

ANNEX 5 – EVALUATION MATRIX - CPE UNFPA TIMOR-LESTE

RELEVANCE			
EQ 1: To what extent has UNFPA Timor-Leste ensured that the sexual and reproductive health and other needs of adolescents and young people are integrated in the planning and implementation of all UNFPA supported interventions under the CP?			
Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA country planning documents adequately reflect SRH and other needs of adolescents and young people. UNFPA plans were relevant and adaptable to changing needs and country context. UNFPA was able to reach out to adolescents and young people, including those considered “most at risk” or marginalised.	<ul style="list-style-type: none"> - Needs assessment documents accurately describe needs and priorities of the country and UNFPA target groups. - Extent to which interventions planned in AWP’s accurately reflect interventions identified in CPD / CPAP. - Geographic locations of programme interventions were identified in country assessment documents. - IPs and government stakeholders confirm UNFPA timely response and adapted to their needs. 	<ul style="list-style-type: none"> - CPD, CPAP and AWP’s - UNDAF, NDP Timor-Leste, UNFPA Strategic Plan - Needs assessment studies - Stakeholders’ feedback 	<ul style="list-style-type: none"> o Document review (programme documents and related research and surveys) o KIIs with UNFPA programme staff, government and UN agencies stakeholders. o KIIs with IPs (Gov’t and NGOs) o FGD with school students, youth and networks
FINDINGS: RELEVANCE			
SUMMARY			
<p>The 3rd UNFPA Country Programme (CP) for Timor-Leste is based on a clear understanding of the population needs and takes into account the national policies and strategies for the population and for maternal health, family planning, youth and gender issues in the country. Most CP-supported interventions were informed by needs assessments and participatory consultations with government and development partners.</p> <p>UNFPA programme interventions addressed information and service needs of vulnerable groups, particularly young women (15 to 24 years old) who experience the highest maternal mortality, greatest percentage of mistimed births and highest rate of gender-based violence, as well as young men as supporters of family planning and maternal health and acknowledging their role in reducing gender-based violence. Interventions also targeted younger adolescents and key populations such as uniformed personnel, People Living with HIV, female sex workers and MSM.</p> <p>The CP was in line with the mandate and priorities of UNFPA expressed in its global Strategic Plans (SP) for 2014-2017 and 2018-2021, as well as to the United Nations Development Assistance Framework (UNDAF) 2015-2019/2020 for Timor-Leste.</p> <p>The 3rd UNFPA Country Programme 2015-2019 in Timor-Leste focussed on needs identified in the national Strategic Development Plan for Timor-Leste and in sector strategies such as the RMNCH Strategy, the National Youth Policy and the National Action Plan for Youth, and the National Action Plan on Gender-Based Violence.</p> <p>In terms of target groups, the CP Document aimed to focus interventions on vulnerable and underserved groups, with special attention given to addressing young women (15 to 24 years old) who experience the highest maternal mortality, greatest percentage of mistimed births and highest rate of gender-based violence.</p>			

Attention would also be given to addressing young men as supporters of family planning and maternal health and acknowledging their role in reducing gender-based violence.

Staff of UN and development agencies interviewed during this evaluation feel that the UNFPA Country Programme was highly relevant, as it focussed indeed on adolescent girls and young women, and was in line with national strategies and policies in Timor-Leste. The CP evaluation team agrees with this observation and finds the content and focus of the CP and its programme areas to be relevant.

The UNFPA Country Office (CO) was able to adapt CP approaches and speed of implementation to developments in the sectors, such as changes in high-level Ministerial staff, changes in sector priorities and policies, etc.

In terms of geographic focus, the CPD described that the Country Programme would address disparities found in geographic locations by focussing on specific areas, namely the capital (Dili) and five districts (Ainaro, Baucau, Bobonaro, Covalima and Oé-cusse Ambeno) with the weakest sexual and reproductive health indicators, including a lower percentage of skilled birth deliveries and family planning demand satisfied and higher prevalence of gender-based violence, HIV and other sexually transmitted infections.

However, once the CP got underway, the UNFPA CO no longer felt that the geographic focus defined in the CP Document (CPD) was relevant. Instead, the UNFPA CO decided to focus most of its support to capacity strengthening at central level in Dili. Also, the government preferred for UNFPA not to focus specifically on any municipality. The CP did support the piloting of key interventions in a number of municipalities selected by UNFPA (Liquica for the first phase of the in-school CPE roll-out) or by the relevant Implementing Partners (Dili for the Girls & Boys Circles CPE programme in schools piloted by FOKUPERS and Oé-cusse Ambeno and Baucau for the Birth Preparedness Plan programme implemented by the Alola Foundation).

Alignment with UNPFA and UN priorities

The evaluation team finds that the Timor-Leste Country Programme was in line with the mandate and priorities of UNFPA expressed in its global Strategic Plans (SP) for 2014-2017 and 2018-2021. The CPD was defined around the 4 strategic outcomes of the UNFPA SP.

In terms of the CP's alignment to the United Nations Development Assistance Framework (UNDAF) for Timor-Leste, the evaluation team finds that the CP Document was fully aligned.

Alignment with global priorities

In terms of global commitments, the UNFPA CPD and CPAP reflect the International Conference on Population and Development (ICPD) Plan of Action and the Sustainable Development Goals (SDGs).

Some stakeholders interviewed observed that UNFPA can and should do more to work on its entire mandate, including promoting rights-based SHRH programming for population groups such as non-married adolescents and young persons and other vulnerable groups such as key populations, for whom the access to SRHR knowledge and service is a sensitive topic in Timor-Leste.

Main external challenges of the CP

One external challenge for the UNFPA Timor-Leste Country Programme is the cultural context in the country with traditionalism and conservatism of some parties.

This has an impact on the willingness of authorities and communities to act on all issues in UNFPA's mandate, particularly those related to the right to access to SRHR, as well as an impact on the ease of UNFPA to openly advocate on these issues.

Another challenge was the political instability and changes in government structures and staff, which contributed to a lack of clear and consistent leadership by higher level government authorities as well as to the loss of staff whose capacity has previously been strengthened by UNFPA and partners. The reshuffle of some ministers and secretaries of state and the formation of a new government in 2015 resulted in the delay of the signing of the UNFPA Country Programme Action Plan (CPAP) until September 2015. This delayed the start of Country Programme implementation by about 9 months. In 2017 Parliamentary elections were held. The new government's programmes and budgets submitted to Parliament were rejected twice, resulting in policy decisions being put on hold. Overall these changes in central level government led to delays in CP implementation.

Another challenge is the fact that the coordination by government of the implementation of sector strategic plans and annual work plans is still not strong.

CP programme implementation in Timor-Leste is also affected by the shortage and limited technical capacity of human resources in the various sectors. Furthermore, in terms of implementation environment during the year, the rainy season from November to April impacts on field activities and access to much of the country. In addition, government implementing partners usually do not have access to their annual budget until Quarter 2 of each calendar year. This is taken into account in scheduling CP activities.

A further challenge is that Timor-Leste has been classified as a middle-income country, which makes many donors reluctant to fund development programmes and means that it is more difficult to mobilise resources for development interventions in the country.

In addition, the core funding of UNFPA for the Timor-Leste Country Programme was reduced by about 23% during the first two years of the CP, which adversely affected programme implementation. For example, implementation of the revised right-based family planning health worker training curriculum was projected to cost USD 230,000 of which a small portion was available from Government and a donor (USAID-JSI). The UNFPA Country Office was able to align the family planning programme with USAID to support key activities, but their support covers only one municipality.

In view of the 9-month delay in the approval of the CPAP and the other factors outlined above, the UNFPA Country Programme Mid-Term Evaluation in 2017 recommended that UNFPA Country Office consider requesting the extension of the current programme cycle by one more year. This was done, which is why the 3rd CP will finish in December 2020 instead of in December 2019. For similar reasons, the entire UN system decided to extend the United Nations Development Assistance Framework (UNDAF) in Timor-Leste with one year to December 2020.

RELEVANCE

EQ 2 To what extent has the CO been able to adapt its strategies and programmes over time to respond to changes or shifts caused by political changes in the country? What was the quality of the response?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA was able to adapt its strategies and programmes over time to political or other changes in Timor-Leste?	- Evidence of changes made by UNFPA in its strategies and programmes.	- AWP's, - Programme reports, - Monitoring reports, - Stakeholder feedback.	<ul style="list-style-type: none"> o Document review, o KIIs with UNFPA programme staff. o KIIs with UN partners. o KIIs with IPs (Gov't and NGOs).

FINDINGS: RESPONSIVENESS

SUMMARY

The UNFPA Country Office (CO) was responsive to the frequent changes in government leadership and policies and managed to reorient programme interventions to optimise buy-in and cooperation from government authorities. The CO also reoriented the CP geographic focus to respond to requests from central government and to changes in intervention requirements.

The UNFPA Country Office (CO) was able to adapt CP approaches and speed of implementation to developments in the sectors, such as changes in high-level Ministerial staff, changes in sector priorities and policies, and to the recommendations from the CP Mid-Term Evaluation.

In terms of geographic focus, the CPD described that the CP would address disparities found in geographic locations by focussing on specific areas, namely the capital (Dili) and five districts (Ainaro, Baucau, Bobonaro, Covalima and Oé-cusse Ambeno) with the weakest sexual and reproductive health indicators, including a lower percentage of skilled birth deliveries and family planning demand satisfied and higher prevalence of gender-based violence, HIV and other sexually transmitted infections. However, once the CP got underway, the UNFPA CO no longer felt that the geographic focus defined in the CPD was relevant. Instead, in consultation with the government, the CO decided to focus most of its support to capacity strengthening of government capacity at central level in Dili. Also, the government preferred for UNFPA not to focus specifically on any municipality. The CP did support the piloting of key interventions in a number of municipalities selected by UNFPA in consultation with government authorities. Thus Liquiça municipality was selected by the Ministry of Education for the first

phase of the in-school CPE roll-out; Dili municipality was selected for the piloting of the Girls & Boys Circles CPE programme in schools implemented by NGO Fokupers; and Oé-cusse Ambeno and Baucau municipalities were selected for the Birth Preparedness Plan programme implemented by the Alola Foundation). With the arrival of the new Minister of Health in 2016, and her reticence to only promote the use of modern contraceptives, UNFPA and partners agreed to include natural FP methods into the guidelines. The CP then worked with MoH and WHO to update the national FP training curriculum, and supported the Instituto Nacional de Saude (INS) strengthen the capacity of their national trainers and to roll out the updated FP training of midwives and nurses. The CO also adjusted the CP focus based on the recommendations identified by CP mid-term evaluation carried out in 2017.

EFFECTIVENESS

EQ 3 - A: To what extent have the planned CP outputs been achieved, and to what extent have these outputs contributed to programme outcomes in the area of “increased availability and use of integrated sexual and reproductive health services including family planning, maternal health and HIV, that are gender-responsive and meets human rights standards for quality of care and equity in access.”

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data Collection
<p>CP Outputs to strengthen access to and demand for quality FP and delivery of integrated SRHR services and response to GBV are likely to contribute to UNFPA Outcome for Integrated Sexual and Reproductive Health and Rights. Government is fulfilling its obligation as duty bearer. Government is supportive of UNFPA mandate in sexual and reproductive health and rights. Population is able to access quality services. HR and GE analyses informed CP design. Strategic data produced by the CP is disaggregated.</p>	<ul style="list-style-type: none"> - Evidence of strengthened provision of quality FP services. - Evidence of increased access to SHRH and GBV services. - Evidence of government(s)' cooperation in RH and CSE. - Evidence of services being provided in supported Government facilities. - Evidence of service usage in target areas. 	<ul style="list-style-type: none"> - CPAP, - AWPAs, - Progress reports, - Annual reports, - Monitoring reports, - IP reports, - Human Rights and Gender Equality Analyses, - National policies and strategies, - Stakeholder feedback. 	<ul style="list-style-type: none"> o Document review. o KIIs with UNFPA programme staff. o KIIs with relevant IPs (Gov't and NGOs). o KIIs with relevant Gov't stakeholders and UN Agencies. o KII with management and service staff in health facilities. o FCD with health workers beneficiaries of training and with RH beneficiaries.

FINDINGS: FP and SRHR

Strengths and achievements – Output 1 – Family Planning

Summary

The CP was effective in contributing to increasing capacity of the national health system to improve access to Family Planning. The CP procured 100% of the contraceptives and reproductive health supplies consumed in the public sector during the 5 CP years and was thus able to ensure that contraceptive prevalence is maintained in the country.

The CP also strengthened capacity of MoH and SAME staff in the areas of logistic management information system, forecasting and distribution of FP and other reproductive health commodities and supplies to municipal medical stores, and contributed to increasing the knowledge base in this area.

The CP was partially effective in strengthening capacity of public sector health workers in some municipalities to provide FP counselling and prescription, and thus contribute to increasing demand for FP. The training of health workers reached XX midwives and nurses but could not be scaled up due to lack of CP resources. Apart from supporting provision of SRHR information to adolescents and youth through in-school CSE, the CP did not support any significant behaviour change communication efforts and did not contribute to the CPD planned improvements of the quality of behaviour change communication for increased use of SRH services.

The strategic partner of UNFPA in this programme area is the Timor-Leste Ministry of Health (MoH) in Dili, assisted by the national medical stores department SAME, the National Health Institute (INS) and the municipal Departments of Health.

The Country Programme (CP) achievements are in line with the CP Output, as the programme focussed on capacity building of MoH and SAME staff in the areas of quantification for contraceptives and Reproductive Health (RH) supplies, of the supply chain management system and the Logistics Management Information System (LMIS). The CP also supported access to FP through provision of FP commodities and through improvement of the quality of FP services provided through training of health providers. At the same time, the CP contributed to increased FP demand by increasing the FP knowledge of health facility users who received FP counselling.

The CP contributed to the development of the following national policy documents:

- Updated RMNCAH Strategy 2015-2019,
- National Family Planning Policy,
- Training modules on Family Planning.
- Situation Analysis on Health Sector Commodity Security,
- National Reproductive Health Commodity Security Strategy 2019-2023 and Action Plan.

During the five CP years 2015-2019, UNFPA continued to procure 100% of the contraceptives and RH supplies needs for Timor Leste's public sector, completely funded by UNFPA, to a total value of USD XX million (including US 750,000 for the 3 years 2017-2019). With this support, the CP provides a crucial service to enabling family planning in the country. This is much appreciated by the MoH and other stakeholders interviewed during this evaluation.

Forecasting for contraceptives for MoH supported programmes is carried on a yearly basis jointly by the MCH Department of National Public Health Directorate and Pharmaceutical Department of MoH and SAMES with technical support from UNFPA. During previous years, some health sector NGOs were allowed to participate in the forecasting exercise and/or were kept informed of the results of the forecasting, which was appreciated by the NGOs concerned.

UNFPA conducted advocacy with the central level government, which led to the government of Timor-Leste's (GoTL) commitment to provide domestic financing for contraceptive procurement. The GoTL has agreed to a phased approach to funding contraceptives procurement with domestic resources, committing to contributing 25% of the national conceptive procurement budget in 2020, 50% in 2021, 75% in 2022 and 100% in 2023. This is a demonstration of increasing government ownership over the country's FP programme.

Advocacy with GoTL was helped by the assessment of SRHR by the Ombudsman for Human Rights and Justice (Provedoria dos Direitos Humanos e Justiça - PDHJ), which identified gaps in the provision of FP services and recommended that the national budget fund contraceptives procurement. At the National Conference on Reproductive Health in 2016, organized by the Timor-Leste Group of Women Parliamentarians (Grupo das Mulheres Parlamentares de Timor-Leste - GMPTL) FP was also presented as a cross sectorial intervention that can hasten progress across the SDGs.

In order to enhance the knowledge and skills of health service providers, UNFPA worked with MoH, WHO and other partners such as the US Government to update the previous FP guidelines from 2004, aligning it to international standards. In view of reticence of the previous Minister of Health to only promote the use of modern contraceptives, UNFPA and partners agreed to include natural FP methods into the guidelines. The CP then worked with MoH and WHO to update the national FP curriculum, and supported the INS strengthen the capacity of their national trainers and to roll out the training of midwives and nurses on FP.

The CP supported capacity building of central level staff of the MoH Reproductive Health Unit, Pharmacy Department and HMIS Department and of the SAME staff in Reproductive Health Commodity Security (RHCS) and the LMIS. MoH and SAME staff interviewed stated that their capacity to forecast, manage and distribute contraceptives and RH supplies was strengthened. The CP is currently preparing to support capacity building during 2020 of commodity managers at municipal and health facility levels.

However, Facility Audits conducted in 2017 and 2018 showed that stockouts at health facility level continued. The RHCS assessment carried out in late 2018 by UNFPA and MoH in preparation for the development of the new RHCS Strategy found a number of contraceptives expiring with a total value estimated at USD 430,000 and that stockouts would be likely in the following months. The assessment made a number of recommendations for MoH and UNFPA to further strengthen the contraceptives supply chain and monitoring and supervision systems at all levels. These recommendations form the basis for the new RHCS Strategy currently being developed by MoH, UNFPA and partners. The assessment also recommended that UNFPA carry out a study of the supply chain to identify the problems and the reasons for stock-outs and expiry of commodities.

Strengths and achievements – Output 2 – Integrated SRH and GBV

Summary

The CP achievements are in line with the CP Output's objective to support capacity building of MoH staff on SRH service provision and response to survivors of gender-based violence (GBV), including intimate partner violence (IPV).

The CP was effective in contributing to capacity strengthening of the public system for maternal health services, with focus on emergency obstetric and newborn care (EmONC) and maternal death surveillance. XX health providers of all 9 CEmONC facilities were trained in EmONC and MDSR systems were established in all 13 municipalities.

The CP also supported MoH in developing policies and tools for the response to survivors of gender-based violence (GBV) in preparation of the start of health worker capacity building in this area.

Furthermore, the CP supported MoH and partners to improve HIV prevention efforts amongst among professionals at risk such as health workers in border areas, police officers and key populations. 4,600 police officers were reached with information on HIV/STI prevention and treatment, FP and GBV, which reportedly resulted in decreases in HIV transmissions and unwanted pregnancies amongst police staff. 268 health workers and XX key populations were also reached.

UNFPA continued to be a strong advocate with central level stakeholders for SRHR, particularly the provision of SRHR information and services to all population groups, including adolescents and youth.

UNFPA supported emergency preparedness by ensuring that Reproductive Health needs are included in the National Emergency Plan in Timor-Leste. In addition, UNFPA developed a minimum preparedness plan for the CP and regularly trained CO staff on the Minimum Initial Service Package (MISP). UNFPA also oriented relevant Ministerial staff and stakeholders on MISP.

The strategic partner of UNFPA in this programme area is the Timor-Leste Ministry of Health (MoH) in Dili, assisted by the National Health Institute (INS) and the municipal Departments of Health, and the Timor-Leste Police Department (PNTL). Civil society partners include the NGO Alola Foundation and the PLHIV association Estrela+.

The CP achievements are in line with the CP Output's objective to support capacity building of MoH staff on SRH service provision and respond to survivors of gender-based violence (GBV), including intimate partner violence (IPV).

The CP contributed to the development of the following national policy documents:

- The EmONC assessment and EmONC Improvement plan 2016-2019,
- Standards of care on management of complications during pregnancy, during delivery and after delivery,
- EmONC training modules on management of complications during pregnancy and during and after delivery,
- Annual maternal mortality reports,
- Guidelines for the maternal death surveillance and response system,
- Guidelines for health sector response to GBV, approved by the MoH,
- Country Assessment on SRHR by the national Ombudsman on Human Rights) (PDHJ),
- Study on Teenage pregnancy with SSYS and Plan International,
- HIV Stigma Index assessment with Estrela+ and MSTL.

Capacity strengthening of the SRH services focussed on 2 interventions: the strengthening of the public system for emergency obstetric and newborn care (EmONC) and the establishment of the maternal death surveillance and response system (MDSR). In addition, UNFPA conducted overall advocacy on SRHR at national level, which was appreciated by civil society partners.

In 2015, UNFPA and the MoH conducted a national EmONC Needs Assessment of 75 health facilities. It found that only six Complementary EmONC (CEmONC) and two Basic EmONC (BEmONC) facilities were functional, meaning that seven out of thirteen municipalities in the country had no functional EmONC facilities. UNFPA then supported MoH, WHO and other partners to develop a costed 4-year EmONC improvement plan (2016-2019) which aimed to reach by 2019 a total of 43 functional EmONC facilities, including the 6 Comprehensive facilities already existing that needed to be strengthened. A national technical committee was tasked to provide oversight to the implementation of the EmONC improvement plan. MoH and partners standardised antepartum, intra-partum and postpartum protocols and developed a comprehensive training package on intra-partum care, immediate postpartum care and for the management of obstetric complications. UNFPA also supported the development of EmONC profiles of each municipality, which were shared with central and municipal authorities and partners. JSI and KOICA used these profiles to develop their maternal health programmes in the 2 municipalities they are supporting.

The training of human resources in EmONC started in 2018 and focussed on staff of the 6 CEmONC facilities in the country. Health service providers were trained through national trainers and clinical practice of 5-weeks in the national HNGV hospital in Dili. After the training the health workers returned to their normal place of work, where they were supervised during several weeks by the national trainers and only received their certificates when they proved to have developed all the required skills. This competency-based certification method is an innovative approach which ensures that health workers trained are able to apply their acquired skills in their place of work. Furthermore, the trainees remain in contact with their supervisors through a Whatsapp group, which enables them to request advice when faced with complicated cases at work. The CP also supported MoH to conduct training of municipal staff and community leaders on EmONC health seeking behaviour. In 2019 UNFPA supported the mid-term evaluation of the EmONC Improvement Plan (report to be published in early 2020). EmONC trainees, their supervisors and facility managers interviewed by the CPE team were highly appreciative of the teaching method and of the continued mentoring support provided by the master trainers through the whatsapp group. They observed that the skill of the medical doctors and nurses who participated in the EmONC training has increased, with the trainees are now able to deal with complicated cases without having to refer most cases to Dili national hospital. They also observed that maternal morbidity and mortality had decreased in their facilities. The EmONC training mid-term evaluation will hopefully be able to document these results more in detail.

The close cooperation between UNFPA and WHO in promoting key interventions in maternal health, family planning and GBV response contributed to focussing GoTL attention on these key interventions and inspired various partners (Australia, US Government) to support them.

In 2016, the CP supported the National Midwives Association (APTL) to establish a national midwifery registry/data base. Over the past years the CP also supported APTL members to attend international conferences, including ICM congresses. UNFPA contracted Burnett Institute in late 2019 to conduct an assessment of the midwifery capacity in the country and assist MoH to develop a national costed midwifery workforce plan, which will be incorporated in the national HRH plan.

With support from the CP, Timor-Leste established a Maternal Death Surveillance and Response (MDSR) system, conducting a situational analysis and establishing a road map for MDSR. In 2015 MDR committees were established in the National Hospital and five Referral Hospitals, after which verbal autopsies in communities were introduced in the following year. Hospital and health facility staff were trained with CP support based on the MDSR guideline. During 2017-2018, the CP supported MoH to continue mentoring/support to the six MDR committees and monitoring, and scaled up verbal autopsy capacity to additional districts. Newborn Surveillance and Response was integrated into the system in cooperation with UNICEF.

The UNFPA gender programme assisted MoH and partners to develop guidelines for the response to GBV in the health sector, which were approved by government in 2017. The CP then conducted multi-disciplinary workshops for MoH staff and partners on the essential service package for survivors of GBV. It also supported the development of the GBV response in-service training package for health workers, which has not yet been approved. MoH and NGO staff interviewed appreciated the role played by UNFPA to make gender-based violence a topic which government and partners now feel comfortable to discuss and make policy about, and for which service provision is now accepted within the public health sector.

The CP also supported the piloting and roll-out of the Birth Preparedness Plan (BPP) programme in communities in 2 municipalities (Oé-cusse during 2015-2018 and Baucau in 2018) to promote the attendance of ante-natal care and assisted deliveries by pregnant women, and encourage communities to support transport

options for women to reach skilled delivery care. The BPP programme also provided information to communities about birth spacing, risks of early pregnancies, dangers signs during pregnancy and delivery, pregnancy care and post-partum family planning.

By the end of 2018, Alola Foundation had reached all sub-districts of Oé-cusse municipality and 1 sub-district in Baucau. For a total of 1,222 women given birth during 2018 in Oé-cusse, the programme had contributed to 29% of the deliveries taking place in health facilities and 47% at home assisted by skilled birth attendants. Municipal health service staff and communities in Oé-cusse interviewed by the CPE team expressed their appreciation for the BPP programme, feeling that it was useful for stimulating health facility attendance by pregnant women, and their regret that the programme was halted in 2019 due to lack of funding. The BPP approach has been recognised as useful by the central level MoH and has been replicated by JSI in Cova Lima municipality with funding from the US Government.

The CP supported the production of the HIV Stigma Index Report by Estrela+ - the association of People Living with HIV/AIDS (PLHIV) in Timor-Leste - and Marie Stopes in 2017. The report showed that stigma and discrimination against PLHIV is significant in the health sector and the community, which reduces PLHIV's access to health care and other essential services and makes them subject to verbal and physical abuse. The index recommends ways to decrease HIV-related stigma and discrimination in Timor-Leste, strengthen existing networks and programmes and opening pathways for people to access judgment-free HIV testing, treatment, care and support. UNFPA supported the presentation of the report to the MoH and INS for inputs and recommendations. The CP also supported the development of a 15 min. documentary on HIV stigma and discrimination in Timor-Leste.

In view of the stigma index report's results, the CP decided to further support the MoH National HIV Programme by supporting training of health care workers on HIV stigma and discrimination reduction, starting with in-service staff at hospitals and major health centres in the country, through which a total of 268 health personnel were reached. The training also discussed HIV testing, dropout of HIV positive patients and retention strategies and emphasised the need for confidentiality. Interestingly the training was provided by a variety of trainers from MoH, UNFPA and other UN agencies and PLHIV through Estrela+ members. UNFPA staff and Estrela+ members interviewed believe the training is very useful and needs to be scaled up and repeated throughout the country to achieve impact. In 2019 the CP also organised a 5-day comprehensive training on HIV and Opportunistic Infection for municipal and national MoH staff.

Recognising the vulnerability of uniformed forces to HIV infection, the CP approached the National Police in Timor Leste (PNTL) to create a strong peer-educator system to act as behavioural change agents and serve as link between the PNTL and MoH for referral of police staff. UNFPA, MoH and Estrela+ provided peer-educator trainings reaching 63 PNTL officer from all municipalities of the country. The trainings covered HIV/AIDS prevention, transmission and treatment, Prevention of Mother to Child Transmission (PMTCT), Sexually Transmitted Infections (STIs), TB/HIV co-infection, stigma and discrimination towards PLHIV, FP and GBV. During 2018-2019, all 4.500 PNTL police officers benefitted from the HIV training, starting with those serving in the border areas. The PNTL HIV Focal Point expressed her appreciation of the training and observed that it contributed to changing attitudes within the police service to HIV prevention and treatment and has led to an increase in the uptake of HIV testing, and use of condoms and FP by police officers.

In 2019, the CP started supporting awareness raising on HIV prevention of Key Populations (mainly sex workers and their clients and men having sex with men) in the country's border areas through Estrela+ peer educators who provide information and refer persons for HIV/STI testing and treatment. UNFPA also supported 3 MoH Drop-in-Centres for Key Populations in the border areas that provide information and HIV/STIs testing and referral for treatment.

Regarding coordination, the CP supported the MoH Mother and Child Health Working Group led by the MoH MCH Department, where all partners working in the area exchanged information on activities carried out and planned.

In the area of knowledge generation, UNFPA supported the National Ombudsman for Human Rights to conduct country assessment on SRHR, as requested by the Association of Women's Parliamentarians. The assessment concluded that the lack of sexual and reproductive health education of the population, particularly young people, has contributed to the incidence of unwanted pregnancies and early marriage and that global evidence shows that Comprehensive Sexuality Education (CSE) has a positive impact on sexual and reproductive health, notably contributing towards reducing sexually transmitted infections (STIs), HIV and unintended pregnancy, and delaying sexual debut. The report also emphasised the need for HIV prevention and GBV prevention and response in the country. The SRHR Assessment report – being produced by a national institution – and its dissemination meetings supported by the CP, turned out to be an excellent advocacy tool for UNFPA and partners to promote the provision of SHRH information to adolescents and young people in the country.

UNFPA also supported a study on teenage pregnancy and early marriage, which again confirms that young people have very little knowledge on how to prevent pregnancy and transmission of HIV and STIs and makes the case for scaling up the provision of SHRH information to adolescents and youth. In 2016, the CP also produced a series of policy briefs on SRHR.

In terms of emergency preparedness, the Country Office ensured that Reproductive Health needs are included in the National Emergency Plan in Timor-Leste. In addition, UNFPA developed a minimum preparedness plan for the Country Programme and conducted simulation exercises for all staff. The CO regularly trained CO staff on the Minimum Initial Service Package (MISP), a series of crucial actions required to respond to reproductive health, HIV and GBV needs at the onset of every humanitarian crisis. UNFPA also oriented all related Ministries and stakeholders on MISP.

Weaknesses and challenges – Output 1 – Family Planning

A weakness of the CP was the reduction in core funding to UNFPA Timor-Leste's budget in 2017 which resulted in less funding being available to support the roll-out of training of health workers in the revised Family Planning curriculum. In addition, supervision and monitoring by municipal and central level health authorities of FP practice in health facilities is been insufficient.

The 2018 RHCS assessment identified a number of weaknesses in the contraceptives supply chain, information and monitoring systems, including relating to the capacity of staff, policies and procedures at central level MoH and SAME. MoH and UNFPA are currently working to address the assessment's recommendations.

Whereas the GoTL has committed to increasing its domestic resource allocation to contraceptives procurement, relying on this commitment represents a risk of gaps in financing and/or procurement.

Health sector partners interviewed by the CPE team reported that recently the annual quantification of contraceptives has been carried out by MoH and UNFPA without participation of or communication to other partners.

The major external challenge for this CP output was the lack of support for modern FP methods by the previous Minister of Health. The right-based National Family Planning Policy from 2004 enjoyed support in Parliament and the Roman Catholic Church. However, the previous Minister of Health was aligned with conservative fractions within the Church that oppose the use of "artificial" methods of contraception. As a consequence, UNFPA has to repackage the comprehensive rights-based FP training package which had been developed and finalised earlier in order to incorporate the fertility awareness (Billings) method requested by the Minister. So far senior management of MoH have not formally approved the updated FP policy developed by MoH, UN and partners.

Weaknesses and challenges – Output 2 –Integrated SRH and GBV

Some stakeholders feel that recently UNFPA advocacy on SRHR at national level is less strong, which is regretted.

So far, the training of health sector staff on EmONC and FP has been concentrating on the training of health service providers, without much involvement of health service managers and municipal coordinators. This is a missed opportunity, as having municipal coordinators involved ensures greater commitment to promoting modern contraceptives and ensuring strong supply chain management.

The EmONC training lasts for over one month and takes place in in the HNGV National Hospital in Dili to enable trainees to gain practical experience on sufficient number of cases. The downside of this approach is that trainee health workers are absence for 4 weeks from their place of work.

The National Strategy for Behaviour Change Communication (BCC) on SRHR / RMNCAH not been updated since 10 years or more. This makes it harder for the CP to promote a clear and standardised approach to BCC communication on SRHR.

So far health workers and managers have limited awareness on how to deal with survivors of GBV / Intimate Partner Violence / Domestic Violence. Similarly, there knowledge on HIV prevention and on how to deal with People Living with HIV/AIDS is also very limited amongst health workers and the general population, resulting in continued stigma and discrimination of PLHIV and hampering efforts to encourage HIV testing and treatment. Condom availability and distribution is far from optimal, which undermines HIV prevention efforts;

According to stakeholders interviewed, development of some national documents and tools was not a fully participatory process (for ex. developed mainly by MoH with UNFPA without requesting contributions from other partners or without taking on board contributions provided by partners).

MoH officials interviewed appreciated that UNFPA had supported the translation of important national policy documents and training guidelines into Portuguese and Tetum. However, they mentioned that the translations into Tetum of several documents, such as the RMNCAH Strategy for 2015-2019 and the FP training guidelines, contained errors and that relevant MoH Departments had not been given sufficient time to check and correct the translated documents before printing.

Another weakness was that a number of UNFPA supported trainings of health workers tended to focus on one single topic without much integration of other key UNFPA mandate areas.

Civil society partners interviewed feel that the approach by UN agencies to pay incentives to government staff to work as national or municipal trainers in their own location of work creates a wrong precedent. It contributes to these staff not being motivated to act as trainers of their colleagues during the rest of the year when no incentives are paid.

The fact that due to lack of CP funding the support to the BPP programme implemented by Alola Foundation was stopped in Oé-cusse Ambeno and Baucau in 2019 is regretted by stakeholders interviewed. It seems therefore urgent that the CP document the achievements and lessons learned of this successful approach before more institutional and community memories is lost.

An external challenge is the fact that very few partners support HIV prevention and response in the country, except the Global Fund and UNFPA (including with regional funding from UNAIDS).

Lessons learned and best practices

- Involvement of municipal health officials in the FP training resulted in the municipal health departments becoming committed to rolling out modern contraceptives.
- CSOs – and later other Ministries – expressing their opinion about the rights of populations to access reproductive health services – helped to make government leaders listen.
- Strong inter-ministerial coordination was important for developing the essential service package for GBV survivors.
- In a situation of a concentrated HIV epidemic, the UNFPA CP can make a difference by focussing on promoting HIV prevention in high risk geographic areas (such as border areas) or on high risk populations (key populations and uniformed personnel).
- Continuous efforts are needed to eliminate stigma and discrimination towards PLHIV, especially in healthcare settings.

Technical recommendations for UNFPA and Country Programme

- Continue advocacy with MoH and sector partners on the need for domestic financing of FP commodities, while maintaining contingency funding for contraceptive procurement and/or maintaining emergency supplies to avoid stockouts.
- Increase focus on access to SRH and FP information and services for unmarried adolescents and young people and unmarried adults.
- Support the updating and dissemination of the health sector SRHR communication strategy.
- Continue capacity building of the health system in FP, including by supporting supportive supervision and mentoring of in-service trainees and by adapting pre-service curricula.
- Consider using civil society actors for supporting supervision and monitoring of implementation of the FP guidelines.
- Strengthen coordination, information exchange and collaboration with other health sector organisations / actors who are building capacity of health professionals in areas of maternal health, SRHR / HIV, GBV, etc.
- Include decision makers and manager at all levels in awareness raising on FP, EmONC and health sector GBV guidelines.
- Ensure all health professionals and managers are familiar with the correct approach to survivors of GBV and people living with HIV to create trust and avoid stigma.
- Advocate with Government for greater focus on HIV prevention in upcoming funding applications by government to international bodies.

EFFECTIVENESS

EQ 3 – B: To what extent have the planned CP outputs been achieved, and to what extent have these outputs contributed to programme outcomes in the area of: “increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.”

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Programme planned Output of strengthening of CSE is likely to contribute to UNFPA Outcome in the area of adolescents and youth. women and girls’ empowerment, and reproductive rights.</p> <p>UNFPA interventions with vulnerable youth is likely to result in enhanced mobilization and engagement of youth within communities and within national policy making processes.</p> <p>Government is supportive of youth rights and inclusion within national plans.</p> <p>Government is fulfilling its obligation as duty bearer.</p> <p>UNFPA is able to reach the groups most in need.</p> <p>Adolescents and youth as rights holders are able to access quality services.</p> <p>HR and GE analyses informed CP design.</p> <p>Strategic data produced by the CP is disaggregated.</p>	<ul style="list-style-type: none"> - Evidence of functional CSE promoting human rights and gender equality in schools and communities of other supported youth activities. - Evidence of government(s)’ policies for youth development. - ToT for trainers and trainees. - Training packages. 	<ul style="list-style-type: none"> - CPAP - AWP’s - Progress reports - Annual reports - Monitoring reports - IP reports, - Youth national policies, - Human Rights and Gender Equality Analyses, - Information packages, - ToT and training modules, - Stakeholder feedback. 	<ul style="list-style-type: none"> o Document review o KIIs with UNFPA programme staff. o KIIs with relevant IPs (Gov’t and NGOs). o KIIs with relevant Gov’t stakeholders and UN Agencies. o KIIs with staff of schools and youth centres and with staff beneficiaries of capacity building. o FGD with students and youth beneficiaries of awareness raising and CSE.

FINDINGS: YOUTH

SUMMARY

The CP achievements are in line with the CP Output by focussing on capacity building of key government institutions such as MoEYS, INFORDEPE, SSYS and civil society partners in how to design and implement CSE programmes, so as to support government in providing SRHR information to adolescents and young people in in-school and out-of-school settings.

The CP was highly effective in conducting advocacy with high-level officials of the Ministry of Education and the Youth Secretariat, who have developed ownership of and commitment to CSE interventions and have become champions for raising awareness of adolescents and youth on SHRH/gender/GBV. This is an impressive result in a country such as Timor-Leste with its traditional cultural values.

The CP supported the roll-out of CSE programmes in all schools in the country in 2017, followed by training of teachers in 2019 in the use of CSE teaching aids in one municipality, reaching XX teachers. However, the roll-out has not been monitored by INFORDEPE, MoEYS or UNFPA and the results of these interventions have not (yet) been documented. Assessments and CPE interviews suggest that after being trained many teachers have not taught the CSE subjects due to the

sensitivity of the CSE topic and resistance from school management, parents and community leaders, and suggest that teachers will only feel comfortable to teach the CSE materials if supportive supervision and mentoring is provided after the initial CSE training.

The approval and roll-out of CSE materials developed for out-of-school youth has been delayed due to cultural sensitivities amongst government staff.

Strengths and achievements

The strategic partner of UNFPA in this programme area is the Ministry of Education, Youth and Sports (MoEYS) - supported by the National Institute for Teachers INFORDEPE - and the Secretariat of State for Youth and Sports (SSYS) which functions as part of the MoEYS in Dili. Civil society Implementing Partners included women's organisation Fokupers and youth-led organisations such as Sharis Haburas Comunidade (Sharis Community Development, SHC), DMUN, Youth Leadership Development Program (YLDP) and Youth Alumni Parliament (YAP).

The CP achievements are in line with the CP Output by focussing on capacity building of key government institutions such as MoEYS, INFORDEPE, SSYS and civil society partners in how to design and implement Comprehensive Sexuality Education (CSE) programmes, so as to support government in providing SHRH information to adolescents and young people.

The Country Programme led / supported the development of national policy documents in cooperation with government and partners:

- Revised, finalised, approved and launched National Youth Policy in 3 languages (Portuguese, Tetum and English),
- Developed the National Action Plan on Youth 2018-2022, still awaiting approval by Government,
- Developed teaching materials on SRHR, gender and GBV prevention for in-school adolescents and youth, which was approved by MoEYS for integration into the education curriculum and for roll-out / implementation,
- Developed SRHR / Gender / GBV prevention materials for out-of-school youth (including Healthy Relationships manual for facilitators), which were approved by SSYS in late 2019.

The main achievement of the youth component of the UNFPA Country Programme in Timor-Leste is its successful advocacy with the Education and Youth sectors of the GoTL introduce SRHR/gender/GBV information to in-school and out-of-school school adolescents and youth. This has led to high commitment of MoEYS and SSYS, who approved CSE materials for insertion into in-school curricula for primary schools in 2017 and for out-of-school youth in 2019. MoEYS and SSYS officials have even become advocates and champions with Government and partners for the importance of raising awareness of adolescents and youth on SHRH/gender/GBV. This is an impressive result in a country such as Timor-Leste with its traditional cultural values.

UNFPA's support to the introduction of CSE in-schools consisted of supporting MoEYS and partners to develop a sexuality education curriculum aligned to international standards in 2015. The materials were piloted in 10 pre-secondary and secondary schools. In 2017 the MoEYS trained teachers and rolled out the materials to all schools nationally through INFORDEPE. Officials from MoEYS reported that 12,000 teachers of primary schools and 4,000 teachers of secondary schools were trained.

The CP also supported the MoEYS to develop teaching aids on CSE subjects, including knowing my body and puberty, the differences between boys and girls, and menstrual health. The material also addresses gender norms, roles and stereotypes. The teaching aids target teachers of primary school children grades 4 to 6, were developed in a participatory process and translated into Portuguese and Tetum. In 2019, UNFPA supported the printing of the materials, followed by the training of national trainers through INFORDEPE and the roll-out of the training of primary school teachers starting in one municipality (Liquiça).

In 2016, the MoEYS and the Women Parliamentarian Group (GMPTL) requested UNFPA's support in assessing the content of the existing curricula from grade 1 to 12 (primary, pre-secondary, secondary (general and vocational) schools) to analyse the integration of comprehensive sexuality education content as well as teachers' practice. An assessment of the primary and secondary school curricula was carried out by a UNFPA consultant in 2018. It found that whereas many CSE topics are already covered, the primary and secondary school curricula still present some gaps and that in addition, some topics are included in the curriculum but are not taught by all teachers due to cultural sensitivities. The assessment proposes some measures to strengthen CSE teaching and make it more comprehensive, practical, context-specific and relevant to young people's lives in Timor-Leste.

MoEYS and partner officials interviewed by the CPE team appreciated UNFPA's support to its School Health programme and the development of in-school and out-of-school CSE materials following a participatory approach. Trainers and teachers interviewed appreciate the CPE materials, which they say have increased their own awareness and confidence about gender and health issues, especially youth reproductive health and GBV prevention. They feel that the subjects are

important to teach to adolescents and young people and also to involve parents. Teachers observed that for teaching of some subjects such as menstrual health, they found it easier to teach female and male students separately, as this enabled particularly the girls to have freer discussions.

In the area of promoting CSE for in-school youth, the Country Programme also supported a national NGO to work with (pre-)secondary schools to introduce awareness raising on SRHR / GBV / human rights / respect in relationships using the approach of Girls & Boys Circles. With UNFPA support, FOKUPERS piloted the introduction of Girls & Boys Circles in 3 secondary schools in Dili in 2019 reaching 45 students of grades 10, 11 and 12, aged 16 to 19 years old, as well as 12 teachers.

Teachers, school management and students interviewed in one school appreciated the Girls & Boys Circle approach for promoting amongst students and teachers critical thinking and respect for each other's person and opinion, and for strengthening confidence amongst students to discuss reproductive and menstrual health issues with teachers and schoolmates. According to school staff interviewed, the parents of the students involved were also happy with the approach.

In the area of CSE for out-of-school youth, the Country Programme assisted the SSYS to develop a facilitators manual on CSE/HIV/gender/GBV called "Healthy Relationships" in collaboration with the youth-led organisation Sharis Haburas Comunidade (Sharis Community Development, SHC). The draft manual was developed with participation with a variety of government staff from national level, civil society partners, including the Catholic Church, and staff from youth centres in 2 districts. The draft manual was then tested by SHC with the Alumni Association of the National Parliament and with 2 youth centres.

Pending the approval by the TL government, 120 youths in 6 youth centres in 3 districts (Dili, Viqueque, Same) were trained by SSYS and UNFPA in the updated manual. UNFPA has also supported some youth organisations to start using some sessions of the manual during workshop at national and municipality level. Formal approval of the Healthy Relationships manual by the Government has been slow, due to the sensitivities around the manual's subject. In early November 2019, the manual was formally approved by the SSYS / Government. The next steps will be to train national trainers and roll the manuals out to the remaining youth centres and to civil society organisations throughout the country.

In the health sector, the CP supported the development and review of adolescent & youth friendly services (AYFS). It supported a study visit to Jogjakarta in Indonesia of MoH staff and youth-led organisations to learn about youth-friendly health services. As a result, the MoH established a youth friendly health centre in Becora, Dili. The MOH is currently exploring options for establishing additional youth-friendly health centres in other municipalities.

The CP also supported capacity strengthening of SSYS by providing funds for monitoring of the implementation of the Youth Policy and Action Plan, and for the establishment of a web-based database to monitor youth-related activities by government and development partners and in data collection and data use for programming.

Furthermore, in the area of capacity strengthening of youth centres and youth networks, the Country Programme sought to empower youth-led organisations through trainings of their members on technical topics such as SRHR, teenage pregnancy and early marriage and Demographic Dividend, and on organisational topics such as implementation of awareness raising and Monitoring & Evaluation. The CP also funded the participation of youth-led organisations in national celebrations national and international meetings.

Interestingly the CP tasked youth-led organisations to pre-test of the Healthy Relationships out-of-school SRHR materials, which was a way to both empower the organisations and to teach its members about the materials content. Another interesting approach by UNFPA was to support the Organisation of the Alumni of the Youth Parliament - a youth-led organization - to promote a blood drive in Dili inviting people to come and donate blood in support of the National Hospital. Youth-led organisations interviewed by the CPE team stated that the support by UNFPA had built capacity of their staff / members and empowered them to be stronger and more confident participants in sector meetings, conferences and in political processes.

In the area of coordination, UNFPA established and chaired the UN Results Group on Youth in close cooperation with UNICEF. The group aims to improve coordination of youth initiatives between UN organisations. In 2016, the group developed a concept note on joint programming and mapped UN Agencies and other development partners active in the youth sector. It also drafted a UN Position Paper on youth. In 2017 the Group produced 2 useful quarterly newsletters called "United Nations and Youth in Timor-Leste" outlining interventions supported by individual UN agencies.

UNFPA also attended national coordination mechanisms for in the education sector, including the technical working group on school health.

In terms of knowledge generation, at the request of the Female Parliamentarians of Timor-Leste Group (GMPTL), the Country Programme supported an important piece of research in 2017 which is much appreciated by stakeholders interviewed in the light of rising teenage pregnancies in the country. UNFPA, SSYS and

Plan International carried out a study on teenage pregnancy and early marriage. The study shows that teenage pregnancy and early marriage have consequences for many aspects of young people's lives. It documented that the majority of young women who fell pregnant dropped out of school, and that the majority of young people have very little knowledge on SRH. It also found how gender imbalances in power relationships puts young women at risk of gender-based violence and teenage pregnancy.

Other useful knowledge produced by the CP includes the Leave No Youth Behind studies and a bulletin on demographic dividend and the importance of investing in Timor-Leste's youth.

Weaknesses and challenges

A challenge to the Adolescent & Youth component was that the CP budget allocation was lower than to other components such as SRHR and GBV. As a consequence, resources were not sufficient to accelerate the roll-out of SRHR teaching for in-school or out-of-school youth.

The CPE team found that although a group of primary school teachers in Liquiça district were trained in mid-2019 to use the CSE teaching aids, by November 2019 only a part of teachers had actually taught the subject to students. The CSE assessment conducted by UNFPA in 2018 suggests a similar finding.

According to INFORDEPE staff, school managers and teachers interviewed, some teachers still feel uncomfortable with the CSE teaching or fear reaction from school management, parents and communities.

An important weakness of the efforts to promote the roll-out of CSE teaching in schools found by the 2018 CPE assessment and the CPE team is that MoEYS and INFORDEPE are not specifically monitoring the roll-out process and there are no provisions for providing mentoring support. The reason for this may be due to lack of resources. INFORDEPE staff suggested that supportive monitoring would both emphasise the importance of the CSE roll-out process to school managers and teachers and also provide support to teachers who are feeling uncomfortable to teach the materials. The CPE team feels that in view of cultural sensitivities in the country, supportive supervision may not be sufficient and that teachers would also benefit from mentoring support, similar to the approach taken in the EmONC capacity building.

INFORDEPE trainers and schoolteachers interviewed also reported that some in-school SRH teaching aids developed with support from UNFPA were not adapted to school environments. For example, some posters were too large in size, and some other tools consisted of audiovisual materials, which cannot be used in many schools due to lack of electricity and of projectors or TVs. Also some teaching materials arrived late when the teacher training was already ongoing.

Trainers and teachers reported that school management and teachers had not been systematically involved in the introduction of the in-school CSE materials, and that parents and communities had not been made aware of the planned CSE teaching.

An important weakness identified by the 2017 MTR is that the CP has not provided any support to monitoring by MoEYS / INFORDEPE of the implementation of the CSE, which results in very limited information being available on the actual implementation of the SRH content. This situation has not improved since 2017.

Regarding the implementation of the Girls & Boys Circle in Dili schools, the school staff and teacher interviewed also noted that school management and student parents had not been informed about the Circle initiative. In addition, they lamented that only 1 teacher and 15 students had so far been trained and supported to pilot the Circle approach. Another challenge is that the Circle materials made available by FOKUPERS to the teacher and students is provide on CD's and memory sticks, difficult to use by the majority of teachers and students who do not have access to computers.

Regarding the out-of-school CSE efforts, the major challenge was the fact that the government has not yet approve the Healthy Relationships Facilitators Manual and therefore roll-out has not started.

An overall challenge for the UNFPA Country Office was that it had to invest time and effort into a lengthy consultation process for the production of the in-school and out-of-school materials to ensure that CSE would be accepted by Timorese partners. Another challenge for both the in-school and out-of-school materials is that they had to be produced in both Portuguese and Tetum, which made the process of producing final materials slow.

A weakness noted by several stakeholders interviewed is that the CSE materials developed do not clearly integrate concepts of HIV transmission and prevention.

Whereas the CPAP described that the CP would target capacity building towards the 6 CP priority districts, in reality the CP targeted most of the capacity building towards youth-led organisations based in Dili, with the idea that these organisations would then train their members throughout the country. In practise however the trainings did not trickle down to members outside of Dili.

The CPAP planned to support SSYS in the establishment of a National Youth Fund mechanism to fund NGOs for run life skills training in youth centres and other activities to support the implementation of the Youth NAP. However, the Government so far did not approve the establishment of the Fund, which means that for the time being SSYS continues to directly support youth organisations at national and municipal level from its own financial resources (with contributions from UNFPA). The National Youth Council and Alumni of the Youth Parliament are recipients of capacity building in SRHR supported by the CP.

The CPAP also mentioned that the CP3 would evaluate the successful Controlling Violence Behaviour Programme which had been supported by UNFPA during the 2nd CP 2009-2014. The CPE team found however that the CP did not undertake this evaluation. The reason given for this decision is that the Controlling Violence Behaviour programme has been taken over by SEII. The CPE team finds it regrettable that the CP did not evaluate a programme previously supported considered successful enough to have its evaluation included in the CPAP for the 3rd CP. As a result, the opportunity was lost to identify best practices and lessons learned which would be useful to inform the current CP as well as SEII and partners.

In the area of coordination, in spite of UNFPA and UNICEF actively chairing the UN Results Group on Youth, not all UN agencies are as focussed and committed to furthering youth causes in Timor-Leste. Therefore, participation in the UN Results Group is often limited to a few agencies only.

External challenges affecting the implementation of the CP include the fact that the Timor-Leste Government does not allocate adequate budgets for adolescent and youth programming. Also, so far the government has not yet approved the National Action Plan (NAP) on Youth 2018-2022, which means that the Youth NAP roll-out and implementation has not yet started.

MoH questioned the authority and competency of the NGO SHC to draft the Health Relationships materials at request of SSYS and UNFPA. Interestingly during interviews with the CPE team, MoH staff did not question the competency of the MoEYS to develop CSE materials for school curricula.

Lessons learned and best practices

- High-level advocacy by UNFPA has contributed to achievement of high-level commitment by some government sectors to the implementation of CSE. This had led to some government officials having become champions for conducting CSE and SRHR awareness raising for adolescents and young people and taking it upon themselves to lobby with other Ministries and other partners in the Timorese society to advance the issue.
- Identifying progressive elements within government, civil society, Church etc. who supported the introduction of CSE enabled UNFPA to show that it was not alone in promoting CSE and to obtain support against some of the more traditional elements in society.
- Partnering with a Timorese organisation for the development of the out-of-school CSE manual was important to ensure that cultural sensitivities were addressed and for the CSE materials to be accepted.

Technical recommendations for UNFPA and Country Programme

- Continue support to MoEYS and SSYS in roll-out of existing SRH / gender / GBV interventions, including:
 - roll-out to teachers not yet reached by the roll-out,
 - awareness raising of school managers, boards, parents and communities on the CSE programme,
 - support on-the-job mentoring and supportive monitoring by MoEYS and INFORDEPE of the in-school CSE roll-out,
 - conduct a rapid assessment of the results of in-school CSE teaching to students to identify lessons learned and adjust approaches and materials for further roll-out and scaling up.
 - further improving the CSE teaching aids and tools (including improving their wording, the size of some of the tools, such as posters and providing posters to complement audio-visual tools for schools who have no access to projectors or electricity),
 - inserting CSE topics into existing publications for the education sector such as Lafaek Magazine which apparently is distributed to teachers and parents in all municipalities.
- Support SRHR / gender / GBV teaching for reaching other in-school age groups (secondary schools), incl. development of specific tools.
- Ensure that HIV prevention is well covered by the CSE materials for in-school and out-of-school adolescents and youth. Support SSYS in the roll-out of out-of-school CSE teaching once materials are approved.

- Strengthen coordination and information exchange between actors and explore opportunities for synergies with approaches supported by other actors supporting education and/or SRHR (e.g. student councils supported by UNICEF; School Councils supported by UNESCO, etc.).
- Ensure that UNFPA regularly attends coordination meetings of the education sector and on school health, including the high-level forum “Acção Conjunta para a Educação em Timor-Leste” (ACETL) meetings, led by the Minister of Education.
- Continue advocacy with National Parliament on providing SRHR for in-school youth, including in primary schools.
- Explore options for replicating successful multisectoral UNFPA Adolescents & Youth SRHR Programmes implemented by Ministries of Health, Education and Youth & Sports in other countries, such as the Geração Biz programme in Mozambique and the regional Safeguard Young People programme coordinated by ESARO and implemented in several countries in Southern Africa.
- To prevent girls dropping out from school:
 - o continue advocacy with MoEYS for implementation of inclusive education policy,
 - o consider supporting other interventions to prevent girl school drop-outs, such as menstrual hygiene interventions (procuring menstrual caps; producing menstrual pads from local materials, etc.).
- Support capacity building of youth-led organisations in technical & programmatic areas (SRHR, GBV, empowerment and participation) and in organisational skills (programme planning, management, M&E, reporting).
- Consider contracting some youth-led organisations as (sub-)IPs to involve them in providing SRHR/HIV/gender/GBV information for in-school and out-of-school adolescents and youth.

EFFECTIVENESS

EQ 3 – C : “To what extent have the planned CP outputs been achieved, and to what extent have these outputs contributed to programme outcomes in the area of: advanced gender equality, women’s and girl’s empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescent and youth”

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Programme planned Outputs are likely to contribute to UNFPA Outcome in the area of women and girls’ empowerment, and reproductive rights. UNFPA interventions with vulnerable youth is likely to result in enhanced mobilization and engagement of youth within communities.</p> <p>Government is supportive of UNFPA approach to the prevention and response to gender based violence and harmful practices.</p> <p>Government is fulfilling its obligation as duty bearer.</p> <p>Women and girls, adolescents and youth as rights holders are able to access quality services.</p>	<ul style="list-style-type: none"> - Evidence of increased capacity of GoTL and NGOs to implement the National GBV Action Plan. - Evidence of government(s)’ cooperation in GBV. - Evidence of GBV services being provided in UNFPA supported centres. - Evidence of information dissemination and referral pathways. - Evidence of service usage in target areas and service centres. 	<ul style="list-style-type: none"> - CPAP - AWP’s - Progress reports - Annual reports - Monitoring reports - IP reports - National GBV policies and guidelines, - Human Rights and Gender Equality Analyses, - Stakeholder feedback. 	<ul style="list-style-type: none"> o Document’ review o KIIs with UNFPA programme staff. o KIIs with relevant IPs (Gov’t and NGOs). o KIIs with relevant Gov’t stakeholders o KIIs with youth centers’ management and staff.

HR and GE analyses informed CP design.
Strategic data produced by the CP is disaggregated.

FINDINGS: GENDER

SUMMARY

The CP achievements are in line with the CP Output in that they focus on capacity building of government, particularly SEII and MoH, and to a lesser extent also of civil society - mainly (former) implementing partners of the CP3 – for the coordination and implementation of the NAP-GBV 2017-2021. SEII has gained the capacity and commitment to effectively coordinate the NAP-GBV implementation.

UNFPA’s advocacy efforts have resulted in GBV having become a topic that government and partners feel comfortable discussing and are committed to tackle. Capacity building efforts produced and strengthened relevant policies and tools for the implementation of the NAP-GBV, particularly in the health sector and for GBV prevention amongst adolescents and youth reached through CSE interventions. In addition, the CP supported gender and GBV mainstreaming in all its programmes.

Strengths and achievements

The strategic partner of UNFPA in this programme area as the Secretariat of State for Gender Equality and Inclusion (SEII), , previously named the Secretariat of State for Women’s Socio- economic Empowerment (Secretaria de Estado para o Apoio do Socio-Economica de Mulheres, SEAPSEM) and the Secretariat of State for Gender Equality and Social Inclusion (Secretaria do Estado Igualdade Genero e Inclusao Social, SEIGIS). Civil Society partners included PRADET and ALFeLA.

Advancing gender equality and women’s empowerment is part of UNFPA’s core mandate. In Timor-Leste, however, compared to the previous CP, the focus of the UNFPA gender programme during the 3rd CP was narrowed to supporting prevention and response to gender-based violence (GBV) in the health sector, while UN-Women supports gender equality and women’s empowerment overall. Thus, UNFPA supported the integration of NAP GBV components into the health sector in combination with support to SEII to strengthen its capacity to coordinate and monitor the implementation of the overall multisectoral NAP GBV.

The CP achievements are mostly in line with the CP Output: CP capacity building focussed on the capacity of government, particularly SEII and MoH, with some capacity building of civil society and amongst these mainly the organisations who were also implementing partners of UNFPA in Timor-Leste. The focus of capacity building was mainly on the response to the GBV, particularly within the health sector, and to a lesser extent on GBV prevention amongst adolescents and youth reached through CSE interventions. In addition, the CP supported gender mainstreaming in all of its programmes.

The Country Programme led / supported the development of national policy documents in coordination with SEII and other governmental institutes, such as:

- The National Action Plan on Gender-Based-Violence in Timor-Leste 2017-2021 (NAP GBV).
- The road map for the capacity building of the health sector for integration of GBV within “in-service” training and “pre-service” training curricula of health professionals.
- The National Guidelines for Health Sector Response to GBV and IPV (Intimate Partner Violence), developed and approved by the MoH.

The main achievement of the CP gender programme was the support to SEII to enable it to effectively coordinate the implementation of the NAP-GBV 2017-2021.

The support included capacity strengthening of SEII (including attendance of international meetings and conferences) and funding of key coordination and monitoring activities. UNFPA also provided technical support to the development of the Annual Action Plan of SEII.

With support and technical inputs from UNFPA, UN-Women and WHO, SEII coordinated the development of the NAP GBV 2017-2021 in a participatory process with several government ministries and partners. The health sector response to GBV was successfully included into the Action Plan. The NAP-GBV was approved by the Government Council of Ministers in early 2017.

The SEII established the Inter-Ministerial Commission on NAP-GBV which is responsible for coordination, monitoring and evaluation of the implementation of the NAP-GBV. The Commission is composed of representatives of 7 Ministries and Secretaries of States and 3 NGOs.

As part of the implementation of the NAP GBV, the UNFPA CP also supported the development of the National Guidelines for Health Care Providers to address GBV, including Intimate Partner Violence (IPV). UNFPA supported an international consultant to draft the roadmap for the development of the Guideline, as well as a number of international study tours with the objective of increasing the knowledge and strengthen the multi-sector service capacities. For instance, staff from MoH, SEII, UNFPA and partners carried out a study visit to Sri Lanka in 2016, and MoH, SEII and partners participated in the workshop on GBV against women and Girls in Asia Pacific in Bangkok in 2017. UNFPA then supported the development of the Guidelines by MoH, SEII and partners, in line with international standards. The Guidelines are targeted to all categories of health care providers: doctors, nurses and midwives who are directly involved in providing care to survivors of GBV/IPV and in particular to those working as the first contact point providers.

The National health sector GBV Guidelines were approved by MoH in 2017 / 2018 and sent out for consultations with relevant stakeholders. The guidelines are currently being disseminated within the MoH and municipal health authorities and with other relevant health sectors institutions and stakeholders for follow up plans and implementation.

In order to ensure that People With Disabilities (PWD) have access to GBV services, UNFPA advocated for the integration of People with Disabilities (PWD) in the National Guidelines for GBV response in the health sector. To this purpose, in 2019 UNFPA contracted the Nossal Institute of Global Health of Melbourne University to conduct an assessment of activities and support services (including referral mechanisms) for GBV survivors with disabilities and make recommendations on how to improve GBV service access for PWD in Timor-Leste.

Nossal Institute developed tools to support the implementation of disability components in existing national protocols and procedures for GBV prevention and response. MOH agreed to integrate these tools as an annex in the National Guidelines for Health Care Providers to Address GBV, and NGOs working in the area of GBV will use the tools in their daily work with survivors with disabilities. The CPE team has no information on the extent to which the tool is indeed being integrated by MoH into the National health sector GBV guidelines.

In 2019 MoH and partners are working on developing the training package for the in-service capacity building of health workers and health facility managers on the National GBV guidelines, including on how to do a systematic response to a GBV case, how to medical legal services, on the various referral mechanisms linking multi-sectoral service providers and operationalization of the GBV care centre and safe rooms. At the same time MoH is in the process of establishing safe room in health facilities in 6 municipalities.

The CP also supported the definition of the GBV Essential Service Package (ESP), including through the organisation of a workshop on ESP by UNFPA, UN-Women and the UN Gender Thematic Group with relevant government institutions and NGOs working in this area. The Essential Service Package (ESP) is currently provided by the MoH supported by NGOs. The latter include PRADET – which provides psychosocial support, urgent medical treatment, forensic examination - and ALFELA – which provides legal assistance and conducts advocacy to improve the justice system for GBV survivors. Both national NGOs were UNFPA Implementing Partners during several years during the previous CP when they received technical and financial support. Due to financial constraints under this CP, UNFPA only provided some funding to them in 2015.

In 2018 UNFPA supported SEII to re-launch the GBV Referral Network Working Group, an important quarterly mechanism for strengthening coordination on GBV referrals and policy advocacy. This included assisting SEII to review and update the Terms of Reference for the Group.

Furthermore, in 2015 the Country Programme supported the Ministry of Social Solidarity and Inclusion (MSSI) and SEII to develop overall Standard Operating Procedures (SOP) to deal with victims of GBV in 2015, including maintaining privacy and confidentiality while registering cases and reporting cases. The SOP were reviewed in 2017 by The Asia Foundation (TAF) through the Nabilan Programme. MSSI approved the SOP and disseminated them to service providers.

The CP ensured that gender and GBV are included as issues into the Comprehensive Sexual Education (CSE) materials developed by the Ministry of Education, Youth and Sport (MOEYS) for in-school youth, into the materials used for the Girls and Boys Circles and for the Healthy Relationship manual used for CSE for out-of-school youth.

The CP supported advocacy with national and municipal government on GBV, including through the commemoration of national days. The CP also supported a number of advocacy meetings, including a meeting with women parliamentarians through the Group of Women in the Timor-Leste Parliament (Grupo de Mulheres no Parlamento da Timor-Leste, GMPTL) in 2016 to advocate against GBV in the parliament and in their constituencies.

Stakeholders interviewed stated that advocacy efforts supported by the UNFPA CP contributed to high-level commitment of the Government of Timor-Leste to fight gender-based violence in the country, and that the CP's support to GBV awareness raising and service provision has contributed to survivors feeling more confident to report GBV cases and experiencing less stigma from communities.

During the 2016 National Conference on the Sexual and Reproductive Health and Rights, the GMTPL women parliamentarians group requested that decision-making pathways and experiences that lead to teenage pregnancy and early marriage be investigated. They also requested that the content of CSE teaching in the primary and secondary school curricula be assessed. Consequently, the CP supported a study by SSYS, UNFPA and Plan International on teenage pregnancy and early marriage as well as an assessment of school curricula for MoEYS study (see section 4.3.2 above).

In terms of support to the monitoring of the NAP GBV implementation, UNFPA supporting the organisation of annual monitoring exercises in 2015, 2016 and again in 2018 after the development of the new NAP GBV. Monitoring results and recommendations fed into the revision of the NAP-GBV. The CP also supported SEII to report to the National Parliament on the progress of implementation of the NAP GBV.

To improve the quality of and access to essential services, the United Nations Country Team, through the inter-agency Gender Theme Group (GTG) in Timor-Leste chaired by UN Women and co-chaired by UNFPA, supports streamlined UN support to national efforts addressing GBV. This support included support to a national workshop in 2017 on Multi-Sectoral Services to Respond to Gender-Based Violence against Women and Girls in Timor-Leste organized by SEII in collaboration with UN Women, UNFPA and WHO following the launch of the second NAP GBV 2017-2021. The UN supported the SEII to organise a follow-up workshop in January 2019.

UN agencies and partners in Timor-Leste managed to mobilise resources for joint multisectoral programmes to eliminate violence against women and girls. Joint programmes have potential of increasing collaboration between UN agencies, government sectors and partners. UN-Women with ILO, UNDP and UNFPA managed to obtain funding from the Korean Cooperation KOICA for support the implementation of the NAP GBV in 3 municipalities Baucau, Covalima and Oé-cusse Ambeno-Ambeno during 4 years starting 2020 with a USD 7.9 million contribution from KOICA. Through the EU SPOTLIGHT initiative, 5 UN agencies including UNFPA managed to mobilise USD 9.9 million from the European Union for a 3 year programme to tackle GBV in Timor-Leste starting in 2020, which will be implemented together with the government to Timor-Leste, civil society organisations at national level and in 3 municipalities Ermera, Viqueque, and Bobonaro.

In terms of coordination of gender and GBV issues, the UN Gender Thematic Group (GTG) coordinates the action of United Nations organisations on Gender and GBV issues. The Group is chaired by UN-Women and co-chaired by UNFPA. The GTG also coordinates the efforts of UN agencies to prevent and respond to GBV within their own agencies, employees and their dependents.

In terms of knowledge generation, UNFPA supported the development of a series of Leave No One Behind policy briefs for 5 target groups, including young people with disability, LGBTI youth, young people not in training, education or employment, migrant youth in Dili City, and young female farmers. As mentioned above, UNFPA also supported the assessment on access to GBV services by People With Disabilities by Nossal Institute.

Weaknesses and challenges

Partners interviewed expressed their regret that the UNFPA gender programme has narrowed its focus to prevention and response to GBV in the health sector - with some focus on other harmful practices such as early marriage. They stated that they had much appreciated UNFPA's previous focus on and support to multisectoral GBV programmes and other areas related to gender equality and women's empowerment.

Since 2016, UNFPA CP financial support to SEII and to GBV service providers has been strongly reduced. This was regretted by government and civil society stakeholders interviewed. UNFPA's 2017 CP Mid-Term Review recommended for UNFPA to continue to support these NGOs for coordination, technical assistance and provision of policy advocacy given the importance of essential services to victims of GBV. However, UNFPA has so far not been able to do so. An overall weakness and challenge to the CP is that the knowledge and awareness amongst government staff and stakeholders on gender and GBV is still limited.

Also, coordination between SEII and MOH and other relevant ministries on implementation of NAP GBV is reportedly still weak and needs to be strengthened. Joint annual monitoring of the NAP GBV implementation had also been put on hold in 2017-2018 following political changes. This affected the speed of

implementation of CP activities supported by UNFPA. The slow process of the establishment of the NAP GBV Coordination Entity also represented an external challenge to the CP.

Lessons learned and best practices

- Consistent awareness raising and advocacy of UNFPA with government authorities and civil society actors has resulted in GBV becoming a topic that is discussable at all levels in society and in Government commitment to tackle the issue.

Technical recommendations for UNFPA and Country Programme

- UNFPA to continue support to high-level advocacy with SEII and other government authorities for the implementation of the NAP GBV 2017-2021.
- UNFPA to continue to support capacity strengthening of SEII staff in areas of annual planning and budgeting for government sectors, monitoring of the implementation of the NAP GBV, etc.
- UNFPA to support the implementation of the NAP GBV through joint UN programme interventions funded through EU/SPOTLIGHT and KOICA initiatives.
- UNFPA to strengthen focus on People with Disabilities (PWD) and Disabled People’s Organisations (DPO) into the UNFPA CP and to advocate for MoH, MSSI, SEII, SYSS and other government authorities for the inclusion of PWD into sectoral policies and strategies.

EFFECTIVENESS

EQ 3 – D) To what extent have the planned CP outputs been achieved, and to what extent have these outputs contributed to programme outcomes in the area of: “strengthening national policies and international development agenda through integration of evidenced-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality?”

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA technical assistance to national governments is likely to result in policies and plans informed and supported by relevant research in population dynamics and areas within the UNFPA mandate. Government at national and sub-national level is committed to generating data and strategic information and using it for decision making. HR and GE analyses informed CP design. Strategic data produced by the CP is disaggregated.	Evidence of increased national capacity to develop, monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health, youth and gender equality. Evidence of technical support for research planning Evidence of government(s) interest and cooperation National plans in UNFPA mandate areas	- AWP - Progress reports, - Annual reports, - Monitoring reports, - IP reports, - Research plans, - Relevant government stakeholders, - UN research reports, - Stakeholder feedback.	o Document’ review o KIIs with UNFPA programme staff. o KIIs with relevant Gov’t ministries and directorates. o KIIs with UN agencies.

FINDINGS:

SUMMARY

The CP achievements are entirely in line with the CP Output “Strengthened national capacity for using data and evidence to develop, monitor and evaluate national policies and programmes in areas of population dynamics, sexual and reproductive health, youth and gender equality.”

The CP effectively supported capacity building of the GDS as the government central entity to coordinate and conduct key population surveys, including the Population & Housing Census of 2015 and Demographic and Health Survey in 2016.

This enabled the GoTL to produce an impressive number of high quality surveys and studies, enabling the government to collect important data and population and development issues. The CP also supported key sector ministries in the integration of population, SRHR and GBV issues into plans and policies.

The CP was furthermore effective in promoting the use of data in programming and policy development by government institutions at national and municipal levels, who have started to use and request data for decision making and planning.

Strengths and achievements

The strategic partner of UNFPA in this programme area is the General Department of Statistics (GDS) of the Timor-Leste Ministry of Finance.

The CP achievements are entirely in line with the CP Output “Strengthened national capacity for using data and evidence to develop, monitor and evaluate national policies and programmes in areas of population dynamics, sexual and reproductive health, youth and gender equality.” The CP supported capacity building of the GDS as the government central entity to conduct key surveys in the country in collaboration with key sectoral ministries, and supported key ministries in integrating population, SRHR and GBV issues into plans and policies.

Amongst the main CP achievements is the support provided to the GDS to coordinate and conduct several large surveys, including the Population & Housing Census of 2015 and Demographic and Health Survey in 2016, enabling the government to collect important data and population and development issues. The CP also promoted the use of data in programming and policy development by government institutions at national and municipal levels.

The Country Programme led / supported the development of an impressive number of national policy documents in cooperation with government and partners:

- National Population and Housing Census in 2015, including a large number of thematic reports and information bulletins using the census data.
- Demographic and Health Survey in 2016, including several reports based on DHS data.
- Leaving No Youth Behind reports.
- Research bulletin on Investing in Timor-Leste’s Youth: A Resource for the Future / National Transfer Accounts analytical report.
- Births and Deaths statistics report. (insert reference).

The government of Timor-Leste is committed to conducting regular population censuses and other population exercises. Therefore, after supporting the government to conduct a population census in 2015, the Country Programme is currently supporting the preparation of another population census planned for 2020.

This support to the Census involves support to the coordination of the survey, as well as technical support to the technical and logistical preparations. As recommended in the Country Programme MTR report, the 2020 Census will use the latest technology including tablets for enumeration and automatic sending data through mobile connection to GDS as well as mapping of households through GIS (GPS).

Capacity strengthening of GDS supported by the CP covered the following areas: statistics through (international) trainings, ensuring that that right staff are selected and by being strategic about how many people are trained; preparing and conducting of nation-wide surveys; analysis of data and production by staff from various Ministries of studies and thematic reports;

organisation of dissemination workshops at national and municipality level with presentation of district-level data.

The capacity strengthening was provided through (international) trainings - ensuring that the right staff were selected and by being strategic about how many people are trained – in combination with on-the-job training within GDS - to ensure that skills learned in workshops are used. The capacity strengthening and provision of technical support was coordinated and led by a full-time international Technical Adviser, seconded by UNFPA to GDS.

Another CP achievement was the fact that UNFPA succeeded in lobbying the GDS to integrate the census project staff previously employed by UNFPA into GDS contract under state budget.

Apart from providing support to GDS and UNFPA, the Technical Adviser also supported data provision and analysis for other UN agencies, sometimes spending a considerable part of his working hours in this task. So far since over 15 years, UNFPA has been paying 100% of the Technical Adviser’s salary. However, after lobbying with other UN agencies, UNFPA managed to convince UNICEF to co-share the Adviser salary payments starting from 2020.

GDS and UN agencies interviewed by the CPE team expressed their high satisfaction with support provided by UNFPA.

GDS and other stakeholders also observed that the UNFPA CP has had an impact on the capacity and willingness of central level and municipal government authorities to use data for planning and decision making. Municipalities have reportedly started to contact GDS to request data for planning and implementation purposes.

Weaknesses and challenges

Weaknesses of the CP included in the initial limited capacity at GDS. Also there were issues with Census data quality resulting from questionnaire design, low quality enumeration and data processing and cleaning. Furthermore, there was a lack of sufficient CP resources to recruit technical expert consultants to analyse the 2015 Census. Other activities were also not implemented due to funding constraints, such providing technical support to birth registration as the registration did not go ahead during 2018. However, interagency work was planned on Civil Registration and Vital Statistics (CRVS) in 2019 through an initiative funded by Japanese Govt to UNICEF, to which UNFPA was expected to provide some data support.

Another weakness under this output was the fact that during the first years of the CP period, advocacy to high level government institutions and other stakeholders to use data was low. This weakness was addressed during the later years of the CP, as described above.

However, sourcing and seconding a full-time UNFPA Technical Adviser to GDS since several (15) years represents a risk as it may lead to Adviser being used more as GDS staff (substitution) and less in capacity strengthening role. Interviews with the GDS Director and the UNFPA Technical Adviser indicated that the Adviser is only used for capacity strengthening tasks. However, it is important that UNFPA remains vigilant on this point.

An external challenge for this Programme Area is the high level of demands made by other UN agencies and partners for assistance by the UNFPA Technical Adviser to produce data on various topics. This leaves less work time available for the Adviser for key UNFPA CP tasks.

Other general challenges to the area of Population and Development in the country are the lack of data generation and analysis capacity and practice within government, and the lack of demographers and population specialists in Timor-Leste.

Lessons learned and best practices

- Good collaboration with implementing partners is key to success of UNFPA programme implementation in the area population and development.
- Some National Directors from GDS expressed their appreciation on the high quality of work of UNFPA consultants placed at GDS on their high quality of work. This is a lesson learned for UNFPA to keep the same approach when placed and working with national counter parts.
- When designing a census exercise, it is important that the GDS and partners focus more on quality and less on volume. They should improve the design of the census questionnaire and build a stronger statistical foundation at the GDS to strengthen the quality of data collection.
- Logistical arrangements to support the field work of surveys should be made at least one month before conducting field work and training, to ensure that adequate resources are available to enable the field workers to do their work without unnecessary limitations.

Technical recommendations for UNFPA and Country Programme

- Strengthen analysis of data and generation of knowledge within the UNFPA CP.
- Increase focus on developing data literacy within Government and across the development community.
- Strengthen the national capacity for knowledge generation and data analysis.
- Increase the breadth and depth of data dissemination, so that data is more accessible and used more for policies and programming by Government and partners.
- Continue to strengthen the national system of monitoring of the progress on the post-ICPD agenda and performance.
- Encourage ownership and leadership by government of population surveys.
- Strengthen the national system for monitoring of country progress on post-ICPD agenda and performance, including the ICPD-related SDG indicators.
- Accelerate the documentation of best practices and lessons learned during the CP so as to inform future CP programming and to be used for advocacy with decision makers at national and governorate level on replication to other governorates or for national scaling up.

- Support the Population and Housing Census which UNFPA and Government agreed to conduct in 2020. Ensure that UNFPA Technical Assistance to GDS is used for capacity strengthening only.
- Ensure that UNFPA Technical Assistance to GDS is used for capacity strengthening only.

EFFECTIVENESS

EQ 4: To what extent has UNFPA made good use of its comparative strengths to add value to the development results of Timor-Leste?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA comparative strength is contributing value added to national stakeholders National government(s) are interested in investing UNFPA value added in humanitarian and development contexts	- Commitment of government and IPs to implement UNFPA programmes and achieve its mandate - Increased handover of UNFPA supported centres to government institutions.	- Annual reports - Monitoring reports - Implementing partners - Government(s) stakeholders.	<ul style="list-style-type: none"> ○ Document' review ○ KIIs with UNFPA programme staff. ○ KIIs with relevant IPs (Gov't and NGOs). ○ KIIs with relevant government(s) stakeholders and UN agencies.

FINDINGS: ADDED VALUE

SUMMARY

UNFPA has demonstrated real added value in its programmatic areas. Its recognized technical expertise has allowed UNFPA to act as a facilitator, playing an effective intermediary role between national counterparts and partners, particularly in the areas of gender, reproductive health rights, HIV/AIDS, combating GBV and producing population data. UNFPA's comparative advantage in and contribution to strengthening institutional capacity of central level government in UNFPA's mandate areas are also recognised.

The Country Office also adds value in engaging actively and effectively in policy dialogue, and particularly in placing sensitive themes on the national agenda. In some cases, the added value of UNFPA lies in the fact that it is the only country-based development partner to intervene; this is particularly true for the support to HIV prevention and the support to the organisation of the Census.

Among the interviewed stakeholders, including government officials, civil society partners, UN agencies and donors, UNFPA's technical expertise and mandate are well recognised. This is particularly the case in the area of sexual and reproductive health - especially for adolescents and young people - including family planning, gender issues, the fight against gender-based violence and other harmful practices and the production of population data, where UNFPA often acts as intermediary and facilitator between government and partners. UNFPA is also seen as the leading agency in the procurement of contraceptive and reproductive health products. CP achievements and results in the thematic area of HIV/AIDS prevention in Timor-Leste have placed UNFPA and the programme at a comparative advantage with respect to the government and other organisations active in this thematic area.

UNFPA in Timor-Leste has had long standing presence and relatively well accepted interventions in the areas of SRH, Gender and combating GBV and has been able to bring these to the national agenda, despite the cultural sensitivities and taboos around these topics. Several partner agencies have used UNFPA expertise to develop their strategies, programmes and projects.

UNFPA has developed an international collection of information, knowledge and lessons learned, which has been partially shared with the Government of Timor-Leste and regional authorities throughout the current programming cycle. Several examples cited in this report corroborate the use of the South-South cooperation strategy for various programming areas.

Since a few years, more UN agencies and partners have started to implement programmes on adolescent and youth health programming and on gender-based violence response and prevention. Some UN agencies such as UNICEF have created units in their HQ and in field offices for GBV and adolescent development programming. It is therefore crucial that the UNFPA CO reflects on and continues to demonstrate its comparative advantage compared to other UN agencies, while maintaining an inclusive approach to the coordination of these areas.

Gender Equality and Human Rights Principles
EQ 5: To what extent did the implementation of the UNFPA programme in Timor-Leste take into account gender equality and human rights principles?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>UNFPA programme design and implementation integrates gender equality and human rights principles. HR and GE analyses informed CP design. Strategic data produced by the CP is disaggregated. UNFPA monitoring of IPs includes requirements for application of gender equality and human rights principles</p>	<ul style="list-style-type: none"> - Evidence of UNFPA and IPs using HR and GE analysis to inform programme design and implementation. - Evidence of CP contributing to strengthening government capacity to fulfill its obligation as duty bearer. Evidence of CP contributing to strengthening capacity of communities, including vulnerable women and girls, adolescents and youth, as rights holders to access quality services. - Evidence of services to target populations which are gender responsive 	<ul style="list-style-type: none"> - UNFPA programme documents. - Implementing partners - UNFPA staff - National Policy documents. 	<ul style="list-style-type: none"> o Document review o KIIs with UNFPA staff o KIIs with implementing partners (Gov't and NGOs) o KIIs with centres' management and staff

FINDINGS:

Gender equality

UNFPA Country Programme components in Timor-Leste are responsive to gender, in that they promote gender inclusion principles for the development of young women and men, promoting opportunities and equal treatment for all young people, young women and men alike. All UNFPA programme activities in Timor-Leste have a direct link to women and girls as they focus on reproductive health and family planning, GBV and other harmful practices and on population interventions, which are supposed to improve the health status of girls and women, decrease early marriage, early pregnancies and school drop-outs amongst girls, decrease violence against women and girls and thus all contribute to increasing girls' and women's empowerment and participation, which contributes to gender equality. To some degree, the CP also worked with the central and regional authorities to strengthen capacity of institutions spearheading efforts to further women's empowerment and gender equality in Timor-Leste and contributed to developing national policy documents to this effect.

Human rights

By supporting the provision of SRH services to vulnerable women in the country and the strengthening of quality SRH services to vulnerable and marginalised populations, the CP supported the rights-based approach of universal access to primary health care and safe deliveries. Similarly, by supporting the provision of GBV and youth interventions for vulnerable and marginalised populations, the CP contributed to the right of populations to access such services. The Country Programme supported the population as rightsholders to participate and access essential services, and supported the Government as duty-bearer to provide those essential services and to review, document and report on various human rights related commitments.

The CP strengthened the capacity of government to provide essential services to vulnerable groups such as People With Disabilities , LGBTI persons, People Living with HIV, etc.

EFFICIENCY

EQ 6: To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 3rd CP outcomes in a timely manner?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA has made good use of its human, technical, administrative and financial resources. UNFPA used an appropriate combination of tools and approaches to implement the CP and achieve the CP results and did this in a timely manner.	- Evidence of UNFPA expenditure, execution rates,. - Evidence of effective implementation of programme plans	- UNFPA (including finance / administrative departments) - UNFPA CO staff - Financial records - Annual reports	<ul style="list-style-type: none"> o Document review including financial records o Interviews with UNFPA staff and with IPs and other stakeholders.

FINDINGS: EFFICIENCY

SUMMARY

The CP was negatively affected by a total budget cut of 52% from USD 15.5 million to 9 million. 47% of CP resources were spent on the Outcome 1 programme area (FP and SRHR) and 3% on Outcome 4 (Population Dynamics).

In spite of the budget cuts meaning that the CP only had about USD 1.5 million per year to fund CP activities and CO staff and operational costs, UNFPA and partners managed to implement a meaningful programme and achieve an large part of the planned results.

The CO performed well in CP financial management: the implementation rate of the CP budget was high (92%) and the office achieved corporate compliance. CP implementation was affected by delays, many of which caused by political changes in the country's national government.

UNFPA has established strong working relations with government counterparts in key sectors. This has contributed to high-level commitment by these sectors to support - and in some cases champion - priority interventions promoted by the CP. Stakeholders trust UNFPA and appreciate the CP alignment to government policies and priorities. The CO is also working closely with key national and international civil society organisations in CP focus areas. Working relationships with other UN agencies are strong.

Use of CP resources

The CO managed to effectively spend its resources with an average total budget implementation rate of 92%.

The CO managed to mobilise USD 1.2 million from donors for CP implementation during 2015-2019, in addition to USD 18 million in new resources for joint UN GBV programming starting 2020.

Political instability and changes in government officials and policies resulted in delays in CP implementation and needs for reprogramming of CP interventions and resources.

The CP supports the demand for and the use of sexual and reproductive health interventions and family planning which are internationally recognised to be effective and to represent "Value for Money": through the strengthening of provision of sexual and reproductive health and service and the promotion of family planning to vulnerable populations in Timor-Leste, UNFPA contributed to reducing maternal mortality and morbidity, decreasing fertility and increasing contraceptive coverage. This evaluation does not request the estimation of the exact Value for Money of CP results. Also the CP Results Framework does not include any cost-effectiveness indicators, such as the cost per Couple Years Protection or beneficiary satisfaction of the provided support.

A major challenge of the 3CP was the reduction of the CP resource envelope by 60% compared to the expected resources described in the CPD and CPAP. Table 6 above provides a comparative analysis of planned versus actually raised budgets for the CP programme cycle. The total planned budget defined in the CPD / CPAP amounted to USD 15.5 mln. for the 5 CP years, whereas the actual budget for this period amounted to USD 8.02 mln., 52% of the planned budget. The CP received USD 7.09 million in regular UNFPA resources, only 71% of the planned USD 10 mln. regular resource contribution. Similarly, the planned co-financing budget for 2015-2019 was USD 5.5 mln. but the actual budget was only USD 0.93 mln., 17% of the planned co-financing amount.

The reason for the decrease in CP regular resources was the reduction in donor contributions to UNFPA due to the budget cut by the US Government in combination with decreases in resources from other donors following the global financial crisis and the economic classification of Timor-Leste as lower-middle income country.

The CPE team is impressed with the level and variety of CP implementation achieved by UNFPA and its IPs on a budget of about USD 1.5 million per year. UNFPA financial records report that the total actual expenditure for the period January 2015 to December 2019 only amounted to USD 9.29. During the years 2015, 2016, 2017 and 2018, total CP expenditure was highest on Outcome 1 - related to procurement of FP commodities - followed by Outcome 4 - to support census organisation and analysis. In 2019 up until the end of November, expenditure for Outcome 4 was slightly higher as for Outcome 1.

The bulk of CP spending from regular UNFPA resources during 2015 - 2019 was spent by Outcome 1 (outputs 1 FP and output 2 SRHR) (46%) and Outcome 4 (Population Dynamics). The same spending pattern was observed for external resources: the CP spent 51% of total co-financing resources for Outcome 1 and 36% of co-financing resources for Outcome 4.

The government and UNFPA have so far managed to implement the programme for the budgeted costs in the work plan. Efforts were also made to economise programme costs by holding meetings and workshops in existing agency premises, and by compacting the number of meeting days and increase use of remote meeting technology (video calls). The CP also contributed to economies of scale through its involvement in the international procurement by UNFPA of reproductive health products (including contraceptives), thus contributing to achieving low prices for reproductive health products in conformity with UNFPA quality standards.

In terms fund execution, the UNFPA Country Programme in Timor-Leste reached an average financial implementation rate of 92% over the period from January 2015 to December 2018, with programme area implementation rates ranging between 88% and 100%, as shown in table 8. This is above the standard required by UNFPA.

The implementation rates of the CP Implementing Partners (IPs) showed more variation. Table 9 below demonstrates that annual execution rates varied from 0 or 35% for some IPs to 100% for other IPs in some years. An external challenge mentioned by stakeholders interviewed is that changes in policy priorities in the country resulted in IP funds not being utilised and therefore required IP funds to be reprogrammed.

Figure 6 shows that whereas the total CP expenditure executed by UNFPA during 2015-2018 was over USD 6.4 million, whereas GDS, MoH, Macro ICF and Aloia Foundation managed to execute USD 218,000, 130,000, 185,000 and 247,000 respectively.

Programme management

Overall CP management by UNFPA

The UNFPA programme and operations team in Timor-Leste have assumed responsibility for managing the Country Programme based on the interventions defined in the CP Action Plan (CPAP).

As mentioned in report section 4.2 on relevance, the CP results framework was not used as basis for country programme management and the CO team seemed to base programming on the Annual Workplans developed by UNFPA staff with IPs.

The CO received useful support from the Asia and Pacific Regional Office (APRO) in Bangkok and from colleagues at UNFPA HQ and in Copenhagen.

Management of implementation by IPs

The CP was implemented partly through the national execution modality, in which UNFPA advances funding to IPs, who then spend the financial resources through their own systems for programme implementation. For other IPs, the UNFPA Timor-Leste Country Office implemented part or all of the programme

interventions itself using the direct implementation modality. This was the case for part of the interventions supporting the Ministry of Health, and for all the interventions coordinated and managed by the Ministry of Education and its teachers institute INFORDEPE.

All IPs interviewed mentioned delays in signing annual workplans at the start of each calendar year as a challenge for their internal planning, recruitment and procurement systems.

IPs also mentioned that UNFPA tended to change the annual working plans during the year. While this may enable the CP to respond to emerging priorities or to strategic decisions, workplan changes contribute to uncertainty and lack of predictability for IPs managing their programmes and staff.

An external challenge to the CP was the turnover of government and NGO staff which resulted in loss in capacity and required UNFPA to continuously train newly appointed staff in programme and financial management and in reporting to UNFPA.

Financial management

The UNFPA Country Office in Timor-Leste performed well in financial management of the CP. This is due to the dedication of the UNFPA programme and operations staff. The implementation rate of the CP budget was generally high and UNFPA Timor-Leste performed well on corporate compliance. Procurement targets were met. The UNFPA CO also volunteered to conduct an internal management audit in 2018 and is currently implementing the audit recommendations. During the last 2 years, UNFPA renovated its office spaces and procured new office equipment, furniture and vehicles.

CO officials interviewed reported that programme financial monitoring by the CO through IP spot-checks was regular. UNFPA built capacity of IPs in monitoring and reporting, resulting in better quality IP financial reports (completeness, data quality and supporting documents) and less delays in report submission.

Operations staff interviewed by the evaluation team are generally satisfied by their performance, and the International Operations Manager expressed her appreciation that national staff have been able to deliver all activities.

In terms of operations cooperation with other UN agencies, UNFPA reactivated the UN Office Management Team (OMT) in Timor-Leste by chairing it. UNFPA also participates in the UN procurement working group, which developed common rosters for service providers and consultants. The UNFPA CO currently uses UNICEF and UNDP procurement contracts with providers, which is an example of advanced harmonisation of management procedures between agencies.

Recently, UN staff salaries have been reviewed and increased in Timor-Leste. UNFPA also participates in the HACT working group which deals with common IP payment procedures used by UNICEF, UNFPA and UNDP.

Weaknesses in the CP operations management include the fact that during the first CP years no management audits were conducted. The UNFPA operations team also reported that they are not systematically informed and consulted from the start by programme staff in the planning of programmes and in development of funding proposals. This represents the risk of programme proposals not including adequate budgets for staff, M&E, communication and operations.

Human resources management

UNFPA CO staff in Timor-Leste are hardworking and committed to their work. The UNFPA programme staff are working in integrated ways and can cover for each other during staff absences. A similar mechanism exists for the operations staff. Working relationships between the programme and operations team are excellent. Recently the workload of UNFPA programme staff has been very high, exacerbated by illness of some of the staff. Consequently, some UNFPA staff are overloaded.

The UNFPA Timor-Leste SMT should ensure that opportunities for capacity building of national staff are increased and should budget for this in the new CP.

Technical resources (expertise)

UNFPA managed to engage in-house and external expertise to provide technical support and assistance for the CP. The members of the UNFPA Country Office team are multidisciplinary and can cover for each other. However, frequent changes in policies within UNFPA means that sometimes UNFPA staff are not keeping up with changes and puts the burden of constant adjustments. The CO received useful support from the Asia and Pacific Regional Office (APRO) in Bangkok and from colleagues at UNFPA HQ and in Copenhagen.

The CO achieved quality assurance of CP interventions through close relationships with implementing partners, which provided frequent opportunities for engagement on technical issues. However, some government staff are overstretched and therefore not always available for UNFPA CP activities. Government partners interviewed mentioned that procedures for UNFPA to source national and international consultants were sometimes lengthy.

Innovation

The UNFPA Country Programme in Timor-Leste supported a number of innovative interventions and approaches, which include:

- Capacity strengthening of health workers on EmONC following a competency-based certification approach, which involved a combination of theoretical and practical teaching followed by a period of several months of supervision in the place of work before training certificates are provided.
- EmONC strengthening programme implemented jointly by UNFPA and WHO, co-funded by UNFPA, WHO, USAID and Australia DFAT, with WHO contributing funding to UNFPA for joint programme implementation.
- Integrated approach to capacity building of health workers and police officers on HIV / SRHR by a variety of trainers from government, UN, civil society and key populations (for example People Living with HIV).
- Online methodology planned for the 2020 Population Census, including using tables for enumeration and automatic sending data through mobile connection to GDS, as well as mapping of households through GIS.

Timeliness

The Timor-Leste Government and UNFPA are committed to implementing the programme and achieving all the goals in a timely manner. However, as explained earlier, political volatility and changes led to delays in implementation of a number of CP and required frequent reprogramming of activities and budgets. IP capacity to utilise funds was sometimes limited given competing priorities.

Stakeholders interviewed listed delays in the signing of Annual WorkPlans with IPs as an inefficiency. Also delays in submission of reports by IPs at times resulted in delay of disbursement of funds. All IPs interviewed mentioned delays in signing annual workplans at the start of each calendar year as a challenge for their internal planning, recruitment and procurement systems.

Administrative resources

The evaluation does not have enough elements to assess if the level of CP administrative costs indicates efficiency. The specific context in Timor-Leste, with political instability, a remote geographic location and an enclave located surrounded by a neighbouring country, is expected to generate additional operational costs. During the last 2 years, UNFPA renovated its office spaces and procured new office equipment, furniture and vehicles.

Resource mobilisation

The UNFPA Country Office has succeeded to mobilise resources for the Country Programme, particularly in the areas of GBV and RH. From January 2015 to the end of 2018, UNFPA Timor-Leste managed to mobilise a total of USD 1.22 million from external donor sources. This is much less than the amount of USD 5.5 million estimated in the Country Programme Document for mobilisation from external sources (see table 3 in section 3.3.2).

Table 10 gives an overview of all resources mobilised and received for the Country Programme between 2015 and 2018. It shows that the main external CP donors were Australia, the World Bank and UNDG.

In 2019, UNFPA contributed to successful efforts to mobilise new resources for large multi-agency GBV programmes: USD 9.9 million were mobilised from the European Union SPOTLIGHT programme for a 3-year UN Joint Programme on GBV starting in 2020, as well as USD 7.9 from KOIKA Korea for a 4-year joint UN programme on GBV also starting in 2020. The UNFPA Country Programme will receive a part of this funding.

Monitoring and Evaluation

Country Programme Results Framework

The Country Programme Document includes a Results-Based Management tool in its Results Framework, which includes outcome indicators and output indicators, baselines for 2014 and final targets for 2019. Overall the CP outcome and output indicators, baselines and targets were developed well, and enable the capturing of CP achievements.

Exceptions to this are the output indicators of Output 1 - Family Planning, which do not sufficiently capture the capacity strengthening and policy development efforts supported by the CP towards MoH and SAME. Instead, the Output 1 output indicators focus changes in the health facility performance or population knowledge, areas to which the UNFPA CP only contributes partially to their achievement. For example, Output 1 indicators capture the proportion of health facilities in reporting no contraceptive stock-outs; health facilities providing at least three or more methods of FP; and the level of knowledge of FP amongst married women in UNFPA supported districts. Even if UNFPA procures 100% of contraceptives in the country, challenges within the national MoH supply chain may result in stockouts. Similarly, the degree to which facilities provide at least 3 FP methods depends on how many health workers were trained and on their personal convictions, whereas UNFPA did not train 100% of all health workers in the country in FP. Lastly, the level of FP knowledge amongst women in the priority municipalities depends on many factors, whereas UNFPA only trained a part of the health workers, and not all women will receive FP counselling during their health facility visit.

Furthermore, the CPE team found that in the CP results framework there is no consistency in the level of outcome and output indicators defined for different outputs. The output indicators for Output 1 (Family Planning) are formulated at a higher level, measuring changes in the capacity of health facilities and even a change in knowledge of the target population (which to the CPE team seems more appropriate as a CP Outcome Indicator). On the other hand, the indicators for other Outputs are formulated at a lower level, which seems more appropriate for a Country Programme which focusses its support on systems strengthening. For example, for Output 3 – Youth, the outcome indicator (and not the output indicator) measures the level of knowledge of the target population.

Another weakness of the CP Results Framework is that some targets for output indicators seem too high and therefore unrealistic, and do not reflect the reality of the CP focus on strengthening government capacity rather than supporting service provision.

Country Office Monitoring and Evaluation (M&E) system

A weakness in the CP monitoring practice is that CO staff do not use the CP and CPAP Resources & Results Framework as basis for monitoring the CP performance in Timor-Leste. The CO programme team did not maintain any CPAP tracking tool to monitor CP performance and take programmatic decisions to adjust performance.

Programme monitoring is the responsibility of the UNFPA programme teams, whereas the UNFPA M&E team is charged with national monitoring and reporting to UNFPA ASRO, HQ and global initiatives. CO staff reported that not all programme staff carry out their programme monitoring tasks adequately. In addition, the M&E Specialist is frequently requested to support programme teams, leading to him having less time available for coordination of and undertaking overall Country Programme M&E tasks.

The Country Office organised 6-monthly monitoring and review meetings with IPs.

Every quarter, Country Office staff produced inputs for the internal UNFPA SIS reporting system including the narrative summaries per programme area. A weakness is that these narrative summaries are often quite short, which means that the SIS does not always adequately reflect the achievements of UNFPA TL programme areas. As a result, when colleagues from HQ, Regional Offices or other COs consult the SIS, they do not obtain an adequate picture of the UNFPA TL CP performance.

Another weakness in the country UNFPA CO monitoring system is that UNFPA programme staff do not systematically produce reports on work in direct implementation. As a result, a (large) part of CP performance is not captured. In addition, there is little joint monitoring of CP implementation (with other UN agencies and partners) and no involvement of national government in CP monitoring visits.

The majority of reporting by UNFPA is targeted to UNFPA, UN system and donors. UNFPA does not seem to systematically produce annual reports on the Timor-Leste Country Programme or to produce programme updates for Government and partners. An exception are the mandatory reports to government, such as the financial spending reports submitted by UNFPA to the DPMU unit of the Ministry of Finance, which UNFPA does submit regularly and on time.

Support to national partners' capacity in terms of M&E systems

The M&E team trained UNFPA and IP staff on the CP M&E system. By using the UNFPA monitoring systems, the capacity of IP staff to report to the UNFPA CP monitoring system has increased.

The evaluation team has not found any practice by UNFPA of involving government authorities in country programme monitoring.

Technical recommendations for the area of Monitoring & Evaluation:

- Programme staff should produce reports to SMT on direct implementation by UNFPA and ensure that UNFPA internal and external reports adequately reflect the achievements of the UNFPA programme areas.
- Supervision and monitoring by UNFPA of IPs (including government agencies) should be regular and reports should be systematically produced by all programme staff.
- Increase opportunities for joint monitoring of CP implementation, particularly including relevant national government authorities and partners.
- Ensure that non-government IPs regularly share reports with government at national and municipal levels on programme implementation.

Communication

As far as external communication is concerned, the UNFPA CP produced a number of communication products, including programme brochures and summaries, reports and audio-visual materials, which give a good representation of the interventions. Up until June 2019, when the Country Office had a communication officer, the UNFPA Timor-Leste website regularly published human interest stories and documents produced by UNFPA in Timor-Leste and at global level. Engagement by UNFPA in social media has increased in recent years.

The CO needs to strengthen its external visibility by continuing to engage on social media and increase the production of programme overviews and updates focussing on programme achievements and their impact on the populations targeted.

A weakness of the CP production of communication outputs is the gap in UNFPA communication officer between June 2019 and early 2020.

A number of central level government officials interviewed stated that they do not receive regular written updates or reports from UNFPA on progress of CP implementation. Similarly, municipal authorities informed the CPE team that they have not received regular reports from civil society implementing partners active in their municipalities who are supported by the UNFPA CP. An exception here is the regular reporting by UNFPA to the Development Partnership Management Unit (DPMU) within the Ministry of Finance.

Internal communication and information exchange within the UNFPA Timor-Leste Country Office function well, according to UNFPA staff interviewed.

EFFICIENCY

EQ 7: To what extent has the CO established, maintained and leveraged different types of partnerships to ensure good use of UNFPA's comparative strengths in the achievement of the Country Programme outcomes?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA was effective in establishing effective partnerships with government stakeholders. UNFPA was effective in instituting partnerships with IPs –gov't & NGOs as needed to implement programme plans. UNFPA implementing partners received planned support and resources to the level foreseen and in a timely manner.	- Number and kinds of IPs. - Extent to which UNFPA has strengthened national sector and multisectoral coordination mechanisms. - Planned resources were received to the foreseen level in AWP - The resources were received in a timely manner.	- AWP - Financial records - UNFPA (including finance / administrative departments). - Annual reports. - Implementing partners. - National documents. - Stakeholder feedback	o Document review including financial records o KIIs with UNFPA CO admin and finance staff o KIIs with implementing partners (Gov't and NGOs). o KIIs with key partners in programme areas.

Programme strategic approaches, business model, administrative and financial procedures and mix of implementation modalities fostered achievement of programme' outputs.

FINDINGS: PARTNERSHIPS

SUMMARY

UNFPA has established excellent working relations with government counterparts in key sectors. This has contributed to high-level commitment by these sectors to support - and in some cases champion - priority interventions promoted by the CP. Stakeholders interviewed trust UNFPA and appreciate the alignment of the CP to government policies and priorities. The CO is also working closely with key national and international civil society organisations in CP focus areas. The CO has developed strong working relationships with UN agencies, particularly with WHO and UN-Women and is strengthening cooperation with UNICEF.

In terms of UNFPA's partnerships with government, UNFPA Timor-Leste maintained strong working relationships with a number of Ministries at central level, as described earlier in this chapter. Staff from government institutions interviewed found UNFPA to be a trusted and responsive partner, always willing to provide assistance where possible. UNFPA partnerships with government focused on those government institutions and departments within them which are Implementing Partners of UNFPA.

UNFPA also established working relationships with sectoral departments in a number of municipalities in which (pilot) interventions were supported by the CP. However, in some municipalities visited by the CPE team, these relationships with local authorities were not very strong and contact was not frequent.

Government partners appreciate that UNFPA support is highly aligned to government policies and strategies, and that UNFPA participated in and supported annual planning process of a number of government partners. However, the downside of the strong CP alignment to the GoTL's policies and procedures is that for a number of interventions CP implementation follows government processes which often take longer.

In terms of UNFPA's partnership with civil society organisations, UNFPA has good relations with a number of national and international NGOs and associations, some of which are its current or former implementing partners.

During the past years, UNFPA's civil society Implementing Partners (IPs) have done a good job in running programmes and providing essential services. This is appreciated by UNFPA staff and other stakeholders.

The IPs interviewed by the CPE team generally appreciate UNFPA as a cooperative, flexible and responsive partner, prepared to listen to technical suggestions and requests when IPs make them. IPs appreciate the flexibility of UNFPA in adjusting annual workplans when required. They also reported that UNFPA contributed to capacity building of IPs in the areas of policy development, programme planning and management, narrative and financial reporting, data collection and in the development of some level of documentation and communication products.

IP staff interviewed suggested that UNFPA could do more to promote links or exchange of experience between IPs working in the same programme area in Timor-Leste or with similar initiatives abroad. They also suggested that UNFPA staff could share more information on relevant developments in programme areas abroad. This would provide an opportunity for CP implementing partners for cross-fertilisation and learning from each other, to replicate best practise, form stronger links and also to motivate IP staff. Some IP staff felt that there is no clear system for information sharing by UNFPA with IPs and stakeholders, including with central and local government.

Within the UN family, UNFPA has developed excellent working relationship with WHO and UNWOMEN and recently strengthened working relationship and coordination with other UN agencies active in areas related to UNFPA's mandate areas, including UNICEF, UNFPA and ILO.

UNFPA's working relationship with WHO is quite innovative, as it includes close cooperation, planning and joint implementation of health systems strengthening activities, such as the EmONC system strengthening. WHO even channels resources through UNFPA for UNFPA to implement activities in the name of both agencies.

Ownership, alignment and harmonisation

As stated above, stakeholders interviewed mentioned that UNFPA programmes and interventions are aligned to government policies and strategies in Timor-Leste, which is appreciated. By providing direct support to central level authorities and supporting their capacity strengthening, UNFPA contributes to increasing government ownership of programmes and interventions supported.

On the other hand, the CPE team observed that for interventions implemented by Civil Society Implementing Partners, UNFPA mainly left it to the IPs to communicate and report on their programmes with government at central and municipal level. Some municipal authorities visited by the CPE team reported to have little knowledge about the interventions supported by IPs in their municipality and not to receive any reports regularly. Consequently, municipal government ownership is not strong in those instances and IP alignment to government systems can be improved.

UNFPA endeavours to harmonise its programmes with other partners: within the UN system this happens through the UNDAF system and its associated inter-agency coordination mechanisms, such as the UN Results Group and the UN Gender Technical Group. Harmonisation with interventions supported by other partners is less straightforward, as national sector coordination mechanisms are not strong or regular.

SUSTAINABILITY

EQ 8: To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in Timor-Leste?

EQ 9: To what extent has UNFPA been able to support its partners and target populations in developing capacities and establishing mechanisms to ensure ownership and durability of effects of the 3rd CP interventions?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
UNFPA is implementing its programme through the appropriate modes of engagement. UNFPA support is contributing to creating ownership for the interventions supported amongst Govt. and IPs. UNFPA has contributed to institutional capacity building of the IPs supported. UNFPA has adequately documented its best practices and lessons learned. UNFPA has developed exit strategies for each programme area and each AWP.	<ul style="list-style-type: none"> - Evidence of institutional capacity building. - Evidence of IP ownership. - Evidence of documentation (reports, policy briefs on lessons learned and best practices). - Evidence of exit strategies. 	<ul style="list-style-type: none"> - AWP's - CPAPs - Progress reports - Annual reports - Monitoring reports, - Stakeholder feedback. 	<ul style="list-style-type: none"> o Document' review o KIIs with UNFPA programme staff. o KIIs with relevant government(s) stakeholders and IPs. o KIIs with UN agencies.

FINDINGS:

Alignment and integration into national policy frameworks

The CP was effective in integrating SRHR concerns into the health sector policy documents including the RMNCH Strategy, Youth Policy and National Action Plan for Youth and into the education curricula of primary and secondary schools. Issues of Gender and GBV were integrated into national guidelines and training materials for health workers and schoolteachers in the public sector.

Capacity development and fostering ownership and durability

The CP contributed to strengthening the capacity of counterpart government institutions and civil society IPs to establish, manage, monitor and report on priority interventions in the area of SRH, adolescents & youth, GBV and population data. This increased capacity and visibility will assist these IPs to sustain their programmes and to mobilise resources. CP efforts also increased the capacity of some IPs to organise campaigns and advocate with local, regional and national government for increased political attention and domestic resource allocation to their areas of focus.

So far most capacity building of service providers has focussed on in-service training. While this has reached excellent results in some areas such as EmONC training of health workers, it is important that the CP also support pre-service capacity building of human resources as this will generate more sustainable results.

Lobbying and advocacy by UNFPA with government authorities contributed to building political buy-in of government for support priority interventions and procurement and to increasing commitment to support the scale up of these interventions using its own resources. This has contributed to the financial sustainability of some interventions. These efforts will need to be maintained to ensure that government will indeed adopt the supported interventions as key priorities and support their scale up.

Institutional capacity building

Capacity development was one of the main programme delivery mechanisms defined in the CP Document. In the implementation, the CP supported both individual level capacity building of service providers - such as service providers and government decision makers and technical staff at central level - as well as systems strengthening through procurement of equipment and supplies and development of national policies, procedures and tools.

IP capacity building focussed on strengthening technical capacity as well as management skills including programme management, monitoring and reporting. This was done through national trainers, international trainers coming to Timor-Leste as well as by sending persons abroad. South-south cooperation (experience exchange visits to other countries in the region or other parts of the world outside of the West; bringing expertise from other countries in the region to Timor-Leste) was used and was much appreciated by Timor-Leste partners.

One weakness of the CP capacity building efforts is that so far they have mainly focussed on individual capacity building of service providers (health workers, teachers) and less on service managers (health facility managers, school directors) and the environment (parents of school children). In addition, EMONC and FP capacity building relies heavily on (a limited number of) national trainers, without many audio-visual teaching aids having been produced so far. This represents a risk if the national / municipal trainers leave their positions. Stakeholders recommended that the CP increase the pool of national and municipal trainers and produce audio-visual training tools to enable the INS, INFORDEPE and the hospitals and schools to train additional trainers, health providers and teachers. The CPE team therefore recommend that the CP increase the numbers of national and municipal trainers and support the production of audio-visual aids for teaching by trainers, to assist in future rolling out of trainings to service providers by MoH, UNFPA and partners.

In the current system for capacity building of health workers and teachers, national trainers were selected from various municipalities and supported to train health workers and teachers in other municipalities. This system is quite expensive as it requires providing support to national trainers for transport and nights spent overnight in other municipalities. Stakeholders interviewed suggested that it would be cheaper to use municipal trainers to train service providers in their own municipality.

Documentation and knowledge management

Documentation of programme interventions for advocacy and policy development is one of the mechanisms to increase the sustainability of programme efforts.

The CP is undertaking efforts to document the support to the EmONC strengthening through a mid-term review of the EmONC Improvement Plan of Action for Timor-Leste.

Otherwise, documentation by UNFPA, Government of Timor-Leste and IPs of interventions supported through the CP, of success stories, lessons learned and best practices has generally been limited. This is a lost opportunity as a number of interventions supported by UNFPA in Timor-Leste were mentioned by stakeholders interviewed as examples of best practise. For example, it would be useful to document the Birth Preparedness Planning programme, the various CSE approaches (and a comparison between them), etc. It was also a missed opportunity that the evaluation of the violence programme supported during CP2, as recommended in the CP Document, did not take place.

Documentation of best practices and development of policy briefs is important to guide programme implementation and ensure quality and standardisation of implementation between the various Implementing partners. It is also an important tool to influence policy and decision making by authorities and partners at national and municipal levels. Documentation of CP interventions should include the production of short policy briefs. We know from other evaluations that piloting / testing of new approaches without documentation does not generate any lasting impact.

It is not too late yet to document lessons learned, best practice and success stories to showcase the results and merits of the ongoing CP and of UNFPA. This documentation should be undertaken rapidly as institutional memories of counterparts and beneficiaries are short due to rotation of staff and movement of beneficiaries.

Sustainability

Capacity development normally contributes in two ways to sustainability of interventions supported: it contributes to institutional sustainability by strengthening the capacity of counterpart organisations to plan, manage and monitor key interventions; and contributes to financial sustainability by strengthening the capacity of counterpart organisations and partners to manage their existing resources efficiently, to mobilise additional resources and to advocate with government for increased resources for priority interventions.

The CPE team found that the Timor-Leste CP contributed to strengthening the capacity of counterpart government institutions and civil society IPs to establish, manage, monitor and report on priority interventions in the area of SRH, adolescents & youth, GBV and population data. This increased capacity and visibility will assist these IPs to sustain their programmes, and apply for and obtain funding from other sources. It also increased the capacity of some IPs to organise campaigns and advocate with local, regional and national government for increased political attention and domestic resource allocation to their areas of focus.

Lobbying and advocacy by UNFPA with government authorities contributed to building political buy-in of government for support priority interventions and procurement and to increasing commitment to support the scale up of these interventions using its own resources. This has contributed to the financial sustainability of some interventions. These efforts will need to be maintained to ensure that government will indeed adopt the supported interventions as key priorities and support their scale up.

The abrupt stop of support to the Birth Preparedness Planning programme did not allow for a long period of phase-out and hand-over to the local authorities. This contributed to a stop in service provision to vulnerable populations and to the loss of capable Alola Foundation staff in Oé-cusse and Baucau municipalities who had been supporting the CP interventions.

COORDINATION

EQ 10: To what extent did the CO contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities / seeking synergies) within the United Nations system and in the national development sectors of Timor-Leste?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>UNFPA is participating / leading coordination working groups in its thematic areas of interest.</p> <p>UNFPA programme is aligned with and contributes to the UNDAF.</p> <p>UNFPA programme contributes to strengthening of national coordination mechanisms in sectors relevant to UNFPA mandate.</p> <p>UNFPA programme in Timor-Leste is aligned with the UNFPA strategic plan</p>	<ul style="list-style-type: none"> - Evidence of active participation in UN working groups. - Evidence of the leading and/or active supportive role played by UNFPA in national coordination mechanisms working groups relevant to its mandate. - Potential for involvement in joint programme activities with other relevant UN Agencies. 	<ul style="list-style-type: none"> - UNCT reports. - Minutes of UN coordination mechanisms such as the GBV working group and Youth Results Group. - Minutes of sector coordination meetings. - UN Agencies. - Other partners 	<ul style="list-style-type: none"> o Document review o KIIs with UNFPA management. o KIIs with Government and IPs. o Interviews with key sector partners. o KII with relevant UN agencies.

	<ul style="list-style-type: none"> - UNFPA programme addresses some of the needs identified in the UNDAF. - Matching priorities of UNFPA CPD with a number of UNDAF outcome areas. - UNFPA programme in Timor-Leste adopt UNFPA strategic plan. 		
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FINDINGS: COORDINATION

SUMMARY

The Country Office co-chaired and contributed actively to the mechanisms supporting the implementation of the UNDAF, such as the UN Gender Technical Group and the UN Results Group on Youth, and chairs the UN Office Management Team. These UN coordination mechanisms contribute to a better division of tasks and coordination of priority interventions within the UN family.
UNFPA has furthermore supported and strengthened a number of national (multi-)sector coordination mechanisms, such as the health sector Maternal and Child Health Technical Working Group and the Inter-Ministerial Commission responsible for coordination, monitoring and evaluation of the implementation of the NAP-GBV.

The evaluation team observed that UNFPA contributed to the functioning of the UN Country Team (UNCT) coordination mechanisms through its attendance of meetings and contributions to data collection and development of reports etc.
 UNFPA is the Lead of the UN Gender Technical Working Group. This is important, as more UN actors have become involved in GBV programming. UNFPA has the mandate to lead on GBV interventions within the UN family. Stakeholders interviewed appreciated the expertise and commitment of UNFPA to this area and the technical contributions made by UNFPA to activities of the sector. UNFPA is also co-chairing the UN Results Group on Youth. As mentioned earlier, only a few agencies participate in this group.
 Stakeholders interviewed recommended that UNFPA should strengthen joint UN programming, to ensure complementarity. This is likely to happen for gender programming as UNFPA will be involved in the GBV projects financed by KOICA and the EU Spotlight Initiative.
 With regards to internal coordination, the UNFPA Programme Team and Operations Team hold weekly office coordination meetings. UNFPA staff interviewed reported that communication between different programme components as well as with between programme and operations staff is good. They also reported that UNFPA Regional Office APRO provides useful feedback on technical questions sent by the Timor-Leste Country Office.