



Our advisory work in Timor-Leste

2025

2018-2025

Impact through influence: Our advisory work in Timor-Leste

1

Supporting Australia's development program to address disability equity and rights

CBM has supported DFAT's development program in Timor-Leste through on-tap advice. Since 2024, IAG has provided ongoing disability equity advisory support to DFAT's Dili Post, inputting into a range of initiatives in diverse sectors including health, governance, infrastructure, agriculture and social protection.

Read more on page 7

2

Strengthening the disability movement – work with RHTO

CBM has been on-hand over the last nine years to provide support to Timor's only national level OPD, Ra'es Hadomi Timor Oan (RHTO). CBM has supported RHTO staff in developing skills in public engagement, facilitation, research, and advocacy. RHTO is now a key influencer of government.

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3

A national government Disability Action Plan – coaching and collaboration

CBM's mentoring and support of RHTO and other organisations, has helped progress the development of the Timor-Leste government's Disability National Action Plan. The plan will force more attention on inclusion across government departments where disability is often overlooked.

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4

Supporting national commitments to equity through budget advocacy

CBM worked with Oxfam Australia to improve people with disabilities' understanding of government budgeting processes, and how to influence decision makers to better address inclusion. This led to the parliament passing the 'Resolution to Promote and Protect Rights of People with Disabilities' in 2019, and there has been ongoing influence since then through civil society engagement with government.

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Access to maternal and newborn health services for women with disabilities – key research

CBM supported research that examined the perspectives of doctors, midwives and women with disability regarding access to health services during pregnancy, birth and the post-natal period. This provided the needed evidence to convince the government that more needed to be done to address barriers for women with disability in accessing sexual and reproductive health support.

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6

Ensuring all women have access to reproductive health support

CBM provided technical advice to Marie Stopes International Timor-Leste, that run sexual and reproductive health programs in rural areas. Staff have adapted their approaches to be proactive about seeking information on the needs of women with disability coming to clinics.

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Impact through influence: Our advisory work in Timor-Leste

7

Strengthening health services to consider inclusion

CBM was part of the development and roll out of a formal disability inclusive health training that targeted 250 health workers, through the Ministry of Health. The training package is having an impact in changing attitudes and approaches in health clinics.

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Supporting the strengthening of government programs

CBM has provided advice to a range of government programs to improve the access and quality of basic infrastructure and services, particularly relating to inclusive elections and local administration, as well as ensuring civil servants have an understanding of disability equity principles.

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Ensuring accessible water and sanitation

CBM worked with WaterAid to develop practical resources for engaging rural communities on inclusive water, sanitation and hygiene issues that take into account the needs of people with disability and the elderly. These approaches to WASH are now being used by other government and non-government water programs.

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10

Improving social protection so that children with disability are better off

In Timor-Leste, only 20% of the people eligible for the disability pension have been receiving it. We have been advising government on how they can improve their systems and criteria so that more families with children with disability are better supported with social welfare payments.

Read more on page 16

11

Developing human-rights based mental health programs

PRADET is the Timorese provider of community and facility based psychosocial services. CBM has linked them to international networks that promote rights-based approaches to mental health programs. This challenges the traditional medicalised approach to people with psychosocial disability, and is leading to new perspectives in PRADET's work.

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Supporting strengthening of a deaf association

CBM connected Timor-Leste's newly formed Deaf Association with the World Federation of the Deaf, and supported them to better understand the UNCRPD and the way that this can be used in their advocacy to government.

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Timor-Leste

45%

of this small country of 1.3 million live in poverty.

75% of people with disability have no education.

Youth unemployment is extremely high. A lack of money and limited access to basic health care are key contributors to disability.

Poor nutrition during pregnancy and in infancy contributes to disabilities in childhood and few specialised disability services exist outside the capital, Dili. Transport infrastructure is poor and expensive, so most people cannot afford to seek out the care they need.

The context:

Disability in Timor-Leste

- # People with disability in Timor-Leste experience high levels of stigma. They miss out on basic education and vocational opportunities. Psycho-social disability, connected to the country's history of conflict and trauma, further add to the fear around disability.
- # Timor-Leste signed the Convention on the Rights of Persons with Disabilities (UNCRPD) in 2022 and this was ratified in 2023. The Government is taking steps by addressing disability through the National Policy for the Inclusion and Promotion of the Rights of People with Disability (in place since 2012) and the Disability National Action Plan 2021-30.
- # Disability is given most attention by the Ministry of Health and the Ministry of Social Solidarity and Inclusion. There are some basic pensions available for families with disability, but they barely meet the costs of care and support.
- # Outside of the capital Dili, there are very few specialised disability support services. This leads to weak and inconsistent referral pathways for people with disability seeking support from community health clinics. What exists is generally run by NGOs, particularly church-affiliated organisations.
- # Disability rights is not well understood as a concept. Even people with disability themselves have little knowledge of rights.
- # Some words used to describe disability in Timor-Leste's many languages, including Tetun, are stigmatising and reinforces widely held stereotypes.
- # Ra'es Hadomi Timor Oan (RHTO) is Timor's national Organisation for Persons with Disability (OPD). Formed in 2006, its strength is in advocacy, and supporting government and the donor community in training on disability inclusion, with support from NGOs.
- # The peak organisation, Associação Deficientes de Timor-Leste (ADTL), brings together other impairment-specific OPDs and disability service providers. It provides a strong voice to government.
- # The Australian Government, other donor governments, UN bodies, NGOs and Faith Based Organisations work alongside the Government of Timor-Leste, actively supporting programs that promote social and economic change. CBM's IAG works to ensure that disability inclusion is not overlooked in these programs.

The context: Disability in Timor-Leste

What we want

A more inclusive world with
communities enriched by diversity

Inclusive laws, policies program
and investments

Individuals, organisations and
institutions practise inclusion

How we work and what we have done in Timor-Leste

Influencing the legal framework

- ↳ A national Government Disability Action Plan – coaching and collaboration
- ↳ Training civil servants - strengthening government programs
- ↳ Improving social protection so that children with disability are better off

Piloting approaches for influence and scale up

- ↳ Developing human-rights based mental health programs

Changing institutional approaches

- ↳ Supporting Australia's flagship social development program – the Partnership for Human Development
- ↳ Access to maternal and newborn health services for women with disabilities – key research
- ↳ Strengthening health services to consider inclusion

Influencing community programs

- ↳ Ensuring all women have access to reproductive health support
- ↳ Ensuring accessible water and sanitation

Strengthening the Disability Movement

- ↳ Working with the national OPD, RHTO
- ↳ Supporting strengthening of a deaf association



Supporting Australia's development program to address disability equity and rights

Program influenced

Partnership for Human Development (since 2016) and other programs.

What we did

CBM has been involved in promoting disability equity and rights across DFAT's development portfolio, particularly the Australia-Timor-Leste Partnership for Human Development (PHD), which is the Australian aid program's approach for delivering development assistance in health, education, social protection, and previously water, sanitation and nutrition under one consolidated, multi-sectoral program.

CBM was involved in shaping the initial program design to ensure it allocated 3-5% of the total budget over its initial ten-year timeframe to support disability equity and rights, and support to PHD's disability advisor and a range of technical input to support PHD's programming.

DFAT has consistently sought CBM advice on a range of programs, which has led to improved targeting of people with disability and improved collection of disability disaggregated data to inform planning. Since 2024, CBM has provided ongoing disability equity advisory support to DFAT's Dili Post, inputting into a range of initiatives across the bilateral aid program.

The catalytic impact of our input is detailed in the case studies that follow.

What this led to

PHD has been very active in terms of getting disability onto the national agenda.

PHD has worked with the Health Ministry to develop communication materials that help people with disability better access services. In the area of education, inclusive education resource centres have been supported and teachers helped to develop

plans for children with disabilities and to understand referral pathways. Voucher systems have been developed for people with disability to get social protection or apply for modified household toilets.

The partners and stakeholders particularly value the technical inputs that CBM has provided and the training materials and learning resources on disability inclusion that CBM have developed.

The high quality technical support is a major contributor that is helping disability partners have greater confidence and more skills to lead training on disability awareness , and on advocacy on the CRPD.

- Independent consultant reviewing the PHD program.

What this means:

A multi-sectoral donor program that can push for disability inclusion at many different levels, and set precedents for other donor-funded programs.

2

Strengthening the disability movement – work with RHTO

What we did

CBM's Inclusion Advisory Group, along with the Leprosy Mission Australia, has supported the organisational development of Timor's main Organisation for Persons with Disability (OPD) - Ra'es Hadomi Timor Oan (RHTO).

CBM has supported RHTO staff in developing skills in public engagement, facilitation, research, and in the appropriate provision of technical advice. CBM has been on-hand over the last nine years to provide technical advice and support, particularly in areas where their technical capacity was not strong, such as inclusive WASH. One of the areas where CBM has been particularly valuable was helping RHTO teams understand and navigate the complexities of engaging with international donors and governments, and how to work with them to advance their advocacy agenda.

What this led to

CBM's active support to RHTO has contributed to the organisation becoming a strong and viable OPD that is actively engaged in policy development, advocacy to government, and a key advisor on disability inclusion. Strategically this is a key and successful example of a local organisation taking over roles that were previously held by international consultants.

RHTO, through DFAT's DID Fund, received around \$330,000 a year between 2016 and 2020 to fund its operational costs and program activities. This enabled them to expand the work of field officers in the country's 13 municipalities (partially funded through PHD). RHTO receives small project grants from other international donors, receives funds for training services and technical advice provided to development partners, and has partnerships and networks with international NGOs and UN agencies, providing opportunities for staff to access training on wider development issues.

“RHTO has had a substantial impact on the lives of people with disabilities, raising awareness of their rights, and advocating with service providers for their entitlements - such as attending school, access to assistive devices, and getting the disability pension which people can wait years for.”

Strong relationships with government have influenced policies and programs such as the development of the Disability National Action Plan (DNAP), a medical certification system and the institutionalisation of disability inclusive trainings within government ministries (Health, Education, Social Solidarity).

- Independent consultant reviewing the PHD program

“The mainstream development partners... see great value in CBM working collaboratively with local DPO partners to further develop their skills and knowledge over time to strengthen locally based capacity.”

- Independent consultant reviewing the PHD program

What this means:

Strong local OPDs advocating for disability rights.

3

A national government Disability Action Plan – coaching and collaboration

What we did

Disability sector partners through the Partnership for Human Development (PHD) have worked with government on the process to develop the first Disability National Action Plan (DNAP).

CBM's long-term mentoring and capacity support has meant that RHTO has actively engaged in this - collaborating with policy makers on developing the plan. Equally, we have feedback that our approach to working with PHD led to the process of developing the plan being highly consultative and collaborative. CBM also supported line ministries to map their own action plans against the DNAP and identify how this could support Timor-Leste's reporting against the UN CPRD. Line ministries have prioritised the rights of people with disabilities in their plans in a way that has not been evident before.

What this led to

The Disability National Action Plan 2021-30 will force more discussion about inclusion across government departments where disability is often overlooked. Programs addressing communication, infrastructure, and access to justice will all now consider disability equity. The plan moves the Timor-Leste government towards adoption and ratification of the UNCRPD. That, in turn, will prompt the development of laws that improve the situation for people with disabilities.

“One of the outstanding areas of achievement in the work of PHD and disability sector partners.”

- Independent consultant reviewing the PHD program

Through PHD support to develop DNAP, now all the line ministers prioritise people with disabilities' issues. Included line ministers will allocate budget to support people with disabilities' activities.

- Director General, Ministry for Social Solidarity and Inclusion

What this means:

Clear government commitments to progress disability inclusion, against which they can be held accountable. This prompts the development of national and municipal laws and programs that help realise the rights of people with disability.



Supporting national commitments to equity

What we did

CBM worked with Oxfam Australia on their Open the Books project. Funded through DFAT's ANCP program, the project worked with local partners to bring people with disabilities at the forefront of national attention. For the first time ever, Timor-Leste's disability representatives held press conferences, TV talk shows, seminars and made written submissions on the national budget. Oxfam worked with local partners to support people with disabilities' understanding of government budget processes, and how they could influence decision makers to support a more inclusive future for Timor-Leste. CBM provided advice on how lobbying tools like score cards could be used to demonstrate gaps in accessibility and access to government services. We also worked with the Center for Inclusive Policy to develop a training program on disability-inclusive budgeting for OPD representatives.

What this led to

The National Parliament's 'Resolution to Promote and Protect Rights of People with Disabilities' was unanimously passed in 2019. This was an unprecedented step towards promoting equity, ensuring accessibility of public buildings, improving disability training for teachers and health workers, and actively promoting the inclusion of people with disabilities in public life.

In 2025, OPDs continue to advance inclusive governance and public accountability by through monitoring national and sub-national budgeting processes.

OPDs and community groups are now undertaking coordinated and evidence-based influencing and monitoring of state budgets.

-Oxfam Timor-Leste

"Alongside the national disability plan, this is seen by stakeholders as one of the most significant achievements in terms of government leadership and commitment to disability inclusion."

- CBM reviewer

What this means:

Organisations that focus on disability issues, and people with disability themselves, see that they can successfully influence government to do more to address disability rights.

5

Access to maternal and newborn health services for women with disabilities in Timor-Leste – key research

What we did

RHTO undertook research in Timor-Leste, with technical support and active guidance from CBM and researchers from the Nossal Institute at the University of Melbourne in 2016. Interviews were done with a range of people about the needs of women with disabilities in equitably accessing maternal and newborn health services in Timor-Leste. We looked at the perspectives of midwives, doctors and women with disabilities regarding access to maternal and newborn health services. We revealed what stopped women with disabilities getting access to family planning and maternal health services, and the degree to which clinics and hospitals provided support to newborns identified as having an impairment.

What this led to

The report outlined many issues that prevent women with disabilities from accessing services. We worked with RHTO on identifying practical recommendations about how family planning and maternal and newborn health programs could be more disability inclusive. This provided a strong evidence-base that RHTO used to advocate for action and change. The main impact is that the Ministry of Health put in place disability inclusion training for health providers – a huge step.

“I want to repeat it, health people are not really knowledgeable about how to treat women with disabilities.”

- mother with a disability, Dili

“The community feel surprised and they might wonder why disability people are pregnant or have their own family.”

- woman with disabilities, Dili

“They cannot come to the health facility because some of them are shy with their disability... so they avoid coming to us health personnel.”

- community nurse, Dili

What this means:

Rigorous research on barriers faced by people with disability provides the evidence that informs changes in health policy and practice.

6

Ensuring all women have access to reproductive health support – work with Marie Stopes

What we did

CBM provided technical advice to Marie Stopes International Timor-Leste (MSITL), that run sexual and reproductive health programs in rural areas. Our research findings on barriers for women with disabilities in accessing health services (see previous case study) were a springboard for MSITL to explore what ways they could challenge attitudes and improve practices in this area. We worked with MSITL to improve their disability policies, and test practical ways to both better identify women with disability who are using their services, and ways that they can be further supported. They trialled use of the Washington Group questions in client “exit interviews” and in client phone surveys, with useful learnings about the use of the question sets in the context of mothers with newborns.

What this led to

MSITL staff have adapted their approaches to be proactive about seeking information on the needs of people with disability, modifying sexual and reproductive health programs to be more accessible to people, particularly those who are deaf or visually impaired. MSITL report they are the first office in the Marie Stopes federation to

be more intentionally looking at disability inclusion. The steps that MSITL are taking could have greater ramifications for the federation as a whole, and be a positive example of how disability inclusion can be implemented in practice.

What this means:

Sexual and reproductive health programs that address the barriers of women with different disabilities to getting the information they need.

7

Strengthening health services to consider inclusion

What we did

CBM's Inclusion Advisory Group, through the PHD Health program, provided technical input into the development and roll out of health worker training in disability inclusive health. CBM worked with the Ministry of Health, INS (the health worker training institute), and RHTO to produce health worker training modules. We then coached RHTO members in delivering the training. Through a Training of Trainers approach, around 250 health workers from the three largest municipalities have been trained to date: in Dili, Emera and Baucau.

What this led to

Our monitoring is indicating that the training has been effective in shifting attitudes and increasing knowledge amongst health workers. The training modules are being further adapted by INS for more primary health care workers. Other NGOs are using the training modules with their health teams. Anecdotally, we hear that people with disability are having better experiences at health clinics with changed attitudes amongst health workers. There are still other barriers to accessing health services, including transport access to clinics and the physical accessibility of the clinic building), and attitudes of the family, that often hold people back. More people with disability are being referred to services like the National Rehabilitation Centre in Dili, now that health teams are more aware of options and issues.

What this means:

A better understanding by service providers of issues related to health support and disability, will lead to better inclusion at local clinics and hospitals.

“Doctors, midwives, nurses, pharmacists, lab technicians, and registry staff were trained from 11 Community Health Centres, four Health posts both in Dili and Emera, and the National Hospital. The immediate outcomes are impressive, with the change in their behaviours towards people with disability, including the use of the right terminologies. They continue to include the development of individual and facility based work plans [around inclusion] to be implemented back in their workplaces.”

– Timorese Health Program implementer

CBM should be proud of the impact of this work.

- Health NGO worker



Supporting the strengthening of government programs

Programs influenced

PARTISIPA, 2021-31

TOMAK - Farming for Prosperity, 2022-26

Governance for Development Program, 2014-21

What we did

We have provided advice about accessibility to the \$80m PARTISIPA project to assist the government to improve the access and quality of basic infrastructure and services, particularly relating to areas like inclusive elections and local administration. We have provided advice on how to better support municipal governments and as part of the Governance for Development program, trained key civil servants in the Timor-Leste government on disability inclusion – and how this links with the implementation of programs to reduce poverty through economic development and delivery of services.

We have provided guidance to inform the design of DFAT-funded government programs in the planning stage, such as TOMAK.

To work inclusively, the program aims to understand its implementing context, the issues faced by people with disabilities and their families and communities, as well as opportunities for inclusive approaches. Understanding inclusion issues relevant to market access, livelihoods and nutrition is also important.

- DFAT independent review.

What this led to

Our advice into program plans like PARTISIPA, TOMAK and the Governance for Development program has been complemented by ensuring that those overseeing these programs in government understand the rationale and value of an inclusive approach. While short trainings have limited impact, there are ongoing opportunities to provide support for disability equity work within the civil service.

What this means:

Civil servants with a practical understanding of how inclusion policies can be progressed through their programs.

Working inclusively does not necessarily require specialised approaches but starts with consideration of the perspectives of people disability in all aspects of programming.

- DFAT independent review of TOMAK

Programs influenced

Civil Society WASH Program - WaterAid

What we did

CBM's Inclusion Advisory Group worked with WaterAid to develop practical resources for engaging rural communities on disability inclusive water, sanitation and hygiene issues. These have continued to be used and adapted within WaterAid's programs, both in Timor-Leste and in other parts of Asia. The materials focus on the needs of disabled and elderly people, and how to mobilise communities. They are used alongside a Gender and Sanitation booklet that also includes tips on disability inclusion.

What this led to

The materials that CBM developed collaboratively have now been picked up by other organisations funding WASH programs in Timor-Leste. Through PHD, these approaches to WASH have been integrated into government programs; RHTO master trainers are now using the materials in training on inclusive WASH in three municipalities, and using a training of trainers (TOT) program for WASH facilitators on disability inclusion in Bobonaro, Viqueque and Lautem. Both CBM and WaterAid have promoted the process and outcome of the resource development at WASH conferences internationally, and the materials are publically available.

"The teams produced flipbooks to use with communities that describe and illustrate accessible WASH facilities and how carers can assist people with disability. The project has been trialling the use of these in its target communities, and working to have these adopted by the national Government."

People with disabilities have representation within community water groups and are given the opportunity to voice their opinion in community decision making.

- WaterAid report

What this means:

Changes in community awareness of the water and sanitation needs of people with disabilities, means that everyone has improved hygiene and water supply.

What we did

CBM's Inclusion Advisory Group through PHD is providing technical advice to the Ministry of Health and the Ministry of Social Solidarity and Inclusion to support an inclusive process to identifying and removing barriers to accessing the disability pension. Our current assessment is that only 20% of the people eligible for the disability pension have been receiving it. We are also providing analysis and advice on the barriers to children with disability accessing the Government's Bolsa da Mae conditional cash transfer scheme for families living in poverty. This US\$5 per month social protection program is the only government subsidy available that families can draw on to support the costs of having a child with disability. We estimate the program currently covers less than 10% of children with disabilities, and is hardly adequate to support the costs of care.

What this led to

CBM can contribute at key points when social protection policies are being reviewed in countries like Timor-Leste, to ensure that particular consideration is given to the extra costs associated with having a disability.

In Timor-Leste, our advice focuses on removing the conditionality around school attendance to get the payment, improving coordination with disability-specific services, increasing the value of the subsidy for children with disability and reducing administrative complexity. Policy changes such as this have practical flow on effects for poor families.

A lot of children with disability are not getting Bolsa da Mae [child subsidy]. Because of the current requirement to attend school to qualify for the payment! but how can they attend school?!

- RHTO representative

What this means:

Ensuring that pensions and stipends are accessible to families with disability.

What we did

PRADET is the Timorese provider of community and facility based psychosocial services. It also trains health professionals on mental health issues and referral pathways, and works to raise awareness and change perspectives of community members on mental health and psychosocial disability. CBM, through the PHD contract, linked PRADET and the local OPD RHTO with the international network of people with psychosocial disability called Transforming Communities for Inclusion Asia-Pacific (TCI). TCI provided training on the rights of people with psychosocial disability and on human rights-based mental health programming to PRADET staff and their service users.

What this led to

Through linking service users with TCI and information on the rights of people with disability – a new OPD was formed to represent the specific issues faced by people with psychosocial disability in Timor-Leste. People with psychosocial disability need more than just access to mental health facilities – they need to be included in communities on an equal basis with others without disability across all life domains. Establishing connections

between representative bodies of people with disabilities and service providers is a contribution that CBM sees as important. CBM and TCI look for opportunities to challenge the medicalised understanding of psychosocial disability and the mental health service delivery framework.

Because the training was run by people with psycho-social disabilities themselves, it was very powerful.

“Shifting the medical and service provision to a human rights model – is something that very few organisations understand.”

- PRADET representative.

What this means:

Organisations that are thinking beyond a medical response to mental health issues.

What we did

Klibur Defisiensiia Tilun (KDTL) is a newly registered deaf association in Timor-Leste. Its purpose is to advocate for deaf children and adults, and to document and get recognised a national sign language for Timor-Leste. CBM provided operational technical support to KDTL and advice on developing an advocacy plan. This included brokering relationships with key people within the government.

CBM supported KDTL to connect with the Oceania Chapter of the World Federation of the Deaf, and to better understand the UNCRPD and the way that this can be used in their advocacy to government.

What this led to

The deaf community around the world continues to face obstacles to achieving progress against many common development indicators, so having strong representative bodies for deaf people is important. Exclusion from social structures and community life causes isolation and loneliness for many deaf people, particularly those at already-heightened risk, such as older people.

The documentation and recognition of a nationally recognised sign language is a long process, and organised advocacy by people who are deaf is an important component in establishing momentum. CBM's networks and connections can assist small organisations like KDTL with planning and prioritising, and learning from other Deaf Associations around the world.

There are a lot of people who don't understand the language [of people who are deaf]...so if there is language barrier, then there is difficulty of giving services, or the success of giving services.

- Deaf person, Dili

What this means:

Well organised national deaf associations are key to claiming the rights for deaf people – who are often overlooked in mainstream disability inclusion responses.



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