An Analysis of Frontline Service Delivery in Rural Timor-Leste

Bobby Anderson
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Summary

Timor-Leste is often described as imminently at risk of becoming a failed state. Humanitarian and development workers speak of the country in dire terms, noting the country’s brutal 25-year occupation by Indonesia, the inexperience of its institutions and civil servants, the lack of services in the countryside, low health and education indicators, a propensity for collective violence as demonstrated by the 2006 conflict, and so on. “We are a new country” is the common refrain, followed by a description of how “remote” much of the country is. And so Timor-Leste finds itself lumped into a Melanesian “arc of instability” alongside Papua New Guinea, the Solomon Islands, and Vanuatu. None of these claims stand up to even casual scrutiny once one leaves Dili and travels to the countryside. Across Timor-Leste, health, education, and other civil servants are at their posts and attempting to deliver services in challenging environments. But the challenge doesn’t come from remoteness; it comes from an unaccountable and inward-looking Dili-based centre. Service delivery impediments across Timor-Leste are bureaucratic, not geographic. Most importantly, things aren’t as dire as they seem. A new paradigm is needed. This report describes conditions in the countryside and illustrates numerous positive foundations for government and private sector to build upon.

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Foreword

Since its founding in 1965, a hallmark of Abt Associates work has been its pursuit of new and better ways of delivering community and development assistance. Initially much of Abt Associates work was focused in the fields of health and social policy. Nowadays, the company also applies its technical and program capabilities into the governance arena – including on issues of front line service delivery, community driven development, local governance, economic and public sector management and leadership and coalitions.

Abt Associates sees ‘governance’ as more than just a sector: it is a way of thinking about how development (i.e. change) occurs. As such, Abt Associates applies ‘governance’ as a way of working across all sectoral and governance-specific investments. Our approach is distinguished by:

- investing in local staff and relationships, networks and partnerships;
- integrating real-time, high quality contextual and political analysis into our programming;
- focusing on best-fit, locally defined problems and solutions;
- focusing on approaches and solutions that are technically sound and politically possible;
- working with the ‘grain’, acknowledging that change cannot be driven by outsiders;
- using iterative, adaptive and responsive programming techniques; and
- focusing on enabling and equipping local leaderships, rather than ‘doing’.

An important component of this work has been Abt Associates implementation of the Australia Timor-Leste Partnership for Human Development (ATLPHD). ATLPHD represents Australia’s long-term vision for enhancing human development in Timor-Leste over the next decade. It brings together what were previously eight separate investments in health, education, water, sanitation, nutrition, gender equality, disability and social protection into a single program to maximise effectiveness and efficiency. The assumption is that the only way to solve the common service delivery bottlenecks faced by each sector is to design and implement programs together. Only by working across sectors and disciplines, can aid responses truly respond to the complex, contested and constantly changing landscape in which they operate.

This paper is interesting for three reasons. First, it provides a vibrant and compelling description of the differing world views of the ‘centre’ and the ‘periphery’ in a young, small and emerging state. When seen from the periphery, it is the centre that is institutionally and sometimes geographically remote. Second, the paper provides graphic evidence of the ‘stickiness’ of institutions. Development practitioners, commentators and researchers frequently bemoan limited sustainability in programs and projects; this study shows how some habits, practices and procedures are all too enduring. Thirdly, and most dramatically, this paper stands the conventional wisdom on its head. It is not the ‘periphery’ that is dysfunctional, disinterested and disorganized; it is the centre that is insular, unresponsive and self-obsessed.

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Table of Contents

1. Introduction ......................................................................................................................... 6
2. Field Findings ..................................................................................................................... 9
   Facilities (electricity, infrastructure, water, and sanitation) ........................................... 10
   Sanitation .............................................................................................................................. 11
   Facilities Maintenance and Standards ............................................................................. 11
   Infrastructure ...................................................................................................................... 12
   Human Resources .............................................................................................................. 12
   Problems at the Centre .................................................................................................... 13
     Finance ............................................................................................................................... 13
     Logistics, Procurement and Spares .................................................................................. 14
   Decentralization ................................................................................................................ 15
   Leadership ........................................................................................................................... 16
   Theoretical versus Actual ................................................................................................. 17
   Community Expectations ................................................................................................. 17
   Gender .................................................................................................................................. 17
   Disability ............................................................................................................................. 17
   Nutrition ............................................................................................................................... 18
     School feeding .................................................................................................................. 18
   Family Planning .................................................................................................................. 19
3. Conclusion .......................................................................................................................... 19
References and Further Reading ........................................................................................... 21
1. Introduction

“Dili says decentralization won’t work because we in the municipalities are incompetent, but they’re the ones that are mucking up every day, not us”.

- A Public Service Administrator, Lospalos

1.1 Timor-Leste is one of the world’s youngest countries. It emerged from a quarter century of Indonesian occupation in 1999 after a majority of Timorese voted for independence in a UN-managed referendum; the territory became a country in 2002. The United Nations Interim Administration in East Timor (UNTAET) was established to build Timor-Leste’s institutions of government while myriad external donors funded the nation’s reconstruction. But political violence resulted in another peacekeeping mission in 2006. Since 2013, the country has achieved stability through petroleum revenue-funded “reconciliation” between political elites and the post-2006 rebuilding of the nation’s police and armed forces. But the country’s economy is dependent almost entirely on oil; wealth and opportunity are concentrated in the capital, Dili; and elite reconciliation is often a division of spoils.

1.2 Viewing Timor-Leste through a political economy lens and then extrapolating that view across the multiplicity of sectors and layers that constitute governance and public service delivery in the country is dark viewing indeed. The dire pronouncements of many a Dili-based NGO or donor representative, or a Timorese health, education, or other line ministry official, coalesce around a key assumption: a lack of civil servant capacity in remote and inaccessible hinterlands resulting in low human development indicator measurements which set the stage for another generation of development assistance, usually followed by the “we are a new country” caveat. Hearing enough of this in Dili, one can be forgiven for assuming that everyone in the countryside is uneducated, hungry and dying.

1.3 Bromides concerning low human resource capacity outside of towns are not supported by what can be observed in the countryside. Across Timor-Leste’s rural areas where the majority of Timorese reside, including in a village we visited which has never had either a phone signal or electricity, civil servants are at their posts and doing their jobs in a challenging environment—one in which decentralisation has already in some imperfect manner occurred, with schools functioning autonomously and health services improvising to provide mobile and static services due to a lack of consistent national support. Despite these challenges, anecdotally, service standards are higher in rural Timor-Leste than in much of eastern Indonesia.

1.4 “Remote” has also proven to be relative in Timor-Leste, especially in comparison to other areas of Southeast Asia and Melanesia. Iliomar, often cited as one of the most remote areas of the country, can be reached in nine hours from Dili by car, with a nearly uninterrupted 3G phone signal across the entire journey; by no standard of measurement is this remote, especially compared, for example, to areas of nearby Indonesian Papua that are up to a week’s walk from a road, with complete network absence. No area of Timor-Leste that the author or his informants are aware of
suffers a lack of services and corresponding ill health, high mortality and low school attendance or performance due to remoteness. The problems are bureaucratic, not geographic1.

1.5 Frontline service delivery providers interviewed for this report were refreshingly explicit about their needs and direct in their criticisms of the central government. And the biggest obstacle to service delivery in rural Timor-Leste is not “remoteness” or “human resource capacity”- it is an inward-looking center that lacks understanding of, or experience in, the areas of the country where most Timorese live.

1.6 The difference between what is stated in the capital and what is observed in the hinterland leads the author to surmise that many of the dire health and education claims made by government ministries and non-governmental organizations should be more critically examined (more below).

1.7 Further, a more in-depth study of how Timor-Leste’s service providers have functioned and developed coping mechanisms over time in the absence of an accountable and responsive center should thoroughly inform the decentralization process currently underway, although the capital-centricity of most power brokers in government likely means this won’t occur.

1.8 This report details findings from the Australia-Timor-Leste Partnership for Human Development (PHD) frontline analytics advisor’s field visits to municipalities including Lautem (Lliomar administrative post & Lospalos town), and Manufahi (Same town and surrounding areas). Over the course of these visits the author and two researchers, Ivo Rangel and Vito De Costa, visited numerous central/ filial schools and health posts, as well as education, health and water provision administrative offices. The author also visited Oecussi (Pante Macassar), Baucau, Viqueque and other areas; those trips also inform this report.

1.9 Particular to PHD, the foci of frontline analytics is on the commonalities that enhance or impede governmental services- human resources, finance, procurement, logistics and other administrative concerns. However, we purposely did not lead interviewees with these issues; rather, we asked interviewees to tell us about the challenges they faced in delivering services. A broad consensus emerged from individual interviewees across sectors, particular to the concerns we posited were impeding services, especially regarding the lack of an accountable and responsive administrative link between the municipalities and the center, and the impact that has on logistics/ supply chains, finances, and human resources, as well as more particular aspects of service facilities management (FM) and operations & maintenance (O&M). Regarding locations, Same was selected because anecdotally it hosts significant PHD partner activity; Lliomar was selected because it is widely mentioned by Dili interviewees as one of the most remote areas of the country.

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**The Civil Service within Timor-Leste’s Contemporary Political Economy**

To function at all, public services require a plethora of formal and informal institutions to work and to work well, both upstream and downstream. Upstream, core policy settings have to be appropriate, budgets have to be allocated, service standards have to be articulated, personnel have to be deployed and managed, and outputs have to be monitored and evaluated. All these functions require competent, motivated and incentivised staff. Downstream, the requirements are similar, and daunting: the agency’s remit or mandate has to be clear, it must have the necessary authority, resources and responsibility to act, it must receive budgets on time, and it must of course have appropriately skilled, motivated and managed staff. For local service delivery units to perform, many specific individual public service systems must function:

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1 With the exception of some extreme cases, claiming that geography inhibits service delivery is disingenuous. Anyone who says it without expanding into further causes of impediments, human-made or other, either hasn’t thought through the problem or has given up on the problem.
finance, information, policy, guidance, standards, transport, oversight, management etc. Each one is a challenge (Teskey 2013).

Difficulties in Timor-Leste’s service delivery do not exist in a vacuum, but are embedded within the state’s elite-driven contemporary political economy.

Particular to the bureaucracy and service delivery, in 1974-75 the civil servant structure of Timor-Leste largely decamped to Portugal: a minority of civil servants were Timorese in that era. Many of the Timorese who replaced these Portuguese cadres were killed or fled after the Indonesian invasion: the fortunate ones just lost their jobs. Under the Indonesian military’s dwifugi or dual-role doctrine, The Indonesian Military (Tentara Nasional Indonesia or TNI) directly assumed many civil servant roles, and later imported civil servants from other parts of the archipelago to staff the provincial administration, where they distinguished themselves by an abundance of servants and a lack of performance and accountability. Over the 25 year occupation, however, an increasing number of Timorese were recruited into the civil service. This administrative structure also decamped en masse in 1999: of the Timorese civil servants in the Indonesian system, many of them were forced to flee in 1999, or fled voluntarily in the worry that they would be branded as collaborators. Most returned.

The United Nations Temporary Administration in East Timor (UNTAET) assumed control of the territory in 1999. UNTAET was characterised by an overabundance of advisors and private NGO partners, and even after the emergency phase, this structure was compelled to concentrate on direct implementation of programs by foreigners while it attempted to build a government structure which could one day implement programs on its own. A slow ‘Timorisation’ of management under UNTAET began, and a new generation of civil servants have come up under it and the government bureaucracy which replaced it. Over the course of its state-building, UNTAET imposed various new public management and other models of governance on the country which concentrated on transparency, competitiveness and privatisation, amongst others. These impositions occurred without an understanding of the social topography they were being constructed upon. That existing topography has molded the system in turn.

The formal rules of the administrative game differ from the informal rules: the state might be more accurately viewed as a ‘social relation’ than a set of institutions standing in isolation from society (Jones 2010); the fundamental organising principles of Timorese social life and relations are superimposed upon the civil service (Butterworth 2010). Senior staff are seen to derive their authority because they are closer to the ‘origin’; those seniors are obligated to help those further away or ‘outside’, regardless of performance. In this way reciprocal obligations and expectations are created in the bureaucracy: such relationships supersede the formal Weberian rules of the game (Teskey 2016).

Timor-Leste’s government is characterised by discretionary decision making, personalized deals among elites, non-elites engaging with one another through clientelistic relations rather than through programmatic commitments, and the centrality of rent seeking and capture to elite bargaining, and thus to broader political stability (Teskey 2013). Authority resides in individuals rather than in ministries and departments (ibid). And foreign donor programs are supported by individual elites in ministries rather than by a ministry per se.

At the sub-national level, the country’s civil service hosts a culture of compliance that is directed at abiding the functional authority of the state through an adherence to its processes rather than the needs of its citizenry. Despite this, anecdotal research indicates that civil servants do wish to “do the right thing” with regard to the services they are tasked to deliver. They also strive to distinguish themselves from the Indonesian state structure they replaced.
However, these civil servants are disempowered from acting independently within a highly centralised, Dili-centric system, and are hobbled by the focus of the bureaucracy on paperwork and “accountability” such as the requirement of undue amounts of signatures for the release of funds, and the habit of most theoretical decision-makers to defer decisions upwards.

This emphasis on paperwork and deference to superiors rather than job performance means that civil servants receive few rewards for good performance and even fewer consequences for poor performance. And it is at the front line of service delivery, where citizens actually interact with the state, that these impediments to service delivery are most palpably felt, and have the worst impacts.

A lack of managerial accountability is the enabling factor in the poverty of frontline systems: for example, a preventable death from an obstetric emergency will result in no administrative sanction to the civil servants who were responsible for a particular shortage or lack of maintenance that led to the death. While a junior civil servant may be dismissed for absenteeism, the manager of that civil servant will not be dismissed for failing to provide the supporting structure that made it impossible for that civil servant to undertake the tasks that they were responsible for in the first place.

Politicians within this system do not prioritise certain human development-oriented financial allocations because they perceive weak political pay-offs: increased expenditure toward rural water provision and health services, for example, have a low political salience, and therefore such delivery does not yet assist re-election or support. This is also because citizens are seemingly unaware of the services they are entitled to and have no means by which to measure what should be available and offered at a given school or health post, for example. And those who are aware seem to have few expectations, and have few means at their disposal in which to express their concerns and aspirations directly to the bureaucracy at the local level.

This combination of structural, institutional, and agential factors significantly impedes frontline service delivery. Staff operate within an administrative system of control that does not incentivise their behavior to deliver services, nor support them to do so. This report illustrates how schools and health posts lack supplies and staff; facilities maintenance is weak, standards are lacking, payments are late, supply chains break down, damaged equipment is not replaced, and so on.

Given this history, however, Timor-Leste’s health, education and other services are in surprisingly good shape, and frontline service delivery posts function relatively better than the structure they exist within would otherwise imply.

2. Field Findings

2.1 As mentioned, a broad consensus of challenges emerged across interviewees and across service delivery sectors, particular to facilities management, sanitation, standardization, operations and maintenance, infrastructure, human resources, central unaccountability, decentralisation, leadership, community expectations (or lack thereof), and other issues relevant to every PHD sector.
Facilities (electricity, infrastructure, water, and sanitation)

2.2 Electricity has oft-times been cited as a significant impediment to rural development in general and rural service delivery in particular. However, it is—for now—not an issue in any of the visited areas except for Iradarate (see below). In recent years power lines have been installed across the country which link nearly all administrative posts to “new” and existing power stations in the mainland\(^2\); another new power station, Inur Sakato, is currently under construction in the Oecussi enclave. Across rural areas of Timor-Leste electricity, and prevalent 3G telecommunications coverage, serve as the primary symbols of benefit from the central state. Health and education, on the other hand, are viewed as being provided locally, or even in spite of the central state.

2.3 The availability of water is reported by all informants as a key factor in the quality of health and education service delivery- however, in Lautem, Manufahi and other areas, it is not reported to be as pressing an issue as in other municipalities such as northern Manatuto. Interestingly Cova Lima, on the southern coast, has serious water issues, even though it receives a higher volume of rainfall than other areas of the country. This supports the overall consensus that issues of water in Timor-Leste do not relate to scarcity per se but rather, management.

2.4 *Grupu Maneja Fasilidade* (GMF) units- elected community-based bodies which manage local water resources- also manage the majority of school and health post water connections in rural areas of Lautem and Manufahi. Some have been operational since 2002; they function autonomously, with minimal support from the state water directorate (*Diresau Nasional Servisu Agua* or DNSA). Frontline service providers in Lautem (and to a lesser degree, Manufahi) reported that the connection of schools and health posts to GMF-managed water points can be problematic; it seems GMFs prioritise household and communal water point connectivity/ maintenance rather than service delivery connectivity, and the number of rapidly-growing household taps mean that there is often no water available at “the end of the line” where most schools seem to be situated. This may be because some communities regard service delivery connections as the responsibility of the relevant administration rather than the community GMF. In schools this means that students are tasked to bring water to school to fill water receptacles- this also functions as a form of punishment for misbehaving students. This also means that schools more tightly control access to student toilets, with many of them locked. Every school visited has large water tanks which are not being used. The costs assigned by GMFs to health and education posts also do not seem to follow any known formula; for example, the Iliomar health post has to pay a monthly fee to the GMF for the number of buildings in their compound even though only one of the buildings has a water connection.

2.5 Despite the above findings, however, every school visited has water- either via pipes or in mandi (receptacles).

2.6 Municipal-level DNSA in the visited areas do not regard rural water provision as an issue, unlike urban water provision, which is distinguished by broken filtration systems, unauthorised household connections, and the overall overuse and waste of water in urban systems because water has no assigned cost. DNSA intends to bill for water in urban areas nationwide by 2024. The PHD water advisor notes that Maliana (Bobonaro) already levies charges for water usage with the fees paid into a dedicated bank account (which does not follow MoF guidelines, but still- who cares), and the municipal administration uses these funds to pay for maintenance (see recommendations below).

\(^2\) The company Esperansa Timor Oan, owned by Xanana Gusmao’s nephew Nilton has the contract to import petroleum which generates the electricity; Since 2010 he has sold the GoTL over $213 million in petroleum.
2.7 Municipal DNSA identify the main impediments to services as a lack of staff (primarily pump technicians), logistics for spare parts, maintenance, and overall central unaccountability. Regarding human resources, Lautem lacks the staff to make authorised household connections in a timely manner and so “unauthorised” connections made by impatient citizens predominate. DNSA Lospalos has no pump specialists in place: Dili technicians show up an average of twice a year. They do not conduct “maintenance”: equipment is serviced only when it breaks. DNSA Lospalos relies on the expertise of a Lospalos (Fuiloro)-based priest who happens to be an electrical engineer. This same priest also installed a pump system in Laga Baucau with National Program for Village Development (PNDs) funds.

2.8 DNSA maintains a water point maintenance database (referred to uniformly as “BESIK”\(^3\)) which is viewed positively but the main frustration with it at the administrative post level is that what it reported never triggered any actions from the center. Regardless, it illustrated a need that the system did not (as opposed to could not) meet and led to frustration in communities. For example, the third time one DNSA team went to a particular village to check once again to see if a pump was still broken, they were threatened by the villagers. The DNSA staff did not seem to understand that under BESIK it was their job to facilitate repair solutions with GMFs; instead, whether intentional or no, they avoided responsibility and acted only in a reporting capacity. This illustrates the need for community-service provider contracts which could outline the responsibilities of both.

**Sanitation**

2.9 Sanitation—Functioning/adequate toilets, sinks, septic tanks and so on—is a key concern cited by school and health administrators and is obviously linked to water (one can't have the latter without the former). The main sanitation concerns are the number and functionality of toilets (particularly in schools in the period following Indonesia’s withdrawal, many schools were actually built without toilets or water connections), the inability to pump out septic tanks in rural areas\(^4\), and the degraded environmental conditions in which toilets are found, especially in high-volume school toilets. Lospalos administration reports that 45% of schools in the municipality lack adequate water connectivity and sanitation functionality, but this seems to be more an issue of sanitation than water.

**Facilities Maintenance and Standards**

2.10 There does not seem to be a standard by which health, education, and other facilities are constructed or maintained. This is to be expected when one considers the sheer number of buildings destroyed by TNI and the population boom which has occurred since. The post-Indonesia reconstruction era resulted in International NGO-constructed buildings which were built according to the various standards of different national and multilateral donors. Some were built with no standards at all, resulting in schools built with no plumbing or toilets, or not according to Sphere (Humanitarian Charter and Minimum Standards in Disaster Response) standards. This is especially relevant to water point and grounds maintenance, concrete apron placement, waste disposal, water point placement for infection control, fencing and so on, which theoretically every

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\(^3\) Throughout the countryside the database is referred to as BESIK although the database pre-dates BESIK (2012-2016) by a number of years. This may be illustrative of the lack of knowledge rural DNSA had of goings-on at the centre prior to BESIK. It also reflects positively of BESIK, which is the one DFAT program that most health and education interviewee can cite as an example of a foreign donor program.

\(^4\) The sanitation technical lead notes that TL has only one wastewater treatment center, west of Dili. Barring a commitment by GoTL to expand fecal sludge management capacity, the only current option is to seal septic tanks when they fill and build new ones.
administrative unit of service delivery should have. Apparently a standards department is just beginning in the Ministry of Health (MoH), but it has not, according to the partnerships director, been officially approved.

2.11 The means that the grounds of health posts and schools are often distinguished by a prevalence of organic litter, fecal matter, scavenging animals, and stagnant pools of water (especially around toilets and water tanks). These conditions serve as transmission points for vector-borne diseases.

2.12 In some areas this lack of hygiene is caused by the actual or perceived lack of a budget by which service delivery providers could hire cleaners (a particular concern in health posts) and security guards (to keep out animals and unauthorised persons). There is little uniformity across municipalities with regard to staffing Standard Operating Procedures (SOPs); in Lautem there are no cleaning staff, but in Manufahi, there are. This also relates to leadership; for example, the PHD water advisor mentions that the Maliana (Bobonaro municipality) health services manager oversees hygienic facilities, Community Health Centres (CHCs) have guards, and he is adamant that small maintenance fees are available to all CHCs but the funds are likely misused over time (he recommended a country-wide audit of the usage of such funds).

Infrastructure

2.13 Road repair is universally cited as a pressing need, and rural road conditions are a greater impediment to service delivery than any discrete sector-specific impediment. This is obviously recognised widely, and a flurry of repairs and refurbishments are happening across Lautem and Manufahi, as well as nearly every other area of the country the author has visited, through various government programs such as R4D, ERA, and SEPFOPE. This activity adequately demonstrates the ability of the centre to respond to needs.

2.14 The highest birthrates in Asia mean that an increasing number of children enter the school system every year, and yet classrooms do not increase with these numbers. The need for additional rooms was cited by the administrators and teachers of every visited school and health clinic. Particular to schools, this need was nearly always the first thing mentioned. These needs are articulated to the national level, which controls tenders for all new construction, but whether the center acts upon the need is determinate upon relationships or luck rather than any actual procedure established to respond to need.

2.15 Adequate staff housing is cited by health administrators in Iliomar and Lospalos as a key problem, followed by refurbishment of Indonesian-era health posts.

Human Resources

2.16 Absenteeism is widely cited as an impediment to service delivery in Dili. The author’s limited trips to the countryside bear this out. However, absenteeism is undefined: in some areas absenteeism might indicate that a teacher is missing one day out of five, while in another area, it may indicate that there have been no teachers in an area for years. In Timor-Leste the problem seems to concern the former; teachers and health care workers are present in their duty stations, but may not adhere to office hours and may occasionally be absent without justification.

2.17 Hiring is completely centralised. The PHD PFM adviser reports that most ministries interpret Annual Budget Execution Circulars to prohibit local hires for security, cleaning and

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5 The author does not consider absenteeism in order to collect a salary in a municipal capital to be “absenteeism” because the workers in question have no alternative. Usage of the expression “Absenteeism” might be better restricted to absenteeism which is subject to disciplinary measures.
catering, and they think these positions must be contracted centrally. He mentions that he has seen local cleaners hired by PNDS Municipal Offices but it seems to be an exception. The author has seen local hires in rural areas but these also seem to be unofficial. The need for the hiring process to be decentralised for lower-level positions, such as cleaners, cooks, and security, is cited by informants as a pressing need. While some municipalities such as Manufahi do have locally-hired cleaners, others, such as Lautem, do not. Having locally-hired cleaners in health posts and schools would have impacts far beyond the simple act of cleaning: nurses wouldn’t have to mop up blood, teachers wouldn’t have to organize cleaning shifts, and perhaps they would even stop locking up student toilets. The presence of cleaners is generally determinate upon the motivation of local leadership (see below).

2.18 A general lack of staff- teachers, teacher assistants, midwives and nurses in particular- is cited as an issue, but it appears to be a more pressing problem in health services than in education (average class size seems to be about 50-60 students per teacher across visited areas, and this is considered normal by teachers and administrators). Municipal water authorities cite the unavailability of locally- resident water pump technicians as a problem as well. Due to the Cuban training program, there is no lack of doctors cited; it should be emphasised that all interviewees cited a lack of midwives and nurses. Both are regarded by nearly all health interviewees (including patients) to be more valuable than doctors.

Problems at the Centre

2.19 Overall unresponsiveness and unaccountability at the national level is a constant theme in discussions with service providers. However, the planning, budgeting and reporting capacity of field service providers is also an issue.

2.20 The functioning of frontline services, and the meeting of needs, is more determinate on the personal relations established and maintained between the administrative post and the municipality level, and between the municipality level and the national level, rather than any technocratic workflow or procedure.

Finance

2.21 Budget transfers to frontline service delivery providers are nearly always delayed. This is caused by a lack of capacity in undertaking financial liquidations for previous budgets at the sub-national level, on one hand, and an opaque and unresponsive centre on the other. Tranche payment delays can occur at the national level, with a report missing a receipt sent back to the field for re-submission, often with no commentary from the centre on what exactly is wrong with the report. National- and sub-national levels blame one another, allowing both to avoid responsibility for the impact this has on service provision.

2.22 One issue that is solely the fault of the national level is salaries. The biggest and most unsurprising complaint made by service delivery providers is the one that is most palpable to individuals, namely that salaries can be collected only in municipal capitals. No banking facilities are available at the administrative post level. This takes administrative post officials out of their posts for 2 days to a week every month. In Lospalos, for example, payments arrive in accounts on the 22nd at the earliest. Payment often only arrives on the 28th or 29th. A further issue is that

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6 The quality and capacity of these returned doctors is cited as an issue in many municipalities: their knowledge is theoretical and they have little practical experience, but this is to be expected in any newly-graduated medical staff.

7 The PFM advisor notes that a previous health system strengthening program considered topping up the MoH Pasta Mutin (budget to the municipal health services, Community Health Centres and Health Posts), but after an analysis of sub-national financial planning and accountability mechanisms, they decided to not to pursue the initiative.
every civil servant in a municipality is paid at the same time: chaotic conditions prevail in front of
banks.

2.23 The Ministry of Finance (MoF) hopes that phone banking can resolve this problem; the PHD
PFM adviser notes that there are a few projects underway by the Central and local banks. Even
though an interim solution would be transferring cash to administrative posts, this is unlikely to
happen. The Ministry of Social Solidarity, however, does operate mobile banking facilities in order
to pay social protection benefit recipients: each is required to open an account, and these
vulnerable, unlike civil servants, do NOT have to travel to municipal capitals.

2.24 All staff note that budgets provided by the national level are not based on local needs or
planning processes.

Logistics, Procurement and Spares

2.25 The complexity of centralised procurement processes is a key impediment to the meeting
of all articulated needs, especially classroom/ clinic expansion; water systems; sanitation; as well
as operations, maintenance and repair. No one believes this system will EVER change. The
Community Rehabilitation Program is one shortcut by which communities can meet needs,
especially for rehabilitating schools and health posts; PNDS is another (see below).

2.26 A minimum of ten national procurement laws exist. Some particular programs and funds-
for example, those within the “Xanana portfolio”, as well as PNDS, have their own simpler and more
direct arrangements, but most laws are similar and are characterised by the concentration of
procedure and approval in Dili. PFM specialists and advisers advocated for the creation of one
omnibus procurement law for years before one was finally drafted by the MoF; more years have
passed without approval, even though the PFM advisor notes that approval is always reported to
be “just around the corner”.

2.27 MoH and other ministerial tender awards for maintenance are made at the national level
with no rationality or understanding of such concepts as time, space, or distance. For example,
nationwide MoH vehicle maintenance contracts are awarded where all maintenance and repairs
are done in Dili only. Vehicles can take a year to be repaired, and then they are repaired
incompetently: In Lospalos the example was offered of a vehicle repaired a year after deliv-
yery which then broke down when it was being driven back to Lospalos. In Same we witnessed a MPV
which was damaged two years ago and still sits beside the health center (Hamish Nixon has written
of similar issues in Viqueque).

2.28 Government Ministries, the Ministry of Health in particular, have such a bad reputation
amongst potential private service providers with regard to delayed payments that only the worst
contractors will bid on tenders advertised by them: more reputable service providers seek business
elsewhere. More timely payments might lead to a better class of service provider.

2.29 Fuel provision contracts are awarded where vehicles must be driven to Dili to fill up their
tanks. To cope with this absurdity, sub-national administrators utilise other budgets to purchase
fuel locally- hopefully they illegally sell their fuel coupons in Dili to make up the difference.
Apparently these contracts are drawn up by Legal Advisers with little to no consultation with
Technical Directorates. While complicated repairs will need to be undertaken in Dili for the
foreseeable future, maintenance and simpler repairs can and should be undertaken at the
municipal level. As part of the upcoming decentralisation, it is likely that these budgets will be
managed locally, and that local markets may respond to the demand.

2.30 PNDS avoids these detrimental and illogical practices: their budgets for fuel and
maintenance are managed at the municipal and the administrative post levels. The PFM advisor
notes that PNDS practice could become more widespread if the GoTL annual budget circular specifically states that the practice is allowed. Ministries are risk averse in their interpretation of Financial Laws and so, as noted in earlier studies, what is not explicitly stated is implicitly not allowed.

2.31 System logistics are wholly incompetent, from ordering to warehousing to provision. Anything ordered at the municipal capital level from Dili takes a minimum of a month to arrive (a month is considered unusually fast by informants and some were disbelieving of the possibility), and often the wrong items arrive. This is a problem across ministries and departments. For example, in water, specific replacement parts are ordered but the national level sends the wrong parts, or someone orders a 225 Horsepower pump and months later a 150 HP pump arrives. Informants believe these issues are caused by both corruption (this chaos lasts for a reason—someone is benefitting from it) and incompetence. When it can, DNSA uses its DAA budget for spare parts rather than go through the national level.

2.32 This also impacts the functionality of health services. Patients use private funds to buy their own medicine because stocks run out before requested resupply arrives. This is not simply an issue of delays at the centre, however: there exists a lack of municipal level planning capacity to ensure that drugs are requested, both on time and correctly (the health technical lead notes that administrative post CHCs or village Health Posts often request drugs that are not part of their level of treatment guideline). Serviço Autónomo de Medicamentos e Equipamentos de Saúde (SAMES) and the Pharmacy Directorate are theoretically addressing these issues: however, numerous CHC staff from Viqueque and other municipalities report that they physically send their own staff to SAMES warehouses in Dili, as the staff there have yet to properly fill approved orders.

2.33 Procurement and supply chains are also impacted by an ongoing but incomplete standardization of systems- an issue dating back to the post-emergency Non-Government Organisation (NGO) heyday where every government donor and NGO tended to favor systems and parts from their country of origin. The national level obviously does not have the ability to stock such a variety of parts for such a variety of systems. Informants were themselves unaware of current standardisation efforts, or possible programs to replace systems according to whatever standard has been agreed upon. DNSA and health especially cited the need to firstly agree upon standards and secondly to replace non-standard systems as they degrade over time. This is already occurring specific to electric water pumps in DNSA.

2.34 PNDS is likely the key way to subvert government procurement processes for infrastructural and facilities-related needs, but its potential use for these purposes is less considered amongst communities and service delivery providers.

Decentralization

2.35 The Indonesian experience of decentralisation in the archipelago’s remote and under-developed areas is a tragic one. The health, education, and other services which were supposed to improve through more local administrative mechanisms which would theoretically be more accountable to citizenry actually worsened as a result of the process, and often collapsed, especially in the country’s east, where cold storage chains disintegrated, vaccinations ended, and human development indicators declined in general. Decentralisation there and on other countries became a slush fund, with budgets diverted into electoral campaigns and unqualified persons provided no-show jobs. The author was therefore deeply suspicious of decentralistion in Timor-Leste- a country that is smaller than most Indonesian provinces, and with an even greater history of abuse and neglect.
2.36 However, findings in the countryside illustrate a readiness for decentralisation not found in its neighbor. Despite what one hears in Dili, there is a qualified human resource capacity at the local level, and these people are in place and doing their jobs; there is wide agreement on their roles and functions, and despite the role that the GoTL civil service plays as a partial social protection mechanism for connected persons, people are hiring according to their ability to undertake the duties listed in a job description. Decentralisation has, for many intents and purposes, occurred with regard to day-to-day functioning of services, and that what is centralised often impedes services. As has been discussed, frontline service providers have developed coping mechanisms to better provide those same services that the central level impedes. Not a single frontline interviewee had any detailed understanding of decentralization, but all voiced the opinion that it “sounds really good”.

2.37 The author seconds their opinion, but with caveats. Decentralisation is not a start-stop process where all will be done and dusted prior to the 2017 elections. It is a process which occurs across years, with an administrative and legal framework to guide it. Simply transferring budgets and responsibilities is reckless without mechanisms of accountability in place. Again, the unprepared rapidity of the process in neighboring Indonesia served to collapse the services that the process was theoretically—according to the World Bank and others—supposed to enhance. Even though Timor-Leste is much more prepared for decentralization than neighboring Indonesia was when decentralisation began there in the post-Suharto era, the risk remains. This risk is compounded by the incentives the national level has to decentralise quickly: the process devolves responsibility to the local level, and the national level authorities which have served to complicate and impede services can now absolve themselves of guilt for the services they failed to optimally provide in the first place. Decentralisation should be occurring with agreed roles of local and national actors, with the centre theoretically playing a monitoring role that at present it may not presently be qualified to do.

Leadership

2.38 A leadership deficit exists at the administrative post service delivery level, with demotivated managers who seem to have been ground down by an unaccountable center. However, strong leadership exists as well. A striking example can be found in Lautem municipality—in the contrasting management of the Lere Anan Timur School in Caenlio and the Central school in Iliomar town. The former is run by an entrepreneurial manager who manages his staff’s trips to Lospalos so that only two are gone at a given time; he calls ahead to the BNCTL office to ensure that salaries have been transferred from Dili before he releases staff to travel. School feeding is ongoing, toilets are open and clean, school grounds are sanitary, and so on; the school hosts a dry goods store and also controls procurement for school uniforms; the profits from both are rolled into the school’s operations budget and have been used to purchase furniture and appliances for the school. The Iliomar central school stands in contrast to this, with a director not managing teacher trips to Lospalos, nor bothering to call ahead, school feeding long since halted, and so on. Another example is found in the Iliomar health post manager who hasn’t even bothered to officially report the breakage of a water main which occurred in 2012 and has cut off water to the main building in the health complex. In a functioning system not reporting such a needed repair would be a disciplinary infraction. He’s not even bothered by the chain-smoking men with live chickens in the Obstetrics and Gynecology (OBGYN) room (this provides further justification for the need for locally-hired security guards as well as standardisation). In Manufahi, strong leadership is the norm, and apparently this is also the case of Bobonaro. All of these positive and negative examples are

8 Unfortunately they sell beer and cigarettes— if anyone wants to create an SOP for such a store it would be good to consider a list of forbidden items.
illustrative of the overall lack of supervision at the national and municipal levels: system functionality and innovation are dependent upon personalities.

**Theoretical versus Actual**

2.39 Interviewees tend to report on theoretical functioning of systems rather than actual functioning of systems. For example: a teacher in a Iliomar Central’s filial school in Iradarate reported that there were six teachers in his school, that only two at a time headed to Lospalos to pick up their salaries whilst the other four remained behind to cover all classes, that school feeding was occurring, and that although the school was not connected to the GMF-managed local water supply, toilets were functioning because students were organised to fill the water tank every Saturday. However, school feeding was defunct and the kitchen hadn’t been used in recent memory; the author examined the water tank and noted there was no ladder to the top, which led us to enquire how the kids climbed up there with the water. The teacher then explained that it was actually the mandis that the students would fill up every Saturday. We then noted that the toilet doors were locked, at which point the teacher then said “what do you expect? Everyone else is in Lospalos... I’m the only one here.” This conversation was illustrative of many others. The lesser leadership at the Iliomar Central School obviously leads to such issues in the Filial school.

2.40 The issue of theoretical versus actual anecdotally also applies to data collection and interpretation (see below).

**Community Expectations**

2.41 Communities express vague satisfaction with health and education services but they don't seem to know what should be available and so they have no way to actually measure what's on offer. While health service providers complain about a lack of staff, those seeking services do not. This finding is supported by numerous reports including TATOLI (2015). This lack of knowledge of what government is supposed to provide extends to frontline service providers themselves, especially in education, where in the words of one teacher, “we’re out here on our own, and we’re not really sure what they should be doing for us”.

**Gender**

2.42 Gender issues were not described by female or male interviewees unless prompted. It is then only articulated by interviewees as the number of girls in school. Interestingly more boys than girls drop out in Iliomar, and according to the Australian Government Department of Foreign Affairs and Trade (DFAT), this trend is now found nationwide. This is the opposite of what is often heard by NGOs, Donors and civil servants, who repeat the once-accurate and still-held belief that more girls are leaving school than boys (reasons offered include menstrual management, the need to care for younger siblings, etc. - these remain legitimate concerns). Interviewees in Iliomar reported that girls who dropped out of school to give birth are actively encouraged to return and finish their studies, and some actually do. We explored other aspects of gender with interviewees but what was revealed by them was limited.

**Disability**

2.43 Issues of disability are not a priority in Timor-Leste and were not mentioned by any informants unless they were prompted. It is discussed as a tertiary concern. Disabled students are attending school: in the words of a teacher, “the government tells us to”. But this integration is limited to social aspects of school; there is no programming in place which specifically addresses the varying needs of disabled students. Many of these students end up repeating grades but
teachers generally pass them so that they can stay with students of roughly the same age as them. Blindness seems to be the most common form of disability.

**Nutrition**

2.44 Some of Timor-Leste’s problems seem to be invented. For example: the small stature of many Timorese is often classified by donors and NGOs as “stunting”, childhood malnutrition which can result in diminutive size, cognitive deficiency, and ill health. Undoubtedly the diminutive stature of many Timorese is caused by childhood malnutrition; some foreign-funded nutrition projects are needed, and welcomed, but all too many of them assumed that the problem is a lack of food, which they then attempted to address through food distribution. But malnutrition in Timor-Leste is not caused by a lack of food so much as it is caused by a lack of knowledge—of nutrition, of breastfeeding and supplemental feeding, of sanitation and food storage. And also, some people are just shorter than others. The articulation of stunting comes with a laundry list of negative physical and mental outcomes offered as though they are inevitable to all Timorese below a certain height. This is insulting and racist: diminutive stature does not mean that one is stupid, but the small stature of many a Timorese is re-cast as a dire epidemic of mental imbecility and physical frailty—a problem from the worst excesses of the Indonesian occupation.

2.45 A “hunger season” between crops is described in NGO and donor literature, and this would be in line with the experiences of other areas of Nusa Tenggara Timur (including West Timor). But it was not mentioned by informants in Iliomar or Same. This may be because these areas had better rainfall and water sources than other parts of the country which the author has yet to visit.

2.46 One of the residual impacts of the Indonesian occupation is a belief that processed and imported packaged foods are more nutritious than locally produced foods, which are regarded by much of the population as inferior, “backwards”. The ability to consume purchased or imported foods can confer status, and packaged noodles such as Indomie are regarded to be much healthier than sweet potatoes, although the opposite is true. White rice is practically fetishized. These attitudes are common not just in rural Timor-Leste, but throughout Southeast Asia. This means that sickly children will be fed foodstuffs by parents that will actually make them even more sickly.

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9 Health interviewees mentioned that overconsumption of packaged noodles actually results in skin lesions.
2.49 This is proven by observations in Manufahi, where school feeding programs observed in Same and other areas had high locally-sourced vegetable content including root crops- and the students were preparing their own food under the guidance of local volunteers.

Family Planning

2.50 Timor-Leste’s status as the country with the highest birthrate in Asia will degrade all progress made in service delivery over time.

2.51 Active family planning underpins nearly all positive outcomes in maternal and child health and family health in general- physical health, economic health, etc. It is also foundational to female education, empowerment and gender equality. The health technical lead notes that Timorese women want smaller families, but their power to make such decisions is limited by gender and social norms. Compounding this, family planning is politically explosive in the myriad ways it can be willfully misinterpreted.

2.52 The biggest impediment to family planning is the Catholic Church. It cannot be confronted head-on: it must be bypassed through a decentralised service provision process, which MSI is already undertaking through midwives, media and a dedicated hotline.

2.53 Fretilin’s renunciation of Marxism in the early 1980s allowed for the Church to join the resistance in spirit, and the Catholic identity was embraced by Timorese as a marker of identity in the face of the Muslim Malai “other”. The church is also a centre of community relations. But this cultural identity’s tenets are easily bent; for example, the number of Timorese who cohabitate and procreate out of wedlock for years before they can save for a decent wedding. Catholicism is also an imposition only known within the lifetimes of many Timorese adults; despite 400+ years of Portuguese rule, as of the 1970s only 30% of Timorese identified themselves as Catholic. The adaptation of catholic identity began with the efforts of the post-1975 Indonesian colonizers to have Timorese adopt a religion that would fit them within the state Pancasila ideology which called for every Indonesian to adopt one of five recognised religions, namely Sunni Islam, Catholicism, Protestantism, Buddhism, and Confucianism. The Catholic Church possesses power but it may not, in Timor-Leste, be the monolith it presents itself to be. We should therefore be cautious in the potential overestimation of the actual (as opposed to the perceived) power of the Catholic Church in TL.

3. Conclusion

3.1 Despite the issues identified in the field visits, a positive caveat briefly touched upon in the introduction must again be made: things aren’t so bad.

3.2 Youth unemployment is high, economic opportunity is lacking, education is sub-par, maternal and child mortality are high, and malnutrition is prevalent. Violence against women and children is unacceptable at any level, much less the level found in Timor-Leste. The government’s political decisions impede substantive and rational policy choices to improve the majority of Timorese in favor of expenditures such as the Oecussi Special Economic Zone, the Tasi Mane petroleum corridor, payments to Falantil veterans as well as their offspring (the most mega of the mega projects according to Daniel Kammen (2015)). These short-sighted expenditures are often funded by Petroleum Fund draw-downs which impact that fund’s Estimated Sustainable Income levels. There is also the issue of civil service employment as an erroneous form of social protection. Even the use of Portuguese is wasteful, according to interviewees, and makes government workers
dependent upon translations which are never uniform. Viewing Timor-Leste through a political economy lens and then extrapolating across the multiplicity of sectors and layers that constitute governance and public service leads all too many an observer to predict state failure.

3.3 That image holds until one travels to the countryside. Across Timor civil servants are struggling to provide services in sub-optimal environments; children are in school, being taught by teachers who are mostly present; health posts are open and relatively clean, pharmacies have stocks of medicines, citizens are accessing services, and most importantly, service delivery providers have self-expectations as to what their duties are, they feel obligated to undertake them, and they understand the support they need execute those duties optimally. They freely offer prescient criticisms and suggest solutions. Most importantly, the many obligations and bonds of reciprocity found across the multiplicity of Timorese cultures which constitute society become apparent in discussions and interviews with everyone from health post managers to volunteer teachers to ambulance repair crew members. Yes, conflict and violence exist, but this is still a society made cohesive by shared experience and a transcendent sense of membership, even amongst those in violent conflict with one another.

3.4 This flies in the face of contemporary pronouncements backed by outdated data. The author questions the validity of other more contemporary data sources as well. Many of the pronouncements made in government and NGO circles once had validity, but much of it no longer does.

3.5 The most current health and education indicators demonstrate improvements but even these might be unduly pessimistic. The root causes of this misrepresentation are likely found within prevalent biases and heuristics. Another issue is that many NGO and other development workers in Timor only have a Timor baseline. It’s easy to believe Timor’s human development indicators are the same as Eritrea or the Congo if you know absolutely nothing about either, and Timor-Leste constitutes much of one’s professional experience. There is also the issue of repetition: since the 1970s people have talked about the tragedy of an invasion of a people already left behind, killed over time from Indonesian social engineering, dying from neglect or from intention. There is an image of an emaciated child implanted in the minds of new arrivals, and humans easily take on those images and aid in their recycling. Biases provide this image with unthinking continuity.

3.6 The image of that emaciated child is a justification for why many a salary is drawn, including the salaries of underpaid enumerators who are expected to feed doom up the line. Interviewees offer numerous examples of enumerators engaged in outright fraud, filling in household surveys with exactly the results they expect to find. This is illustrated in the aforementioned example of the small stature of many a Timorese re-cast as a dire epidemic of physical and mental stunting- a problem from the past reinvented in order to open a funding line and respond to something that cannot be defeated because it mostly doesn’t exist.

3.7 Approaching a country from the perspective of its impending demise likely doesn’t lead to good programming. A new paradigm by which to approach development in Timor-Leste is needed: one that builds upon the solid foundations this report describes.

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10 Every education interviewee viewed the teaching of Portuguese as unimportant.
References and Further Reading


Gisselquist, R. 2013. ‘Good Aid in Hard Places’ project, UNU WIDER.


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