CARE International in Timor-Leste

Long Term Program Strategy

2015 - 2030

Photo credit: Sarah Wiles, CARE, 2022

Context

CARE's work globally

CARE International is a global confederation of 16 member, four candidate and one affiliate organisation working together to end poverty. In 2021, CARE worked in 102 countries around the world, implementing 1,495 poverty-fighting development and humanitarian aid projects. These projects reached more than 100 million people directly, 71 percent of whom were women and girls. 463 million people were reached via mass media campaigns and 158 million people indirectly benefited from CARE's programs.

CARE's 2030 ambition: A world of hope, inclusion and social justice.

CARE's vision: We seek a world of hope, inclusion and social injustice, where poverty has been overcome and all people live in dignity and security.

CARE's mission: Save lives, defeat poverty, and achieve social justice.

CARE's programming principles: Promote empowerment, work with partners, ensure accountability and promote responsibility, address discrimination, seek sustainable solutions and do no harm.

Globally, CARE works across six impact areas: gender equality, crisis response, food and water, economic justice, health and climate justice.

CARE International in Timor-Leste at a glance

In 2020-2021[1], CARE International in Timor-Leste (CITL) worked across all municipalities in Timor-Leste to reach over 388,000 people (46.5 percent female) through 11 projects. A further 631,600 people indirectly benefited from CARE's work, 141,500 reached via mass media campaigns and 229,700 through one-way communication initiatives.

CITL contributed to all of CARE's six impact areas as outlined below.

Impact area	Direct reach
Gender Equality	725,957
Right to Food, Water and Nutrition	523,343
Climate Justice	349,212
Women's Economic Justice	348,913
Humanitarian Action	54,499
Right to Health	2,633

CITL's 2020-2021 programming at a glace[2]

- 82 percent of projects addressed gender-based violence;
- 64 percent of projects were gender responsive;
- Nine percent of projects fully engaged men and boys and 64 percent partially engaged;
- 55 percent of projects had some activities with partners;
- 55 percent of project sought to scale/adapt models;
- 45 percent of projects had community-led planning and a third of projects incorporated Community Score Card and Social Analysis and Action[3];
- 37 percent of projects either fully or partially included climate change adaption and resilience, and 44 percent ranking as either good or fair on the resilience marker; and

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[1] CARE International PIIRS data 2021

[2] CARE International PIIRS data 2021

[3] Note: Humanitarian response projects did not include Community Score Card and Social Analysis and Action, contributing to a lower percentage of projects

- 91 percent of projects had a feedback and accountability mechanism, increasing from 40 percent in FY20 and 29% in FY19.

CARE International in Timor-Leste's Program Strategy

CARE International in Timor-Leste's (CITL) long term program strategy is based on programming since 1994 in Timor-Leste. This 15 year strategy (2015-2030) was developed based on analysis[4] of the context and policy environment, providing insight into significant barriers to development and understanding their underlying causes. In 2022, an internal light touch review was conducted to assess the ongoing relevance to CARE's work in Timor-Leste. Overall, the premise of the strategy remains relevant and aligned with CARE International's 2030 vision[5].

We know that people living in rural disadvantaged areas of Timor-Leste – those lacking access to basic services, markets and livelihood opportunities, with limited political representation and high vulnerability to environmental and economic shocks – are among the most vulnerable in the country. Within this group, women and girls are doubly disadvantaged, having extremely heavy workloads, low education and literacy levels, very limited voice in decision-making at any level, and high levels of maternal mortality and gender-based violence.

> Women and girls in rural and disadvantaged areas are the priority impact group for CARE International in Timor-Leste's Long Term Program Strategy. We aim to bring about sustainable and measureable improvement in their wellbeing and voice.

In alignment with CARE's 2030 vision; CITL's long-term program strategy is based on four priority areas:

- Sexual Reproductive, Maternal Health and Rights (SRMH+R)
- Women's Economic Empowerment
- Women's Voice
- Education

These priority areas are supported by CITL's enabling approaches, strategies, frameworks and approaches, outlined in Table 1.

Theory of Change

The analysis informing the design of this long term program identified the key changes that *must occur* in order to address key constraints and achieve significant and lasting improvement in the wellbeing and voice of the women and girls in rural disadvantaged areas. These are long term changes to which CITL will contribute in collaboration with others, working at multiple levels between 2015 and 2030. The changes are grouped into three broad 'domains' that guide CITL's contribution: **good governance** for service delivery, **community resilience**, and **gender equality**. These are mutually reinforcing rather than mutually exclusive. There is a great deal of overlap between them and linkages through cross cutting themes.
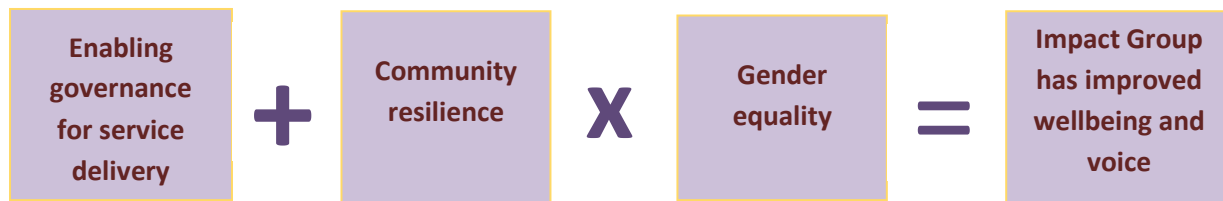
Together they summarise the main domains in the ***Theory of Change*** underlying the program strategy:

> *If responsive and effective governance ensures delivery of basic services, if communities have greater economic, social and environmental resilience through sustainable livelihood opportunities, and if women and girls in rural disadvantaged areas can benefit equally from this through improvements in their social position achieved with the support of men, then there will be measurable and sustainable improvements in their wellbeing and voice.*

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[4] Dr Terry Russell, *Timor Leste Policy Analysis*, CARE International in Timor Leste, Jan-Feb 2015; Hametin, *Timor Leste: Situational Analysis*, CARE International in Timor Leste, Oct 2013; Elizabeth Cowan, *Gender and Power Analysis: Timor Leste*, CARE International in Timor Leste, Apr 2013; Hametin, *Timor Leste: Situational Analysis*, CARE International in Timor Leste, Oct 2013
[5] https://www.care-international.org/files/files/Vision_2030.pdf

The Program **Theory of change** is represented as follows:

| Enabling governance for service delivery | **+** | Community resilience | **X** | Gender equality | **=** | Impact Group has improved wellbeing and voice |

Further information on the domains of change can be found in Annex 1.

This long-term program strategy is supported by CARE International in Timor-Leste's strategies and frameworks:

- Impact and Learning Strategy;
- Partnership Strategy;
- Gender Equality Strategy;
- Advocacy Framework; and
- Accountability and Safeguarding Standard Operating Procedures.

Table 1: CARE International Long-Term Program Strategy

Impact Group	Women and Girls in Rural Disadvantaged Areas			
Key Underlying Causes of Poverty and Social Injustice	**Underlying Causes of Poverty: * Gender inequality –** deeply embedded social norms discriminating against women**; * Governance -** Lack of duty bearer and service provider capacity and accountability for effective service delivery; Lack of women's effective participation in decision making at all levels; Lack of effective implementation of many gender equality policies; *** Resilience –** weak markets and vulnerability to climate related shocks and emergencies			
Impact Goal	**The Impact Group have sustainable and measurable improvement in wellbeing and voice**			
WRDA Priority Areas	**SRM Health and Rights**	**Women's Economic Empowerment**	**Women's Voice**	**Education**
Thematic Priority Areas	● **Supply, Demand and Use of Quality SRMH Services:** strengthen EmOC services and standards; promoting voice, interests, priorities of WRDA; building community awareness and demand for quality accountable services; ● **Access to and Use of Family Planning Services:** gendered, evidence based approaches to address community barriers; ● **Nutrition:** a gender transformative approach at community level to improve nutritional status.	● **Household and Community Decision Making:** empowering women to become decision makers and addressing power relations; ● **Access to technical skills:** strengthening numeracy and access to extension services; ● **Links to markets**: providing market information, product diversification, cooperatives and value chains; ● **Financial inclusion:** access to savings, loans, credit; ● **Resilience and Climate change:** strengthen community capacity to prevent, mitigate or adapt to minimise the impact of risks.	● **Women's leadership and decision-making:** promoted at all levels through CITL's other thematic priorities and in staff training; ● **Women in local level governance:** gendered, evidence based approaches to increase participation of women and representation of their interests in governance processes at all levels; ● **Implementation of GoTL gender equality policies:** build capacity of GoTL ministries at all levels, to support implementation and monitoring of key GoTL policies; ● **Gender Based Violence:** build capacity at sub-district level **to prevent and address GBV**.	● **Equitable Access to education:** gendered, evidence based approach to increase enrolment, retention and transition for girls and boys and girls' leadership, especially in rural areas; ● **Quality and Relevance of Education:** reduce school-based violence; gender-equitable materials, methods, environment and policies; enhancing engagement between school, community and local authority for increased accountability; ● **Women and Girls' leadership and decision making:** strengthening women's voice and equitable relations at household, community and national levels.
Enabling Approaches	**Gender Equality, Inclusion and Diversity** - Women's Empowerment Framework - Engaging Men and Boys - Transformative change - Gender Based Violence (GBV)- Disability Inclusion **Good Governance** - Policy/strategy development - Implementation of enabling GoTL policies - Social accountability - Civil Society **Community Resilience -** Community Based Adaptation - Disaster Risk Reduction - Community Analysis and Action Plans (CVCA / ARAP) **Humanitarian / Emergency Response -** Emergency Preparedness Planning – Emergency Response – Gender, Equality, Diversity, Social Inclusion and Safeguarding in Emergencies			
Enabling Strategies and frameworks	Gender Equality Framework Partnership Impact and Learning Advocacy Safeguarding and accountability			
Supporting Systems	Human Resources Finance Safety and Security Procurement and Fleet IT Administration			

Context overview

Timor-Leste has made significant progress since independence in 2002, building stability and democratic institutions and rebuilding infrastructure. However, the country continues to face many challenges. The section below provides a summary of progress and challenges faced by Timor-Leste, overall highlighting the continued presence of CARE in Timor-Leste to address the four priority areas of: Sexual Reproductive, Maternal Health and Rights, Education, Women's Empowerment and Women's Voice.

Overall

- 42% of Timor-Leste's population of 1.3 million live below the national poverty line[6].
- Timor-Leste's score on the Human Capital Index, which measures key indicators of health and education, is below the average for both the East Asia and Pacific region and for other lower-middle countries[7].
- Demographically, Timor-Leste has a young population. Over 50 percent of its population is younger than 24, and 20% of the population is between the ages of 15 and 24[8]. This presents a substantial challenge and opportunity; for Timor-Leste to ensure that youth have sufficient access to education and job opportunities.
- COVID-19 pandemic has severely affected Timor-Leste's economy, contracting by 8.6 percent in 2020, and the largest decline since independence[9].
- The economy relies heavily on oil export, and the government's fiscal position worsened during the pandemic[10]. The oil and gas sector contributes 36 percent of the country's total Gross Domestic Product, more than 90 percent of government revenue, and 98 percent of exports[11].
- A number of factor's influence Timor-Leste's vulnerability including; a relatively short-term external debt, dependence on oil exports for revenue, relatively large deficit and low revenue share of Gross Domestic Product[12].
- Timor-Leste is rated high risk for access to healthcare, existing health conditions, and food insecurity[13].

The sections below outline the needs under each priority area, key focus areas for each thematic area, alignment with the CARE 2030 Vision and Mission, relevant Government of Timor-Leste priority areas, relevant 2030 indicators and achievements up to 2021.

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[6] "The World Bank in Timor-Leste," World Bank, April 28, 2020, https://www.worldbank.org/en/country/timor-leste/overview.

[7] "Timor-Leste," World Bank Human Capital Index 2020, October 2020, https://www.worldbank.org/en/publication/human-capital.

[8] Jessica Gardner, Timor-Leste Population and Housing Census 2015: Thematic Report Volume 14: Analytical Report on Youth

[9] World Bank (2021) *Timor-Leste Economic Report: Steadying the Ship*

[10] Timor-Leste Public Expenditure Review, World Bank 2021

[11] World Bank, October 2020 Timor-Leste Economic Report: Towards a Sustained Recovery (Washington, D.C.: World Bank, 2020).

[12] Ibid

[13] 2020 INFORM Global Risk Index

CARE International in Timor-Leste's Thematic Priority Area 1:

Sexual Reproductive Maternal Health and Rights

Needs analysis

Since independence, Timor-Leste has made great gains by significantly reducing maternal, infant and child-under-five mortality. However, maternal deaths remain a challenge, despite the majority of deliveries being attended by skilled personnel. Pregnant women and mothers have difficulty accessing adequate antenatal and post-natal care, and children are still dying from preventable causes. Inequalities in access to maternal health care are evident nationwide, with rural women and girls facing particular challenges in accessing sexual and reproductive health services, especially skilled care at birth, emergency care, and antenatal and post-natal care[14].

- Timor-Leste has one of the highest rates infant mortality rates and material mortality ratios in South East Asia[15], with an infant mortality rate of 44 deaths per lives births.
- According to UNFPA, there is an estimated risk of 1 in 82 Timorese women dying during pregnancy, 100 times higher than women in Australia (1 in 8,200) and four times higher than women in Indonesia (1 in 320)[16].
- One in 24 children in Timor-Leste will not live to see their fifth birthday[17].
- Half the women in Timor-Leste do not give birth in a health facility[18].
- 42 percent of deaths in women aged between 15 and 49 years are due to complications from pregnancy and childbirth[19].
- Hidden beneath these figures of maternal mortality, is maternal disability, with WHO estimating that for every maternal death, an additional 20 women are disabled following childbirth[20].
- Rural and poor households receive, on average, poorer quality healthcare than urban or wealthier households[21].
- Deliveries by skilled birth attendants vary geographically, ranging from 79% in Dili to less than 20% in rural areas where there are also high (up to 28%) dropout rates between the first and fourth antenatal check, indicating problems with the quality, prioritisation and access to care[22].
- Since independence, the modern contraceptive prevalence rate in Timor-Leste has increased more than three-fold—from 7% in 2003 to 24% 2016[23].
- Timor-Leste has one of the highest tuberculosis incidence rates in the world, and the incidence of non-communicable diseases has risen; these diseases now account for 62 percent of all deaths in the country[24].

The COVID-19 pandemic hindered Timor-Leste's efforts towards children's vaccinations and reproductive health services.

- The prolonged COVID-19 State of Emergency during 2020 and 2021 disrupted access to health services, child immunization and reproductive health. Of the 61 percent of households that had a family member

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[14] UNFPA, Country assessment sexual reproductive health rights Timor-Leste, 2017

[15] UNFPA 2021

[16] CARE International in Timor-Leste, Hamoris project design, 2017

[17] https://www.unicef.org/timorleste/child-survival-and-development

[18] https://www.unicef.org/timorleste/child-survival-and-development

[19] https://www.unicef.org/timorleste/child-survival-and-development

[20] https://www.unicef.org/timorleste/child-survival-and-development

[21] World Bank, Timor-Leste COVID-19 Emergency Support Project: Project Information Document (Washington, D.C.: World Bank, 2020).

[22] Hamoris design, CARE Australia, 2017

[23] UNFPA Country Assessment Sexual Reproductive Health Rights Timor-Leste, 2017

[24] Cousins, "Health in Timor-Leste"

needing medical treatment, only 44 percent were able to access medical treatment at least sometimes[25].

- 37 percent of households reported their child missed a schedule vaccination during the State of Emergency, with children in the poorest households most likely to have missed a vaccination[26].
- Among women who needed reproductive health services during the State of Emergency, 52 percent reported to have missed reproductive health services, with an increase in adolescence pregnancies[27].

Nutritional needs

Despite having made considerable development gains since its independence in 2002, malnutrition in Timor-Leste remains a critical development issue, costing lives, reducing educational attainment, and eroding the nation of essential social economic capital[28].

- Timor-Leste's malnutrition rates are among the highest in the world[29], including 47 percent of children under five stunted, 8.6 percent wasted and 32.4 percent underweight[30].
- About half (50.4%) of the nation's households are either severely or moderately food insecure[31].
- The majority of households (63%-85%, depending on location) cannot afford a nutritious diet meeting the requirements of energy, protein and essential micronutrients for children and women of reproductive age[32].
- Gender roles in Timor-Leste directly affect the nutrition of women and girls. Men often eat first at each meal, followed by the children, and usually women eat last. Portions are divided before the meal begins based on "age/gender and the social capital held by each individual.[33]"
- Malnutrition rates are also high among adults; adult malnutrition is particularly problematic when occurring among women, as children of malnourished women are more likely to also be malnourished.
- In 2016, 27 percent of women were underweight, and 23 percent of women age 15-49 were anaemic[34]. In general, rates of malnutrition and undernutrition are higher in rural areas than urban areas[35].
- Several factors contribute to high rates of malnutrition in Timor-Leste. Only half of children age 0-6 months are exclusively breastfed and only 35 percent are exclusively breastfed at age 4-5 months[36].
- Lack of dietary diversity and food insecurity mean that only 13 percent of children age 6-23 months eat a minimum acceptable diet (which includes at least four food groups and between two to four meals a day, depending on age and whether the child is breastfed)[37].
- Limited access to water and sanitation remains a major barrier to health and hygiene in rural and remote areas of the country. Lack of access to clean water is directly associated with poor health and contributes to high rates of malnutrition[38].
- 50 percent of rural health posts in Timor-Leste have no access to water[39].

[25] 2021 Socioeconomic Impact Report, United Nations

[26] Ibid

[27] Ibid

[28] Grieve, H. (2018) *Food Security and Nutrition Policy Effectiveness Analysis*

[29] https://data.unicef.org/resources/dataset/malnutrition-data/

[30] Timor-Leste Food and Nutrition Survey 2020

31 Timor-Leste Food and Nutrition Survey 2020

32 KONSSANTIL and WFP (2019) Fill the Nutrient Gap,

33 Castro, A (2013) An approach to the food habits of three communities in Timor-Leste. Final Report. CARE International in Timor-Leste, 1-50; 10.13140/RG.2.1.2966.7287.

[34] General Directorate of Statistics, Ministry of Planning and Finance and Ministry of Health, Timor-Leste Demographic and Health Survey 2016

[35] USAID, "Timor-Leste: Nutrition Profile," USAID, March 2018, https://www.usaid.gov/sites/default/files/documents/1864/TimorLeste-Nutrition-Profile-Mar2018-508.pdf.

[36] USAID, "Timor-Leste: Nutrition Profile," USAID, March 2018, https://www.usaid.gov/sites/default/files/documents/1864/TimorLeste-Nutrition-Profile-Mar2018-508.pdf

[37] General Directorate of Statistics, Ministry of Planning and Finance and Ministry of Health, Timor-Leste Demographic and Health Survey 2016

[38] National Library of Medicine, *Water Supply and Health,* Hunter, R; MacDonald, A and Carter, R; 2010

[39] https://www.unicef.org/timorleste/child-survival-and-development

- Preliminary assessments suggest that the COVID-19 pandemic has had a major impact on food security in Timor-Leste. Eighty-one percent of households reported that COVID restrictions had affected their food and income sources, and 70 percent of households reported having reduced meal sizes or skipped a meal in the past 30 days because they did not have enough money for food[40].
- The pandemic's effects on food insecurity are likely to have long-term, wide-reaching effects on health outcomes, particularly due to a potential increase in levels of anaemia and malnutrition in mothers and children.

Focus areas, alignment with CARE 2030 and Government priorities, MEL indicators and achievements

A. Supply, Demand and Use of Quality SRMH Services
a) Supply: Training of Doctors and Midwives, Supporting Ministry of Health to implement its strategies and policies, ensuring quality

CITL's priorities	CARE will contribute to strengthening health services, with an initial focus on improving the reach and quality of Basic Emergency Obstetric Care services (BEmOC) in rural disadvantaged areas. The proceeding stage should include facilitation of mutual accountability processes to improve service planning and delivery.
	
	This includes:
	
	● Providing technical support to MoH to monitor facility readiness and quality of SRMH Services, using existing Ministry of Health (MoH) tools, and provide BEmOC training (partnering with Instituto Nacional de Saude- INS) for doctors and midwives;
	● Using mutual accountability evidence to advocate for improved BEmOC services at a number of levels:
	   – Using action plans from the mutual accountability process to advocate at suco, municipal and national level for improved service provision that addresses identified service provider barriers;
	   – Documenting and sharing the efficacy of the mutual accountability approach for improving BEmOC services and promoting wider adoption; and
	   – Using evidence gathered at local level mutual accountability dialogues to promote the SRMH priorities and interests of women in rural disadvantaged areas through national level processes. This could include collaborating with strategic partners in the MoH to lobby for establishment of BEmOC facilities nationwide, functional referral services for SRMH related medical emergencies, and an increased number of female doctors.

b) Demand: supporting increased community use of BEmOC services, including ante and post-natal checks	
CITL's priorities	CARE will focus on two CARE tools - Social Analysis and Action (SAA)[41] and the Mutual Accountability (Community Score Card)[42] process - to understand and address community cultural and social barriers to SRMH and the high incidence of GBV. ● Using SAA tools and techniques to engage with community, family members (husband, in-laws), community leaders and male 'champions', to address

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[40] FAO, National agrifood systems.
[41] https://www.fsnnetwork.org/sites/default/files/SAA_Toolkit_FINAL.pdf
[42] https://www.care.org/our-work/health/strengthening-healthcare/community-score-card-csc/

	cultural barriers to women using facilities for delivery by promoting adoption of Safe Motherhood/ Birth Preparedness Plans;
	● Raising awareness and providing information to men and women about pre-pregnancy, pregnancy, post pregnancy issues such as nutrition, danger signs, birth preparedness planning, going to Skilled Birth Attendant using MoH materials and community media;
	● Capturing evidence of effective approaches in addressing community/cultural barriers to utilisation of SRMH including BEmOC services;
	● Build evidence of effective approaches through pilot initiatives, e.g. SAA and/or mutual accountability to understand and address cultural and social barriers to SRMH and high incidences of GBV; and
	● Advocating to promote adoption of proven approaches by MoH (in whole or part, e.g. IEC or SBCC materials), and more broadly through the programming of key partners and other stakeholders.
B. Access to and Use of Family Planning Services	

CITL's priorities	● Building and promoting an evidence based approach to equitable access to family planning for women and men in rural areas. This includes incorporating CARE approaches such as SAA and Community Score Card, and developing and implementing SBCC and IEC materials
	
	A key focus will be engaging men, parents in law, and community and religious leaders through targeted community activities and community media[43];
	
	● Strengthening delivery of family planning services by health facilities through:
	  – Reviewing/ developing guidelines for gender equitable family planning service, and provision of training to health staff;
	  – Reviewing/developing MoH guidelines/ protocols for facility readiness for Family Planning and conducting pilot initiatives in auditing and strengthening; and
	  – Working with partners who specialise in this sector to coordinate and maximise the impact of our value add.
	
	● Capturing evidence on structural barriers to family planning in rural disadvantaged areas and developing strategic partnerships to advocate for better family planning services in remote communities.

C. Nutrition	

CITL's priorities	● CITL will apply a gender transformative approach to nutrition involving both men and women. This includes:
	
	  – Working with communities to grow a diverse range of food;
	  – Promoting kitchen gardens;
	  – Promoting good nutrition practices, especially for women during pregnancy;
	  – Engaging with men, through SA techniques and community media, to promote more equal sharing of HH tasks and more equal decision making on HH issues, including use of income from sale of garden produce;
	  – Working in partnership with other agencies to integrate gender into IEC materials and promotion of good nutrition practices;
	  – Linking women to markets for produce to enable income generation to support nutritious diets and funds for emergencies;

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[43] 'Community media' refers to the development and distribution of targeted messages through media such as magazines, radio etc. This is currently implemented through the Lafaek Learning Media project.

	● Support MOH, Community Health Centres and Health Posts to promote exclusive breastfeeding for the first 6 months and the nutrition and food safety guidelines; and ● Develop and demonstrate evidence of linking nutrition with WASH i.e. in order to keep nutrients in your body you need to practice good hygiene and sanitation.
Alignment with CARE 2030 Vision and Mission	Sustainable Development Goal 3 & 5. *CARE's priority: Health* CARE believes that everyone has both a right health, and reproductive self-determination. CARE's multi-dimensional health programs address barriers at the individual, social and structural level, and includes scaling up CARE's existing expertise on epidemics and diseases to meet the ongoing challenges posed by COVID-19. CARE's 2030 Goal: 50 million people can exercise their right to health, including 30 million women their right to sexual and reproductive health. Sustainable Development Goal 2, 5 & 6. *CARE's priority: Food and Water* The world produces enough food for everyone to eat, yet still many go hungry. At CARE, we know that women small-scale farmers are critical to global food production, but lack access to the same resources as their male counterparts. We focus on supporting women farmers so that they can feed the world. CARE's 2030 Goal: 75 million people can better exercise their right to adequate food, water and nutrition.
Government of Timor-Leste priorities	The Government of Timor-Leste is committed to addressing sexual reproductive and maternal health and rights issues. The National Health Sector Strategic Plan 2011–2030 identifies maternal and child health as the two highest priorities of the national health program[44]. Timor-Leste's National Health Sector Nutrition Strategic Plan (HSNSP) 2022-2026[45] highlights the need to address all forms of malnutrition, including obesity, overweight and diet related non-communicable diseases throughout the lifecycle to break the intergenerational cycle of malnutrition.
Achievements	*Supply, Demand and Use of quality Sexual Reproductive and Maternal Health services*

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[44] Ministry of Health, Timor-Leste National Health Sector Strategic Plan 2011- 2030
[45] Ministry of Health, Timor-Leste National Health Sector Nutrition Strategic Plan 2022-2026.

Promosaun Prakita Importante Project[46]

- INS trained 34 health workers in 5 admin posts in Ermera
- Established and trained 52 Mother Support Groups in Ermera
- Mother Support Groups found to be useful and effective to share key health messages
- Mother Support Group members increased their confidence to share health messages with community members
- Health Service Providers saw Mother Support Groups as an extension of their "hands and feet" to reach a wider area
- Health professionals and local authorities committed to support and make Mother Support Groups Work

Equitable Access to Family Planning

Safe Motherhood Project[47]

- Safer birth delivery with antenatal care: 92% (mothers of children 0-23 months) reported receiving at least one ANC visit during pregnancy with their youngest child. (Baseline 78%)
- Less births at home and more check-ups: 5% decrease in births at home from baseline (81%) to end line (76%). 13% increase in postpartum checks (Baseline 55%, end line 42%)
- Improved danger sign knowledge: 17% increase in knowledge of at least two danger signs during delivery (baseline 59% and end line 76%) and 6% increase in knowledge of at least two pregnancy danger signs (baseline 55% and end line 61%)
- More knowledge of modern contraception: 22% increase in knowledge of at least one modern method (baseline 63% and end line 85%) and 19% increase in knowledge of at least two modern methods (baseline 42% and end line 61%)

Hamoris Project[48]

- Improvements in access to and use of quality SRMH services:
  - 47% increase in mothers' support group members delivering their baby with the help of a skilled birth attendant
  - 20% increase in mothers' support group members suing modern contraceptives
  - 49% increase in mothers' and fathers' support group members with knowledge about modern contraceptives

Lafaek Learning Media Project[49]

- Using Lafaek to learn about health and hygiene was a strong predicator of a caregivers' knowledge related to maternal healthcare practices

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[46] 14 month project September 2016 to November 2017, partnering with MoH, UNICEF and European Union. Findings from End of Project Review (December 2017)

[47] Safe Motherhood Project, 2014 to 2017 in Ermera and Covalima, funded under the Australian NGO Cooperation Program, DFAT. Results from Final Internal Evaluation (2017)

[48] Hamoris Project, 2017 to 2022 in Ermera and Covalima, funded under the Australian NGO Cooperation Program, DFAT. Results from Mid Term Evaluation (2021)

[49] Lafaek Learning Media Project, 2019-2022. All municipalities, funded by MFAT. Results from the Mid Term Review (2021)

- Caregivers who reporting using Lafaek to learn about health and hygiene are predicated to be able to identify an additional 2.6 material health practices relative to caregivers who do not

Hatutan Project[50]

- Knowledge of the importance of exclusive breastfeeding increase by 20% (from 25% to 45%), compared to only 12% among the comparison group.
- Knowledge of initiating breastfeeding immediately after delivery increased from 32% to 40%, while declining among the comparison group

Nutrition

Hatutan Project[51]

- Most of the schools (79%) reported there is a school feeding program through Hatutan, compared to 6% at baseline
- Large and significant increase in intervention schools providing meals, from 1% at baseline to 88% in midline
- Proportion of students in Hatutan schools who had eaten anything at all increase by 5.7 percentage points, compared to only 0.6 points in comparison schools
- Hatutan schools more likely to have promoted nutrition sensitive agriculture (vitamin A, iron)
- Greater dietary diversity. Families have started more than 550 permagardens, increasing their fresh vegetable production and consumption

Flood Response (ECHO)[52]

- 283 families received emergency food distribution to meet their needs identified in the consultative gendered shelter assessment

Lafaek Learning Media Project[53]

- Families that reported receiving the community magazine were 13% more likely to have a handwashing station in their home while those that use Lafaek to learn about health and hygiene are 16% more likely to have a handwashing station in their home
- Parents who use Lafaek specifically to learn about health and hygiene and those who report playing games related to health and hygiene are both predicted to know one more COVID-19 prevention strategy and utilise one additional COVID-19 prevention behaviour

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[50] Hatutan Project, 2018 to 2023, funded by USDA partnering with Mercy Corps and Water Aid. Results from Mid Term Review (2021)
[51] Hatutan Project, 2018 to 2023, funded by USDA partnering with Mercy Corps and Water Aid. Results from Mid Term Review (2021)
[52] ECHO Project, 6 months 2021, Dili, funded by ECHO. Results from final evaluation
[53] Lafaek Learning Media Project, 2019-2022. All municipalities, funded by MFAT. Results from the Mid Term Review (2021)

CARE 2030 indicators

Further information available on CARE Shares

Impact Area	Indicator number	Indicator description
System Strengthening and Social Accountability	15	Proportion of people of all genders satisfied with their last engagement with service providers [SDG indicator 16.6.2].
Humanitarian Action	20.4	# people who obtained food support from CARE and partners pursuant to relevant standards.
	20.5	# people who obtained nutrition support from CARE and partners pursuant to relevant standards.
	20.9	# people who obtained Sexual, Reproductive Health (SRHiE) support from CARE and partners pursuant to relevant standards.
	20.13	# of people who obtained other essential health support (not related to Sexual and Reproductive Health) from CARE and partners pursuant to relevant standards.
Right to Health	22	Births attended by skilled health personnel (%) [SDG Indicator 3.1.2].
	23	Women of reproductive age who have their need for family planning satisfied with a modern contraceptive method (%) [SDG Indicator 3.7.1].
Right to Food, Water and Nutrition	25	% of people with moderate or severe food insecurity, based on the Food Insecurity Experience Scale [SDG indicator 2.1.2].
	26	% of children 0-59 months experiencing malnutrition: stunting, wasting or overweight [SDG indicators 2.2.1 and 2.2.2].
Social movements, systems strengthening and social accountability, social norms	16	# and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE
	17	# of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets responsive to the rights, needs and demands of people of all genders.
All	18	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill [SDG indicator 4.4.1].

CARE International in Timor-Leste's Thematic Priority Area 2:

Women's Economic Empowerment

Needs analysis

The division of labour is strongly gendered inside the home. Women and girls are responsible for unpaid household work, reproductive work, child rearing and caring for the elderly. Men are expected to sustain their family's financial needs through agricultural activities or paid labour. The practice of barlake (brides' price) and the involvement of extended family members can place pressure on women (and men) to maintain traditional gender roles.

Men have higher levels of literacy, education and employment than women. The paid labour force is also significantly divided by gender, and men generally have higher income, more opportunities, and less barriers to paid work than women.

Decision making at household and community level

- In Timor-Leste, women and girls have higher workloads at home compared to men and boys[54]
- In Hatutan areas, 62 percent of the female students (39 percent boys) were doing household chores[55].
- Traditional gender roles contribute to early marriage: 8.3 percent of the women ages 15-19 are married and 7 percent started childbearing[56].
- Early marriage and pregnancy contribute to dropout, restrict employment, increase poverty and perpetuate intergenerational malnutrition.

Links to markets

- Most people work in the agricultural sector (65%), followed by services and sales (15%)[57].
- Work within these sectors is also divided by gender. In the agricultural sector, men undertake work that is perceived as 'labour intensive', such as working in rice and maize fields, coffee growing, raising and selling livestock, burning gardens for new cultivation, and ploughing[58], whereas women undertake 'less heavy' work such as planting, weeding, harvesting and selling produce.
- A significant proportion of women's work is in subsistence cultivation, informal small-scale trading (such as weaving and trading tais) and home-based industries. Men hold almost all other service sector positions such as taxi and truck drivers as well as higher positions in government[59].
- Gender segregation in other occupations is not as stark, such as office clerk positions (32 percent female) and retail sales workers and street vendors (50 percent female)[60].

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[54] CARE (2020) Rapid Gender Analysis – COVID-19 in Timor-Leste
[55] Consilient (2021) Midline Evaluation HATUTAN, Pg 148
[56] 2016 Demographic and Health Survey, pg.59; pg.73
[57] General Directorate of Statistics, International Labour Organisation (ILO) and United Nations Population Fund (UNFPA) (2018) 'Timor-Leste Population and Housing Census 2015 Analytical Report on Labour Force', https://timorleste.unfpa.org/sites/default/files/pub-pdf/2015%20Census%20Labour%20Force%20Report.pdf
[58] NGOs Working Group (2009) 'Implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) In Timor-Leste', https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/TLS/INT_CEDAW_NGO_TLS_44_10156_E.pdf
[59] General Directorate of Statistics, International Labour Organisation (ILO) and United Nations Population Fund (UNFPA) (2018) 'Timor-Leste Population and Housing Census 2015 Analytical Report on Labour Force', https://timorleste.unfpa.org/sites/default/files/pub-pdf/2015%20Census%20Labour%20Force%20Report.pdf
[60] Ibid

Financial inclusion

- In 2020, women earned an estimated $5.7 for every $10 earned by men[61].
- The employment rate in Timor-Leste is higher for men (61 percent) than women (32 percent), with women generally earning less than men[62].
- Several barriers prevent women from gaining better paid employment, such as limited education and training, access to opportunities, and domestic obligations[63].

Resilience

- Timor-Leste is vulnerable to climate-related natural disasters due to its geographic location and mountainous terrain, ranking 66 out of 191 countries in the 2019 Inform Risk Index.[64]
- Timor-Leste is vulnerable to natural hazards, at high risk of storms, earthquakes, landslides and heavy rainfall, all exuberated by limited and inadequate infrastructure and social welfare[65].
- In April 2021, Cyclone Seroja damaged 31,029 households (17 percent of the population) and 2,163ha of agricultural land[66] and resulted in the loss of an estimated 112,000 livestock[67].
- During the dry season, water scarcity poses major limitations to agricultural yields, hygiene, health, and economic growth, with 60 percent of the annual water supply dependent on groundwater[68].
- Natural disasters were the main cause of absenteeism in HATUTAN's target areas in 2021, affecting 34 percent of the grades 2-4 students[69].
- The tropical climate is heavily influenced by the West Pacific Monsoon and its mountainous climate. The climate is strongly impacted by the El Niño Southern Oscillation which can vary the inter-annual quantity of rainfall by up to 50% and affect the timing of peak annual rainfall.
- Annual mean surface air temperatures in Timor-Leste are projected to increase by approximately 2.9°C by the 2090s under the RCP8.5 emissions pathway, and by 0.9°C under the RCP2.6 emissions pathway. There is great uncertainty around projected precipitation changes but high confidence in an increase in extreme rainfall events.
- Future drought frequency is uncertain but could increase and as such disaster risk reduction efforts are needed.
- Under all emissions pathways Timor-Leste is projected to experience an increase in the frequency of extreme high temperatures. These represent a major threat to human health[70].
- Climate change threatens to exacerbate vulnerability and inequality, particularly in food security. The rural poor and other marginalized groups are most vulnerable. The population is heavily dependent on agriculture, with 70% of families relying on some form of farming activity for their livelihoods.

[61] WHO 2021, Timor-Leste Gender and Health
[62] United Nations Development Programme (2014), 'Assessment of Development Results, Evaluation of UNDP Contribution, Timor-Leste', http://www.undp.org/content/dam/timorleste/docs/reports/Evaluation/ADR_Timor-Leste_EN_2013.pdf
[63] NGOs Working Group (2009) 'Implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) In Timor-Leste', https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/TLS/INT_CEDAW_NGO_TLS_44_10156_E.pdf
[64] World Bank (2021) Climate Risk Country Profile, Timor-Leste, pg.10
[65] World Bank and Asia Development Bank, Climate Risk Country Profile, Timor-Leste (2021)
[66] CFE-DM (2022) Timor-Leste Disaster Management Reference Handbook, pg.22
[67] World Bank (2021) *Timor-Leste Economic Report: Steadying the Ship*, pg.8
[68] CFE-DM (2022) Timor-Leste Disaster Management Reference Handbook, pg.22
[69] Consilient (2021) *Midline Evaluation HATUTAN*, pg.82
[70] Ibid

- Climate change is set to alter rainfall patterns, with Timor-Leste's food production likely to be one of the most affected by changes in rainfall in Southeast Asia. In combination with increased growing season temperatures, agricultural production may see reduced yields.
- In a nationwide survey, 41 percent of the respondents outside the capital Dili stated that water and household sanitation should be a top priority for government investment[71].
- Improved and available rural water systems reduces the average amount of time that women in rural areas spent collecting water, with a 2016 study highlighting a reduction from two hours a day to 30 minutes[72].

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[71] The Asia Foundation (2022) *Tatoli! Public Perception Survey: Initial Findings*, pg.3

[72] Besik. 2016. Women's Time Use Mapping: Changes after the Improvement of the Water System in rural Timor-Leste. Besik: Dili

Focus areas, alignment with CARE 2030 and Government priorities, MEL indicators and achievements

Women's Economic Empowerment	
A. Decision making at household and community level	
CITL's priorities	- CITL will apply a gender transformative approach to Women's Economic Empowerment and advocate for the adoption of proven approaches in the implementation of GoTL's WEE policy. This includes: – Building skills, knowledge and confidence among women through specific training on women's leadership, gender equality and also technical skills; – Working with men, boys, service providers and the community to promote women's participation in household decision making and economic activities, raise awareness of gender equality, empowerment, power dynamics, GBV, sexual division of labour through targeted community activities and community media; and – Promote and encourage women to participate in community planning processes (e.g. community disaster risk reduction planning) through the use of approaches such as the mutual accountability process to ensure the rights and needs of women and people with disabilities are addressed. - Technical Advisory role in gender, to strengthen GoTL gender capacity to implement women's economic empowerment at national, district and suco levels ; - Linking to women's decision making and leadership under the Women's Voice thematic priority area; and - Ensure women's active participation in suco disaster management committees.
B. Access to Technical Livelihood Skills	
CITL's priorities	- CITL will build on its experience in support of farmer groups in Timor-Leste and will pilot new initiatives to determine the most effective approaches to economic empowerment of women in subsistence agriculture. This will include: – Supporting development of gender-appropriate agricultural extension services, with a focus on improving reach and quality in rural disadvantaged areas, through training of agriculture extension officers; – Advocating to Ministry of Agriculture and Fisheries for improvement and strengthening of extension worker system, including increasing the number of female extension workers; – Linking with PNDS and using accountability mechanisms such as the Community Score Card process to improve agricultural service planning and accountability; and – Building evidence on the use of female extension workers; mixed vs women only farmer's groups and their impact on women's economic empowerment.
C. Links to markets	
CITL's priorities	CARE will focus on supporting development of and increased access to markets, promoting diversity of agricultural products, developing value chains and increasing access to information on markets, prices and demand. This will include:

	– Sharing information via field officers/extension workers/CARE staff; – Piloting of ICT/mobile phone solutions to accessing market information; – Facilitating establishment and running of cooperatives, including expansion of VSLA's; and – Promoting partnerships to link farmers and producers directly to buyers (or through the cooperatives), i.e. through linkages with School Feeding Programs.

D. Financial Inclusion

CITL's priorities	● CITL will focus on promoting the integration of women's empowerment through agricultural and non-agricultural activities such as savings and loans groups, public infrastructure and adult literacy, and the provision of financial services tailored for rural populations (especially women). This includes: – Facilitating and monitoring/supporting VSLAs (linking to existing farmer's groups and mother's groups); – Developing VSLAs as a platform for integration for other approaches/ activities – including SAA, leadership, voice, health, education and gender linking to existing farmer's groups, mother and father support groups; – Exploring links to formal financial institutions (such as mobile banking), as a pilot working with partners; and – Developing partnerships to provide value add, particularly in terms of gender equality, to complement existing work in this area.

E. Resilience

CITL's priorities	CITL will work to improve community capacity to mitigate the impacts of climate change and agricultural shocks, with focus on inclusion of and documentation of effective approaches to *community based climate change adaptation*. This will include application of CARE's SuPER approach to smallholder agriculture (Sustainable, Productive, Equitable, Resilient), technical skills development, alternative agricultural practices, CVCAs and ARAPs. This will be implemented directly by CARE, through partners and through capacity building of partners/local NGOs depending on the relevant activity. Implementation will include trainings, demonstration activities for good practice, farmer field days and planning workshops. CITL will work to improve community capacity to respond to environmental, economic and social shocks by improving mechanisms for generating savings and assets, through increasing incomes in order to 'bounce back'. This includes: – Training and capacity building of women in technical skills to reduce the negative impacts of climate change and ability to participate in community planning process including CVCAs and ARAPs; – Engaging with men to ensure women's inclusion of women in all CVCA and ARAP processes; – Advocating at suco level for women to have active participation and regular role in planning processes; and – Facilitating linkages between ARAP processes, PNDS and Suco Disaster Management Councils.
Alignment with CARE 2030 Vision and Mission	Sustainable Development Goal 5 & 8. CARE's priority: Economic Justice

	CARE believes everyone has the right to economic resources and the power to make decisions that benefit themselves, their families and their communities. CARE recognizes that this requires women to have equal access to, and control over, economic resources, assets and opportunities; it also requires long-term changes in social norms and economic structures.
	CARE's 2030 Goal:
	50 million women have more equitable access to, and control over, economic resources and opportunities.
	Sustainable Development Goal 1, 5 & 11.
	CARE's priority: Crisis Response
	CARE plays a leading role in transforming the humanitarian sector by putting gender at the centre of our responses. We use specific approaches that protect people's dignity, and build resilience and social cohesion in communities before, during, and after an emergency. Our core humanitarian sectors — shelter; water, sanitation and hygiene (WASH); food; and sexual and reproductive health and rights — will always seek to contribute to both gender equality and life-saving assistance in tandem.
	CARE's 2030 Goal:
	Working with local partners, CARE provides quality and gender-focused humanitarian assistance to 10% of those affected by major crises, reaching at least 50 million people by 2030.
Government of Timor-Leste priorities	CARE's focus on supporting increased participation of women in decision-making is line with the Food and Agriculture Organisation- Government of Timor-Leste framework strategic objective: "Gender equity in access to resources, goods, services, and decision-making in the rural areas." The framework recognises "impediments from the prevailing agrarian social structures" and the need to, "Focus on removing existing constraints", including increasing women's role in household decision making as a first step".
Achievements	*Decision Making at Household and Community Level* Hamoris Project[73] • Improvements in gender relations in families and communities - 65% increase in mothers' support group members making their own informed decisions on sexual relations, contraceptive use and reproductive health care. - 59% of mothers' and fathers' support group members report making household decisions together. - 32% of mothers' and fathers' support group members were identified by community members as effective leaders in political, economic and social forums.

Links to Markets
Hatutan Project[74]
- 40% of Hatutan schools served and purchased from local producers, compared to only 28% of comparison schools.

Financial inclusion
Hatutan[75]
- 87% of savings and loan groups continued after their first share out.
- Majority of female respondents reported increased self-confidence since joining the savings and loan group, and 77% reported their status improved in the community since joining the savings and loan group.
- 94% stated their status within their family increased since joining a savings and loan group.
- 57% reported since Hatutan they have improved their access to financial services.

Hamoris Project[76]
- In 2020/21, 1,088 people (657 female and 128 youth) were members of savings and loans groups.
- Members from 27 groups in Fatumea and Fohorem, Covalima have saved more than $47,700 USD over a two year period.

Lafaek Learning Media Project[77]

- Households where the parents read the Lafaek magazine were 13% more likely to have savings compared to those who did not.

Haforsa 1 Project[78]
- 85% of women members of farmers groups selling agri-products.

Access to technical livelihood skills
Haforsa 1 Project[79]
- Farmers increased their skills, harvest and income
- 21.5% more farmers were using knowledge and skills they learning through the project.
- Farmers groups harvested almost double what they had aimed to, and 43% more than other farmers in the area.
- 10 new women's farmers groups were established and 91% of there were active.
- 96% of respondents agreed that women were more involved in agriculture and livelihoods activities than before the project started.

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[74] Hatutan Project, 2018 to 2023, in Ermera, Ainaro, Liquisa and Manatutu, funded by US Department of Agriculture partnering with Mercy Corps and Water Aid. Results from Mid Term Review (2021)
[75] Hatutan VSLA Saving Behaviour Report, October 2021
[76] Hamoris Project, 2017 to 2022 in Ermera and Covalima, funded under the Australian NGO Cooperation Program, DFAT. Results from Mid Term Evaluation (2021)
[77] Lafaek Learning Media Project, 2019-2022. All municipalities, funded by MFAT. Results from the Mid Term Review (2021)
[78] Haforsa Project, 2016 to 2019 in Ermera, funded by Ministry of Foreign Affairs Japan, results from final evaluation 2019
[79] Haforsa Project, 2016 to 2019 in Ermera, funded by Ministry of Foreign Affairs Japan, results from final evaluation 2019

	Resilience Haforsa 1 Project[80] • All 22 farmers groups had prepared Resilient Action Plans. • Half of all the people who worked on the farmers groups' Resilient Action Plans were women. Flood Response (ECHO)[81] • Community-led interventions have made community members feel more resilient and protected from future flooding. • The flood impact and community-led response have changed attitudes around flood risk and a sense of responsibility for the future. • The community felt a strong sense of collective action, ownership and pride around the projects they managed and implemented.

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[80] Haforsa Project, 2016 to 2019 in Ermera, funded by Ministry of Foreign Affairs Japan, results from final evaluation 2019
[81] ECHO Project, 6 months 2021, Dili, funded by ECHO. Results from final evaluation

CARE 2030 indicators

Further information available on CARE Shares

Impact Area	Indicator number	Indicator description
Gender Equality – Women's Voice and Leadership	1	% of women and girls who report confidence in their own negotiation and communication skills.
Gender Equality – Other Gender	8	% of individuals reporting high self-efficacy
	9	% of individuals reporting that they could work collectively with others in the community to achieve a common goal
Social Norms Change	13	% of people supported through/by CARE who report gender equitable attitudes towards social norms (GEM Scale)
Gender Justice	14	# and % of people of all genders who have actively participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces
Market – Based Approaches	12	# and % of women who are active users of financial services (disaggregated by informal and formal services).
Women's Economic Justice	14	# and % of women who have actively participated in economic decision-making in (a) the household and/or (b) their workplace/community (RELATIONS)
Climate Justice	28	# and % of people of all genders that have used their increased capacities for resilience and adaptation to the effects of climate change [linked to SDG indicator 13.1].
	28.1	Climate-resilient livelihoods: # and % of people of all genders that have applied at least 3 practices to protect their livelihoods from negative impacts of climate related shocks and stresses.
	28.2	# and % of people of all genders that have applied climate knowledge and information services to inform their adaptation strategies.
	28.3	# and % of people of all genders that have used formal and informal financial services in ways that actively support climate resilience.
	28.6	# and % of people of all genders who have actively participated in formal and informal climate-relevant decision-making spaces.
	28.7	# and % of people of all genders who have actively participated in climate-relevant decision-making at household level.
	29	# of formal and informal groups, organizations and/or movements that have influenced formal and informal climate-relevant decision-making by channelling or amplifying the priorities of the poorest and most marginalized people vulnerable to climate change.
Humanitarian Action	19	# and % people satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian

		assistance and/or protection services provided by CARE and partners.
Social movements, systems strengthening and social accountability, social norms	16	# and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE
	17	# of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets responsive to the rights, needs and demands of people of all genders.
All	18	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill [SDG indicator 4.4.1].

CARE International in Timor-Leste's Thematic Priority Area 3:

Women's Voice

Needs analysis

Since independence in 2012, gender equality has been an important national development goal. Timor-Leste has made substantial progress in advancing women's rights, including laws against gender-based violence[82], quotas for female participation in elections and social protection schemes[83]. The country has diverse traditional gender norms, which are more restrictive towards women's participation and roles among patrilineal groups, compared to matrilineal communities.

Gender-Based- Violence is widespread in Timor-Leste, linked to traditional gender norms, intergenerational experiences of violence[84], and bride-price disputes[85.] Gender-Based-Violence is a root cause of women's limited participation in decision-making and the economy.

Timor-Leste ranks 124 out of 149 countries in the Gender Gap Report of the World Economic Forum[86.], the lowest spot in East Asia and the Pacific region. A significant gender gap remains on its Economic Participation and Opportunity subindex[87].

Women's Leadership and decision making

- Timor-Leste has one of the highest proportions of women parliamentarians in the world and the highest in Asia and the Pacific. Women hold a 38% share of the 65 parliamentary seats[88]. This has been supported by electoral laws requiring at least one in three people on a party list to be female.
- However, women remain unrepresented at the local level. Less than five percent (4.75%) of the village chiefs across Timor-Leste are female[89] [90].
- Women also remain underrepresented in decision-making forums at a community level. While women attend public meetings organised by the village Chief, the 13 church, and traditional life and death ceremonies, their participation is generally limited to domestic tasks and women are not involved in decision-making[52].
- When women do participate, research across five Sucos found that only 24 – 45 percent of women felt confident to participate in public planning processes and only 10 – 29 percent of women felt that they had been listened to[53].
- Only 18 percent of HATUTAN's female participants affirmed that they had the final say in starting a business, compared to 41 percent of the men[91.]

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[82] WHO – Timor-Leste, Gender and Health fact sheet
[83] World Bank (2015) *Policy Brief: Assessing the Bolsa da Mãe Benefit Structure: A Preliminary Analysis*
[84] The Asia Foundation (2015) *Understanding Violence Against Women and Children in Timor-Leste,* pg.138-143
[85] Rees, S., Mohsin, M., Tay, A.K., Soares, E., Zam, N., da Costa, Z., Tol, W. & Silove, W. (2017) Associations between bride price stress and intimate partner violence amongst pregnant women in Timor-Leste. *Globalization and Health,* 13:66
[86] https://www.tl.undp.org/content/timor_leste/en/home/gender-equality.html
[87] UNDP Timor-Leste: https://www.tl.undp.org/content/timor_leste/en/home/gender-equality.html
[88] UN Women (2020) 'UN Women Timor-Leste',https://asiapacific.unwomen.org/en/countries/timor-leste
[89] UNDP Timor-Leste: 21 of 442 Suco Chiefs are women
[90] https://www.tl.undp.org/content/timor_leste/en/home/gender-equality.html
[91] Consilient (2021) *Midline Evaluation HATUTAN; Pg.*155

Gender-based violence

- Domestic violence is very high within three in five women aged between 15 and 49 years having experienced physical and/or sexual intimate partner violence during their lifetimes[92].
- Almost one in two (47 percent) experiencing at one of these forms of violence by a husband or boyfriend in the previous 12 months[93].
- More than half (55 percent) of women who had experienced physical violence by a husband or partner said that their children were present on at least one occasion when violence occurred[94].
- Children of women who had experienced intimate partner violence were nearly twice as likely to have emotional and behavioural problems and more likely to report that their children had dropped out of school[95].
- In 2018, out of the total number (456) criminal cases, 290 were domestic violence cases involving women and minors[96].
- The increased vulnerability due to COVID-19 lockdowns and disaster-induced displacement contributed to an increase in Gender-Based-Violence in 2020-21. The number of reported cases of sexual abuse against children increased by 218% in 2021, compared to 2019[97].
- In Timor-Leste, women with a disability are significantly more at risk of experiencing violence, including sexual violence, as is the situation globally[85].

Focus areas, alignment with CARE 2030 and Government priorities, MEL indicators and achievements

Women's Voice		
A. Women's Leadership and decision-making		
CITL's priorities	● Working in CITL's other priority areas: education, maternal health, women's economic empowerment to promote women's leadership and decision-making. This includes activities such as SAA, community media and targeted community activities or training to strengthen women's leadership role at household and community levels, and to increase the importance of women's priorities on key decisions involving the use of resources. **Education** – Promoting leadership, decision-making, involvement in governance, reduction of gender-based violence; – Working with students, teachers, community members; – School activities, competitions, student councils, boards of management, and Parent and Teacher Associations' involvement in governance processes; and – Groups to work with: MoEYS, INGOs, LNGOs, Schools, Donors.	

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[92] The Asia Foundation (2016) "Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study."

[93] Ibid

[94] The Asia Foundation (2016) "Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study.

[95] Ibid

[96] UNDP Timor-Leste: https://www.tl.undp.org/content/timor_leste/en/home/gender-equality.html

[97] United Nations in Timor-Leste (2021) *Socio-Economic Impact of COVID-19 in Timor-Leste, Round 2*

	Maternal health
	– Promoting leadership, decision-making, involvement in governance, reduction of gender-based violence; – Working with mother's groups, male spouses, families, community leaders, community mobilisers service providers, PNDS process; – Accountability process, health services, nutrition work; and – Groups to work with: MoH, INGOs, LNGOs. **Women's Economic Empowerment** – Promoting leadership, decision-making, involvement in governance, reduction of GBV; – Working with farmers groups, saver groups, families, leaders, MAF extension, PNDS process; and – Trainings, meetings, brokering linkages with service providers, etc.; Groups to work with: MAF, donors, INGOs, LNGOs.
B. Women in local level governance	
CITL's priorities	• CITL will support effective participation of women and representation of women's interests in governance processes at suco, municipality and national levels (as per GoTL policy), and build evidence on and advocate for wider adoption of effective approaches. These include: – Supporting socialization and implementation of national level laws that mandate women's role on suco councils at local level, through provision of technical support to local councils, such as gender specific facilitation in governance, training of women leaders; – Linking gender equity in governance to other priority areas: education, maternal health, women's economic empowerment, and engaging with GoTL and service providers to ensure women's voice is heard in the development and delivery of key services, including those relating to GBV; – Developing effective methods, such as through community media and gender champions, of engaging with male leaders and community members to promote their support for women's role in local level governance; – Active engagement in different advocacy networks at municipal and national levels (eg: engagement, networking and advocacy to promote women in governance processes such as 2023 Local leader elections); and – Support efforts to promote gender equality under the local power and decentralization law.
C. Supporting key gender equality policies and laws	
CITL's priorities	CITL will work with the Secretary of State for the Support and Socio-Economical Promotion of Women (Sekretaria Estadu ba Igualdade no Inkluzaun (SEII) (Secretary State for Equality and Inclusion) at the post administrative level, building capacity to support implementation, oversight and monitoring of key GoTL policies and strategies to increase gender equality and quality of services and to advocate for further improvements. A focus will be on supporting SEII to strengthen women's engagement at local levels, identifying and documenting effective approaches and potentially advocating for partners to take to scale.

	CITL will also engage with other local service providers including health, education, police suco councils, and others, to ensure SEII can work effectively. CITL may work with other partners to find ways to provide technical support, to gather evidence, or to advocate in this area. CITL would advocate among other CSOs and NGOs to encourage them to bring SEII more into their work also.
D. Gender Based Violence	
CITL's priorities	This area will not be dealt with separately but rather will be cross-cut through sub-elements A-C and throughout the other three priority themes.
Alignment with CARE 2030 Vision and Mission	Sustainable Development Goal 4 & 5. CARE's priority: Gender Equality We cannot eradicate poverty and achieve social justice while gender inequality persists. Discrimination against women has wider reaching negative implications including on global security and development, as well as economic performance, health, governance and stability. CARE's 2030 Goal: 50 million women and girls experience greater gender equality, with a specific focus on eliminating GBV, and increasing women and girls' voice, leadership and education.
Government of Timor-Leste priorities	In its Constitution, Timor-Leste provides that men and women must be treated equally in all aspects of life, and it pledges to continue prioritizing actions to end gender discrimination and stop gender-based violence[98]. National legislation in Timor-Leste reflects principles of gender equality in line with international commitments. Timor-Leste's Strategic Development Plan (SDP) 2011 – 2030 includes a gender equality goal - 'Our vision is that in 2030 Timor-Leste will be a gender-fair society where human dignity and women's rights are valued, protected and promoted by our laws and culture'. In line with the Government of Timor-Leste's commitment under the Constitution, Timor-Leste's National Education Strategic Plan (2011-203) established three key priorities, of which one is achieving gender parity by 2015 (including by increasing the number or female teachers and administers). In 2011, the Ministry of Education implemented a zero-tolerance policy towards sexual violence, corporal punishment, and other forms of violence in schools[99]. Timor-Leste has several laws and policies enacted to penalize gender-based violence and violence against children and encourage reporting by survivors, including a law against domestic violence[100], a child and family welfare system to protect children, and a National Commission on the Rights of the Child[101].

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[98] http://timor-leste.gov.tl/wp-content/uploads/2010/03/Constitution_RDTL_ENG.pdf
[99] ADB, Government of Timor-Leste, and UN Women, Timor-Leste Country Gender Assessment.
[100] ADB, Government of Timor-Leste, and UN Women, Timor-Leste Country Gender Assessment
[101] Nguyen, Darcy, and Kelly, "CARE Rapid Gender Analysis."

	In February 2017, the Government approved the second National Action Plan on Gender-Based Violence (2017-2021)[102]. The Plan aims at reducing and ultimately eradicating gender-based violence through a multi-sectoral coordinated approach. This includes four major pillars that include: prevention; provision of services for survivors; improving access to justice; and increasing coordination, monitoring and evaluation.
Achievements	Addressing Gender-Based Violence Hatutan[103] • There was a decline in the percentage of respondents who believed that a husband justified in beating his wife in any scenario. Water for Women[104] • Mid Term Review highlighted that CARE has had an instrumental role in strengthening the gender-based violence referral network. Women's Leadership and decision making Hamoris Project[105] • 65% increase in mothers' support group members making their own informed decisions on sexual relations, contraceptive use and reproductive health care. • 59% of mothers' and fathers' support group members reporting making household decisions together. • 32% of mothers' and fathers' support group members were identified by community members as effective leaders in political, economic and social forums. • A quarter of mother support group members reported holding decision-making positions within the community with local leaders reporting positive changes regarding women's participation. Water for Women[106] • At the community level, women report participating in decision-making around WASH at household and community level. The number of women supported by the project to take on WASH leadership roles at community level is progressing well.

[102] https://asiapacific.unwomen.org/en/digital-library/publications/2017/10/national-action-plan-on-gender-based-violence-2017-2021#view

[103] Hatutan Project, 2018 to 2023, funded by USDA partnering with Mercy Corps and Water Aid. Results from Mid Term Review (2021)

[104] Water for Women, 2019 to 2022, Manufahi and Liquisa, partnering with WaterAid, funded by DFAT, Water for Women Fund. Results from Mid Term Review (2020)

[105] Hamoris Project, 2017 to 2022 in Ermera and Covalima, funded under the Australian NGO Cooperation Program, DFAT. Results from Mid Term Evaluation (2021)

[106] Water for Women, 2019 to 2022, Manufahi and Liquisa, partnering with WaterAid, funded by DFAT, Water for Women Fund. Results from Mid Term Review (2020)

	• There is an increased awareness of GESI in WASH at Municipal level and reported increased participation of women and people living with a disability at community and Municipal forums.

CARE 2030 indicators

Further information available on CARE Shares

Impact Area	Indicator number	Indicator description
Gender Equality – Women's Voice and Leadership	1	% of women and girls who report confidence in their own negotiation and communication skills.
Gender Equality – Other Gender	8	% of individuals reporting high self-efficacy
	9	% of individuals reporting that they could work collectively with others in the community to achieve a common goal
Social Norms Change	13	% of people supported through/by CARE who report gender equitable attitudes towards social norms (GEM Scale)
Gender Justice	14	# and % of people of all genders who have actively participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces
Women's Economic Justice	14	# and % of women who have actively participated in economic decision-making in (a) the household and/or (b) their workplace/community (RELATIONS)
Gender Equality – Ending Gender-Based Violence	2	% of people of all genders who reject intimate partner violence.
	3	% of women and girls aged 15 years and older subjected to gender-based violence in the last 12 months by form of violence and age [SDG indicators 5.2.1 and 5.2.2]
	4	# and % women and girls who access GBV response services.
Gender Equality – Education	6	% of girls participating in girl-led advocacy to address issues affecting girls and adolescents
Social movements, systems strengthening and social accountability, social norms	16	# and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE
	17	# of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets responsive to the rights, needs and demands of people of all genders.
All	18	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill [SDG indicator 4.4.1].

CARE International in Timor-Leste's Thematic Priority Area 4:

Education

Needs analysis

Education

The Timor-Leste Government has made a strong commitment to education, pushing for universal enrolment in basic education and committing around ten percent of the annual national budget to expenditure related to education[107]. Government expenditure on education has included investments in infrastructure, including new schools; teacher training; curriculum design; and operational decentralisation, in order to improve support for remote and rural areas.

Access to education

Timor-Leste has made major strides in increasing access to education since 1999, but progress has stalled during the last seven years, with limited access to education. Extreme poverty, illness, child labour, poor learning outcomes, and gender-based violence and discrimination pose major barriers to retention and completion of primary education[108].

- The Gross Enrolment Rate for grades 1 to 4 reached 107 percent in 2020 (109 percent female) but with a much lower Net Enrolment Rate of 82 percent (86 percent girls), reflecting a pattern of late enrolment and dropout[109].
- The pre-school Gross Enrolment Rate remains extremely low (27 percent)[110].
- The proportion of out-of-school children aged 6 to 11 has increased from 11 percent in 2015[111] to 12 percent in 2020[112] (15 percent boys, 5 percent girls).
- The education systems faces high dropout and low transition rates; of the student originally enrolled in grade 1, only 73 percent (75 percent girls) remain in school and transition into grade 7[113]. Dropout rates in grades 1-4 reached four to six percent per grade in 2020[114].
- Official data is not collected by the Government's Education Management Information System, however CARE's Hatutan data shows high absenteeism rates in grades one to three. Students absenteeism increased during the COVID-19 pandemic, with an average attendance rate of 63 percent in grade one (64 percent girls); the main reasons for absenteeism include illness, natural disasters and not wanting to go to school[115].

Literacy outcomes

Literacy outcomes remain low across Timor-Leste, with a large proportion of Timorese students not acquiring foundational literacy skills in the early grades. Low literacy outcomes are linked to limited teacher capacity, learning in a second language, and limited exposure to reading[116]. Additionally, literacy results are affected by

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[107] World Bank, Timor-Leste Basic Education Strengthening and Transformation (Washington, D.C.: World Bank, 2020).

[108] Creative Associates International (2014) *Timor-Leste Situational Analysis*

[109] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2020 datasets

[110] Ibid

[111] Ministério da Educação, Juventude e Desporto, *Education Databook 2015*

[112] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2020 datasets

[113] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2019 datasets

[114] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2020 datasets

[115] Consilient (2021) *Midline Evaluation HATUTAN*,

[116] World Bank (2011) *The Timor-Leste 2011 EGRA: Tetum Pilot Results*

student attendance, student attentiveness, previous exposure to preschool, students' working memory, caregiver education level, student dietary diversity, having a toilet at home[117], and parents reading to children at home[118].

- In 2017, of graduated year one students, 74 percent scored zero in reading comprehension in an Early Grade Reading Assessment study conducted by the Ministry of Education, Youth and Sports[119].
- Poor literacy skills contribute to high repetition rates, reaching 18 percent in grade one and 11 percent in grade two[120]. Students with a history of repetition are more likely to drop out of school[121].
- Teach absenteeism is a further barrier, CARE's Hatutan mid-term review found 13 percent of teachers to be absent on the day of the survey, due to natural disasters, poor roads, provision of teacher training during school hours, and limited enforcement of regulations by supervisors and inspectors[122].
- Students' literacy outcomes further declined after COVID-19 school closures in 2020 and 2021, with the AMLA programs' research highlighting the proportion of students with low scores on a literacy test had increased from eight percent in March 2019 to 13 percent in October 2020[123].

Teacher training

- Overall, 78% of the teachers (70% of female teachers) in Timor-Leste have a college or university degree, however there are variations depending on municipality[124].
- In 2011, up to 75 percent of the teaching workforce[14] was under or unqualified1[5] and as of 2022, over 40 percent of teachers remained unqualified.
- In Hatutan's rural schools, 33 percent of the female teachers and 45 percent of the male teachers have a teaching degree[125].

Education and gender

Contrasting with other gender statistics in Timor-Leste, girls are currently outperforming boys in education, however, gains in education may not translate into long-term change in female participation in society without significant shifts in gender norms. Traditional gender norms are also negatively affecting boys' education.

- Girls have higher enrolment rates (109 percent Gross Enrolment Rate compared to 105 percent for boys)[126].
- Girls have higher transition rates into pre-secondary (75 percent; 71 percent for boys) and secondary school (67 percent; 63%percent boys)[127].
- Girls outperform boys in literacy assessments[128].
- HATUTAN found that 14 percent of the girls, compared to 11 percent of the boys, were afraid of going to school; 15 percent of the caregivers felt that they could not report the abuse of a child at school.

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[117] Consilient (2021) *Midline Evaluation HATUTAN*

[118] Consilient (2021) *Midline Evaluation: Lafaek Learning Media Project in Timor-Leste*,

[119] Ministry of Education, Youth and Sports (2018) *Analysis of the Education Sector in Timor-Leste*

[120] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2020 datasets

[121] Creative Associates International (2014) *Timor-Leste Situational Analysis*,

[122] Consilient (2021) *Midline Evaluation HATUTAN*

[123] Partnership for Human Development (2020) *ALMA Program-Based Inquiry Round*

[124] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2020 datasets

[125] Consilient (2021) *Midline Evaluation HATUTAN; Pg.* 67

[126] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2020 datasets

[127] Ministério da Educação, Juventude e Desporto, Education Management Information System, 2019 datasets

[128] World Bank (2011) *The Timor-Leste 2011 EGRA: Tetum Pilot Results*, pg.11

- Only 69 percent of the schools had toilets for girls only, increasing girls' vulnerability to Gender-Based-Violence[129].
- HATUTAN's data show that boys are more likely to engage in child labour in agriculture (38 percent; 25 percent girls)[130,] resulting in absenteeism and lower literacy outcomes.
- Boys are more likely than girls to drop out due to poor academic performance, while dropout girls reported feeling unsafe at school, facing harassment and bullying by boys, and lacking support from teachers[131].

School facilities

- Nationwide, only 69 percent of primary schools have basic water service, with 28 percent having no water access[132] and just 40 percent of schools across the country have water everyday[133].
- Only 37 percent of primary schools have basic sanitation service, with 34 percent with no service and 29 percent with limited service[134].
- Access and attitudinal barriers to regular and correct handwashing with soap and water remain a barrier. Despite a heightened focus during the COVID-19 pandemic, three quarters of households and nearly a quarter of schools within the Hatutan intervention areas did not have handwashing stations with soap[135].

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[129] Consilient (2021) *Midline Evaluation HATUTAN*; Pg.96, 97, 160
[130] Consilient (2021) *Midline Evaluation HATUTAN*; Pg.148
[131] Creative Associates International (2014) *Timor-Leste Situational Analysis*, p.23-24
[132] World Health Organisation, UNICEF, Joint Monitoring Programme (JMP) 'Water Supply, Sanitation and Hygiene, Timor-Leste', 2020 https://washdata.org/data/country/TLS/schools/download
[133] UNICEF, 'Situational Analysis of Children in Timor-Leste'
[134] Ibid
[135] CARE International in Timor-Leste, *Hatutan Mid Term Review,* 2020

Focus areas, alignment with CARE 2030 and Government priorities, MEL indicators

Education
A. Access to Education
CITL's priorities	- CITL will build and promote a gendered, evidence based approach to increasing enrolment and retention of girls and boys, especially in rural areas, by addressing community and service level barriers such as school feeding programs that aim to increase participation and reduce dropout.; - Using evidence to advocate, through MoEYS, for adoption and scale up of proven retention approaches (with both girls and boys) by both communities and schools; and - Using evidence to advocate for service provision and support for retention, especially of girls, (e.g. community based pre-secondary, boarding schools, scholarships), through ACETL, suco councils, and local monitoring groups. – Collaborating with strategic partners in MoEYS's Joint Action for Education in Timor-Leste (ACETL) network to monitor and report against the annual education sector plan implementation; – As Decentralisation moves forward, work closely with the Suco Councils to ensure adequate resources are allocated to the education sector and barriers to access for both boys and girls are addressed; and – Build the capacity of local level monitoring groups to effectively monitor key aspects of the education systems (including those relating to retention); potentially establish a network and facilitate exchange of lessons learned and best practices amongst the members of the group, to support advocacy at local and higher levels.
B. Quality and Relevance of Education
CITL's priorities	CITL will work with the MoEYS, partners and communities to enhance the relevance and quality of the education, multiplying impact through piloting interventions for replication and scale up. This will be include production and promotion of gender-equitable teaching and learning materials and teaching methods and policies; support for improved infrastructure for both teachers and students; and enhancing community, school and local authority accountability on education. At **national and sub-national level**, through: – Supporting MoEYS to develop processes for measuring and improving learning outcomes; – Conducting research on and advocating for better living conditions for the teachers, with a focus on increased support for female teachers in more challenging disadvantaged locations; – Working with the MoEYS and other partners to improve facilities in schools, including appropriate hygiene and sanitation facilities for both males and females; and – Supporting MoEYS and other partners to produce and distribute learning materials of high quality and relevance that promote women's empowerment and gender equality. At **school level,** through: - Working to strengthen the capacity of teachers and school directors in lesson planning, performance management, gender-equitable classroom management and teaching methods;

	- Supporting teachers to effectively deliver the contents of the revised curriculum, including gender equality and women's empowerment components (such as through Lafaek); - Collaborating with the INFORDEPE (National Institute for Training of Teachers and Education Professionals from the Ministry of Education) and Universidade Nasionál Timór Lorosa'e (UNTL) (including CEG Centre for Gender Studies) to enhance teacher training and in-service modules, including on integration of gender equality and women's empowerment, to improve the delivery mechanisms and uptake of these materials by teachers; - Supporting MoEYS to improve processes and systems for tracking teacher attendance; - Building capacity of local monitoring structures and PTAs to monitor teacher attendance and other aspects of education quality in schools; and - Advocate at school and national levels to ensure adequate infrastructure for students with special needs across the country. At **community-level,** through**:** - Distributing high quality community media with materials for improving literacy and numeracy, targeted messaging around education and other LTP priority areas (such as the Lafaek Learning Media project[136]); - Working with schools and communities/parents to improve communication and create the demand for accountable services using the mutual accountability approach; and - Ensure that the education needs are prioritized and addressed by local leaders.
C. Women and Girls' leadership and decision-making	
CITL's priorities	CITL will promote women's leadership and decision-making across all priority areas of the Long Term Program: education, maternal health, and women's economic empowerment. Through this CITL will work to strengthen women's voice at household, community, local and national levels including in key institutions such as schools; and CITL will work to increase the value given to women's priorities in key decisions and allocations of resources. This will include working across all three domains of the women's empowerment framework: Agency: - Building leadership and decision making skills, increasing awareness and access to information and services and building confidence. Relations: - Working with power holders to promote support for women and girls' leadership and decision making; - Specifically engaging men and boys to raise awareness and support; and - Working with key groups to reduce gender based violence. Structures: - Creating an enabling environment for women and girls' to exercise and develop their new leadership and decision making skills;

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[136] Lafaek is a long term project, currently supported by NZAid implemented by CITL since 2001. It is a popular and well recognised brand, currently comprising 4 magazines: Lafaek Kiik (for students in pre-school, grades 1-2), Lafaek Prima (Grades 3-6), Lafaek ba Manorin (for teachers) and Lafaek ba Komunidade (for communities). This is a valuable enabling mechanism for raising community awareness on key thematic areas due to its ability to reach large number of the population.

	– Working with local groups, communities and schools to promote women's and girls' active participation and representation; and – Supporting opportunities for women and girls to engage in leadership and decision-making activities.
Alignment with CARE 2030 Vision and Mission	<u>Sustainable Development Goal 4 & 5.</u> <u>CARE's priority: Gender Equality</u> We cannot eradicate poverty and achieve social justice while gender inequality persists. Discrimination against women has wider reaching negative implications including on global security and development, as well as economic performance, health, governance and stability. <u>CARE's 2030 Goal:</u> 50 million women and girls experience greater gender equality, with a specific focus on eliminating GBV, and increasing women and girls' voice, leadership and education.
Government of Timor-Leste priorities	The 2002 Constitution of Timor-Leste established that the state "will do everything within its means to help education, health, and vocational training for youth" and states that "the state recognizes and guarantees the right to education for all citizens[21]. In line with this commitment, Timor-Leste's National Education Strategic Plan 2011-2030 established three key priorities for education: achieving universal completion of basic education by 2030, eliminating illiteracy (particularly among youth ages 15-24), and achieving gender parity by 2015 (including by increasing the number of female teachers and administrators). Pursuit of these priorities is guided by seven general goals: quality, equity, access, social and economic relevance, co-participation (in which families participate in education management and decision-making), social partnership, and flexibility[22].
Achievements	*Access to education* Lafaek Learning Media Project[137] • Lafaek is the main, and often only, reading material available to students and households. • In households with reading materials for their children 89% relied completely on Lafaek. • Nearly all teachers and students report using Lafaek in the classroom and 78% also read it at home. • Households are primarily using Lafaek to help their children learn generally (69%), learn to read or count (32%) or read stories (22%)

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[137] Lafaek Learning Media Project, 2019-2022. All municipalities, funded by MFAT. Results from the Mid Term Review (2021)

- Access to Lafaek is relatively equal, with slightly more girls reporting reading it and 82% of students with a disability reading it, compared with 89% of students without a disability.
- Lafaek was the most commonly used study material during COVID-19 school closures, used by 68% of survey students.
- The student magazine has a lager reach among students than any other source of media, particularly among rural students.

Hatutan Project[138]

- Preventing dropout: The program reduced dropout across grades 1-6 in intervention schools, while dropout rates increased in all grades in comparison schools.
- Overall, Hatutan reduced dropout by nearly 3% in intervention schools, while dropout increased by 1.3% in comparison schools.

Quality and relevance of education

Lafaek Learning Media Project[139]

- Overall literacy scores were strongly and positively linked to a student having read Lafaek, or being able to recall word games or stories from the magazine.
- Students who used Lafaek to study while schools were shut down showed a 5% increase in overall literacy scores compared to students who used other materials.
- Almost all teachers surveyed used the Lafaek magazine for teachers. Only 6% of 185 grade two teachers surveyed indicated that they did not use the Lafaek Teacher's magazine.
- Lafaek ranked as one of the most important tools teachers report having access to. More than half of all teachers report using the magazine to learn how to teach reading, Tetum and mathematics.

Hatutan Project[140]

- Mitigation learning losses: Hatutan interventions reduced learning losses by 52% on reading fluency and by 42% for reading comprehension.
- Improving learning environments: 65% of teachers used games or exercises at the mid line (49% baseline); compared to only 56% of comparison schools (midline) and 64% baseline.
- At midline, 47% of grade 2 classrooms were observed to have a reading corner and 63% had reading materials. At baseline, only 34% of the classrooms had a reading corner and 52% had reading materials.

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[138] Hatutan Project, 2018 to 2023, funded by USDA partnering with Mercy Corps and Water Aid. Results from Mid Term Review (2021)

[139] Lafaek Learning Media Project, 2019-2022. All municipalities, funded by MFAT. Results from the Mid Term Review (2021)

[140] Hatutan Project, 2018 to 2023, funded by USDA partnering with Mercy Corps and Water Aid. Results from Mid Term Review (2021)

	- Teachers are not only adopting improved practices, but also reducing the use of traditional practices, such as having students copy content from the board. - The proportion of classes with students copying from the board decreased by 32%, while increasing by 3% in comparison schools. - Hatutan schools have improved water, canteen and clean food storage facilities compared to comparison schools. Kitchen space has been reported to be available in 97% of Hatutan schools, compared to 81% of comparison schools. - Access to water for food preparation has increased by 18%, from 69% to 87%. *Women and girls leadership and decision making* Lafaek Learning Media Project[141] - Mid Term Review qualitative findings showed there are many instances of both men and women affirming beliefs about the equality of men and women. - There was a broad recognition that men should play an equal role in helping with household duties and chores and that women are just as capable of working outside the home and participating equally in household decisions.

[141] Lafaek Learning Media Project, 2019-2022. All municipalities, funded by MFAT. Results from the Mid Term Review (2021)

CARE 2030 indicators

Further information available on CARE Shares

Impact Area	Indicator number	Indicator description
Gender Equality – Education	6	% of girls participating in girl-led advocacy to address issues affecting girls and adolescents.
	5	% of students with improved learning outcomes
	7	# of girls and boys benefitting from the implementation of School Improvement Plans addressing gender issues.
Social movements, systems strengthening and social accountability, social norms	16	# and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE
	17	# of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets responsive to the rights, needs and demands of people of all genders.
All	18	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill [SDG indicator 4.4.1].

Annex 1: Domains of Change

Domain of Change 1: Enabling governance for service delivery – This domain focuses on improving policy and policy implementation, and gender equitable institutional accountabilities and capacities, in order to improve delivery of basic services. Based on *CARE's Governance Programming Framework[142]* it includes changes relating to *empowering citizens* through increased community capacity to demand and utilise quality and gender equitable services, enhancing the *accountability and effectiveness of service providers*, and creating *inclusive and effective spaces* for relations and negotiation between the two. It has a focus on social accountability, and on strengthening community leadership on key issues, including GBV and the promotion of male gender equality 'champions'.

Domain of Change 2: Community resilience – This domain focuses on community led changes that contribute to improved RDA community resilience to economic shocks, and to the negative impacts of climate change and natural disasters. This includes understanding and addressing *underlying causes of vulnerability*, such as cash income and livelihood opportunities, in particular for women; access to markets and agro-business services. Also *strengthening poor people's capacity to absorb and adapt to shocks,* such as strengthened community based adaptation to climate change and natural disasters; and women's participation in planning and decision making structures.

Domain of Change 3: Gender equality – This domain is seen as a multiplier of gains achieved in the other domains. Gender equality must be enhanced for women to experience fully the benefits of improved governance and service delivery and community resilience. Conversely, as evidence globally has demonstrated, empowering women and lifting them out of poverty has significant flow on benefits for their families, and therefore the wider community. Based on *CARE's   Gender Equality   and Women's Voice Strategy[143]*   it includes changes in women's **agency** and capacity, the power **relations** through which women must negotiate and the **structures** that surround and condition their choices. This domain includes an increased focus on *engaging with men and boys* to transform unequal power relations; working with partners to address *gender based violence*; promoting the voice, interests and priorities of women through governance structures, and strengthening CSO advocacy efforts at the national level.

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[142] CARE International, Towards Better Governance: A Governance Programming Framework for CARE: http://governance.care2share.wikispaces.net/GPF
[143] http://gender.careinternationalwikis.org/gewv_approach#gender_equality_and_women_s_voice_strategy