

## Country Programme Performance Summary

|   |   |                                      |
|---|---|--------------------------------------|
| <b>A. Country Information</b>                   |   |                                      |
| Country name: TIMOR-LESTE                       |   |                                      |
| Category per decision 2013/31:<br><b>Orange</b> | Current programme period: <b>2015-2019/2020</b> | Cycle of assistance:<br><b>Third</b> |

### B. Country Programme Outputs Achievement *(please complete for all your CP outputs)*

#### Output 1:

Strengthened capacity of the national health system to improve access to and increase the demand for rights-based family planning

| Indicators  | Baseline | Target   | End-line data                                      |
|---|----------|----------|--|
| • Number/percentage of health facilities in UNFPA-supported districts reporting no stock-out of contraceptives within the last six months | 59/45%   | 133/100% | No data  |
| • Number/percentage of health facilities UNFPA-supported districts providing at least three or more methods of family planning            | 94/71%   | 133/100% | No data  |
| • Percentage of married women aged 15 to 49 in UNFPA-supported districts who have knowledge of three or more family planning methods      | 40%      | 80%      | Average of 81.4% in the 5 priority municipalities. |

| <b>Key Achievements</b> (from the last CP evaluation)  |                 |               |                      |
|--|-----------------|---------------|----------------------|
| <p>The CP was effective in contributing to increasing capacity of the national health system to improve access to Family Planning. The CP procured 100% of the FP commodities and reproductive health supplies consumed in the public sector during the 5 CP years.</p> <p>The CP also strengthened capacity of MoH and SAMES staff in the areas of logistic management information system, forecasting and distribution of FP and other reproductive health commodities and supplies to municipal medical stores, and contributed to increasing the knowledge base in this area. However, contraceptive stockouts and expirations continued, which shows that capacity building and systems strengthening needs to continue.</p> <p>The CP was partially effective in strengthening capacity of public sector health workers in some municipalities to provide FP counselling and prescription, and thus contributed to increasing demand for FP. The FP training of health workers reached 116 midwives and nurses but could not be scaled up due to lack of CP resources.</p> <p>Apart from supporting provision of SRHR information to adolescents and youth through in-school CSE, the CP did not support any significant behaviour change communication efforts and did not contribute to the CPD planned improvements of the quality of behaviour change communication for increased use of SRH services.</p> |                 |               |                      |
| <b>Output 2:</b>   |                 |               |                      |
| Increased national capacity to deliver integrated sexual and reproductive health services and respond to gender-based violence   |                 |               |                      |
| <b>Indicators</b>  | <b>Baseline</b> | <b>Target</b> | <b>End-line data</b> |
| • Number of new/revised sexual and reproductive health enabling legislation, policies, strategies and guidelines implemented/initiated   | 6               | 10            | 8                    |
| • Number/percentage of facilities providing 24/7 basic emergency obstetric care centre services as per national standards  | 4/6%            | 67/100%       | 21/31%               |
| • Percentage of pregnant women in UNFPA-supported districts with birth preparedness/complication readiness plans   | 0%              | 50%           | 28.5%                |
| • Number/percentage of UNFPA priority districts with functioning maternal death surveillance and response mechanisms   | 0/0%            | 6/100%        | 6/100%               |

**Key Achievements** *(from the last CP evaluation)*

The CP was effective in contributing towards capacity strengthening of central level government for the coordination of service provision in areas such as Family Planning, emergency obstetric care and the health sector response to Gender-Based Violence. The CP furthermore made a significant contributing to ensuring the availability of contraceptives in the country during the programme period. CP advocacy led to the GoTL's commitment to gradually take over contraceptive procurement funding from domestic resources during the coming years. However, contraceptive stockouts in health facilities are continuing, a situation which MoH, UNFPA and partners are working to address. Capacity strengthening of health service providers has started, particularly on FP, EmONC, MDSR, HIV/AIDS and on the health sector response to GBV. The capacity strengthening is highly appreciated by stakeholders interviewed. Training participants and stakeholders expressed the opinion that the training had greatly increased the participants' knowledge and ability, and had an impact on their performance.

**Output 3**

Increased national capacity to design and implement community and school based comprehensive sexuality education programmes that promote human rights and gender equality and increase the availability of young people to comprehensive quality sexual and reproductive health information and services

| <b>Indicators</b>   | <b>Baseline</b> | <b>Target</b> | <b>End-line data</b> |
|---|-----------------|---------------|----------------------|
| • Number of schools in UNFPA-supported districts offering comprehensive sexuality programme adhering to national and global standards   | 10              | 50            | <b>50</b>            |
| • Number of youth organizations and centres in UNFPA-supported districts conducting comprehensive sexuality education training programmes for youth in community that adhere to national and global standards | 1               | 20            | <b>6</b>             |

|   |                 |               |  |
|---|-----------------|---------------|--|
| <p><b><u>Key Achievements</u></b> <i>(from the last CP evaluation)</i></p> <p>Advocacy by UNFPA with MoEYS and SSYS was highly effective and allowed them to develop ownership of and commitment to CSE interventions and become champions for raising awareness of adolescents and youth on SHRH/gender/GBV. The CP supported the roll-out of CSE programmes and training of teachers. However, implementation in teaching of students has not yet really taken off. The roll-out of CSE for out-of-school youth has not yet started. The programme area of adolescents and youth is strategic as it focusses on an important vulnerable group within UNFPA’s mandate area. Achieving results amongst adolescents and youth can greatly increase the impact of the UNFPA CP on the population of Timor-Leste and its future.</p> |                 |               |  |
| <p><b>Output 4</b><br/>Strengthened capacity of relevant government institutions and non-government organizations to implement the national action plan on gender-based violence</p>  |                 |               |  |
| <b>Indicators</b>   | <b>Baseline</b> | <b>Target</b> | <b>End-line data</b>   |
| <ul style="list-style-type: none"> <li>Number/percentage of targeted public and non-government organizations implementing standard operating procedures on gender-based violence</li> </ul>   | 12              | 20            | <b>105% of total CP target achieved.</b><br>There were 21 organizations.                                       |
| <ul style="list-style-type: none"> <li>Number of annual monitoring exercises conducted on the implementation of the national action plan on gender-based violence</li> </ul>  | 1               | 6             | 6 annual monitoring exercises conducted.   |
| <ul style="list-style-type: none"> <li>Number of health facilities in UNFPA priority districts providing integrated services to survivors of gender-based violence and referral</li> </ul>  | 4               | 34            | <b>14.7% (5/34) of total CP target achieved.</b> 5 (number) of health facilities provided Integrated services. |

| <p><b><u>Key Achievements</u></b> <i>(from the last CP evaluation)</i></p> <p>CP advocacy contributed to GBV having become a topic that government and partners feel comfortable discussing and are committed to tackle. With CP support, SEII has become committed and proactive in the coordination of the implementation of the National Action Plan for GBV, and the government has tools to respond to GBV in the health sector in an inclusive manner. CP supported capacity building efforts produced and strengthened relevant policies and tools for the implementation of the National Action Plan on GBV (NAP-GBV), particularly in the health sector and for provision of information on GBV prevention amongst adolescents and youth reached through CSE interventions.</p>   |          |        |                                    |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |
|--|----------|--------|------------------------------------|------------|----------|--------|---------------|--|----|----|--------------------------------|--|---|---|------------------------------------|--|---|---|--------------------------|
| <p><b>Output 5</b><br/>Strengthened national capacity for using data and evidence to develop, monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health, youth and gender equality</p>   |          |        |                                    |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |
| <table border="1"> <thead> <tr> <th>Indicators</th> <th>Baseline</th> <th>Target</th> <th>End-line data</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Number of policy and in-depth analysis reports prepared by line ministries on population issues published and disseminated</li> </ul> </td> <td>12</td> <td>38</td> <td>38 additional reports produced</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Number of advocacy and policy dialogue initiatives using evidence and informing policies</li> </ul> </td> <td>2</td> <td>7</td> <td>11 initiatives were using evidence</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Number of biennial evaluations of strategies and inter-sectorial programs of national youth Policy</li> </ul> </td> <td>1</td> <td>2</td> <td>0 evaluations undertaken</td> </tr> </tbody> </table> |          |        |                                    | Indicators | Baseline | Target | End-line data | <ul style="list-style-type: none"> <li>Number of policy and in-depth analysis reports prepared by line ministries on population issues published and disseminated</li> </ul> | 12 | 38 | 38 additional reports produced | <ul style="list-style-type: none"> <li>Number of advocacy and policy dialogue initiatives using evidence and informing policies</li> </ul> | 2 | 7 | 11 initiatives were using evidence | <ul style="list-style-type: none"> <li>Number of biennial evaluations of strategies and inter-sectorial programs of national youth Policy</li> </ul> | 1 | 2 | 0 evaluations undertaken |
| Indicators   | Baseline | Target | End-line data                      |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |
| <ul style="list-style-type: none"> <li>Number of policy and in-depth analysis reports prepared by line ministries on population issues published and disseminated</li> </ul>   | 12       | 38     | 38 additional reports produced     |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |
| <ul style="list-style-type: none"> <li>Number of advocacy and policy dialogue initiatives using evidence and informing policies</li> </ul>   | 2        | 7      | 11 initiatives were using evidence |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |
| <ul style="list-style-type: none"> <li>Number of biennial evaluations of strategies and inter-sectorial programs of national youth Policy</li> </ul>   | 1        | 2      | 0 evaluations undertaken           |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |
| <p><b><u>Key Achievements</u></b> <i>(from the last CP evaluation)</i></p> <p>The CP effectively supported capacity building of the GDS and enabled the government to produce an impressive number of high-quality surveys and studies to collect data on population and development issues. The CP was furthermore effective in promoting the use of data in programming and policy development by government institutions at national and municipal levels, who have started to use and request data for decision making and planning.</p>   |          |        |                                    |            |          |        |               |  |    |    |                                |  |   |   |                                    |  |   |   |                          |

| <b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>  | <b>Start value</b> | <b>Year</b> | <b>End value</b> | <b>Year</b> | <b>Comments</b>   |
|---|--------------------|-------------|------------------|-------------|---|
| <b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b> |                    |             |                  |             |   |
| Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list   | 23%                | 2018        | N/A              | N/A         | 2018 Facility Assessment Report (No new data)                                     |
| Contraceptive prevalence rate (total)   | 23%                | 2015        | 40%              | 2016        | MoH, HMIS Data  |
| Proportion of demand for contraception satisfied (total)  | 20%                | 2010        | 51%              | 2016        | TLS DHS Reports   |
| Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months   | 38%                | 2018        | N/A              | N/A         | 2018 Facility Assessment Report (No stock-out for the last 3 months) No new data. |
| Percentage in which at least 80% of live births in the country are attended by skilled health personnel   | 30%                | 2010        | 57%              | 2016        | TLS DHS Reports   |

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

|   |                               |      |                                     |      |                    |
|---|-------------------------------|------|-------------------------------------|------|--------------------|
| Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence | 1                             | 2004 | 1                                   | 2019 | MoH Report         |
| Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)            | Female:<br>0.5%<br>Male: 4.6% | 2010 | Female:<br>0.1%<br>Male: no<br>data | 2016 | TLS DHS<br>Reports |
| Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?  | Yes                           | 2015 | Yes                                 | 2019 | RMNCAH<br>Report   |

### **Summary of National Progress**

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

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

The CP was effective in contributing to capacity strengthening of the public system for maternal health services, with focus on emergency obstetric and newborn care (EmONC) and maternal death surveillance. 85 health providers of all 9 CEmONC facilities were trained in EmONC and MDSR systems were established in all 13 municipalities.

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

Furthermore, the CP supported MoH and partners to improve HIV prevention efforts amongst professionals at risk such as health workers in border areas, police officers and key populations. Police officers were reached with information on HIV/STI prevention and treatment, FP and GBV. 268 health workers and 870 key populations were also reached.

UNFPA continued to be a strong advocate with central level stakeholders for SRHR, particularly the provision of SRHR information and services to all population groups, including adolescents and youth. UNFPA supported emergency preparedness by ensuring that Reproductive Health needs are included in the National Emergency Plan in Timor-Leste. In addition, UNFPA developed a minimum preparedness plan for the CP and regularly trained CO staff on the Minimum Initial Service Package (MISP). UNFPA also oriented relevant Ministerial staff and stakeholders on MISP

**Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**



|  |                           |      |                                 |      |                   |
|--|---------------------------|------|---------------------------------|------|-------------------|
| Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)<br><i>(Percentage of young women and men aged 15-24 with comprehensive knowledge about HIV)</i> | Women:<br>12%<br>Men: 21% | 2010 | Women:<br>7.7%<br>Men:<br>14.6% | 2016 | TL DHS<br>Reports |
| Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?   | NO                        | N/A  | N/A                             | N/A  | N/A               |

### **Summary of National Progress**

#### **UNFPA's Contributions**

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

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

The CP supported the roll-out of CSE programmes in all schools in the country in 2017, followed by training of teachers in 2019 in the use of CSE teaching aids in one municipality, reaching 136 teachers. However, the roll-out has not been monitored by INFORDEPE, MoEYS or UNFPA and the results of these interventions have not (yet) been documented. Assessments and CPE interviews suggest that after being trained many teachers have not taught the CSE subjects due to the sensitivity of the CSE topic and resistance from school management, parents and community leaders, and suggest that teachers will only feel comfortable to teach the CSE materials if supportive supervision and mentoring is provided after the initial CSE training.

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

| <b>Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>  |     |      |     |      |                   |
|---|-----|------|-----|------|-------------------|
| Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?  | Yes | 2014 | Yes | 2017 | NAP-GBV           |
| Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle  | N/A | N/A  | N/A | N/A  | No data available |
| Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances   | 86% | 2010 | 74% | 2016 | TLSDHS Reports    |
| <p><b><u>Summary of National Progress</u></b></p> <p><b><u>UNFPA’s Contributions</u></b></p> <p>The CP achievements are in line with the CP Output in that they focus on capacity building of government, particularly SEII and MoH, and to a lesser extent also of civil society - mainly (former) implementing partners of the CP3 – for the coordination and implementation of the NAP-GBV 2017-2021. SEII has gained the capacity and commitment to effectively coordinate the NAP-GBV implementation.</p> <p>UNFPA’s advocacy efforts have resulted in GBV having become a topic that government and partners feel comfortable discussing and are committed to tackle.</p> <p>Capacity building efforts produced and strengthened relevant policies and tools for the implementation of the NAP-GBV, particularly in the health sector and for GBV prevention amongst adolescents and youth reached through CSE interventions. In addition, the CP supported gender and GBV mainstreaming in all its programmes.</p> |     |      |     |      |                   |
| <b>Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</b>  |     |      |     |      |                   |

|   |      |      |     |      |  |
|---|------|------|-----|------|--|
| Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?          | Yes  | 2010 | Yes | 2015 | 2010 and 2015 Population and Housing Census Reports  |
| Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)? | Yes  | 2016 | N/A | N/A  | TLS DHS  |
| Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?  | Yes  | 2014 | Yes | 2019 | Country Programme Evaluation Report                  |
| Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets                            | 2011 | 1    | N/A | N/A  | 2011-2030 National Strategic Development Plan (NSDP) |

**Summary of National Progress**

**UNFPA's Contributions**

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

The CP effectively supported capacity building of the GDS as the government central entity to coordinate and conduct key population surveys, including the Population & Housing Census of 2015 and Demographic and Health Survey in 2016. This enabled the GoTL to produce an impressive number of high quality reports and studies, enabling the government to collect important data on population and development issues. The CP also supported key sector ministries in the integration of population, SRHR and GBV issues into plans and policies.

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

| <b>D. Country Programme Resources</b>                                 |  |              |   |            |  |              |
|---|--|--------------|---|------------|--|--------------|
| <b>SP Outcome</b><br><br><b>Choose only those relevant to your CP</b> | <b>Regular Resource</b><br><br><b>(Planned and Final Expenditure)</b>                |              | <b>Others</b><br><br><b>(Planned and Final Expenditure)</b> |            | <b>Total</b><br><br><b>(Planned and Final Expenditure)</b> |              |
|   | Increased availability and use of integrated sexual and reproductive health services | 2,471,417.63 | 2,327,242.34  | 190,496.78 | 161,051.07   | 2,661,914.41 |

|  |                     |                     |                   |                   |                     |                     |
|--|---------------------|---------------------|-------------------|-------------------|---------------------|---------------------|
| Youth policies and programmes, and increased availability of comprehensive sexuality education   | 547,090.90          | 617,951.66          | 220,920.10        | 81,883.70         | 768,011.00          | 699,835.36          |
| Advanced gender equality, women's and girls' empowerment, and reproductive rights  | 391,848.88          | 338,512.02          | 35,000.00         | 25,558.53         | 426,848.88          | 364,070.55          |
| Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics | 2,780,694.01        | 2,606,821.26        | 484,247.42        | 405,582.62        | 3,264,941.43        | 3,012,403.88        |
| Programme coordination and assistance  | 898,368.02          | 825,602.92          |                   |                   | 898,368.02          | 825,602.92          |
| <b>Total</b>   | <b>7,089,419.44</b> | <b>6,716,130.20</b> | <b>930,664.30</b> | <b>674,075.92</b> | <b>8,020,083.74</b> | <b>7,390,206.12</b> |