PRADET
STRATEGIC PLAN 2014-2018
Introduction
The original PRADET was developed to respond to an obvious need for mental health services in post conflict Timor-Leste, the service initially provided both medical treatment and psychosocial services. In 2002 responsibility for medical treatment was absorbed by a newly formed Department for Mental Health (Saude Mental) and PRADET was inaugurated as a local NGO concentrating on psychosocial services.

PRADET currently has a broad vision to alleviate trauma and stress as a detrimental factor in the community life of Timor-Leste. With over 11 years of experience in delivering psychosocial services PRADET has grown to include programs that respond to mental illness, gender based violence, child abuse, human trafficking and youth imprisonment. As well as client based services PRADET also provides information to the public about the issues faced by our clients and how communities and individuals can support vulnerable people. PRADET’s community workshops also address issues which impact on mental health and gender based violence, child abuse and imprisonment such as management of emotions and the abuse of alcohol and drugs.

Today, with a stable government and the hope of a growing economy the needs of PRADETs clients and the expectations of our donors have shifted from emergency response towards the inclusion of prevention and rehabilitation focused services and education. Hence, at this point in both PRADET’s and Timor-Leste's development it is time to clarify the priorities of the organization, to address the challenges, as well as, build on the PRADETs successes, in order to develop a new five-year Strategic Plan for 2014 – 2018, one that aligns with policies and law relevant to PRADET’s core vision and mission.

Methodology
PRADET’s 2013 strategic planning process was assisted by an experienced facilitator and consisted of a range of activities to elicit feedback and ideas from stakeholders, including staff, other services and donors. This process included a Staff Team Building session; Stakeholders Meeting; and a three-day planning meeting with staff.

It was through discussion with staff that PRADET decided to revise its mission and vision and present this alongside the 2014-2018 strategic plan.
About PRADET

Fifteen Timorese health workers were employed to establish the first mental health service in Timor-Leste in 2000. A major consultation was held with a variety of stakeholders to inform the direction of the new service. The outcome of this consultation was that mental health and trauma services were viewed as a priority for the country.

An Australian psychiatrist commenced providing psychiatric services to patients, while mentoring the new staff. Many other people, mainly from Australia and Singapore, provided support and training.

By May 2001, PRADET had approximately 400 patients with serious mental illness, but funding was suddenly withdrawn. In 2002 all patients, equipment and resources were handed over to the very new Government program Saude Mental.

In January 2002 PRADET (Timor Lorosae) commenced as a National NGO.

Since then PRADET has grown with the support of donors, partners and international mentors. In 2013 PRADET has three distinct programs;

- **Programma Assistensia Moras Mental**–provides psychosocial services for people experiencing trauma and mental illness in eight districts; Dili, Aileu, Ainaro, Ermera, Bobonaro, Liquica, Manatuto and Baucau. PAMM also provides community education and training to community leaders and health educators about prevention of mental illness and strengthening the referral pathway system of their re-integration program after the crisis.

- **Fatin Hakmatek**–provides counseling, medical treatment, forensic documentation of injuries and emergency accommodation for people experiencing domestic violence, sexual assault, child abuse and abandonment. This service has been expanded to Suai, Oecusse and Maliana. Fatin Hakmatek also provides community education and training to community leaders and health workers.

- **Peace and Democracy and Juvenile Justice**–Provides psychosocial services to young offenders in prison and those in 72 hour detention. PDAJJ also conducts a community education program about the use and abuse of alcohol and other drugs and managing emotions, that they co-facilitate with community police.

PRADET also had two projects that worked alongside the PAMM and PDAJJ programs;

- **Tau Matan** – Providing community education and advocacy about Human Trafficking and psychosocial support to victims of human trafficking.

- **Personal Development Pilot** – a 15 day course providing practical strategies for participants to manage their emotions, improve their communication and conflict resolution skills in order to reduce conflict in their home and community.
**PRADET’s achievements**

- PRADET is a local NGO with over 11 years experience providing psychosocial support in Timor-Leste.
- PRADET's expertise in the area of domestic violence and sexual assault is widely recognised.
- PRADET was a pioneer organisation providing support to people with mental illness, and today PRADET remains one of the few services available to people experiencing mental illness in Timor-Leste.
- PRADET was the winner of the Sergio Vieira de Mello Human Rights Award in 2009.
- PRADET provides information on the impact of drugs and alcohol and is one of the few organisations to provide information about this issue.
- In 2012 PRADET provided psychosocial support to 674 people including 382 women, 134 men and 158 children under eighteen.
- In 2012 PRADET provided community education to 2431 people via 59 workshops.
- In 2012 73% of people receiving psychosocial support were women or girls.
Feedback from Stakeholders

Major partners and friends of PRADET were invited to attend one day in which they could share their vision for PRADET’s future. Some themes included:

- The need for organisational development including better human resources management including performance appraisals.
- That there is a need for psychosocial support and counselling services across sectors.
- The need to share and implement information learnt in capacity building and training.
- The need for collaboration between service providers and participation in broader advocacy movements.
- The need to prioritise PRADET's services so that they are cost effective.
- The need to plan towards sustainability – can government take over services or are there other ways to ensure the sustainability of PRADET.
- The need to improve follow-up and case management including reinsertion and reintegration for all programs.
- The need for staff and PRADET to use a ‘client centred approach’.
- The need to measure impact including behavioural and attitudinal change through monitoring and evaluation.
Staff priorities 2014-2018

- Improving transparency
- Strengthening internal and external communication
- Improving staff performance and discipline
- Improving organisational policies, human resources and clarifying PRADET’s structure
- Opportunities for staff capacity development and training
- Accountability for both the organisation and individual staff
- Improving the quality of assistance and counselling to beneficiaries
- Lobbying government for funding and improved services
- Promoting collaboration between PRADET programs and the Ministry of Health

“PRADET NGO ida nebe nia knar uniku, PRADET NGO ida nebe ho ninia membro sira mesak ho background Saude no iha solidaridade maka’as (faun boot)”

“Hau hakarak desenvolve PRADET atu luta ba direito ema vulnerable sira”
**PRADET 2014 - 2018**

PRADET’s **vision** is for a strong, healthy community that protects and supports its most vulnerable people including those who are affected by trauma, mental illness and other psychosocial problems.

PRADET’s **mission** is to strengthen organisational relationships with government through the relevant ministries and other services in order to provide support to vulnerable people that experience psychosocial problems through education, counselling, social support, rehabilitation, medical and forensic services.

PRADETs **objective** is;

To improve the quality of life and health of people who experience psychosocial problems through psychosocial support, treatment, rehabilitation and education, according to national and international standards.

In 2014- 2018 PRADET’s **strategic objectives** include:

**Service delivery**
To provide service delivery that is strong, appropriate and integrated and that uses a rights-based approach throughout.

**Advocacy**
The link between PRADET, other services, families and communities is strong and has the capacity to ensure good quality care, and the reduction of stigma and discrimination towards people that experience psychosocial problems.

**Organisational development**
PRADET becomes an organisation that is strong, has human resources that have capacity and which are professional, systems that are effective, and funding that is sufficient and sustainable.
Service Delivery

PRADET will continue to ensure that service delivery is strong, appropriate, integrated and uses a rights-based-approach. PRADET's services will be supported by a referral system that is effective and covers all districts in Timor-Leste and PRADET will have increased capacity to provide services to a growing number of clients as our referral network is strengthened.

PRADET and it's clients will have an increased profile in the community, amongst civil society, partners and government and as a result more people with psychosocial problems will be able to access to high quality support.

How will PRADET achieve this?

1. PRADET will create guidelines for the delivery of psychosocial services to clients using a rights-based approach. These guidelines will cover all aspects of PRADET's work, including community education and prevention, the referral system, client and victim services, rehabilitation and reintegration. These guidelines will be socialised through trainings and meetings with staff, partners and other services and will be reviewed after three years.

1.2 PRADET will create monitoring systems, monitoring templates and procedures and will include indicators for each program to improve individual staff and program performance and outcomes for people with psychosocial problems. PRADET will ensure all programs are effective through effective case management, monitoring client progress and by measuring client outcomes.

1.3 PRADET's internal database will be reviewed to ensure it is of high quality and accurate. Staff will be regularly trained in the use and analysis of data to ensure that data can be accessed at all times, and is understood. Through an improved database PRADET will be able to better monitor the profile and condition of the people who access our services and be better able to respond to needs as they arise. PRADET's Database will be reviewed annually and guidelines for the use of the database will be regularly maintained and distributed to all Program Coordinators.

1.4 PRADET will implement a system to measure client and family satisfaction with PRADETs services this will be used to improve PRADETs services and ensure that they are appropriate.

1.5 PRADET will continue to participate in referral network meetings with service partners and continue to provide information and advocacy to the community, civil society and government about the needs of people with psychosocial issues.

Indicators

- PRADET has guidelines for the delivery of psychosocial services which are rights-based and that integrate all of PRADET’s services.
- 100% of staff conduct their work according to these guidelines.
- 100% of staff use individual case review/monitoring forms and utilize information from these forms to improve quality of case management.
- By 2018, 100% of PRADET programs have monitoring visits from senior staff, at least once every three months and information is used to improve programs
- A minimum of 4 staff are able to analyse data from the database at all times.
• 65% of referrals to PRADET services are provided with or supported to access quality treatment.1

• In 2018, 65% of people that have accessed PRADETs services or participate in PRADETs training are satisfied with PRADET’s work.

• 10% increase each year in the number of partners, government or civil society organisations attending training/presentations from PRADET programs.

• 75% of training participants increase their knowledge about PRADETs programs, the issues faced by our clients and the referral network.

• 50% of training participants implement information from training.

• From 2014 – 2018 there is a 50% increase in the number of people who are referred to PRADET services from PRADET’s partners.

• Where appropriate there is a 10% increase each year in all PRADET programs beneficiaries including services and training.

1 By treatment we mean medical or psychiatric treatment, counseling and psychosocial support.
Advocacy
The link between PRADET client's families, communities, other services and government is strong and has the capacity to ensure good quality care, and the reduction of stigma and discrimination towards people that experience psychosocial problems.

PRADET will continue to advocate for the inclusion and protection of people with psychosocial problems via PRADET's relationships with families, community, civil society organisations and government, and via advocacy for the implementation of International and National law.

As a result families and communities are better able to provide protection and support to people who live with psychosocial problems.

In order to reduce dependency on international and other non-Government funding and to increase the sustainability of support for people with psychosocial issues, PRADET will advocate for the inclusion of people with mental illness or other psychosocial disabilities and victims of gender based violence in the Policies, National Action Plans, Strategies and Budget allocations of Government Ministries and agencies.

How will PRADET achieve this?
2.1 PRADET will continue to have regular meetings with relevant services and partners at the national level about issues facing people with psychosocial problems.

2.2 PRADET will propose, prepare or revise MOUs with all relevant partners.

2.3 PRADET will provide specific advocacy to families and communities at the Suku level to increase the profile of PRADET and the issues faced by PRADET's clients, increase support for people that live with/experience psychosocial problems in their communities and to reduce human rights abuses against vulnerable people.

2.4 PRADET will advocate together with relevant services in order to put pressure on parliament to ratify The UN Convention on the Rights of Persons with Disabilities (UNCRDP).

2.5 PRADET will advocate together with relevant services in order to put pressure on parliament for the creation of a law concerning drugs and for the creation of Human Trafficking law.

2.6 PRADET will advocate for the inclusion of people with psychosocial issues in the National Disability Action Plan, the new National Mental Health Strategy, and any revision of the National Action Plan for Gender Based Violence.

2.7 PRADET will lobby for the inclusion of support for people with psychosocial issues in the budget allocations of the Ministry for Justice, Ministry of Health, Ministry of Social Solidarity and the Secretary of State for the Promotion of Equality.

Indicator
- PRADET has an agreement with a minimum of 10 service organisations.
- PRADET meets with relevant services at the national level each month and at the district level every three months.
• Through advocacy, training and information provided to families and communities of people that live with psychosocial problems, 75% of participants have increased their capacity to support their family/community members.

• The UNCRPD is signed, ratified and socialised.

• Law about drugs approved, signed and socialised.

• International law about human trafficking ratified, signed, and socialised.

• All national Policies, Action Plans strategies consider the rights and support needs of people with psychosocial issues.

• By 2018, 50% of PRADET’s annual budget is sourced from Government budget allocations.

• By 2018, 50% of the population of Timor-Leste understand the rights of people that live with psychosocial problems.
Institutional Development

PRADET will become an organisation that is strong, has human resources that have capacity and which are professional, systems that are effective, and also has sufficient funding.

Staff in PRADET will increase their capacity and ability to fulfil their work requirements and better manage their activities. PRADET's procedures will be effective and clear in order to guarantee the quality of PRADET's work. PRADET will have systems in place that protect and secure PRADET staff and people with psychosocial problems in PRADET's office or areas of work.

How will PRADET achieve this?

1.1 PRADET staff will participate in capacity building and training including English and Portuguese, advocacy and case management, facilitation and Training of trainers.

1.2 Management staff will participate in training about leadership, financial management, Monitoring and Evaluation, writing reports and proposals.

1.3 The HR Manual will be reviewed and any changes socialised and implemented, with the manual to be review every three years, or as required.

1.4 PRADET will conduct staff performance evaluations with staff every year

1.5 PRADET will create, socialise and implement a feedback form for staff to provide feedback to management

1.6 PRADET will reflect on the results from staff feedback once every year

1.7 PRADET will create, socialise and implement staff and client security policies to be reviewed every three years, or when required

1.8 PRADET will implement a strategy to ensure the sustainability of its funding.

1.9 PRADET's governance will be strengthened through the active participation of its board.

1.10 PRADET's Board members are recruited with the specific skills necessary for PRADET's development and oversight including the capacity to provide governance in the area of Finance.

Indicator

• Each year 10 staff (2 from each program) participate in training and implement the skills from this training in their work.

• By 2018 70% of all staff have participated in capacity building related to their position and have applied this training in their work.

• 100% of the management team have had training in leadership, Monitoring and Evaluation, finances and have implemented what they have learnt in their work.

• PRADET has implemented guidelines to its services and referral systems.

• In 2018, 100% of Program Coordinators can effectively co-ordinate their programs including managing staff, budgets, data and communicating with donors.

• 100% of staff comprehend and follow internal regulations, policies and procedures.

• PRADET’s funding from donors (both government and International Agencies) is secure and sufficient to cover 100% of PRADETs activities annually.

• PRADET has a strategy for its sustainability
• 100% of Management team have implemented feedback from staff
• 100% staff feel safe in their work
• 100% of people with psychosocial problems feel safe during their support from PRADET
• Board attend a minimum of 4 meetings per year, a quorum of 5 is required for all board meetings
• There is always one board member or sub committee member with expertise in the area of finance on PRADET's board.
<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychosocial problem</strong></td>
</tr>
</tbody>
</table>
| **Psychosocial support** | actions which address the social and psychological needs of individuals, families and communities and which aim to enhance the ability of people to bounce back and restore normality after adverse experiences. In PRADET this means;  
• Basic medical treatment/triage  
• Counselling  
• Support to access services/referral  
• Material aid such as food and clothing  
• Support to access psychiatric treatment  
• Basic occupational therapy  
• Advocacy  
• Psycho-education  
• Basic outreach |
| **Psychosocial disabilities** | people with mental illness or neurological conditions such as epilepsy, dementia, intellectual or cognitive disabilities. |