



Partnership For Human Development: Mid Term Review

Prepared for Australian Embassy
in Timor Leste

22 June 2022

Clear Horizon

Contact Details

Clear Horizon Contact	Client Contact
Erin Passmore	Dara Doldo
Principal Consultant	First Secretary - Development
Clear Horizon Consulting	Australian Embassy in Timor Leste
E: erin@clearhorizon.com.au	E: dara.doldo@dfat.gov.au

Document review and authorisation

Version	Date distributed	Issued to	Comments
1	April 22 nd 2022	Dara Doldo	
2	May 16 th 2022	Dara Doldo	Incorporating preliminary feedback from DFAT
3	June 22 nd 2022	Dara Doldo	Incorporating feedback from DFAT and PHD

Authors	Chloe Olliver, Erin Passmore and Deborah Thomas
Internal Contributors	Dave Green (Quality Assurance)
Clear Horizon Reference No.	21299

Disclaimer

This document has been produced with information supplied to Clear Horizon by the Australian Embassy in Timor Leste, Partnership for Human Development and other key stakeholders, including from program documents and key informant interviews. While we make every effort to ensure the accuracy of the information contained in this report, any judgements as to the suitability of the information for the client's purposes are the client's responsibility. Clear Horizon extends no warranties and assumes no responsibility as to the suitability of this information or for the consequences of its use.

Contents

Extended Executive Summary	1
1 Introduction.....	7
1.1 Background	7
1.2 Review Purpose	7
1.3 Review Scope	7
2 Methodology	7
2.1 Overview	7
2.2 Key Review Questions	8
2.3 Data Collection and Analysis	8
2.4 Limitations	9
3 Findings	9
3.1 KRQ1: To what extent is the update to the PHD design and program structure feasible and relevant to DFAT’s broad development strategy in Timor Leste?	9
3.2 KRQ2: To what extent are the governance arrangements fit-for-purpose?	12
3.3 KRQ3: To what extent is the PHD MEL system appropriate and likely to meet the requirements of the program?	15
3.4 KRQ4: To what extent is PHD’s approach to institutionalising services / programs and/or elements of them within GoTL realistic and sustainable?	18
3.5 KRQ5: To what extent is PHD’s approach to gender equality appropriate and likely to contribute to positive change?	24
4 Recommendations.....	28
4.1 Recommendations to strengthen PHD’s design and program structure	28
4.2 Recommendations to strengthen governance	30
4.3 Recommendations to strengthen PHD’s MEL System	31
4.4 Recommendations for PHD’s approach for transitioning activities to GoTL	32
4.5 Recommendations to strengthen PHD’s approach to gender	34
5 Annexes	36
5.1 Key review questions and sub-questions.....	36
5.2 List of documents reviewed	37
5.3 List of stakeholders interviewed.....	40

Acronyms

Acronym	Definition
ADTL	Timor-Leste Disability Association
ALMA	Professional Learning and Mentoring Program (for school leaders)
DBS	Direct Budget Support
DFAT	Department of Foreign Affairs and Trade
DNAP	Disability National Action Plan
DPO	Disabled People's Organisation
DSAT	Development Strategy Advisory Team
EOPPO	End-of-Program Outcome
GESI	Gender Equality and Social Inclusion
GfD	Governance for Development
GoTL	Government of Timor Leste
KRQ	Key Review Question
MEL	Monitoring, Evaluation and Learning
MoEYS	Ministry of Education, Youth and Sports
MSSI	Ministry of Social Solidarity and Inclusion
MSTL	Marie Stopes Timor Leste
PAF	Performance Assessment Framework
PHD	Partnership for Human Development
PRADET	Psychosocial Recovery & Development in East Timor
RHTO	National Disabled Person's Organisation

Extended Executive Summary

Background

The Australia Timor-Leste Partnership for Human Development (PHD) is a ten-year Australian Government initiative (July 2016 – May 2026) managed by Abt Associates. PHD contributes to the overarching goal that “people are healthier, better educated and more able to contribute to Timor-Leste’s development goals”.

In December 2020, an updated Investment Design Document was approved by the Aid Governance Board for an extension of the program to May 2026. In approving the Phase 2 extension of PHD the Aid Governance Board agreed that a mid-term review of PHD should be conducted, with a focus on the appropriateness of the design update.

The purpose of this review is to consider the relevance and appropriateness of the PHD Phase 2 design, consider whether the design is likely to contribute to positive change in Phase 2, and make recommendations to inform program management, learning and decision-making for the remainder of Phase 2. The review is formative and primarily forward-looking.

Summary of findings and recommendations

Key Review Question 1 – Overall relevance and feasibility of the design

The PHD Phase 2 design is relevant to Timor Leste’s development priorities and aligns closely with Government of Timor Leste (GoTL) and Australian government policies. There are mechanisms in place to ensure ongoing relevance, including governance structures for engagement with GoTL, and regular internal learning dialogues, reflection processes and political economy analysis.

PHD proved agile in pivoting to respond to the COVID-19 context and made significant contributions to key Australian and GoTL policy priorities. In the process, PHD demonstrated a high degree of relevance to the governments of Australia and Timor-Leste.

The breadth of PHD has contributed to its flexibility and agility, with multiple modalities and partnerships, and good engagement practices supported by a considerable corporate backbone able to be leveraged to meet emerging priorities. Within this flexibility there has been discipline in maintaining strategic coherence, with a steadfast commitment from DFAT and PHD to follow the path set out in the Guiding Strategy and the PHD design update. It has been useful in a fluid and dynamic context to be able to reallocate budgets across activities and sectors in response to emerging priorities and areas of work slowed or halted due to COVID-19 and other contextual factors.

However, the breadth of PHD comes at a cost, with both the DFAT and PHD teams struggling to find space to be proactive and leverage the size of the investment for influential policy engagement on crucial medium-term strategic issues. Sectors appear to be leading the way on strategy and dialogue with partners, but would benefit from stronger strategic guidance from DFAT and PHD Executive. Some strategic issues are receiving less attention than they need, reducing the likelihood that PHD will achieve the vision set out in the Phase 2 design. PHD could be doing more to support Australia’s portfolio-wide strategic objectives, including linking up with Governance for Development (GfD, and its successor program PROSIVU) and PARTISIPA on addressing the common

constraints to service delivery. The lack of an in-country operations manager has placed additional administrative load on the PHD Executive.

Recommendation 1.1: PHD should further reduce and refine its scope to proactively address important strategic issues.

A rigorous process should be undertaken to further revise and re-orient the strategic focus of PHD to ensure that Australia is best positioned to support GoTL to deliver essential services efficiently and effectively in a fiscally constrained environment (See Key Review Question (KRQ) 4 for more details). This reorientation should be conducted as soon as possible, and be informed by rigorous economic and systems analysis of relevant sectors. In particular, PHD's support to GoTL systems strengthening needs a stronger focus on addressing key constraints to service delivery, and promoting gender equality in GoTL systems and services. Re-orienting PHD's strategic focus will also assist in deciding which activities PHD should scale down or withdraw from. Possible areas for scale down and / or withdrawal include Education (given the significant new investment by the World Bank in this sector and the limited progress on reducing substitution), Nutrition (given the limited footprint) and Disability inclusion (this work could be mainstreamed).

Recommendation 1.2: Abt and PHD should increase strategic and management resources in the PHD Executive.

- Abt should provide a Strategic Advisory Team for the PHD Executive as a sounding board.
- The PHD Executive should include a Development Economist and / or Service Delivery specialist with Public Financial Management and Institutional Reform expertise and needs to include a dedicated Gender specialist.
- PHD should re-allocate administrative, operational and sector-level management responsibilities currently performed by the Executive team, to free up the Executive team to focus on strategic engagement. This may include re-allocating program management responsibilities to sector-level and cross-cutting staff, and considering re-deploying the in-country Operations Director role.

Key Review Question 2 – Governance structures

There was universal agreement that engagement with GoTL has substantially improved and is now very strong. At the technical level, there is frequent and constructive dialogue between PHD Sectors and GoTL counterparts. While formal governance mechanisms are at different stages for each sector, engagement with senior GoTL leaders is strong, and Steering Committee meetings are proving useful in developing a shared understanding of priorities and constraints.

The considerable improvement in bilateral engagement and policy dialogue has occurred in the absence of a Facility-wide formal steering committee. Policy engagement happens at the sector level, which reduces the ability of PHD, DFAT and GoTL to consider strategic priorities and relative trade-offs across investments. While sector-specific management mechanisms are working well, there is room to strengthen higher-level dialogue and coordination, in particular through forums for comprehensive bilateral discussions across the whole DFAT portfolio.

DFAT and PHD are working well together as one team at sector and executive management levels. However, there appear to be limited platforms for communication and coordination between the various Embassy staff who manage PHD, or between PHD Sectors.

Recommendation 2.1: DFAT should re-instate Annual Development Talks or similar for portfolio-wide conversations.

It will be important for the relatively new DFAT team at the executive level to continue to invest heavily in the bilateral relationship. There is a need for ongoing, DFAT-led high level bilateral talks across the portfolio such as the previous Annual Development Talks or a series of dialogues such as those with Council of Ministers on the COVID-19 Development Response Plan.

Recommendation 2.2: PHD and DFAT should continue the sector level engagement with GoTL, drawing on GoTL structures such as Council of Directors as much as possible, with formal Ministerial level Steering Committee meetings where appropriate and effective.

Sector-led policy dialogue should continue via the GoTL Council of Directors and / or Technical Working Groups to ensure robust policy engagement at the technical level. Using GoTL systems (Council of Ministers / Directors) wherever possible is encouraged.

Recommendation 2.3: DFAT and PHD should use good relationships at all levels for increased policy influence on important strategic priorities and issues.

An updated PHD policy dialogue matrix and government engagement framework informed by DFAT strategic policy engagement priorities should be developed in light of the systems strengthening focus, and with a stronger focus on gender. This will provide guidance to program personnel in their daily engagement with GoTL.

Recommendation 2.4: DFAT and PHD should put mechanisms in place to ensure that strategic decision-making for PHD is driven from the top and informed by the sectors, and to strengthen communication and coordination between executive and sector level teams within DFAT and PHD.

Key Review Question 3 – Monitoring, evaluation, and learning systems

PHD's Phase 2 Monitoring, evaluation, and learning (MEL) system is being re-oriented to measure progress on GoTL systems strengthening, but not yet finalised. A whole-of-PHD program logic and Facility PAF are in place and the PHD MEL Framework and Workplan is being finalised. Sector program logics, MEL Plans and data collection tools are still in development. The design of the MEL system appears to be appropriate, and if finalised and implemented as planned, it is likely to provide quality and timely information for reporting, learning and adaptation.

The recent transition to reporting against the Facility PAF has significantly strengthened PHD's reporting on ways of working. Developing the PAF has stimulated the systems strengthening dialogue and agenda within the PHD team and shifted ways of working.

Reporting of progress towards outcomes remains weak, an ongoing issue since Phase 1. Most reporting is at the activity or outputs level. Current reports are 150 pages long and include a lot of activity level data, with too big a gap between output data and the outcomes story. However, under Phase 2 there has been a significant upgrade in indicators, which are now more outcome focused.

There is a coherent, strategic narrative about PHD from 2019 onwards, when PHD adopted the Guiding Strategy. The performance story for 2016 to 2019 is slightly more challenging due to PHD's broad scope and lack of strategic coherence during this period. This can be addressed in part through clear narrative on the timing and rationale for PHD's strategic pivots. Early grants were not evaluated, and it is probably too late now to fill the gap in outcomes level evidence and data. There

has been some push to change grant proposal and reporting templates to address this, but this also requires activity managers to change the way they engage with and manage partners.

PHD's resourcing of MEL is adequate, with a cross-cutting MEL team, MEL staff in each sector, and 7% of PHD's Phase 2 budget allocated to MEL. However, the Social Protection sector likely requires additional resourcing to support MEL of Jerasaun Foun.

Gender outcomes and indicators need to be captured and measured via PHD and sector MEL plans and tools. Gender lacks visibility in draft MEL plans, reflecting the broader lack of clarity on what PHD is aiming to achieve on gender equality.

Recommendation 3.1: PHD should finalise the PHD MEL Framework and workplan, including at the Sector level.

Recommendation 3.2: PHD should identify gaps in the evidence base for the end-of-program outcomes narrative, and develop a workplan for filling these gaps.

Recommendation 3.3: PHD should re-orient progress reporting to be more concise and outcomes focused.

Recommendation 3.4: PHD should establish a reporting process for telling the long-term performance story of PHD across Phase 1 and 2.

Key Review Question 4 – Approach to transitioning programs to GoTL

PHD has significantly re-oriented its work program to focus on strengthening government systems to deliver essential services, including the transition of services currently delivered by PHD and partners to GoTL management. Sector designs, workplans and strategies, together with the revised MEL framework, set PHD on a path of transitioning and institutionalisation. While this pivot is noteworthy, there remains too much focus on how PHD programs can be 'transitioned' or 'institutionalised' in GoTL – rather than how PHD can position itself to support the most crucial parts of the service delivery system in a constrained fiscal future.

PHD must continue to shift to supporting effective and efficient delivery of an adequate level of basic services in a context of declining GoTL funds, and likely increased use of Australian and other donor funds to plug budget holes. This – not transition and/or institutionalisation of PHD programs – should frame the strategic focus of PHD, its areas of investment, and its approach to systems strengthening at the whole-of-program and sector level.

There is a need to ensure PHD staff have the right skills to support institutionalisation. While PHD staff have strong sector-specific technical skills, Phase 2's focus on institutionalisation and systems strengthening will require additional organisational development skills such as capacity-building, public financial management, and human resource management.

Recommendation 4.1: DFAT should develop a medium-term strategy regarding the constrained fiscal environment in Timor Leste. PHD and other investments should then orient their work to align with this strategy, to ensure they are best positioned to support essential GoTL systems and services.

DFAT should articulate their medium-term strategy in relation to the constrained fiscal environment in Timor Leste, including priority sectors and sub-sectors for Australian support (for example, sexual and reproductive health, social protection, and economic stimulus via PNDS) and modalities such as general budget support, direct budget support, and loans. The strategy and decisions need to be

DFAT-led and at the whole-of-portfolio level. It should include a key focus on engagement with the Office of the Prime Minister and Ministry of Finance. A revised policy matrix and partner government engagement framework should be developed as part of the strategic plan. Australian investments including PHD, PARTISIPA and PROSIVU should continue to pivot in line with this DFAT strategy.

Recommendation 4.2: PHD should engage an independent Strategic Advisory Team to assist PHD to assess which activities will continue to be transitioned in light of DFAT’s strategy.

Recommendation 4.3: PHD should reframe the narrative from “institutionalisation” and “transition” to systems strengthening around essential service delivery priorities and modalities set out in the DFAT strategy.

Implementation of the DFAT strategy should be led within PHD at the Executive (not sector) level, and could be supported by the portfolio-level DSAT, the PHD Transition Adviser or by a new PHD-specific Strategic Advisory Team. It should be informed by evidence-based assessments of the ongoing cost of the current level of servicing, and the potential for cheaper options. It must be framed by support to GoTL delivery of an adequate level of essential basic services. Difficult decisions will need to be made regarding activities that GoTL is unlikely to be able to afford or adopt. This process would allow for the identification of activities (and possibly sectors) that PHD can withdraw from or significantly reduce its investment.

Recommendation 4.4: PHD should adopt a more coherent and staged approach to transitioning *select* activities to GoTL, informed by a PHD-wide institutionalisation strategy that is then translated into sector-level transition plans.

Recommendation 4.5: PHD should re-assess the level of ambition and pace for transition and systems strengthening.

Key Review Question 5 – Approach to gender equality

This was the weakest of the five review areas. PHD’s progress on gender is hindered by the lack of an overarching gender strategy that is fit for purpose (the original PHD Gender Strategy 2017 was revised in 2018 and 2019 and the latter version is awaiting DFAT approval), lack of sector gender plans and by limited resourcing. The PHD Gender Strategy needs updating to reflect PHD’s strategic shift. There is limited gender narrative in key documents such as the Phase 2 Design Update, the new health sector investment design document, Sector Workplans, PHD MEL Framework and progress reports. PHD’s budget allocations for gender are low. In addition, while PHD is making efforts to recruit more gender expertise, key positions remain vacant, meaning that Sector Leads cannot access the specialist support they need to effectively mainstream gender.

PHD’s limited progress on gender is in stark contrast to their strong disability programming. PHD has successfully driven a transformative disability agenda through both mainstreaming and disability-specific programming. There is a strong disability narrative in progress reporting, and there have been multiple disability inclusion evaluations, plans, reports and context analysis. PHD’s budget allocation to disability remains double the amount allocated to gender. The PHD team, at all levels, now needs to understand and prosecute a gender transformative agenda across the program, as they have done for disability. As PHD continues to transition services to GoTL and pivot towards systems strengthening, supporting gender equality in GoTL policy, programming and systems will be increasingly important.

Recommendation 5.1: As an urgent priority, PHD should develop a clear Gender Strategy. Ideally, this would be guided by a DFAT portfolio-wide Gender Strategy and Action Plan.

Recommendation 5.2: PHD should increase their gender resourcing at all levels.

Recommendation 5.3: PHD should ensure the MEL Framework, workplan and reporting include dedicated sections on progress against gender priorities.

Recommendation 5.4: PHD should progress its plan to leverage and fund women's organisations and partners to support gender mainstreaming into systems strengthening and gender transformative approaches.

1 Introduction

Background

The Australia Timor-Leste Partnership for Human Development (PHD) is a ten-year Australian Government initiative (July 2016 – May 2026) managed by Abt Associates (Abt). PHD contributes to the overarching goal that “people are healthier, better educated and more able to contribute to Timor-Leste’s development goals”.

In December 2020, an updated Investment Design Document was approved by the Aid Governance Board for an extension of the program to May 2026. In approving the Phase 2 extension of PHD the Aid Governance Board agreed that a mid-term review of PHD should be conducted, with a focus on the appropriateness of the design update.

In response to this recommendation, the Australian Embassy in Timor-Leste (DFAT) has commissioned a mid-term review of PHD to consider the relevance and appropriateness of the Phase 2 approach and generate recommendations to strengthen the program.

Review Purpose

The Mid Term Review is formative and primarily forward-looking. The purpose of the review is to consider the relevance and appropriateness of the PHD Phase 2 design, consider whether the design is likely to contribute to positive change in Phase 2, and make recommendations to inform program management, learning and decision-making for the remainder of Phase 2. By being publicly available, the review also contributes to the transparency and accountability of the Australian aid program.

Review Scope

The Australian Embassy in Timor-Leste requested the Mid Term Review focus on five key areas of the Phase 2 design: the overall relevance and feasibility of the design; governance structures; monitoring evaluation and learning (MEL) systems; the approach to transitioning programs to the Government of Timor Leste (GoTL); and the approach to gender equality.

DFAT, in an inception meeting in early January 2022, advised that the following areas were beyond the scope of the Review: consideration of achievements and challenges of Phase 1 of PHD; consideration of the relevance and appropriateness of the facility model; and detailed consideration of functional / operational aspects of PHD.

2 Methodology

Overview

Due to COVID-19 related travel restrictions and containment measures, the review was conducted remotely from Australia. The review team comprised of a Team Leader (Chloe Olliver), MEL Specialist (Erin Passmore) and Gender Equality and Social Inclusion (GESI) Specialist (Deborah Thomas).

Key Review Questions

The Key Review Questions (KRQs) are listed below. More detailed sub-questions within each KRQ are provided in Annex 5.1, and are used as sub-headings for presenting the findings.

- KRQ1: To what extent is the update to the PHD design and program structure feasible and relevant to DFAT's broad development strategy in Timor Leste?
- KRQ2: To what extent are the governance arrangements fit-for-purpose?
- KRQ3: To what extent is the PHD MEL system appropriate and likely to meet the requirements of the program?
- KRQ4: To what extent is PHD's approach to institutionalising services/programs and/or elements of them within GoTL realistic and sustainable?
- KRQ5: To what extent is PHD's approach to gender equality appropriate and likely to contribute to positive change?

In addition to KRQ5's specific focus on gender, gender equality and social inclusion were integrated through all KRQs.

Data Collection and Analysis

The review used a mixed-methods approach and drew on multiple data sources, including:

Document review: The review team reviewed program documents provided by PHD and DFAT, including design documents, progress reports, previous reviews and evaluations, and strategies (see Annex 5.2). The document review provided initial evidence for each KRQ and was used to guide the development of the other data collection tools.

Key informant interviews: Thirty-three key stakeholders were interviewed, including two stakeholders who were interviewed twice as they hold multiple roles relevant to the review. Two additional stakeholders provided written responses to the KRQs and Aide Memoire. Interviews were conducted from February 28 to March 9, 2022. Interviewees were purposively selected, and included representatives from DFAT, PHD, GoTL, disabled people's organisations, and other DFAT-funded investments in Timor Leste (see Annex 5.3).

Interviews were supported by an interpreter when required. Interviewees provided informed consent to being interviewed, and quotes and data have been de-identified. The interview approach followed the Australasian Evaluation Society Code of Ethics. During the interview period, the review team had regular internal reflection sessions to identify emerging themes.

Synthesis of evidence for each KRQ. Evidence from the interviews and document review, and the review team's observations and interpretation, were captured in an 'evidence matrix' mapping evidence, findings and recommendations against each KRQ. Triangulation was used to cross-check findings that emerged from different data sources, and by addressing the same topics with different respondents across key informant interviews.

Preliminary findings. Preliminary Findings were presented to DFAT on March 10, PHD on March 18. An Aide Memoire summarising preliminary findings was submitted to DFAT on March 21. This

report incorporates feedback from the preliminary findings sessions, as well as additional feedback provided by DFAT and PHD on earlier drafts of the report. The preliminary findings or draft report have not yet been shared with GoTL.

Limitations

The review was conducted remotely due to COVID-19 social distancing measures, with interviews conducted by video call (when possible due to limited internet bandwidth) or voice call. PHD provided technical support to GoTL and disabled people's organisations when required. While this approach was successful (e.g. no interviews needed to be cancelled or shortened due to internet drop-outs), the interview data may lack the nuance of information that can be gathered through face-to-face discussions (e.g. body language).

3 Findings

KRQ1: To what extent is the update to the PHD design and program structure feasible and relevant to DFAT's broad development strategy in Timor Leste?

To what extent is the program logic of the IDD valid and feasible given the level of resources and timeframe of the program?

The PHD Phase 2 design is highly relevant to development priorities in Timor-Leste. The provision of quality basic services and social protection is crucial for Timor Leste to achieve human development outcomes, but is constrained by weak systems, under-investment and limited human resource capacity in the public sector. PHD's focus on supporting GoTL to deliver higher quality and inclusive services in primary health care, basic education, and social protection is therefore highly relevant.

The Phase 2 design aligns closely with GoTL and GoA policy priorities, including the Health Security and Stability action areas of DFAT's Partnerships for Recovery strategy and the Timor-Leste COVID-19 Development Response Plan. PHD aligns with GoTL efforts to achieve the Sustainable Development Goals and Strategic Development Plan, and with sector-level plans and priorities in health, education and social protection.

There are mechanisms in place to ensure PHD's ongoing relevance. Context and political economy analysis sessions in PHD Learning Dialogues appear to be a useful mechanism for considering how contextual changes have impacted PHD's work and relevance. PHD's governance structures provide regular opportunities to reflect on PHD's relevance to the DFAT portfolio and GoTL priorities (more details under KRQ3).

While the Phase 2 design is highly relevant, there are several key constraints that threaten its feasibility. The PHD Executive and DFAT management team have limited resources and competing demands, leaving limited time for thinking strategically about PHD. Within the Embassy, the PHD management team is small, and there appears to be limited mechanisms for collaboration across the four PHD Activity Managers, leaving limited opportunities for cross-program strategic decision-making. These constraints also result in delays in providing feedback on, and approval of, PHD's strategic documents, progress reports and workplans. For example, a 'near-final' PHD Gender Strategy has had several rounds of revision in recent years and is still awaiting DFAT review and approval. Also, DFAT Post efforts to develop an Implementing Partner compensation

framework have been delayed, resulting in PHD operating without an agreed salary scale and compensation framework.

Similarly, the PHD Executive (Team Leader, Deputy Team Leader, Operations Director and recently appointed Program Director) are over-stretched. Both the Team Leader and Deputy are responsible for day-to-day management of PHD sectors and cross-cutting work areas. They have also absorbed additional operations management responsibilities as PHD's Operations Director is not in-country. Sector Leads in PHD are managing ongoing contracts from Phase 1, while simultaneously progressing PHD's work on systems strengthening, and responding flexibly to COVID-19, floods and other emerging demands.

PHD seems under-resourced at the Executive level compared to some other Australian funded investments. For example, PARTISIPA has a budget approximately half that of PHD, but is resourced with two Deputy Team Leaders and an in-country international Operations Director.

As a result, **some cross-cutting and strategic issues core to the Phase 2 design are receiving less attention than they need**, reducing the likelihood that PHD will achieve the vision set out in the Phase 2 design. For example, work to identify and address common constraints impacting government service delivery has slowed or stalled. Similarly, PHD's resourcing of gender is low, and neither DFAT nor PHD have a Gender Strategy (explored further under KRQ5).

Expectations of support from the Managing Contractor should be discussed and assessed. It was noted during consultations that in Phase 1, Abt Associates provided both strategic and operational support to the program. However, in Phase 2 the program is expected to pay for Abt's strategic inputs (for example, by Graham Teskey and Anne-Marie Rerink). Almost all operational functions have been devolved in-country. While the Review team did not collect robust data on Abt Associates' head office management support and fees, this should be reviewed by DFAT and discussed with the PHD team and Abt Associates.

The PHD Executive could benefit from a Strategic Advisory Team to support strategic analysis and decision-making. The recently formed DSAT is intended to provide supplementary strategic analysis and guidance to DFAT at portfolio-level. Similarly, PHD could benefit from a PHD-specific Strategic Advisory Team, or other dedicated strategic/technical staff, to provide strategic and technical guidance on cross-cutting issues that are critical to achieving Phase 2 outcomes such as constraints to service delivery, systems strengthening, public financial management, and gender equality.

While it has significantly narrowed since Phase 1, the scope of PHD may still be too broad. To truly "do fewer things, better", PHD may need to pull back in some areas of programming. Decisions about the scope of PHD's work should be led by DFAT and the PHD Executive, with support from the DSAT (and recommended PHD Strategic Advisory Team), and targeted towards key priorities of GoTL systems strengthening in the increasingly fiscally constrained environment. The re-scoping will require careful change management and should be mindful of the impact on PHD staff, stakeholders and beneficiaries. Scaling back will require all stakeholders to accept narrower sectoral boundaries on PHD's flexibility.

The review team make the following suggestions for consideration:

- **There may be scope to pull back in areas where other donors are increasing investment.** For example, in Education the World Bank Basic Education Strengthening and Transformation

Project is an US\$23.5m investment in school infrastructure and basic education, with considerable overlap with PHD's Education sector. In Nutrition, UNICEF has recently funded two staff members in the Nutrition Secretariat in the Prime Minister's Office (adding to PHD's one Nutrition Adviser in the Prime Minister's Office), and the World Bank has committed to providing technical assistance for progressing the Consolidated National Action Plan on Nutrition and Food Security.

- **There may be a need to reassess investment in work areas that are unlikely to be institutionalised within GoTL.** For example, in Education, while PHD's school leader mentoring program (ALMA) was adopted as a GoTL program in 2019, PHD remains responsible for the majority of funding and day-to-day management, and GoTL has demonstrated limited progress in taking up funding and management of ALMA. In Health, the transition of the Liga Inan program is proving extremely challenging due to its complex and expensive technical requirements, leading to concerns about the feasibility of transition.
- **Consider reducing the number of cross-cutting issues that PHD seeks to address.** PHD could consider mainstreaming its nutrition work or withdrawing entirely. PHD's nutrition-specific work has had a small scope of work to date, limited synergies generated with other sectors, and other donor investment in this space. In addition, PHD's main area of support – development of the Consolidated National Action Plan - Nutrition and Food Security – is struggling to gain traction with line ministries. There is also scope to reduce PHD's support to disability, while retaining a focus on disability mainstreaming across PHD sectors (explored more in KRQ5).

To what extent is PHD able to respond to evidence and flexibly manage programs accordingly?

Noteworthy has been the considerable number of reviews and evaluations undertaken across PHD, and the extent to which PHD has adapted in response to recommendations from these pieces of work, as well as the Design Update and Guiding Strategy.

PHD's COVID-19 response demonstrated a high level of flexibility and responsiveness. PHD pivoted substantially in response to COVID-19 and contributed to significant achievements against the Partnerships for Recovery policy and COVID-19 Development Response Plan. PHD's COVID-19 support, as well as other emergency and ad hoc support (e.g. dengue outbreak and flooding events) are highly valued by all stakeholders and has greatly strengthened bilateral relationships. This has generated strong and trusting bilateral relationships, which has opened up other opportunities to work more closely, for example, on the Health sector design and accelerating social protection reforms. This enhanced political capital presents significant opportunities for DFAT and PHD's ongoing partnership with GoTL.

However, PHD's emergency response work has slowed progress on implementing the Phase 2 design. The COVID-19 response work was added to PHD's already large portfolio with limited or no change in staffing. COVID-19 has also impacted the availability of international staff in-country. PHD international staff were demobilised in March 2020, and several continue to work remotely. COVID-19 travel restrictions have made it more difficult to attract new international staff to work in-country. While this has clearly reduced PHD's capacity to implement the Phase 2 design, it was not clear to the review team that steps have been taken to revise the level of ambition for Phase 2 to reflect these delays.

To what extent does the design provide license for PHD to experiment with new approaches and flexibility?

The facility model provides a high degree of flexibility. PHD comprises three sectors, and utilises a range of delivery modalities. This provides flexibility to reallocate funds and leverage different modalities to respond to emerging priorities. PHD's unallocated funds (16.7% of Phase 2 budget) also allows flexibility to respond to new opportunities and GoTL requests within the broad sectoral scope of the program.

PHD's sectors are supported by a large Operations team, which DFAT leverages for other purposes. PHD's Operations team provides human resource management, finance and contracting and information communication technology services, as well as maintaining a vehicle fleet and drivers. DFAT has leveraged these resources to support internal DFAT functions, for example, to manage COVID-19 response funds, and to contract the DSAT and Embassy MEL Adviser. This type of support is highly valued by DFAT. This also represents significant value for money, with PHD demonstrating a year-on-year trend towards increasing activity expenditure and progressively decreasing operations and personnel expenditure. For example, in FY2019/20 PHD were able to absorb an additional AUD6.4m COVID-19 funding without increased personnel or operational expenditure.

While the design provides license to experiment, PHD's ambitious work program and responsiveness leave little room to experiment. As noted above, PHD is broad in scope and highly responsive to DFAT and GoTL demands. Teams are still managing direct implementation of some activities (including a team of around 50 staff and contractors in the Education sector), a significant scale up in Social Protection, and transiting to system strengthening, as well as responsive activities. This leaves limited scope for PHD to also experiment with new approaches. That said, innovation manifests in various ways when working in government systems, and the Jerasaun Foun activity is demonstrating that PHD can be agile and innovative within partner systems when there is high-level political support in GoTL.

KRQ2: To what extent are the governance arrangements fit-for-purpose?

To what extent are the PHD governance structures fit for purpose for engaging GoTL, and likely to enhance the Australia-Timor-Leste partnership at all levels?

There was universal agreement that engagement with GoTL has substantially improved through PHD and is now very strong. During consultations, GoTL interviewees spoke very positively of their relationships with PHD and DFAT, describing positive, productive, and mutually respectful relationships at both technical and senior policy levels. Several interviewees credited stronger Ministerial engagement with the efforts of the former DFAT Counsellor and Head of Mission, who invested significant effort in establishing strong personal relationships with Ministers. Others credit the pivot to working on jointly agreed priorities, alignment with GoTL strategies and plans, and the systems strengthening approach.

There are definite and tangible improvements in the bilateral relationship as a result of the quality of PHD's engagement with GoTL. Strong relationships with Directors General and Directors have meant that difficult decisions were made together, including to phase out substitution activities and support in some sub-sectors. The main mechanism for PHD's engagement with GoTL is through regular technical level discussions between PHD sectors and GoTL counterparts. These are complemented by formal governance mechanisms: Six Monthly Program Management Team

meetings (Director General/Counsellor level), and six-monthly sector Steering Committees (Minister/Ambassador level). The lack of Subsidiary Agreements does not appear to have had any negative consequences.

At the technical level, GoTL and PHD stakeholders reported having frequent and constructive dialogue. Interviewees described the Program Management Team meetings as a vehicle for co-developing discussion points and recommendations with technical counterparts, which are then formally proposed to the Steering Committee for endorsement – a process that facilitated faster joint decision-making.

At the formal level, Steering Committee meetings are proving useful in developing a shared understanding of priorities and constraints. GoTL interviewees provided consistently positive feedback about Steering Committees. Interviewees also noted that Steering Committee meetings have improved over time, with all parties becoming more familiar with the meeting process, PHD investing considerable effort in preparing the ground for these meetings, and PHD and DFAT successfully addressing GoTL feedback regarding the governance mechanisms. However, some DFAT and PHD interviewees expressed concerns that these meetings were sometimes too focused on minor issues, too formal, and that lengthy presentations left little scope for robust policy dialogue. One PHD interviewee described Steering Committee meetings as “trying to merge two cultures”, reflecting knowledge and power imbalances and a reluctance by some GoTL stakeholders to have robust policy conversations in face-to-face meetings.

While interviewees acknowledged that the politics of upcoming election cycles will make it challenging to engage Ministers in longer-term policy and programming decisions, several interviewees felt that PHD and DFAT’s relationships with GoTL counterparts were now more resilient to political shifts. GoTL staff changeover means that PHD’s networks become wider as GoTL staff shift roles.

This good bilateral relationship now needs to be leveraged for strategic policy dialogue. Several DFAT and PHD interviewees noted that having difficult conversations with GoTL, for example, about the deteriorating fiscal environment, GoTL budget allocations, and managing expectations of future DFAT funding, remain a challenge. These strategic priorities are also closely linked to PROSIVU’s work areas, emphasising the need for coordination across the DFAT portfolio. While stakeholders agreed these strategic policy conversations with GoTL should be led by DFAT, these need to be informed by and mirrored in technical level dialogue and decision-making between PHD and GoTL technical counterparts.

There is a need for a forum for DFAT whole-of-portfolio bilateral policy engagement. While there is no whole-of-PHD Steering Committee, most stakeholders felt this was not required given that both PHD and other investments (e.g., GfD, PARTISIPA) have had considerable improvement in bilateral engagement and policy dialogue in the absence of formal Steering Committee meetings above sector level. However, many stakeholders identified a need for more bilateral discussions across the whole DFAT portfolio. This could be achieved by reinstating Annual Development Dialogues and/or holding a series of dialogues, such as those that occurred with the Council of Ministers on the COVID-19 Development Response Plan. This forum would support discussions on important cross-sectoral policy issues, provide transparency with GoTL on the scale and scope of investments, and provide an opportunity for GoTL to understand and influence DFAT’s relative focus and resource allocations across different development priorities.

There is scope to strengthen PHD’s collaboration with other Australian-funded initiatives.

The review team spoke to staff from three other investments, all of whom noted that their engagement with PHD was minimal or limited and that they had limited understanding of PHD’s Phase 2 strategic direction or how this might intersect with their own programming. This is resulting in missed opportunities for cross-program collaboration and learning, for example for PHD to share their expertise in disability inclusion with other investments; for PHD to learn from and coordinate with Nabilan on gender equality; for PHD to learn from PARTISIPA’s experience working with GoTL line ministries and at the sub-national level; and for PHD, PARTISIPA and GfD/PROSIVU to collaborate on addressing common constraints to service delivery.

PHD has strengthened donor coordination, but there is room for improvement. PHD sectors engage with other donors in various ways, with PHD’s most recent progress report (Jul-Dec 2021) noting significant advances in collaboration with other development partners such as World Bank (Health, Education, Nutrition), the UN (Scaling Up Nutrition movement) and USAID (Health). However, interviewees raised donor coordination as a challenge in the Health and Education sectors, which have complex donor landscapes and significant new donor investments commencing. There may be scope for PHD to provide GoTL more support for donor coordination where it has comparative advantage to do so. The most suitable mechanisms for this would need to be agreed between each sector and their GoTL counterparts but could include engaging other donors through the existing sector Steering Committees and providing capacity-building to GoTL to lead donor coordination mechanisms such as regular coordination meetings. DFAT could also apply pressure via its funding contributions to multi-lateral agencies to enhance coordination.

To what extent are the PHD governance structures suitable for guiding program planning, budgeting, and implementation at facility and sector level?

Sector-level governance structures between PHD and DFAT are working well, and PHD and DFAT are working as one team at sector and management levels. DFAT’s internal management structure for PHD allocates one Activity Manager to each PHD sector, with a fourth DFAT staff member acting as overall contract management – a structure interviewees felt is appropriate. Sector leads are having regular meetings and ongoing communication with their DFAT counterparts, and this is supporting strategic thinking and planning at sector level.

While sector-level governance arrangements are appropriate, there is limited engagement between executive and sectors levels for planning, coordination, and strategic thinking across PHD’s sectors and on cross-cutting outcome areas. There is currently limited communication and coordination between the Embassy staff who manage PHD. The budget process illustrates this: budgets are developed by each PHD Sector lead, and then approved by their respective Activity Managers, with limited dialogue about the merits of relative investment across sectors. This poses the risk that DFAT may be over-investing in some sectors relative to others. The lack of whole-of-program dialogue also has implications for cross-cutting areas that are not well-established or resourced, for example, common constraints to service delivery and gender.

To what extent is the allocation of resources by Abt and DFAT for program governance appropriate to the scope?

PHD and DFAT’s allocation of resources to program governance seems appropriate. PHD Sector Leads are responsible for coordinating and preparing materials for GoTL governance meetings, and briefing DFAT staff prior to meetings. While this is a significant undertaking, it seems to be worthwhile given the improvement in bilateral engagement.

KRQ3: To what extent is the PHD MEL system appropriate and likely to meet the requirements of the program?

To what extent is the MEL system designed to provide quality and timely information and processes to inform facility and program reporting, learning and adaptation?

PHD's Phase 2 MEL system is under development. The MEL system is multi-layered, with MEL at both facility and sector level. MEL at facility-level is guided by the Facility Performance Assessment Framework (PAF). A whole-of-PHD program logic has been approved as part of the Design Update. Draft sector-level program logics are yet to be finalised. The PHD MEL Plan is currently in draft. A minimum sufficient MEL Framework was included in the PHD Design Update, however PHD has since transitioned to reporting against the Facility PAF. Sector level MEL Plans have not yet been developed. A 'minimum sufficient' MEL Framework for the Health sector was included in the Health design, though gender and disability inclusion are absent. A draft progress report for July to December 2021 has been submitted to DFAT, but not yet approved. It is the first progress report against the Facility PAF. Data collection systems are in place for existing work areas but are not yet developed for new work areas.

Based on the preliminary documentation available to the review team, the broad MEL approach seems reasonable and is likely to meet information needs, except for gender equality. However this is dependent on the MEL system being established in a timely manner, and as it is described in the draft MEL Plan. A key risk to PHD's MEL approach is the availability of timely, robust outcome- and impact-level data, which often relies on access to GoTL data systems – and as noted below, PHD's progress reporting for Phase 2 to date has had insufficient reporting of progress towards outcomes.

The MEL system is likely to comply with DFAT requirements. The MEL Plan is being developed with close reference to DFAT Monitoring and Evaluation Standards and Facility PAF reporting requirements and integrates the indicators and reporting requirements of the COVID-19 Development Response Plan and Partnerships for Recovery. Similarly, PHD's most recent progress report is highly compliant with DFAT Monitoring and Evaluation Standards.

The MEL Plan proposes an appropriate range of data collection tools. While these tools have not yet been developed, the combination of tools is likely to provide robust and timely evidence of PHD's progress towards outcomes. A particular strength is the proposal for the PHD MEL team to do two rapid assessments or evaluative activities each year.

The MEL Plan includes strong mechanisms for learning and adaptation, which are already supporting whole-of-program strategic discussions. The MEL Plan identifies a range of mechanisms for learning and adaptation including monthly meetings between PHD and DFAT, regular meetings between PHD and partners, quarterly Program Management Team meetings, and Learning Dialogues. In consultations, learning dialogues were noted as a valuable mechanism for cross-program reflection, with thematic sessions on specific topics creating an important platform for whole-of-program strategic discussions. As PHD increasingly works through GoTL systems, PHD should further consider approaches for engaging GoTL in learning and reflection processes, for example by inviting GoTL counterparts to some learning dialogue sessions, or by holding separate political economy or context analysis sessions with GoTL counterparts and other stakeholders. Gender equality also needs to be on the learning dialogue agenda.

The Phase 2 MEL approach will have a stronger emphasis on working with GoTL to implement MEL. This includes PHD aligning its MEL with GoTL systems and information needs (e.g. by co-design of MEL tools), drawing on GoTL data where relevant, and supporting GoTL to strengthen its MEL systems. Strengthening GoTL MEL systems is in line with PHD's broader focus on strengthening government systems, but will require PHD to provide considerable support, including for this to be coordinated with other donor activities. This will require PHD to adopt a strategic approach to needs assessment, work-planning, capacity building and technical assistance, which needs to be articulated in more detail than is currently included in the draft MEL Plan.

The MEL system is being re-oriented towards measuring PHD's progress in strengthening GoTL systems and service delivery. The Phase 2 MEL Plan includes a range of indicators to track both how well GoTL systems and service delivery are functioning (e.g. numbers of beneficiaries, and client satisfaction with target services), as well as how well PHD is supporting government systems (e.g. qualitative indicators of improved policies, service delivery systems and capability). This requires the development and implementation of a range of new data collection tools, including client satisfaction surveys, observation checklists, and tracer studies of frontline workers. For reporting against the Facility PAF qualitative indicators, PHD plans to draw on a range of qualitative methods including Outcomes Harvesting, Most Significant Change and Stories of Significant Change (SSC). While these data collection tools will provide robust evidence of systems strengthening, again PHD needs to adopt a strategic approach to ensure these tools are developed in a robust and timely manner. PHD may also wish to consider other qualitative methods including Most Significant Learning (a variation of Most Significant Change), an 'SSC lite' approach for some indicators (recognising that producing full SSCs can be labour-intensive), and more robust MEL in new work areas such as Jerasaun Foun and Health, including the establishment of a baseline¹. Independent evaluations to collect rigorous evidence of the effectiveness of PHD's support would also be beneficial.

To what extent will the MEL system allow DFAT to assess PHD progress against the Facility PAF and EOPOs?

The Facility PAF has significantly strengthened PHD's MEL and reporting on ways of working. The Facility PAF requires reporting across four domains: Development Results; Stakeholders and Partnerships; Learning and Adaptation; and Operations. This is a significant shift in PHD's reporting approach, bringing a stronger emphasis on reporting aggregated results across sectors, and on program ways of working. In consultations, both DFAT and PHD commented positively about the Facility PAF, noting that it has helped stimulate conversations about - and strengthened reporting on - PHD's ways of working and engagement with GoTL. Interviewees also felt the PAF had "cut a lot of fat from the MEL system" by removing irrelevant indicators and focussing on key aspects of systems strengthening. PHD's most recent Six-Monthly progress report provides a clearer assessment of PHD's progress against the Facility PAF indicators.

The most significant weakness of PHD's MEL and reporting is the focus on reporting activities and outputs, with insufficient reporting of progress towards outcomes. This was an ongoing criticism of PHD's MEL in Phase 1 and continues to be an issue in Phase 2. PHD's most recent Six-Monthly Progress Report is very long (approx. 150 pages) and presents very detailed information about activities in each sector, but relatively little information on progress towards

¹ Additional guidance on M&E methods is available in the M&E House *Working paper: MEL for governance programming* (November 2020), prepared by Clear Horizon.

outcomes. The lack of outcome-level data is understandable for new work areas (e.g. the redesigned Health sector). However, for long-standing work areas (e.g. Education and Disability Inclusion), it is not clear to the review team why outcome-level data is not reported. While the report notes that stronger evidence of progress towards outcomes will be available in the next reporting period (e.g. evidence of ALMA's effectiveness through Program Based Inquiry and the independent ACER longitudinal study of learning outcomes), there is considerable outcome-level evidence of effectiveness from previous evaluations (e.g. previous rounds of the Problem Based Inquiry and ACER study) that are rarely referred to in PHD's progress reporting.

PHD's MEL is further constrained by a broader lack of strategic clarity in some areas. For example, there is no PHD-wide or sector specific strategic plans for the constraints to service delivery work or gender. Program logics for some PHD Sectors are also not yet finalised. An essential first step is for these strategies and program logics to be developed to provide clarity on the outcomes PHD seeks to achieve, and intermediate markers of progress. This will in turn inform the development of evaluation questions and performance expectations that can translate into MEL methods able to measure outcomes and tell a clearer performance story.

To what extent has the revision to the End-of-Program Outcomes in the Design Update impacted PHD's MEL, and ability to track long-term performance?

PHD's End-of-Program Outcomes (EOPO) have been significantly revised for Phase 2, reflecting the new focus on GoTL systems strengthening. During Phase 1, the EOPOs reflected PHD's focus on strengthening service delivery and working at community level. The Phase 2 EOPOs are narrower in scope and reflect Phase 2's focus on strengthening government systems. There have also been substantial changes in PHD's scope of work. At the start of Phase 1 PHD comprised eight sectors (Health, Education, Nutrition, Water, Sanitation and Hygiene, Gender, Disability, and Social Protection). Under the Guiding Strategy, PHD's work was consolidated into three sectors: Health, Education and Social Protection, with Nutrition and Disability Inclusion cross-cutting.

The ability to tell a long-term narrative about PHD has improved since 2019 as a result of steadfast commitment to follow the Guiding Strategy. A small number of interviewees expressed concerns that the revision to EOPOs in the Phase 2 design may impact PHD's ability to report on long-term performance across PHD's 10-year period, given the significant shifts in strategy and programming. However, most interviewees did not share this concern, and the review team suggest a long-term performance story can and should be told. This is particularly the case for the period since 2019, given PHD's sectors have been fairly consistent since this time. The performance story since 2016 is slightly more challenging to tell due to the shift from eight sectors in 2016 to three in 2019. However, the clear rationale for changes in strategy and structure over time will explain the gap. As PHD continues to be flexible and adaptive, it will be important to clearly document the rationale for any program pivots as part of telling the ten-year performance story.

DFAT and PHD need to reach agreement on when, and how, the ten-year performance story should be told. Stakeholders had varying perspectives on this. For example, one interviewee expressed dissatisfaction that PHD's Six-Monthly reporting 'starts fresh' and does not tell a continuous performance story since Phase 1. Others wanted reporting to tell a performance story since 2019, and yet others felt that 'starting fresh' for Phase 2 reporting was appropriate given the significant changes in PHD's design. While stakeholders universally agreed it is important to tell the ten-year performance story, the best approach for doing this requires further consideration, as

adding this 10-year narrative to Six-Monthly or Annual progress reports would make them too long. An alternative would be for PHD to produce separate reports of the ten-year performance story (e.g. one in Year 7, and one in Year 10). PHD could also consider compiling a brief narrative of how the scope of PHD has changed over Phase 1 and 2, for communicating this to GoTL, DFAT and other stakeholders. This could be consistently Annexed in Six-Monthly reports.

Is PHD MEL adequately resourced and structured to provide the required MEL leadership and support to the program?

PHD's MEL has improved over time, supported by a better-resourced PHD MEL Team and sector MEL Advisers. The Functional review of PHD called for increased MEL resourcing, recommending that 7-8% of the program budget be allocated to MEL. In response, the Phase 2 budget incorporates increased resources for MEL, with MEL resourcing comprising 7% of PHD's 2021/22 budget. The review team consider this to be an appropriate budget allocation for MEL.

PHD's MEL is resourced at two levels: a core MEL team supporting whole-of-program performance and cross-cutting issues, and MEL staff within each sector. Whole-of-program MEL support is provided by three MEL Advisers: one MEL Manager (international Long-Term Adviser), one Manager Government Systems (national adviser) and one Manager Program Support (national adviser). At the sector-level, resourcing is variable across sectors: Health has one MEL Officer and is currently recruiting an international Long-Term Adviser, Education has one Senior MEL Officer, and Social Protection has one Officer responsible for both MEL and administration, supplemented by an international Short-Term Adviser for MEL of Jersaun Foun. As part of PHD's broader push towards localising leadership positions, it is planned for the international MEL Manager role to be transitioned out in Year 3 of Phase 2, replaced by Short Term Adviser support.

The current MEL structure and resourcing is mostly adequate, but there are a few resourcing gaps which require further consideration. Firstly, given the significant workload of the central MEL team, the timeline for transitioning the international Long Term Adviser role to Short Term Adviser support may be too short. Several interviewees felt this transition timeline was too short, and that international Long Term Adviser support should be maintained until the end of Phase 2. Secondly, while MEL resourcing seems appropriate for the Health and Education sectors, the allocation of a single Officer for both MEL and administration for the SSI Sector seems insufficient given PHD's work in Social Protection is rapidly expanding. To ensure MEL resourcing is adequate across Phase 2, PHD should conduct MEL work planning to identify MEL support required throughout Phase 2. This could include identifying peak periods of demand where additional MEL support is required, and consideration given to engaging additional Short Term Advisers to provide support for specific MEL deliverables.

KRQ4: To what extent is PHD's approach to institutionalising services / programs and/or elements of them within GoTL realistic and sustainable?

What is PHD's approach to institutionalising services / programs within GoTL?

PHD has significantly re-oriented its Phase 2 work program to focus on strengthening government systems to deliver essential services, including the transition of services currently delivered by PHD and partners to GoTL management. This commitment was articulated in the Guiding Strategy (July 2019), and formalised in the Phase 2 Design Update. In line with the Guiding Strategy, a number of changes have been made to strengthen PHD's engagement with GoTL, including the establishment of joint DFAT/GoTL governance mechanisms for each

Sector (see KRQ2); co-development of a joint DFAT/PHD/Abt Associates Ways of Working agreement that outlines their respective roles in GoTL engagement and strategic decision-making; and PHD's recruitment of more local expertise in key roles and embedding of technical staff into GoTL agencies.

PHD's Health, Social Protection and social inclusion work have been designed with a strong focus on systems strengthening and institutionalisation. The Health sector has been redesigned collaboratively with GoTL, and sees PHD shift from parallel delivery of reproductive, maternal, neonatal, child and adolescent health services, to instead strengthening GoTL systems for delivery of primary healthcare services. Grant agreements for eleven of thirteen health projects funded in Phase 1 have come to an end. There has been a significant increase in PHD's support to social protection, with a focus on strengthening GoTL programs and systems. In Disability Inclusion, PHD is continuing its support to Disabled People's Organisations (DPOs), but with a stronger focus on enabling these organisations to contribute to policy development and advocate to government; as well as providing support to the Disability National Action Plan (DNAP).

There have been fewer changes to the design of the Education sector. PHD will continue to support the ALMA program, curriculum distribution, pre-service teacher training, intensive literacy support, and inclusive education including the EMULI multilingual education program. While ALMA was adopted as a Ministry of Education, Youth and Sport (MoEYS) program in 2019, PHD remains responsible for most funding, management and implementation of ALMA and other initiatives, and most of the Education sector budget is allocated to implementing programs on behalf of GoTL, rather than providing advisory support and capacity building.

Sector transition plans have been drafted, but not yet agreed with GoTL counterparts. Sector leads have been responsible for developing transition plans for their sector, and for discussing transition with GoTL technical counterparts. The recent Institutionalisation Literature Review concluded that while these sector transition plans are sound, they are not yet sufficiently detailed, and have not yet been agreed with government counterparts.

To what extent are the newly designed PHD interventions likely to be sustained by GoTL and embedded in their systems (e.g. new health interventions, Bolsa de Mae Jersaun Foun reform)?

The Health design was developed in close collaboration with GoTL, and Jersaun Foun is well embedded in GoTL systems, policies, plans and budgets. In consultations, there was a strong sense of local ownership and leadership of both the Health design and Jersaun Foun, increasing the likelihood of these interventions being sustainable. However, given that there is no shared understanding across the PHD team of what sustainability means for GoTL in a fiscally constrained future, it is difficult to tell whether these interventions are likely to be sustained by GoTL.

Some explanation – most likely in the PHD MEL Framework and Plan, and in progress reporting on outcomes – of what sustainability, local ownership and local leadership looks for a fiscally constrained GoTL would be helpful in guiding teams on tracking and reporting on sustainability. It would also assist in providing justification for investments that continue to be largely PHD funded – such as the Marie Stopes Timor Leste investment in sexual and reproductive health. The return on investment for development impact is too significant for this support to be abandoned.

How can PHD ensure that the reforms they support are sustainable and affordable for government, particularly in a context of political shifts and leadership changes?

The PHD team and stakeholders need to reach a shared understanding of what ‘institutionalisation’ and ‘transition’ mean – and how this differs from ‘systems strengthening’. The Phase 2 Design Update clearly articulates that the intent of ‘transition’ is for PHD to move away from direct service delivery, with this responsibility being transferred incrementally to line ministries. In consultations, stakeholders had varying interpretations of ‘transition’. Some saw it as GoTL being fully responsible for program management and funding with no ongoing support from PHD by the end of Phase 2. Others saw it as GoTL being increasingly responsible for program funding and management, but with supplementary donor funding and/or technical support for the foreseeable future. While transition plans have been drafted by sector leads, the objectives for transition, stages of transition and markers of success have not been clearly articulated and agreed with PHD, DFAT or GoTL – but is clearly required for transition to progress.

While PHD’s pivot to GoTL systems strengthening is noteworthy, there is too much focus on how PHD activities can be ‘transitioned’ or ‘institutionalised’ in GoTL – rather than on whether PHD is best positioned to support GoTL to deliver basic services within its fiscal constraints. PHD is operating in a context of declining GoTL funds, which in future is likely to result in increased use of Australian and other donor funds to plug budget holes. The whole Australian development program, including PHD, have a very short window to position themselves to support GoTL to make the best use of its diminishing GoTL fiscal position. In this context, PHD must continue to shift to supporting GoTL to deliver basic services at an adequate standard, as effectively and efficiently as possible with limited resources. This – rather than transitioning PHD programs to GoTL – should frame PHD’s approach to systems strengthening at the whole-of-program and sector level. A focus on essential basic services will also help frame decision-making on what areas PHD should withdraw from, and reduce the risk that PHD is attempting to transition programs to GoTL that will not be fiscally sustainable in the medium-term.

A higher-order strategy is needed to focus PHD on the right parts of the service delivery system for the fiscally constrained future of Timor Leste. This strategy should be developed by DFAT, with assistance from the DSAT, and cover the Australian development portfolio more broadly. It should include a clear and coherent strategy on what parts of the service delivery system Australia considers crucial for peace, stability, and long-term development in Timor Leste. Following from this, PHD should ensure that they are aligned with this DFAT strategy. It is highly likely that the current Health and Social Protection investments are already aligned with this higher-order strategic imperative. It is less clear with regards to Education, Nutrition, and Disability Inclusion.

Direct Budget Support (DBS) is receiving increasing attention as an expanding Australian investment modality in Timor Leste, and a higher-level DFAT strategy for budget support is needed. DBS is likely to become a greater component of Australia’s development assistance to Timor Leste in the medium- and long-term as the fiscal context deteriorates. PHD is providing technical advice and system strengthening to GoTL to manage DBS for Jerasaun Foun. In consultations, most interviewees saw DBS as an avenue for more genuine and impactful partnership with GoTL, with potential for significant policy engagement and leverage. There is also opportunity for PHD to support DBS for the program-based payment model for community health centres to provide a basic level of care. DBS provides medium-term budget certainty for essential services and focuses program teams on addressing the key constraints to

service delivery agenda by linking Ministry of Health, Ministry of Finance, and Ministry of State Administration (Municipal budgets). A higher-level DFAT strategy for budget support with Ministry of Finance and the Office of the Prime Minister would help guide PHD.

PHD should rapidly scale up work with PROSIVU and PARTISIPA on addressing common constraints to service delivery. The Phase 2 design indicates PHD will work collaboratively with other Australian investments to address governance constraints that are common across sectors, for example, public financial management, human resource management, and information systems. This was envisaged to include, for example, PHD supporting line ministries to implement the central reforms supported by GfD/PROSIVU; working with PARTISIPA to strengthen connections between service delivery units, municipalities, administrative posts, and villages; and PHD helping ensure national and municipal policies supported by GfD/PROSIVU and PARTISIPA reflect the realities of frontline service delivery. This combination of programs provides Australia with a nation-wide footprint of development assistance across key central and line agencies and from national to village level. While collaboration was intensive in the first half of 2021, this was largely driven by a Short-Term Adviser employed by the Embassy, and progress has stalled since the Adviser's departure. Re-starting this work on common constraints to service delivery would assist in accelerating progress on strengthening GoTL systems, both for PHD and across the DFAT portfolio.

PHD's selection of activities to transition should be reassessed in light of a shared understanding of critical areas of support from DFAT. As transition plans have not yet been agreed with GoTL counterparts, there is a window of opportunity for a frank re-assessment of which activities should transition to GoTL and in what timeframe, which activities PHD may continue to deliver, and what to do with activities that fall into neither of these categories. Transition plans should be reassessed by DFAT, the PHD Executive and independent advisers (such as the DSAT) to provide a holistic perspective across sectors and Timor Leste's development priorities. This assessment needs to be informed by considerations of the likelihood of these activities being sustained by GoTL in a tighter economic climate; and the potential impact on Timor Leste's development more broadly.

PHD could consider proactively simplifying activities to a level where they are more likely to be taken up by GoTL. The Institutionalisation Literature Review notes that the transition of a donor project to a more fragile government system requires some simplification of the original model. There is a need to identify core features that are critical to development outcomes, and elements that could be dropped, simplified, or adapted to improve the feasibility of implementation by government. This has the potential to both streamline PHD's programming in the short-term and increase the likelihood of GoTL uptake and sustainability in the medium- and long-term.

To what extent is GoTL resourcing and taking on responsibility for the activities under transition? To what extent are the services/functions being 'transitioned' to government appropriate for GoTL to sustainably finance and manage given the context of a potentially reducing budget?

Both the PHD Health and Education sectors are in the process of transitioning significant programs or functions to GoTL. In Health, PHD are transitioning Liga Inan, and the Health Transport and Ambulance Program to GoTL. In Education, PHD are transitioning Education Curriculum Distribution, Eskola.tl and the ALMA program. The status of these is described in PHD's most recent progress report and is mixed. During consultations, it was clear that GoTL is committed

to take full ownership of the Health Transport and Ambulance Program, including funding from 2023. Timeframes and processes were clearly articulated by the PHD team and GoTL separately.

For more technologically and/or institutionally complex activities such as Liga Inan and the Eskola.tl platform, the way forward is much less clear. Progress on these activities has been slow, with heavy reliance on PHD. While curriculum distribution has transitioned to MoEYS, with the MoEYS team now working independently of PHD technical support, PHD continues to provide monitoring and funding (approx. AUD200,000 in FY2021/22). PHD covers 85% of costs for the ALMA program, and there has been little progress on discussions about transitioning program budgeting and management to MoEYS.

To what extent have PHD provided a strong evidence base to demonstrate program effectiveness?

PHD has a sound evidence base for the effectiveness of some interventions (e.g. Liga Inan², and an emerging evidence base for ALMA³) however it is not clear how much this evidence is shared with, or appreciated by, GoTL. Evidence of effectiveness, while important, may not be the main driver of GoTL decision-making. For example, in the Health sector, the joint PHD/Ministry of Health decision to retain two of thirteen Phase 1 projects (Liga Inan and the Health Transport and Ambulance Program) seems to have been largely based on their alignment with Ministry of Health priorities, rather than evidence of their effectiveness compared to other options.

Effectiveness aside, given the fiscal future in Timor Leste, detailed analysis of implementation costs is crucial. The review team found no evidence that PHD has conducted economic analysis to inform decisions about transition, for example consideration of the ongoing costs of implementation, and exploration of the potential for cheaper options. This is most apparent in the decision to transition ICT projects to GoTL. For example, while the effectiveness of Liga Inan is well-established, the platform has expensive technical requirements which may not be affordable for the Ministry of Health to continue to fund in a fiscally constrained future. There are also plans to transition Eskola.tl to MoEYS, which is likely to also have expensive technical requirements.

What are the incentives for GoTL to institutionalise activities under transition?

There are few clear incentives for GoTL to institutionalise activities under transition. Where PHD is supporting GoTL priority initiatives, such as systems strengthening work of the new health design and support to Jerasaun Foun, there are strong incentives from within GoTL to leverage PHD's support, for example political pressure for GoTL technical counterparts to demonstrate progress to senior leadership. However, for PHD activities initially designed to be delivered in parallel and now being transitioned to GoTL, there seems to be less political will or incentive for GoTL to absorb these activities. As transition plans are still in early stages of development, there is currently no agreement with GoTL on the timeframes for transition for most PHD activities. Some PHD and GoTL interviewees were of the understanding that PHD funding and technical support would end at a pre-determined date – creating a clear incentive to transition activities to GoTL as comprehensively as possible before PHD's support ends. Other PHD and GoTL interviewees felt that PHD funding would (and should) continue indefinitely, and described a lack of urgency to move

² Thompson, Susan, et al. Connecting mothers to care: Effectiveness and scale-up of an mHealth program in Timor-Leste. *Journal of global health* 9.2 (2019). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6815653/>

³ Education Analytics Service. Teacher Development Multi-Year Study Series: Timor Leste Interim Report 1 <https://www.acer.org/rd-images/EAS-Timor-Interim-Report.pdf>

forward with transition – suggesting there were no clear ‘carrots’ or ‘sticks’ for GoTL to institutionalise activities in a timely way.

What are the current constraints impacting institutionalisation, and future risks? Are the transition timelines realistic in the current context?

The risks and constraints to institutionalisation are well-understood by PHD and DFAT. They are clearly articulated in a range of PHD and DFAT documents including the Risk Matrix for the Phase 2 design, and PHD’s progress reports and Learning Dialogue report 2020. They were clearly articulated during consultations for this review.

If we accept that transition will remain a main strategic focus, the timelines for transition to GoTL ownership and funding of current PHD activities may not be realistic. Transition has been delayed due to COVID-19 and other emergencies and is likely to encounter further setbacks due to frequent changeover of government counterparts, and budget and human resource constraints within GoTL. The Institutionalisation Literature Review concluded that the timeframes PHD has set for transition are highly ambitious and need to be revisited. This was reiterated by many interviewees in consultations for this review. The Institutionalisation Literature review estimated that institutionalisation can take 8-10 years, and that transitioning to full government funding could take approximately 10 years - much longer than the maximum five-year transition period for PHD programs.

Have the stages of transition been clearly articulated by PHD and agreed by DFAT and GoTL?

As noted above, transition plans have not yet been agreed by DFAT and GoTL, and there is no shared understanding of what transition means and what it looks like. DFAT and PHD stakeholders expressed a need for clear targets for institutionalisation that can feasibly be achieved by the end of Phase 2, and markers of progress, that are agreed with PHD, DFAT and GoTL. However, as mentioned previously, prior to developing transition plans, an evidence-based assessment needs to be undertaken of the relevance and viability of transitioning activities to GoTL in light of the fiscal future of the country.

When developed, transition plans should include, for example, operational indicators such as GoTL’s allocation of budget and human resources for the activities; service delivery indicators such as the coverage and quality of services being provided through GoTL systems, and outcome indicators of health, social protection and education. **There also needs to be clarity on what action will be taken if progress is not achieved.** This may assist in establishing clearer expectations for transition, create greater ‘urgency’ to move forward with transition, and create clear ‘stop points’ to recognise when alternative approaches need to be adopted.

Do PHD and implementing partners have the capacity and appropriate resource allocation to facilitate sustainable transition of programs?

PHD’s staff profile may need to change to support institutionalisation. The Phase 1 focus on service delivery required a team with sector-specific technical and program management skills. The Phase 2 focus on systems strengthening requires not only sector-specific technical skills, but also cross-cutting organisational skills to support working in government systems. These include strategic planning, capacity building, public financial management, workforce development, and thinking and working politically; as well as a strong understanding of GoTL budget and decision-making processes, and constraints and enablers of institutionalisation. For PHD to effectively

support systems strengthening, there is a need for PHD to review its workforce plan and resourcing, to upskill some technical staff in key ‘transition’ and systems thinking skills and draw in additional specialist support. The PHD 2021/22 Workplan includes capacity-building for PHD and implementing partner staff to boost their skills in governance and service transition, which is a positive step. However, as noted under KEQ1, there is also a need for additional technical support in areas such as public financial management, public sector reform, and addressing common constraints to service delivery such as human resource management.

Public financial management is a particular skills gap. Capacity-building and support around public financial management should focus on how PHD can support line ministries to develop appropriate budgets, successfully advocate to central agencies for budget allocations, and manage budgets appropriately. Assistance from PROSIVU in partnership with the Ministry of Finance would be essential to ensure that budgets are prudent, well developed, and likely to be approved, disbursed, and acquitted. This is an area of support flagged in the PROSIVU design document.

At the sector level, staff capacity to support transition is variable. In the Health sector, the redesign has prompted a new staffing profile, which includes dedicated staff to support the new systems strengthening activities of the new design. In the Social Protection sector, institutionalisation has been considered from the outset, with PHD staff embedded in GoTL agencies. The largest capacity gap seems to be in the Education sector, where staff roles are still mainly focussed on direct delivery of mentoring rather than systems strengthening. The FY21/22 budget indicates no re-allocation of Education sector staff or funding to support institutionalisation.

It is important to recognise that PHD Sector staff are the main point of contact with GoTL counterparts. In this sense, they act as critical intermediaries in communicating DFAT’s objectives to GoTL, and vice versa. Sector staff therefore need to be supported by a coherent DFAT/policy dialogue matrix and engagement strategy, and access to Advisory support and resources to assist them to translate the broad strategic agenda into clear advice and activities at sector level, and to communicate effectively with government.

KRQ5: To what extent is PHD’s approach to gender equality appropriate and likely to contribute to positive change?

To what extent has gender mainstreaming, and consideration of intersectionality of gender and disability, been ‘designed into’ program strategies and plans?

There is universal commitment across DFAT, PHD and GoTL to addressing gender inequality. PHD’s sectors, by promoting access to appropriate, accessible, inclusive quality services, are delivering significant outcomes for women and girls. Examples of interventions on gender include directly supporting the delivery of sexual and reproductive health services, supporting government to deliver social protection programs that reach women and girls, and supporting educational outcomes for girls by improving teacher quality and supporting women’s leadership in education.

The Phase 2 Design Update flagged a re-orientation of PHD’s gender work towards gender mainstreaming, with an increased focus on improving gender outcomes within government services and systems in health, education, and social protection. The Phase 2 Design Update states that in some areas, such as gender, PHD will need to nudge reform. It further notes that while PHD moves towards systems strengthening, in the areas of gender and disability, PHD will continue to take a direct implementation approach of modelling, trialling and advising government to build

implementation capacity. Scope is provided for PHD to partner with peak bodies, Secretariat of State for Equality and Inclusion, and women's organisations in the design and implementation of policies, and to maintain a focus on advocacy and amplifying women's and girl's voices in policy and programming. The Phase 2 Design Update therefore provides PHD with the scope to mainstream gender through diverse modalities including gender specific programming as well as supporting the mainstreaming of gender inclusion in government policies and programs in the three PHD sectors.

A notable strength of PHD's gender approach is its plan to leverage and fund women's organisations and partners to support gender mainstreaming into systems strengthening and gender transformative approaches. The review team support PHD's plan to leverage CSO partners - especially women's organisations - that can sustain and legitimise gender advocacy and support areas of systems strengthening where they have comparative advantage, for example MSTL's capacity to model and build inclusive attitudes and care practices of frontline health staff.

PHD's strategic approach to gender in Phase 2 is not yet clear. There is no PHD Gender Strategy for Phase 2. PHD's original Gender Strategy (2017) did not cover mainstreaming and was considered not fit-for-purpose by DFAT. As of March 2022 a draft PHD Gender Strategy for Phase 2 (drafted in 2019) was awaiting DFAT review and approval. There is limited gender narrative in key documents such as the Phase 2 Design Update, the new Health program investment design document, Sector Workplans, PHD MEL Framework and progress reports. This contributes to a lack of clarity and direction on PHD's approach to gender, with PHD and DFAT teams largely unable to clearly articulate how gender is being mainstreamed in each sector and at program level. Achieving the intended objectives of the Phase 2 Design requires PHD to work closely with GoTL counterparts to improve gender equality in service delivery, as well as strategic engagement to address institutional constraints that hinder the performance and advancement of female frontline workers, and strengthening government systems such as planning and budgeting, information management, and workforce development to be gender responsive and inclusive.

PHD's approach to gender is hampered by the absence of a DFAT portfolio-wide gender strategy, which would serve to provide clear expectations of each investment's contribution to portfolio-level gender objectives. In the absence of DFAT strategic direction, it will be especially valuable for PHD to engage with Nabilan and other implementing partners to leverage synergies, for example, GfD's work on gender budget markers and the scope to build on these to progress gender responsive budgeting.

PHD's gender team is significantly understaffed - an ongoing challenge from Phase 1. While PHD have made several attempts to recruit Gender Advisors – and hope to expand gender staffing in 2022 – previous recruitment attempts have been unsuccessful for various reasons. Gender work is currently led by the Team Leader, who has a strong commitment to gender equality and significant expertise, but due to competing demands is understandably unable to give gender sufficient attention. PHD's 2021/22 workplan recognises the need to increase gender resourcing, proposes a suite of activities including establishing a Gender team, developing an Intersectionality-Gender Equality strategy, designing and implementing Intersectionality - Gender Equality professional development for PHD staff and partners, establishing a PHD Gender, Equity and Diversity Governance group, as well as engaging with women's organisations, development partners, GoTL and other Australian investments to improve collaboration and coordination on gender. While these are appropriate and much needed activities to boost PHD's gender work, they have not yet been implemented.

PHD is making efforts to recruit more gender expertise, but key positions remain vacant. To better resource gender, PHD are seeking to recruit a core Gender Team (one Gender Equality Manager, one GEDSI coordinator covering gender and disability), with additional resourcing through a dedicated Gender Adviser in the Health sector, and creation of a pool for gender specialist advice. While these are positive intentions, it will be important that the gender expertise has sufficient seniority and experience to have influence in the context. As in other areas of scarce resources, a package of international and national expertise will likely be necessary, and flexibility warranted to tailor the package of gender expertise as talent is hired.

Piecemeal gender mainstreaming activities are being implemented in each sector. In the Health sector, a gender mapping study informed the new health design. However, while PHD did well to produce the gender mapping study in the absence of dedicated gender experts, the health Design Update has significant gaps in providing a roadmap for gender inclusion. It includes no gender strategy or action plan, no dedicated budget for gender mainstreaming activities or resource persons, and gender and disability inclusion are not integrated into the MEL framework. More positively, it does include funding for MSTL to provide essential Sexual and Reproductive Health services and support GoTL system strengthening. However, MSTL's work is not framed as gender specific and opportunity to pin a gender narrative to it is missed. While the intent to mainstream gender into the new health design is notable, this will need to be resourced, delivered and reported on. Strengthening gender and disability inclusion in the MEL system requires urgent attention. In Social Protection, gender mainstreaming efforts will focus on embedding gender analysis and technical assistance in support to the Ministry of Social Solidarity and Inclusion (MSSI) to ensure new policy, legislation and reforms such as Jerasaun Foun are gender inclusive. In the Education sector, the team's efforts will focus on developing a workplan to address gender resolutions from the Women Leaders in Education Conference, disseminating the results of a Tracer study of gender outcomes as a result of PHD's support to changes to gender policies and classroom practices, and providing direct technical support to MoEYS on gender mainstreaming.

As PHD increasingly works on systems strengthening, mainstreaming gender equality in GoTL service provision and systems will be increasingly important. During consultations, all GoTL stakeholders voiced strong commitment to gender equality and women's empowerment, and shared examples of gender barriers and gender inclusive practices within their agencies, such as dedicated gender budgets, gender budget markers and gender indicators, and gender data. However, they acknowledged that staff still struggle to analyse and interpret the implications of sex disaggregated and gender data and requested assistance from PHD in this area. In addition to the health sector gender mapping study, PHD is in the process of mapping gender equality and mainstreaming in Social Protection and planning a similar study in Education. This will assist PHD identify entry points for transformational change, inform its overarching gender strategy, and develop gender action plans for each sector.

While Sector Leads are demonstrating commitment to gender mainstreaming, they need specialist gender support. In consultations, Sector teams indicated that they felt they had included gender activities in their workplans and budgets and were achieving good outcomes for women and girls. However, all Sector teams indicated that they need more technical support for gender mainstreaming and would like to have a gender adviser in their team. During consultations, the review team found that below Team Leader level, PHD staff did not have a coherent, informed view of what PHD is doing on gender, what were the key gender barriers in their sector, or how PHD could invest to address these. All sector leads reported it was difficult to tell a coherent narrative of

their gender work, pointing to the lack of strategic clarity around gender. The Phase 2 design envisages that gender mainstreaming work will be jointly managed by the Sector Leads and the Gender Equality Manager – however as that position remains vacant, Sector Leads have very limited access to gender technical support.

PHD’s limited progress on gender is in stark contrast to their strong disability programming.

Driven by a highly committed and skilled Disability Inclusion Manager, PHD has successfully driven a transformative disability agenda through both mainstreaming and disability-specific programming. This has resulted in tangible positive outcomes for people with disabilities. This has also contributed to a strong coherent narrative on disability across the program, with PHD’s commitment to disability inclusion clearly demonstrated in plans and reports, as well as multiple evaluations of PHD’s disability inclusion work – all of which are lacking for PHD’s gender work. A key determinant of PHD’s disability work is that it has been well-resourced for several years, through both the Disability Inclusive Development funds (AUD800,000 per year) as well as dedicated PHD budget allocations for disability-specific and disability mainstreaming work. The PHD team, at all levels, now needs to understand and prosecute a gender transformative agenda across the program, as they have done for disability.

PHD’s budget allocations for gender are low. The FY21/22 budget allocates 1.8% of PHD’s total budget for gender staff and activities as part of PHD’s cross-cutting support, and there are no gender line items within sector budgets. PHD allocated just below AUD 295,000 to gender in 2021/22, up from AUD 205, 000 in 2020/21. By contrast, 3.6% of PHD’s budget is allocated to disability staff and activities as part of PHD’s cross-cutting support, in addition, there are line items for disability governance, disability-specific work and grants to DPOs within the SSI sector budget. Given that PHD’s disability work has benefitted from considerable resourcing for several years and that PHD has consequently made considerably more progress towards disability outcomes, it is timely to consider allocating commensurate resourcing towards PHD’s gender work, especially given the much larger beneficiary population.

There may be opportunities for DFAT to better support and incentivise gender work across the portfolio. In consultations, it was unclear what mechanisms are in place for the Embassy to support Australian investments in their gender programming, and to hold them to account for being gender inclusive in their work and achieving equitable outcomes for women and girls. DFAT could potentially incentivise better outcomes across all programs with a strong Gender Action Plan and accountability process.

To what extent has the GoTL engaged with representative groups (e.g. RHTO, ADTL) to influence policy, strategies and decisions? To what extent has this changed over time? What has been the PHD contribution to this change?

GoTLs engagement with disabled people’s organisations (DPOs) has increased significantly in recent years. PHD has been a major contributor to this increased engagement. PHD supported the MSSSI to develop the DNAP and facilitated a highly inclusive consultation process in which people with disabilities and DPOs were able to engage directly with GoTL and inform the development of the DNAP. PHD also provided technical support to DPOs to be able to engage and advocate with GoTL.

In consultations, DPOs recognised that PHD’s support was crucial in enabling them to have greater engagement with GoTL and has opened doors for ongoing direct collaboration between DPOs and

GoTL. For example, following their engagement in developing the DNAP, DPOs now attend monthly meetings with MSSSI on DNAP implementation, are part of MoEYS' inclusive education committee, and since 2020 are receiving funding from MSSSI and MoEYS for capacity-building activities.

The scope of PHD's broader support to DPOs is somewhat at odds with the strategic intent of the Phase 2 Design Update. Much of PHD's disability-specific work now focusses on supporting GoTL to approve, implement and report against the DNAP, and supporting DPOs to engage effectively with GoTL. However, PHD continues to provide a range of other support to DPOs, including direct funding of DPO staff salaries, support to socialise the DNAP with community leaders and civil society, supporting DPOs to assist people with disabilities to access services, and supporting DPOs to plan and deliver awareness-raising workshops. This seems to contradict the broad intent of the Phase 2 Design Update, which emphasises that in Phase 2 PHD will "target the supply of government services, rather than demand". It also oversteps the Phase 2 focus on mainstreaming disability inclusion through sectors.

PHD has successfully built capacity of DPOs to access funding through other channels. The 2019 disability evaluation highlighted the need to support DPOs to diversify funding sources. PHD have supported this, and DPOs are increasingly securing more funding from alternative sources, evidenced by Timor-Leste Disability Association (ADTL) now receiving funding from MSSSI and MoEYS, the national disabled person's organisation (RHOT) receiving funding from The Australian Humanitarian Partnership and establishing Memoranda of Understanding with the Ministry of Health and National Institute of Health, and psychosocial support program (PRADET) receiving funding from MSSSI. As DPOs now have the capacity to access alternative funding streams, it may be timely for PHD to further reduce funding and technical support to DPOs, or perhaps withdraw entirely.

How can DFAT and PHD improve performance on gender mainstreaming? To what extent is the PHD MEL system fit-for-purpose for tracking gender outcomes?

PHD's MEL of gender is constrained by the broader lack of strategic clarity on gender. A PHD Gender Strategy is required to provide clarity on what gender outcomes PHD seeks to achieve in Phase 2, and to form the basis of a comprehensive and strategic workplan to achieve gender outcomes. This would then inform the development of MEL approaches to track progress towards these outcomes at the whole of PHD and sector levels.

There have been limited independent evaluations of PHD's gender work – in stark contrast to the large number of evaluations of PHD's disability inclusion work. For example, the Education sector's anecdotal evidence on progress on gender equality in the classroom could be backed up with a more rigorous independent evaluation of gender outcomes as a result of their changes to policies and practices in the classroom.

4 Recommendations

Recommendations to strengthen PHD's design and program structure

Recommendation 1.1: PHD should further reduce and refine its scope to proactively address important strategic issues.

A rigorous process should be undertaken to further revise and re-orient the strategic focus of PHD to ensure that Australia is best positioned to support GoTL to deliver essential services efficiently and effectively in a fiscally constrained environment (See KRQ 4 for more details). In particular, PHD's support to GoTL systems strengthening needs a stronger focus on addressing key constraints to service delivery, and promoting gender equality in GoTL systems and services. This reorientation should be conducted as soon as possible and be informed by rigorous economic and systems analysis of relevant sectors. Re-orienting PHD's strategic focus will also assist in deciding which activities PHD should scale down or withdraw from. Possible areas for scale down and / or withdrawal include:

- **Education:** given the significant new investment by the World Bank in this sector and the limited progress on reducing substitution, PHD should consider slimming down their Education sector investment, and re-orienting it to focus on working with PROSIVU on addressing key constraints to service delivery, better budgeting for services, and gender inclusive basic education. This work should be undertaken by an independent design team in close collaboration with GoTL. The redesign should consider how PHD can shift away from direct implementation of ALMA and other activities, to instead supporting MoEYS with capacity development, strategic planning and policy reform – for example by embedding technical advisers within MoEYS to support institutional constraints to service delivery such as public financial management (with potential to partner with PROSIVU on this work), and to strengthen gender inclusion in basic education systems including around workforce development and women's advancement into leadership. Alternately, DFAT could invest via the World Bank. This would significantly reduce the size of the PHD team, reducing the management burden on the Sector Lead and Executive.
- **Nutrition:** given the limited footprint, PHD should consider mainstreaming its nutrition work or withdrawing entirely. Politically useful advisers (Nutrition in Office of Prime Minister, and Legal in Vice Prime Minister Social Affairs) can be retained for relationship and context reasons or moved to PROSIVU.
- **Disability inclusion:** PHD has provided generous funding and extensive capacity-building support to DPOs since 2016. As a result of this support, DPOs have increased capacity, are able to advocate and provide advice to GoTL, and are attracting funding from alternative funding streams. It is timely for PHD to further reduce funding and technical support to DPOs, or perhaps withdraw entirely, to instead focus on disability mainstreaming and strengthening disability inclusion in GoTL systems. This would reduce PHD's scope of work, reducing the management burden on the Executive.

Recommendation 1.2: Abt and PHD should increase strategic and management resources in the PHD Executive.

Abt should provide PHD with a Strategic Advisory Team to support strategic thinking and provide the PHD Executive Team and Sectors with technical guidance on priority issues. These issues include constraints to service delivery; public sector reform and systems strengthening; public financial management; human resource management; and GESI. This team would provide strategic advice to the PHD Executive as well as hands-on support to broader PHD team, for example by working with PHD Sectors to translate PHD-wide strategic guidance into sector action plans, developing resources and tools to support implementation, and leading implementation of some activities. The PHD Executive should include a Development Economist and / or Service Delivery

specialist with Public Financial Management and Institutional Reform expertise and needs to include a dedicated Gender specialist.

PHD should consider ways to alleviate the workload of the existing Executive team (Team Leader, Deputy Team Leader and Program Director). The Executive team are currently heavily engaged in day-to-day program and operations management, which limits their time available to focus on strategic engagement. PHD should consider re-allocating program management responsibilities to sector-level and cross-cutting staff (with capacity building as required). This may require additional resourcing and/or adjustment to the PHD sector-level and cross-cutting workforce or position descriptions. PHD should also identify mechanisms to reduce the Team Leader and Deputy Team Leader's roles in managing in-country operations, including considering re-deploying the in-country Operations Director role.

Recommendations to strengthen governance

Recommendation 2.1: DFAT should re-instate Annual Development Talks or similar for portfolio-wide conversations.

It will be important for the relatively new DFAT team at the executive level to continue to invest heavily in the bilateral relationship. There is a need for ongoing, DFAT-led high level bilateral talks across the portfolio such as the previous Annual Development Talks or a series of dialogues such as those with Council of Ministers on the COVID-19 Development Response Plan. These discussions should be used to inform whole-of-portfolio strategic direction setting, planning and policy engagement, including with other donors. The dialogues should allow for discussions on important cross-sectoral policy issues, provide GoTL with information on the scale and scope of investments, and the pipeline of future investments, and provide an opportunity for GoTL to understand and influence the trade-offs between investments in various sectors and modalities.

Recommendation 2.2: PHD and DFAT should continue the sector level engagement with GoTL, drawing on GoTL structures such as Council of Directors as much as possible, with formal Ministerial level Steering Committee meetings where appropriate and effective.

Sector-led policy dialogue should continue via the GoTL Council of Directors and / or Technical Working Groups to ensure robust policy engagement at the technical level. These mechanisms are working well, with Program Management Team meetings supporting robust policy engagement at the technical level, and Steering Committee meetings supporting Ministerial-level engagement and formal decision-making. Using GoTL systems (Council of Ministers / Directors) wherever possible is encouraged to reduce parallel systems. Given these mechanisms are working well, the establishment of an additional whole-of-PHD Steering Committee is not recommended.

Recommendation 2.3: DFAT and PHD should use good relationships at all levels for increased policy influence on important strategic priorities and issues.

An updated PHD policy dialogue matrix and government engagement framework informed by DFAT strategic policy engagement priorities should be developed in light of the systems strengthening focus. The updated matrix should also include policy objectives and dialogue on gender at the PHD-wide and sector level. This will provide guidance to program personnel in their daily engagement with GoTL.

Recommendation 2.4: DFAT and PHD should put mechanisms in place to ensure that strategic decision-making for PHD is driven from the top and informed by the sectors, and to strengthen communication and coordination between DFAT and PHD respective executive and sector level teams – in particular around work planning, budget allocations and progress reporting.

For DFAT, this should include regular informal coordination meetings between the various Embassy staff who manage PHD, as well as six-monthly or annual strategic dialogues with PHD Executive to consider relative progress and investment across sectors. DFAT should also lead regular coordination meetings across the investment portfolio on strategic and emerging areas of interest including for example public financial management, human resource development, and gender equality and social inclusion. For PHD, this should include regular coordination meetings between the PHD Executive, Sector Leads and staff who lead cross-cutting areas such as gender.

Recommendations to strengthen PHD's MEL System

Recommendation 3.1: PHD should finalise the PHD MEL Framework and workplan, including at the Sector level.

These are key foundational pieces for a strong MEL system for Phase 2, and essential for PHD to be able to tell a coherent story of progress towards outcomes. The MEL Plan should:

- Include clear definitions of 'what success looks like' for PHD for next 5 years. This requires DFAT and PHD to jointly agree on PHD's ambition for Phase 2 – for PHD as a whole, for each sector, and for cross-cutting issues; and to jointly develop clear, measurable targets of adequate, good and excellent performance that will both guide PHD's work and be the basis for MEL.
- Have a strong focus on measuring PHD's progress in strengthening GoTL systems and service delivery.
- Align with cross-cutting strategies (e.g. the PHD Gender Strategy currently in development).
- Include more robust evaluation of new work areas such as Jerasaun Foun and Health (e.g. baselines and independent evaluations to provide robust evidence of effectiveness); and development of tools to support MEL of government systems strengthening and GEDSI.
- Be independently quality assured to ensure it is sufficiently outcomes focused.

Given the early stage of development of the MEL system, and the significant re-orientation from Phase 1, there is a risk that key data collection methods will not be established in time. PHD should develop a detailed workplan for establishing and implementing the MEL system, with a particular focus on what support and capacity-building is required to strengthen GoTL systems; and what data collection tools are needed for MEL of government systems strengthening. This workplan should be agreed amongst relevant stakeholders (PHD Sectors, MEL Team, Executive and partners; DFAT; GoTL) and embedded into PHD's broader workplan and used to track progress and maintain accountability for timely establishment of the MEL system.

Recommendation 3.2: PHD should identify gaps in the evidence base for the end-of-program outcomes narrative, and develop a workplan for filling these gaps.

In preparation for the Completion Report, the PHD team should map out their existing outcome-and impact-level evidence (e.g. from reviews, evaluations, and surveys), and identifying remaining gaps. PHD should develop a costed workplan for filling these gaps, including commissioning evaluative pieces to fill in gaps in the outcome- and impact-level performance story.

To complement progress reporting, PHD should develop and disseminate evidence briefs for key activities. These should draw on findings of previous reviews, evaluations and research to summarise evidence of effectiveness and efficiency. These evidence briefs could be used for communicating with GoTL and other stakeholders; to brief incoming DFAT staff on the evidence-base for PHD activities; and as a supplement to more high-level reporting in progress reports.

Recommendation 3.3: PHD should re-orient progress reporting to be more concise and outcomes focused.

The current reporting format provides too much detail at activity level, and not enough detail on progress towards outcomes. DFAT and PHD should agree an outcomes level Six Monthly Progress Reporting template that is a maximum of 20 pages. Key activity- and output-level data can be included in an Annex.

PHD should strengthen engagement with DFAT in the lead-up to progress reporting, for example by having meetings to clarify information needs, and for DFAT to review report templates/outlines prior to submission of the full report.

PHD should continue to use the Facility PAF for reporting whole-of-PHD performance, but not for each Sector. For each Sector, reporting should focus on the Development Results component of the PAF, and the intermediate and end of program outcomes from the sector program logic.

Recommendation 3.4: PHD should establish a reporting process for telling the long-term performance story of PHD across Phase 1 and 2.

A cohesive narrative for Phase 1 and 2 can and should be told. While the reporting format should be agreed between DFAT and PHD, the review team suggest:

- Six Monthly and Annual Progress Reports should report on progress since the start of Phase 2;
- The long-term performance story (Phase 1 and 2) should be told through intermittent reporting, for example by one report in mid-Phase 2, and one at end of Phase 2.

Recommendations for PHD's approach for transitioning activities to GoTL

Recommendation 4.1: DFAT should develop a medium-term strategy regarding the constrained fiscal environment in Timor Leste. PHD and other investments should then orient their work to align with this strategy, to ensure they are best positioned to support essential GoTL systems and services.

DFAT should articulate their medium-term strategy in relation to the constrained fiscal environment in Timor Leste including priority sectors and sub-sectors for Australian support (for example, sexual and reproductive health, social protection, and economic stimulus) and modalities such as general budget support, direct budget support, multi-donor Trust Funds and loans.

The strategy and decisions need to be DFAT-led and at the whole-of-portfolio level. It should include a key focus on engagement with the Office of the Prime Minister and Ministry of Finance. Defining sustainability and local ownership and setting realistic expectations of what Australia may fund and what GoTL can reasonably be expected to fund over the short, medium, and longer term will be key. A revised policy matrix and partner government engagement framework should be developed as part of the strategic plan. DFAT should lead the bilateral dialogue on systems strengthening, public financial management and direct budget support.

Australian investments including PHD, PARTISIPA and PROSIVU should continue to pivot in line with this DFAT strategy. This will support the focus on cross-program collaboration to address constraints to service delivery, and cross-program support to enhancing the linkages between the Ministry of Finance, Ministry of State Administration (and Municipal administrations), and line agencies. DFAT and PHD could consider including direct budget support in the health sector given the program-based payment for Community Health Centres for a basic level of care.

Recommendation 4.2: PHD should engage an independent Strategic Advisory Team to assist PHD to assess which activities will continue to be transitioned in light of DFAT’s strategy.

In light of the DFAT strategy, an independent review of which PHD activities should transition to GoTL (and in what timeframe), which activities PHD should continue to deliver, and plans for activities that fall into neither of these categories should be undertaken. This could possibly be done by the existing portfolio-level DSAT, the current PHD Transition Adviser, or by a new PHD-specific Strategic Advisory Team. This should include a comprehensive analysis of GoTL’s willingness and capacity to take on additional leadership and funding of PHD activities, and of what support is required for GoTL to deliver basic services of an adequate standard that can be sustained considering the fiscal cliff. This should also include identifying how existing PHD programs can be adapted to increase the feasibility of being sustainably implemented by GoTL, by identifying core components that are critical to impact, versus components that are ‘nice to have’ but could be dropped or simplified.

Recommendation 4.3: PHD should reframe the narrative from “institutionalisation” and “transition” to systems strengthening around essential service delivery priorities and modalities set out in the DFAT strategy.

Implementation of the DFAT strategy should be led within PHD at the Executive (not sector) level and could be supported by the Development Strategy Advisory Team (DSAT) and / or the Transition Adviser. It should be informed by evidence-based assessments (such as cost-benefit analysis) that highlight the ongoing cost of the current level of servicing, and the potential for cheaper options that are fiscally feasible for GoTL. It must be framed by support to GoTL delivery of an adequate level of essential basic services.

Difficult decisions will need to be made regarding activities that GoTL is unlikely to be able to afford or adopt. This process would allow for the identification of activities (and possibly sectors) that PHD can withdraw from or significantly reduce investment.

Recommendation 4.4: PHD should adopt a more coherent and staged approach to transitioning select activities to GoTL, informed by a PHD-wide institutionalisation strategy that is then translated into sector-level transition plans.

The PHD-wide institutionalisation strategy should clearly articulate DFAT and PHD's strategic intent for systems strengthening; create a shared understanding of what institutionalisation means; and outline the broad stages of transition and how PHD will support each stage. The strategy should also identify what capacity-building and technical support is required to ensure the PHD team has the necessary skills and capabilities to support transition.

Following this, where relevant, PHD Sectors should develop revised transition plans in collaboration with GoTL counterparts. These transition plans should set clear targets for institutionalisation that can feasibly be achieved by the end of Phase 2, and markers of progress, that are agreed with PHD, DFAT and GoTL. The transition plans should also provide clarity on what action will be taken if process is not achieved – such as clear 'stop points' which indicate transition is not proceeding as planned and alternative approaches are needed. Transition plans should be endorsed by GoTL via PHD's governance mechanisms before PHD proceeds with transition.

Recommendation 4.5: PHD should re-assess the level of ambition and pace for transition and systems strengthening.

There were considerable concerns raised during consultations regarding the pace and ambition of the transition / institutionalisation agenda. This needs re-assessing considering the shift to systems strengthening. Working in systems is much slower than parallel service delivery, so expectations and ambitions need to be moderated accordingly, including within teams who are used to delivering outcomes relatively quickly through partner / parallel systems. A realistic agenda of reform for PHD to achieve will need to be agreed on what represents insufficient, adequate, or excellent performance.

Recommendations to strengthen PHD's approach to gender

Recommendation 5.1: As an urgent priority, PHD should develop a clear Gender Strategy. Ideally, this would be guided by a DFAT portfolio-wide Gender Strategy and Action Plan.

PHD should give urgent priority to development of a PHD Gender Strategy that aims to support transformative change, nudges government reforms and embraces both gender specific and gender mainstreaming approaches. Ideally this will be informed by a DFAT portfolio-wide gender strategy but if this is unlikely to be developed in the short term, PHD should not wait. The Gender Strategy should form the basis for a comprehensive annual gender workplan for PHD, with an allocated budget for implementation, and set out a PHD-wide gender learning and capacity building plan.

The PHD gender strategy should provide clarity on PHD's approach to achieving gender transformational change within the prevailing policy environment and institutional landscape, and given the institutional access that PHD can leverage, and its comparative strengths to progress gender equality across DFAT's implementing partners. The PHD gender strategy will provide direction for the development of sector specific gender action plans, clarify approaches to working with GoTL agencies and women's and civil society organisations to strengthen gender inclusion in government policies, gender responsiveness of sector programs, systems and budgets, and related organisational and workforce capacity building to achieve gender outcomes. It should also define PHD's approach to intersectionality, include a MEL framework, and be integrated into the MEL plan.

DFAT should incentivise strong gender equality outcomes across all programs through a strong Gender Strategy and Action Plan with accountability process. This could be supported via gender expertise in the DSAT or provided via PHD. The DFAT gender strategy and action plan should

provide overarching strategic clarity on DFAT's approach to gender equality in Timor Leste. The PHD Gender Strategy should harmonise with this overarching DFAT Gender Strategy and Action Plan. For consistency and efficiency, a common team of Gender Specialists including participation of gender experts in Nabilan and PROSIVU could be engaged to develop the PHD and portfolio-wide Gender Strategies in parallel.

Recommendation 5.2: PHD should increase their gender resourcing at all levels.

It is noted that PHD have made several attempts to recruit / utilise gender advisers in the past but this has not worked for various reasons. In consultations, program and sector teams all requested additional gender adviser support. PHD should continue efforts to recruit dedicated gender expertise to lead and drive gender across PHD. The Team Leader should step back from having a technical role on gender given competing demands and priorities.

The planned recruitment of a core gender team (2 staff), a Gender Adviser for Health, and creation of an international STA pool for gender specialist advice seems reasonable. However, the seniority of the core gender team needs to be reconsidered so that it is sufficiently senior to have clout, the necessary experience to provide strategic leadership across a large multisectoral program and attract experienced personnel commensurate with an attractive benefit package. With the proviso that the gender team is pitched at a senior level and the STA pool is well resourced, this package of expertise is expected to have the capacity to move forward the most urgent activities. The capacity of the mobilised gender resource package should be reviewed annually to identify any additional requirements. In future, PHD should consider recruiting Gender Advisers for each sector given that all three Sector leads identified the need for additional technical advice and support for gender mainstreaming, and demand from Government counterparts.

Recommendation 5.3: PHD should ensure the MEL Framework, workplan and reporting include dedicated sections on progress against gender priorities.

PHD should ensure the integration of gender into the PHD MEL plan, inclusion and enhanced visibility of gender and disability in sector program logics, development of sector gender action plans, and integration of gender and disability in sector MEL plans. In the absence of long-term gender staff, PHD will need to resource short term international and national technical assistance to progress these key areas of work.

Recommendation 5.4: PHD should progress its plan to leverage and fund women's organisations and partners to support gender mainstreaming into systems strengthening and gender transformative approaches.

5 Annexes

Key review questions and sub-questions

Key review question	Sub-questions
1. To what extent is the update to the PHD design and program structure feasible and relevant to DFAT's broad development strategy in Timor Leste?	<ul style="list-style-type: none"> - To what extent is the program logic of the IDD valid and feasible given the level of resources and timeframe of the program? - To what extent does the design provide license for PHD to experiment with new approaches and flexibility? - To what extent is PHD able to respond to evidence and flexibly manage programs accordingly?
2. To what extent are the governance arrangements fit-for-purpose?	<ul style="list-style-type: none"> - To what extent are the PHD governance structures fit for purpose for engaging GoTL, and likely to enhance the Australia-Timor-Leste partnership at all levels? - To what extent are the PHD governance structures suitable for guiding program planning, budgeting, and implementation at facility and sector level? - To what extent is the allocation of resources by Abt and DFAT for program governance appropriate to the scope?
3. To what extent is the PHD MEL system appropriate and likely to meet the requirements of the program?	<ul style="list-style-type: none"> - To what extent is the MEL system designed to provide quality and timely information and processes to inform facility and program reporting, learning and adaptation? - Is PHD MEL adequately resourced and structured to provide the required MEL leadership and support to the program? - To what extent will the MEL system allow DFAT to assess PHD progress against the Facility Performance Assessment Framework and End of Program Outcomes? - To what extent has the revision to the EOPOs in the IDD impacted PHD's MEL, and ability to track long-term performance?
4. To what extent is PHDs approach to institutionalising services/programs and/or elements of them within GoTL realistic and sustainable?	<p>Activities under new IDD/since strategic refresh</p> <ul style="list-style-type: none"> - To what extent are the newly designed PHD interventions, likely to be sustained by GoTL and embedded in their systems (e.g. new health interventions, Bolsa de Mae Jerasaun Foun reform)? - How can PHD ensure that the reforms they support are sustainable and affordable for government, particularly in a context of political shifts and leadership changes?

Key review question	Sub-questions
	<p>Activities under transition to GoTL</p> <ul style="list-style-type: none"> - What are the incentives for GoTL to institutionalise activities under transition? - To what extent have PHD provided a strong evidence base to demonstrate program effectiveness? - To what extent is GoTL resourcing and taking on responsibility for the activities under transition? - What are the current constraints impacting institutionalisation, and future risks? - To what extent are the services/functions being 'transitioned' to government appropriate for GoTL to sustainably finance and manage given the context of a potentially reducing budget? <p>PHD and DFAT's management of transition</p> <ul style="list-style-type: none"> - Are the transition timelines realistic in the current context? - Have the stages of transition been clearly articulated by PHD and agreed by DFAT and GoTL? - Do PHD and implementing partners have the capacity and appropriate resource allocation to facilitate sustainable transition of programs?
5. To what extent is PHD's approach to gender equality appropriate and likely to contribute to positive change?	<ul style="list-style-type: none"> - To what extent has the GoTL engaged with representative groups (eg: RHTO, ADTL) to influence policy, strategies and decisions? To what extent has this changed over time? What has been the PHD contribution to this change? - To what extent has gender mainstreaming, and consideration of intersectionality of gender and disability, been 'designed into' program strategies and plans? - How can DFAT and PHD improve performance on gender mainstreaming? - To what extent is the PHD MEL system fit-for-purpose for tracking gender outcomes?

List of documents reviewed

Folder	Document List
Budget	ATLPHD FY2021-22 Budget_080621
Constraints to Service Delivery	C2SD Workshop 1 Slide Deck C2SD Workshop 2 Slide Deck C2SD Workshop 3 Slide Deck Common Constraints to Services Delivery – recap next steps (003) C2SD Research Plan 16062021
COVID-19 Corporate response	Abt CEO session WebEx - PHD COVID-19 response - Final - 15 July 2020 Adaptive reopening COVID-19 COVID-19 Response Contracts - to 31 December 2021 PHD COVID-19 Safe Plan (30 June 2021) Reopening staff presentation 15 June final
DFAT Strategies and guidance	200904 Facilities PAF Guidance notes for APG publication 200904 Facilities PAF Annex 2 PAF template 250719 DFAT Guiding Strategy for PHD (final) COVID-19 response plan Timor-Leste Partnerships for Recovery
Functional review	Functional review – closure report (DFAT signed)

Folder	Document List
	Email: for DFAT sign off PHD Review Final_31 st Jan 2020
Health IDD	DFAT IDD TLPHSP_FINAL_150621_with Annexes
MEL	27122021_MELF_v1_DFAT_df+CBM 06012022_MELP_Draft_V2_mm+execrev TOC changeframe_Jan2022_07012022 PHD and Sector TOCs_07012022 PHD_Facility Indicator Technical Notes_10012022_draft AMEE Pricing AMEE-Overview and FAQ_20210204 PHD Facilities PAF reporting table v2_FINAL_DRAFT Report of 2020 Learning Dialogue TOC and TOA Guidance Note Jan2022PHD_Learning_Dialoguee results_FINAL Evaluations CBM Health evaluation report_FINAL_web DIH Evaluation Report – Executive Summary DIH Evaluation Report - final Rapid assessments Rapid Assessment Report-CREI Lautem-REVISED ToR - IERC evaluation Lautem Understanding MoEYS reporting systems_FINAL
Multisector approach	Disability Child functioning Screening tool Pilot Report_team FINAL_2903-2206 Disability Inclusion Analysis against GoTL 2022 PAA Draft DNAP_2021-2030 Versaun 1.3 October 2020_ENGLISH Cleaned-draft Evaluation_Dis National Action Plan - Report English FINAL PHD Internal Disability Learning review report V2 May 2020 Review Report Disability Specific Partners and Program - July 2019
	Gender Gender component of the health redesign MAPPING Gender Guide for MSSSI_Oct2021 2019-04-26_PHD Gender Equality and Women’s Empowerment Strategy_V3.0 ABT_GEDSI Framework PHD – Operations Manual GEDSI Chapter Dec 2021 PHD Gender structure resourcing Phase 2 V2 COVID-19 Pulse Survey + EDGE survey results – PHD Gender Equality and Disability Inclusion – Looking ahead phase 2 Draft MAPPING of GM for MSSSI_Dec2021
	Nutrition 220107 - BdM JF Program Logic - ToC & ToA - v3 Nutrition Re-orientation Notes_July 2020 SDG2 CNAP-NFS Brief_English_July2021
Operations Manual	PHD Operations Manual 2021
PEA	25022021_Report of 2020 Learning Dialogue-Final PHD PEA presentation for CoP_26 March2021 Social Protection_BdM Jerasaun Foun PEA Map - October 2021 Social Protection_Stakeholder Mapping - Sep 2020 Thinking and Working Politically - A proposed approach Note: also see Annex 3 Health IDD

Folder	Document List
	<p>Contextual Human Capital Development in Timor-Leste - Drivers & Blockages for Change_Dr Rui Municipal Presentation_PHD-Dili_short version_dec21 Timor PEA - Graeme Teskey dec 2021 World Bank - PPT-TL-PER-Main-Findings</p>
Phase 2 IDD	<p>AGB Covering Minute - PHD Option and Investment design update - November 2020 (cleared) PHD Investment Design Update (AGB submission) Annex A PHD Logic TOC Annex B PHD Policy Dialogue Matrix Annex C PHD Minimum Sufficient M and E Annex E PHD Governance & Implementation Arrangements Annex F PHD Risk Management and Safeguards (2) Annex G PHD Review recommendations and action Annex H PHD VfM Framework AGB Out of Session Minute: paper on PHD reviews</p>
PHD Annual Plans	<p>FY2020-2021 PHD Annual Plan Final 010920 FY2021-2022 PHD Annual Plan - Final-for staff 200921 PHD Response to DFAT Feedback Annual Plan FY20-21_170720 PHD Response to DFAT Feedback Annual Plan FY21-22_100921</p>
PHD Reports to DFAT_GoTL	<p>DFAT 2019_PHD Annual Report - Final_200220 2020_PHD Annual Report - Final_010321 2021 PHD Six Month Progress Report Jan-Jun_Final_110921 PHD Response to DFAT Feedback Progress Report Jan-Jun2021_Final PHD Six-Monthly Report Presentation Jan-June 2020 Intro-Edu-Dis-SP-Gen -for Embassy Submission PHD Six-Monthly Report Presentation Jan-June 2020 Intro-Health-San-Nut- FINAL for presentation PHD 6-month progress report June-Dec 2021 – Part 1 PHD 6-month progress report June-Dec 2021 – Part 2</p> <p>Stories of Significant Change 04082020 SSC COVID-19 payment FINAL_rev 04082020_SSC Preparation of Vera Cruz Clinic as COVID-19 treatment centre FINAL_mw 13032020 SSC DNAP development process_Revised SSC_SAMES_v4_SUBMITTED_24072021</p>
	<p>GoTL PHD Annual Report 2020_SSI_Eng Summary PHD Jan-June 2021 Report_Education_Eng Summary</p>
Social Protection	<p>FINAL-Timor-Leste SP Investment Concept- Post AMM - July 2019 TAF Household and economic research FINAL (English) MSSI COVID-19 household payment survey report</p>
Timor-Leste contextual reports	<p>2021-sustainable-development-report MDF Timor-Leste - Rapid Analysis - Market Impact of Cash Transfers - Final (002) MDI_COVID-19_Informal sector Research_Brief_Aug 20_Final_Eng (003) Scheiner - economic analysis July 2021 SEIA2-Final Report-211110 Timor Leste COVID-19 Survey Round 5 REPORT February 2021</p>

Folder	Document List
	<p>Timor Leste COVID-19 survey wave 2 Factsheet_6.9.2020 (002)</p> <p>Timor-Leste-Economic-Report-Charting-a-New-Path</p> <p>Timor-Leste-Public-Expenditure-Review-Changing-Course-Towards-Better-and-More-Sustainable-Spending</p> <p>TLER_December 2021</p> <p>WFP-Food security report - flood and COVID-19 - 2021</p>
Transition documents	<p>Whole-of-PHD</p> <p>2020 Learning Dialogue - transition to government</p> <p>TOR Specialist - Program Institutionalization</p> <p>PHD Institutionalisation Literature Review</p> <p>Disability</p> <p>Transition Plan for PHD Disability program-Draft 20 Jan 20</p> <p>Education</p> <p>ALMA English_Minutes ALMA Steering Committee Meeting Minutes_18 February 2020</p> <p>Steps in developing ALMA Strategic Plan_150721Education</p> <p>ALMA Strategic Plan_PPT_English_30062021</p> <p>Eskola.tl Transition Plan 2020-01-27</p> <p>Distribution evaluation TOR -Draft Final</p> <p>Health</p> <p>0762021 Final draft overall health transition plan_v1842021_for disc with DFAT_revised</p> <p>27042021 Copy of Annex 1_Detail health transition budget and key assumptions</p> <p>190921 HTAP Discussion Paper 1</p> <p>LI Transition Plan_Draft to PHD_091120_English</p> <p>Standard Operating Procedure for the Liga Inan Program_091120</p> <p>10032021 Concept Note_ODF transition v19012021_EngFinal_Master</p> <p>PHD Health_current program_updated_1</p> <p>Nutrition</p> <p>FONGTIL - Progress Report 15 December 2021</p> <p>Hamutuk Proposed Sustainability plan- final draft_MC 30 Nov</p>
Other	<p>PHD Presentation_UNICEF 2 Mar 2022 FINAL Low res</p> <p>PHD Organisational Chart – March 2022</p> <p>PARTISIPA Organisational chart 26022022</p>

List of stakeholders interviewed

Organisation	Interviewee name	Position
DFAT Post	Dara Doldo	First Secretary - Development
	Aidan Goldsmith (Health), Troy Skaleskog (Education) and Geordie Fung (Social Protection)	Sector Leads (combined interview)
	Carli Shillito	Former Counsellor Human Development
	Rebecca Dodd	Counsellor Human Development

Organisation	Interviewee name	Position
	Natasha Osborne	Embassy M&E Adviser
	Geordie Fung	Embassy Gender Lead
PHD	Inga Mephram	Team Leader
	Melinda Mousaco	Deputy Team Leader
	Ismael Barreto / Armandina Gusmao Amaral	Health Sector Lead / Former Health Sector Lead
	Ester Correia	Education Sector Lead
	Carmen Monteiro	Social Protection Sector Lead
	Dulce Da Cunha	Disability Manager
	Inga Mephram	Second interview, in her capacity as PHD Gender Lead
	Michelle Whalen	MEL Adviser
	Armandina Gusmao Amaral	PHD Program Manager
	Ministry of Health	Narciso Fernandes / Marcelo Amaral
Ministry of Education Youth and Sport	Afonso Soares	National Director of Planning and Inclusive Education
Ministry of Social Solidarity and Inclusion	Mateus da Silva (DN)	National Director for Promotion of People with Disabilities
	Joao Coimbra (DN)	Head of Unit for Partnership Cooperation
	Rui Manuel (DG)	General Director of the Cooperative
	Lucas Tois	National Director of Social Assistance
Prime Minister's Office	Filipe da Costa	PM's Adviser on Nutrition and Food Security
SNAEM	Horacio Sarmento	General Director for Medical Emergency and Ambulance Services
Ra'es Hadomi Timor Oan (RHTO)	Joãozinho dos Santos	Executive Director
Association for the Disabled of Timor-Leste (ADTL)	Cesario Silva	Executive Director
Governance for Development Program (GfD)	Carolyn Peterken	Team Leader
PARTISIPA	Fiona Hamilton / Abilio de Araujo	Team Leader / Deputy Team Leader
Nabilan	Anna Yang	Team Leader