



Independent Evaluation of
Programme Performance
Supported by UNICEF and
Implemented by NGOs in Timor-
Leste

Final Report

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
BFHI	Baby-Friendly Hospital Initiative of the World Health Organization
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHC	Community Health Centre
CPAP	Country Programme Action Plan of UNICEF
DNSAS	National Directorate of Water and Sanitation
DRTL	Democratic Republic of Timor-Leste
DVD	Digital Video Disc
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FOLSEL	Fundasaun Liman Serbi Liquisa
FTH	Fundasaun Timor Hari'i
HAI	Health Alliance International
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced People
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
LSBE	Life Skills Based Education
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MOA	Memorandum of Agreement
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSG	Mother Support Group
MSS	Ministry of Social Solidarity
NBFA	National Breast Feeding Association
NGO	Non Governmental Organization
NORDECO	Nordic Agency for Development and Ecology
PCA	Project Cooperation Agreement
PdC	Pastoral da Crianca
PROMS	Programme Management System of UNICEF
SAS	District-level office of the DNSAS
SISCA	Servisu Ingradu Saude Comunitaria (Integrated Community Health Services)
SSFCA	Small Scale Funding Support Agreement
STI	Sexually Transmitted Infections
TA	Technical Assistance
THF	Timor Hari'i Foundation
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations International Children's and Education Fund
UNMIT	United Nations Mission in Timor-Leste
WASH	Water, Sanitation and Health Programme of UNICEF
WATSAN	Water and Sanitation



Executive Summary

The present Evaluation Report presents the findings and recommendations of the Independent Evaluation of Programme Performance Supported by UNICEF and Implemented by NGOs in Timor-Leste. The specific objective of the evaluation was to assess the effectiveness, efficiency and impact of the programmes being implemented by NGO partners. The evaluation was carried out by the Nordic Agency for Development and Ecology (NORDECO) on behalf of UNICEF and took place in June and July 2008.

Together with UNICEF, three main NGOs were selected for a more in-depth review. These NGOs were: Alola Foundation, Pastoral da Crianca (PdC) in the diocese of Baucau, and Fundasaun Timor Hari'i (FTH).

The methodology included a document Study, self-assessment (UNICEF and NGO staff), interviews with government officials, UNICEF section staff, and NGO staff in addition to field visits and interviews with beneficiaries and project staff.

Relevance: The support by UNICEF through the three NGOs was found to be highly relevant to the national sustainable development framework. The activities are in line with both the National Development Plan (2002-2007) and the National Priorities (2008). Similarly is the support through the NGOs highly relevant for the UNICEF Country Programme for this period.

Effectiveness: The evaluation found that all three NGOs tend to be optimistic in their project planning, but this situation seems to be improving and at present goals are more realistic. Despite the use of baseline data, there is still room for improvement in terms of measuring the outcomes and impacts of the UNICEF support. So far, none of the 3 NGOs have used their baselines to make an evaluation of the outcomes and impacts of their activities, and it seems as if UNICEF has not required them to do so.

Capacity development is a cornerstone in the approaches used by the three NGOs and they all use comprehensive strategies to reach different levels in local communities. But formal systems for tracking training were not evident and it may therefore be difficult to quantify the impacts of the NGO training on an individual or institutional level.

Efficiency/Cost-effectiveness: Alola Foundation and FTH are national NGOs based in Dili with strong leadership and a vertical structure, but with a local set-up that appears fragile. On the other hand, the PdC only has a small coordination unit and appears to have a strong, horizontal grassroots organization. These structural differences create both strengths and weaknesses in the organizations. Alola Foundation and FTH respond relatively rapidly to changes in policies and donor priorities, while PdC is slower but maintains a strong base in the communities.

There is relatively high value-for-money in the support to PdC and FTH since UNICEF support mainly covers activities and procurement of materials. In both cases there are almost no operational costs included and the evaluation finds that there is quite high value-for-money in this support. On the other hand, the downside to only supporting the NGO activities is the limited possibilities for further organizational development and strengthening that this approach allows. The support to Alola seems adequate and

corresponds largely to the capacity of the NGO. In the case of Alola the UNICEF support includes an institutional overhead.

Financial management was found to be good in all three organizations. Only Alola Foundation utilizes an external auditing company at regular intervals. The other two organizations have had their financial management approved by UNICEF through visits to their respective offices, but neither has been audited.

Another indicator of the level of efficiency is the ability of the NGO to leverage other funds in addition to the UNICEF support. This indicator reflects well on both Alola Foundation and FTH since both organizations demonstrate good levels of additional support to the UNICEF funding. In the case of the PdC, the situation is different and the organization depends almost entirely on support from UNICEF.

Monitoring and evaluation (M&E): Earlier reviews and evaluations by UNICEF have pointed to the lack of systematic monitoring and evaluation of the support through NGOs. The situation has improved and all three NGOs have output monitoring systems in place and monitoring of project interventions is ongoing. But the use of M&E tools to measure outcome and impact is found to be weak in all three NGOs.

Development Impact and Sustainability: A general issue with all three NGOs is the lack of documentation of impacts. Anecdotal evidence points to positive impacts on infant mortality and nutrition rates in project areas. All three NGOs show positive sustainability indicators.

UNICEF set-up: The Evaluation made a number of observations regarding the relationship between UNICEF and the NGOs including the need for a more programmatic approach, improving communication, clearer requirements and improving the internal filing system.

MAIN RECOMMENDATIONS:

UNICEF

1. UNICEF should seek to select a limited number of national NGOs that they will support from a strategic, more long-term perspective and provide the necessary funding for organizational strengthening and capacity building of these NGOs.
2. It is recommended that UNICEF seek to implement a more programmatic approach whereby UNICEF would finance those elements of the work of relevant NGOs and their multi-annual strategic plans that clearly link to national priorities.
3. UNICEF should develop the capacity of NGOs in relation to programme planning, monitoring and evaluation, and reporting. UNICEF could also assist with development of joint monitoring systems that will improve information on results and impacts. There should be specific funding for M&E requirements.
4. UNICEF should seek to improve its internal filing system. It could be considered to improve administration of the shared drive on the server through a common set of instructions for all users, deleting all temporary files, checking all contents in folders, and applying a uniform procedure for using and storing files. Filing of hard copies

could be improved through having all documents on an NGO in one place. It should be considered to use short-term technical assistance to improve the filing system.

Government of Timor-Leste

5. Develop a plan for strengthening the implementation of the CISCA Programme through NGO assistance that supplements Government efforts, and entering into clear agreements between the relevant NGOs, the UNICEF and the MoH. Guidelines for collaboration between local government staff and NGOs at local level could be useful.

NGOs

6. The NGOs should seek to develop a long-term strategic framework that will guide their future work. This plan should also include a realistic assessment of the required inputs (financial, human resources, materials and equipment). The NGOs should include a description of how they will increase their in-house capacity and overall organizational strengthening in their proposals to UNICEF.
7. The NGOs should focus more on results-based programme management in order to include outcome and impact indicators in programme and project design. Hence, UNICEF may have to include regular thematic impact documentation as part of programme support.
8. It is recommended that early involvement of MoH is sought from the beginning of project development and then at every stage of program implementation and monitoring, including joint field visits.

1. Introduction

The following Report presents the findings and recommendations of the Independent Evaluation of Programme Performance Supported by UNICEF and Implemented by NGOs in Timor-Leste. The evaluation was carried out by the Nordic Agency for Development and Ecology (NORDECO) on behalf of UNICEF and took place in June and July 2008. The Independent Evaluation Team consisted of the following members:

Mr. Aage Jørgensen, Team Leader
Mr. Narve Rio, Social Development Expert
Mr. Arne Jensen, Management Expert

A list of Key Persons met can be found in Annex 1 and the Mission's programme in Annex 2.

The team would like to thank all the organizations and individuals met for the kind support and valuable information received by the team during its stay in Timor-Leste and which highly facilitated its work.

The present report presents the Mission's findings and recommendations, which may not necessarily reflect the views of UNICEF or the Government of Timor-Leste. All proposals are subject to approval by the relevant authorities.

2. Background

2.1 *Timor-Leste Human Development*

The Human Development Index ranks Timor-Leste at number 150 out of 177 countries in the world. More than 60% of the population is below 18 years of age and the country has the highest fertility rate in the world, at 6.7 children per woman. This rate has a major effect on women's health, on children's health and nutrition and on opportunities for accessing education. The high population growth rate affects all areas of national development. HIV prevalence in Timor-Leste is currently low, with 43 detected cases as of 2006, and it is not known how many young people in Timor-Leste have HIV or AIDS. HIV/AIDS has recently had a devastating impact on countries in close proximity to Timor-Leste and the public figures are feared to be the "tip of the iceberg". Approximately 8–9% of children born in Timor-Leste die before the age of one and around 12–13% die before reaching the age of five. Poor nutritional status increases the risk of illness and death among children. In Timor-Leste most women start breastfeeding but, within six months, 30% of infants are exclusively breastfed, with complementary feeding starting at very early ages.

UNICEF has been implementing its Country Programme in support of the Government of Timor-Leste for the past 8 years. The Country Programme is based on an agreement with the government and is implemented through annual action plans. The present country programme has six main areas of intervention and most of the support goes through the government, although it does also include support through NGOs. The support through NGOs is a result of a strategic choice based on the present capacity of the Timorese

government. Thus the NGO effort supplements the government and it has the objective of assisting the implementation of the national development priorities as agreed between UNICEF and the Government of Timor-Leste. The latest CPAP has a total budget of \$11 million for 2008.

2.2. The Evaluation

2.2.1 Objectives

UNICEF has launched an independent evaluation with the aim of identifying the achievements and constraints of the NGO projects and developing an understanding of the issues faced by the NGO partners, along with the partnerships that can guide programming in the future. The specific objective of the evaluation is to assess the effectiveness, efficiency and impact of the programmes being implemented by NGO partners. The Terms of Reference are given in Annex 1.

2.2.2 Approach

The evaluation was carried out in accordance with the UNEG Standards for Evaluation and the OECD/DAC Principles for the Evaluation of Development Assistance.

Together with UNICEF, three main NGOs were selected for a more in-depth review. These NGOs were: Alola Foundation, Pastoral da Crianca (PdC) in the diocese of Baucau, and Fundasaun Timor Hari'i (FTH).¹

At the request of the Deputy Representative of UNICEF, the Evaluation Team looked into the need to conduct a separate evaluation of the comprehensive Water, Sanitation and Health (WASH) Programme. Based on interviews and focus group discussions with representatives of the DNSAS, district level SAS officers and selected project implementing NGOs and beneficiaries, a number of issues and challenges were identified. A proposal for the scope of an independent evaluation mission is given in Annex 8.

The Evaluation Team carried out the following principal sets of activities:

- I. Document study, including the UNICEF Programme documents, NGO proposals, progress and annual reports, strategy documents and technical reports (Annex 9).
- II. Elaboration and distribution of three questionnaires (Annex 7):
 - Questionnaire for NGO information and self-assessment
 - Questionnaire for self-assessment by UNICEF section staff
 - Guiding questionnaire for interviews
- III. Review of selected NGO projects. In each case the NGO documents were reviewed and relevant stakeholders and beneficiaries interviewed.

¹ It was also agreed during the initial meetings that Health Alliance International (HAI) and Ba Futuro should be looked at. In the case of HAI, the Evaluation Team met with the NGO but, since there were no field activities to be evaluated, the NGO has not been included in the present report. The Evaluation Team tried to meet with Ba Futuro in Baucau but the office was closed and the staff were in Dili for a training course. Thus Ba Futuro will not be included in the report. The NGO was however positively evaluated during the recent UNICEF CP evaluation report (April 2008).

- IV. Interviews with UNICEF staff, Government representatives, NGO staff and other stakeholders (Annex 2).
- V. Visit to selected WASH projects in Liquica and Ermera Districts and consultations with project beneficiaries, NGO staff and local district officials.

The Evaluation received 5 NGO information and self-assessment questionnaires back and 6 out of 8 UNICEF staff returned their self assessments. The guiding questionnaire was used to conduct semi-structured interviews both in Dili and during field trips.

2.2.3 Evaluation Report

The report follows, as far as possible, the approach and outline called for in the TOR. The separate assessments of the three NGOs have been enclosed in annexes 4-6 in order to keep the main text short and concise.

3. Major Findings

3.1 Relevance

This section seeks to answer whether and to what extent the UNICEF through NGOs has addressed the needs and priorities of the target groups and is aligned with national policies and priorities.

The support by UNICEF through the three NGOs is found to be highly relevant to the national sustainable development framework. The activities are in line with both the National Development Plan (2002-2007) and the National Priorities (2008). Likewise is the support to FTH highly relevant to the National HIV/AIDS/STI Strategic Plan (2006). Similarly is the support through the NGOs highly relevant for the UNICEF Country Programme for this period.

Generally, the NGO proposals place their planned activities within the context of the national development framework. FTH has developed a focused, long-term program for HIV/AIDS/STI which is situated and responds to the national framework. Alola Foundation project proposal makes reference to relevant national strategies and they also take off on thematic issues identified under international conventions. PdC could benefit from linking their proposals better with the national sustainable development framework. Although their proposals are highly relevant they fail to make the linkages explicit.

3.2 Effectiveness

This chapter reviews the effectiveness of the UNICEF support through NGOs in order to assess whether and to what extent the Programme has achieved the desired outcomes. The evaluation asked, and this chapter summarizes its findings about, the following

- How are the identified issues relevant to Timor-Leste?
- Have any baseline studies been undertaken?
- What progress has been made against the stated objectives?
- Is the program achieving its desired results in terms of outputs and outcomes?
- To what extent has the NGO support built capacities to address local or national needs regarding mother and child health and education?

The evaluation found that the NGOs tend to be optimistic in their planning and that they often do not fully achieve the targets set. But there are also indications of improvements, and that they are getting better at fulfilling their plans. Perhaps this is a result of more requirements from and follow-up by UNICEF.

Since 2005, Alola Foundation has been able to implement around 70-75% of its annual work plan. While the civil unrest in 2006 caused further delays, the assessment is that, in mid-2008, the NGO is back on track.

The Pastoral da Crianca (PdC) was only partially able to meet the targets set in the first Project Cooperation Agreement (PCA) 2003-05 with UNICEF. In the 2006-07 PCA the PdC seems to have improved its effectiveness and achieved most of the planned

objectives. One problem detected was the lack of consistency in the number of leaders, families and children reported from PdC. The differences found in data and numbers could indicate that there is still room for improvement in the organisational capacity of the PdC, including its ability to monitor and report consistently on its own activities.

Fundasaun Timor Hari'i (FTH) has a long history of successful cooperation with UNICEF and is currently entering a new phase of cooperation supporting HIV/AIDS prevention among young people in Timor-Leste through established models developed by FTH. FTH is determined to specialize and efforts leading up to 2008 have been within a field in which FTH to a large extent possesses the capacity to estimate outputs and meet targets.

The use of baselines for measuring performance was weak at the beginning of the NGO support but, over time, this situation has improved. In the case of Alola Foundation, there is a use of baseline data in both project design and implementation. The NGO is in general achieving its planned outputs. There is a rigorous output assessment system in place, both within the NGO and, particularly, within UNICEF which requires very frequent feed-back reporting.

The FTH relies on both secondary data sources for establishing a baseline as well as survey data they produce themselves. Mapping data from FTH is widely used on issues related to sex work and male-to-male sex in the country in, for example, the 2006-2010 National HIV/AIDS/STI Strategic Plan. The baseline data is used by FTH to measure performance.

Despite the use of baseline data, there is still room for improvement in terms of measuring the outcomes and impacts of the UNICEF support. So far, none of the 3 NGOs have used their baselines to make an evaluation of the outcomes and impacts of their activities, and it seems as if UNICEF has not required them to do so.

Capacity development is a cornerstone in the approaches used by the three NGOs and both Alola Foundation and PdC use comprehensive strategies to reach different levels in local communities. Alola Foundation has also been able to establish a close partnership with the MoH, and, more lately, with the Ministry of Education (MoE), in which the NGO's capacity as a training organization means it is able to make a significant contribution.

The PdC has undertaken a significant number of capacity development activities, many of which are based on the principle of training-of-trainers. The leaders have been trained and are expected to transfer their new skills and knowledge to their communities. Other methods used are workshops, seminars, on-the-job-training, horizontal exchanges and co-operation. In the case of PdC, it also emerged through the interviews that several leaders and other volunteers felt they still needed more training.

FTH is considered a vital partner and a capacity source for some of the specialised agencies working with HIV/AIDS in Timor-Leste. FTH has competent technical staff within the field of HIV/AIDS as well as qualified project staff with what is now long experience of working with youth and at-risk populations. The FTH have a system of "refresher training sessions" prior to peer and life skills-based training sessions and a consistent system of consultation, stakeholder involvement and advocacy as part of the project approach.

Formal systems for tracking training were not evident and it may therefore be difficult to quantify the impacts of the NGO training on an individual or institutional level.

3.3 Efficiency / Cost Effectiveness

This chapter reviews the efficiency and cost-effectiveness of the UNICEF support through NGOs and the evaluation considered the following issues, the findings being summarized in this chapter:

- Are Program outputs and outcomes commensurate with inputs?
- How does the NGO work in terms of approach, issues/thematic area and geographic spread?
- Have the planning, monitoring and evaluation responsibilities been identified clearly and what methods have been applied?
- Do the indicators provide adequate evidence regarding achievements?
- How does the NGO work in terms of financial management and accountability?
- What are the strengths and constraints in terms of human and technical resources?
- What kind of support has the NGO received from UNICEF and other donors in the area of organizational development?
- Are the financial resources adequate? Have they been allocated judiciously (overall and output-wise)? What are the spending trends?

Alola Foundation and FTH are national NGOs based in Dili with strong leadership and a vertical structure, but with a local set-up that appears fragile. On the other hand, the PdC only has a small coordination unit and appears to have a strong, horizontal grassroots organization. These structural differences create both strengths and weaknesses in the organizations. Alola Foundation and FTH respond relatively rapidly to changes in policies and donor priorities, while PdC is slower but maintains a strong base in the communities.

There is relatively high value-for-money in the support to PdC and FTH. In the case of PdC, the UNICEF support is mainly for direct training activities with community leaders, implementation of monthly events and procurement of materials. The same applies to the FTH, where the UNICEF support mainly covers activities and procurement of materials. In both cases there are almost no operational costs included and the evaluation finds that there is quite high value-for-money in this support. On the other hand, the downside to only supporting the NGO activities is the limited possibilities for further organizational development and strengthening that this approach allows.

The continuation of relatively weak organisational structures in some of the NGOs adds extra costs to the support due to the fact that UNICEF staff will often have to take on the extra responsibility of further development and finalization of NGO proposals.

The support to Alola seems adequate and corresponds largely to the capacity of the NGO. In terms of UNICEF support, it allows for an overhead of up to 25% which is partly being used by the NGO to support the operational costs, e.g. of the Mother Support Groups at district levels. In one case (2005) the NGO's actual overhead from UNICEF, however, was

39%. The NGO considers the permitted level of national salaries to be a mismatch compared to the high salary payments allowed within the UN system. They perceive this as an obstacle to the NGO hiring the best available high-level expertise, which they claim is often required by UNICEF to ensure high quality outputs.

Financial management was found to be good in all three organizations. Only Alola Foundation utilizes an external auditing company at regular intervals. The other two organizations have had their financial management approved by UNICEF through visits to their respective offices, but neither has been audited.

Another indicator of the level of efficiency is the ability of the NGO to leverage other funds in addition to the UNICEF support. This indicator reflects well on both Alola Foundation and FTH since both organizations demonstrate good levels of additional support to the UNICEF funding. In the case of the PdC, the situation is different and the organization depends almost entirely on support from UNICEF. On the other hand, the PdC has a high level of co-financing through in-kind support from its large network of volunteers. The PdC has however demonstrated over the past six months that it is able to continue activities without UNICEF support, albeit at a lower level. Despite being without funding from UNICEF, this situation has not led the PdC to seek out new donors.

The evaluation found a lack of formal collaboration between organizations such as Alola and PdC, which work in several of the same sub-districts. Despite the lack of formal cooperation agreements, there is informal cooperation between members of the local Mother Support Groups (MSG) and the PdC volunteers. In one case an individual belonged to both organizations.

Monitoring and evaluation (M&E): Earlier reviews and evaluations by UNICEF have pointed to the lack of systematic monitoring and evaluation of the support through NGOs. The situation has improved and all three NGOs have output monitoring systems in place and monitoring of project interventions is ongoing. But the findings raise several issues related to M&E.

Despite having an elaborate monitoring system in place, the PdC needs to address several issues in order to improve performance and use the existing system in a more efficient manner. There seem to be gaps in the reporting from the sub-districts and a lack of overview of reporting as a whole. A spot check of datasheets to be delivered to MoH revealed other gaps. Another issue is the use of the data collected. At present the PdC focus on collection of data, while further processing is limited to simple addition of totals in order to create an overview of the number of leaders, families and children. The organisation could improve performance and demonstrate impact by using the many data collected to calculate changes and impacts created by PdC interventions.

In the case of Alola Foundation, the M&E responsibilities are clearly identified and executed but the use of M&E tools to measure outcome and impact is perceived as weak. Direct capacity building on these M&E tools has not been attempted by the NGO or by UNICEF. A major weakness in this regard is the absence of relevant milestone outcome and impact indicators linked, for example, to the national frameworks and ministerial targets. Integration of M&E approaches and efforts by the NGO as compared with the government's effort appears to be almost absent. A contributing factor may be the absence of a clearer agreement between Alola Foundation, the government and UNICEF.

Although output M&E mechanisms and reporting systems are included in the Memorandum of Understanding (MOU) between Alola Foundation and the MoH – which reportedly worked well up to 2005 – current reporting and M&E efforts largely takes place at the district level and the MoH claims that it has not received any reporting since 2006. For example, the recent Mother Support Group Evaluation carried out by Alola Foundation seemed to be unknown to the MoH Nutrition Section.

In terms of UNICEF's role, there is also room for improvement. M&E on nutrition-based projects is supposed to be carried out jointly between MoH and UNICEF, but the MoH has rarely been invited since 2005. The weak collaboration on this aspect was perceived as caused by the frequent turn-over of staff at UNICEF. The MoH would further like to see UNICEF furnishing the ministry with copies of project proposals, approved NGO projects and final project completion documents.

FTH M&E is based on activity reporting, deriving data related directly to budgets and activities described in proposals from FTH to UNICEF. The use of M&E tools to measure outcome and impact is also perceived as weak for FTH, where UNICEF support covers many awareness building activities and campaigns. Outcomes in the shape of behavioural change and longer term impacts consistent with National Development targets for HIV/AIDS are indicators that at some point will have to be addressed in order to justify approaches and support. It is however a target of the NGO itself to provide itself with the capacity to do this type of study in the future.

For all three NGOs the following basic principles should be considered when refining their monitoring system:

- Be simple
- Be sustainable within existing capacities and resources
- Seek to integrate with, and strengthen, Government monitoring procedures whenever possible
- It should lead to project improvements and not detract attention from efforts
- It should involve local communities in project areas
- It should provide the basis for sharing of experience and replication.

3.4 Development Impact

The evaluation asked the following questions:

- What has been the impact of the NGO support in terms of improving the welfare of children and women?
- Have there been any changes in the lives of the program constituents, namely, children and women?
- Has any value been added through the NGO operations?

A general issue with all three NGOs is the lack of documentation of impacts. It is likely that UNICEF support has had an impact in terms of improving the welfare of children, youth and women but, because of lack of relevant, measurable indicators, including post-project impact assessment, the changes discussed with the evaluation mission are mainly anecdotal or based on perceptions. However, it is fair to conclude that the rather massive outreach by the Alola Foundation and PdC may have changed infant mortality and

nutrition rates in project areas. In some cases, District Health Centres or District Hospitals may have data sets that could be used to measure and document projects impacts.

In Ossú, the PdC volunteers informed the Evaluation Team that the number of deaths among children below 5 years of age had been reduced from “many” in 2005 to only one in 2007. In Laleia, the health clinic staff provided a very positive assessment of the contribution made by PdC to the health situation in the sub-district (see Text Box 1). They considered that, through the efforts of the PdC, there was a very efficient monitoring of malnutrition which made it possible to treat the affected children before they suffered more permanent damage. Likewise there was a strong appreciation of the great efforts of the PdC to refer mothers and children to the public health services, and this is seen as instrumental in reducing infant mortality and malnutrition in the sub-district. The interviews revealed that mothers generally appreciate the support and attention of the PdC and that they can see that this leads to improvement in the lives of their children.

In light of the different approaches of aid agencies to NGOs such as FTH in relation to awareness work, the recent UNICEF-funded HIV/AIDS post-national campaign survey of young people aged 15-24 years and pre-campaign baseline data show that awareness creation and successfully creating behavioural change is difficult. Because of this in particular, it is of great importance to have substantiated results relating to the outcomes of the different approaches towards the national target of "halting and reversal of the incidence and spread of HIV/AIDS, malaria and other major diseases".

Although it is important to know how many people project activities have reached, it is as important to know the impact of the interventions, both as a part of the Lessons Learned and Best Practices process but also to ensure the intended impacts in support of, for example, the Millennium Development Goals and the National Development Plan/UNICEF CPAP, are being met. When the Government gets the MDG reporting system in place at district and sub-district levels, it should be easier to measure the detailed impact created by the NGO initiatives.

3.5 Sustainability

Assessing the sustainability of project interventions involves more than merely asking whether it has succeeded in contributing to the objectives set. Sustainability is an indication of whether the positive impacts are likely to continue after the UNICEF financial assistance has come to an end. Good prospects for project sustainability are typically

Box 1: Health Clinic in Laleia

At the local health clinic, the Doctor tells the evaluation about her collaboration with the PdC. She says that she works in the morning treating patients in the clinic. In the afternoon she visits communities with the Mobile Clinic. The sub-district has 13 villages in 3 *sucos*, in all 3,659 persons, out of which 13 women are pregnant. As a result of the voluntary efforts of PdC, she is aware of the problem of malnutrition and knows many of the vulnerable children. She attends the monthly PdC event and, last Saturday, the weighing of the children revealed that 4 were malnourished. The affected children immediately began treatment at the health clinic. The doctor appreciates what she calls the enormous effort made by PdC and recognizes the added value the work of the PdC provides to her work and the local health care system.

Interview with Doctor Daisy Lozada Perez, Laleia 7 July 2008

revealed by the presence of factors that influence the continuation of project benefits after completion of project implementation, within and/or outside the project domain. Relevant factors affecting sustainability can include: participation and ownership; institutional arrangements and organizational/financial capacity; policy frameworks; and social aspects.

The Team finds that there are positive indications regarding PdC sustainability because although the organization has not received any funding from UNICEF over the past 6 months, activities have continued more or less according to plan. Likewise, the fact that - despite the conflict in 2006 which meant that only one-fifth of the allocated budget was executed - the PdC did not significantly underperform in terms of results could perhaps indicate that there is not a simple direct linear relationship between the input of UNICEF resources and the outputs produced by the PdC. The PdC seems to have been able to create processes which will have a life beyond the project. Other factors that are positive regarding the sustainability of the PdC initiative include low operating costs, very few staff, strong local participation and ownership and community-based approaches. Some weaknesses in the present organisation in terms of capacity could perhaps affect long-term sustainability and will need to be addressed.

The financial sustainability of the Alola Foundation is considered to be quite high since the NGO has repeatedly demonstrated its ability to raise funds from a variety of donors. However, all three NGOs' financial capacity to sustain longer-term project activities beyond UNICEF support or to mitigate e.g. negative impacts on the outreach capacity caused by the current increase in oil prices may be weak and financial risk assessments have not been conducted by any of the NGOs.

Institutional sustainability is mainly secured through the establishment of the National Breastfeeding Association (NBFA) and its network and the establishment of a MOU with the MoH and the MoE. An indirect factor of sustainability is the presence of the wife of the Prime Minister as President of the NGO. It attracts partners and donors. Social sustainability is indicated by the strong local demand for the services the NGO offers.

Through a high level of specialisation, FTH has established itself as a leading NGO and support organisation for HIV/AIDS prevention and counselling work, particularly among youth and at-risk populations locally in Dili and through its district offices. This has, among other things, resulted in a situation whereby the NGO recently entered under the funding umbrella of the UN Global Fund for longer term coordinated efforts in the HIV/AIDS area. Also as a result of high specialisation, recruitment strategies and use of dedicated volunteers, the NGO is moving towards high institutional sustainability. Given the lack of validated impact assessments of the awareness and prevention activities, also in comparison with other approaches by other agents, it is difficult to make any statements on the sustainability of social structures and knowledge development within target groups for projects e.g. based on peer educators and life skills-based training.

To achieve higher project sustainability may require a more programmatic approach clearly linking UNICEF investment to pre-identified thematic areas and activities over longer periods, identification of and agreement with other donors on co-financing schemes as well as the NGOs own co-financing contribution.

3.6 Observations regarding the UNICEF set-up

The Team made a number of observations regarding the relationship between UNICEF and the NGOs.

- a) UNICEF should be commended for providing significant support through NGOs in Timor-Leste. The support is found to be relevant and it supplements the Government services and national programmes well. In order to improve the support, UNICEF will need to fully recognise the NGOs as partners and provide the organisations with funding that will allow for internal capacity building and institutional development. UNICEF could also commit staff resources to impact monitoring and oversight as well as recognise, at senior management levels, that capacity building of NGOs is an important element of any proposal.
- b) There is a need for a more programmatic approach whereby UNICEF would in part finance the work of relevant NGOs and their multi-annual strategic plans where they clearly link to national priorities and the UNICEF CPAP.
- c) The present UNICEF support for financial statements (liquidations) seems insufficient despite the fact that demand is very high for NGO staff. There are complaints that UNICEF finance staff are seldom available to meet with partners and explain processes and, as a result, liquidations continue to be late.
- d) Discussion with UNICEF staff revealed that MoUs between the government and NGOs are very limited and e.g. seldom make clear directions for reporting requirements.
- e) It was stated by several programme/project officers within UNICEF that the organization does not have any clear M&E mechanism to refer to, and instead refers to guidelines for NGO and CBO cooperation. For example, it was mentioned that if there is no overnight stay during a field visit (monitoring visit) and thus no DSA involved, there is no reporting duty from such visits.
- f) There is an overall lack of understanding among the Government and NGOs as to the purpose of Government-NGO partnership. UNICEF could assist in improving this situation by using the global best practices of “partnerships” both in programme and strategic issues.
- g) At least one of the NGOs expressed that it would have appreciated clearer requirements from UNICEF on reporting formats. One NGO representative was not aware of any reporting requirements from UNICEF included in the contract/agreement with UNICEF.
- h) Several obstacles seem to slow down UNICEF performance, including the current filing system being used at the UNICEF office:
 - *Soft copies:* The shared drive where project-related electronic copies, e.g. reports received from NGOs, project proposals, copies of PCAs etc, is not governed by a consistent system. Basically there is no system, that is to say, there are no clear rules for filing documents, for creating folders, for naming files and folders etc. For purposes such as handover of portfolios in an environment of

high staff turnover, this is highly inefficient as the evaluation team was able to note. The shared drive consists of thousands of files and folders with random names and partly random locations and structure. When observing UNICEF staff searching for documents in the shared folder, it is obvious that finding the right document and not spending hours searching for it is very difficult. The shared drive is also cluttered with temporary MS Word files.

- *Hard copies:* Filing of hard copies is governed by a system of sorts. However, from going through folders obtained from all relevant sections, it is obvious that most filing is rather random and based on chronological entrance with frequent displacements. It can be seen that documents that should have been in a file are frequently missing, documents are wrongly placed, duplicates are found in folders, etc. It was also on one occasion observed that a number of documents had fallen out of a folder during a search for certain documents and these were randomly put back in to the folder by the UNICEF staff and the folder put back on the shelf.
- i) Another issue is the fact that many UNICEF staff have not been sufficiently trained in the PROMS system. The UNICEF standard is that new staff receive two days of training. One UNICEF staff member informed the Team that this was insufficient. On several occasions it was observed by the evaluation team that the project/programme staff are not sufficiently acquainted with PROMS to be able to work efficiently with it. When requesting vital documentation that should have an obvious place and be easily obtained, we observed that the staff simply could not find it. In other cases information was found by trial and error.
 - j) The difficulties experienced by the Team in obtaining a complete set of documentation revealed that this is certainly not a UNICEF strong point.
 - Documentation is fragmented,
 - They lack cross-references from different compulsory formats, and
 - They are in some cases missing, have not been translated etc.
 - k) In two instances, the NGOs claimed that UNICEF support was “donor driven” and did not relate strongly to the needs and priorities felt by the NGOs themselves with their background in and links with the “grassroots” of society. NGOs are forced to relate to e.g. buzzwords in order to attract money with their proposals. The main gaps between donor and NGOs are perceived to relate to: thematics, approaches and timing.

4. Recommendations

UNICEF

9. UNICEF should seek to select a limited number of national NGOs that they will support from a strategic, more long-term perspective and provide the necessary funding for organizational strengthening and capacity building of these NGOs.
10. It is recommended that UNICEF seek to implement a more programmatic approach whereby UNICEF would finance those elements of the work of relevant NGOs and their multi-annual strategic plans that clearly link to national priorities.
11. UNICEF should develop the capacity of NGOs in relation to programme planning, monitoring and evaluation, and reporting. UNICEF could also assist with development of joint monitoring systems that will improve information on results and impacts. There should be specific funding for M&E requirements.
12. Because of the substantial programming complications it can have for an NGO it is recommended that UNICEF as early as possible inform NGOs on major decisions that will cause significant delays in program collaboration and in the contract finalization processes. Such step would increase program efficiency and timeliness and enhance transparency.
13. UNICEF should support improved communication between NGOs and relevant ministries e.g. MoH to better understand the approaches and modalities of implementing projects and programs.
14. UNICEF should seek to improve its internal filing system. It could be considered to improve administration of the shared drive on the server through a common set of instructions for all users, deleting all temporary files, checking all contents in folders, and applying a uniform procedure for using and storing files. Filing of hard copies could be improved through having all documents on an NGO in one place. It should be considered to use short-term technical assistance to improve the filing system.
15. UNICEF should share copies of project proposals, approved NGO projects and final project achievement documentation with the MoH.

Government of Timor-Leste

16. Develop a plan for strengthening the implementation of the CISCA Programme through NGO assistance that supplements Government efforts, and entering into clear agreements between the relevant NGOs, the UNICEF and the MoH. Guidelines for collaboration between local government staff and NGOs at local level could be useful.

NGOs

17. The NGOs should seek to develop a long-term strategic framework that will guide their future work. This plan should also include a realistic assessment of the required inputs (financial, human resources, materials and equipment). The NGOs should include a description of how they will increase their in-house capacity and overall organizational strengthening in their proposals to UNICEF.
18. The NGOs should focus more on results-based programme management in order to include outcome and impact indicators in programme and project design. Hence, UNICEF may have to include regular thematic impact documentation as part of programme support.
19. The NGOs will have to address the deficiencies in present monitoring and reporting. There is a need to improve the quality of the local reporting and ensure that it is complete and on time.
20. Due to rapid expansion of project activity, and following staff recruitment and increased staff turnover, NGOs need to consolidate their internal procedures for monitoring of resource use, project reporting and project coordination into an internal monitoring and evaluation system.
21. It is recommended that early involvement of MoH is sought from the beginning of project development and then at every stage of program implementation and monitoring, including joint field visits.

ANNEX SECTION

Annex 1: Terms of Reference

UNICEF – Timor-Leste
<u>Terms of Reference (TOR)</u>
<p>Requesting Section: UNICEF Timor-Leste, Planning, Monitoring and Evaluation Section, employment of an Consultant Institutional / Consultant to carry out an evaluation of programme supported by UNICEF and implemented by NGOs in Timor-Leste.</p>
<p>1. Nature of Consultancy: Evaluation of Programme Performance Supported by UNICEF and Implemented by NGOs in Timor-Leste.</p>
<p>Background: Timor-Leste upon gaining independence five years ago committed itself to human rights and democratic governance through an egalitarian and development-centric constitution. However, it continues to face the challenge of nation building, rebuilding development infrastructure, creating institutions for governance, strengthening the rule of law and promoting active citizenship. The Government of Timor-Leste is significantly constrained by limitations of human resources in the provision of basic social services to its people.</p> <p>UNICEF Timor-Leste has promoted the participation of NGOs in the implementation of development programmes in the country, recognizing their potential in facilitating the design and implementation of programme at the grassroots level for and with children and women. Since 2005, UNICEF has engaged 13 NGOs who have received USD 10,000 to implement health promotion, life skills based education, child protection, and communication projects.</p>
<p>Purpose of Assignment: The evaluation aims at identifying the achievements and constraints of the programmes and developing understanding of the issues faced by the NGO partners and the partnerships that can guide programming in the future. The specific objective of the evaluation is to assess the effectiveness, efficiency and impact of the programmes being implemented by NGO partners.</p>
<p><u>Guiding questions</u></p> <p>Effectiveness (comparison of actual with planned results)</p> <ul style="list-style-type: none"> • What has been the contribution of the programme and the NGO to the promotion of children and women's rights in Timor-Leste? • How are the identified issues relevant to Timor-Leste? Have any baseline studies been undertaken? • What progress has been made against the stated objectives? <p>Efficiency (comparison of the results achieved with input of human and financial resources)</p> <ul style="list-style-type: none"> • How does the NGO work in terms of approach, issues/thematic area and geographic spread? • Have the planning, monitoring and evaluation responsibilities been identified clearly and what methods have been applied? Do the indicators provide adequate evidence regarding achievements • How does the NGO work in terms of financial management and accountability? • What are the strengths and constraints in terms of human and technical resources? • What kind of support has the NGO received in the area of organizational development from UNICEF and other donors? • Are the financial resources adequate? Have they been allocated judiciously (overall and output wise)? What are the spending trends? <p>Impact (changes in the lives or experiences of children and women)</p> <ul style="list-style-type: none"> • Have there been any changes in the lives of the program constituents, viz. children and women? • Can the outcomes/results be sustained? • Has any value been added to the NGO operations?

Lessons <ul style="list-style-type: none"> • Assessment of the partnership with the NGOs 	
2. Programme Area and Specific Project Involved: Child Survival and Maternal Health Care, Adolescent and Youth Participation, Advocacy and Communication	
3. Reasons why the Assignment cannot be done by a UNICEF Staff Member: It's good to have an independent evaluator /evaluation team to conduct a fair and professional evaluation.	
4. Work Assignments and work schedule: Deliverables/End Product (s) and Time Frame	
Activity	Expected Outputs
1. To develop an work plan based on the ToR 2. To conduct a desk review based on available documents 3. To collect data from stakeholders, including UNICEF relevant staff, involved NGOs, Line Ministries, local authorities, service providers, and beneficiaries 4. To draft the evaluation report based on the desk review and data collected 5. To discuss the draft with supervisors and UNICEF Section Chiefs 6. To revise the draft for the presentation of the evaluation report to the stakeholders 7. To finalize the draft	1. A work plan for the evaluation including tools used for the evaluation; 2. Draft evaluation report for the discussion in UNICEF; The evaluation report should follow the United Nations Evaluation Group's Standards for Evaluation, especially for Evaluation Report in Chapter 4. 3. Presentation of the draft report to the stakeholders; 4. Final evaluation report.
5. Estimated Duration of Assignment: 3 months	

Annex 2: List of Persons Consulted

Name	Agency/Affiliation	Position
Government of Timor-Leste		
Ministry of Health		
Department of Nutrition		
Ms. Dirce Sagujo	Department of Nutrition	Former Director
Department of Health, Oecusse		
Mr. Manuel da Cunha		Director
Mr. Manuel da Costa		Interino Adjunto Saude
Health Clinic, Laleia		
Ms. Daisy Lozada Perez		Doctor
Baucau General Hospital		
Ms. Lucia Manuela	Maternity Ward	Midwife
Oecusse General Hospital		
Mr. Maximiano Nono		Director
Ms. Fulgeneiro do Rosanes	Voluntary Counseling Test Room	Nurse
Secretariat of State for Youth & Sports		
Youth Department		
Mr. Lamberto Viena	Department of Youth	National director of Youth
Ministry of Education		
National Directorate for Adult and Non-formal Training		
Mr. Filomeno Lourdes dos Reis Belo	Direccao Nacional de Educacao de Adultos e Ensino Nao-Formal	Director
Ms. Maria Elena Nunez	Direccao Nacional de Educacao de Adultos e Ensino Nao	Head of Department
Mr. Adalfredo Almera	Direccao Nacional de Educacao de Adultos e Ensino Nao	Adviser
Mr. Francisco Marado	Direccao Nacional de Educacao de Adultos e Ensino Nao	Responsible for Teachers Training
National Directorate of Water and Sanitation (DNSAS)		
	DNSAS	Director
Mr. Elias Moniz	DNSAS	Chief
Mr. Thomas da Silva	SAS Oe-cusse District	District Manager
Mr. Eusebio da Cruz Matao	SAS Oe-cusse District	Community Water & Sanitation Officer
Mr. Euserio da Cruz Martins	SAS Ermera District	Community W&S Officer
Mr. Miguel da Cruz	SAS Liquica	Manager SAS District Liquica
Non- Government Organizations		
Fundasaun Aloia		
Ms. Anne Finch	Headquarter, Dili	Director
Ms. Karen Hobday	Headquarter, Dili	Health promotion advisor
Ms. Maria Guterres	Headquarter, Dili	NBFA Coordinator
Ms. Alita Verdial	Headquarter, Dili	Advocacy Program Manager
Ms. Liliana Pires	Headquarter, Dili	Program Officer

Name	Agency/Affiliation	Position
Ms. Joana do Santos	Fundasaun Alola, Liquica	Coordinator
Ms. Beatriz Ximenes Sequiera	Fundasaun Alola, Baucau	NBFA Program Officer
Ms. Maraona Maria Freitas	Fundasaun Alola, Baucau	Coordinator, MSG Caibada
Ms. Teresa Maria da Silva	Fundasaun Alola, Baucau	Coordinator, MSG Tiri-Lolo
Ms. Ramira F. Maria	Fundasaun Alola, Baucau	Secretary, MSG Caibada
Ms. Domingas Maria Beto	Fundasaun Alola, Baucau	Trainer, MSG Caibada
Mr. João Marçal Ornai	Fundasaun Alola, Baucau	Logistics and driver
Ms. Josefina Claudina da Silva	Fundasaun Alola / Pastoral da Cricanca Vemasse Sub-district	Coordinator, MSG Vemasse Villa/Caicua Volunteer PdC
Health Alliance International (HAI)		
Ms. Nadine Hoekman	HAI Timor Leste	Country Director/ Child Survival Program Manager
Fundasaun Timor Har'ri		
Mr. Aguia Belo Ximines	Headquarter, Dili	Director
Mr. Yosep Kelo	Headquarter, Dili	MSM Officer/Social Worker
Ms. Umbelina Gutierrez	Fundasaun Timor Harri, Baucau	Coordinator, FSW (Female Sex Workers)
Mr. Nelson Freitas	Fundasaun Timor Harri, Baucau	Coordinator, MSM (Men who have Sex with Men)
Pastoral da Crianca, Diocese de Baucau		
Ms. Ivanilde Rodrigues	Pastoral da Cricanca, Diocese de Baucau	Coordinator
Ms. Angelina Freitas	Pastoral da Cricanca, Diocese de Baucau	Financial Officer
Ms. Estefânia Ermelinda Sousa	Pastoral da Cricanca, Laleia	Assessor
Ms. Joana da Costa	Pastoral da Cricanca, Laleia	Assessor
Ms. Ligia Causona	Pastoral da Cricanca, Manatuto	Coordinator
Ms. Saturnina de Jesus	Pastoral da Cricanca, Ossú	Coordinator
Centro Feto – Oecusse		
Ms. Sebastiana da Costa Pereira		Program Coordinator
Ms. Eulalia de Soares		Admin and Finances Assistant
Ms. Pasquela J. Handayani		Capacity Building Officer
Ms. Adelaide Ribeiro		Advocacy Trainer
FOLSEL Liquica district		
Ms. Maria Fatima	WASH project Liquica	Coordinator
Mr. Esmenio Santos	WASH project Liquica	Staff
HIM – Ermera District		
Mr. Gilberto Rodrigues		Director
Mr. Antonio Silva		Staff
Project Beneficiaries		
Health and Nutrition Programme		
Ms. Fransiska da Kosta	Alola MSG Oecusse	MSG Member
Ms. Filomena Aiu	Alola MSG Oecusse	MSG Member
Ms. Armanda Cob	Alola MSG Oecusse	MSG Member

Name	Agency/Affiliation	Position
Ms. Ermelina Beno	Alola MSG Oecusse	MSG Member
Ms. Juana Kolo	Alola MSG Oecusse	MSG Member
Ms. Madelena Neno	Alola MSG Oecusse	MSG Member
Ms. Juana Batak	Alola MSG Oecusse	MSG Member
Ms. Judita Batau	Alola MSG Oecusse	MSG Member
Ms. Filomena Kaet	Alola MSG Oecusse	MSG Member
Ms. Balbina Beno	Alola MSG Oecusse	MSG Member
Ms. Luciana Barbosa	Fundasaun Alola, Baucau	MSG Member Caibada
Ms. Celestina Fernandes Deo	Fundasaun Alola, Baucau	MSG Member Tiri-Lolo
Ms. Maria Fatima Freitas	Fundasaun Alola, Baucau	Volunteer Hospital, Baucau
Ms. Balbina da Soares	Pastoral da Cricanca, Ossú	Volunteer
Ms. Natalina M.C. Guterres	Pastoral da Cricanca, Ossú	Volunteer
Ms. Maria de Oliveira	Pastoral da Cricanca, Ossú	Volunteer
Ms. Norberta da C. Freitas	Pastoral da Cricanca, Ossú	Volunteer
Ms. Josefina da Cruz Guterres	Pastoral da Cricanca, Ossú	Volunteer
Ms. Veronica da Costa	Pastoral da Cricanca, Ossú	Volunteer
Ms. Claudina Belo Gusmão	Pastoral da Cricanca, Ossú	Volunteer
Ms. Maria Sousa e Silva	Pastoral da Cricanca, Ossú	Volunteer
Ms. Ireni Carvalho	Pastoral da Cricanca, Ossú	Volunteer
Ms. Doroteia de Jesus Guterres	Pastoral da Cricanca, Ossú	Volunteer
Ms. Filomeno S. da Costa	Pastoral da Cricanca, Ossú	Volunteer
Ms. Jucelina da Silva Guterres	Pastoral da Cricanca, Ossú	Volunteer
Ms. Martina Soares	Manatuto	Local mother with infant
Ms. Ana Maria Durisario	Laleira	Local mother with infant
Ms. Tomasia Natercia Suarez	Laleira	Local mother with infant
Adolescents & HIV/AIDS Programme		
Mr. X (anonymous)	Timor Hari'i Outreach Project	Peer Volunteer, Oe-cusse
Mr. X (anonymous)	Timor Hari'i Outreach Project	Peer Volunteer, Oe-cusse
Mr. X (anonymous)	Timor Hari'i Outreach Project	Peer Volunteer, Oe-cusse
Ms. X (anonymous)	Timor Hari'i Outreach Project	Peer Volunteer, Oe-cusse
Mr. X (anonymous)	Timor Hari'i Outreach Project	Peer Volunteer, Baucau
Ms. X (anonymous)	Timor Hari'i Outreach Project	Peer Volunteer, Baucau
Water and Sanitation Programme		
Mr. Jorge dos Reis	WASH project Aldeia Grutu Limilohi	Suco Council
Mr. Saturnino Jedeus S.	WASH project Aldeia Grutu Limilohi	Chefe de Suco
Mr. Jaime Soares Alves	WASH project Aldeia Grutu Limilohi	W&S Management Group Leader
Multilateral Agencies		
UNICEF		
Mr. Baba Danpappa	UNICEF	Deputy Representative
Ms. Siping Wang	Planning, Monitoring & Evaluation	Planning, Monitoring & Evaluation Specialist

Name	Agency/Affiliation	Position
Mr. Sebastiao Freitas	Planning, Monitoring & Evaluation	Program Assistant
Ms. Lauren Rumble	Child Protection Unit	Child Protection Specialist
Ms. Sandra Gusmao Martins	Adolescents & HIV/AIDS Unit	Adolescent and Participation Officer
Mr. Monjur Hossain	Health, Nutrition and Sanitation Unit	Chief
Ms. Yin Yin Aung	Health, Nutrition and Sanitation Unit	EPI- Project Officer
Dr. Carla Quintao	Health, Nutrition and Sanitation Unit	Health & Nutrition Officer
Ms. Faraja Chiwili	Health, Nutrition and Sanitation Unit	Nutrition Specialist
Mr. Rodolfo Pereira	Water and Sanitation Unit	Assistant Project Officer
Mr. Bishnu Pohkret	Water and Sanitation Unit	WASH Specialist
Mr. Joao da Costa	Planning, Monitoring & Evaluation	PME Officer
Ms. Umbelina Rodrigues	Adolescents & HIV/AIDS Unit	HIV/AIDS Officer
UNOPS		
Ms. Merita de Jesus Marques	OCAP	Deputy NPM/CDF Coordinator
Mr. Shakir Mian Ullah	OCAP	Operations Specialist
Other Organizations		
Mr. Fernando Auberto	Franciscan Order, OFM	Parish Priest, Laleia

Annex 3: Mission Itinerary

Team Composition:

1. Aage Jørgensen, Team Leader, (AJ)
2. Narve Rio (NR)
3. Arne Erik Jensen (AEJ)

Date	Activity	Time	Consultant
Tuesday 17-6 - Monday 23-6	Preparatory activities including initial meetings undertaken by Narve Rio		NR
Tuesday 24-6	Arrival of remaining evaluation team members	1 p.m.	AJ+AEJ
	Mission briefing with UNICEF; Siping Wang, Eman Jawad, and Baba Danpappa	4 p.m.	Team
Wednesday 25-6	Planning meeting and document study	All day	Team
Thursday 26-6	Document study, preparation of interview questionnaires	All day	Team
Friday 27-6	Meeting with the following UNICEF section teams:		Team
	1. WASH team	10:30 a.m.	
	2. Child protection	2-3 p.m.	
	3. Youth and adolescents	3-4 p.m.	
Saturday 28-6	Meeting with UNICEF section team:		Team
	HN&S Section	2 p.m.	
Sunday 29-6	Document study	All day	Team
Monday 30-6	Meeting with the following authorities		
	1. Ministry of Education	9 a.m.	Team
	2. Ministry of Health, Ms. Dircia	10:30 a.m.	Team
	3. UNICEF project officers	2 p.m.	NR
	4. National Directorate of Water and Sanitation (DNSAS)	3 p.m.	AEJ
	5. Youth and Sports	3 p.m.	AJ
	6. Meeting with Fundasaun Timor Harii	5 p.m.	Team
Tuesday 1-7	Meetings with Alola staff, UNICEF staff	All day	Team
Wednesday 2-7	Day 1: Field visit to Oecusse, Meeting with Timor Hari'i and field visits to meet with beneficiaries	All day	NR+ AEJ

Date	Activity	Time	Consultant
Thursday 3-7	Day 2: Meeting with Alola and field visits to meet with beneficiaries	All day	NR+ AEJ
	Day 1: Meeting Pastoral de Crianca, outside of Manatutu	10 a.m.	AJ
Friday 4-7	Day 3: Return from Oecusse to Dili. Meeting with Timor Hari'i	4 p.m. a.m.	NR+ AEJ AJ
	Day 2: Meeting with Timor Hari'i team in Baucau, Field visit to Ossú	p.m.	AJ
Saturday 5-7	Day 1: Field visit Ermera, HIM WASH project and Alola MSG	All day	NR+ AEJ
	Day 3: Meeting Alola Team in Baucau Field visit to Vemasse	a.m. p.m.	AJ AJ
Sunday 6-7	Day 2: Report preparation	All day	NR+ AEJ
	Day 4: Report preparation		AJ
Monday 7-7	Day 1: Field visit Liquica district, FOLSEL WASH project	All day	NR+ AEJ
	Day 5: Pastoral da Crianca, Laleia	All day	AJ
Tuesday 8-7	Reporting, Meeting with UNICEF staff	All day	Team
	Meeting Timor Hari'i		
Wednesday 9-7	Last meetings and reporting	All day	Team
Thursday 10-7	Last meetings and reporting	All day	Team
Friday 11-7	Debriefing with UNICEF	3-5 p.m.	Team
Saturday 12-7	Reporting	All day	Team
Sunday 13-7	Departure from Dili	p.m.	Team

Annex 4: Alola Foundation

Profile of the Alola Foundation (now Fundasaun Alola)	
Year of Establishment	2001. Registered as a national NGO in 2007
Main objectives and Programmes	Empowering women through improved health, education, leadership and employment opportunities. Main Programmes include a) Maternal and Child Health (MCH), b) Advocacy, c) Education and d) Economic Development
Structure and staffing	The foundation is a non-member organization headed by a Board of Directors, a Chief Executive Officer and four Programme Managers. It has a total of 118 staff including 85 project staff which is seconded by a high number of volunteers at district levels.
Institutional budget (in USD Millions)	2006: 0.700 2007: 1.067 2008: 1.566
Degree of project execution (%)	2006: 70 % 2007: 75 % 2008(1 st semester): 52%
UNICEF PCAs and Funding (in USD)	2003: 7,920 (PCA) 2004: 15,000+ (PCA) 2005: 30,000 (PCA) 2006-2007: 175,022 (PCA) - (67,101 in 2006 and 119,657 in 2007) 2007: 3,375 (SSFCA) Total UNICEF funding: USD 231,317+
Objective	2003: Support to the National Breastfeeding Association of East Timor 2004: Integrated Early Childhood Development – Promotion of breastfeeding practices through establishment of Mother Support Groups 2005: Integrated Early Childhood Development – Promotion of breastfeeding practices 2006: Integrated Early Childhood Development – Promotion of breastfeeding practices 2007: Integrated Early Childhood Development – Promotion of breastfeeding practices; Infant feeding in emergency activities; Expansion of Mother Support Group establishment to Oecusse: Strengthened capacity of adolescents skills preventing HIV infection, utilization of acquired life skills and advocacy on the right to information, education and social services
Activities	2004: Establishment of breastfeeding practices through establishment of Mother Support Groups; training of trainers 2005: Development of promotional IEC materials; dissemination information, training to Mother Support Groups and home visits, support health workers to refer beneficiaries hospital counselling rooms,; and development International Code of Marketing of Breast milk Substitutes 2006: Infant feeding in emergency activities: film showing in IDP Camps 2007: a) Infant and young child feeding counselling course; Infant feeding in emergency activities ; film showing in IDP Camps; expansion of Mother Support Group establishment to Oecusse (baseline survey, training for middle Level trainer and

	health workers on IYCF and for new MSG members. b.) Training on life skill based education to Alola Foundation High School Scholarship program recipients in 3 district
Locations	2004: Dili, Liquica, Manatuto, Ermera, Baucau 2005: Nationwide and hospitals in Dili and Baucau 2006: Dili, Liquica, Manatuto, Ermera, Baucau 2007: Dili, Ermera, Liquica, Aileu, Manatuto, Baucau, Viqueque and Oecusse
Beneficiaries	2004: Mother Support Groups and associated mothers and babies in 5 districts 2005: 25,000 mothers and babies nationwide National Hospitals of Dili and Baucau – 1500 mothers and babies 2006: 895 households or 5742 individuals 2007: 2000 mothers and babies in Oecusse 15,460 people in 16 IDP Camps and 8 districts (film showing) 84 Alola Foundation High School Scholarship program recipients

1. Relevance

The UNICEF support to Alola Foundation is found to be relevant to the National Development Plan (2002-07) and its programme on *Social and Human Development: Education and Health*, specifically the following specific objectives: reduce levels of maternal and infant mortality; improve the nutritional status of mothers and children; increase women's access both to health information and to quality health services; and ensure that all people have access to health services. With regard to the 2008 National Priorities, the support through Alola Foundation is especially relevant to nos. 31 and 33.

Infant mortality and malnutrition among children are major problems in Timor-Leste and approximately 8–9% of children born in Timor-Leste die within their first year of life, with around 12–13% dying before they reach the age of five. Poor nutritional status increases the risk of illness and death among children. In Timor-Leste, most women start breastfeeding but 30% of infants are exclusively breastfed for less than 6 months, with complementary feeding starting at very early ages. The support to Alola Foundation has a strong focus on breastfeeding and nutrition for infants through training and advice. The Alola Foundation support is found to be relevant to the UNICEF Country Programme Action Plan (CPAP) 2008 and its intervention areas A1, A2, C1 and E2.

2. Effectiveness

2.1 Introduction

This section analyses to what extent the NGO support has contributed to the achievement of stated objectives and contributed to implementing national programmes promoting children's and women's basic rights in Timor-Leste.

The Alola Foundation is a national NGO operating in the Health Sector on the basis of a Memorandum of Understanding (MOU) between the Ministry of Health (MoH) and the NGO. Cooperation between UNICEF and the Alola Foundation commenced in 2002 and, as a result of the institutional linkages and trust that has been built up over the years,

the NGO has had a considerable impact on the formulization of national policies. The strengths of Alola Foundation include skilled staff, a reputation as an efficient service provider, and a relatively high level of outreach capacity.

The NGO's approach focuses on thematic issues identified under international conventions. Its contribution to the National Development Plan is thus embedded in the convention approach. Since 2005, the NGO has been able to implement around 70-75% of its annual work plan. Although civil unrest in 2006 and in early 2008 caused some delays, activity implementation is again on track with approx. 52% achievement reached by July 2008.

2.2 Results and main achievements

Child Survival and Maternal Health Care: The Alola Foundation has, in collaboration with the Ministry of Health (MoH), contributed to enhancing the coverage and quality of care and care-seeking practices critical to improving maternal and child survival and has done so by sustaining the momentum for improvements in breastfeeding and complementary feeding.

Alola Foundation has significantly contributed to the Country Programme Action Plans agreed between the Government of Timor-Leste and UNICEF as well as a number of health-related national policies. The contributions include:

- a) Improvement in the nutritional and immunological health status of the children through promotion of exclusive breastfeeding as well as appropriate and timely complementary feeding, creating a cadre of breastfeeding counsellors.
- b) Support to the government's nutrition programme by engaging with community-based groups and establishing a network of nationwide Mother Support Groups, improving maternal and child health by providing technical training and outreach on health promotion activities.
- c) Implementation of segments of the National Immunization Strategy, the National Nutrition Strategy and the National Reproductive Health Strategy.

The main activities developed during 2005-2008 include the following:

- Dissemination of information and educational materials, including production and nationwide dissemination of breastfeeding films reaching approximately 16,000 people and, later, nationwide through a TV broadcast.
- Celebration of an annual World Breastfeeding Week reaching approximately 25,000 people in all districts.
- The Promotion of the National Breastfeeding Association is supportive of the MSG network as an umbrella body with coordination and policy directions.
- Holding national workshops on Infant and Young Child Feeding for District Public Health Officers and relevant CBOs to further substantiate

breastfeeding and complementary feeding as critical interventions for child survival.

- The Alola Foundation's assistance to the MoH establishing a Baby-Friendly Hospital Initiative (BFHI) in two hospitals (Dili and Baucau).
- Expansion of outreach at the community level to 5,700 people (2006) through the establishment and training of volunteer MSG coordinators and sub-district counsellors attached to 23 community-based networks (Mother Support Groups) in 8 of the country's 13 districts.
- Conducting baseline surveys on knowledge, attitudes and behaviours related to breastfeeding to further substantiate programming and track progress.
- Training District Health Workers to create mid-level trainers on breastfeeding promotion and counselling activities supporting breastfeeding women and promoting women's health.
- Micro-financing to ensure free transport of mothers in need of consultation and treatment at hospital.

Women and Child Protection, Advocacy and Adolescent Life Skills and HIV prevention: The Alola Foundation is also contributing to the achievement of other aspects of the National Development Plan and associated policies and strategies such as the National Education Policy, the National Youth Policy and the HIV/AIDS National Strategic Plan.

Main activities relate to awareness raising on gender equality and rights, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and harmonization of the National Penal Code. Activities are carried out either as separate campaigns (e.g. campaign on anti-trafficking and women's participation in national elections) or embedded in the work of the Mother Support Groups and conducted by its district level health support workers who are linked to the Mother Support Groups and local community-based organizations.

Thematically, the outreach work covers gender-based aspects on a) women and child protection from violence, abuse and exploitation, b) advocacy and communication outreach on women's and children's rights, and c) adolescent women's life skills and STIs, including HIV/AIDS awareness.

Sample activities presented to the evaluation team included:

- High School scholarships programs, which included life skill-based education training of approximately 500 female adolescents to prevent HIV infection
- Establishment of a computer-based resource support centre frequently used by 80-100 youth in Dili

- Child Protection: *Hadomi Timor Oan* – Children’s Theatre and Mobile Library
- Dissemination of DVD-based films with topics such as women in the decision-making process and how women can make a difference. Dissemination has reached about 120 local CBOs in 13 districts.

Capacity-building: A major achievement of the Alola Foundation is its comprehensive and focused capacity-building approach. The NGO has been able to build capacity to address both local and national needs, and outputs include increased capacities among a wide range of beneficiaries. These include government ministerial staff and district health workers and hospital staff, local CBOs, women at village level, and groups of adolescents in Dili. Internal capacity has also been improved as a part of the project lessons learned process over the years. New capacity is being used among the main beneficiaries and contributes to improving the health and nutrition of mothers, infants and adolescents. As of December 2007, a total of 370 Mother Support Group members had reached 1,605 households or approx. 11,000 people.

The NGU has built up a partnership with the MoH and, more lately, with the Ministry of Education (MoE), which allows Alola to make a significant contribution. The technical assistance being provided by the NGO is highly appreciated at the ministerial level and the NGO’s approach and work results are perceived by the ministry as progressive, relevant and transparent. The increasing ability and confidence of the NGO as a training agency and the strength of the NGO as a community centre can thus be replicated and scaled-up. Concerns were however raised regarding Alola’s perceived tendency to promote itself at the expense of the ministry.

Use of baselines and assessment of outputs, outcomes and impacts: Baseline approaches were weak at the beginning of the NGO’s work but it has since 2006 been a prerequisite for project design and programme implementation. The NGO is in general achieving its planned outputs. There is a rigorous output assessment system in place, both within the NGO and particularly within UNICEF, which requires very frequent feed-back reporting. However neither the NGO nor UNICEF have any mechanism in place to conduct post-project impact assessment. Neither has UNICEF-funded initiatives through the NGO led to such assessments despite the fact that UNICEF has required Alola Foundation to make more effort to evaluate the outcomes and impacts of their activities. In this context, it is unfortunate that the recent evaluation of the Alola Foundation’s Mother Support Program largely failed to focus on outcomes and impacts of project outputs. The evaluation was conducted in 2008 by the NGO itself but funded by UNFPA (Alola Foundation. *Evaluation – Mother Support Program*. April 2008).

3. Efficiency /Cost Effectiveness

This section looks at the project and tries to assess whether outputs and outcomes are commensurate with inputs.

The Alola Foundation-UNICEF project cycle includes the following steps:

1. Identification of project needs;

2. Project formulizations and submission;
3. Project negotiation with UNICEF;
4. UNICEF Review Committee Approval;
5. Project Implementation;
6. UNICEF M&E reporting;
7. Bi-annual reporting;
8. Project Finalization Reporting.

In general, the timeline from project submission to project approval is short and, on average, about three months. An example of this was the proposal last year for: *Expansion of National Breastfeeding Association Programme to Oecusse 2007*. However, recent developments, associated with the negotiation of a new PCA for 2008 – 2010, points in the opposite direction, with a timeframe of at least 8 months. In the case of the PCA, in November 2007 UNICEF flagged that the PCA was about to expire and requested that the NGO submit a proposal for a new one. Since it was late in the fiscal year, it was suggested that the PCA should only cover 2008. However, in early 2008 UNICEF requested the proposal be changed to a 6-month proposal (new time template). When the proposal was re-submitted a second time, UNICEF requested it be rewritten into a UNICEF template that had not been made available to the NGO from the beginning. The proposal was nevertheless re-formatted and submitted a third time for approval. As of July 2008, the NGO has not received approval from UNICEF.

The NGO's approach to targeted project implementation is based both on a demand-driven approach, its use of its network to understand the level of needs regarding gender and health, and geographic coverage. The NGO's activities cover both the four UNICEF focal districts and four additional districts, totalling eight districts in all. But despite the impressive coverage, the Evaluation Team found through interviews with local volunteers that the Alola Foundation's presence at local level often seems to be fragile and not well consolidated. For example, in one case a local coordinator for an MSG also felt it necessary to be a volunteer with the Pastoral da Crianca organization.

Monitoring and Evaluation: M&E at the project level is the responsibility of the NGO's thematic programme managers, who monitor project progress. The process is being used to guide and steer project implementation in order to achieve timely outputs based on defined project output indicators. Implementation of the project progress monitoring is further aided by a perceived rigorous UNICEF reporting requirement system, as seen in provisions of the PCA.

Whereas M&E responsibilities in relation to progress are clearly identified and executed, the use of M&E tools to measure outcome and impact is perceived as weak. Direct capacity building on these M&E tools has not been attempted by the NGO or by UNICEF. Currently, only sporadic internal evaluations look into some aspects of project impacts. A major weakness in this regard is the absence of relevant milestone outcome and impact indicators linked, for example, to the National Development Plan and ministerial targets. However, impact achievements will often only be visible over time and after project closure, and will require the use of systematic baseline data analysis in order to obtain more holistic measurements of cost-effectiveness and sustainability of outcomes and impacts.

Integration of M&E approaches and efforts by the NGO in comparison with the government's effort appears to be almost non-existent. A contributing factor may be the absence of a tripartite agreement between the NGO, the government and UNICEF that could have clarified the role of the NGO in contributing to the efforts made under the UNICEF-supported evidence-based monitoring at district levels.

Although output M&E mechanisms and reporting systems are included in the MoU between the Alola Foundation and the MoH - which reportedly worked well up to 2005 - current reporting and M&E efforts largely take place at the district level, although the MoH claims not to have received any reporting since 2006. Likewise, the recent evaluation by Alola Foundation of the Mother Support Groups was unknown to the person interviewed in the MoH Nutrition Section (Evaluation of the work of the Alola Foundation's Mother Support Groups, April 2008).

In terms of UNICEF's role, there is also room for improvement. M&E on nutrition-based projects is supposed to be carried out jointly between MoH and UNICEF, but the MoH has rarely been invited since 2005. The weak collaboration on this aspect was perceived as caused by the frequent turnover of staff within UNICEF. The MoH would further like to see UNICEF furnishing the ministry with copies of project proposals, approved NGO projects and final project achievement documentation.

Financing, financial management and accountability. The NGO has a relatively high level of self-financing capacity which has been, on average, around \$365,000 per year over the period 2005-2007. Donor support increased from \$0.350 million in 2005 to \$1.2 million in 2007. Minor contributions have also been received from government sources both in 2007 and 2008. In addition, the large network of volunteers contributes with in-kind assistance although these inputs have not been converted into monetary equivalents and can therefore not be evaluated in fiscal terms.

Overall, the financial resources seem adequate and correspond largely to the perceived capacity of the Alola Foundation. In terms of UNICEF support, it allows for an overhead of up to 25% and some of this finances operational costs of e.g. Mother Support Groups at district levels. In one case (2005) the NGO's actual overhead from UNICEF, however, was 39%. One issue mentioned by Alola Foundation is the level of national salaries that UNICEF will support, which is perceived as being insufficient compared to the high level of salaries allowed within the UN system. Alola Foundation perceives this to be a dilemma because it is not possible for an NGO to hire the best available high-level expertise that is often required by UNICEF to ensure high quality outputs.

Although UNICEF does not require co-financing, Alola Foundation does normally co-finance its UNICEF-supported projects both through in-kind contributions and through additional grants received from other donor sources. The NGO's co-financing schemes are partly funded out of overhead from other projects and from fund-raising activities. Co-financing would normally be up to about 25% with additional in-kind contributions from project volunteers.

The disbursement trends have been somewhat affected by the civil unrest that took place in 2006. It caused delays but, regardless of the events, the NGO has been able to utilize more than 70% of the annual work budgets, with a trend towards increased expenditure ability in 2008 (approx. 50% as of June 2008).

Alola Foundation follows the normal standard operational procedures for accounting, which are supervised by the external audit. Furthermore, the NGO follows the reporting system formats and requirements of the different donors, including UNICEF. The NGO understands well that if requirements are not followed, funding will not be released by the donor.

Fund utilization is audited both internally as well as externally. Alola Foundation has for most of its existence maintained the same Australian auditing firm to carry out the external audits. There have been no cases of misuse of funds reported by the auditor. A contributing factor may be the high level of financial management transparency and a perceived micro-monitoring approach by UNICEF. However, the organization's fiscal transactions for 2003 and 2004 were only audited in 2005.

Human Resources Development: UNICEF has not provided any training in the area of organizational development or capacity building to mitigate management weaknesses such as the use of M&E tools. However, the NGO has been able to develop its human resources using a combination of strategic thematic focus and involvement of foreign and national senior staff, building up skills and capacity among newly recruited national junior staff. Many staff have been with the NGO since its inception and they have built up considerable thematic expertise. Additional expertise has recently (2007) been acquired through a number of professional development opportunities, including courses and training sessions on Human Rights, Health and Development and Health System Research Capacity Building, provided by Australian institutions and organizations.

At the district level where the government is weak there seems to be no clear mechanism in place by which to transfer skills from the NGO staff to government staff. On the contrary, there is a perception that the NGO sometimes has a tendency to take over government functions in areas where government is weak at district level, or that NGO staff do not involve district level government officials in activities.

Management and Implementation Approach: The Foundation is organized into a hierarchal management structure that requires strong governance. The management approach links logically from the Board of Directors through the Chief Executive Officer and the Programme Managers and Officers to the NGO's extensive volunteer network at district and sub-district levels. Although the structure is hierarchal, it also allows room for bottom-up participatory processes in strategy and programme development and in implementation approaches. A comparative advantage is that the NGO is a women-based organization and therefore reaches out well through women to women (management and project staff female to male gender ratio: 7 to 2). The advantage is particularly noteworthy at the district level where the volunteer network is also composed of women and therefore reaches out well to the women at village level.

The NGO supplement the MoH outreach in remote areas where understaffing within the MoH system limits health and nutrition activities. However, in areas near District Health Centres and District Hospitals, the implementation advantages of the NGO may be more limited. When the CISCA system becomes fully operational, the implementation of the Mother Support Program may, in time, just as easily be implemented by the CISCA system with some support from the Alola Foundation. A clear implementation linkage under the CISCA structure could also help eliminate resistance among some mothers in

sub-districts, where Alola Foundation uses non-formally health trained coordinators and counsellors.

4. Development Impact

It is likely that the UNICEF support has had an impact in terms of improving the welfare of children, youth and women but, because of a lack of relevant, measurable indicators, including post-project impact assessment, the changes discussed with the evaluation mission are mainly anecdotal or based on perceptions. However, it is fair to conclude that the NGO's quite massive outreach may have reduced infant mortality and improved nutrition in project areas. Likewise it may have contributed to changes in sexual practises among targeted adolescents. In some cases, District Health Centres or District Hospitals may have data sets that perhaps could be used to measure and document project impacts.

The NGO does not collect statistic data and the UNICEF project indicators largely focus on the number of people reached under the three programmes supported over the years (Health and Nutrition, Child Protection and Adolescent Life Skills & HIV Prevention). For breastfeeding activities, there are some levels of statistics on the number of women that have changed breastfeeding practices. However, what this means e.g. in terms of a decrease in infant mortality ratios and improved weight and growth rates seems to be more unclear. The NGO only started to use baseline data information gathering as a project planning tool in 2006 and research on, for example, unplanned pregnancy and changes in infant/maternal mortality rates has only recently begun (see Alola Annual Report 2007).

Although it is important to know how many people project activities have reached, it is just as important to know the impact of the interventions. This is important both as a part of the Lessons Learned and Best Practices process but also to ensure the intended impacts and contributions of the support to, for example, implementation of the National Development Plan/UNICEF Country Action Plan and achievement of the Millennium Development Goals.

There are added values to the quality of the NGO operations. The high-level outreach capacity through various media and institutions is one example that may have increased awareness and knowledge on aspects of e.g. infant and women-based health and nutrition issues.

The increasingly close partnership with the MoE and the MoH allows Alola Foundation – in its role as training organization – to make a significant human resource development contribution and impact. Although the responses from government health officials interviewed were mixed, the Evaluation Mission concludes that the formal health sector has indeed benefited from the NGO's work; either directly through thematic training, participation in on-the-job implementation, or indirectly through awareness raising and education campaigns. However, as mentioned several times above, no quantitative or qualitative assessments been undertaken and both Alola Foundation and UNESCO need to pay attention to the weak documentation on nearly all aspects of development impact..

5. Sustainability

Institutional sustainability. Institutional sustainability is enhanced through the establishment of the National Breastfeeding Association and MoUs with the MoH and the MoE. An indirect factor of sustainability is the presence of the country's former First Lady as President of the NGO. The latter attracts both partners and other donors.

Social sustainability. There is a high local demand for the services the NGO is providing. Since baseline data and demand-driven approaches are included in the NGO's programming approach and e.g. counselling and coordination efforts are made by the NGO with the established mother support network, social sustainability is increasing.

Project Sustainability. In the documentation reviewed by the Evaluation Team there were no statements as to how the NGO would meet project support costs after the UNICEF project terminates. The UNICEF Contract Review Committee concluded in 2007² that "Sustainability must be re-evaluated before a new PCA can be signed". UNICEF has been a main supporter enabling the NGO to strengthen and expand the Mother Support Network through the National Breastfeeding Association. The support approach from 2002/2003 to 2006 was mostly single project support whereas the PCA for 2006-2007 was an opportunity for a more programmatic approach. Unfortunately, due to civil unrest, several of the agreed activities could not be implemented or efforts were converted to more emergency-type work.

Project sustainability may require a more programmatic approach clearly linking UNICEF investment to pre-identified thematic areas and activities over longer periods, identification of and agreement with other donors on co-financing schemes as well as the foundation's own co-financing contribution.

The Alola Foundation's assistance is also supposed to support activities under the new health decentralization approach captured in the CISCA Programme currently being established. NGO assistance to ensure the sustainability and effectiveness of the CISCA Programme will be crucial due to the present weak outreach capacity of the MoH in many districts. It is thus recommended to link some of the future UNICEF programme support to CISCA-relevant activities and link the collaboration between UNICEF and Alola Foundation more clearly with the CISCA programme. It will also be important to ensure that funding can be made available for measuring of quantitative and qualitative project development impacts on a regular basis.

Financial sustainability. Although financial support from a number of donors including the private sector has been increasing sharply, the NGO's own co-financing capacity appears to be the same (2005-2007). It is perceived that an exit of the UN system from Timor-Leste will have only a medium impact, given the NGO's objectives and the fact that the thematic areas are often supported by several multi-lateral and bi-lateral donors. However, the NGO's financial sustainability may be seen as rather weak because it has no substantial equity or endowment fund to ensure longer-term project activities or to mitigate e.g. negative impacts on outreach capacity caused by the current increase in oil prices.

² CRC Minutes 28 August 2007

It would be useful for the NGO to expand its research collaboration with the University of New South Wales or other external organizations, conduct a financial risk assessment and develop a longer-term programme financing strategy and action plan in support of the NGO's existing Strategic Plan.

6. Recommendations

- The Alola Foundation should seek to reach a clear shared agreement with UNICEF in relation to the next 3-4 years. For this purpose, the NGO will need to develop a long-term strategic plan that outlines the goals and outcomes to be achieved. This plan should also include a realistic assessment of the required inputs (financial, human resources, materials and equipment).
- Further project sustainability may require a more programmatic approach, clearly linking UNICEF investment to pre-identified thematic areas and activities over longer periods, identifying other donors and reaching agreement on co-financing schemes, as well as the NGO's own co-financing contribution both during and after project termination.
- Increase a programmatic focus on how Alola Foundation will work to strengthen the implementation of the CISCA Programme and seek to enter into an agreement between the NGO, UNICEF and the MoH.
- The NGO should focus more on the overall impacts and include outcome and impact indicators in programme and project design. In order to achieve this, Alola Foundation will hence need to seek additional financial support with which to undertake thematic impact reviews and produce the necessary documentation.
- Although the NGO has been able to reach out widely and to the main intended target beneficiaries, it is recommended that the ability of the Mother Support Groups network be improved to reach more fragile segments of the female population, such as adolescents and including adolescent mothers and women that are socially isolated.
- The increasing ability and confidence of the NGO as a training agency and the strength of the NGO as a community centre can be replicated and scaled-up. .

Annex 5: Pastoral da Crianca, Diocese de Baucau

Pastoral da Criança (PdC), Diocese de Baucau																			
Organization	Church based social organization established in Timor-Leste in 2001																		
Coordinator Finance Officer	Ivanilde Rodriques Angelina Freitas																		
Staff	Two staff paid by the church and about 280 volunteers																		
Registration	Registered under the Diocese of Baucau																		
UNICEF PCAs:	<p>SM/200/0002-1 SSFSA 15 February – 15 May 2003 Budget: \$8.250</p> <p>PCA 14 August 2003 – 31 December 2005 Date of PCA: Signed 6 November 2003 PBA Reference: PBA 2002/8081-1 Budget for 2003: \$28,020 Budget for 2004 & 2005: No information</p> <p>PCA January 2006 to December 2007 Date of PCA: Signed 30 April 2006 PBA Reference: SC/04/456 Budget for 2006: Original \$36,200 (actual expenditure \$6,740) Budget for 2007: \$61,200 Due to conflict in 2006 an Addendum to the PCA 2006-2007 with a revised budget was signed 31 July 2007</p>																		
Project Name	Plan of Action for the partnership between UNICEF and the Timor Church in the Diocese of Baucau																		
Focus	To spread knowledge and solidarity among members of the congregation of churches in the diocese of Baucau through joint action across a network of volunteers that promotes community health and empowerment of the poor through simple life saving techniques.																		
Objective(s)	<p>The previous PCA had 5 objectives that outlined a process of establishment and consolidation of the PdC model in 17 parishes and 569 communities during a 3-year period. The 2006-2007 PCA had the following 4 specific objectives:</p> <ul style="list-style-type: none"> • Expand modules to address early marriage, natural family planning, nutrition of adolescents and pre-pregnant women, birth preparedness • Continue health education material development and adaptation • Consolidate existing community leader networks • Strengthen Pastoral da Crianca national staff for self-reliance 																		
Localizations	Districts of Baucau and Manatuto in a total of 8 subdistricts																		
Beneficiaries	Focus Beneficiary Group: Pregnant women and children 0-5 years of age and their families																		
Activities	<ul style="list-style-type: none"> • Training of leaders • Training courses for volunteers and families • Elaboration and distribution of information materials and guides • Monthly events for families and children (Celebration of Life) 																		
Period	January 2006 – 31 st December 2007																		
Funding	<p>Not all data was available in the documentation received from UNICEF.</p> <table border="0"> <thead> <tr> <th>UNICEF financial input</th> <th><u>2003</u></th> <th><u>2004</u></th> <th><u>2005</u></th> <th><u>2006</u></th> <th><u>2007</u></th> </tr> </thead> <tbody> <tr> <td>SSFSA</td> <td>8,250</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCA</td> <td>28,020</td> <td>No info</td> <td>No info</td> <td>6,740*</td> <td>61,200</td> </tr> </tbody> </table> <p>*Budget 36,200 but due to conflict there was less expenditure</p>	UNICEF financial input	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	SSFSA	8,250					PCA	28,020	No info	No info	6,740*	61,200
UNICEF financial input	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>														
SSFSA	8,250																		
PCA	28,020	No info	No info	6,740*	61,200														

1. Background

The following section presents the findings and recommendations of the Independent Evaluation of the UNICEF support to Pastoral da Criança in the Diocese of Baucau. The evaluation was conducted on behalf of UNICEF and took place in June and July of 2008.

The Pastoral da Criança (PdC) is originally a Brazilian community organization that began its work in the early 1980s. The organization works on the health, nutrition and education of infants and children up to five years of age. It also works on domestic violence and family and community participation. Over the past decade, the PdC has begun activities in 14 other countries in Latin America, Africa and Asia. In 2001, the PdC began to introduce its model in the Dioceses of Dili and Baucau, where Brazilian nuns led the initiative. In 2002, the PdC received its first funding from UNICEF in Timor-Leste under small-scale grant agreements and, in 2003, the organization entered into its first fully-fledged PCA with UNICEF for the period 2003-2005. A second PCA for the period 2006-2007 was drawn up at the beginning of 2006 but this PCA was never submitted to the CRC for review or endorsement. Despite not having been officially approved, the PCA was being implemented until the error was discovered in 2007. In July 2007 the situation was rectified through the approval by the CRC and the signing of a PCA addendum. The 2006-07 PCA expired on 31 December 2007 and, since then, the PdC has not received any funding from UNICEF but has kept activities going at a lower level through the use of its own funds.

The evaluation is based on a document study, interviews with government officials, key staff in the organization, and a field visit to Baucau and Manatuto districts where volunteer leaders, direct beneficiaries and local stakeholders were interviewed. The evaluation only looked at the PdC chapter in the Diocese of Baucau and all findings and conclusions relate to this entity, thus the PdC in the Diocese of Dili is not included.

1.1 Project Rationale and Design

The international PdC action is based on technology transfer and promotion of the start-up of independent PdC units, based on the Brazilian experience. Those responsible for this transfer into Timor-Leste have been Brazilian nuns who have long experience with PdC in their homeland. The strategy is based on identification and training of local volunteer community leaders that will visit and monitor pregnant women and infants between 0-5 years of age. The initiative addresses infant mortality, malnutrition, domestic violence and social marginality.

The overall objective of the 2003-05 PCA was twofold: a) to promote the gradual realization of the rights of children and women according to the CRC and the CEDAW; and b) to establish a fully-fledged Timorese version of the PdC. In addition to the overall objective, the first PCA also had five specific objectives that were all related to the introduction, expansion and consolidation of the PdC model in the two dioceses. The latest 2006-2007 PCA had the following 4 specific objectives: a) to expand modules to address early marriage, natural family planning, nutrition of adolescents and pre-pregnant women, birth preparedness; b) to continue health education material development and adaptation; c) to consolidate existing community leader networks; and d) to strengthen PdC national staff for self-reliance.

1.2 Previous Evaluations

An evaluation of the PdC was undertaken in 2004 by a consultant with a nutritional background. The overall recommendation of this evaluation was that the PdC was doing very good work but that there was still room for improvement. Major findings included that communities where PdC was active showed visible positive impacts, but the evaluation also found that there was a lack of coordination between Dili and Baucau dioceses, that materials had not been translated into Tetum, that some coordinators complained about lack of remuneration despite being volunteers, and difficulties with supervision of remote communities. Most of the negative findings were from the Dili diocese, which prioritized rapid expansion instead of consolidation.

The recommendations included more translations into Tetum and adaptation of materials/activities to the Timorese calendar, replacement of coordinators, diversification of local diets, improvement of data collection and better coordination with local health services.

The present evaluation team found that many of the recommendations from the 2004 evaluation had been implemented in the work and approaches of the PdC in Baucau.

2. Relevance

The PdC support is found to be relevant to the National Development Plan (2002-07), particularly its programme on *Social And Human Development: Education and Health* and the following specific objectives: to reduce levels of maternal and infant mortality; improve the nutritional status of mothers and children; increase women's access both to health information and to quality health services; and ensure that all people have access to health services. With regard to the 2008 National Priorities, the PdC support is especially relevant to priority numbers 31 and 33.

Infant mortality and malnutrition among children are major problems in Timor-Leste and the 2006 Comprehensive Food Security and Vulnerability Analysis conducted by the World Food Programme (WFP) showed that 56% of children under the age of 5 were underweight. The PdC support has a strong focus on nutrition for infants and children through training and advice. An important element is the monthly event entitled Celebration of Life, which takes place in the community and at which the children are weighed.

The PdC support is likewise found to be relevant to the UNICEF Country Programme Action Plan (CPAP) 2008 and its intervention areas A1, A2, C1, and E2. The 2008 CPAP incorporates the following lesson that "More attention is needed to bridge the gap between communities and health services. This will involve community-based health promotion and referral activities, linking communities to community health centres and district health authorities." With regard to this specific aspect of linking communities with health services, the PdC support is found to be highly relevant. The field visits to communities found ample evidence that the PdC support enhances community use of local health services. In the case of Laleia, the doctor at the community health clinic stated that the PdC effort was of key importance for identifying and treating malnourished children in the sub-district.

3. Effectiveness

This section analyses to what extent the UNICEF support to PdC has contributed to the achievement of stated objectives and contributed to implementing national programmes promoting children's and women's basic rights in Timor-Leste.

The UNICEF support to PdC began in 2002 and has been ongoing through 2007. The PCA from 2003-2005 listed the following objectives:

Table 3.1: Achievement of Objectives in PCA 2003-05

No.	Objective	Status
1	By the end of the first year in the localities already established, to have consolidated the implementation of the already developed and accepted components, especially those related to childcare, with all didactic material in Tetum and the information system functioning at parochial level.	Partially achieved
2	By the end of the second year to have developed the maternal care model and established adequate referral with the local health system in established communities of initial parish of each diocese, with all materials in Tetum.	Partially achieved
3	By the end of the third year to have established the maternal and child care of the PdC and produced the first final version of the leaders guidebook in Tetum and established this in an expanded area of communities in the same parishes	Only partially achieved
4	By the end of the third year to have created an indigenous coordination capacity in each diocese capable of expanding the PdC beyond the initial parishes, to others in each diocese	Only partially achieved
5	During the first year to establish mechanisms and areas of action for Church wide campaigns to promote the progressive realization of rights of children and women as specified in the CRC and the CEDAW	Partially achieved

Source: Evaluation 2004, Annual Report 2006, interviews. Own elaboration

The first UNICEF PCA with the PdC seems to have been too optimistic in terms of how much the organisation would be able to achieve during the three-year support. The evaluation from 2004 found that there were gaps in the support and that the PdC, especially in Dili, was spreading itself thin.

The 2006-07 PCA proposed continuing with a consolidation of the PdC model and, this time, the PCA had the following four main objectives.

Table 3.2: Achievement of Objectives in PCA 2006-07

No.	Objective	Status
1	Expand modules to address early marriage, natural family planning, nutrition of adolescents and pre-pregnant women, birth preparedness	Achieved
2	Continue health education material development and adaptation	Partially achieved, the Leaders Guide is still at the printer's (July 2008), plus another publication not printed.

3	Consolidate existing community leader networks	Achieved and more leaders than planned have been recruited and trained
4	Strengthen Pastoral da Crianca national staff for self-reliance	Partially achieved, there is still a need for further capacity building of the national staff

Source: Reports and interviews with PdC, own elaboration

The following targets regarding outreach to beneficiaries were set in the two PCAs and the results are given next to the planned target. The present coordinator claims that the 2006 and 2007 targets for families and children were not set by the PdC and she finds them too ambitious.

Table 3.3: Targets and Results for PdC 2003-08

Year	Sub-dist.	Communities	Leaders	Families	Children
2003	1	20	99	N/I	N/I
2004	2	40	150	N/I	N/I
2005	2	60	300 (111)	N/I	N/I
2006	4 (6)	41 (43)	182 (228)	3640 (3420)	5824 (5814)
2007	6 (8)	50 (59)	250 (282)	5000 (2872)	8000 (3805)
2008	8	58	285	3545	4047

Source: Annual Reports 2006, 2007 and interviews with PdC, own elaboration. N/I = No information

The Team found that there is not always consistency in the numbers reported by the PdC on the human coverage of the work. The number of leaders recorded in 2006 was 228 and they each worked on average with 15 families, which gives a total of 3,420 families. But in 2007 the overall number of leaders increased to 282 while the number of families decreased to 2,872, which gives an average of about 10 families per leader. There are two other versions of the 2007 statistics³ which the Team has received and, in this report, the number of families is significantly lower for 2007. In the second report on 2007, the number of leaders is 288 and 2,255 families, with a ratio of 8 families per leader. A third overview of the numbers for 2007 has also been made available to the Team and in this one there are 292 leaders and 2,722 families, which is a ratio of 9.3 families per leader. The preliminary numbers for 2008 indicate that the average number per leader will be close to 12.5 families. The 2006 annual report from PdC recorded the largest coverage ever of children (5,814), which appears to contradict the observation that the conflict in May 2006 led the organisation to halt its activities and, overall, that the PdC was only able to execute 19% of the 2006 budget provided by UNICEF. The differences found in data and numbers could indicate that there is still room for improvement in the organisational capacity of the PdC, including its ability to monitor and report consistently on its own activities.

The annual differences in the ratio between leader and the number of families served could perhaps also point to difficulties in maintaining the interest and participation of families in the PdC activities.

³ The second statistic is given in a letter from PdC to UNICEF dated 9 December 2007. In this overview for 2007 there are 288 leaders, 2,255 families and 3,077 children. The third statistic is given in a letter from PdC to UNICEF dated 18 December 2007 and this one list 292 leaders, 2,722 families and 3,817 children.

Geographic Coverage: The PdC has been able to expand its work to eight sub-districts in the two districts of Baucau and Manatuto. At present PdC is active in the sub-districts of Laclubar, Ossú, Baucau, Laleia, Lautem, Vemasse, Manatuto and Soibada. The organisation is planning to move into the sub-district of Natarbora later in 2008.

Capacity Development: The PdC has conducted a number of capacity development activities many of which are based on the principle of training-of-trainers. The leaders have been trained and are expected to relate their new skills and knowledge to their communities. Other methods used are workshops, seminars, on-the-job-training, horizontal exchanges and co-operation. The PdC has used other organizations to provide training on HIV/AIDS, such as the national NGO Timor-Aid. The interviews with volunteers revealed generally strong appreciation for the PdC training activities and practical, locally adapted solutions to health issues such as *suero casero* and plant medicine were particularly rated as being very useful. Despite having received different kinds of training, the interviews with leaders and other volunteers revealed that many still feel they need more training. In Ossú, for example, the group of PdC leaders said they would like to receive more training on nutrition and small-scale business enterprises for women.

The PdC is not training government staff but it was found that, in several cases, the PdC coordinates closely with the local health clinic.

4. Efficiency

Value for Money? The support for PdC is mainly for direct training activities for community leaders, implementation of monthly events and procurement of materials. There are almost no operational costs included and the evaluation finds that this support gives quite high-value-for-money. So, on paper this seems as a very good way of supporting since the donor receives a high return. But there is a downside to this kind of pure activity-based type of support since it limits the possibilities for further organisational development and strengthening of the PdC. The Evaluation finds that the PdC needs to have support that is built on an approach whereby some of the organization's running costs are included in the UNICEF grant in order to strengthen the PdC. This will become even more important in the near future because in 2009 the PdC will become a full Timorese organisation without any foreign technical assistance or aid.

It seems that each PdC volunteer leader is reaching out to fewer families than was originally planned or than is claimed in PdC documents. The PdC Annual Report for 2006 states that each leader will reach between 15-20 families. The analysis in Section 3 and Table 3.3 above showed that each leader on average reaches between 8-12 families.

The quality of the PdC proposals could be improved. At present they are not very strategic and lack clear realistic objectives and outputs. The proposals tend to be a long list of activities with little strategic orientation and an incomplete budget. As a minimum, the organisation should make an effort to investigate and obtain cost estimates for major procurement such as production and printing of different types of materials. The result of these technically low quality proposals is that UNICEF staff will often take on the extra responsibility of further development and finalization of the NGO proposal. This mode of operation will actually imply extra hidden costs on top of the PdC support since

UNICEF will spend valuable time on proposal development. In addition, there is no real training and capacity building of the NGO partner. In the case of the PdC, despite almost 6 years of UNICEF support the organization has not yet been able to achieve sufficient skills and technical capacity to develop a proposal that meets the UNICEF criteria for review. This is definitely an area that need improvement and should be addressed immediately, although it would probably be wise to address this issue as part of a more general institutional capacity-building strategy support.

Implementation strategy: The PdC works through a community-based approach whereby local voluntary leaders (normally women) are responsible for a number of families and children. They provide basic training and information about nutrition, hygiene and health to mothers with small infants. They also support women during pregnancy to ensure that they attend health services and obtain knowledge about nutrition and newborn infants. The PdC in Baucau Diocese has spread, slowly, from its start in 2001 in Laleia to seven other sub-districts by July 2008. The coverage in each district show considerable variations from about complete coverage of all families and children to less than 50% in areas such Ossú and Lautém. The strategy of the PdC organisation has been to have a relatively slow expansion in order to be able to consolidate its presence. So far this approach seems to have worked quite well and there are still several sub-districts not covered close to the existing ones, which will allow the PdC to expand its coverage in an organic manner in the future. The PdC is also demonstrating a willingness to work in remote areas such as Ossú and Laclubar where few other organizations are present. The PdC should be commended for working in these remote areas because it seems that many NGOs in Timor-Leste prefer to work in Dili, Baucau or in the communities between these two major urban areas.

Monitoring and Evaluation: The PdC undertakes a great deal of data collection regarding the participating children and mothers. Each voluntary leader has a community reporting book in which she notes down the monthly details about the group of families she attends. The information collected includes statistics on pregnancies, births, deaths, nutrition, breastfeeding, weight, malnutrition, health clinic attendance and referral. The leader also monitors each child five years of age and below and reports on nutrition and weight. The data collected is reported from each leader to her/his centre coordinator, who will produce a monthly report. This report will be forwarded each month to the PdC headquarters in Laleia. The reporting consists of narrative reporting on activities and the basic statistical information regarding visits, mothers and children attended. The Coordinator supervises the centres at regular intervals according to the needs of each centre. In the case of Ossú there were quarterly supervision visits in the beginning but this has now been reduced to twice a year.

Despite having this elaborate monitoring system in place there are a number of issues that the PdC will have to address in order to improve performance and use the system in a more efficient manner. There seems to be gaps in the reporting from the sub-districts and a lack of overview of the reporting as a whole. This is clearly demonstrated by the three versions the Team received of the statistics for 2007. These versions show differences of more than 20% in the reported number of families and children. Also a spot check of reporting sheets from the 8 sub-districts on children and mothers attended revealed that - in the case of the sub-district of Manatuto - there was no information written in the column regarding the birth weight of each infant. Another issue is the use of the data collected. At present, the PdC focuses on data collection, while further processing is limited to the simple addition of totals in order to create an overview of the

number of leaders, families and children. The organisation could improve performance and demonstrate impact by using the ample data collected to establish baselines and calculate changes and impacts created by PdC interventions.

The reporting from PdC to UNICEF could also be improved since the current reports are basically long lists of activities undertaken but no assessment of whether objectives are being met and outputs and outcomes produced. It is clear that the PdC is working on improving its reporting and monitoring system but, as this evaluation has shown, there is a need for further fine-tuning of the system.

Co-financing and leverage of additional funds: The UNICEF grant to PdC is co-financed with a significant level of in-kind contributions from the literally hundreds of volunteers that participate in the activities. PdC has not undertaken any attempts to quantify the level of this support but it is considered to be a considerable amount if converted into man-months annually.

The PdC has no other donors apart from UNICEF and the organisation has no strategy for fundraising and does not seem to be interested in seeking additional funding from other donors in Timor-Leste or elsewhere. The church community centre in Laleia has previously received funds for infrastructure from church organisations in Germany and it should thus be feasible for PdC to seek further funding through these existing contacts.

Financial Management: The Evaluation did not look into the PdC financial management systems but relied on UNICEF reporting, and according to these documents, the PdC seems to work quite well in terms of financial management and accountability. The visits made by UNICEF staff qualify the financial management as being sound. There have been no audits of the PdC despite the checklist review in 2006 for the 2006-07 PCA, which suggested that an audit should be undertaken.

Human Resources Development: The PdC has considerable strength in being part of an international network of other PdCs in 14 countries and the organisation works with a model that has proved efficient elsewhere in reducing infant mortality and malnutrition and improving maternal health. The support provided by the Brazilian mother organisation is in the form of technical assistance provided by temporary staff (several nuns) who have been hard working and assisted in launching the Timorese version of the PdC. The present coordinator is the sole remaining nun and she will return as planned to Brazil in July 2009. The evaluation team finds that, while a Timorese team has been identified, there is a need for further capacity building of this team in order to ensure continuity and development of the PdC. There is a clear need to develop a capacity for project cycle management, including proposal preparation, a logical framework approach and improved reporting. The PdC has not received much support from UNICEF or other donors in the area of organisational development and consideration should be given to including support for this area in a new PCA.

5. Impact

The current assessment of impact is conducted after five years of UNICEF support. This only ended a short while ago and, in such cases, it may be difficult to predict the long-term impacts as these can usually be evaluated only long after.

The PdC has been able to have a significant positive impact on the welfare of children and women in the sub-districts in which it is active. It is difficult to calculate the precise numbers but anecdotal evidence obtained through the interviews points to significantly lower levels of infant deaths and less incidence of malnutrition. In Ossú the volunteers said that the number of deaths among children below 5 years of age had been reduced from “many” in 2005 to only one in 2007. In Laleia the Health clinic staff provided a very positive assessment of the contribution made by PdC to the health situation in the sub-district. They considered that, through the efforts of the PdC, there was a very efficient monitoring of malnutrition that made it possible to treat the affected children before they suffered more permanent damage. Likewise there was a strong appreciation of the strong efforts of the PdC to refer mothers and children to the public health services, which is seen as instrumental in reducing infant mortality and malnutrition in the sub-district.

The interviews revealed that mothers generally appreciate the support and attention of the PdC and that they can see that this leads to improvements in the lives of their children. When there is an MDG reporting system in place at district and sub-district levels, it should be easier to measure the detailed impact of the PdC initiative.

6. Sustainability

The Team finds that there are positive indications regarding sustainability. One indicator is that the PdC has not received any funding from UNICEF during the past 6 months but activities have continued more or less according to plan. Some of the local leaders do, though, complain about the fact that there is not as much funding available now as when the PdC had UNICEF support. This affects the monthly events called the “Life Celebration”, and one volunteer told the team that she had only received \$25 to cover food for 85 children attending the monthly event.

The fact that - despite the conflict in 2006 which meant that only one-fifth of the allocated budget was executed – the PdC did not significantly underperform in terms of results could perhaps indicate that there is not a simple direct linear relationship between the input of UNICEF resources and the outputs produced by the PdC. The PdC seems to have been able to create processes that will have a life beyond the project.

Other factors that are positive regarding the sustainability of the PdC initiative include low operating costs, very few staff, gender-specific, strong local participation and ownership, and the fact that it is community-based. Some weaknesses identified in the present organisation regarding capacity could perhaps affect long-term sustainability and will need to be addressed.

The technologies applied are locally based such as use of food items that are widely available in the area, plant medicine based on local trees and plants, remedies such as *suero casero*⁴ based on sugar and salt. Only the spoon that is used for preparing the *suero casero* had to be procured in Brazil because the PdC could not identify a local producer in

⁴ Homemade oral rehydrating solution

Timor-Leste. In the future, it should be possible to have this very simple spoon produced locally.

7. Major Recommendations

- The PdC should include a proposal for institutional strengthening in their next proposal to UNICEF. The proposal could include support for the capacity development and organisational strengthening of the PdC. There is a need to improve project cycle management (proposal preparation, logical framework, technical and progress reporting).
- The PdC in the Diocese of Baucau will, in 2009, become a fully Timorese organisation. The PdC will need to assess the gaps in the skills and capacity of the present human resources and identify the strategy and means to overcome these gaps in the near future.
- It is important that both UNICEF and PdC seek to reach a clear shared agreement about the next 3-4 years. For this purpose, the PdC will need to develop a long-term strategic plan that outlines the goals and outcomes to be achieved. This plan should also include a realistic assessment of the required inputs (financial, human resources, materials and equipment).
- The PdC should address the deficiencies in current monitoring and reporting. There is a need to improve the quality of the local reporting and ensure that it is complete and on time. The overall reporting of statistics regarding leaders, families and children will need to be precise.
- The PdC could benefit from the elaboration of a simple fundraising strategy whereby potential donors (apart from UNICEF) are identified, requirements analysed and possible actions outlined.

Annex 6: Fundasaun Timor Hari'i

Timor Hari'i Foundation (Fundasaun Timor Hari'i FTH)				
Organization	NGO established in Timor-Leste in 2000			
Director:	Aguia Belo Ximines			
Vice-Director:	Domingos Gil dos Santos			
Finance Officer:	Antonia de Carvalho			
Staff	Close to 50			
Registration	No Reg NGO Forum: 173 No Reg Minister of Justice: 06/DNRM-MJ/III/07			
UNICEF PCA No.:	CRC/PCA/07/004 Contract Review Committee Recommendation Date: 17 th April 2007 Date of PCA: Signed April 2007 PBA Reference: PBA SM/2006/183 <i>Information on other PCAs was not made available to the evaluation team. Information stored at FTH from up to 2005-06 was destroyed during looting of office in 2006.</i>			
Project Names	<ul style="list-style-type: none"> Project to Support HIV/AIDS Prevention Programme through Life Skills Based Education and Peer Education targeted Students, Young People in Districts and IDP Camps in Dili 			
Focus	To provide HIV/AIDS prevention education through life skill based education, peer education to young people 15-25 years in and out of school in 5 IDP camps in Dili, 7 secondary schools in 3 districts and 4 youth centres in 4 Districts.			
Objective(s)	<ul style="list-style-type: none"> Strengthen schools, youth and community leaders commitment to support HIV/AIDS intervention activities among students, young people in districts and young people in IDP camps. Reduce high risk behaviour and STI prevalence among students, young people in districts and in IDP camps. Improve capacity of students and youth to ensure continuation of intervention programmes among other students, youth in districts and in IDP camps. 			
Localisations	Dili, Baucau, Viqueque, Covalima and Oecusse			
Beneficiaries	Focus Beneficiary Group: 7 Secondary schools in 3 districts with approximately 7297 students, 100 young people in 4 youth centres in 4 districts and 125 young people in 5 IDP camps in Dili.			
Activities	<ul style="list-style-type: none"> Refresher training for field staff on Life Skills Based Education and Peer Education Life Skills Based Education training for in and out of school children/young people Peer Education training for in and out of school children/young people 			
Period	August 2006 – August 2007			
UNICEF Funding/Direct Cash Transfers	2006	2007	2008	Sum
Budget Code/PBA No:				
0456-01	38955	40754		79709
0183-01		21760		21760
0044-01		10343	10343	20686
0479-		526	526	1052
0340-			10060	10060
SUM	38955	73384	20929	133267
Other Funding	Family Health International (FHI), UNFPA, Australian Federation of AIDS Organisations, Australasian Society of HIV Medicine, Global Fund.			

1. Background

Fundasaun Timor Hari'i (FTH) was founded and registered with the Timor-Leste NGO Forum on 20th July 2000 to increase awareness and prevention of communicable diseases, including HIV/AIDS and STIs among at-risk populations. It was later registered legally with the Ministry of Justice on 28th February 2007. FTH has cooperated with, among others, UNICEF, Family Health International, ASHM's International Division, Australian Federation of AIDS Organisations and governmental bodies on implementing prevention programs for young people (senior high school and university students), IDP camp youth, sex workers, men who have sex with men (MSM) and military and police personnel. FTH runs a drop-in centre for MSM and female sex workers.

FTH has offices in Dili, Baucau, Bobonaro, Covalima and Oecusse. The Dili office is naturally the largest of these. Centrally in the Farol district of Dili, the organisation hosts facilities such as office space, meeting room, training room etc. The staff of FTH comprises approximately 43 people with 2 in top management level, and around 35 project-related staff and 6 support staff. The organisation is relatively male-dominated and less than 40% of the staff are women. The district offices are staffed with a few people and have recognized local networks, e.g. in Oecusse and Baucau there are two people working on a permanent basis with FTH and in both cases a number of volunteers are affiliated to FTH activities.

The FTH strategy relies heavily on outreach and networking with at-risk and high-risk elements in their customary locations, and popularisation of FTH's work and mission at this level. FTH recruit e.g. MSMs and CSWs with actual networks within at-risk groups both as regular staff and as volunteers. These will again ensure that the distribution of condoms and awareness materials reaches those elements most perceived as high-risk within certain networks. Secondly, the work focuses on raising awareness around STIs and, in particular, HIV/AIDS.

FTH has a long-term program for HIV/AIDS and want to entirely specialise in this field. This would include the organisational capacity to conduct studies on STI and HIV/AIDS issues and to reach high-risk populations and youth with awareness and life skills development. UNICEF supports the programme on HIV/AIDS awareness and life skills for youth through FTH.

1.1 Project Rationale and Design

The rationale for Fundasaun Timor Hari'i work in the capital Dili and 4 other districts is currently based on an early response to a threat to a vulnerable nation – a nation with every characteristic of being at-risk. HIV/AIDS has had a devastating impact on other countries in comparable circumstances and on countries and regions in close proximity to Timor-Leste. Among Timor-Leste's nearest neighbours, the Indonesian province of Irian Jaya (West Papua) and the country of Papua New Guinea appear to be in the early stages of an HIV epidemic. Many of the circumstances found in Irian Jaya and in Papua New Guinea are also present in Timor-Leste, including social dislocation and deteriorating local traditions alongside increasing levels of risk behaviour as related to STIs and HIV/AIDS.

The main conclusions of the first nationwide study on HIV and AIDS in Timor-Leste from 2004 by Family Health International urged for a realisation that the spread of HIV and AIDS could still be substantively prevented in the country (HIV, STIs and Risk Behaviour in East Timor, an historic opportunity for effective action, by FHI, 2004). The Timor Hari'i Foundation's approach is a direct response to the needs and priorities highlighted in these early reports and consolidated national strategies following a consultative process to develop a new national strategy to provide a more comprehensive and coordinated response to HIV/AIDS and STIs.

The UNICEF-funded activities through Fundasaun Timor Hari'i in 2006-07 followed a set strategy for three different target groups. The objectives were in each case founded on;

- Strengthening of schools' and community leaders' commitment to support HIV/AIDS intervention activities
- Reducing high-risk behaviour within target groups, and
- Improving target group capacity to sustain and pass on knowledge from the intervention

The target groups have been selected from among secondary school students, teenagers in districts and finally youth in IDP camps in Dili. The modality for the project includes preliminary stages of consultation, data collection and stakeholder coordination. For the different target groups, peer educators are selected from among students, youth in youth centres and IDP camps based on standard criteria for peer educators. A "refresher training" on peer education and life skills-based education is held for the staff involved in the project prior to addressing the target groups. The numbers of peer educator targets are high, ranging from 100 to close to 200 people for the different target groups. A second element includes the distribution of Information Education Communication (IEC) and Behaviour Change Communication (BCC) materials to networks identified by the peer educators and from training sessions. There are also elements of national advocacy in the approach, including the creation of action plans for intervention activities among major stakeholders of the project. Finally, the approach includes Life Skills-Based Education (LSBE) training.

2. Relevance

The number of cases of HIV/AIDS is still very limited in Timor-Leste; current figures quote 43 although this is perceived as possibly being the tip of the iceberg. From recent reports it has also emerged clearly that there is a significant lack of knowledge about HIV and AIDS. This implies that HIV/AIDS strategies at this stage in East Timor should mainly be preventative and put emphasis on the need for widespread information and awareness raising.

In the expired 2002-2007 Timor-Leste National Development Plan, one of the key development indicators included the statement "halting and reversal of the incidence and spread of HIV/AIDS, malaria and other major diseases."⁵ In the National Development Plan, HIV/AIDS and the population's poor knowledge of this disease is listed as "one of the main challenges to be addressed by the health sector in order to design and implement policies, programs and projects".⁶ Among the specific national strategies

⁵ 2002-2007 Timor-Leste National Development Plan, p. 23

⁶ 2002-2007 Timor-Leste National Development Plan, p. 145

towards HIV/AIDS prevention in East Timor, the following 7 needs are listed:

- Providing Information, Education and Communication (IEC) targeting vulnerable groups and individuals
- Establishing voluntary counselling and testing
- Encouraging community participation and working with social, religious and women's organizations
- Developing the capacity of health workers and community groups
- Developing the legal and policy framework
- Developing support services
- Advocacy work with key stakeholders, such as churches and women's organizations

From the Millennium Development Goals (2004), goal number 6 is to combat HIV/AIDS, malaria and other diseases. "For Timor-Leste the national goal is to curtail and reduce the HIV/AIDS prevalence rate". The target (Target 7) is "to have halted by 2015, and begun to reverse, the spread of HIV/AIDS" in Timor Leste. One of the three indicators in the Timor Leste MDG report particularly points to youth and HIV prevalence rate among 15-24 year-old women.⁷

The 2006-2010 National HIV/AIDS/STIs Strategic Plan claims that a multi-sectoral approach is required to strategically address both the broader social determinants of health and the more immediate risk factors leading to HIV infection (2006-2010 National HIV/AIDS/STIs Strategic Plan, Ministry of Health, February 2006). The Strategic Plan points out that within the broader population a more comprehensive approach is required to target young people. The period of transition from dependence on adults to independence is when people reach sexual maturity and "young people require specific knowledge of HIV risk as well as broader life skills to be able to minimise their risk of HIV infection". From the strategic plan there are clear intentions towards the multi-sectoral action objectives of developing life skills and knowledge and awareness among youth, thus enhancing their use of health services for HIV/AIDS/STIs purposes. A study dated 2007 by the Dili Institute for Technology (DIT) on HIV and AIDS focusing on young people between the ages of 15 and 24 emphasised that the "East Timorese, especially youth, lacked information about HIV and AIDS and its dangers".⁸

The three main issues identified by FTH and addressed in the UNICEF-funded efforts are focused on students, youth in Dili and the districts and particularly IDP camp youth. The objectives are to develop capacity among schools and community leaders to support awareness initiatives, to reduce risk behaviour among youth and ensure sustained awareness among youth on HIV/AIDS. The UNICEF 2006-2007 Country Programme Action Plan (CPAP) recognises that although prevalence is believed to be low, "conditions exist for a rapidly worsening situation. Of particular concern is the fact that nearly three out of four people do not know how to prevent infection." Among the goals, key results and strategies found in the Action Plan are specifically to "help young people to develop life skills, have opportunities to participate in the life of their societies, and avoid HIV/AIDS" and the Timor Hari'i Foundation approach is thus highly relevant to the UNICEF country programme for this period. In the current Action Plan (2008)

⁷ Government of Timor-Leste and UN Country Team. 2004, Timor-Leste: Millennium Development Goals Report

⁸ HIV/AIDS in Timor Leste: A National Baseline Survey of Young People Aged 15-24 Years, Centre for Applied Research and Policy Studies Dili Institute of Technology 2007

the goals, key results and strategies from the 2006-07 Action Plan are repeated and further underlined by the fact that greater access to life skills education and counselling for HIV/AIDS prevention for youth is forming a priority area for the Programme of Cooperation between Timor-Leste and UNICEF for the period.

There appears to be no particular focus on gender-based issues in the FTH approach. Although it is assumed in each target group that 40-50% are girls, there are no particular elements in the strategy and activities addressing e.g. 15-24 year-old pregnant women according to the TL MDG indicators. In the TL National Development Plan women are considered at greater risk than men from HIV/AIDS because of their subordinate position within the household. Campaigns to halt the spread of HIV/AIDS should “pay particular attention to the vulnerable situation of women, their reproductive role in transmission of the virus to children, and to their special needs”.⁹ However, the FTH approach provides for equal opportunities to attend activities across genders.

3. Effectiveness

The Fundasaun Timor Hari'i has received support from UNICEF for its peer education and life skills education since 2006 and support has been ongoing since. Currently FTH receives support for anonymous counselling on HIV/AIDS prevention for young people in and out of schools in a pilot project for Dili.

Previous support to the peer education and life skills project has come to an end, and was basically addressing the objectives that are given below in table form. The table 3.1 provides an example of effectiveness from a project where the FTH had a PCA with UNICEF, i.e. objectives, targets and activities as stated in the project proposal and final status as reported in the final report for May – August 2007. In the PCA dated 30th March 2007, the total sum available to the project was USD 23,560, covering April to 31st July 2007.

Table 3.1: Achievement of Objectives

No.	Objective	Target	Activity	Status
Intervention Activities Targeted Secondary School				
1	Strengthen the schools' and community leaders' commitment to support the HIV/AIDS intervention activities among students	- 7 secondary schools in 3 districts; • Baucau, • Covalima and • Dili - Approximately 7297 students (3773 girls)		5 schools in 4 districts - 5000 students - 2500 girls
2				

⁹ Timor-Leste National Development Plan, Planning Commission, Dili, May 2002, page 26

3	Reduce the high risk behaviour and STI prevalence among students	- 2 refreshing trainings of 3 days	- Refreshing training for FTH staff	Two ToT trainings a 3 days - 1 peer edu - 1 LSBE
	Improve the capacity of students in order for them to ensure the continuation of the intervention programmes among other students	- 175 peer educators in 7 sessions of 3 days training	- Peer educator trainings	4 schools in 3 districts - 87 people
			- Peer education sessions	- No information -
		- 175 students trained in LSBE in 7 trainings	- LSBE trainings organised	5 schools in 3 districts - 121 people
			- IEC and BCC materials distributed	- 161 books - 108 booklets - 46 leaflets
Intervention Activities Targeted the Teenagers in Districts				
1	Strengthen the commitment of young people and community leaders' commitment to support the HIV/AIDS intervention activities among students	- 4 youth centres in 4 districts • Viqueque • Oecusse • Suai • Dili Target unknown, assumption; - 45% girls		5 youth centres in 4 districts - 252 people for LSBE and PE training
2	Reduce the high risk behaviour and STI prevalence among the youth	- 2 refreshing trainings of 3 days	- Refreshing training for FTH staff	Two ToT trainings a 3 days - 1 peer edu - 1 LSBE
			- Advocacy activity - Design of action plan	- No information - - No information -
3	Strengthen the capacity of youth in order for them to ensure the continuation of the intervention programmes among students or young people	- 100 peer educators trained in 4 trainings of 3 days	- Peer educator trainings	4 trainings in 4 districts - 118 people
		- 100 youth trained in 4 LSBE trainings	- LSBE trainings organised	5 trainings in 4 districts - 134 people
			- Peer education sessions - BCC material disseminated	- No information - IEC material: - 157 books - 157 booklets - 25 leaflets

Intervention Activities Targeted Young People in IDP Camps in Dili				
1	Strengthen the commitment of young people and community leaders' commitment to support the HIV/AIDS intervention activities among youth	- 5 IDP camps in Dili <ul style="list-style-type: none"> • Belun • Obrigada Barak • Igreja Balide • Igreja Motael • Sional Lecidere 		5 IDP camps in Dili People: - No information -
2	Reduce the high risk behaviour and STI prevalence among the youth in the IDP camps	Target unknown. Assumption; - 40% girls		
3	Strengthen the capacity of youth in order for them to ensure the continuation of the intervention programmes among students or young people in IDP camps	- 2 refreshing trainings of 3 days	- Refreshing training for FTH staff	- No information -
		- 125 peer educators trained in 3 days trainings	- Peer educators trainings	5 trainings in 5 Dili IDP camps - 97 people
		- 125 youth trained in 5 LSBE trainings	- LSBE trainings organised	5 trainings in 5 Dili camps - 98 people
			- BCC material disseminated	- 102 books - 102 booklets - 21 leaflets

Source: PCA, FTH Reports, Interviews. Own elaboration

In addition to staff refresher training, all in all somewhere between 618 and 655 people received training through this particular project over the period May – August 2007 (monthly reporting forms do not match numbers from narrative reports in final report, nor for information materials distributed). A total number of somewhere between 762 and 787 books and booklets were distributed over the same period to peer educators and life skills-based educators.

Baseline studies

At the time when the national HIV/AIDS strategy was developed in 2002, there was no hard data available to guide in programming or support the prioritised strategies. The first comprehensive report on HIV/AIDS from East Timor was the 2004 publication “HIV, STIs and Risk Behaviour in East Timor, a historic opportunity for effective action” by Family Health International. The report is based on a quantitative survey conducted in late 2003 of HIV/AIDS, other sexually transmitted infections (STIs) and risk behaviour in Dili among female sex workers (FSW), men who have sex with men (MSM), taxi drivers and male military personnel.

Further and more current baselines can be obtained from a recent UNICEF-funded report “HIV/AIDS in Timor Leste: A National Baseline Survey of Young People Aged

15-24 Years” (HIV/AIDS in Timor Leste: A National Baseline Survey of Young People Aged 15-24 Years, Center for Applied Research and Policy Studies Dili Institute of Technology (DIT) 2007) and a follow-up report on the National Campaign also by DIT (HIV/AIDS in Timor Leste: A National Baseline Survey of Young People Aged 15-24 Years Following the National Campaign 2008) .

The FTH relies on this secondary data as well as on survey data they have produced themselves. Mapping data from FTH is widely used on issues related to sex work and male-to-male sex in the country in, for example, the National 2006-2010 HIV/AIDS/STIs Strategic Plan.

4. Efficiency

The objective of UNICEF support to Fundasaun Timor Hari'i was a continuation of 4 years of project cooperation between UNICEF and FTH on HIV/AIDS prevention. Further cooperation was founded on solid records of FTH being “effective and output oriented” and FTH has been found by UNICEF to be particularly cost effective in its approach. UNICEF perceives FTH to have a good financial system with a financial management and accounting system in order and control procedures in place. The organization has in past experiences proved to be trustworthy and of high integrity, according to the NGO profile provided by UNICEF. The organisation itself ranks its ability to report on financial matters as one of its top 5 strengths.

Except from UNICEF visits to the office and completion of checklists for the financial management system, there has been no audit of FTH since the commencement of UNICEF cooperation.

The FTH does not currently have a strategic plan for their longer term efforts. However, they are expecting a consultant from an English INGO to arrive in August 08 to assist in creating a strategic plan for the coming years. In connection with its Global Fund enrolment, the FTH has an Annual Operation Plan for their 17 months' support.

The M&E system of FTH is admittedly weak on certain points. The organization focuses its monitoring and evaluation system on the specific activities it performs and undertakes for donors. For example, they have developed a rigorous and matched M&E scheme for their modules on Peer Education and Peer Outreach. General monitoring and evaluation for projects is not standardized into an internal system and follows (minimum) donor requirements in each case. For UNICEF, the FTH is, in addition to financial reporting, producing activity-based monthly reports, quarterly reports and closing/final reports that also include narrative reports on project activities. Monitoring is done at different levels within the organisation. Activity monitoring is done by project and field officers on a daily basis, while financial monitoring and overall progress monitoring is done by the management.

There has been no evaluation of FTH or related to FTH as of yet. Although requested from FTH, the UNICEF has not yet conducted any field visits to project sites and activities.

As is the case for many NGOs, the FTH have few of their own funds other than assets. The organization spends on average only approximately USD 500 a year of its own cash. Still, the organization relies on volunteer work from the staff for many aspects of work,

including project work. Preparation work as well as internal training costs are, for a large part, carried by the NGO itself; there are seldom provisions made for this in budgets from donors. The high degree of execution is partly dependent upon this, and rates of 90-100 percent execution of projects since 2005 could only have been possible with a certain degree of volunteerism from the NGO staff.

As previously mentioned, the FTH works in a field in which it has strong specialisation and focus on issues and thematic areas. Internal training of staff reflects this by being concentrated on a few major areas of capacity development:

- Peer educator and life skills training (ToT) with modules on communication skills, HIV/AIDS, STIs and reproductive health issues, life skills training
- Outreach training including peers, project officers and field staff, drop in center officers, and counsellor training.

FTH has not received any support in the area of organisational development with which to build on or further capacitate staff in addition to internal training sessions, either from UNICEF or other donors. This is viewed as a deficiency in donor implementation modality towards NGOs by the FTH, as such capacity development is seen as necessary for some issues and considered as having potentially unfulfilled beneficial effects on the NGO's performance. Both at management and at project level, such capacity development is requested.

5. Sustainability and Impact

FTH has established a focused set of activities and approaches that has been funded by UNICEF in connection with the Peer Education and Life Skills Based Education targeting students, youth in districts and IDP camps. The objective of providing HIV/AIDS prevention education through institutions such as schools, youth centres and IDP camps is addressed via a standardised approach of training trainers, identifying peer candidates, training peers and finally peer education sessions in target populations. The projects have been of comparatively short duration, 2-3 months, and thus intensive, with little possibility of follow-up of peers and beneficiaries.

The Fundasaun Timor Leste does make some minor efforts to trace the impact of the efforts funded by UNICEF. At its own cost, FTH conducts small assessment surveys among schools, youth centres and IDP camps to obtain some retrospective information on impact on the knowledge level of target populations for specific areas. However, in the absence of baseline studies prior to project implementation, it is difficult for the FTH to assess whether the projects have had any impact.

There is little follow-up on peers and beneficiaries since this is not within the proposals and contracts for funding. The follow-up that does actually happen is e.g. in cases where FTH is contacted by educated peers or schools, youth centres etc. beyond the project life cycle. FTH recognises that HIV/AIDS prevention is not only about information dissemination and knowledge, that it is also a matter of this resulting in behavioural change – and this takes time. Although the projects are directed towards more formal institutions, such as schools and students, youth centres and youth leaders, and IDP camps, none of the activities are incorporated into these institutions' curriculum or

activity schedules outside the time span of the project. For schools, the peer education and peer sessions are all extra-curricular and not sustained within the institutions beyond the life span of the projects.

6. Recommendations

- Fundasaun Timor Hari'i is facing an opportunity, through being under the Global Fund umbrella, to consolidate towards a longer terms focus and specialisation. The Strategic Plan that will be developed with the aid of an INGO consultant should include issues of donor management, funding coordination and efficient reporting procedures. UNICEF will continue to be an important partner for FTH e.g. with the Anonymous Counselling on HIV/AIDS Prevention for youth launched this year.
- Due to rapid expansion of project activity, and following staff recruitment and increased staff turnover, FTH needs to consolidate its internal procedures for monitoring of resource use, project reporting and project coordination within an internal monitoring and evaluation system.
- The FTH should propose the inclusion of activities for institutional strengthening to its funding sources, covering management, administration and also technical skills within HIV/AIDS prevention in order to draw on existing capacities within donor communities and relevant ministries.
- The FTH should improve on its lines of communication with district offices in order to build on the outreach potential these offices have. The staff of the district offices should have further capacity building in outreach and counselling.
- The FTH should, in its recruitment policy, strive towards a better gender balance in order to increase outreach potential and efficiency towards target groups and beneficiaries.

Annex 7: Questionnaires for NGOs and UNICEF Section Staff

Independent Evaluation of Programme Performance Supported by UNICEF and Implemented by NGOs in Timor-Leste

Please fill in this questionnaire at the latest by July 7 2008 and send it by email to:

Mr. Aage Jorgensen, Evaluation Team Leader

E-mail: aage@nordeco.dk

NGO INFORMATION SHEET & SELF ASSESSMENT

Statement of Informed Consent

1. This self-assessment should not take more than one hour
2. You do not have to answer any question you do not feel comfortable with
3. All information is confidential and will only be used as part of this evaluation
4. Thank you for your cooperation which will hopefully help improve UNICEF support

Name of the NGO: _____

Type of Organization: _____

Existence and Duration of a Strategic Plan: Yes: _____ No: _____
Duration: _____

Existence of an Annual Operation Plan (AOP): Yes: _____ No: _____

Degree of execution of AOP (%):

2005	2006	2007

No. Staff: _____ Management: _____ Project: _____ Support: _____

Gender balance of Staff: Management: M: _____ F: _____
Project: M: _____ F: _____
Support: M: _____ F: _____

Institutional Budget:

(USD)	2005	2006	2007	2008
Government support				
Own funds				
International donors				
TOTAL				
Degree of execution (%)				

Existence of a Monitoring & Evaluation System: Yes: _____ No: _____

No. Staff for Monitoring & Evaluation: _____

Progress reports: Monthly: ___ 3 months: ___ 6 months: ___ Annual: ___

List the 5 most important performance indicators of the NGO:

1. _____
2. _____
3. _____
4. _____
5. _____

List the 5 most important results achieved by the NGO in the period 2005-2007:

1. _____
2. _____
3. _____
4. _____
5. _____

At present, the 5 most important strengths of the NGO are:

1. _____
2. _____
3. _____
4. _____
5. _____

At present, the 5 most important internal weaknesses of the NGO are:

1. _____
2. _____
3. _____
4. _____
5. _____

At present, the 5 most important external threats of the NGO are:

1. _____
2. _____
3. _____
4. _____
5. _____

At present, the 5 most important windows of opportunity for the NGO are:

1. _____
2. _____
3. _____
4. _____
5. _____

Observations or comments:

Please attach a chart with the Organizational Structure of the NGO.

NGO SELF ASSESSMENT

RATE THE FOLLOWING CAPACITY INDICATORS ON A LIST FROM 1 TO 5 POINTS USING THE FOLLOWING RATINGS:

1. Strong
2. Adequate
3. Weak
4. Non-existent
5. N/A

1. MANDATE, STRUCTURE AND FUNCTIONS

No.	Capacity Indicator	Rate 1-5
1	Degree of Relevance of the Institutional Mandate with National Reality	
2	Level of Definition of the Institutional Vision and Mission	
3	Level of Definition of Organizational Structure	
4	Adequacy of the Organizational Structure to Institutional Mandate	
5	Institutional Capacity for operational and strategic planning	
6	Institutional Capacity for evaluation and monitoring of Plans and Projects	
7	Institutional Capacity for processing of Data and Information	
8	Level of Participation of Staff in Decision-Making	
9	Administrative and financial capacity of the Institution	
10	Level of Training and Education of Staff	
11	Level of turnover of Management Staff	
12	Level of turnover of Project Staff	
13	Level of internal communication within the NGO	
14	Degree of financial sustainability of the NGO	

2. INSTITUTIONAL CONTEXT

No.	Capacity Indicator	Rate 1-5
1	Level of Impact of the NGO in the formulation of National Policies	
2	Degree of institutional linkages with government institutions	
3	Degree of institutional links with other Civil Society Organizations	
4	Institutional Capacity for Social Communication and Public Relations	

3. COOPERATION WITH INTERNATIONAL DONORS

No.	Capacity Indicator	Rate 1-5
1	Level of acceptance of the NGO in the Donor Community	
2	Degree of organizational funding (not projects) covered by international donors	
3	Level of capacity of the NGO for fund-raising from international donors	
4	Productiveness of relationship with UNICEF (apart from funding)	

4. UNICEF PROJECT

Project name:

ITEM	STATUS	COMMENTS
Project Objectives		
Major Outputs/results		
Status of outputs / results as of July 2008		
Assessment of progress		
Major Obstacles Encountered		
Recommendations		

Independent Evaluation of Programme Performance Supported by UNICEF and Implemented by NGOs in Timor-Leste

Please fill in this questionnaire at the latest by July 7 2008 and send it by email to:

Mr. Aage Jorgensen, Evaluation Team Leader

E-mail: aage@nordeco.dk

UNICEF SECTION STAFF QUESTIONNAIRE

Statement of Informed Consent

1. This self-assessment should take less than 30 minutes to complete
2. You do not have to answer any question you do not feel comfortable with
3. All information is confidential and will only be used as part of this evaluation
4. Thank you for your cooperation which will hopefully help improve UNICEF support

1. Who is your main Government counterpart? _____

2. How many NGO's does your section support? _____

National NGOs _____

International NGOs _____

3. List 3 important advantages of UNICEF support through NGOs?

A: _____

B: _____

C: _____

4. List 3 major difficulties/obstacles when your section provides support through NGOs?

A: _____

B: _____

C: _____

5. What do you perceive to be the main challenges for NGOs in Timor-Leste?

6. Does your section have special guidelines that NGOs can use for project development and project cycle management? (Please specify)

7. What kind of support and assistance does your section provide to NGOs in order to improve their capacity and performance?

8. Do you feel that there is a shared understanding and acceptance of goals between your section and the NGOs?

9. How do you make sure that NGOs are delivering what has been agreed?

10. In what areas should UNICEF try and improve its performance regarding the support through NGOs? (i.e. better Gov. integration, communication, M&E, joint training events)

11. Other recommendations or comments

Annex 8: Input to TOR for a WASH Evaluation

WASH Programme Issues and Challenges. The following is based on field interviews with Management of DNSAS, SAS District Officers in Liquica, Ermera and Oecusse, the implementing NGOs HIM and FOLSEL and project beneficiaries in Ermera District July 5 – 7, 2008.

Issues and Challenges
Procurement and quality of products:
<ul style="list-style-type: none"> • Substantial delay in procurement causing implementation interruption • In 2007 there are examples of 8-9 months delays in procurement by UNICEF • Low quality of procured materials (e.g. hose cocks) • Limited maintenance and lack of spare part replacement materials available in Timor-Leste • Delays in procurement causes timing problem for communities versus their agricultural harvest calendar causing further delays in project implementation
Maintenance and sustainability:
<ul style="list-style-type: none"> • Major maintenance problems because of lack of clear policies in ownership of water facilities at the hamlet and village levels • No MOAs between community beneficiaries and DNSAS to ensure legal ownership and responsibilities • No provisions on maintenance, and legal binding financial sustainability arrangements in the WASH contracts; • Lack of clear responsibilities for maintenance of investment in school buildings • Water payment system policy not being implemented • Lack of integrated water management approaches increases conflicting uses of scarce water resources
Monitoring and Evaluation:
<ul style="list-style-type: none"> • Contract proposal, contract and technical specifications not provided to SAS. Hence SAS M&E is not possible/meaningless although required by DNSAS • Limited involvement of SAS in project implementation • Too difficult for DNSAS to monitor NGO: change monitoring to involve more the SAS • In some cases WASH initiatives has not been coordinated with MoH
Capacity development:
<ul style="list-style-type: none"> • Technical capacity of NGOs often low so SAS has to take over TA to the community beneficiaries • Required TA training is often not being provided • Capacity development is not part of the WASH Programme
Project technical designs
<ul style="list-style-type: none"> • Lack of design adaptation versus frequent natural disasters causing frequent needs to reconstruct • Project does not take into consideration the need for riverbank rehabilitation and use of deep-wells rather than river intake in disaster prone areas

Source: NORDECO – UNICEF Independent NGO Evaluation Mission

UNICEF WASH Programme – Input to TOR for an evaluation

On the basis of the visits of the UNICEF Independent NGO Evaluation Team to different WASH Projects in Liquica and Ermera Districts and consultations with project beneficiaries, NGO and SAS District Officers, and the DNSAS management a number of issues emerged. Based on the challenges identified, a draft TOR for an independent evaluation of UNICEF supported WASH projects in Timor-Leste was prepared and presented below.

1. Technical standards and procurement practices

- Has the WASH program accepted the national approaches and standards, rather than insisting on their own. Have the technologies used been adapted to the local contexts and conditions or has the program replicated water and sanitation approaches from elsewhere?
- Assess procurement practices and timeliness of supply of procured goods in addition to quality/durability/price considerations.
- Analyze the procurement bidding process and document that best quality materials are being used and replacement materials are easily available in Timor-Leste.
- Assess the level of service in the completed WASH projects and whether the minimum level has been met, and assess if a wide range of technically feasible options were explored with the primary and secondary stakeholders before the final selection was made.
- Identify within the UN System what causes the substantial and perennial procurement delay, and provide alternative solutions that will ensure that the WASH project implementation will not be severely affected.

2. Cost effectiveness

- Are the WASH Program water and sanitation investments sufficiently cost-efficient – compared to other water and sanitation initiatives - when analyzing the output produced per unit of resources (water, staff, funds)?

3. Private sector involvement

- Have private sector agencies been taken into consideration for offering support services where these can be provided more effectively than through public utilities?

4. Institutional arrangements

- Is ownership of installed WASH equipment clarified by DNSAS towards SAS locally, and between SAS and the beneficiary communities?

- Assess the level and quality of partnership between the WASH program and relevant national and district level authorities.

5. Participatory approaches

- Are the water and sanitation infrastructures promoted by the WASH program reaching the poorest groups in the communities and are the poor using the services?
- Assess if the planning, design, and implementation phases have included the necessary technical, institutional, and budgetary consultations. In the case where a group of households are beneficiaries to infrastructure development, have the selection criteria been socialized with the NGO and the community?
- Did the preparation activities take the culture into account and was there an understanding of local priorities and preferences for water and sanitation, as well as formal and informal power structures and institutions?
- Was there sufficient time allocated for the preparation work (community mobilization) once the commitment is made by signing contract?
- Assess if the WASH program has established an adequate institutional framework that provides the levels of service that the different communities want and will use and pay for at the prices that are charged.

6. Gender equality and reach out to poor people

- Have the design, the choice of a technological solution and the siting arrangements taken a gender perspective into account?
- Assess if the mobilization of the WASH program facilitated the active participation of both women and men in decision-making around design, technology choice, siting of the infrastructure, operation and maintenance, and management processes.
- Are the water and sanitation infrastructures promoted by the WASH program taking into account of the particular needs of women, children, old people, the sick, and people with a disability?
- Has the WASH program implemented mechanisms, such as targeted subsidy or cross subsidy, to ensure that the prices that poor people pay for basic services are affordable?

7. Health aspects

- Assess if the hygiene promotion programmes have achieved the planned impact on men, women, and children. Have the hygiene promotion programs stimulated the demand for and use and care of improved water supply, sanitation, and waste disposal facilities.

8. Capacity development

- Identify technical capacity development needs at the implementing NGO and community beneficiaries' level and provide suggestions to how the WASH Programme can contribute to ensure adequate local capacity to implement to programme activities.

9. Management, maintenance and sustainability of investments

- Assess how the WASH program has encouraged and equipped local water associations and water committees to manage their community water and sanitation systems. Has the necessary technical backup been established?
- Are responsibilities for WASH initiatives clarified with local SAS offices and to what extent has emphasis been put on clarification on implications of providing WATSAN rehabilitation and facilities to both e.g. schools and private households with similar or unclear community responsibility for maintenance?
- Is maintenance responsibilities clearly described in contracts/MoUs between government and NGO and does the contract include community signature? Provide suggestions to improved legal ownership by target beneficiaries of WASH Programme investments.
- Have preventive maintenance schedules, leak detection programmes been established, and is there a regular quality surveillance, with formal reporting and follow-up procedures in place?
- Analyze if the present payment schemes include charges for services at levels which will generate sufficient income to cover the operation, maintenance, and replacement costs of infrastructure. The analysis should also assess if the payment system ensures a timely collection of revenues due and how existing government policies are being implemented and give solutions to institutionalize and maintain water payment schemes.
- Can the present solutions be considered sustainable in the long term?

10 Environmental safeguards and Climate Change adaptation

- Has the WASH Program used demand management measures, including tariff structures, to encourage water conservation and minimize waste?
- Have integrated water resource management principles been used to ensure the continuing availability of a safe and adequate supply of water, and protection of the environment against adverse impacts from waste?
- Assess to what extent the WASH Programme in project design is taking into consideration the needs for Climate Change adaptation in technical designs for the sake of increased success rate and installation resilience, and provide

suggestions to how adaptation approaches can be enhanced in disaster prone areas or areas with recurrent disaster problems?.

11. Monitoring and evaluation

- Assess current water and sanitation M&E Systems and availability of funds ensuring that local SAS can perform monitoring and evaluation activities in project phase and beyond, and provide suggestions on how monitoring systems can be decentralized and made more efficient with focus on securing sustainability, local ownership and verifiable health and environmental impacts

Prepared by NORDECO/ UNICEF Independent NGO Evaluation in Dili, 10 July 2008

Annex 9: List of documents

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