



Title: Empower for Change - Reducing violence and discrimination against women and children with disabilities in Timor-Leste
Country: Timor-Leste
Duration: 36 months
Total Budget: \$400,000
Participating UN Organizations: UN Women and WHO (in collaboration with UNFPA, UNICEF and OHCHR (through the Human Rights Adviser's Unit in the Resident Coordinator's Office)

Executive summary

This project will work towards enhancing the rights of persons with disabilities to live free from discrimination and violence, and advancing the equal rights of women and girls with disabilities facing multiple forms of discrimination. The UNCT in Timor-Leste will leverage UNPRPD support to prevent and address violence, in particular gender-based violence (GBV) against persons with disabilities, with a focus on women and children. The project will partner with Organizations of Persons with Disabilities (DPOs) towards reducing harmful attitudes that perpetuate tolerance of gendered discrimination against persons with disabilities. Capacities of service providers to refer and deliver coordinated, inclusive and accessible services will be strengthened, in particular the coordinating Ministry of Social Solidarity (MSS), the Ministries of Education and Health and the Judiciary. Capacity for better disaggregation and use of data and for disability and gender responsive budgeting in institutions and DPOs will be strengthened. The project will directly call attention to the urgent need for ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) to reinforce various national and international commitments of Timor-Leste around disability and gender-based violence. The project will strengthen capacity of institutions and DPOs for legal and policy analysis in line with the rights of persons with disabilities. Capacity of DPOs and State Institutions will be built for implementation and monitoring of the rights of persons with disabilities, including CRPD and other treaties ratified by Timor-Leste as well as relevant recommendations from UN treaty bodies and the Universal Periodic Review (UPR).

1. Background and rationale

1.1. Challenges and opportunities to be addressed by the project.

Since restoring independence in 2002, Timor-Leste has made significant progress in rebuilding the country from conflict towards sustained development.¹ Due to the myriad of priorities, disability has not had the attention it warrants.

Commitment to uphold human rights, including of persons with disabilities, are enshrined in the Constitution.² Seven core UN human rights treaties have been ratified, but not yet the CRPD. For several years, the Government has expressed it will ratify CRPD ‘soon’, pending ‘creation of favorable conditions’ in order to ‘assume all of the consequences and responsibilities’ that ensue.³ Central to this is the establishment of a disability council to oversee the implementation of the 2012 National Policy on the Inclusion and Promotion of the Rights of Persons with Disabilities. Following recommendations calling for ratification⁴ and for creation of the council during the 2016 UPR, a draft decree law on a council was submitted to the Council of Ministers in 2017, alongside a draft resolution on CRPD ratification. The proposal was returned to the coordinating Ministry of Social Solidarity given lack of budget allocation for the council. UNPRPD support will provide additional momentum towards CRPD ratification.

Several other political commitments on the rights of persons with disabilities have been made.⁵ These include endorsement of the Sustainable Development Goals (SDGs),⁶ which was followed by the adoption of an SDG roadmap in May 2017. This calls for vulnerable groups to have equal access to services and rights, and for a rights-based and gender-sensitive approach to address situations of exclusion, marginalization and inequality.⁷ These commitments provide opportunities to advance the rights of persons with disabilities. There are, however, challenges in implementation. DPOs identified limited awareness of commitments and limited inter-ministerial coordination.⁸ Progress is also challenged as the 2015 Census identified that only 3.2% of the population has a disability, indicating possible under-estimation.

¹ The Timor-Leste Ministry of Finance, *Fragility Assessment* in Timor-Leste 2013 Summary Report (Ministry of Finance) found that all aspects of the state (from politics, security, justice, economics and revenue and services) have moved from crisis towards recovery and eventual transformation.

² Constitution of the Democratic Republic of Timor-Leste of May 20, 2002, Articles 17 and 21.

³ Human Rights Council, National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21*, Timor-Leste, A/HRC/WG.6/26/TLS/1, August 2016 (hereafter Government report for 2016 UPR). See also Human Rights Council, Report of the Working Group on the Universal Periodic Review*, Timor-Leste, Addendum, A/HRC/19/17/Add.1, March 2012.

⁴ Made by 27 States. This was the most made recommendation during the 2016 UPR, see A/HRC/34/11.

⁵ These include the 2011-2030 Strategic Development Plan, the 2017 Inclusive Education Policy, the 2014-2018 National Strategy for Prevention and Control of Non-Communicable Diseases, Injuries, Disabilities and Care of the Elderly, and the National Action Plan on the Rights of Persons with Disabilities (2014-2018), and the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, 2012.

⁶ See Government Resolution 34/2015 and Parliament Resolution 19/2015 adopting the SDGs, September and November 2015. Available on <http://mj.gov.tl/jornal/?q=node/19>.

⁷ Government of Timor-Leste, Roadmap for the implementation of the 2013 agenda and the SDGs in Timor-Leste, May 2017. (Portuguese only)

⁸ Evaluation Team, Looking at the past, Plan for the Future, Report of Mid-Term Review of the National Action Plan on Persons with Disabilities, October 2016. (full version in Tetum only)

Table on Percentage and numbers of Persons with Disabilities

Percentage and Numbers of Persons with Disabilities, 2015				
	% of the Population	Men	Women	Total Number
Visual Disability	2.1	12,370	11,890	24,260
Difficulty Walking	1.4	8,794	7,986	16,780
Hearing Disability	1.2	7,156	6,919	14,075
Intellectual/Mental	1	5,640	5,658	11,298
Total Population with disabilities	3.2	33,960	32,453	66,413

Source: Timor-Leste National Population and Housing Census 2015

Another challenge is persisting discriminatory attitudes against persons with disabilities among services providers and communities, amidst a background of patriarchal and hierarchical structures. DPOs report persons with disabilities being shunned, ignored and marginalized.⁹ Some traditional and cultural beliefs are drivers of discrimination along with perceptions that persons with disabilities cannot contribute meaningfully to society. These are exacerbated by the population's lack of education and understanding of disability.¹⁰ Limited availability of assistive devices presents another obstacle to persons with disabilities participating equally in society. Services for persons with disabilities and skills of providers are strengthening, though rudimentary. As a result, many persons with disabilities are not able to exercise a range of rights. For instance, many health care providers do not believe women with disabilities are sexually active, and require sexual and reproductive services.¹¹ Seventy-two percent of persons with disabilities have not attended school.¹² The 2017 Inclusive Education Policy, establishing resource centres providing tailored education for, in particular, persons with visual and hearing disabilities before entering mainstream education, and teacher training on disability present opportunities for UNPRPD support to out-of-school children with disabilities to exercise their right to education in an adequate environment.¹³

⁹ Association for Disability Timor-Leste, "Submission from Member Organizations of the Association for Disability Timor-Leste to the 26th Session of the Human Rights Council Universal Periodic Review Working Group" April 2016 (hereafter ADTL report to UPR, 2016). See also BESIK, Disability and Rural Water, Sanitation and Hygiene (RWASH) in Timor-Leste, 2010, and Ministry of Health, WHO, UNICEF, Health in the Family, Part of Comprehensive Primary Healthcare Package, Success Stories from the Field, 2017.

¹⁰ United Nations Integrated Mission in Timor-Leste/Office of the High Commissioner for Human Rights, Of Course we Can, Report on the Rights of Persons with Disabilities in Timor-Leste, 2011 (hereafter UNMIT/OHCHR report, 2011) and Association for Disability Timor-Leste, report to the CEDAW Committee, 2015.

¹¹ Ra'es Hadomi Timor Oan (RHTO), Submission of Ra'es Hadomi Timor Oan (RHTO), the national Disabled Person's Organisation in Timor-Leste to the Pre-Sessional Working Group of the CEDAW Committee, 62nd session. See also Lucy Ledger, "Access to maternal and newborn health service for women with disabilities in Timor-Leste" August 2016.

¹² Government of Timor-Leste, Timor-Leste Population and Housing Census, 2015, Social and Economic Characteristics - Volume 3 (Disability). Percent of children over three years old with a disability who have not attended school. [Disaggregation for sex not yet available].

¹³ This is in line with recommendations by the CRC Committee to Timor-Leste from October 2015 and from the 2016 UPR on inclusive education for specific groups.

The project also aims to address violence, in particular GBV, against persons with disabilities.¹⁴ GBV is widespread in Timor-Leste: 2015 research revealed that 59% of women aged 15 to 49 experienced physical and/or sexual violence by a male intimate partner at least once in their lifetime.¹⁵ There was no specific data on women with disabilities. As international evidence shows that women with disabilities are twice as likely to experience violence than women without disabilities,¹⁶ the level of violence against women with disabilities in Timor-Leste is believed significant. The National Action Plan on GBV (2017-2021) recognizes the vulnerability of women with disabilities who have experienced violence but does not sufficiently integrate disability in mainstream prevention and response efforts. It does not disaggregate for disability and allocates minimal resources to support women with disabilities.¹⁷ DPOs and the Government's National Centre for Rehabilitation (CNR) have some data on GBV against women with disabilities, but have limited capacity to identify survivors, adequately document cases and provide or refer to services. CNR, the largest legally mandated service provider for persons with disabilities,¹⁸ is committed to strengthening capacity to identify GBV survivors, conduct comprehensive assessments and facilitate systematic support and referral. Women with disabilities, survivors of GBV, also face significant difficulties to access justice, including the police and the judicial system.¹⁹ The Government has committed to build capacity, in collaboration with DPOs, of judicial actors to respond adequately to the requirements of persons with disabilities.²⁰ UNPRPD is well positioned to support these efforts.

1.2. Proposal development process

Consultations among UN agencies, relevant Government institutions, DPOs and civil society organizations, and key development partners were undertaken throughout the development of this proposal. Consultations started in late 2016 to formulate ideas for the project concept. This included meetings with the MSS and the subsequent endorsement of the concept by the Minister.

Following the invitation to develop a full proposal, a working group was established comprised of UN Women, the Human Rights Adviser's Unit (HRAU/OHCHR), UNFPA, UNICEF, UNESCO and WHO to design this project. Agencies adopted the same process as used for the development of the concept note and sought key guidance from reports on the situation of persons with disabilities in Timor-Leste, in particular those from DPOs to the UN human rights mechanisms²¹, to identify gaps and to draft its theory of change. In addition, bilateral consultations were undertaken with DPOs, the Ministries of Social Solidarity, Health, Justice and Education as well as the Secretariat of State for the Support and Socio-Economic Promotion of Women, (as the coordinating entity in Government for the NAP GBV) and INGOs working in the area of disability. These meetings assisted

¹⁴ This in line with various recommendations on prevention and response to GBV made by the CEDAW Committee in 2015 and during the 2016 UPR.

¹⁵ The Asia Foundation, Understanding Violence Against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main report, Dili, 2016.

¹⁶ United Nations Special Rapporteur on Violence Against Women, Its Causes and Consequences, Report on Violence Against Women with Disabilities, 2012.

¹⁷ This is the second NAP on GBV with a timeframe of 2017-2021. It was launched in June 2017.

¹⁸ Decree-Law 37/2012 on the National Rehabilitation Centre. (Portuguese only).

¹⁹ ADTL report for UPR, 2016. See also UNMIT/OHCHR report, 2011.

²⁰ Government report for the 2016 UPR.

²¹ To the CEDAW and CRC Committees and for the UPR submitted between 2015 and 2016. All available on the OHCHR website.

the working group to map existing initiatives and ensure that the project complements these and is in line with priorities of rights holders and duty bearers. As an example, consultations undertaken with the Secretary of State for Support and Socio-economic Promotion of Women aimed to ensure congruence with the NAP GBV and the Ministry of Education (MoE) on alignment with priorities in the Inclusive Education Policy. Meetings were also held with the Australian Government-supported Ending Violence Against Women Project, as well as the Partnership for Human Development's program on disability and gender mainstreaming to ensure complementarity of the project.

A wider consultation with 19 key stakeholders (9 women) from DPOs, the National Human Rights Institution, Government and INGOs was held at the UN on 2 June 2017. Special efforts were made to ensure that a newly established DPO of women with disabilities was represented and voiced suggestions during the meeting. During the consultation, the draft proposal was presented, and feedback sought on gaps and additional areas of consideration. The consultation reaffirmed the proposed theory of change.

Through joint work under the project, UN Agencies will be in a better position to jointly leverage their areas of expertise and existing partnerships with DPOs and relevant State Institutions, to improve multi-sectoral coordination and more holistically address discrimination and violence faced by persons with disabilities.

2. Project approach

2.1 Focus of the project – “What is the project about?”

This project will enhance the respect for the inherent dignity of persons with disabilities through addressing stigma and discrimination, in line with articles 1, 3 and 5 of the CRPD.²² It aims to ensure that women and children with disabilities will exercise their right to be free from violence, in accordance with articles 6, 7, 10, 15, 16 and 17 of CRPD.²³ Through violence prevention and response interventions, women and children with disabilities will also access key services in education, health, rehabilitation and justice, thereby availing themselves of the rights guaranteed in CRPD articles 13, 24, 25 and 26.²⁴

Theory of change of the intervention – “How will the project produce positive change?”

The project will contribute to strengthening an environment in which persons with disabilities live free from discrimination and violence, and access key services that are inclusive. It builds on existing enabling legislation, policies and other commitments. Through support for ratification, capitalizing on the momentum that exists, the project seeks to reinforce these commitments. Review of existing laws and policies in key areas where disability has not yet been integrated, and the drafting of a checklist to ensure that future legislation and policies comply with the CRPD, are aimed at guaranteeing comprehensive and long-term mainstreaming of disability in standard and policy

²² As well as provision on equality and non-discrimination in other treaties ratified by Timor-Leste, including ICCPR, ICESCR, CRC, CEDAW.

²³ Ibid, as above, in particular ICCPR, CEDAW, CRC

²⁴ As well as in the ICCPR, ICESCR, CEDAW and CRC.

setting.²⁵ Capacity building on monitoring and reporting for Government and DPOs is essential to track progress of implementation of commitments. Through reporting, Timor-Leste will also benefit from expertise of the UN Committee on the Rights of Persons with Disabilities on how further advancements can be made.

Building awareness on the rights of persons with disabilities with families, communities and service providers that includes CRPD, the rights-based approach to disability and existing political commitments in the area of disability will reduce prevailing discriminatory attitudes against persons with disabilities.²⁶ Capacity building of DPOs and persons with disabilities on CRPD to claim rights is aimed at, among other things, ensuring they lead awareness raising efforts. This will increase their visibility in society and will contribute to addressing negative attitudes they face. Advocacy for adopting and resourcing for an assistive products list, using WHO's 2016 Priority Assistive Products List as guidance, and support for building consensus on a national list based on the needs of persons with disabilities in Timor-Leste aims to enable in particular persons with physical and sensory disabilities to participate fully and effectively in society.

To address violence against women and children with disabilities, the National Action Plans (NAP) on GBV, the Rights of the Child, and the Law Against Domestic Violence, serve as key frameworks guiding the project. To strengthen information on violence against women and girls with disabilities, technical support will be given to key institutions implementing and monitoring the NAP GBV to ensure disaggregation for disability and its specific types in data on violence. The inclusion of disability into an existing tool for gender responsive budgeting, and subsequent capacity building thereon, will increase capacities of institutions and gender equality advocates to recommend better allocation of resources across key sectors and ultimately lead to more adequate support to GBV survivors with a disability. Capacity building of the National Rehabilitation Centre, DPOs and CSOs to better identify women and girls with disability at risk or who have experienced violence, document such cases and refer them to the required services will generate various positive changes. These include more adequate support to those at risk as well as survivors, and, better capacity of civil society to call for structural changes to prevent future GBV against women and girls with disabilities.

Capacity building of key service providers will reduce stigmatizing and discriminatory attitudes and behaviours they display, and will enable them to provide persons with disabilities, in particular women and girls, the services they are entitled to. Advocacy to ensure the use of universal design of service facilities is expected to benefit persons with all types of disabilities. Medical doctors and midwives will provide better services to GBV survivors using the existing health sector response GBV tool, modified with UNPRPD support to integrate adequately disability. Specific attention to ensure that in capacity building efforts, service providers gain a thorough understanding of the principles of full and informed consent, the need for special protection where a person is not able to give valid consent, and of the prohibition of involuntary treatment including forced sterilization, is aimed at guaranteeing the rights of, in particular, women survivors of violence who have psychosocial and intellectual disabilities. Judicial actors and the police will gain knowledge and skills to provide adequate access to justice for survivors of GBV, using a toolkit on addressing GBV for persons with disabilities. Stressing that all persons with disabilities have legal capacity is aimed at

²⁵ These efforts will build on previous efforts to promote CEDAW-compliant legislation.

²⁶ In line with article 8 of CRPD. These efforts will be conducted together with Government, recognizing its obligation under art. 8, and in collaboration with DPOs.

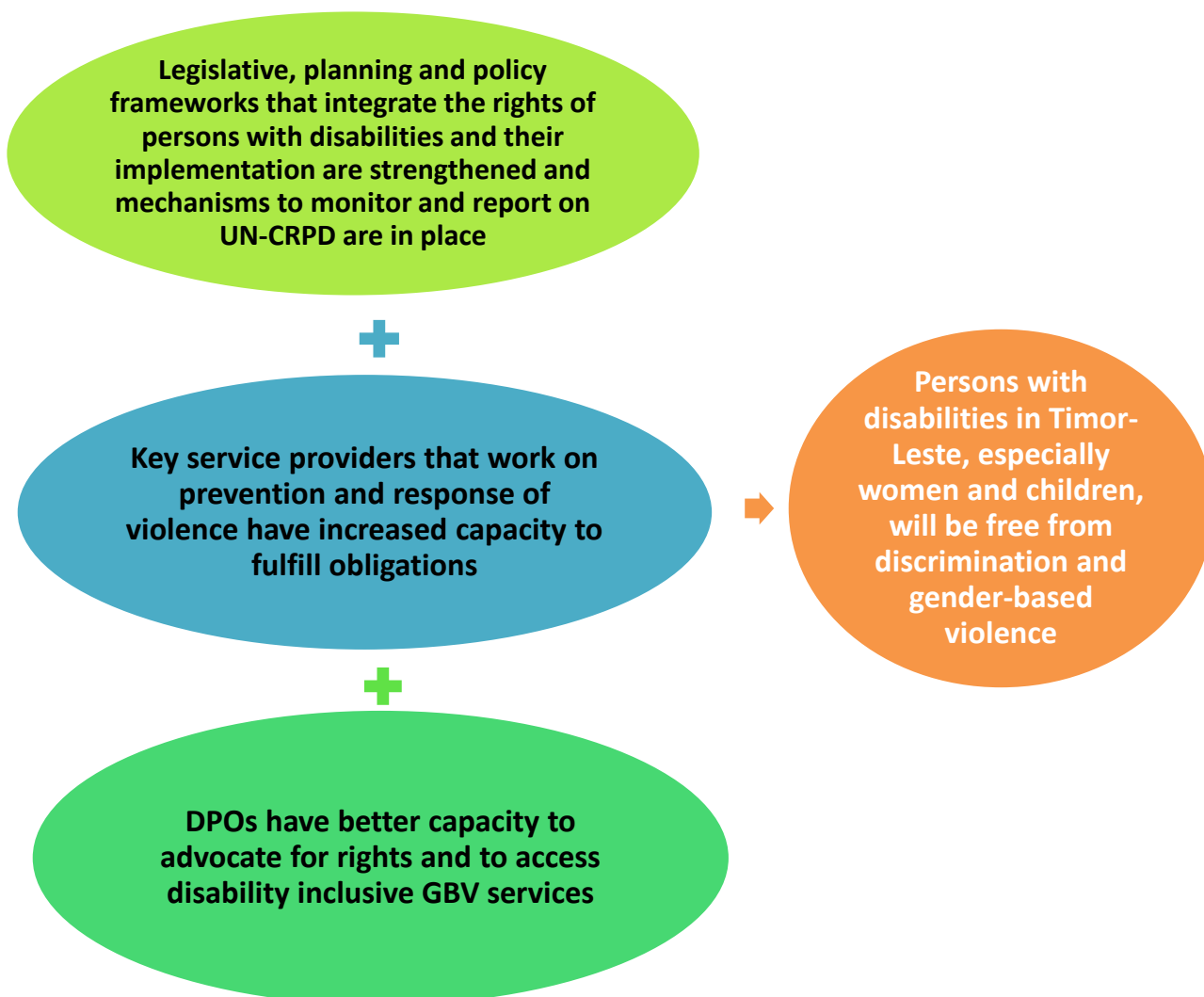
guaranteeing access in particular of those with psycho-social disabilities to justice services. Increasing linkages between justice institutions and DPOs - as the latter have expertise in areas of mental health, but also in providing sign language to ensure better comprehension between justice actors and survivors of GBV – is aimed at ensuring access to justice in particular for those with hearing, intellectual and psychosocial disabilities. Advocacy for State budget allocation for sign language interpretation is aimed at ensuring that the State fulfils its legal obligations to ensure access to justice and reduces dependency for such support on civil society. The reinforcement of existing referral networks on GBV, making them more disability inclusive, through mapping and evaluation of existing structures, will lead to improved support for GBV survivors with all types of disabilities.

Strengthening the capacity of the MoE's Inclusive Education Resource in the capital, Dili, to reach out to out-of-school children with disabilities to ensure they attend school will be a priority. Access to inclusive education reduces the risk of violence against children with disabilities and protects children from exclusion and abuse.²⁷ Support will be provided to better use household survey data on disabilities and establish a functioning coordination mechanism to support schools covered by the Resource Center to be more inclusive, benefitting children with various types of disabilities. National advocacy using materials developed as part of the project will be aimed at parents, teachers, school and MOE officials, and community leaders. Teacher training on the broad principles and practices on Inclusive Education as well as focus on specific disabilities (e.g. physical and learning disabilities) will be provided to teachers covered by the Dili Inclusive Education Resource Center. This can serve as a model for the MOE to apply in other Inclusive Education Resource Centers across the country. The 2017 Inclusive Education Policy will underpin these interventions, and complement existing initiatives including those supported by Australia and other Development Partners.

Advocacy efforts for ratification of CRPD and legislative and policy review will benefit all women and children with disabilities. One women-led DPO, an unspecified number of women and children survivors of violence, including GBV, and out-of-school children will directly benefit from the project. A more accurate estimate of beneficiaries will be made during the inception phase.

²⁷ European Union Agency for Fundamental Rights, Violence against children with disabilities: legislation, policies and programmes in the European Union, 2015

Theory of Change



2.2 Other programmatic considerations

Table 1.

1. Mix of targeting and mainstreaming <i>How will the proposed project mix targeting and mainstreaming strategies in order to generate structural transformation?</i>
The project includes mutually reinforcing strategies that indirectly and directly benefit persons with disabilities, particularly women and children, and that promote attitude and behavior change, enhance the normative framework, strengthen capacities, and build networks. The overall normative environment will be reinforced through support for CRPD ratification and capacity and tools to mainstream disability in legislation and policies. To ensure that ratification, capacity building and awareness raising impacts on the lives of persons with disabilities, the project strengthens monitoring and reporting capacity of Government, DPOs and others. Capacity of DPOs and persons with disabilities will be built, and resources made available, to claim and lead awareness raising on rights publicly and with officials. Capacity to engage actively in society will be enhanced through support for the adoption of an assistive products list and for advocacy for adequate resourcing. Capacity building for women DPOs and the CNR on gender-based violence will enable better identification, protection and response to the needs of survivors. Capacity building for key officials and service providers who prevent and/or respond to violence aims to ensure that services are increasingly sensitive to the rights of persons with disabilities. To enhance access to these improved services, the project supports existing GBV networks to better integrate disability. Capacity to collect and use disaggregated data in education and under the NAP-GBV, is aimed at better identifying children and women at risk of violence or who have already experienced violence with a view to enhancing prevention and response.
2. Scalability <i>How will the project create the conditions for scalability of results and successful approaches tested through project activities?</i>
Interventions with most key service providers will be done in the capital, Dili. Services in outlying municipalities are even more limited than in the capital, however, even in Dili these are rudimentary but can be built on by UNPRPD to enhance quality, and subsequently be rolled out to outlying municipalities by UN Agencies separate from the project or by partners. Capacity building with key service providers on GBV will be based on existing global standards and joint UN approaches and tools will be adapted under the project to support implementation in the local context. After testing and improving them as required, these will be made available for use in other municipalities, for other service providers, and for integration into other stakeholders' action in line with the NAP-GBV. After strengthening or establishing a referral network on GBV in Dili that integrates disability, lessons will be shared for replication in other parts of the country. Advocacy under the project for increased resource allocation will allow Government to scale up models being tested with UNPRPD support. Regular monitoring and evaluation during the project will include the documentation of results and successful approaches. These will be shared with key players in the disability sector to seek their support for scaling up, for example with the Australian Government's Programme on disability that has a \$ 1.2 million annual budget until 2020.

3. Sustainability

How does the project intend to create the conditions for the long-term sustainability of the project results?

To have impact of interventions to further enhance the rights of persons with disabilities beyond the project, the intervention is aligned with existing medium and long-term national commitments, including the 2011-2030 Strategic Development Plan, the SDG agenda²⁸, existing policies and action plans. Partners in Government and DPOs will be regularly informed of results throughout, but also at the end of the project, to ensure continuation of interventions as relevant. The project will build national training capacity and advocate for capacity building programmes to be integrated in official curricula for use beyond the project. Through constant engagement with persons with disabilities and other stakeholders, the project aims to ensure that immediate but also long-term needs and concerns of persons with disabilities will be addressed. Lastly, ratification of CRPD as well as the foreseen change in attitudes and behaviors to reduce discrimination and violence against persons with disabilities is expected to have long-term impact.

Table 1.1

Risk Management Strategy (please describe the risk management strategy using the table below)

<i>Type of risk* (contextual programmatic, institutional)</i>	<i>Risk</i>	<i>Likelihood (L, M, H)</i>	<i>Impact on result</i>	<i>Mitigation strategies</i>	<i>Risk treatment owners</i>
Contextual	<i>Change in Government reduces momentum to pursue ratification of CRPD</i>	<i>L</i>	<i>Momentum for capacity building of in particular duty-bearers reduced. Possible limited engagement of officials in such programmes</i>	<i>New Government to receive orientation on the merits of ratification. More focus on already signed human rights treaties that equally apply to persons with disabilities in outreach and capacity building</i>	<i>HRAU/OHCHR</i>
Programmatic	<i>Weak coordination between DPOs, Government, and other project partners delays collaboration Varying levels of capacity amongst project partners</i>	<i>MH</i>	<i>Reduced impact of intervention and risk of not meeting targets set. Low capacities will slow down progress towards project results</i>	<i>Stakeholders to be engaged at outset of project through joint activities to build trust and support systematic coordination. Dedicated capacity building with specific partners, that is adequately pitched and includes on-the-job mentoring</i>	<i>ALL</i>

²⁸ Progress is expected on SDGs 4, 5, 10 and 16.

Institutional	Limited internal UN knowledge on how to apply legal and political commitments on the rights of persons with disabilities, into practice Change in agency/ partner organization personnel affect capacity to implement components under UNPRPD	MM	Quality of project activities is compromised due to limited capacity for advice and supervision Activities might be delayed allowing for new personnel to become familiar with components of programme	Capacity building at the outset of the project and continuous peer-support throughout the project Ensure agencies/partners have at least 2 focal points for the project	ALL ALL
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2.3 Result chain of the intervention (See below in table)

PLEASE REFER TO THE REVISED DOCUMENT SEPARATELY ANNEXED TO THE REVISED PROPOSAL FOR THE NEW DRAFT CHAIN (though you find comments on your comments responded to below)

Table 2.

Expected impact

Impact: What rights will be advanced? For whom?
Persons with disabilities in Timor-Leste, especially women and children, are free from discrimination and violence and access inclusive key services

Expected outcomes

Outcome 1 What structural shifts will be achieved?	
Outcome formulation	Type of lever²⁹
Outcome 1. Legislative, policy and planning frameworks that integrate the rights of persons with disabilities and their implementation is strengthened and mechanisms to monitor and report on UN-CRPD are in place	LEG
Outputs What project deliverables will contribute to the achievement of the outcome?	

²⁹ Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each outcome select **one** of the following options:

- LEG: Legislation and policy
- CUL: Cultural norms, beliefs, attitudes and values
- PAR: Partnership
- CAP: Capacity of key actors (duty bearers or right holders)

Outcome 1 What structural shifts will be achieved?	
Output formulation	(Only for capacity outcomes)
Output 1.1. Advocacy strategy in place by DPOs and civil society for the ratification of UN-CRPD	
Output 1.2. Workshops/trainings for the National Human Rights Institution, and civil servants from relevant Line Ministries, and for and by DPOs on CRPD and monitoring and reporting on UN-CRPD	
Output 1.3. Tool for integrating disability in law and policy making developed and implemented	
Output 1.4. Workshops for and mentoring of policy makers, legal drafters and DPOs on how to use tool to integrate disability in law and policy making	
Output 1.5. Public campaign by DPOs on the rights of persons with disabilities	
Output 1.6. Tool, workshops and mentoring on tool for policy makers and DPOs on integrating disability in national budgeting and planning.	

Outcome 2 What structural shifts will be achieved?	
Outcome formulation	Type of lever
Outcome 2. Capacity of key service providers (education, health, rehabilitation and justice) to deliver disability inclusive services is enhanced, with a focus on prevention and response to violence against women and children with disabilities	CAP
Outputs What project deliverables will contribute to the achievement of the outcome?	
Output formulation	(Only for capacity outcomes)
Output 2.1. Technical assistance to increase integration of disability in existing gender-based violence (GBV) referral networks	ACC
Output 2.2. Workshops for judges, prosecutors, public defenders, private lawyers and police on the rights of persons with disabilities and the particular barriers faced by GBV survivors with disabilities to access justice	ACV
Output 2.3. Workshops for health officials in Dili on the rights of persons with disabilities and how to identify, treat and refer survivors of GBV to appropriate services and to integrate disability in the broader health sector response to GBV	KNO
Output 2.4. Trainings and mentoring for CNR staff how to conduct comprehensive needs assessments and provide support services to and/or referral of survivors of GBV to key services	KNO

Outcome 2 What structural shifts will be achieved?	
Output 2.5. National assistive products list developed and endorsed to increase participation of persons with disabilities in society, and to enhance prevention and response to violence against women and children with disabilities	<i>TOO</i>
Output 2.6. Technical assistance to officials of the Ministry of Education and the Dili Inclusive Education Resource Center to identify children with disabilities who are out of school and support their entry to school to reduce risk of violence in the home setting	<i>KNO</i>

Outcome 3 What structural shifts will be achieved?	
Outcome formulation	Type of lever³⁰
Outcome 3. Capacity of DPO staff, specifically women with disabilities, to access and to advocate for disability inclusive services, including GBV services, is strengthened	<i>CAP</i>
Outputs What project deliverables will contribute to the achievement of the outcome?	
Output formulation	(Only for capacity outcomes)
Output 3.1. Training of trainers of staff of DPOs, with a focus on women with disabilities	<i>KNO</i>
Output 3.2. GBV toolkit produced, tested and training on toolkit for DPOs, in particular women with disabilities, to enable them to conduct capacity building on the toolkit for national partners (CNR, health officials and judicial actors)	<i>TOO</i>
Output 3.3. Trainings/workshops to DPOs, including women-led DPOs and gender equality advocates on monitoring and documenting GBV cases	<i>KNO</i>
Output 3.4. DPOs and persons with disabilities, in particular women, participate in existing referral networks on GBV	<i>ACC</i>

³⁰ Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each outcome select one of the following options:

- LEG: Legislation and policy
- CUL: Cultural norms, beliefs, attitudes and values
- PAR: Partnership
- CAP: Capacity of key actors (duty bearers or right holders)

3. Elements of project design

The focus on the rights of women with disabilities is premised on the reality that discrimination based on sex is a key barrier faced by women and girls, affecting their ability to pursue their rights as guaranteed under various treaties, including CPRD. Women and girls have lower status than men and boys in Timor-Leste because of persisting gender inequality and patriarchal structures. The project seeks to address the underlying tolerance of gender inequality, discrimination and subsequent violence faced by women and girls with disabilities. The project will work with women-led DPOs and women's rights organizations to advocate against discrimination and violence and increase understanding among service providers, families and communities of rights. Support to women-led DPOs will focus on collection and analysis of cases of GBV against women with disabilities, and on advocacy for change with parents, families of persons with disabilities and institutions responsible for upholding their rights. Out-of-school girls in Dili will be supported to join the education system, thereby reducing their risk of being exposed to violence particularly in the domestic setting.

Support for disability inclusive gender responsive budgeting and disaggregation of data and improving services for women and children with focus on GBV survivors, will also directly impact on empowering women and girls.

Persons with disabilities, through DPOs, played a key role in the design of the project providing advice during various consultations. The issues of focus in the project are in line with priorities they identified, are already working on but are seeking additional support for. DPOs are expected to actively engage from implementation to evaluation of the project. A number of DPOs will sit on a governance committee to advise and oversee the project, with attention to gender parity. Most of the activities under the project will be undertaken directly with persons with disabilities, either as partners to do outreach on CRPD, or as direct beneficiaries. Capacity building that is currently ongoing with DPOs – for instance to advocate for ratification of CRPD - will continue but will later in the project focus on DPOs submitting their first report to the CRPD Committee. Joint development and implementation of public advocacy and training for key service providers is also aimed at strengthening DPOs facilitation/training capacities.

The UN will seek advice from DPOs as to how best to ensure that persons with disabilities can meaningfully participate in all stages of the project, and that accessibility is fully guaranteed. UN agencies will continue to ensure that documentation is available in accessible formats (e.g.in Braille), and that venues selected are accessible. Support will be sought from a DPO that facilitates sign language. Resources will be made available in the project to ensure accessibility. For example, an audit by DPOs will inform necessary improvements in the accessibility of the UN compound and its facilities for persons with disabilities.

4. Partnership-building potential

The project will support the inclusion of DPOs into existing referral networks on GBV. With project support, including through producing tools, capacity building thereon and mentoring, DPOs will be enabled to build capacity of key service providers. This collaboration will reinforce existing partnerships between persons with disabilities and State Institutions in health, education and social

protection and establish new ones with the Judiciary. Joint advocacy to prevent discrimination and violence will strengthen DPO partnership with civil society, the women's network, the NAP GBV Coordination Entity in Government and the Gender Coordination Group.³¹ Eventual ratification supported under the project will result in a new partnership for Government, DPOs, the NHRI and civil society alike with the UN Committee on the Rights of Persons with Disabilities when reporting is done. National partners will thus avail themselves of the Committee's expertise. Lastly, through drawing upon good practices in the region and UNPRPD support for DPOs from the region to share such practices, new relations between persons with disabilities in Timor-Leste and beyond will be nurtured.

5. Long-term UN engagement in the area of disability

Some UN Agencies in Timor-Leste have collaborated with DPOs and Government on disability already for several years, though not in a coordinated manner. The UNPRPD call has expanded the number of Agencies interacting with persons with disabilities and others working on disability. Regular advice from persons with disabilities during the project will enable the Agencies to better to integrate disability in programming. The project will also develop capacity of UN staff on the rights of persons with disabilities, including CRPD and disability mainstreaming. Agency staff will be encouraged to take the online UN course on disability and to disaggregate data and report on agency programmes' impact on persons with disabilities.

In discussions initiated through the UNPRPD call, UN agencies agreed to hold a quarterly UN forum – irrespective of funding - for better coordination, collaboration to reinforce programmes based on individual agency's expertise, and eventually, higher impact on realizing the rights of persons with disabilities. This forum will inform existing UN coordination platforms, like the Gender Theme Group, the Communications Group and the Youth Results Group. Persons with disabilities will be invited on a regular basis to advice agencies in UN fora.

6. Management arrangements

Table 4. Implementation arrangements

Outcome number	UNPRPD Focal Point	Implementing agencies	Other partners
Outcome 1: Legislative, planning and policy frameworks that integrate the rights of Persons with disabilities and their implementation is strengthened and mechanisms to monitor and report on UN-CRPD are in place	HRAU/OHCHR	• UN WOMEN • DPOs • Ministry of Social Solidarity • National Human Rights Institution	• Secretary of State for Gender Equality and Social Inclusion (SEIGIS) • Ministry of Justice • Human rights NGOs • DFAT Partnership for Human Development • Handicap International

³¹ This is led by Government, and includes civil society, UN and development partners.

Outcome 2: Capacity of key service providers (education, health, rehabilitation and justice) to deliver disability inclusive services enhanced, with a focus on prevention and response to violence against women and children with disabilities	UN Women	• UN Women • HRAU/OHCHR • UNFPA • UNICEF • WHO • DPOs, including Timor-Leste Disability Association (ADTL), CBRN • Ministry of Social Solidarity • Ministry of Education • Ministry of Health • National Rehabilitation Centre • Judiciary	• Ministry of Justice • Ministry of Health • Ministry of Education • Secretary of State for Gender Equality and Social Inclusion (SEIGIS) • Dili Municipal government • Women and human rights NGOs: Rede Feto, JSMP, Alfela, Pradet • UNESCO • UNDP • The Asia Foundation's Ending Violence Women Programme • DFAT Partnership for Human Development • National Directorate for Statistics • Handicap International
Outcome 3: Capacity of DPO staff, in particular women with disabilities, to access and to advocate for disability inclusive services, including GBV services, strengthened	UN Women	• DPOs • HRAU/OHCHR • UNFPA • UNICEF • WHO	• DFAT Partnership for Human Development • The Asia Foundation • Handicap International

A Steering Committee, led by the UN in Timor-Leste, will be established comprising representatives of implementing partners in DPOs, Government, the NHRI and civil society to ensure inclusive, accountable and effective governance of the project. The Committee will jointly develop a Terms of Reference and meet quarterly to review project progress and provide direction for effective implementation. Project reports will be drafted on a quarterly basis by the implementing UN agencies, reviewed by the Steering Committee, and shared with beneficiaries, and the public, as relevant, in an accessible format and language. An annual meeting will be held by the Steering Committee with interested stakeholder from DPOs, government, developments partners who are not directly involved in the project, but who have an interest in the area of disability, and who may be able to complement or scale up project interventions. An internet-based platform will be used for communication between the UN agencies involved in implementing the project and national partners.

7. Knowledge Management

The project will document good practices and lessons learnt in the outcome areas. These will be prepared with inputs from in particular women and children with disabilities as the key beneficiaries of support under the project, DPOs, Government and other partners. Methodologies such as knowledge, attitude and practice (KAP) surveys with key stakeholders, appreciative inquiry and most significant change will be used to identify the most salient results from the perspective of project beneficiaries. Site visits will also be used to document such practices and lessons. The quarterly project coordination meetings with all partners will also be used as a forum to identify such practices and lessons and to integrate them in subsequent programme implementation. Success stories and/or videos will be made available publicly, including on social media, but will also be shared in existing joint UN and other partner coordination platforms with the aim of scaling up of interventions, with support from external donors.

Knowledge products developed under the project, such as a toolkit on addressing violence against women and children with disabilities, tools for data analysis and for review of legislation will be made available through existing UN and partner platforms. This will include the UN Gender Theme Group, Communications Group and the UN's social media platforms, the umbrella organization of DPOs and the Government led Gender Coordination Group. This aims to ensure an integrated approach to sharing information generated from the project.

8. Inception Activities

An inception survey with UN staff and all partner organizations including DPOs, Government and civil society, will be conducted to gauge knowledge on the human rights-based approach to disability and attitudes towards persons with the disabilities. This will serve as a baseline against which progress during the project will be measured. In addition, workshops with UN and partners will be conducted in collaboration with DPOs, to raise awareness on the CRPD to ensure a common understanding of the key normative framework underpinning the project. These workshops will also be used to validate the M&E framework for the project, including its indicators and targets. Lastly, desk review will be conducted to comprehensively analyze available data on persons with disabilities, with a focus on discrimination and violence.

9. Budget

Table 5. Project Budget

Category	Item	Unit Cost	No units	Total cost	Request from UNPRPD Fund	UNPRPD POs cost-sharing	Other partners cost-sharing
Staff and Personnel Costs	National Programme Officer (at 35%/yr)	8,333	3 years	25,000	25,000		
	National Programme Officer M&E (at 20%/yr)	5,000	3 years	15,000		15,000	
Supplies, commodities and materials	Training materials and supplies for workshops, meetings				71,000	17,000	
Equipment vehicles, furniture depreciation						0	
Contractual Services	Consultants (international and national to support capacity development in health, education and judiciary; GBV toolkit development, analysis of legislation and policies, inception, evaluation, etc.)				164,832	37,500	
Travel	Staff and consultant travel including per diem				38,000	4,000	
Transfers and grants	Grants to DPOs as partner for advocacy, capacity development, etc.				75,000	2,000	
General Operating expenses						0	
Subtotal					373,832	75500	
Indirect costs (7%)	[...]	[...]	[...]		26,168	[...]	[...]
Total	[...]		[...]		400,000	75500	[...]

Total Project Cost 475,500

Table 6. Detailed Costs

Category	Activity (please describe)	Total cost
Inception activities	Activity 1 Develop and conduct survey with UN staff and all partner organizations including DPOs, Government and civil society	5,000
	Activity 2 Joint planning of project implementation involving UN, Government, organization DPOs and other partners, validation of draft M&E framework, identification of total number of beneficiaries	600
	Activity 3 Workshops with UN and partners in collaboration with DPOs on CRPD and the HR approach to disability (including making available the related online-UNITAR course)	8,400
	Activity 4 Collection of baselines for project indicators	1,000
	Activity 5 Desk review of rights and the situation of persons with disabilities in Timor-Leste, and globally	0
	Activity 6 Accessibility audit of UN compound by DPOs	0
Monitoring and Evaluation ³² Costs	Documentation of good practices	\$6,300
	Final independent evaluation	\$15,000
	Quarterly Steering Committee Meetings and Annual stakeholder meetings	No cost (joint Agency funding)
Direct impact on empowerment of women and girls with disabilities	Capacity building for DPOs of women with disabilities on UN-CRPD and other treaty reporting	\$2,000
	Capacity building, including training and mentoring of women rights organizations and DPOs of women with disabilities to document, analyze, report on cases of GBV, and advocate for change.	\$9,000
	Production of GBV toolkit adapting existing materials from other countries globally to be used for DB with CNR, DPOs, when addressing GBV, and Judiciary.	\$25,000
	Capacity building of Judiciary working, by women-led DPOs and the UN, on GBV on the rights of persons with disabilities and how to integrate disability in their services.	\$16,500
	Public campaign led by DPOs, including of women with disabilities, on rights of PWD and addressing	\$30,000

Category	Activity (please describe)	Total cost
	tolerance for violence against women with disabilities	
	Capacity building for disability and gender responsive budgeting for institutions and DPOs of women with disabilities	\$7,500
	Training of trainers of DPOs, including women with disabilities	\$ 25,000
Direct Impact on DPOs' capacity	Capacity building for DPOs on UN-CRPD and other treaty reporting	\$2,000
	Capacity building of legislators and DPOs on tool for legislative and policy review from disability perspective	\$9,000
	Workshops on legal analysis and advocacy for DPOs (and other partners)	\$2,500
	Production of GBV toolkit with DPOs (and other partners) adapting existing materials from other countries globally to be used for DB with CNR, DPOs, when addressing GBV, and judiciary.	\$25,000
	Capacity building, including training and mentoring of DPOs (and other partners) to document, analyze, report on cases of GBV, and advocate for change.	\$9,000
	Capacity building of Judiciary, jointly with DPOs, on GBV on the rights of persons with disabilities and how to integrate disability in justice services.	\$16,500
	Public campaign – led by DPOs - on rights of PWD and addressing tolerance for violence against women with disabilities	\$30,000
	Advocacy and socialization by DPOs and UN on the rights of persons with disabilities and GBV via the Basic Education Cluster (EBC) schools in Dili, IE Resource Centre, MOE and DPOs	\$15,000
	Capacity building with DPOs for disability and gender responsive budgeting for institutions and DPOs	\$7,500
	Training of trainers of DPOs, including women with disabilities	\$25,000
	Technical support and mentoring together with DPOs to the Inclusive Education Resource Centre, Dili and MOE	\$10,000
Accessibility costs	Printing in braille and use of sign language during meetings and events.	6,000 for contracts with DPOs