

**Timor-Leste Disability Sector's Joint Submission on the
Progress and Challenges on Disability Inclusive
Development in Timor-Leste**

Universal Periodic Review Report for 2021

Participating organisations

Associação de Deficientes de Timor-Leste (ADTL) is the umbrella body for disability organizations in Timor-Leste. ADTL is a not-for-profit, non-government, membership-based organization representing over 18 Disabled People's Organizations (DPOs), faith-based organizations, and non-government organizations. Members represent a range of disability communities across Timor Leste. ADTL works within a human rights framework, a commitment to the UNCRPD and the right of people with disabilities to fully participate in social, economic and political life. ADTL's vision is people with disabilities inspiring society and leading social change. Our mission is to promote and advocate for inclusive education, economic empowerment, and social inclusion.



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Ra'es Hadomi Timor Oan (RHTO) is a national Disabled People Organization (DPO), established in 2006, based in Dili, with programs implemented across 13 municipalities staffed by 90% of people with disabilities. RHTO's vision is for people with disabilities to enjoy their human rights, which empower them to achieve their aspirations and participated fully and equally in all levels of Timor-Leste society. Address Rua-Lahane, Liquintai, PO Box 84, Dili, Timor-Leste, phone number: +670 3310540 Website: www.rhtodpotl.org, email : ask@rhtodpotl.org; joaozito.dossantos@rhtodpotl.org



The Leprosy Mission Timor-Leste (TLM-TL) began in 2002, in working closely with the Ministry of Health, to defeat leprosy and transform lives of people affected by leprosy, to live respectful and dignify lives, without discrimination. Programs including access to health and rehabilitation services, disability care, access to education and livelihoods in order to empower and transform lives. Including advocacy for social changes and inclusion. Other partners including MSSSI, DPOs and together we defeat leprosy in Timor-Leste.



Community Based Rehabilitation Network Timor-Leste (CBRN-TL), founded in 2014, has the goal to create an inclusive society for all in Timor-Leste, free of violence and where all citizens, particularly people with disabilities, including women, children and young people with disabilities, meaningfully participate in the country's development process. CBRN-TL is committed to promoting Community Based Rehabilitation (CBR) approach to development, gender and disability rights as well as lobbying, advocacy and information sharing in Dili, Baucau, Manatuto, Covalima, Ermera, Viqueque, Bobonaro municipality include RAEOA. Website: www.cbrnetworktl.com, Email: cbrtl.networking@gmail.com



Asosiasaun Halibur Defisiensia Matan Timor-Leste (AHDMTL), is one of the DPOs for the vision impaired community, advocating and providing services for people with vision impairment across the country. Founded in 2011, the organization has been one of the influential DPOs in Timor-Leste. Located in Dili, Manleuana, Administrative Porst of Dom Aleixo, Dili. E-mail: defisiensiamatan@gmail.com



The Australia Timor-Leste Partnership for Human Development (PHD) supports the Government of Timor-Leste's Strategic Development Plan 2011-2030 and reflects Australia's commitment to work in partnership with Timor-Leste to invest in improved wellbeing for the country's people. PHD aims to deliver lasting impact on the program goal: 'People in Timor-Leste are healthier, better-educated and better able to contribute to Timor-Leste's development.' Through PHD, Australia supports the Timor-Leste Government to deliver higher quality and inclusive services in primary health, basic education, and social protection. PHD also provides direct technical support and funding to civil society organisations including in capacity building, advocacy and funding support for service delivery. Abt Associates Australia is the implementation partner for PHD, contracted since May 2016 until May 2026. This is PHD's first time leading and coordinating the writing up of 2021 UPR Report, led by Miss Dulce



N.F.Da Cunha, Disability Program Adviser at PHD, who also provided direct technical support to the country's Disability Sector Organizations as well as to the Government. Email: dulce.dacunha@phd.tl

International Federation of Anti-Leprosy Associations (ILEP), founded in 1966, is a federation of 13 member associations working in leprosy-related activities in 63 countries. Its goal is zero leprosy, including zero stigma and discrimination against persons affected by leprosy and their family members. Persons affected by leprosy play a significant role in organisational decisions through the operation of a high-profile Advisory Panel and through interaction with country-based people's organisations. ILEP has consultative status with ECOSOC. Address: Route du Nant-d'avril 150, 1217 Meyrin, Switzerland. Website: www.ilepfederation.org. Email officer@ilepfederation.org.



1. Introduction

This report is authored by a consortium of organisations in Timor-Leste focused on disability including leprosy. According to the 2015 census, 38,000 people (3.2% of the population) had a disability. The Demographic and Health Survey analysis on youth, conducted in 2018, found that the most prevalent difficulty for both men and women with disabilities concerned vision, followed by difficulties walking¹. The most common disability among children and young people aged 0-19 was mobility impairments.

This report includes civil society's observation on the Government's progress in implementing key disability-related recommendations of the 2016 UPR and in implementing disability inclusive development in key sectors, and incorporates recommendations for the attention of the 2021 UPR.

2. Implementation of recommendations from 2016 UPR

The main disability-related recommendations at the Timor-Leste 2016 UPR were:

- a. Ratify the UN CRPD Convention (recommended by 27 states).
- b. Increase the effectiveness of national action plans and policies on disability, including establishment of the planned National Council on Disability

Following the UPR recommendations in both 2011 and 2016, the Government of Timor-Leste made public commitments to ratify the UNCRPD, but it is one of only 11 countries globally that has neither signed nor ratified it. Preparatory work has taken place:

- In 2012, the Government approved a National Policy for Inclusion and Promotion of the Rights of People with Disabilities.
- In 2014, the Government developed a (draft) National Action Plan for People with Disabilities (DNAP) 2014-2018 which outlines practical strategies to implement the National Policy across various sectors.² This was never formally endorsed and the mid-term review identified the need to improve its development process, including involvement and participation of persons with disabilities through their representative organizations throughout the process.
- In 2019, the Government undertook an intensive, participatory and inclusive process to develop the Disability National Action Plan (DNAP) for 2021-2030) across eleven line ministries.
- A working group led by the Ministry of Foreign Affairs for ASEAN has discussed the need and process to sign and ratify the UNCRPD although there is no time frame identified as to when the Convention is going to be signed and ratified.
- Under the UNCRPD there needs to be an "independent monitoring mechanism" to monitor implementation of the UNCRPD. In some countries, this is a national human rights institution or ombudsman's office, or similar. Timor-Leste is debating and discussing its own National Disability Council structures and roles.

This preparatory work needs to be continued with affirmative action through to formal ratification. It is noted that Timor-Leste is a party to all major human rights conventions except for the UNCRPD and the Convention for the Protection of all Persons from Enforced Disappearance 2010.³ The human rights treaties to which Timor-Leste is already a party protect the rights of all people, including those with disabilities. Timor-Leste is therefore already bound to respect, protect and promote many of the human rights outlined in the UNCRPD (which provides additional detail on what the protection and achievement of these rights means for persons with disabilities). For example, the Convention on the Rights of the Child, which Timor-Leste has ratified, applies to all children, including all children with disabilities, and thus the right to access education applies equally to children with disabilities in Timor-Leste.

In its response to the UPR recommendations in 2016, the Government committed to continue to implement its obligations under the UNCRPD, especially through the National Policy for the Inclusion and

¹ Demographic Health Survey 2016

² Government of Timor-Leste (2014) *National Action Plan for People with Disabilities 2014-2018*, Ministry of Social Solidarity.

³ http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=174&Lang=EN

Promotion of the Rights of Persons with Disabilities. Subsequently, through the Ministry of Social and Solidarity, the Government has led the development of a National Disability Action Plan for 2021-2030. This has been considered best practice in involving persons with disabilities and their representative organizations, strengthening the collaboration between Government and Disability Sector organizations as well as increasing the real understanding of needs and challenges that persons with disabilities are facing on daily basis. However, the National Council on Disability has not yet been formed.

Timor-Leste is fortunate to have strong and effective Disabled People's Organisations (DPOs) and a disability association. These organisations are valuable resources and are well placed to assist the Government of Timor-Leste to better understand disability inclusion and to implement laws, policies, programs, awareness raising and broader national development in a manner that is consistent with the UNCRPD.

Recommendation to Government:

- A. Ratify the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) without further delay.**

3. Progress in implementation of Disability Inclusive Development

3.1. Access to Health

A thorough desk-based situation analysis was conducted in early 2021 by Partnership for Human Development (PHD) Disability Team and CBM-Australia to determine an overview of the progress, challenges and opportunities to enhance disability-inclusive programs within the Health Sector across Timor-Leste.⁴ Key findings indicate that, for persons with disabilities including leprosy, access to, availability of, affordability of, and acceptability of health services across Timor-Leste remain challenging.

- A central element is limited geographical access to health services coupled with the additional barriers experienced by persons with disabilities. These included inaccessible health information and infrastructure (in both urban and rural settings), and poor attitudes and knowledge of health workers. Reinforced by social attitudes towards disability, health workers and service providers have limited understanding of the different types of disabilities and of leprosy, and the rights of persons with disabilities (though this is changing, particularly through the Australian Government-supported disability inclusive health training). Poor attitudes have resulted in heightened discrimination, mistreatment and marginalisation of persons with disabilities and persons affected by leprosy in Timor-Leste.
- Lack of information regarding mental/intellectual disabilities has prevented the development of tailored services to these persons. According to a survey undertaken in 2014 by The Disabilities Association of Timor-Leste, out of 60 cases analysed, 75% had some form of mental/intellectual disability.⁵
- Referral pathways for persons with disabilities to access health services do not take into consideration transport and accommodation costs, which regularly prevents people living with disabilities outside of Dili from accessing vital health services.
- Although services for assistive devices are free across Timor-Leste, waiting lists remain high, whilst the capacity of health and service providers is low.
- Out-of-pocket health care costs for persons with disabilities are currently high due to the direct costs (medicine, as well as travel, accommodation, medication and support services such as sign-language interpretation); and the indirect costs including opportunity cost of lost income (for health care seeker and/or a support person).

⁴Partnership for Human Development Disability Sector and CBM-Australia, June 2021, A desk-based Situational Analysis for Timor-Leste Health Sector Redesign. A full copy of the situational analysis is available on request.

⁵ ADTL Report 2014

This situation analysis highlights key gaps in disability-inclusive programming within the health sector. Particularly, a lack of data on the extent to which health services were addressing, or, failing to meet the needs of persons with disabilities in Timor-Leste has prevented a full analysis from taking place. A lack of data on disability within health services has meant there is no information available on rehabilitation, assistive devices, and essential support services (e.g. sign-language services) in Timor-Leste. Whilst recent health expenditure data remains unavailable, there are trends towards significant reductions (from USD 60 million in 2013 to USD 37 million in 2016). This lack of data remains a key gap to providing advice and recommendations on disability input within health-related program and design in Timor-Leste.

Recommendations to Government:

Accessibility of health services

- B. Strengthen and review referral pathways for persons with disabilities to access health services and mental health services. Particular focus should be given to supporting the needs of people who live in districts outside of Dili, where transport and accommodation costs are barriers to accessing vital health services.**
- C. Improve access to assistive devices and rehabilitation services for people living outside of Dili. Actions should include:**
- **Collaboration with DPOs, disability service providers, and healthcare professionals to collaborate to discover new opportunities to provide access to assistive devices and repairs for persons with disabilities within a reasonable waiting time frame.**
 - **Consideration of how rehabilitation services can be designed into existing referral hospital services for persons with disabilities, as described in the Ministry of Health's Basic Service Package.**
 - **Planning and coordinating capacity building activities enabling health workers and other key staff (e.g. managers) at the municipal level to be trained in rehabilitation services including the supply of basic assistive devices (e.g. canes, crutches).**
 - **Revisiting how community-based or municipality-based rehabilitation services (e.g. the clubfoot program) could be strengthened and adapted at the local level.**
- D. Improve universal accessibility of infrastructure by:**
- **Ensuring that DPOs are consulted and participate in infrastructure planning and designs to inform designers and builders how to best meet their needs, before, during and after projects are designed and constructed.**
 - **Provision of the Universal Design Guidelines to consultants and managing contractors to inform infrastructure design, including for building hospitals, health centres, workplaces and schools, and monitoring their use. This includes having ramps, handrails, wide doors for wheelchair access, accessible toilets and shower facilities with handrails, and non-slip tactile floors for the benefit of wheelchair users and people using crutches.**
 - **Ensuring that beds within delivery rooms do not present a barrier to women with disabilities (very high beds may need to be made adjustable or supply suitable steps for women with disabilities to access).**
- E. Ensure that health-related information, including all information related to COVID-19, is provided in accessible formats (such as Braille, audio, pictorial, communication board) to meet the diverse needs of persons with disabilities. There should be consultation with persons with disabilities on their preferred means of communication to ensure they are included in decisions that affect them.**
- F. Improve access to family planning and sexual and reproductive health services, including enabling privacy of persons with disabilities who may use translators and/or support workers for assistance.**

Availability of health services

- G. Collate and provide data to determine the extent to which health services currently address or fail to meet the needs of persons with disabilities. Actions should include:
- Provide information on the annual budget allocation for DNAP implementation, percentage of the overall health budget allocated for disability specific services such as through Saúde na Família and mental health program and mainstreaming of disability inclusive health into Ministry of Health overall program.
 - Provide information on availability of services at different levels of health facilities and support for persons with disabilities to access it, linked with CBR programs.
 - Strengthen data collection for Health Management Information System (HMIS) for disability and consider linking this data with Saúde na Família (Family Health Program) data on disability.
 - Disaggregate health data by disability through the use of the Washington Group Question Short Set (WGQ-SS).
 - Continue to partner with DPOs and health service providers to encourage the Ministry of Health to commit to improving the availability of health services for persons with disabilities across Timor-Leste.
 - Consider budget allocation for the implementation of services included in the comprehensive service package for Primary Health Care and ensure coordination and collaboration with DPOs and relevant partners of the community-based rehabilitation component.
- H. Strengthen coordination between the National Rehabilitation Centre (CNR) and the national/municipal level. Actions should include:
- Consider developing, and embedding throughout community outreach activities, a system for the linkage between disability services and health services, such as a disability-support card which identifies a person's health and impairment needs.
 - Consider a cross-sectoral coordination in planning, budgeting and the development of the new rehabilitation centres in Baucau and Ermera to ensure better integrated services.

Stigma and negative attitudes

- I. Support awareness programs (eg. capacity development programs, training and educational workshops) to address cultural stigma and discrimination within health care services, and enable healthcare workers and service provider staff to understand the different types of disabilities and the barriers persons with disabilities may face to access health care. Actions should include:
- Incorporation of disability-inclusive development as part of the broader curricula for all health workers, to ensure that health workers are confident and capable of working with persons with disabilities and recognise their rights.
 - Ensuring that at every health facility there is a medical doctor qualified to provide medical certification (This is linked to affordability and availability for persons with disabilities in accessing services).
 - Provide basic sign language course to primary health care workers, especially to the midwives and medical doctors at different health facilities levels.

3.1.1. Access to leprosy services

Leprosy services such as detection, screening and treatment are mainly provided by Government through Government health facilities such as health centres and health posts within the general healthcare system. The provision of leprosy services is supplemented by The Leprosy Mission Timor-Leste, the only NGO providing leprosy services in Timor-Leste. In 2019, 115 new cases of leprosy were registered including 7 children. 20 of these persons already had visible disability at the time of diagnosis. The

number of new cases has been similar in each of the past five years, showing that leprosy transmission still continues in the community.

Challenges as regards the right to health:

- The number of visible disabilities at diagnosis indicates late leprosy detection in the community.
- Leprosy cases in children are still being detected, meaning that disease transmission is still high.
- Contact tracing and screening activities are not optimal.
- Lack of mapping for leprosy cases in some health centres and clinics.
- Lack of health professionals trained in leprosy diagnosis to clinically detect leprosy cases.
- Lack of attention to leprosy within the Ministry of Health.

Recommendations to Government:

- J. **Acknowledge that leprosy is not yet completely eliminated in Timor-Leste, given the static case numbers and cases identified in children, and take steps to increase public knowledge and awareness of leprosy disease, with the main focus on early identification for early intervention, which can prevent life-long debilitating disabilities.**
- K. **Increase investment and annual funding for the national leprosy program, to ensure resources for:**
- **Staff transportation, accommodation, drug supply and equipment**
 - **Regular monitoring and follow-up of leprosy patients, to reduce dropout rate, enable early identification of leprosy reaction, and prevent disability.**
 - **Training in laboratory techniques relevant to leprosy diagnosis and management.**
 - **Recruitment of more program staff including a dedicated program head within the Ministry of Health.**

3.1.2. Access to rehabilitation and referrals to other services

Cumulatively from 2017-2020, RHTO has facilitated direct support and referral to 173⁶ persons with disabilities throughout the country to access services at the National Rehabilitation Centre (CNR), Klibur Domin, AHDM-TL (Blind Association in Timor-Leste), Electoral Technical Services Support (STAE), Health Centres and Churches. The services persons with disabilities access are social assistance, physiotherapy, training on braille, computer training, processing electoral cards, medical certificates and birth certification, and enabling persons with disabilities to access disability subsidy through the Ministry of Social Solidarity and Inclusion (MSSI).

Barriers faced by persons with disabilities:

- Lack of understanding by family members about rights of access to services. Significant number of persons with disabilities are still unable to access the services of Government and NGOs in Dili.
- National Rehabilitation Centre (CNR), based in Dili, has limited dormitory facilities to accommodate referral from other municipalities. It is a major challenge for persons with disabilities outside Dili to access services such as physiotherapy, wheelchairs and prostheses.
- Access to infrastructure and access to information, despite advocacy by the disability sector.
- The vision impaired community continues to face challenges with regards to lack of braille letters in immunization booklets, including for their prescription medicine.

3.2. Access to basic and higher education

Barriers faced by persons with disabilities:⁷

- Most schools in Timor-Leste are not accessible to people with physical disabilities.

⁶ Eduardo Tilman, Project Manager of RHTO, RHTO Annual Report 2017, 2018, 2019 and 2020. 15/06/2021

⁷ Source: interviews conducted by RHTO staff on 15 June 2021.

- The Resource Centre of Inclusive Education *Centro Recurso Educação Inclusivo (CREI)* is mostly non-operational and not available for use by persons with disabilities, despite the commitment of Ministry of Education of Youth and Sports (MoEYS) when establishing the resource centres.
- Lack of understanding of teachers of sign language and braille and limited to non – existing learning material in sign language and braille.
- During the consultation of the new National Disability Action Plan for the period of 2021-2030, both at the national and municipal levels, it was identified that often teachers are overwhelmed with the number of students they have in the class. Limited teaching resources and facilities, coupled with lack of pedagogical skill in teaching children with disabilities, often result in children with disabilities being neglected and giving up on schooling as a result.
- MoEYS has no learning program for students with disabilities for higher education. Timor-Leste still relies on services in Indonesia (Kupang- West Timor) which is both expensive and utilises the Indonesian curriculum system and Indonesian language.

Recommendations to Government:

- L. **Formally endorse the current sign language developed and used by the deaf association as Timor-Leste’s National Sign Language.**
- M. **Prioritize and allocate adequate funds to implement inclusive education policy through the implementation of the Disability National Action Plan (DNAP) 2021-2030.**
- N. **Develop an integrated program, collaborating with DPOs and the Deaf Association, to support teachers learning basic sign language and braille, especially when their schools or classes have deaf or vision impaired students. The program should include promoting usage of braille learning materials for vision impaired students accessing formal and non-formal education, including national exams papers to be available in Braille.**
- O. **Coordinate and cooperate with Ministry of Public Works and DPOs to ensure accessibility in all schools. New facilities must adopt or utilise universal design approach ensuring accessible facilities including accessible WASH facilities.**
- P. **Reactivate and strengthen the functioning of the three Inclusive Education Resource Centres and ensure guidelines for such centres are finalized and implemented.**

3.3. Economic Empowerment and Small Business Activities

Small business opportunities through disability service providers and DPOs have been part of the sector’s priorities. Several small-scale initiatives are taking place based on organizations’ availability of funds and their ability to reach rural areas. This includes establishment of self-help groups (SHG) and supporting individual small business activities. Through RHTO for instance, a number of SHGs have established small pig farming in Covalima and small business in other municipalities⁸ including women’s self-help groups (SHGs) producing locally woven materials.

Barriers faced by persons with disabilities:

- Coupled with their lack of education and illiteracy, most persons with disabilities have limited knowledge and skill in running and managing finances for their small business.
- They are the group with greater difficulties in accessing credit/loans. They experience stigma and discrimination from the banks and micro-credit institutions.
- Most banks in Timor-Leste are not accessible to persons with physical disabilities.
- Funds for SHGs are limited, and not all municipalities are covered, due to limited donor funds and risks inherent in livelihood activities.

Recommendations to Government:

⁸ Eduardo Tilman, Project Manager of RHTO, RHTO Annual Report 2017, 2018, 2019 and 2020. 15/06/2021

- Q. **Regulate microcredit institutions and banks to provide persons with disabilities (individuals and groups) with access to loans to support their business activities.**
- R. **Require and encourage banks to ensure that their buildings are accessible and have disability-friendly services.**

3.4. Access to Justice

The Empower for Change Project (E4CP) is a UN Consortium project partnering with DPOs and the Community Based Rehabilitation Network (CBR-NTL). The project's work with UN Agencies and Government departments on disability mainstreaming and disability-inclusive budgeting has resulted in a change in governmental mindset. One major E4CP triumph has been the disability inclusion resolution passed by Parliament, containing twelve strategic provisions for action to protect the rights of persons with disabilities, including ratification of the UNCRPD.⁹ UN Agencies reported how they now mainstream disability themselves, and there has been a marked increase in the inclusion of persons with disabilities within all Agency projects, including women and girls with disabilities.

The negative impact of gender-based violence (GBV) and the particular vulnerability of women and girls with disabilities, has been a particular focus of the E4CP. The development and roll-out of the GBV Toolkit by a woman-led DPO, the Community-based Rehabilitation Network (CBRN), supported by UN Women and The Leprosy Mission Timor-Leste, is an example of excellence in inclusion, capacity-building and impact. Another noteworthy positive outcome of the E4CP, thought interrupted by the COVID-19 pandemic, is the development of the National Assistive Devices Product List (NADPL). Another imminently expected positive achievement is the Disability National Action Plan (DNAP), resulting from significant E4CP work with the National Directorate for persons with disabilities under the Ministry of Social Solidarity and Inclusion (MSSI).

Despite the prevalence of reports from civil society that indicate that violence against women and children with disabilities is a continuous and pervasive problem, the lack of adequate data remains a challenge in Timor-Leste. In addition, a recent joint report done by UN Women, UNOHCR, AHDMTL and ADTL identified the lack of understanding on violence against women and children with disability which prevents them to access legal and justice services¹⁰. Disability data must be collected in an up to date, disaggregated and regular fashion, and analysed, and shared with relevant actors, guiding the formulation of the justice sector's policies and strategies.

Recommendation to Government:

- S. **Continue to roll out Gender Based Violence Toolkit, particularly in rural areas. Actions should include:**
 - **Ensure accessible signposting to Gender Based Violence service providers.**
 - **Ensure availability of disability-accessible formats of GBV Toolkit and related materials.**
 - **Nurturing of women-led DPOs: CBRN-TL and KDT-TL**
 - **Ensure integration of disability rights in new National Action Plan on Gender Based Violence**
 - **Allocate sufficient funding for the implementation of DNAP 2021-2030 through the secretary of estate of Gender Equality and Inclusion and the Ministry of Justice**
 - **Capacity building for the Justice Sector on disability inclusion, including accessible information/process such as having a sign language interpreter in the court and accessible information in the judicial system**
 - **Ensuring accessible process to recognize evidenced provided by witnesses with vision impairment or deaf persons (not consider the evidence invalid on the ground of their disabilities)**

⁹ Oxfam International contributed to E4CP activities with DPOs in support of this achievement.

¹⁰ AHDMT, ADTL, UN Women and UNOHCR 2020, Justice sector Mapping for people with disabilities on accessing justice services.

3.5. Access to public transportation

Most transportation in Timor-Leste is inaccessible for persons with disabilities. The lack of understanding of accessible transportation has placed further barriers for persons with disabilities to move around. It is very challenging for them to access any services that require means of transportation. A small but effective initiative in 2018-2019 raised awareness with drivers of public transport of enabling the vision impaired community to access public transport safely and be supported to get to their destination.

Barriers faced by persons with disabilities:

- No specific fare or concession for persons with disabilities in accessing all modes of public transportation.
- Maritime transportation is not accessible at all: persons with disabilities require significant support from family to be able to access these transports.
- To modify vehicles including motorbikes in Timor-Leste is very limited and expensive. RHTO recently embarked on a project opening small business for motorcycle modification.
- Government has yet to have a modified vehicle that persons with disabilities can access in order to attend the processes of getting driver licences.

Recommendation to Government:

- T. **Allocate funding for the implementation of the DNAP 2021-2030 relating to public transport.**

Actions should include:

- **Provision of concessional public transport fare for persons with disabilities.**
- **Priority access for persons with disabilities to obtain driver licenses.**
- **Ensuring public transportation is accessible for persons with disabilities especially those with wheelchair users and those using assistive devices.**

3.6. Participation in political space

RHTO undertook Disability Access Monitoring¹¹ for the two national elections undertaken in 2017. Election-day monitors were deployed in all thirteen municipalities, and at least one medium-term monitor was deployed in each municipality to monitor selected political campaign events. Monitors used standard checklists to assess accessibility and obtain the views of persons with disabilities attending campaign events and voting. RHTO also conducted an assessment of the administrative and legal framework for the elections.

A summary of RHTO's observations and conclusions is as follows¹²:

- The laws that govern the election process in Timor-Leste (Laws 4/2017 and 9/2017) contain no mention of providing accessible voting for persons with disabilities. Election regulations (Government Decrees 7/2017 and 21/2017) address the issue of voting by persons with disabilities in a very limited fashion. These regulations provide a measure of paternalistic 'charity' for persons with disabilities by giving them priority in voting queues and allowing them to be assisted to vote by a person of their choice, but do not allow all persons with disabilities to cast their vote independently, freely and secretly, as is usual for any other registered voter in Timor-Leste.
- There was no cohesive or strategic approach by the Government or by the two election management bodies (CNE and STAE) to provide access to political and electoral processes for persons with disabilities. There appears to be some reluctance to deal specifically with disability issues in relation to political and electoral access, in the absence of comprehensive requirements

¹¹ [Timor-Leste Parliamentary Elections, July 2017: Disability Access Monitoring | IFES](#)

¹² http://www.tl.undp.org/content/dam/timorleste/docs/Disability_Access_Monitoring-English-Final-Web.pdf.

in law. Access by persons with disabilities to electoral facilities, electoral employment, and civic and voter education were all poor or limited. CNE and STAE cooperated with RHTO in training of election staff in relation to provisions for persons with disabilities, and in developing civic and voter education materials urging persons with disabilities to participate in the election.

- Persons with intellectual disabilities were at risk of exclusion from the electoral process because of election regulations that state that election staff should ban access to polling stations to any person 'acknowledged to be mentally ill'.
- Only 4% of polling stations visited met all eight physical accessibility criteria being assessed, while 87% met only three or fewer of these criteria. There were stairs and no ramp at 69% of polling stations visited, no accessible toilet facilities at 77%, and obstacles restricting access for persons with disabilities at 79%. In 43% of polling stations monitored there were obstacles that made it difficult for voters with a visual disability to move around, and very few of the polling stations monitored offered any aids for persons with visual disabilities. The design of the voting compartments made it very difficult for voters in a wheelchair or of low height to vote in secret. In half the polling stations monitored, election staff were not providing clear information on the voting process to voters with disabilities, and of voters with disabilities being assisted to vote, 76% were allowed to freely choose who assisted them, in line with the law.

Recommendations to Government:

These include recommendations to the National Election Commission (CNE) and the Technical Secretariat for Election Administration (STAE)

- U. **Improve the current electoral legal and regulatory framework to ensure that the electoral and political rights of persons with disabilities are fully protected in accordance with the principles of the UNCRPD. Actions should include:**
 - **Amend the current legal framework for elections to include accessibility standards for premises used for voter registration and voting, and provide alternative methods of voting, such as mobile ballot boxes or curb-side polling, that are more accessible to persons with disabilities.**
 - **Ensure that the legal framework guarantees the right to lodge a complaint against any barriers to access or discrimination against persons with disabilities in electoral processes.**
 - **Revise the regulatory framework to ensure that all persons with an intellectual or psychosocial disability who are otherwise qualified to register to vote and vote, may do so.**
- V. **Develop a disability access and inclusiveness strategy for elections, in consultation with DPOs and other stakeholders. Actions should include:**
 - **Review voter registration regulations to record if voters have a need for special accommodation on election day, in order to provide better targeted electoral services to persons with disabilities.**
 - **Improve cooperation and collaborative activities with DPOs in areas such as civic and voter education, registration of persons with disabilities, and accessibility of all electoral processes, to increase election participation among voters with disabilities.**
 - **Develop specific civic and electoral information materials in formats accessible for persons with physical, hearing, visual, intellectual or psychosocial disabilities.**
 - **Increase the numbers of persons with disabilities employed by CNE and STAE as both permanent and temporary staff, including appointment by each body of a person with disability with responsibility for disability inclusion.**
 - **Conduct accessibility assessments of all public buildings that may be used for electoral purposes and of each polling station prior to each election, and take action to improve accessibility where needed, such as by installing ramps, removing obstacles, having sufficient lighting available for voters, ensuring accessible toilets and sanitation facilities, ensuring that magnifying glasses and braille and/or tactile ballot marking guides are supplied to all polling stations and election staff are trained in their use, and**

ensuring that persons with physical disabilities can access voting compartments and ballot boxes to vote in secret and without assistance.

- **Revise election training programs and manuals to ensure that all polling staff understand and implement the electoral rights of persons with disabilities, in relation to issues such as priority voting, assisted voting, and secrecy and confidentiality of voting.**

The full set of recommendations is available in the published report¹³.

¹³ http://www.tl.undp.org/content/dam/timorleste/docs/Disability_Access_Monitoring-English-Final-Web.pdf.