013	2014	2015	2016	2017	2018	2019	2020	2021 - 2026	
DFAT Global Policy	Development for All – Disability Inclusive Development Strategy (2009 - 2014)			Development for All – Disability Inclusive Development Strategy (2015 - 2020)						
DFAT Timor-Leste	DFAT Regional Disability Technical Adviser	CBM provides technical advice to Post (50 days / year)		CBM provides technical advice to Post (25 days / year) to 2020						
		Timor-Leste Disability Strategy								
	Funding mainstream activities and Disability specific to ADTL, RHTO, PRADET									
					DID Fund Application Approved July and implementation started through DFAT TL					
PHD	Phase 1 Starts May 2016			Contract management for DID funds and additional investment in DID  CBM provides technical advice to PHD					Phase 2 June 2021 to 2026	

## 2. METHODOLOGY

### 2.1 Review Team

A three-person team made up of two international independent consultants, (Sarah Dyer from Australia, and Jaka Tanukusuma from Indonesia), and a representative for the GoTL, (Maria Antonia da Costa), from the Ministry of Solidarity and Social Inclusion (MSSI), completed the review.

### 2.2 Scope of the Review

The review has made assessment of:

- » The quality and impact of the disability specific work implemented through PHD since 2016
- » The strength and quality of the disability partnerships with local DPO and disability service provider partners,<sup>9</sup> Government of Timor-Leste, and CBM Australia

#### Review Questions

DFAT expected the review team to consider a comprehensive set of questions (refer Table 2). These questions informed on the design of the semi-structured interview and Focus Group Discussion (FGD) framework the team used to collect data.

**Table 2. Review Questions<sup>10</sup>**

#### Key Question and Secondary Questions

##### 1. What is the current state of the disability sector in Timor-Leste (strengths and gaps)

- 1.1 What are the strengths and gaps of disability partners?
- 1.2 What is the demand and supply of disability services?

##### 2. To what extent are current PHD-funded investments in the Timor-Leste disability sector achieving impact?

- 2.1 How are disability partners, including DPOs benefiting and utilising this funding support?
- 2.2 How have PHD's investments enabled partners to better meet their own organisational goals, such as representation of people with disabilities and advocacy?
- 2.3 Is support for advocacy and services making government policy and programs more inclusive and has this translated into improvements to the lives of people with disabilities?

##### 3. Is DFAT funding the right partners and the right activities?

- 3.1 Is DFAT aligned to the priorities of Government of Timor-Leste and people with disabilities?
- 3.2 What have been the unintended consequences of the injection of support for partners over the last couple of years?

##### 4. Is funding of peak bodies within the Timor-Leste disability sector the best option to ensure people with disabilities can advocate for and can access services?

##### 5. What are the gaps, including capacity building needs?

##### 6. What have been the challenges and difficulties in PHD's approach/modalities?

##### 7. What funding mechanisms are disability partners, including DPOs currently accessing?

- 7.1 What proportion of these are funds are from the Australian Government, and in particular, are DID Funds?
- 7.2 What other funding is currently available to disability partners, including DPOs in Timor-Leste including Government funding opportunities?

##### 8. In the Timor-Leste disability sector, where should PHD/DFAT invest its funds to ensure greatest impacts for people with disabilities?

##### 9. What impact will the cessation of DID Funds have on disability partners, including DPOs

##### 10. What do disability partners need in order to be self-sufficient and sustainable? Is this feasible?

- 10.1 To what extent could current investments be improved to ensure and promote disability partners, including DPOs to be more self-sufficient?

##### 11. Is ongoing support from CBM necessary for ongoing programs or should other modalities be explored?

<sup>9</sup> The local partners are: RHTO, ADTL and its members, KDTL, PRADET, the psychosocial DPO, and AGAPE

<sup>10</sup> The questions were provided by DFAT in the Terms of Reference for the review



## 2.3 Method

The review methodology is outlined in the review plan that is in Annex 1. Data was collected and analysed using formative enquiry that applied qualitative, participatory mixed methods through:

- » **A meta-analysis of key documents** prior to the in-country field work
- » **An in-country visit between March 12th – 19th** when stakeholder interviews and Focus Group Discussion (FGDs) and site visits were completed (refer Annex 2 for program and list of informants)
- » **In Australia interviews and FGDs** with Australia based consultants, DFAT staff, ex volunteers and CBM Australia staff

When the review team met in Díli just prior to starting data collection, the interview and FGD tools were discussed and certain revisions to the framework and process were made. Each team members' experience and expertise helped inform on the modifications that were made. Jaka Tanukusuma contributed valuable insights and advice from his experiences as a person with disability, and his expertise of working in community engagement and mobilisation with grassroots DPOs and their members in Indonesia. Maria Antonia da Costa provided information about the local context in Timor-Leste.

The interviews and FGDs with local partners were conducted in a mix of Bahasa Indonesia and Tetum, and for all meetings English / Tetum / Bahasa Indonesia interpretation was available. In all meetings with deaf people, sign language interpreters were used. Jaka Tanukusuma was the lead facilitator for all meetings with disability partners and with the GoTL (MSSI), and Sarah Dyer facilitated meetings with PHD staff, and with INGOs, DFAT's bilateral programs, and with international partners.

## Limitations

Certain limitations were experienced in implementing the methodology and the review plan. These include:

### i. **Gaining the perspectives from women**

The review team tried to ensure that during the FGDs opportunity was given for both women and men to share their views and perspectives. An oversight when planning the review program was that no additional time was allocated when meeting with partners for separate FGDs with men and women. In some meetings it was noted that men (who often were in more senior positions) at times tended to dominate the conversation. The review team managed this by focusing questions specifically to women participants, and through the facilitation process creating specific occasions for women to respond.

### ii. **Five Capabilities Framework**

During refinement of the interview and FGD process, the review team determined local partners would be unlikely to openly share information sought by the capabilities framework when meeting outside evaluators for the first time. It was also agreed that the process would take more time than was available in the program for the FGDs. The capabilities framework was effectively used in the interviews with PHD staff and one ex-volunteer now in Australia. The findings are provided in Annex 3, and have been incorporated into the analysis presented in Section 3 of the report.

### iii. **Meetings with DPO members and service users**

The review team had limited opportunity to meet service users and members of DPOs. One meeting with disability service users could not take place due to the unavailability of the service provider staff, and this meeting could not be rescheduled. Overall the team obtained very little primary information from people with disability who are service users or members of the DPO. This has limited the extent to which it is possible provide an assessment of the relevance and effectiveness of the program's activities for the service users and beneficiaries, and in particular provide information in relation to review questions 1.2 and 1.3. (Refer Table 2).

### iv. **Limited outcome monitoring data**

The PHD progress reports and those of the partners focus on output and activity level data, and at this stage of the program there is little information about outcome level change. In addition, there is no baseline information, or indicative progress indicators for the disability specific program of activities. This makes it very difficult to judge the progress and the extent the PHD funded investments are achieving impact. This has limited the analysis required for review question 2 (refer Table 2).

### 3. FINDINGS

#### 3.1 The Disability Inclusive Development (DID) Fund

##### Overview

The purpose of the Disability-Inclusive Development Fund (DID Fund) is to strengthen disability-inclusion throughout the Australia Timor-Leste Partnership for Human Development (PHD), and will enable the Australia's bilateral Program to become a model for effective implementation of DFAT's Disability-Inclusive Development strategy Development for All: 2015 - 2020.<sup>11</sup>

The value of the DID Fund is AUD750,000 per year, a total of AUD 3 million for four years (2016 – 2020). Funds from the PHD budget are also contributing to the disability specific and mainstream activities. PHD's design proposed that between 3 to 5% of the investment's budget should be allocated to support disability mainstream and specific activities. The expenditure made to date have not been made available to the review team, and the extent to which the projected budget for disability over the 10 year period will be available is contingent on the current funding levels for the Australia's aid assistance budget to Timor-Leste being maintained over the short to medium term.

The DID Fund Investment supports four objectives:

1. Strengthen disability-inclusion in education, social protection, water, health and sanitation, gender, nutrition and data
2. Support people with disability and their representative organisations to enable them to provide support on disability-inclusion
3. Provide disability specific interventions to increase diversity amongst DPOs and enable people with diverse disabilities participate and benefit from PHD and services more broadly
4. Support the peak secretariat organisation for disability – ADTL

The review focuses on objectives 2,3 and 4 that relate to the disability specific support that is provided through the DID Fund.

##### Design

In line with the requirements of the DID Fund, the Post in Timor-Leste prepared a relatively 'light touch' proposal that was approved by DFAT Canberra in early 2016. A CBM Technical Adviser led the design of the DID proposal, drawing on information that had been collected in 2014 during the consultation for DFAT's Timor-Leste Disability Strategy. In the words of a DFAT staff involved in the proposal development 'development of the proposal would not have been possible without the knowledge and skills of the CBM Adviser'.

The CBM adviser made recommendations on the focus of activities and selection of disability partners in the proposal design. Two major recipients of the DID Funds are RHTO (the national DPO) and ADTL (the national peak body). Both organisations had previously received funding from DFAT (RHTO since 2012, and ADTL since 2014), and support through the placement of Australian volunteers.

DFAT determined that continuing this support through the DID Fund would be instrumental in furthering the rights of people with disability and disability inclusive practice in Timor-Leste.<sup>12</sup> This rationale is sound, as strong representation by people with disabilities, through a national DPO is a critical part of advancing disability rights and inclusion, and an effective peak body should also assist in coordination, advocacy and strengthening the disability movement and their members more broadly.

The other disability partners supported through the DID Fund are the Psychosocial Recovery and Development in East Timor (PRADET), which is a national organisation that works in mental health and psycho-social disability, and Agape the only education facility in sign language in Timor-Leste.

<sup>11</sup> Disability Inclusive Development (DID) Fund Activity Report 2016/2017

<sup>12</sup> Progressing Disability Inclusion in the Australian Aid Program in Timor-Leste, December 2017 – case study prepared by CBM / DID4All for DFAT



The DID Fund proposal document does not provide any specific information on the rationale used for selecting these partners. Both organisations work in areas of disability that are typically neglected. Deaf people and people with psychosocial disability are recognised globally to be amongst the most marginalised and excluded, and face more difficulties in accessing disability specific and mainstream services and resources when compared to other groups of people with disabilities. The CBM and DFAT staff interviewed for this review assume that the CBM Adviser who prepared the proposal with DFAT was instrumental in the decision, and noted that there was an existing relationship between both organisations and CBM.

RHTO and ADTL both had existing strategic plans that formed the basis of their activity proposals that were approved by DFAT and are now being implemented. CBM, as part of the services provided to DFAT's Disability Section in Canberra (through DID4All facility) also reviewed and provided inputs during the approval process of the proposal.

In 2016, when the proposals were developed, both organisations were new and had limited experience in design and management of large-scale projects. Respecting these limitations, the review team has concerns about certain features of the approved proposals including:

- » There is very limited little situational or baseline data that provides the basis for the scale and scope of the activities proposed in the plans, and against which to measure progress in implementation and results
- » The monitoring and evaluation (M&E) focuses on activity and output and does not include adequate outcome level indicators
- » The project budgets are fairly consistent over the 4 years period, and the assumption is that there will be equal scale of implementation through out the period of the project, and means that incremental scaling up and possible reduction of certain activities and may not take place
- » There is very little focus in the proposals on areas of organisational capacity particularly in relation to strengthening and diversifying funding, governance and strategies for longer-term sustainability

The timing of approval of the DID Fund and the start up of PHD, meant there was an imperative to start activities and spend funds in a relatively short period of time during a shorter first year (between October 2016 to June 2017) of implementation. This meant that the PHD staff and partners did not have time to thoroughly review and as needed make revisions to the original proposal together, and determine the scale and scope of activities that could be reasonably implemented during this initial period.

In the subsequent year, as part of annual reporting and activity and budget planning, PHD staff have with partners reviewed the implementation of activities and expenditure. The focus of these discussions has been on activity / output level. There has been limited review of progress made towards achievement of outcomes, or at a strategic level about the continued relevance of the objectives and implementing strategies and areas of activity set out in the proposal.

During discussions with the review team, both the PHD staff and the partners expressed uncertainty about the extent to which the approved proposal can be revised and modified. They are also unclear about the process and the decision-making responsibilities of PHD and that of DFAT for approving strategic rather than activity level changes to plans.

## Management

### PHD

The PHD investment works with non-government service providers and the relevant line ministries in a wide range of sectors, which has created opportunity for mainstreaming disability and has given the disability partners access to a broad range of opportunities and networks. The PHD facility also provides additional skills in administration and finance and in MEL that has been used to help strengthen project management capacity of the disability partners.

The PHD Technical Lead for Access and Equality with two Project Officers managed the mainstream and disability specific activities. Until March 2019 (when the interviews for this review took place) this team was also responsible for the gender activities in PHD. This meant that the Technical Lead had until March 2019 split her time equally between disability and gender. From March 2019 this arrangement changed and going forward she will only be responsible for disability activities. This should enable more time that is needed to be dedicated to management and support of disability activities and partners.

This committed small team has strong knowledge and experience of the disability sector, and prior experience working with the key disability partners. The Technical Lead's expertise and strong experience in disability was specifically noted by a number of stakeholders who were interviewed for the review.

The Access and Equality team have experienced challenges managing the scale and scope of the disability program. The initial implementation of the DID Fund activities was rushed, and coincided with the start up of the PHD investment, and many of the core management processes and systems were not at that time well established.

The Access and Equality team is responsible for establishing mainstream disability activities in the key sectors of education, social protection, water, health and sanitation, gender, nutrition and data. This broad scope of work was not implemented using a staged or incremental approach, which further added to high work demands experienced by the team.

The Access and Equality team members described the constant high volume of work (both disability specific and mainstream activities). This observation was also made by one of the informants interviewed for this review, who reinforced the comment that was made by the Technical Lead that she and her team are 'consistently are working at maximum capacity'. In addition, the scope of work in disability demands a broad mix of skills and expertise to effectively manage the different elements of the program that includes working with disability partners, government, mainstream actors, the other pillars of PHD and external stakeholders. In addition to the technical aspects, the team holds a high level of administrative and management responsibilities.

An example of a challenge shared during discussions with the team, is being able to dedicate sufficient time to work with the MSSI in helping set up the NAP steering committee and working group, and in supporting CBM in the development of the disability inclusive health resource materials. The reviewers observed challenge in having sufficient time to consistently work with the partners on program monitoring, learning and planning.

The Australian Embassy convenes a six-monthly learning forum on gender and disability to enable cross-learning across bilateral investments. However, other specific coordination meetings between PHD with the disability partners, and with other development partners (OXFAM, The Asia Foundation, UN Women, and TOMAK) that work on disability inclusion with the disability partners do not routinely take place. Some development partners told the review team that they are keen to sit down with the PHD team, to try and find more effective ways of coordinating and working together more effectively. The PHD team also expressed the view that there is value in trying to strengthen stronger stakeholder coordination, which due to time constraints of both the PHD team and of partners and stakeholder has to date been difficult to arrange.

Some stakeholders expressed an interest to gain more clarity about PHD's role and responsibility in relation to the mainstream and the disability specific activities. In some areas of work the PHD team appears unclear about their role. One example the team shared was their work supporting MSSI set up the structure and process for inter-ministerial cooperation. There appears to be uncertainty and some contradiction in the role of PHD, which at present is facilitating the process and advising the Ministry staff, while also being named as a member of the steering committee.

## Disability Strategy

At the request of DFAT, to try and clarify the role, strategy and plans for PHD disability work, PHD, with the technical support of CBM developed a Disability Strategy that was approved by DFAT in late 2018. The document provides useful information that helps locate the DID Fund activities within the PHD program logic and the MEL framework. It also describes the management responsibilities and gives more detail on program implementation.

The Strategy Document is labelled as an 'internal document', and has not been shared with partners and other stakeholders. The review team only received the strategy document from DFAT after the in-country visit was completed, and the strategy was not referred to during meetings between the review team and PHD staff, or used as reference during the meeting with CBM Australia. It therefore seems to the review team that the strategy is not being managed as a 'live' document to actively guide implementation and management of PHD's disability activities.

## Monitoring Evaluation and Learning

Disability is managed as an Equity Access and Social Inclusion (EASI) issue in each of PHD's three sectors of WASH, education and health. Monitoring progress and performance of both disability mainstream and inclusion activities is embedded within all areas of the PHD MEL system. This approach is appropriate in terms ensuring disability sensitive data is measured across all areas of PHD's program, however it does mean that specific measurement of performance that relates to both process of implementation, and results does not take place.

As was noted in the introduction to this report, measurement of disability inclusive practice is not well developed, and incorporating measurement indicators for disability inclusion using processes that are practical and time and cost efficient are often challenging. These challenges are greater for an investment of the scale of PHD, and in the context where there is limited the experience and expertise in disability inclusion, and disability partners' capacity in MEL is limited. The need to strengthen measurement of disability, particularly process and outcome measurements was recognised in the recent PHD 6 month report (July – December 2018).

Measuring our effort based on the guiding strategies: Further efforts are needed to define our approach to measure our implementation of EASI within and across sectors, including defining a set of core indicators (qualitative and quantitative) and data collection methods and setting realistic targets (acknowledging the timelines for social change).

An objective of the DID Fund is to 'model disability inclusive practice'. The long term and large scale of the investment in disability through PHD provides a great opportunity for generating information and learning on effective DID practice that will be of interest and benefit to DFAT and for other development partners. The review team is concerned that the current MEL system will not generate the critical information required to support learning that can then be applied to improve current practice or help inform on future approaches and models of disability inclusive practice in Timor-Leste and elsewhere.

A review of the most recent 6-month report (June to December 2018) shows the monitoring data on disability that is currently being reported is limited to activity and output level. There is minimal reporting of outcome level change; both of strategies and processes being employed, and the results of the implementation.

A further constraint is the quality of the output level reporting. Information is provided on the number of participants, activities or beneficiaries, but without reference to the extent that this scale of activity is in line with expectations or an improvement when compared to initial baseline data, or at earlier stages of implementation.

The review team understands that baseline data is not always available, however even when it appears to be present it is not being referenced in the report. One example is PRADET's program PAMM where the number of clients who accessed services in the 6 months June to July 2018 is referred to in the report, but no indication of whether this is an improvement or increase compared to earlier time periods. The Mental Health Strategy (2015) makes reference to PAMM's client numbers, which would indicate that comparative data over time may be available.

## 3.2 Disability Partners

### Introduction

The review team is only able to make a limited assessment about the progress partners have made towards achievement of the objectives set in their work plans. This is because of the lack of outcome data that has been reported, and also the review team had very few opportunities to discuss the impact of the disability program with the members of DPOs and service users who are the direct beneficiaries. In addition, the current investment has only been implemented for two years, and significant progress in the key outcome areas, particularly change in attitudes and improvement of quality and access to services often take considerable longer time to achieve.

During the interviews and FGDs with partners and stakeholders, the review team heard numerous examples of positive change that has occurred at a personal or individual level. There were fewer examples of positive outcomes shared about organisational level changes in terms of capacity of disability organisations and of service providers. No institutional or system level outcomes that the program has contributed to date were identified. Without ratification of the CPRD, change that involves State led policy, legislative and regulatory reform results will be more difficult and less likely to be achieved.

A short assessment of each of the disability partners using information obtained from interviews, FGDs, and use of the Five Core Capabilities Assessment framework (Annex 3) is provided in this section of the report. More details is given about the organisations RHTO and ADTL that received the largest proportion of the DID Fund.

### Ra'es Hadomi Timor Oan (RHTO)

#### Overview

RHTO, was established in 2006. Its purpose is to challenge the prevailing social norms of stigma and discrimination around disability, and to increase awareness and promote the rights and improve access to services by people with disabilities.

The Leprosy Mission (TLM), using DFAT's Australian NGO Cooperation Program (ANCP) funding, provided key financial, technical and organisational support to RHTO during its start up phase from 2011 until 2016. During this time RHTO also received a small grant of a few thousand Australian dollars from the Australia Pacific Islands Disability Support (APIDS) for core operational costs. In 2012, RHTO received its first direct grant from the Australian Embassy in Timor-Leste. This enabled further expansion of the organisation, including setting up its own office.

RHTO is the national umbrella DPO. It works with government and CSOs at the central and municipality level. It has field officers (one male and one female) located in each of the 13 municipalities of Timor-Leste, and an office in Díli where the management staff is located.

The majority of its members are people with physical disabilities. To support its aim to reach a diversity of people with disabilities, RHTO seeks to work with and strengthen the capacity of DPOs that represent people with other disabilities. This is in cooperation with the peak organisation ADTL that include DPOs and service providers that represent and work with people from other impairment groups.<sup>13</sup>

RHTO will over the four year period (2016 - 2020) receive approximately AUD1.38 million (about AUD330,00 each year) to fund its operational costs and program activities. Seventy four percent of its annual budget (2018/ 2019) AUD321,062.00 is spent on staff costs; 15% on operational costs, of which the highest cost is rent (AUD11,039.30). Only 5%, which is a comparatively very low amount is budgeted for direct activities consisting of activities in awareness raising, media, scholarships, livelihood activities and referral support services. Minimum investment of only 1% of the total budget is allocated for MEL, and this covers costs for a total of 8 field visits in the 12 month period, although there are staff located in the 13 municipality offices.

This grant is much larger than earlier grants RHTO has received. It covers about 90% of RHTOs total budget for their five-year strategic plan.<sup>14</sup> The grant is about 40% of the total DID Fund.

### Project Description

RHTO's project has four key objectives:

1. Increase the awareness of people with disabilities about their own rights and change the public's perception of disability
2. Improve evidence and knowledge on disability inclusion and accessibility and undertake evidence advocacy
3. Increase access to public services, and particularly help women with disabilities access education, livelihoods health and justice
4. Build capacity of disability sector stakeholders and advocates

<sup>13</sup> Refer RHTO proposal document for DID Fund

<sup>14</sup> Based on information in contract agreements and variations information provided by PHD

## Organisational Assessment

### RHTO

#### Summary Assessment

##### Key Areas of Strength

###### Recognition and Respect

- » High level of demand from government and development partners to provide training and advice on disability rights and inclusion
- » Presence and visibility in communities in each of the 13 municipalities
- » People with disabilities in the community value the information and support including referral and access to services

###### Networks and Partnerships

- » Coordinates and works with other DPO and disability service providers
- » Partnerships with international and national development organisations to promote and support mainstream disability inclusive practice in multiple sectors including health, education, WASH, disaster risk management
- » Connections with DPOs in the Pacific and Asian region

###### Services

- » Referral system at community level that facilitates access by people with disabilities to disability specific services
- » Referral of people with disabilities to mainstream services in health, justice and education
- » Represents the priorities of people with disabilities in community level disaster management committees
- » Provides training on disability awareness and inclusion to DPOs, community members, CSOs, mainstream development partners, service providers, and government staff
- » Advocacy on disability rights and inclusion at national and local level

###### Staff

- » All are people with disabilities, which strengthens and validates the information they share in advocating and in training on disability
- » Strong and charismatic Director who leads the organisation
- » Fifty percent of the field staff are women, and women are well represented in management positions
- » Strong investment in staff training through workshops on disability rights (CRPD) and in mainstream development issues (sexual and reproductive health, gender, disaster risk management, budgeting, project management)

###### Resources

- » Current strategic activity plan is 90% funded through the DID Fund
- » Receives small project grants from other international donors, INGOs
- » Receives funds for training services and technical advice provided from development partners for
- » Partnerships and networks with INGOs and UN provide opportunities for staff to access training on wider development issues
- » Access to technical advice and support from CBM Australia

##### Key Areas of Weakness and Gaps

###### Diversity of disabilities

- » Focus still remains on people with physical disabilities, as the links and coordination with DPOs representing other impairment groups are not well developed

###### Disability Services

- » Referrals are mainly to rehabilitation services for people with physical disabilities, and there is very limited disability specific support that can be offered for people with hearing, visual, psycho-social, intellectual, and multiple disabilities
- » Disability services are virtually all Dili based

###### Staff

- » No provision in policy or budget for reasonable adjustment if needed by staff with disabilities – travel, accommodation and meal allowances do not include costs for personal assistants or other specific needs of staff
- » Field staff need more practical on the ground mentoring and support to help them understand more fully and practically apply the CRPD and a rights based approach

###### Training Services

- » The quality of training, technical advice and resources provided does not meet the expectations and requirements of all partners

###### Financial resources

- » Reliance on DFAT and the DID Fund for at least 90% all operational and program activity costs
- » Yet to develop a longer term sustainability plan

###### Project and Financial Management

- » Difficulties in meeting financial reporting and accountability requirements of PHD / DFAT and also other INGO partners
- » MEL focuses on output / activity measurement for reporting, and very little time spent on reflection and learning by the staff

##### Critical Risks

###### Quality of practice

- » Rapid increase in interest of development partners and government in disability places high demand on the limited staff capacity
- » Responding to the demand for training and support on disability inclusion limits the time RHTO can spend on strengthening its own staff's skills and knowledge
- » No strategic approach to reflection and learning that will inform and support performance management

###### Prioritising people with disabilities

- » Being driven by partner and donors interests rather than focusing on delivering on the priorities of their members which may be different

###### Sustainability

- » High dependency on DFAT for financial support



During the field visit, the review team met with one of the RHTO field officers. She shared the contributions she has made in promoting disability awareness, and the positive personal changes she as a woman with disability has experienced through her work with RHTO.

**Outcome:** Maria<sup>15</sup> who is a young women with disability works as a field officer with RHTO. She now has the confidence to raise awareness about the rights of people with disabilities, and to promote change in understanding and attitudes of her community members about disability.

Maria recently became a field officer for RHTO. She became a field officer because she is keen to help improve the situation for other people with disabilities. She has received training on different aspects of disability including the CRPD, and on other topics including Disaster Risk Management and government (state) budgeting processes. Since completing the training, she now has confidence to go out and talk to others in her community; both people with and without disabilities. Maria has helped women with disabilities understand more about their sexual and reproductive rights, and she has helped them to access services that they need. Since becoming a field officer, she has also experienced positive change in her own life. She now has confidence and has shared her knowledge with her family about disability rights and the language and terms that are empowering and should be used when speaking about disability, rather than those that are often spoken which are discriminatory. She now knows that as a person with disabilities she has the same rights as other people in her community.

## Asosiasun Defiensia Timor-Leste (ADTL)

### Overview

ADTL is the peak organisation in Timor-Leste representing DPOs and NGOs and service providers in disability. The organisation was formally registered in 2013. It was previously the Disability Working Group that was established by five member organisations with the assistance of TLM. The initial purpose of the DWG was to strengthen the capacity, and facilitate coordination and learning between organisations working in disability. ADTL has now taken forward the mandate to act as the national representative body on disability. With its members it advocates and collaborates with government in support of disability inclusive policy reform, and it continues to provide training, and facilitate coordination between the members and with other government and CSO stakeholders.

ADTL's advocacy focuses on progressing ratification of the CRPD by the GoTL, and on setting up the National Disability Council (NDC). When established, the NDC will be responsible on behalf of the government for monitoring policy and programs on disability, and when the CRPD is ratified its responsibility will extend to monitoring and reporting adherence and progress made in implementation of the convention.

Over a 30 month period to June 2019, ADTL will receive AUD 692,358 (equivalent to about AUD276,000 each year) from the DID Fund. Prior to receiving this grant, the Australian Embassy in 2012 – 2014 provided grant of AUD150,000 a year, and since 2015 this increased to about AUD200,000 per year to cover the majority of ADTL's operational and activity costs.

<sup>15</sup> This not her real name

## Project Description

The current funding agreement with PHD is supporting the following key areas of activities and inputs:

- » Economic empowerment and cooperatives which aims to set up cooperative (savings and loans) for people with disability, with the aim that profit from the cooperative will contribute in the longer term to ADTLs' own operational costs
- » Strengthen capacity of member DPOs
- » Education and capacity building that supports the Community Based Rehabilitation (CBR) Course at the University of Timor-Leste (UNTL), and provision of fees for students with disability to complete equivalent exams in secondary education in Kupung, Indonesia.
- » Advocacy and social inclusion activities in communication production, media, and celebration of national, international events and festivals, including the International Day of Disability
- » All operational, administrative and governance costs including staff salaries, benefits, equipment and office expenses and members and board meetings

Selected examples of ADTL's advocacy and campaign activities between July and December 2018

- » ADTL convened a national seminar on the rights of people with disabilities attended by representatives of the National Parliament Committee, government ministers including MSSl, The Secretary of State for Social Communication (SECOMS), Australian Ambassador, and local and international NGOs. A joint petition calling for improved living conditions for people with disabilities in Timor-Leste was drafted, and all participants at the seminar endorsed it. The petition was then delivered to members of parliament.
- » A petition on disability sensitive budgets was agreed to and signed by ADTL's member organisations, and it was presented to members of parliament to inform their discussions on the 2019 budget.
- » ADTL supported events around the International Day for Persons with Disabilities, that were hosted by the President at the Presidential Palace. More than 500 people with disabilities, their families, NGOs, INGOs, Government leaders, diplomatic corps and media participated in the event.

Staff from ADTL and the PHD team spoke with the review team about the challenges there had been in agreeing the final project activity plan and budget. ADTL staff expressed concern that the approved budget was less than what they needed to implement the activities in the organisation's strategic plan, and as a result they had reduced their staff.

An additional concern was that a small grant scheme for member organisations that had previously been supported in the earlier DFAT grant had not been approved in the current grant agreement. PHD apparently made this decision although TL DFAT staff hold the view that the review team endorses, that small grants if accompanied by training, mentoring to organisation's members and management, can be a effective and relatively low risk way to contribute to organisational capacity support of small civil society organisations.

Overall, there have been challenges in reaching final agreement of the activity plan with PHD due to concerns about duplication and overlap of areas of focus between ADTL and RHTO.

## Organisational Assessment

Data used in this assessment was collected through a series of FGDs completed with ADTL's staff, and with the majority of its 19 members (refer Annex 2 for list of participating organisations), and in interviews with other stakeholders and PHD staff. An assessment using the five core capabilities was also completed with two interviewees, which had also informed this analysis (refer Annex 3).

The review team has made an assessment of the key success and weaknesses of ADTL and critical risks.

### Key Areas of Strengths

#### Members

- » Membership is made up of 19 DPOs and services providers that consist of the key actors in disability in Timor-Leste and represent the range of different impairment groups
- » New member organisations value the capacity strengthening support they receive from the ADTL secretariat

#### Recognition and Respect

- » Strong recognition and respect from Government and civil society organisations of ADTL's campaigns and advocacy on disability rights
- » Members value the advocacy power of the organisation

#### Funding

- » ADTL is accessing small level of project funds in addition to DFAT from other donors, and from the GoTL
- » There is a plan to strengthen funding base with the purpose of achieving financial sustainability of the organisation in the longer term

#### Services

- » Providing economic empowerment, education and CBR training to people with disabilities

### Key Areas of Weakness and Gaps

#### Support to Members

- » Many members feel that they are not receiving the support they expect from ADTL secretariat, which includes access to small grants, and information and support to access other donor opportunities

#### Governance and Management

- » Confusion over mandate and of the roles and responsibilities of the secretariat particularly in relation to directly implementing projects with people with disabilities, rather than implementing through the member organisations
- » Board does not appear to be consistently or effectively fulfilling its governance responsibilities in relation management of staff and representation of member's interests

#### Financial Sustainability

- » Heavily reliant on DFAT funding that covers the majority of the core operational and activity costs

### Critical Risks

#### Membership

- » Loss of commitment and interest of members if the organisation does not meet members' expectations

#### Strategic Direction

- » Secretariat rather than members are setting the organisation's strategic priorities

#### Financial Sustainability

- » Strong reliance on DFAT funds for in the short to medium term



During the FGD, ADTL's members consistently raised many concerns about the organisation's governance and management. Many of these concerns were also shared in the discussions with PHD staff, and validated concerns that the review team had based on some of the information shared with them by the ADTL secretariat.

### Examples of concerns raised by ADTL members in the FGD

'Our organization previously received a small grant from ADTL, but we found it difficult to deliver and report on the activities. ADTL should have been there to help us more.'

'When it was the DWG there was good coordination between the members organisations, but now with ADTL this is no longer the case.'

'It would help if the disability data from different sources (the census, PHD and from members) was brought together in one place. This would help the ADTL member organisations to know where people with disability are living. ADTL secretariat could also map out the donors that members can approach for funding.'

'ADTL needs to be clearer about its mandate, mission and objectives. It is the job of the members to implement activities not the secretariat.'

'The members are concerned that the main purpose of ADTL which is to coordinate and advocate may be lost.'

### Community Based Rehabilitation (CBR) course

The Community Based Rehabilitation (CBR) course is supported by DFAT through the contract agreement with ADTL. Some members raised concerns about the current course, and DFAT has also expressed uncertainty about the purpose and value of its continued investment in this course.

### Background

In 2013 the National University of Timor-Leste (UNTL) through the Community Development Department and with the Disability Working Group (DWG), developed and delivered a one-year CBR Diploma qualification. The Leprosy Mission (TLM) provided technical and financial support for the course.

The purpose of the course was to establish a capacity of community based support and services for people with different disabilities. The content of the course was based on international curriculum. Seventeen participants (five women) who were already employed in disability and rehabilitation (many as CBR workers) completed the course. Some of the training cohort (exact number is not known) were people with disabilities.

An external review that was commissioned by TLM in 2017,<sup>16</sup> found that the course has served as a catalyst for advocacy of CBR and rights of people with disabilities on inclusive education, and has involved and empowered many people with disabilities. It has achieved the goal of becoming a 3 -year bachelor degree course. The concerns and scepticism of many NGOs and DPOs about the degree standard of the course was noted in the evaluation report.

In early 2018 DFAT commissioned CBM, through 'DI4all' to comment and make recommendations about the findings presented in the end evaluation report. Overall their review noted gaps in the evaluation report and recommended that enquiry be made including about the curriculum of the degree course, the profile of likely students, accessibility of the university facilities and learning materials, and likely employment prospects. In August 2018, DFAT met with PHD and ADTL to discuss the evaluation and recommendations actions, and requested appropriate management responses. These have not been undertaken.

<sup>16</sup> End Project Evaluation Report of the CBR Diploma Course (2102-2017) at University of Timor-Leste, December 2017

## Findings

The review team met with the Director of the Department of Social Inclusion which is the department that manages the course that is now called Inclusão e Comunitario Social (ICS) and is a Bachelor qualification. The course content no longer follows the international CBR curriculum, and there is no practical fieldwork component.

At present there 32 students enrolled in the course, Eighteen of the students are people with disabilities. While some of the course participants are working or are associated with disability organisations, students have also been recruited who do not necessarily have existing connection or experience of disability.

From our discussion with the Director it seems that many students are motivated to complete the course as a way to gain a higher education degree, rather than seeing the course as a pathway to employment in the disability sector. Improving access for people with disabilities to higher education is very important, however it is not the reason that DFAT funds are supporting this course, and there are other more effective strategies to reduce the different institutional, physical and attitudinal barriers that people with disabilities often face when trying to access university level education.

The review team observed that the university facilities where the course is run is not accessible for people with disabilities, and there has not been investment made on adjustments, for example alter the infrastructure, or support improved access in the learning environment for people with disabilities. The concern about access barriers was also noted in the CBR evaluation report in 2013.

A CBR network has recently been established with the support of TLM. Its purpose is to facilitate coordination and exchange experience and knowledge on community services for people with disabilities between its members that are also members of ADTL. TLM and the CBR network coordinator are interested to explore interest in PHD providing funding for their initiative.

TLM staff and the CBR network coordinator do not see value in the ICS Bachelor qualification, and they with other members of the CBR network are keen to see the original CBR course re-established. They have identified trainers who have experience and the qualifications to deliver the Diploma CBR course. Discussions between the CBR network and the ADTL secretariat have taken place, but so far progress has not been made on how to resolve their concerns.

## Psycho-Social Recovery and Development in East Timor (PRADET)

People with psycho-social disabilities are more likely to experience high levels of exclusion and stigma, and are generally less visible and their interests are not well represented through the wider disability movement. There are very few services available, and most are institutionally based and framed within a medical model of care. The need to introduce community-based rather than rely on institutional based care for people with psych-social disabilities is recognised globally as a priority.<sup>17</sup>

PRADET, a national provider of community and facility based psychosocial services was established in 2002. It also trains health professionals on mental health issues and referral pathways, and works to raise awareness and change perspectives of community on mental health and psycho-social disability. Through the Programa Asistencia Moras Mental (PAMM), PRADET is providing community based counselling and social support in 8 municipalities to people with serious mental illness, and to people who have experienced serious trauma.

The Timor-Leste Mental Health Strategy (2016 - 2020) document identified the importance of PRADET's services particularly at the community level, noting that PRADET provides a service that at present the GoTL is unable to deliver, and in doing so provides critical support to the Ministry of Health. The particular strengths of the services are the low cost and easier access of the services that PAMM provides close to the homes of people with psycho-social disability and their families; and the transfer of skills on mental health care to health professionals and to family members.

The review team did not have the opportunity to meet any of PRADET's clients or health professionals they have trained. From the discussions with the PRADET staff it is apparent that the activities being implemented through PAMM are relevant and are of high quality. Self-help groups for people with psycho-social disability are being established through PAMM. Once these groups are active, they should help strengthen personal empowerment and provide potential for greater self-determination and advocacy by people with psycho-social disabilities and their families.

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17 [https://www.who.int/mental\\_health/publications/promoting\\_rights\\_and\\_community\\_living/en/](https://www.who.int/mental_health/publications/promoting_rights_and_community_living/en/)

In July – August 2018, CBM and PHD facilitated links between the regional organisation Transforming Communities for inclusion (TCI) Asia Pacific with PRADET, DPOs and service providers. An outcome from the workshop facilitated by TCI was the formation of the Asosiasaun Defisiensi Psokosocial iha Timor-Leste (ADPTL), an organisation to represent people with psychosocial disabilities. CBM staff informed the review team that PRADET has requested that CBM for the remaining contract period focus its technical assistance on helping to strengthen the organisational capacity of ADPTL.

PRADET and RHTO collaborate, and RHTO staff has received training on psycho-social disability. There is potential to strengthen the cooperation and for PRADET to help the RHTO field workers be better skilled to support people with psycho-social disability, including referral to specific services that they may require.

PRADET is receiving about AUD150,000 a year to 2020 from the DID Fund for the PAMM program. As was previously noted in the report, PRADET has access to a well-established network of regional and international technical and financial supporters. The current funding through PHD is helping them to continue to develop their community-based work. However if funding from DFAT was to cease after 2020, PRADET staff told the review team that as long as they are informed in advance about any changes in the funding agreement, they should be able to find donors other than DFAT to ensure the program's activities continue.

## **Sign Language Development**

### **Agape School for the Deaf**

Agape is the one of probably only two language school for children and adults who are deaf or hard of hearing people in Timor-Leste. The other facility that the review team heard about from Indonesian DPOs, and is known to CBM is apparently run by an Indonesian nun, but beyond a contact name and number the review team was unable to access any further information about this other school.

Agape offers educational opportunities for deaf and hard of hearing people in literacy, numeracy, life skills and sports. It is privately operated and is not part of the formal Timor-Leste education system.

In addition to supporting and promoting opportunities for deaf people and people with hearing impairments, Agape (refer to information on Agape web site) states it is working with members of the deaf community in Timor-Leste in advocacy and promoting the development of a national sign language.

Agape promotes interest and knowledge amongst the hearing community, particularly service providers, to help reduce barriers in communication experienced by deaf people. It provides training and support for people who are deaf and hard of hearing, and for teachers of the deaf and professional sign language interpreters.

PHD has provided limited support to Agape. A grant valued at about AUD21,000 has funded three courses of sign language training. People from the hearing community (including DFAT and PHD staff, service providers) and also deaf and hard of hearing people participated in the courses.

A DFAT staff who is not hearing impaired, participated in the training. She told the review team that she had found it interesting to learn more about sign language, however overall she had found participating in the course to be of limited value for her because she was only able to learn basic sign language skills, which she is unlikely to use in her professional role.

During the FGD, the CBM Australia staff endorsed the value of the training in raising awareness and the knowledge of participants, particularly if they have had little or no previous engagement with people with hearing impairments and are not familiar with sign language. CBM is not advocating that Sign Language training of this type takes place in the future, rather that Deaf Awareness training, most appropriately carried out by a deaf DPO, would be beneficial.

The review team are concerned that Agape has operated for a long time, but it has not directly engaged with the 'formal education' system. It appears that the Director does not see opportunity or value in trying to promote and support access to formally recognised inclusive education for children with hearing impairment. It will be very difficult to improve access to formal education by people who are deaf or who have hearing impairments unless there is effort to work with and try to reform the existing system.

## Klibur Defisiensiia Tilun (KDTL)

KDTL is a newly registered DPO. Its purpose is to establish a national sign language for Timor-Leste. KDTL has received support from different sources:

**ADTL** has provided advice and support in the registration process, and in preparing and submitting a funding proposal to MSSI

**PHD** has provided small scale support for meetings and some technical advice

**CBM Australia** has provided technical advice through one field visit by an adviser who is a deaf person and through periodic remote support and by connecting KDTL with Pacific chapter of the World Federation of the Deaf

**The Leprosy Mission in Timor-Leste** has recently provided KDTL with a work space in their office, and as part of TLM's commitment to support new and emergent DPOs, they will also offer opportunities for KDTL to network with other DPOs, engage with the CBR network, and support leadership and organisational capacity

The review team met with the leadership of KDTL, who they found to be very passionate and determined advocates for establishing a national sign language. The leadership is aware of the CRPD, however from the discussions with the review team, it was not apparent the extent to which they are practically applying the CRPD and rights based approach in their advocacy efforts. Currently KDTL does not engage on raising awareness or broader advocacy for the rights of deaf and hard of hearing people.

KDTL has received small scale funding from PHD for meetings, and has benefited from additional inputs provided by ADTL and CBM Australia. Based on the 2018 / 2019 approved budget revisions and travel costs, CBM has allocated AUD30,202 for inputs for KDTL. A large part of this budget is travel and associated costs for the Australian Technical Adviser's travel to Timor-Leste, and an additional costs of AUD 14,444 for an Auslan interpreter fees and travel costs.

## 3.3 CBM Australia

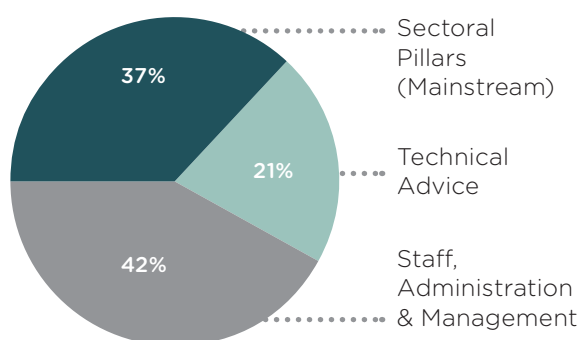
### Overview

Through the DFAT –CBM technical partnership, managed by DFAT Canberra, CBM Australia has provided technical advice to the Australian Embassy in Timor-Leste since 2014. In March 2017 a contract with PHD commenced whereby CBM Australia through a small team of specialist advisers based in Australia provide advice and support implementation of the disability mainstream and disability specific activities.

The current contract that ends in June 2019 is valued at AUD501,450. The education team fund relevant CBM inputs. DID Fund and from additional resources from PHD's sector budget for health and education.

The budget allocated for disability specific inputs in 2018 / 2019 amounts to an estimated 21% of CBM's total annual grant for technical advice. Sectoral activities account for 37% and staff costs (daily rate for advisory services) and Auslan interpreter fees, travel and project management are 42%.

**Figure 1. Breakdown of 2018 / 2019 Approved Budget**



The key objectives and areas of activity of the CBM's inputs through the grant agreement are:

- » **Support PHD's sectoral pillars** through provision of specialist disability inclusive development advisory services
- » **Provide targeted technical support for disability specific initiatives** and CSO and DPOs
- » **Provide technical support for the GoA** and when requested the GoTL and other stakeholders

The key inputs that CBM has provided to the disability specific objective are:

- » **Support to KDTL** – one field visit and remote support including connecting them with the World Deaf Federation
- » **Advice to RHTO** – in addition to working together on training and development of resources for mainstreaming disability in health and education, CBM technical advisor has helped to draft RHTO's new 5 year strategic plan
- » **PRADET (PAMM)** – facilitating links and access to regional technical advice and participation in regional meeting

### Disability Specific Support

CBM has overall fostered strong and respectful working relationships with the disability partners in Timor-Leste. The partners and stakeholders particularly value the technical inputs that CBM has provided and the training materials and learning resources on disability inclusion that CBM have developed. The high quality technical support is a major contributor that is helping disability partners have greater confidence and more skills to lead training on disability awareness, and on advocacy on the CRPD.

### Mainstream Support

CBM's technical expertise and support to DPO partners has been critically important in helping mainstream actors to better understand, and to advance disability inclusion in their practice. The DPO partners still require ongoing technical support to help them provide practical advice to service providers on mainstreaming disability. Staff from two development programs (NABILAN and TOMAK) identified further technical advice that they are seeking from CBM to strengthen mainstream disability inclusion. DFAT rather than PHD facilitates these technical inputs provided by CBM. The development partners want CBM staff inputs because they believe that the local disability partner does not yet have sufficient skills and practical knowledge and experience to provide the quality and type training and technical advice they require.

The mainstream development partners stressed the importance of CBM continuing to be available to provide technical assistance to them directly. They also see great value in CBM working collaboratively with local DPO partners to further develop their skills and knowledge over time to strengthen locally based capacity.

### Coordination

A contract between PHD and CBM to provide technical advice on disability was established in 2017. Previously CBM was contracted by the Procurement and Logistics Support Facility to provide technical advice to the Australian Embassy. From the discussions between the review team and CBM, it is apparent that initially this change in management arrangements has been challenging.

The CBM staff identified certain challenges that relate to defining the working the relationship as an 'advisor to PHD on disability' rather than being 'subcontractor providing services' for PHD. The staff feel that there is scope to improve the way of working together to help improve the effectiveness of the advisory role of CBM with the PHD Access and Equality team and with DFAT.

One way that the CBM staff identified would help improve effectiveness is being able to find more time when in country to more consistently work with the PHD Technical Lead and her team, particularly to reflect and discuss together strategic issues

PHD staff expressed concerned that at times there is often a delay between their request for assistance from CBM, and CBM being available to respond. This concern was also raised by two of the development partners, who were seeking and needing more technical advice and inputs on disability for their programs. The delay is particularly when in-country visits by CBM are required. There seems to be a number of different reasons for the delay that include the time and availability of CBM staff; the availability of budget; and issues that relate to PHD's management and administration of these visits.



## MEL

CBM Australia does not provide technical advice on monitoring and reporting on disability to PHD, or to the disability partners. They submit their own activity progress reports, and visit reports following each of the in-country inputs. Copies of these reports were not shared with the review team.

The CBM staff identified that there is a lack of outcome monitoring in the current approach to MEL. A recent initiative started by PHD is 6 monthly learning dialogues, which should include disability as a cross cutting issue. To date CBM has not participated in these reflections, and there has not been investment made by PHD in specific reflection and learning of the disability inclusive project activities it manages. Overall the review team concludes that although processes may be in place for inclusion of disability in PHD's MEL processes, at present this not yet working effectively.

## Technical Support

The disability and the development partners clearly still need ongoing technical support to strengthen their knowledge and skills in disability inclusive development practice. Although CBM adds great value in disability mainstream and specific areas, some review informants suggested the value of seeking the services of more locally based resources. If available the inputs should be easier to access and will be more cost effective, and will provide contextually localised inputs, on disability, and on strategy development and organisational strengthening.

The types of inputs suggested include supporting more opportunities (that TLM already facilitates and supports) for peer exchanges and sharing of information resources and learning between disability partners and other NGOs and CSOs in Timor-Leste, and strengthening links that have already been established with some DPOs and disability organisations in Indonesia and in the Pacific region.

A positive initiative by CBM has been facilitating links between some of the Timor-Leste DPOs with regional resources in the Pacific and in Indonesia. This has helped the organisations access technical expertise and information resources, and opened up opportunities for funding.

In Indonesia there are many individuals and organisations with strong and relevant experience and expertise in disability rights and inclusion that could be of value for the disability sector in Timor-Leste. Additional factors that should help exchanges and sharing of information is the proximity of Indonesia, and that many people in Timor-Leste understand and speak Bahasa Indonesian. Indonesian DPOs previously had a presence in Timor-Leste.

## 4. CONCLUSIONS AND RECOMMENDATIONS

### Introduction

This section of the report provides conclusions from the review findings and presents recommendations to DFAT on options to consider on future strategies and investment in the disability sector in Timor-Leste in the short term to 2021, and in the longer term to 2026.

### The Disability Sector in Timor-Leste

The Government of Australia is the only major development partner that is currently funding disability rights and inclusive practice in Timor-Leste. The commitment is large scale and reaches across most sectors. There is engagement with government at national and local level, and through partnerships with CSOs, and DPOs in support of action on awareness raising, advocacy and service delivery.

Disability rights and inclusive development is a relatively new concept in Timor-Leste. Progress has been made in key areas of raising awareness and improving knowledge about the rights of people with disabilities, and there is evidence of effective inclusive practice contributing to positive change at a local level for individuals with disabilities and their families.

Overall the foundation pieces that support reform on disability rights and inclusive development are emerging. The GoTL has stated their commitment to disability rights, but as yet there is minimal evidence of meaningful action or results in policy and program reform. Although knowledge on disability inclusion is improving, overall there are considerable gaps in the human resource capacity of both government and civil society, and ongoing technical and financial assistance over the long term will be needed to progress the reform process.

### Recommendations

1. The GoA should continue in the long term to prioritise and as is feasible maintain the current level of investment in disability inclusive development in Timor-Leste through its bilateral investments, and through the support it provides through other channels to international and local NGOs, DPOs and to UN programs.
2. The GoA should use its influence as a recognised leader in disability and development to try and influence other bilateral and multilateral development partners to include commitments to disability in their program investments.

### The Choice of Disability Specific Partners

The disability partners that are supported through the PHD managed DID Fund were selected in 2016. Their selection was based on findings from consultation that took place in 2014, and the advice of the then CBM Technical Adviser. The GoTL did not actively engage in or contribute to the consultation process.

The decisions to fund the national peak body in disability (ADTL) and the national DPO (RHTO) makes sound sense as they are the key entry points for the GoTL and development partners to engage and coordinate with the disability sector. The assumption is that by supporting these organisations to operate effectively and deliver on their purpose that includes to raise awareness on disability; promote change prevailing attitudes; advocate for adoption of the CRPD policy reform; and improve access and quality of services, the situation and the quality of life for people with disabilities in Timor-Leste should over time improve.

Working in partnership with ADTL and RHTO should be an effective way for DFAT to contribute to strengthening the wider group of DPOs in Timor-Leste. ADTL's mandate is to support and strengthen the capacity of its member organisations, and RHTO has made commitment to work with and as needed strengthen the capacity of other DPOs that represent people with different impairments. However, at this early stage, after two years of implementing of the project, there has been little progress towards achieving in these objectives.

Providing direct support to PRADET and AGAPE is one way that GoA is supporting people with psycho-social and hearing disabilities, who generally are more marginalised and have less access the services and resources than other groups of people with disabilities. While this is a valid justification, the decision to fund was made without any form of comparative assessment about the needs of these organisations and the people that they support with other DPOs and service providers.

## Recommendations

3. The current local partners ADTL, RHTO and PRADET that all have contracts with PHD should continue to be funded until the end of the 2020 DID Fund as long as they continue to meet their contractual requirements.
4. Decisions about direct funding of Agape in the short-term should be based on a more thorough assessment of the organisation's commitment to disability rights and the principles of disability inclusive practice, and consideration of other organisations that offer Sign language education for deaf people and people who are hard of hearing.
5. Prior to June 2020, DFAT should commission a mapping and capacity needs assessment of all DPOs and disability service providers in Timor-Leste, to help in the design of future funding mechanisms to support disability partners and help determine allocation of resources based on the needs, priorities and likelihood of contribution to impact.
6. DFAT should support RHTO and ADTL in the longer term because of their mandate and their national reach across the disability sector, but this decision should be based on a thorough assessment of achievements and progress made during the current funding contract period that ends in June 2020.
7. If funding of partners is not to be continued beyond June 2020, PHD / DFAT needs to inform the partners well in advance (ideally not less than 6 months) of the end of the contract, to enable partners to have sufficient time to manage any implications.

## The Activities Currently Being Implemented

Overall the partners are implementing activities that are in line with their own strategic priorities and the policies and priorities on disability of the GoTL and the GoA. There are concerns about the relevance and effectiveness of certain activities that have been supported by the DID Fund. For example, the CBR training that is funded through ADTL and implemented by UNTL, and the sign language training provided by AGAPE.

A further concern is the rapid growth in scale and scope of RHTOs activities, particularly the expansion of staff in each of the municipalities, and providing training and technical support to development partners in many sectors that may be compromising the quality of practice and the long-term impact of the results. The lack of adequate process and outcome monitoring by the partners and PHD makes it difficult to provide a precise assessment about quality and effectiveness of practice.

Early progress has been made in the collaboration between CSO / DPO and government and across the different parts of government as part of developing the new NAP and in setting up the National Disability Council. These are essential components, that will support progress in policy and institutional reform and with continued advocacy for ratification of the CRPD that will help provide the basis for policy and institutional reform on disability in Timor-Leste.



## Recommendations

8. PHD with CBM's advice should strengthen strategic and outcome level monitoring and establish reflection and learning processes with the disability partners and other key stakeholder groups.
9. DFAT with PHD using the expertise of the CBM managed 'DID4all' facility, should as a priority follow up on the recommendations made in the 2018 management review of the independent end evaluation of the National University of Timor-Leste (UNTL), CBR course (2012- 2017), and use this the information gained to make a decision on DFAT's funding of CBR in Timor-Leste in the short and longer term (beyond 2020).
10. In the short and longer term, DFAT should ensure that appropriate technical and financial resources are allocated through the bilateral program to advocate and strengthen commitment and coordination within the GoTL on key disability specific and mainstream policy reform issues, which may include locating some of the engagement and support of policy reform within the bilateral investment, *Governance for Development*.

## Technical Advice by CBM

There is now a good level of knowledge and understanding in Timor-Leste about the CRPD and the rights based approach for people with disabilities. However, DPOs, GoTL and development partners still need more skills and experience in the practical application of a rights based approach in policy and program development and implementation.

CBM's technical advice and inputs is valued and in the medium and probably the longer term it is still needed by the mainstream development partners and the DPOs. The potential to access more locally based technical resources on disability and on organisational capacity strengthening has been raised by stakeholders. The review team agrees that in addition to CBM, there is potential for disability and mainstream NGOs in Timor-Leste, and other DPOs and individual experts who are people with disabilities from Indonesia and the Pacific to provide some of the capacity strengthening and technical inputs.

Strengthening the use of local resources should over time offer a more cost efficient and sustainable approach to capacity strengthening. It should also have the additional benefit of strengthening networks and exchanges between DPOs nationally and in the region.

There are challenges in the coordination and a lack of clarity about the management relationship between CBM and PHD, and there is no systematic approach used to manage regular communication and coordination between CBM with PHD and DFAT. As a result, the potential added value of CBM's advice at the program and at the strategic level may not be being maximally accessed and used by PHD and DFAT.

## Recommendations

11. CBM with PHD, should explore options for locally based resources for both organisational and technical capacity strengthening in Timor-Leste and in Indonesia and the Pacific for the DPOs, which is more relevant, cost efficient and sustainable in the medium and longer term.
12. PHD and DFAT should agree a process for stronger and more regular coordination meetings with CBM to assist strategic review and planning, and build this into CBM's annual plans and in-country inputs, noting this will require additional time resources be committed by DFAT.

## Management by PHD

The Access and Equality team is a small and dedicated team that appears to be working at maximum capacity in fulfilling their management responsibilities for PHD's program of disability specific and mainstream activities. The Technical Lead has good competencies and knowledge in disability, but currently faces challenges in applying her competencies and expertise. The majority of her time is dedicated to fulfilling administrative and operational responsibilities. This creates challenges and means that PHD is not dedicating sufficient time to focus on strategic disability issues with GoTL, partners, and other stakeholders, including DFAT and CBM.

Progressing disability inclusive practice requires a multi dimensional approach that includes working with government on policy reform and programs; civil society (DPOs and NGOs) for advocacy; and with both disability specific and mainstream service providers. The PHD design provides a good framework to progress disability in each of these dimensions through its work in different sectors, and partnership government, civil society and service providers.

In the early stages of implementation some progress has been made through PHD in both mainstreaming disability and through the disability specific activities. However, the PHD team is managing an ambitious and challenging new program of work that has been scaled up quickly.

The scope of work demands skills from the team at an operational and strategic level. The team is also facilitating coordination and cooperating with different partners; government, CSO, DPOs and other development actors, while also ensuring accountability and contractual obligations are met.

The PHD team has a disability strategy to guide disability, however it was only recently formally approved and is not yet actively being used to guide implementation. The MEL system in place requires refinement so that data that is collected and analysed will better measure impact, and support learning and improve understanding on disability inclusive practice.

## Recommendations

13. PHD review the current responsibilities of the team responsible for disability to determine if additional capacity or change in management structure may help strengthen strategic management of the disability activities.
14. PHD strengthen monitoring of the disability activities and introduce with CBM's input more regular reflection, learning process that includes partners, and produce documentation of the results and lessons learned from implementation of disability inclusive practice.
15. DFAT explore possible options for different, options for technical support, and management and funding arrangements for some areas of the disability specific practice that may include working with locally based NGOs in Timor-Leste, and drawing on the expertise in the DFAT initiative *Governance for Development* to strengthen disability policy and program reform at the national level with GoTL.



