PROMOTING SOCIAL INCLUSION IN TIMOR-LESTE

Analysis of National Disability Policy Framework in Timor-Leste

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<td>CNDPD</td>
<td>National Council of the Right of Persons with Disability</td>
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<td>CNE</td>
<td>Comissão Nacional de Eleição / National Commision for Election</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DPO</td>
<td>Disability People Organization</td>
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<td>EquiIPP</td>
<td>Equity and Inclusion in Policy Processes</td>
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<td>KA</td>
<td>Key Action</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>MOST</td>
<td>Management of Social Transformations Programme of UNESCO</td>
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<td>MPW</td>
<td>Ministry of Public Works</td>
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<td>MSS</td>
<td>Ministry of Social Solidarity</td>
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<td>MTC</td>
<td>Ministry of Transportation and Communication</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NPA</td>
<td>National Action Plan</td>
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<td>NPWG</td>
<td>National Policy Working Group</td>
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<td>PwD</td>
<td>Person/People with Disabilities</td>
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<tr>
<td>R &amp; D</td>
<td>Resources and Development</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SEFOPE</td>
<td>Secretariat of State for Professional Training and Employment / Secretaria do Estado Formação Profissional e Emprego</td>
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<tr>
<td>SEJD</td>
<td>Secretariat of State Youth and Sports / Sekreatriado Estado Juventude e Desportu</td>
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<tr>
<td>SSEVT</td>
<td>Secretary of State for Employment and Vocational Training</td>
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<td>SSPGE</td>
<td>Secretary of State for the Promotion of Gender Equality</td>
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<tr>
<td>SSSC</td>
<td>Secretary of State for Social Communication</td>
</tr>
<tr>
<td>SSSS (SEJD)</td>
<td>Secretary of State Youth and Sport (Secretaria do Estado Juventude e Desportu)</td>
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<tr>
<td>TL – NATCOM</td>
<td>Timor-Leste National Commission for UNESCO</td>
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<td>UNESCAP</td>
<td>United Nations Economic Social Commission for Asia and Pacific</td>
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<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNPAZ</td>
<td>Univesity of Peace ( Universidade da Paz)</td>
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<tr>
<td>USD</td>
<td>United States of America Dollar</td>
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Acknowledgments

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- H.E. Isabel Amaral Guterres, Minister of Social Solidarity of Timor-Leste
- Mr. Antonio Noronha, Chief, Department of Promotion for Peoples with Disability, Ministry of Social Solidarity
- Mr. David Muganga, Advisor on Disability, Ministry Social and Solidarity
- Mr. Jose Manuel do Carmo, Advisor of Disability, Ministry Social and Solidarity
- Mr. Antoninno Pires, General Director of Corporate Services, Ministry of Education
- Ms. Angelina Sarmento, Executive Secretary of Timor-Leste National Commission for UNESCO,
- AHISAU – DPO/Disability People Organisation
- Ms. Susan Marx, Country Representative of Asia Foundation
- Dr. Jose Cornelio, Dean of Social Science & Politic UNPAZ, University UNPAZ
- NGO Forum Tau Matan
- Mr. Netodio Caetano Moniz, National Director of Sports and Youth, Secretariat of State Youth and Sports
- Mr. Antonio Freitas, General Director of Statistic
- Trinity College, University of Dublin
- University College Dublin
- UNESCAP - United Nations Economic Social Commission for Asia and Pacific
- UNESCO Office Jakarta
Composition of Timor-Leste National Policy Working Group

**Mateus da Silva**, National Directorate of Social Assistance / DNAS, Head of Program Development Department, Ministry Social Solidarity MSS

**Dinis da Silva**, Ministry of Social Solidarity MSS, Chief of Department for Humanitarian Assistance Program

**Silveiro Pinto**, Chief of Statistic Training Centre GDS, Unit Coordinator & Operational Statistic, General Director of Statisticd, Ministry Finance

**Estanislau Mariano**, Chief, International Corporation Statistics, Ministry Finance

**Felipe Soares**, Child Protection Trainer, Forum Tau Matan


**Antonieta Maia**, Senior Program Officer – Support for Good Public Policy Program, Women Weavers Project Coordinator, The Asia Foundation

**Fausto Guterres**, Social Science and Human (SCH) faculty, Department of International Relationship, Student of University UNPAZ

**Eligito Pereira**, Social Science and Human (SCH) faculty, Department of International Relationship, Student of University UNPAZ

**Jose Monteiro**, Chief, Department of Inclusive Education, Ministry Education

**Jose Cornelio**, Dean of Social Science & Politic UNPAZ

**David Marcal**, Program Manager, AHISAUN, Disability People Organization (DPO)

**Antoninho da Silva Soares**, Finance Department of AHISAUN, Disability People Organization (DPO)

**Florindo Napoleão**, Chief Department of Administration and Finance, Secretariat of State Youth and Sports

**Amelia C.de A. Andrade**, Chief department of politic development UNPAZ

Composition of the International Policy Experts Group


**Malcolm MacLachlan**, Centre for Global Health and School of Psychology, Trinity College Dublin, Ireland

**Hasheem Mannan**, School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland

**Tessy Huss**, Centre for Global Health and School of Psychology, Trinity College Dublin, Ireland

**Alexander Thomas Hauschild**, UNESCO Analytical Framework for Inclusive Policy Design expert

**Irakli Khodeli**, Programme Specialist, Social and Human Sciences Sector, UNESCO Office Jakarta, Cluster Office to Brunei Darussalam, Indonesia, Malaysia, Philippines and Timor-Lest
1. Introduction

The small post-conflict nation of Timor-Leste is currently in the early stages of setting up policy and legislative frameworks for the protection of vulnerable populations. In this small island and developing state, many groups have been identified as vulnerable, including persons with disabilities. Considering the emphasis on social inclusion in the post-2015 development agenda, it is vital that vulnerable groups are considered a priority in government policies and programmes aimed at meeting the Sustainable Development Goals (SDGs). Persons with disabilities include individuals with hearing impairments, visual impairments, physical impairments, intellectual, and mental disabilities (National Disability Policy No. 14/2012, May 9). In the Timor-Leste Strategic Development Plan (2011-2030), the Timor-Leste government committed itself to the improvement of services and living conditions for persons with disabilities. In 2012, the Council of Ministers approved the National Disability Policy for Inclusion and Promotion of the Rights of People with Disabilities. In 2014, under the coordination of the Ministry of Social Solidarity, 10 ministries contributed to the development of a National Action Plan for People with Disabilities (NAP), thereby developing a roadmap for the implementation of the national disability policy (until 2018). To date, the NAP has not been approved by the Council of Ministers which has significantly delayed its implementation.

The concept of social inclusion is at the heart of the 2030 development agenda and the newly adopted Sustainable Development Goals. While five different SDGs reference the concept (numbers 4, 8, 9, 11 and 16), Goal 16 is explicitly dedicated to the promotion of social inclusion. As such it urges states to “To promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”.

This constitutes a marked departure from the Millennium Development Goals (MDGs), which were criticized for their failure to capture this essential driver of human development. Nonetheless, social inclusion elicits criticism from economists and policy practitioners as a concept that is not easily subject to measurement and therefore operationalization. While most agree on the importance of the concept in building sustainable, peaceful and just societies, the operational utility of social inclusion is considered limited due to the lack of measurable indicators that would help policy stakeholders assess and improve the progress towards this goal.

Through its Intergovernmental Social Science Programme on Management of Social Transformations (MOST), UNESCO has launched a pioneering project that uses social science methodologies to empower policy makers to measure and improve the degree of inclusiveness of public policies. With funding from the Malaysian government, UNESCO is bringing a team of international policy experts into a hands-on engagement with national policy stakeholders in Cambodia, Malaysia and Timor-Leste. Lasting for six months in each country, the project was implemented in three stages:

2. www.unesco.org/most
1. Policy Initiation Workshop was organized to build policy assessment capacities by using innovative tools and methodologies, including the identification of data issues.

2. Policy assessment and revision was undertaken by the National Working Group to apply the policy assessment tools to measure and revise specific policies for greater inclusiveness; and

3. Conclusion workshop/national policy dialogue will be organized to present the major outputs and results of the policy revision process to a broad audience of national stakeholders, policy makers, the academic establishment and the media.

At the national level, the project will support policy initiatives to promote social inclusion in line with distinctive national priorities. Experiences and outputs of the project will also be made globally available through the MOST Inclusive Policy Lab. Developed by UNESCO as an open access, evidence-based online interactive platform bringing together communities of practice from around the world, the Lab will help policy stakeholders design policies that work for all segments of society, leaving no one behind in a wide range of domains – education, culture, science, youth and sport, and health care.

In December 2015, UNESCO Jakarta together with the Timor-Leste National Commission for UNESCO launched a project on promoting Social Inclusion through Public Policies in Timor-Leste, supported by the Malaysian-Funds-in-Trust (MFIT).

A Policy Initiation Workshop was held to convene national policy stakeholders for a rigorous analytical process designed to improve the inclusiveness of the policy environment in the country. A similar project was initiated in June 2015, in Malaysia, and another will be introduced in Cambodia. UNESCO’s objective is to support governments to improve the degree of inclusiveness of their public policies in the area of education, culture, science, youth and sport.

The Inclusive Timor-Leste Project seeks to contribute to the social inclusion agenda. More specifically, it seeks to engage key stakeholders in a process of policy and data needs assessments in an effort to inform future policy revision processes. In this particular instance, the National Policy for Inclusion and Promotion of the Rights of People with Disabilities and the associated National Action Plan for People with a Disability were selected as the core documents for assessment. In order to ensure the success of the project, it was important to mobilize national stakeholders, the government, national and international agencies, academic institutions and civil society.

2. Objective of the Social Inclusion Project

The overall objective of the project is to strengthen national capacity in Timor-Leste to assess and reform social policy and regulatory frameworks to increase their inclusiveness and ensure the equal enjoyment of human rights by all, including disadvantaged and vulnerable groups. More specifically, the purpose of the project is to achieve two inter-related expected results in Timor-Leste:
1. Enhanced capacity and collaboration among stakeholders in the national government, the academic community and civil society to promote inclusive public policies, both in terms of policy process and policy content; and

2. Establishment of better data practices for inclusive social policies.

A. Participants of the project

Two groups of partners were engage in the process of project implementation in Timor-Leste: (1) international policy partners; and (2) the Timor-Leste National Commission for UNESCO (TL-NATCOM) and the National Policy Working Group (NPWG) as the national implementing partners (National Stakeholders).

The international policy partners (see list in Appendix 3) were engaged to support and monitor the progress of policy assessment carried out by the national implementing team and the working group. International partners provided support for different components, coinciding with their area of expertise (i.e. data issues, macro and micro level assessment methodologies).

The composition of the national implementing team is broad-based, representing all relevant national and regional entities in the country. As the Lead National Implementing Partner, the UNESCO National Commission facilitated and coordinated the work of the NPWG throughout the project, and acted as the main interlocutor for the international partners. Appendix 1 provides a working list of the partners. The project design is based on an Action Research methodology, where all participants are co-investigators in the process of policy assessment and revision, contributing to and benefiting from a structured group learning experience.

B. Framework of project implementation

With the leadership of the national implementing partners, TL-NATCOM together with UNESCO Jakarta brings together national stakeholders and international partners for a common effort to build national capacity to design inclusive public policies. The framework for project implementation consists of 5 stages:

1. Preparation stage. During the preparatory stage, the UNESCO Jakarta office together with the Lead National Implementing Partner, identified the key national stakeholders, and worked with them to prepare the ground for the Policy Initiation Workshop.

2. Policy Initiation Workshop took place on 1st – 3rd of December 2015. The aim of this workshop was to build policy assessment capacities.

3. The Policy assessment and revision stage took place over a period of 6 months (January – June) during the NPWG and the international partners engaged in the policy assessment process. This culminated in a series of mid-term meetings:

Picture 1: Reporting to H.E. Ms. Isabel Amaral Guterres, Minister of Social Solidarity of Timor-Leste (27 April 2016): Executive Secretary of Timor-Leste National Commission for UNESCO, Social Sciences Coordinator and National Director of Social Assistance MSS updating the Minister about the details of the project and the emerging results.
3. Policy Initiation Workshop Activity

Based on the policy dialogue processes carried out in 2014 and early 2015 in Dili, Timor-Leste, and further consultation with the key national stakeholders, the National Disability Policy for Inclusion and Promotion of the Rights of People with Disabilities (the National Disability Policy) was identified for the purpose of assessment and revision. The choice of policy was validated during the policy initiation workshop.

The Policy Initiation Workshop themed “Promoting Social Inclusion through Public Policies in Timor-Leste” was the first official event of the project and was conducted over three days on December 1st-3rd, 2015 at the Ministry of Solidarity Social (MSS) in Dili. The event was organized by the TL-NATCOM, in close collaboration with UNESCO Jakarta. The workshop convened national stakeholders to validate the choice of policy for revision and to start the assessment process. This was a targeted event with a great turnout of various stakeholders from Timor-Leste representing civil society, the government and academia. Potential members for the NPWG were selected from amongst stakeholder participant in this meeting.

On the first day of the workshop, a UNESCO consultant introduced the workshop participants to the “Analytical Framework for Inclusive Policy Design”. Participants worked in groups to identify barriers and challenges to accessing equitable service provision for persons with disabilities in Timor-Leste.

On the second day of the event, academics from University College Dublin and Trinity College Dublin (Ireland) introduced participants to two policy assessment methodologies, EquiFrame and EquIPP. These tools function as policy formulation and assessment tools to support an inclusive policy development, implementation, evaluation and dissemination.

On the last day of workshop, consultants from UNESCAP engaged participants in discussions on “Data for effective inclusive policy making”. As such, topics discussed related to the importance of data in
policymaking (for example child and adult mortality rates in Timor-Leste), challenges in accessing data, and the suitability of data currently available in the area of disability.

On the last day of the event, the National Policy for Inclusion and Promotion of the Rights of People with Disabilities as well as the National Action Plan for People with Disabilities were selected as core documents to guide the assessment process. A working group was established, members of which were drawn from amongst participants at this event. This National Policy Working Group (NPWG) was tasked to lead and carry out the policy assessment as well as identify areas of improvement. As such, the NPWG would apply the three assessment methodologies to the core documents and engage in the identification of data needs and issues. A working plan was developed to guide the future of the project implementation.

**Points of discussion of the Policy initiation workshop**

The workshop addressed the questions of how social inclusion relates to disability, and engaged participants in discussions on data gaps that must be addressed to improve policy in this area. A great variety of issues were discussed at length during this three-day event. While the theme of the workshop sought to address social inclusion more broadly, participants naturally focused the discussions on disability as a concrete instance of social exclusion in Timor-Leste. As such, representatives from the Ministry of Social Solidarity (MSS) and various NGOs revealed that there is a lack of quality data, which would allow the identification of the exact number of persons living with a disability in Timor-Leste. Representatives from the Ministry of Statistics felt that the implementation of the Social Inclusion project could be important in emphasizing the need for sustainable and good quality data collection and management, particularly in relation to data needs in the area of disability.

Given that Timor-Leste is still a young country, workshop participants felt that many of the data gaps can be explained by the relatively new government and public administration infrastructure. As of yet, there is no central data center, and data requirement for evidence-based policymaking remain a challenge. Participants felt that this was compounded a by a lack of government support for research and development (R & D) in Timor-Leste.

In relation to service provision on the health sector, participants revealed that persons with disabilities experienced high rates of discrimination in accessing health care. More specifically, concerns were raised with regard to the lack of specialist treatments available for persons with disabilities in Timor-Leste and that individuals facing higher risks of disease cannot avail treatment outside of their country. This, they felt was particularly unfair considering veterans received free of charge specialized treatment outside of Timor-Leste. Where disability intersects with poverty, participants argued that discrimination in accessing health care was even more severe. Additional challenges identified in accessing healthcare, pertained to the lack of adequate infrastructure, lack of public transport services in Timor-Leste and generally bad road conditions outside of Dili, which renders traveling to health facilities challenging. Individuals living in remote areas thus find themselves particularly disadvantaged.

Given that these barriers are key elements in the experience of social exclusion by persons with disabilities and vulnerable groups more generally, representatives from MSS, felt that the Social
Inclusion Project could constitute a renewed opportunity to highlight these issues at a high level meeting.

4. Policy assessment and mid-term meeting preparations

In this next phase of the project, a participatory policy assessment process was initiated, which benefitted from sustained guidance and technical assistance from the international expert team. Mid-term meetings were organised to help maintain the momentum of the NPWG and to keep the project at the forefront of participants’ priorities. The content and outcomes of the mid-term meetings are discussed in Sections 4, 5 & 6. A list of the NPWG members can be found in Appendix 1. The group is composed of 15 members from the 8 institutions representing civil society, the government and academia in Timor-Leste.

The mid-term meeting preparations were led by the Social Science Coordinator & Executive secretary of the Timor-Leste National Commission for UNESCO. In these mid-term preparations, the TL-NATCOM provided the NPWG with briefing guidelines and translations of the policy tools into Tetum and Bahasa to ensure that the group could engage in productive discussions and initiate the assessment process. As such, the TL-NATCOM organized to meet the NPWG on two occasions.3

On the 27 of April 2016, Timor-Leste National Commission for UNESCO, together with the National Director of Social Assistance in MSS were received by Her Excellency, the Minister of Social Solidarity, to report on the progress of the Social Inclusion Project. At this meeting discussions were initiated on organizing the National Dialogue. It was also decided that a draft report would be prepared, documenting the policy assessment process and its outcomes, which would be presented to the Council of Minister.

A. Approaching the NPWG

In order to secure the participation of all the members of the NPWG in upcoming mid-term meetings with the international policy team, the TL-NATCOM for UNESCO carried out the following activities:

- First step: A formal invitation letter was delivered to every member of the NPWG two weeks in advance of every mid-term meeting. These letters were addressed to each member individually, acknowledging the Director of the institution with which they are affiliated. Letters were prepared by the Social Science coordinator, reviewed and signed by the Executive Secretary of Timor-Leste National Commission for UNESCO.

- Second step: Two days after the delivery of the letters, the Social Science coordinated followed up with every member of the NPWG to ensure that they received the invitation.

- Third step: Two days before the mid-term meetings, every member of the NPWG received a reminder about upcoming meetings.

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3 The preparation meeting for the mid-term arrangement on the Analytical Framework and EquiFrame/EquiPP took place on the 26 January and 14 April 2016 respectively.
B. Challenges experienced by the NPWG in the policy assessment process

While all possible steps were taken to ensure a most productive assessment process, a number of challenges arose nonetheless. It is important to document these as this will inform future iterations of this project in other countries.

- The language barrier between the international team and the NPWG played an important role. Even though, simultaneous translation was available at all meetings, many nuances were lost and certain elements could not be adequately conveyed.
- The participation throughout this project was not consistent for all group members. For example, some members had to leave meetings early due to other commitments, while others did not take part even though they had agreed to participate.
- Some members delegated other staff members of their organizations to attend meetings. The individuals were not adequately briefed and as they had not participated in previous meetings they could not engage in the most productive way.

5. Conclusion Workshop/National Policy Dialogue

The Policy Conclusion Workshop was a culminating event of the project, taking place approximately six months after the Policy Initiation Workshop. At this gathering, the major outputs and results of the policy revision process were presented by the members of the National Policy Working Group to a broad audience of national stakeholders, policymakers, the academic establishment and the media. The participant of the workshop authenticated both the assessment process and the resulting content, and discussed the future resource allocations necessary to support these recommendations identified in the process of policy assessment.

The policy conclusion workshop will reunite the international policy partners and the national implementing partners. It will be a “national policy dialogue” event open to all stakeholders showcasing the improvements made in the framework of the project to the policy initiative(s). Efforts will be made to ensure the participation in this meeting of the government and the civil society entities that were not directly involved in the policy revision process.
6. Follow-up: up-scaling, systematizing, disseminating project outputs and results

The project will work through existing institutional channels, in particular those of the UNESCO Management of Social Transformations (MOST) programme, and will also support the development of specific innovative mechanisms. The sustainability of gains attained through this project will be further ensured by the UNESCO Head-quarters by designing and operationalizing an online tool with open access bringing together the various outputs of the project as a convenient one-stop-shop for policy practitioners. It will contain:

- Analytical framework for inclusive policy making and planning contextualized and adapted to the regional needs.
- Concrete policy documents, regulatory frameworks, tested models and practices in the areas of social inclusion and reduction of social inequalities from global experience in general and from previous initiatives on social inclusion carried out under MOST programme framework in particular
- Other relevant material, tools and documents for policy practitioners working on social inclusion and reduction of inequalities.

The following three sections (7, 8 and 9) describes the work of the National Policy Working Group in using the different analytical tools and approaches for the assessment of the National Disability Policy and Action Plan. These tools are:

1. Analytical Framework on Inclusive Policy Design of UNESCO (Chapter 7)
2. EquiFrame and EquIPP (Chapter 8)

Chapter 9 is dedicated to the description of the work related to analysis of data gaps for the evidence-based disability policymaking.


In the series of mid-term meetings, the first meeting was held over two days and focused on the Six Dimension of Analytical Framework for Inclusive Policy Design: of What, Why and How. The objective of this meeting was to adapt the generic version of the analytical framework to the reality in Timor-Leste.

Together with the UNESCO consultant, the NPWG applied the six dimensions of the analytical framework to analyze the National Policy for the Inclusion and promotion of rights of people. On the first day the analytical work focused on Dimension 1, 2 and 3, whereas the second day was concerned with Dimension 4, 5, and 6.

Each dimension was discussed in relation to social inclusion in the Timorese context, whereas the discussions on ‘policy markers’ focused on the reality for persons with disabilities.
The six dimensions of the analytical framework are:
1. Multi-dimensionality dimension
2. Relational dimension
3. Group-based and individual dimension
4. Dynamic dimension
5. Levels and context dimension
6. Participatory dimension

Appendix 4 describes in detail the Six Dimensions of the Analytical framework.

In the analysis process, the NPWG identified examples for each of the six dimensions and further adapted this to the national disability policy. More specifically, the workshop sought to address the following questions: *Do the six dimensions of the Analytical Framework reflect disability policy in Timor-Leste? Is the policy implemented differently to what is outlined in the National Action Plan? How is the policy implemented? How should the policy be implemented? If it is not being implemented, why not?*

### A. Multi-dimensional characteristic

**Situation in Timor-Leste:**

**Economic processes**
- Persons with disability are excluded from the labour market for several reasons:
  - Prejudices by employees.
  - Discriminating job TORs.
  - Lack of government vocational training programmes that include persons with disabilities.
- Persons with disabilities are discriminated in the economic sector due to
  - No access to bank loans.
  - No representation in inheritance distribution.
- The national minimum wage of USD 115 is not sufficient to make a living in Timor-Leste. It becomes much harder if a family depends on the salary.

**Political processes**
- Government services for persons with disabilities are still insufficient
- Persons with disabilities have the right cast a vote during elections
- Persons with disabilities are discriminated against becoming a candidate during elections. The candidate criteria in the election law states that the candidate must be of ‘good physical condition’ which open to interpretation.

**Social processes**
- Limited access for PwDs in accessing public services (e.g. Health treatment, inclusive education, banking sector and infrastructure)
High prevalence of discriminatory language used to describe PwDs

**Culture Process**
Term of language - Use on harsh language and labelling towards persons with disabilities is still very common.

**Education processes**
- Timor-Leste is currently working on developing an inclusive education system, where children with disabilities can participate in mainstream schools. Human resources are a challenge as there are few teachers with a background in special needs education available yet, however there are a professional training providing for the 368 teachers.
- No Braille books available for children with visual impairment.
- An official Sign Language is not yet developed.
- The national education budget should reach 20% of the total household. Currently it is at 7%.

**Civic processes**
- It is challenging for persons with disabilities to access information related to government issues and political information.
- Access to justice still challenging for persons with disabilities. It is even more challenging for women with disabilities.
- Public buildings are not accessible.

**Policy markers:**
**Is social inclusion an overarching goal?**
Social inclusion is an overarching goal in the disability policy. It cover processes related to:
1. accessibility and mobility,
2. cultural and sports activities,
3. education,
4. gender equality,
5. health,
6. information and communication,
7. justice,
8. social assistance,
9. vocational training and employment

**Coordination of interventions**
- The implementation of the Timor-Leste Disability Policy is regulated through the National Action Plan for People with Disabilities 2014-2018.
- Nine Ministries and Secretary of State are responsible for its implementation.
- There is still a huge gap between theory and practice.

**Public sector innovation**
- Government has not expressed any intention to revise the National Disability Policy
- Socialisation and communication is challenging,
- Lack of PwDs participation on design and development stages of public policies
B. Relational character

Situation in Timor-Leste:

Personal capacity in relation to capacities of mainstream society
- Persons with disabilities do not have equitable and not even equal opportunities and freedoms due to barriers within mainstream society resulting from stigma and prejudices.
- Children with disabilities do not get sufficient support from their families.
- Families are ashamed of family members with disabilities. This is a huge barrier for development.

Personal capacity in relation to personal potential
- Persons with disabilities do not have self-confidence. This is a barrier to personal development.
- All persons have capacities that can be developed.
- Persons with disabilities want to participate in mainstream society.

Policy markers:

Opportunities for those who are excluded
- Education sector:
  - The policy encourages the development of inclusive schools in Timor-Leste to give children with disabilities access to education services.
  - The policy recommends socialisation about children with disabilities for mainstream society to reduce stigma and prejudices.
- Vocational training and employment sector:
  - Persons with disabilities shall have equal access to vocational training as other people.
  - Integration of persons with disabilities shall be strengthened.
- Social assistance sector:
  - Communities shall receive financial and technical support from the government to be in a better position to include persons with disabilities.
  - Dissemination of information about existing services towards persons with disabilities and their families.
- Justice sector:
  - Socialisation towards mainstream society on the rights of persons with disabilities.
  - Ratification of the UNCRPD.
- Accessibility and mobility sector:
  - The policy encourages the development of a national plan to promote accessibility for persons with disabilities.
  - Development of laws that that guaranty physical accessibility of public buildings, traffic, and public transportation.
- Information and communication sector:
  - Information must be accessible, e.g. Braille books, and use of Sign Language in TV news.
  - The sector should support the creation of public awareness towards persons with disabilities and therefore reduce discriminatory practices.
Gender equality sector:
- Promote equal rights between men and women.

Coordination of interventions
The ‘National Action Plan for Persons with Disabilities’ mandates ten ministries and secretaries of state – MSS, MoH, MoJ, MoE, MTC, MPW, SSPGE, SSEVT, SSYS, and SSSC - with the implementation of the disability policy. Each sector of the policy has been designated to the above mentioned government institutions. The implementation of the action plan shall be monitored and evaluated by the CNDPD. The monitoring and evaluation is focussing on the implementation of the plan and the policy. It is not measuring service uptake by users or identifying reason for high or low uptake.

Budgeting for social inclusion
The disability policy and the action plan state that each governmental department and state agency must budget for activities that promote the rights of persons with disabilities.

Relation between mainstream and socially excluded
The disability policy states in its ‘Principles’ section the participation of persons with disabilities in the definition, monitoring, and evaluation of the policy. However, little of this participation has been practised.

C. Group based and individual character

Situation in Timor-Leste:
General
- Personal background is important for personal development. Employees in public and private offices are selected based on (i) religious affiliation, (ii) political affiliation, (iii) financial background, and (iv) ethnic background.
- Persons from all backgrounds are selective in with whom they prefer to mingle.
- Persons with disabilities are among those who are most marginalised.

Individual versus group approaches
- Schools in remote have the challenge that their students speak up to three different local languages (not including Tetum and Portuguese). This leads to challenges in choosing the correct language of instruction during classes.
- A government programme to improve the situation of persons living with HIV lead to an exposure of their HIV status. This lead to further exclusion.
- The government offers vocational training programmes for beggars. The training is held in Dili, which poses a challenge for beggars with families who depend on the daily income.

Policy markers:
Discussing risks for exclusion - traditionally excluded groups and individual characteristics.
The disability policy focuses strictly on persons with disabilities and does not cater for other individuals or groups that are vulnerable to exclusion due to other factors. However, it takes into context that having impairment in Timor-Leste leads to low income, therefore low capacity to
access health care and other government services. The policy prescribes reactive measures to cure these symptoms.

**Detection and removal of institutionalised drivers of exclusion**
The policy has a crosscutting issue of making government services more accessible and reducing stigma and prejudices in society at all levels.

**Bread and depth of interventions**
The policy addresses nine sectors:
1. accessibility and mobility,
2. cultural and sports activities,
3. education,
4. gender equality,
5. health,
6. information and communication,
7. justice,
8. social assistance,
9. vocational training and employment

It is unclear to which level the government administration is involved.

**Policies have differentiated impact on different groups of society**
The policy shows a ‘one-size-fits-all’ character and has no measures to decrease negative impact on other groups in society.

**Interventions tailored to the needs of the excluded**
The interventions are tailored to the needs of persons with disabilities. However, there are no specific interventions for different kinds of disabilities.

D. **Dynamic character**

**Situation in Timor-Leste:**

Social inclusion process
- MoE implements inclusive education to give students with disabilities access to education services.
- Capacity development and vocational training are according to the needs and abilities of a person. E.g. a person with a disability should not join training for becoming a truck driver but being a successful merchant.
- According to the law, persons with disabilities have the same rights and obligation as other persons.

Social inclusion as a goal
- Increased welfare for persons with disabilities

Exclusion and inclusion are not permanent statuses
- A person who has a severe work accident will be excluded from society due to lack of income, participation etc.
o Persons with physical and non-physical impairments have access to hospitals and traditional rehabilitation services.
o The government offers support schemes like counselling.
o MSS offers two pensions programmes.

Policy markers:
Policies must consider the historical causes for exclusion
  o The policy does not address and examine historical or traditional reasons for social exclusion.
o The policy does not mention the need for raising data.

Policies must be long-term
  o The policy is being implemented through a five-year action plan.

Policies must have pro-active preventive early intervention mechanisms as well as reactive mechanisms.
o The policy focuses on reactive mechanisms.

E. Level and contextual character
Situation in Timor-Leste:
Individual and family level
  o Persons with disabilities have low self-esteem
  o Nobody encourages persons with disabilities to do anything.
o Parents of children with disabilities are overprotective.
o Families are ashamed of their members with disabilities.
o Persons with disabilities are being hidden by their family members.
o Children with disabilities do not get the same opportunities as their siblings without disabilities:
o Financial, money is spent on development of children without disabilities.
o Children with disabilities are overlooked in inheritance situations.

Meso level / neighbours
  o Neighbours do not appreciate persons with disabilities within the neighbourhood.
o Many prejudices.
o Village activities rarely include persons with disabilities.

Macro level
  o Revision of disability policy is necessary.
o Follow-up on action plan for the disability policy is necessary.
o More coordination between directors and ministers.
o Coordination between directors in the same ministry needs improvement.
o Staff at MSS is overloaded with work and therefore cannot be effective. Policy markers

Coordination and coherence on all levels
Nine ministries and secretaries of state have developed the policy and the action plan. They have different roles and responsibilities in the implementation of the policy.

Regional coordination and cooperation

Timor-Leste has limited regional cooperation related to disabilities. Timor-Leste is not a member of ASEAN.

F. Participatory character

Situation in Timor-Leste:

Policy planning

- MSS develops plans over three different time periods:
  - Master plan: 30 years
  - Mid-term plan: 5 years
  - Short-term plan: 1 year
- MSS involves up to five persons with disabilities for consultation during short term planning.
- NGO have the opportunity to submit proposals to MSS.

Budgeting

- Persons with disabilities are not involved in the budgeting process.

Implementation

- Persons with disabilities are not involved in the implementation or monitoring process.
- Implementation can be different from the actual planning.

Policy markers:

Meaningful participation

- The disability policy declares participation of persons with disabilities as one of its principles especially during monitoring and evaluation of the policy. However, no mechanisms for implementing this principle have been put in place.

Transition towards full and regular participation of the excluded

- Persons with disabilities have limited access to professional capacity building to enable them to participate in policy-making processes.
- Persons with disabilities are not actively invited to participate in policymaking processes.

8. Application of Policy Assessment Tools and Methodologies:

EquiFrame and EquIPP

In a second mid-term meeting, the NPWG together with an expert from Trinity College Dublin recapitulated the methodologies for assessment, EquiFrame and EquIPP. At this meeting, preliminary assessment findings and recommendations. At this meeting, the main documents for discussion were the National Disability Policy and the National Action Plan.
EquiFrame was used to analyse the National Disability Policy, and EquiPP was applied to the National Action Plan.

A. EquiFrame

EquiFrame is a policy analysis tool, which assesses the extent to which Core Concepts (CCs) of human rights and Vulnerable Groups (VGs) are incorporated in public policy documents (Mannan et al, 2011). As such it allows a rating of the inclusiveness of the policy content. EquiFrame was designed, in a first instance, to assess health policies. As an analytical tool, however, its application is not limited to the health realm; EquiFrame is easily applicable to social policies and may be adapted to virtually any issue area, political and cultural context. EquiFrame has been used to assess a great variety of policy within a number of variegated settings, including national disability policies (Mannan et al, 2012b; Mannan et al, 2012c; Van Rooy et al, 2012; Schneider et al, 2013). The aim of this analysis is to evaluate the extent to which the national policy for inclusion and promotion of the rights of people with disabilities (the national disability policy) addresses Vulnerable Groups and encompasses Core Concepts of human rights.

The national disability policy provides a comprehensive inter-sectoral framework for disability inclusion in which 10 line ministries propose a strategy to further inclusion for persons with disabilities. The policy involves the ministries of Justice, Health, Education, Infrastructure, Youth and Sports, the secretaries of state for Vocational Training and Employment and the Promotion of Equality, as well as the ministry of Social Solidarity as the coordinator of the policy. For each area of intervention, the policy describes the existing legal framework, summarizing applicable laws, decree-laws and relevant sections from the Constitution of the Democratic Republic of Timor-Leste (CRDTL). The EquiFrame analysis was not extended to the legal frameworks as these are but “guiding notes” for the articulation and implementation of specific strategies.

i. EquiFrame Analysis

EquiFrame provides a standardized formulation and measurement tool to develop and analyze public policies within a human rights framework (Eide et al, 2012; MacLachlan et al, 2012 Mannan et al, 2011; O’Dowd, Mannan, McVeigh, 2013). It lists 21 pre-defined Core Concepts of Human Rights (Table 1) as well as 12 Vulnerable Groups (Table 2) which should be referenced in policy documents (O’Dowd et al, 2013). Vulnerable Groups (VGs) and Core Concepts (CCs) may be added or removed depending on the policy under consideration and the context within which it operates. Please find two tables in Appendix 5:

- EquiFrame Core Concepts, Key Questions and Key Language (Mannan et al, 2011)

ii. Scoring

In order to evaluate public policies within a human rights framework, the analysis uses a particular scoring system. Core Concepts referenced within policy documents are rated on scale from 1 to 4, with the score indicating the quality of commitment to individual core concepts. As such, a CC received a score of:
1 if the concept was only mentioned,
2 if the concept was mentioned and explained,
3 if specific policy actions can be identified to address and explained,
And 4 is the policy specifies an intention to monitor a core concept.

If a Core Concept was not deemed relevant to the policy under consideration, this was marked as non-applicable.

The number of VGs identified in the document yield a score for Vulnerable Group coverage.

The 4 summary indices of *EquiFrame* are outlined below:

1. **Core Concept Coverage**: A policy was examined with respect to the number of Core Concepts mentioned out of the 21 Core Concepts identified; and this ratio was expressed as a rounded-up percentage. In addition, the actual terminologies used to explain the Core Concepts, within each document, were extracted to allow for future qualitative analysis and cross-checking between raters.

2. **Vulnerable Group Coverage**: A policy was examined with respect to the number of Vulnerable Groups mentioned out of the 12 Vulnerable Groups identified: and this ratio was expressed as a rounded-up percentage. In addition, the actual terminologies used to describe the Vulnerable Groups were extracted to allow for qualitative analysis and cross-checking between raters.

3. **Core Concept Quality**: A policy was examined with respect to the number of Core Concepts within it that were rated as 3 or 4; that is, as either stating a specific policy action or intention to monitor that action. When several references to a Core Concept were found to be present, the top quality score received was recorded as the final quality scoring for the respective Core Concept.

4. Each document was given an **Overall Summary Ranking** in terms of it being of Low, Moderate or High standing according to the following criteria: (i) High = if the policy achieved ≥50% on all of the three scores above. (ii) Moderate = if the policy achieved ≥50% on two of the three scores above.

(iii) Low = if the policy achieved <50% on two or three of the three scores above.

### iii. Results

The national policy for inclusion and promotion of the rights of people with disabilities (2012) references 14 out of 21 Core Concepts, which yields Core Concept coverage of 67%. The table below outlines the number of times a CC was mentioned and provides examples of the key language used to describe the latter. The following core concepts could not be identified in the national disability policy: capability based services; autonomy, privacy; contribution; family resource; cultural responsiveness; accountability.

The national disability policy mentions three vulnerable groups out of the 12 groups listed in the EquiFrame manual, namely the disabled, children and the poorest communities. In the document,
one additional reference to *vulnerable groups* in general can be found. As such, policy scores a vulnerable group coverage of 25%. The policy fails to mention 9 vulnerable groupings (Table 2) even though it stands to reason that these groups are also vulnerable in the Timorese context, particularly if one or more vulnerabilities intersect with disability.

In terms of Core Concept quality, none of the CCs mentioned scored at level 4. The following CCs were rated at level 3 of commitment: *individualized services, family support, prevention, access and efficiency*.

Overall, the national policy for inclusion and promotion of the rights of people with disabilities receives a summary ranking of Low Quality as the scores for Core Concept Coverage, Vulnerable Group Coverage and Core Concept Quality were scored as less than 50% (Mannan et al, 2011).

Please find in Appendix 5: Core Concept coverage and examples of Key Language used.

**iv. Discussion**

**Core Concept Coverage**

The policy could be rendered more inclusive if sectoral strategies included provisions to increase existing or encourage “capability services” amongst vulnerable groups. As such, strategies could leverage or forge peer-to-peer support networks. The policy does not specify whether the “autonomy” of vulnerable groups is being respected. It is imperative that the policy includes a general statement, urging government entities to interact with vulnerable groups in an ethical manner, whilst also being respectful of the principle of informed consent. As such, vulnerable groups cannot be forced to partake in any activities (e.g. consent to medical treatment and experimentation) without their explicit prior consent. It would also be worth to include a guarantee in the policy to ensure the confidentiality of information as it relates to the collection and sharing of data gathered from persons with disabilities. Alternatively, the policy could include a section on “privacy” and how government departments are expected to comply with this requirement. While the Vocational Training and Employment strategy seeks to increase the involvement of persons with disabilities in the labor market and income generating activities, the policy should be more explicit in emphasizing how vulnerable groups can make a meaningful “contribution” to society more generally and how their economic empowerment is likely to lead to positive outcomes in other spheres of life. While the policy recognizes the role of “family support”, and the importance of social relationships more generally, in the delivery of services to persons, and in particular, children, with disabilities, the policy fails to detail how the government or individual departments can provide families with resources in this endeavor. Moreover, the policy does not recognize the crucial importance that the family plays in service delivery beyond the health realm. The policy fails to address the “cultural responsiveness” of services that persons with a disability are nominally entitled to. This is particularly important in the context of health care, given that “a health system must be respectful of cultural difference, in part requiring consideration of traditional preventive care, healing practices, and medicines” (Hunt & Backman, 2008 as cited in Mannan et al, 2011, p.59). This is equally important in the context of social assistance or education, for example, where services may be “available to all, [yet] there may be considerable disparities in awareness concerning ... availability and effectiveness due to language
or cultural differences” (Goddard and Smith, 2001 as cited in Mannan et al, 2011, p. 58). Lastly, the policy does not state how persons with disabilities may seek redress or how service providers can be held accountable.

**Vulnerable Group Coverage**

While the policy is specific to persons with disabilities, the authors feel that it is nonetheless important to include additional vulnerable groups in the document. In fact, persons with disabilities (PwDs) are not a homogenous group and often face vulnerabilities in addition to their disability (O’Dowd, Mannan & McVeigh, 2013). For instance, women or girls with a disability, women headed households where the woman has a disability, PwDs who also suffer from a chronic disease or PwDs with limited resources face additional challenges in their lives, this being a direct result of the compounding interaction of multiple vulnerabilities. This intersectionality of vulnerabilities has been shown to result in negative outcomes in a variety of life domains such as health, education, employment and so forth (Moodley & Graham, 2015). Moreover, the negative outcomes of multiple vulnerabilities are often exacerbated in lower income contexts where access to essential goods and services is more restricted (Trani et al. 2010).

**Core Concept Quality**

None of the Core Concepts referenced in the national policy score at Level 4 of commitment, indicating an intention to monitor the Core Concepts. While the policy outlines the government’s intention to establish a National Council on the Rights of People with Disabilities, it does not clarify the exact scope of responsibilities for this organization. The policy merely outlines that the Council would function as “an independent body, to monitor and evaluate the development of this policy development and the strategies defined for each area of intervention towards harmonization and coordination of measures adopted”. There is thus significant scope to further specify the role and responsibilities for the Council, thereby constituting an opportunity to express an intention to mention various Core Concepts.

**B. Equity and Inclusion in Policy Processes (EquIPP)**

EquIPP (Equity and Inclusion in Policy Processes) is a framework for an inclusive policy process to support public policies promoting equity and inclusion. An inclusive policy process creates experiences of inclusion for vulnerable groups who usually remain marginalised in policy processes; it does this by according them a more central role in policy processes, to ensure that their interests and concerns are adequately represented throughout such processes. EquIPP is an inventory of 17 Key Actions (KAs) and forms a blueprint for an equitable and inclusive policy process. It is concerned with the *formulation, planning and budgeting, implementation, monitoring and evaluation* as well as the *dissemination* of policies. All 17 Key Actions and a brief description for each are outlined in Appendix 6: Summary of Key Actions for an equitable and inclusive policy.

EquIPP also functions as an assessment tool to evaluate the inclusiveness of the policy process overall. We apply EquIPP to the National Action Plan for People with Disabilities (NAP), which was
designed to guide the implementation of the national disability policy. This report discusses the findings from a preliminary analysis applied to the National Action Plan. In order to conduct a more comprehensive assessment of the level of inclusiveness of the process surrounding the development of the NAP, additional evidence sources were consulted, including interviews with staff from the Ministry of Social Solidarity (MSS).

i. **Scoring**

An assessment matrix (checklist) was developed to measure the extent to which policy processes qualify as equitable and inclusive. A 7-point scale was developed to rate the level of engagement with the 17 Key Actions presented above. The assessment can be conducted in ‘real time’ as processes unfold, or retrospectively. For the purpose of this analysis, the highest possible score is 5 as we did not perform Process and Outcome evaluations. Initial scores were assigned by an associate consultant (TCD) and were subsequently discussed with the NPWG until a consensus was reached.

<table>
<thead>
<tr>
<th>Table 2: Policy Engagement Key Action Scale</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Absent</strong> – no evidence it has been considered</td>
<td>0</td>
</tr>
<tr>
<td><strong>Recognition</strong> – evidence of awareness but no associated action</td>
<td>1</td>
</tr>
<tr>
<td><strong>Minor action</strong> – evidence of token or minimal efforts to engage</td>
<td>2</td>
</tr>
<tr>
<td><strong>Moderate action</strong> – evidence of clear but incomplete or partial engagement</td>
<td>3</td>
</tr>
<tr>
<td><strong>Comprehensive action</strong> – evidence that all reasonable steps to engage have been taken</td>
<td>4</td>
</tr>
<tr>
<td><strong>Policy evaluation</strong> – reference to Key Action in core document(s)(^1)</td>
<td>5</td>
</tr>
<tr>
<td><strong>Process Evaluation</strong> – evidence gathered from diverse stakeholders of satisfaction with the process of engagement</td>
<td>6</td>
</tr>
<tr>
<td><strong>Outcome Evaluation</strong> - evidence gathered from diverse stakeholders of satisfaction with the outcomes of engagement</td>
<td>7</td>
</tr>
</tbody>
</table>

\(^1\) Score at a higher level assumes fulfillment of lower level requirements

The primary source of evidence was the NAP and the national policy. Where further evidence was required, interviews were conducted with staff at MSS on multiple occasions. Documentary evidence and government budget books were also consulted in order to create a comprehensive picture of the disability policy process in Timor-Leste.

ii. **EquIPP Findings**

**Key Action 1: Score 4**
The National Action Plan (NAP) was the result of a consultative and participatory process. The Disability Working Group (DWG) coordinated the involvement of disability stakeholders in Timor-Leste and represented the interests of persons with disabilities (PwDs) in drafting the NAP. As such, the DWG includes Disabled People’s Organizations (DPOs) as well as individual persons with disabilities. Altogether, the formulation of the NAP mobilized 13 organizations from civil society, including DPOs, and representing different groups of persons with disabilities. Individuals with an intellectual disability were not represented in this process. MSS fully intends to involve the DWG and PwDs on a continuous basis further along in the process. For example, MSS engaged a variety of disability stakeholders across all 13 districts in an inclusive consultation process designed to inform the constitution (role and responsibilities) of a National Council on the Rights of People with Disabilities (CNDPD).

<table>
<thead>
<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Action 1:</strong> Set up inclusive and participatory mechanisms</td>
<td>Participation of PwDs in developing the National Action Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The secretariat of the DWG “have coordinated and facilitated the active and effective participation of the DWG, their members and people with a disability”</td>
<td></td>
</tr>
</tbody>
</table>

**Key Action 2: Score 4**

In drafting the NAP, participation occurred primarily at the national level. It is unclear to what extent the local level was consulted and to what extent representatives from various districts participated in the national policy and NAP development process. There is thus a concern that the level of inclusiveness surrounding the development of these two core documents may not have been optimal. Through the formation of the DWG, the interests of PwDs were represented at the national level. The role of the DWG was primarily advocacy based with no decision-making power delegated to the organization or its members. This, however, is likely to change with the establishment of the Council, as this will delegate decision-making power to the CNDPD. Nonetheless, it would appear that the policy formulation process and the development of the NAP generated a strong sense of ownership.

<table>
<thead>
<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Action 2:</strong> Ensure the highest level of participation</td>
<td>Level and quality of participation unclear for National Policy</td>
<td>Comprehensive action</td>
</tr>
</tbody>
</table>
Evidence of joint decision-making and joint ownership; particularly by DWG and MSS

Were all organizations working with or for people with different impairments systematically involved in all sector discussions?

Unclear if consultation/participation occurred at district level

Reference be found in National Action Plan; MSS interviews; Draft Decree Law for the establishment of the CNDPD; NPWG

Key Action 3: Score 5

The National Action Plan is a cross-sectoral policy framework for disability. Ten line ministries contributed to the development of the NAP, thereby demonstrating good will to priorities disability related activities. Each line ministry nominated a disability focal point as well as three technical staff to work on the implementation of their respective action plans. The NAP has not yet been approved by the Council of Ministers, which diminishes its authority to engage ministries in performing disability related activities.

Though line ministries are supposed to include disability related activities in their annual plans, MSS has no way of ensuring that this occurs. Furthermore, it is unclear whether disability focal points are active and to what extent they are able to promote disability within their respective ministries. Little information is provided on the roles and responsibilities of the disability focal points. The tasks of disability focal points are taken on as ad-hoc commitments by ministry staff. As such, there is no guarantee that focal points will be able to priorities disability related activities on top of their usual workload. Not all focal points are active and there appears to be a high turnover amongst focal points. Furthermore, staff nominated as focal points tend to be lower level officials with less clout in their respective ministries.

The national policy foresees the establishment of the CNDPD, which would act as the coordinator of the national disability policy. Currently still in draft format, the establishment of the CNDPD would allow for a more comprehensive and authoritative coordination of the implementation of the policy.
Key Action 3: Strengthen cross-sectoral cooperation

“This action planning process has been developed, coordinated and supported by the Ministry of Social Solidarity specifically the Vice Minister; and the department of people with disabilities and elderly people within the National Division of Social Assistance and Cohesion (DNACS) ... 10 ministries and institutions participated ... other government institutions .... Civil society DPOs and NGOs ... International NGOs and Funders (NAP, 7);

Unclear how cross-sectoral cooperation will occur at the level of implementation

Comprehensive action + policy evaluation
Reference can be found in National Action Plan and National Disability Policy; NPWG

Key Action 4: Score 3

The roles and contributions of lower levels of government are not detailed. While much variation exists, it is unclear how line ministries maintain a local presence for their disability related activities. Furthermore, the NAP does not include any detail on how existing local initiatives could be aligned to initiatives developed in the NAP. At the local level, some ministries are better represented than others, MSS being a notable example. As part of the decentralization process, MSS works through the National Program for Village Development (PNDS) to establish a local presence and to provide services.

<table>
<thead>
<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Action 4: Strengthen inter-governmental cooperation</td>
<td>Different for individual line ministries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decentralization process is still in the process of being implemented</td>
<td>Moderate action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reference can be found in National Action Plan and National Disability Policy; MSS interviews</td>
</tr>
</tbody>
</table>

Key Action 5: Score 3

Overall, it would appear that the NAP is the outcome of a participatory planning process in which PwDs were able to express their needs. It remains, however, unclear to what extent members of the DWG and PwDs were able to input into individual ministerial plans. Evidence from the budget 2016 suggests that disability stakeholders were only somewhat successful in including disability related activities (as outlined in NAP) in annual ministerial plans. MSS, the Ministry of Health (MoH) and the Ministry of Education (MoE) included disability related activities in their annual plans, including corresponding funding allocations. Some proposed activities go beyond activities outlined in the NAP.
The existence of significant data gaps (i.e. absence of administrative data and over-reliance on census data) prevent a more objective identification of needs, and therefore impedes evidence-based policymaking. The lack of adequate date sources is acknowledged in the NAP, and individual action plans contained therein propose to engage in data collection efforts.

<table>
<thead>
<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
</tr>
</thead>
</table>
| **Key Action 5**: Plan according to need | “The task force meetings enabled people with disabilities to explain their needs and recommendations” (NAP)  
Significant data gaps make this difficult | **Moderate action**  
Reference can be found in National Action Plan; Budget 2016 (book No. 2); MSS interviews; NPWG |

**Key Action 6: Score 3**

The NAP specifies actions by which the needs of PwDs will be addressed and it explicitly references intentions to contribute to greater equity. However, the NAP fails to provide detailed programme level information. As such, it remains vague on what certain activities entail. The action plans included in the NAP appear to address major themes, and the lack of detail may have been intentional. Furthermore, the NAP fails to specify timeframes within which these actions are to be carried out. Timeframes are also absent for disability related activities included in annual plans of the 2016 budget. However, disability related activities listed in the annual exemplars of a few line ministries include detail on indicators, baseline data sources and key implementers.

<table>
<thead>
<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
</tr>
</thead>
</table>
| **Key Action 6**: Specify actions by which social needs will be addressed | Needs and priority problems identified and outlined for each issue area in the National Action Plan  
Programmes, activities and expected results outlined to operationalize each objective стратегию of the National Disability Policy (Action Plan for each of the 10 Ministries)  
Programmes are explicit about intention to level the playing field  
Programme level information is not very detailed | **Moderate action**  
Reference can be found in National Action Plan and National Disability Policy; Budget 2016 (book No. 2); NPWG |

**Key Action 7: Score 3**
In Timor-Leste the annual government budget was a line item budget until 2016. In the 2016 government budget (Decree-Law 22/2015), annual plans were costed for the first time. This will permit future assessments of budget execution for disability related activities for individual line ministries.

The format of the NAP was purposefully designed to allow line ministries to use it for their planning and budgeting exercises. Line ministries, however, have been slow to include disability related activities in their annual plans, thus suggesting a lack of prioritization of this issue.

The 2016 budget overview (Budget 1) affirms a commitment by the government to engage with the Sustainable Development Goals (SDGs), in which equity features as a cross cutting consideration. A more thorough assessment would be needed to determine the adequacy of government programmes in realizing the SDG agenda. In the budget overview, “disability” is mentioned only once, and there is no mention of “social inclusion”. It is thus difficult to gauge to what extent equity is a guiding principle of the government budget, particularly as a pre-budget statement was not issued for the 2016 edition of the budget.

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<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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<tbody>
<tr>
<td><strong>Key Action 7:</strong> Build equity considerations into budgets</td>
<td>“Although there are costs associated with including people with a disability, these are far outweighed by the long-term financial benefits to individuals, families and society” (NAP, p.60) All sectors should cost their disability related activities, using the Ministry of Finance planning template. As such, “the National Disability Action Plan can be used within the planning and budgeting cycle” (NAP, p.61)</td>
<td>Moderate action Reference can be found in National Action Plan; Budget 2016 (Book No. 1 and 2); MSS interviews; NPWG</td>
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</tbody>
</table>

**Key Action 8: NA**

As information on budget execution is currently not available, engagement with this KA could not be determined.

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<th>Process consideration</th>
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<tbody>
<tr>
<td><strong>Key Action 8:</strong> Minimize gaps between real and planned budgets</td>
<td>NA</td>
<td>NA</td>
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</table>

**Key Action 9: Score 3**
The NAP constitutes the roadmap for the implementation of the national policy for inclusion and promotion of the rights of people with disabilities. The national policy was approved by the Council of Ministers, whereas the NAP has not yet been approved. While 10 line ministries have contributed to the development of this roadmap for implementation, it should be noted that the document lacks authority. As of now, the implementation of the NAP is contingent on the level of priority accorded to disability issues by individual ministries. MSS is the coordinator of the policy but it does not own a mandate to plan disability related activities on behalf of other line ministries. While disability focal points were instated in line ministries, they were unsuccessful in prioritizing disability programmes in their annual action plans.

The plan does not outline detailed implementation architecture: timeframes for implementation are not specified; progress reporting is not streamlined; lead entities are not specified (especially in instances where cooperation between line ministries is required).

### Process Consideration

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<thead>
<tr>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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<tbody>
<tr>
<td>Action plans for all government departments/sectors gathered into one overarching action plan</td>
<td>Moderate action</td>
</tr>
<tr>
<td>Sectoral action plans were developed in a participatory manner by ministerial officials and technical staff, representatives of the disability working group and people with disabilities with technical input from international and national NGOs, coordinated by DNACS within the MSS</td>
<td>Reference can be found in National Action Plan; MSS interviews; NPWG</td>
</tr>
<tr>
<td>Coordinating body is MSS (interim)</td>
<td></td>
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<tr>
<td>Lead entities: not identified</td>
<td></td>
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<tr>
<td>Key implementers: identified</td>
<td></td>
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<tr>
<td>Barrier assessment (Education, NAP, p. 12). And Provisions for updating and modifying the plan are not described</td>
<td></td>
</tr>
</tbody>
</table>

**Key Action 9: Devise a responsive and flexible implementation plan**

In matters of social assistance, and the various grants and benefit schemes, which fall under this rubric, the NAP would benefit from specifying how individuals are selected to participate in programmes offered. Beyond the NAP, little information is available on how ‘beneficiaries’ are selected to participate in individual programmes. Effective participation in programmes and uptake of services and benefits is contingent upon effective and non-discriminatory selection methodologies, as well as registration support. Though it would appear that MSS deploy elements of community based targeting in their various schemes. This is important in instances where

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4 N.B.: This KA does not apply to all sectoral strategies; it is most relevant in the instance of social assistance grants and benefits.
eligible beneficiaries are not aware of their entitlement or face difficulties in registering for or accessing benefits.

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<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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</table>
| **Key Action 10**: Adopt the most inclusive selection methodology | Not relevant for all sectoral programmes and activities  
For social assistance: no selection methodology outlined  
Awareness that increased uptake must be promoted | **Moderate action**  
MSS interviews; evidence of awareness but no associated action  
Additional evidence required beyond National Action Plan; NPWG |

**Key Action 11: Score 4**

The National Action Plan adopts the principle of “complementarity” as a guiding principle. While the NAP commits itself to “multi-sectoral and multidisciplinary coordination” involving a variety of implementation partners, the plan provides very little additional information on its implementation architecture. As such it is unclear whom relevant ministries propose to work with in order to implement their strategies.

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<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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| **Key Action 11**: Select the most appropriate implementation partners | Complementarity in implementation as one of the guiding principles of the National Disability Policy: “multi-sectoral and multidisciplinary coordination involving public and private entities, non government organizations, governmental organizations and representatives of associations of people with disabilities”  
No discussion of potential key implementers  
Little discussion of implementation architecture | **Comprehensive action**  
Reference can be found in National Action Plan; NPWG |

**Key Action 12: Score 3**

In general, the NAP provides very little information on the architecture and coordination of the implementation process. As such, very little information exists in relation to partnerships between
Line ministries and disability stakeholders, nor are the roles and responsibilities of implementing partners clearly outlined. Once the CNDPD is established, it is likely that a policy coordinating mechanism will become more concrete. Existing partnership frameworks should be outlined, focusing on potential synergies between different implementers to minimize duplication of efforts resulting from parallel activities. MSS is currently providing institutional support to various civil society organizations (CSOs) and DPOs, though little is known on how these actors collaborate in policy implementation.

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<tr>
<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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<tbody>
<tr>
<td>Key Action 12: Encourage cooperation between agencies and service providers</td>
<td>Little information/description on architecture of implementation</td>
<td>Moderate action; MSS interviews; NPWG</td>
</tr>
</tbody>
</table>

**Key Action 13: Score 3**

The National Action Plan was devised on the basis of the most up to date snapshot of the situation for PwDs in Timor-Leste. Unfortunately, this snapshot is not comprehensive enough and relies entirely on census data from 2010, the accuracy of which remains debated. Concerns have been raised that the Census did not capture the true number of PwDs. The policy is currently not monitored or evaluated. None of the line ministries collect administrative data for PwDs. While many of the activities outlined in the plan propose to “collect data”, it should be noted that such propositions lack specification and therefore appear ambiguous. Nonetheless, it is apparent from the NAP that relevant government ministries recognize and value the importance of sound data collection and administration. Similarly, Article 6 of the national policy and the NAP specify that as an independent body, the CNDPD will be tasked “to monitor and evaluate the development of this policy development and the strategies defined for each area of intervention towards harmonization and coordination of measures adopted”.

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<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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<tr>
<td>Key Action 13: Collect qualitative and quantitative data</td>
<td>Limited data availability; Activities scheduled to “collect data” in various sectors – unclear what kind of data and for what purpose; No intention to collect quantitative data; Census data available</td>
<td>Moderate action; Reference can be found in National Action Plan; NPWG</td>
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</table>
Health Sector: no information collected on people with disabilities in DHS or administrative data

Key Action 14: Score 3

Individual ministries are aware of the importance of routine data collection for administrative purposes. Yet, as already noted in the evaluation of Key Action 13, insufficient detail is provided in relation to how databases will be created and what information will be recorded. While data gaps are identified as a problem, the NAP does not specify how these will be addressed.

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<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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| **Key Action 14**: Integrate, aggregate, disaggregate and share data | Collect data for persons with disabilities for Vocational Training and Employment  
Creation of a health data base  
Data gaps are identified as a problem, yet minimizing those gaps is not identified as a priority in individual action plans | **Moderate Action**  
Limited recognition from National Action Plan  
Additional evidence required; MSS interviews; NPWG |

Key Action 15: Score 1

The National Action Plan does not include an indicator framework, which would allow a measurement of progress towards disability related objectives. (see UNESCAP report for a more in-depth discussion on data needs for the monitoring of the national disability policy).

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<th>Process consideration</th>
<th>Description of engagement</th>
<th>Level of policy engagement</th>
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<tbody>
<tr>
<td><strong>Key Action 15</strong>: Select appropriate indicator dimensions</td>
<td>No indicators</td>
<td><strong>Recognition</strong></td>
</tr>
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</table>

Key Action 16: Score 3
The NAP references the need to raise awareness about disability amongst the general population, whilst also informing PwDs about their rights in a bid to enhance the uptake of services and benefits. However, the NAP does not provide additional information on how awareness raising and information dissemination will occur. Information gathered from MSS and other ministries indicates that regular socialization events are organized at the local level to inform PwDs about disability related activities. As part of this socialization process, MSS also seeks to include an awareness-raising component in a bid to change attitudes towards PwDs, which still experience high levels of stigma.

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<th>Process consideration</th>
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<th>Level of policy engagement</th>
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| **Key Action 16**: Share information with policy beneficiaries | Information as a guiding principle of the National Disability Policy: “the dissemination of information through various communication channels allows greater awareness from the community to the issues of disability and promotion of the rights of people with disabilities” (NAP, p.11)  
The Action Plan **entails significant actions to share information, raise awareness on the situation of people with disabilities and their rights**, which is critical for people to start accessing and claiming them.  
Aspects of dissemination strategies are unknown; unclear how context appropriate dissemination will be | Moderate action  
Reference can be found in National Action Plan; MSS interviews; NPWG |

**Key Action 17: Score 3**

Information and knowledge sharing is a central element of participatory governance and constitutes the fundamental building block of an inclusive process and a vital first step in involving the public in policy processes. The National Action Plan does not include an information dissemination strategy. As such it is unclear how policy relevant information will be shared with PwDs. There is no indication through what channels or mediums such information would be distributed. A dissemination strategy should seek to rectify an information divides that may further disadvantage PwDs from fully participation in society.

Two notable examples of inclusive dissemination are the development of a citizen budget in Tetum (2016) and the local consultation supporting the preparation for the establishment of the National Disability Council.
**Key Action 17**: Share information with the policy community

| No indication that information produced will be shared with the wider policy community | **Moderate action** - Regional consultation for the establishment of a National Disability Council; NPWG |

**Mapping the inclusiveness of the National Action Plan**

![Figure 1: Graph of the Inclusiveness of the Process](image)

### iii. Discussion of EquIPPP Finding

The average score across all applicable Key Actions is 3, suggesting an overall moderate engagement with KAs. No KA received a score of 0 which indicates that all elements of inclusion were present in the process so far. KA 3 received a score of 5, indicating the coordination mechanism of the national policy is conducive to collaboration amongst various ministries. In this analysis, the highest score, which could possibly be awarded, is 5, given that stakeholder satisfaction was not measured. Higher scores of 6 or 7 can only be awarded if vulnerable groups are asked to indicate their level of satisfaction of engagement with the process and any outcomes thereof (i.e. the national policy, or the NAP).

It would be interesting to repeat this assessment once the CNDPD has been established, as the functions of this body are likely to improve the scores for various KAs. The draft decree law for the establishment of the Council is pending approval by the Council of Ministers. There are reasons to believe that the Council will be able to address many of the coordination issues currently apparent in the implementation of this policy. The NAP has not been approved by the Council of Ministers and therefore does not constitute a government document. As such, line ministries are not required to implement the action plan. The Council, however, will be in a stronger position to push for the inclusion of disability related activities to be included in annual plans of specific ministries. Just as with focal point nominations, it is crucial that higher-level public servants are appointed to the Council, who would be in a stronger position to advocate for the inclusion of disability related activities in their annual plans.
A further concern raised by the NPWG in the assessment exercise, made reference to the miscommunication between CSOs, DPOs and ministries which currently impedes effective collaboration and coordination of disability stakeholders in Timor-Leste. The Council is likely to provide disability stakeholders with a new and more authoritative forum to coordinate disability related activities. As the Council will also be mandated to monitor and evaluate the implementation of the policy, related KAs would also be likely to score higher in subsequent assessments.

<table>
<thead>
<tr>
<th>Key Action</th>
<th>Score</th>
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<tbody>
<tr>
<td>KA 1</td>
<td>4</td>
<td>KA 10</td>
<td>3</td>
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<tr>
<td>KA 2</td>
<td>4</td>
<td>KA 11</td>
<td>4</td>
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<td>KA 3</td>
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<td>KA 12</td>
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<td>KA 16</td>
<td>3</td>
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<tr>
<td>KA 9</td>
<td>3</td>
<td>KA 17</td>
<td>3</td>
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9. Application of Policy Assessment Tools and Methodologies: Data for Evidence-Based Disability Policy

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) supported assessment of the national disability policy by assisting the national working group to examine data availability and quality issues. This was done through a mid-term meeting workshop held on 11 May 2016, as well as meetings with the national statistics office and the Ministry of Social Solidarity (MSS).

Ensuring the availability of data that is disaggregated to a level sufficient to inform policies is a timely concern. The recently adopted Sustainable Development Goals (SDGs) require countries at all levels of development to monitor achievement of the 17 goals and 169 targets by 2030 with “quality, accessible, timely and reliable disaggregated data, and to ensure that no one is left behind”.

This assessment looked at the data needed to monitor the national disability policy and compared this to that required to measure progress towards relevant SDG targets and indicators.

A. Data required for policy monitoring

The Timor-Leste disability policy (Government Resolution No. 14/2012 of May 9) sets out the broad priorities for ensuring people with a disability get access to services that are intended to be

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universal. The strategies in the policy suggest the need for specific data in order to monitor policy effectiveness, such as:

a) **Health**
   - Medical treatment of disability; health records identifying various forms of disability being treated in urban and rural areas
   - Number and characteristics of children with a disability to estimate demand for services
   - Issuance of medical statements certifying temporary or permanent disability

b) **Education**
   - Number of children with special needs attending
   - E.g. school, by type and severity of disability, location, sex and age
   - Education status of children with a disability, by type and severity of disability, location, sex and age, compared to all children
   - Participation in vocational education and training, by type and severity of disability, location, sex and age

c) **Employment**
   - Employment status of people with a disability, by type and severity of disability, location, sex and age
   - Unemployment rate, by sex, age and persons with disabilities

d) **Social assistance**
   - Recipients of Allowance for the Elderly and Deficient, Special Subsistence Pension, or other form of welfare benefit as a result of disability, by sex, age and location
   - Number of places in day centers, occupational activity centers, and nursing homes for people with a disability
   - Financial and technical support granted to civil society organizations to provide assistance to people with disabilities and their families

e) **Justice**
   - Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months

f) **Accessibility and mobility**
   - Proportion of schools with adapted infrastructure and materials for students with disabilities
   - Proportion of health care facilities with adapted infrastructure for people with disabilities
   - Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities

During the workshop there has been exploring data that currently exists to monitor the situation of people with a disability, which is update from the national working group on progress to date with policy assessment and overview of the sustainable development goals (SDG) and relevant indicators.

The SDG framework includes 12 indicators that explicitly call for statistics relating to people with a disability (see Appendix 7). Other SDG indicators should also be disaggregated by disability status wherever possible. In addition to the data requirements listed above, disability-related data needed to monitor the SDGs include:
o Indicator 4.5.1  Parity indices for all education indicators by disability status
o Indicator 8.5.1  Average hourly earnings of female and male employees, by occupation, age and persons with disabilities
o Indicator 10.2.1  Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities
o Indicator 11.7.1  Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities
o Indicator 16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions
o Indicator 16.7.2 Proportion of population who believe decision making is inclusive and responsive, by sex, age, disability and population group
o Indicator 17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target

Consultation with the national working group identified the following variables as being a priority for disaggregated data on people with a disability: age (in order to identify children, youth, working age, elderly), sex, type of disability, severity of disability, geographic location (urban, rural, district and sub-district), education level, employment status, and income level.

B. Sources of disability statistics

Currently, the 2010 population and housing census is the main source of disability statistics. Data are published in tables in the main census reports and more in-depth analysis of the situation of people with a disability is provided in a specific report on the topic. Data available from the census includes number and percentage of persons with a disability by type, severity and cause, as well as the education and employment status of people with a disability compared to the rest of the population. These indicators can be disaggregated by sex, age, location and other individual and household characteristics. The 2015 census will provide more recent data and those results will be published during 2016 with plans to prepare an in-depth analytical report similar to that done following the 2010 census.

The Demographic and Health Survey (DHS) that will start in September 2016 will include the recommended short set of Washington Group questions (six areas of functionality: seeing, hearing, walking or climbing steps, remembering or concentrating, washing and dressing, and

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communicating). This will provide an important new source of disability statistics that should be available by December 2017, with some preliminary results in March 2017. The types of indicators that can be produced from the DHS include health, education and employment status of people with a disability compared to the rest of the population. Data can be disaggregated by sex, age, location and other individual and household characteristics. However, the sample size and relatively small population with a disability will limit the ability to disaggregate by more than one variable at a time.

Administrative data on recipients of the disability pension is collected by the Ministry of Social Solidarity (MSS). This data are not publicly available and MSS requires a formal request to release it. At the moment, summary statistics are not routinely published from this data source, but this would be useful to produce in the future. A report on social protection in Timor-Leste conducted by the World Bank in 2013 includes some assessment of the data maintained by MSS and mentions the development of an information management system.

C. Data availability and coordination

Disability statistics produced through population censuses and household surveys managed by Statistics Timor-Leste are published on the GDS website (www.statistics.gov.tl). As mentioned above, the 2016 DHS will provide a new and important data set that should become available for analysis during 2017.

The national disability policy calls for an integrated database for information on social protection support given to people with a disability and their families. It also demands the establishment of a National Council on the Rights of People with Disabilities (CNDPD) as an independent body that would monitor and evaluate the policy. MSS are currently working towards establishing the CNDPD. Once in place, the council is likely to play the lead role in guiding the production, collation and use of disability statistics for inclusive policies. This report and the recommendations on improving disability statistics should be submitted to the council for its consideration.

D. Identified data issues and gaps

Few of the indicators outlined in section B are available from existing sources, and none are published on a regular basis except for those indicators from the population census. If the short set of Washington Group questions in the 2016 DHS prove to be successful, they could be included in the next labor force survey, allowing the production of more detailed information about participation in employment, unemployment and technical and vocational training of people with a disability compared to the national population.

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On Data issues workshop been addressing and exploring four questions based on the current and future situation. The questions are concerning the challenges of produce and utilize data and future perspective on data improvement;

**Current Situation**

1. What are the challenges in producing disability statistic in Timor-Leste?
2. What are the challenges in using disability statistic in Timor-Leste?

**In the future**

3. What could be done to address these challenges?
4. What should we recommend be done and how?

Challenges in producing and use disability statistics were discussed during the workshop with the national working group in May 2016. These are summarized below.

1. **Challenges producing disability statistics**
   - No consistent definition of disability used across the national statistical system
   - No standards applied to data collection
   - Response issues:
     - Falsification of information to receive benefits
     - Customary beliefs about disability leading to social stigma and therefore not willing to answer questions on this
     - Language and/or questions prevent respondents from understanding what is being asked
   - Lack of awareness about disability
     - Limits the resourcing dedicated to disability statistics
     - Impacts on quality of responses (e.g. afraid reveal a disability)
   - Inadequate funding and budget cycle delays make it difficult to implement plans
   - Multiple data sources and the relationship between each is not clear
   - Lack of coordinated monitoring and evaluation system for the disability policy (the National Council that is meant to oversee that has not been established yet)

2. **Challenges using disability statistics**
   - Data are not disaggregated
   - Concerns about data accuracy
   - Difficult to reconcile multiple sources
   - Lack of quality data
   - No central place to obtain data
   - Limited knowledge about the types of disability leading to misinterpretation of statistics
10. Recommendations from the assessment of the inclusiveness of the National Disability Policy in Timor-Leste

This section of the report summarizes the key recommendations that emerged though the multi-stakeholder analytical processes facilitated by the project. This included the application of UNESCO’s Analytical Framework for Inclusive Policy Design, as well as EquiFrame and EquIPP to the National Disability Policy and Action Plan. The Recommendations are organized in four thematic groups for the ease of consideration by the relevant stakeholders:

A. Recommendations that concern the entire government and require comprehensive action
B. Recommendations for (inter-) ministerial action
C. Recommendations for programmatic action
D. Recommendations for data collection and management

A. Recommendations that concern the entire government and require comprehensive action

1. Disability must be a government and development priority
   - Disability must be promoted and consequently understood as a crosscutting issue, which demands joint responsibility and action by relevant government departments.

2. Prioritize the establishment of the National Council on the Rights of People with Disabilities
   - Prioritize the approval of the draft law establishing the CNDP by the Council of Ministers.
   - Ensure that higher-level civil servants are appointed as future members of the National Council.

3. Revise the National Disability Policy and commit to periodic revisions
   - Revise the National Disability Policy and ensure that the guiding principles, objectives and terminology for Core Concepts are guided by and aligned with the UNCRPD.
   - Revise the National Disability Policy and strengthen its coverage and quality of commitment to Core Concepts of Human Rights.
   - Identify the intersection of vulnerability and disability and increase the vulnerable group coverage of the policy.
   - A commitment should be made to revise the National Disability Policy when PwDs and their representative organizations deem this necessary.

4. Ratify the UNCRPD
B. Recommendations for (inter-) ministerial action

5. Revise the National Action Plan
   - Revise the National Action Plan to guide the implementation of a revised National Disability Policy.
   - Identify issues that require inter-ministerial and inter-sectoral collaboration.
   - In a revised NAP, specify the roles and responsibilities of implementers.

6. Revise the implementation modalities of the National Action Plan
   - In an interim phase, appoint higher-level officials as disability focal points.
   - Appoint higher-level officials as future members of the Disability Council.
   - Consider setting up a board of disability focal points to coordinate disability-related activities.
   - In an interim phase, update and publish the list of disability focal points.

7. Foster increased communication and collaboration between line ministries
   - Improve the upstream communication between disability focal points, directors and ministers, in order to promote disability issues at higher decision-making levels.
   - Improve the coordination among line ministries to ensure more effective and seamless delivery of public services.

8. Earmark adequate funding for the implementation of disability related activities
   - Ensure that disability related activities are prioritized, costed and included in annual plans of line ministries.
   - Ensure that the Council has the means to fulfill its responsibility to monitor and evaluate the policy.

9. Enhance the number of human resources required for the implementation of policy
   - Increase the number of specialist doctors to treat PwDs (e.g. visual impairment, mental health issues), and to facilitate early detection in public hospitals and clinics.
   - Increase the number of teachers trained in inclusive practices.

10. Provide continued professional development to human resources required for the implementation of the policy
    - Teachers should receive continuous training in order to attend to students with disabilities.
    - Develop programmes to reduce stigma and discriminatory practices among teachers in the inclusive education programme, doctors, nurses and other implementers.
11. Encourage better communication and collaboration between line ministries, DPOs, CSOs and local leaders

- Encourage a systematic dialogue between all disability stakeholders.
- Ensure that disability stakeholders are informed about each other’s initiatives.

12. Encourage the National Council to monitor Core Concepts of human rights

- Encourage the Council to monitor discrimination against PwDs, respect for protection from harm, liberty and privacy.
- Encourage the Council to monitor the ease of access to services, the quality of service provision and the accountability of service providers.

C. Recommendations for programmatic action

13. Modify the environment, adapt infrastructure, and specify provisions to ensure equitable access to all public services and social assistance for people with disabilities

Education and Vocational Training:

- Ensure that PwDs access scholarship funding.
- Ensure access to vocational training for persons with disabilities.
- Ensure that PwDs benefit from social security programmes (e.g. protection against accidents at work).

Financial support:

- Provide financial assistance to the family and the community so that they may support and empower PwDs.

Child support:

- Ensure that children with disabilities are adequately supported.
- Ensure that children with disabilities have equitable access to public services and that they are provided with the same opportunities as other children.

Infrastructure and Transport:

- Improve the road conditions in rural areas to enhance accessibility of services (e.g. some children have to cross a lake to access school).
- Ensure access to public transport and public buildings for PwDs.

Information and Communication:

- Promote the use of alternative communication mediums to convey information in a most inclusive manner (e.g. use of sign language on television).

Justice:
- Ensure that PwDs have access to adequate legal representation during court hearings.

14. Modify mechanisms and provide necessary assistive devices to ensure equal participation in all spheres of life

**Political sphere:**
- Ensure that persons with psychosocial and intellectual disabilities are involved in all future consultations related to the National Disability Policy.
- Ensure that PwDs can stand as candidates in elections.
- Ensure that PwDs are included in shaping the development of the country, through increased participation in the planning, budgeting and implementation of policies.
- Ensure that PwDs can vote in elections (e.g. ensure that polling stations are accessible; produce assistive tools such as Braille or tactile ballots as well as ballot guides for PwDs).

**Education:**
- Ensure that students with disabilities have access to material and assistive devices that allow them to participate in the classroom on a par with their peers.

**Employment:**
- Ensure that PwDs have equal employment opportunities in the public service.
- Support PwDs in finding suitable employment in accordance with their ability.

15. Develop and implement specific measures to empower persons with disabilities

**Education:**
- The Ministry of Education should create a strategy to recall students who drop out of school (e.g. empower young women to return to school after they have given birth).

**Information and Communication:**
- Allocate a specific budget for awareness raising and organize socialization campaigns to raise awareness about the right of PwDs.

**Language:**
- Promote the use of inclusive language by all, including the Media, and discourage the use of derogatory words when referring to or describing people with disabilities.

D. Recommendations for data collection and management

16. Prioritize data collection and the development of disability statistics

- Seek funding to develop disability statistics. Align efforts to improve disability statistics with monitoring and reporting on the Sustainable Development Goals (SDGs).
- Explore the possibilities for conducting dedicated survey on disability and/or attaching a module to the labor force survey (LFS) and other household surveys.
- Lobby for the inclusion of Washington Group questions in all future relevant household surveys in Timor-Leste.

- Adopt standard definitions and classifications and develop administrative sources of data through discussions between Statistics Timor-Leste, MSS and Ministry of Health and Ministry of Education.

17. **Strengthen national capacity to collect analyze and use disability data**

- Clarify the roles and responsibilities of stakeholders in producing and using disability statistics across the national statistical system and among civil society organizations.

- Ensure the National Council takes responsibility to oversee the production and use of disability statistics across the national statistical system.

- Ensure enumerators collecting data from households have the knowledge and attitudes needed to get accurate information on disability.

- Recruit local enumerators.

- Establish a central place for all the official statistics on people with the disability. Ensure awareness and continuity of data production and use between government terms (every five years) and between stakeholders.

- Develop strategies to increase statistical literacy and the use of disability statistics including strengthening partnerships between and among data producers and data users.

11. **Conclusion**

Following the process of assessing the inclusiveness of the national disability policy and the associated national action plan it would appear that the operationalization of the strategies outlined in those core documents is currently sub-optimal. In order to renew the momentum with regards to the implementation of the policy and various action plans, it is important that disability person’s organisations and civil society organisations work together with line ministries to make disability a priority of the whole of government. Only when issues are promoted at the highest level of government, will line ministries change the way they currently approach disability related activities. Most importantly, however, line ministries must buy into this notion that disability is a cross-cutting issue and that as such every sector and level of government has a responsibility to fund programmes that benefit persons with a disability. Disability is often associated with poverty and other vulnerabilities; it is important that stakeholders work together in addressing the social exclusion in Timor-Leste.

Underlying the establishment of the NPWG and their engagement in the policy assessment are the principles of participation and inclusiveness. The group composition ensured that voice of persons with disabilities, and society more broadly, was adequately represented. Representatives from civil society, government and the academic establishment came together on numerous occasions to evaluate the inclusiveness of the national disability policy. Together, the NPWG identified a concrete set of recommendations to inform future revision processes.
The inclusiveness of the assessment project constitutes one of the key successes of the Inclusive Timor-Leste project. The involvement of NPWG guaranteed that the assessment was informed by the reality of the local context. The spirit of the Inclusive Timor-Leste project should be carried forward in all government initiatives, ensuring that no one is left behind and that Timorese citizen play a central role in the country’s development process.

The overall success of the Inclusive Timor-Leste project, however, hinges on the government’s willingness and commitment to adopt and act on the recommendations outlined in this report.
References


