



Country-Led Evaluation of Social Welfare Workforce Capacity Building Initiatives in Timor-Leste from 2016 to 2022

Final Evaluation Report



Commissioned by
the Ministry of Social Services and Inclusion
Government of Timor-Leste



Supported by UNICEF Timor-Leste



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Acronyms

ACBIT	Asosiasaun Chega ba Ita
ADTL	Asosiasaun Defisiensia Timor-Leste
ALFELA	Asistensia Legal ba Feto no Labarik
CB	Capacity Building
CDI	Capacity Development Initiative
CD	Capacity Development
CDI	Capacity Development Initiatives
CFW	Child and Family Welfare Policy
CMT	Country Management Team
CO	Country Office
CP	Country Program
CPAP	Country Program Action Plan
CPE	Country Program Evaluation
CPO	Child Protection Officer
CPS	Child Protection System
CPSS	Child Protection System Strengthening
CSO	Civil Society Organization
DFAT	(Australian) Department of Foreign Affairs and Trade
DP	Development Partner
DPO	Disabled People's Organization
EU	European Union
ERG	Evaluation Reference Group
E4WP	Empower for Women Project
EVAWC	Ending Violence Against Women and Children
FGD	Focus Group Discussions
FOKUPERS	Forum Komunikasaun ba Feto Timor Loro sa'e
GBV	Gender-Based Violence
INDMO	Instituto Nacional de Desenvolvimento De Mão-De-Obra
INS	Instituto Nacional da Saúde
ISAT	Industry Safety Assessment and Training
JSMP	Judicial System Monitoring Program
JUS	Jurídico Social Consultoria
LADV	Law Against Domestic Violence
LJTC	Legal & Justice Training Centre
MAE	Ministry of State Administration
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSSI	Ministry of Social Services and Inclusion
NAPC	National Action Plan for Children
NISI	National Institute for Social Impact
NGO	Non-governmental organization
OECD	Organization for Economic Cooperation and Development
PNTL	Polícia Nacional Timor-Leste (National Police)
PRADET	Psychosocial Recovery & Development in East Timor
RBM	Results-Based Management

RHTO	Raés Hadomi Timor Oan
SEII	State Secretary for Equality and Inclusion. Democratic of Republic Timor-Leste
SDG	Sustainable Development Goals
SWW	Social Welfare Workforce
TAF	The Asian Foundation
ToC	Theory of Change
TLPDP	Timor-Leste Police Development Program
TOR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNFPA	United Nations Fund Population
UNICEF	United Nations Children's Fund
UNSDAF	United Nations Sustainable Development Assistance Framework
UNTL	Universidade Nacional Timor-Leste
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
VAC	Violence Against Children
VAWC	Violence Against Women and Children
VPU	Vulnerable Persons' Unit
WB	World Bank
WHO	World Health Organization

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TIMOR-LESTE

- - - International boundary
- . - District boundary
- ⊙ National capital
- ⦿ District seat
- Town, village
- ✈ Airport
- Road

0 10 20 30 km
0 5 15 20 mi

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

DISTRICTS: LIQUICA, BOBONARO, ERMEIRA, AILEU, MANATUTO, BAUCAU, LAUTEM, VIQUEQUE, MANUFAHI, COVA LIMA, AINARO.

Towns/Villages: Bazar, Tete, Railaco, Glend, Punilala, Ermera, Hatolia, Letefoho, Maubisse, Turiscai, Barique, Laclubar, Laclo, Manatuto, Laleia, Vemase, Baucau, Bucoi, Cai Rui, Venilai, Uato Carabau, Uatolari, Iliomar, Lore, Maina 1, Mehara, Tutuala, Lautem, Laivai, Fuloiro, Lospalos, Cape Cutcha, Cape Jaco, Cape Amoco, Cape Meno, Cape Uisso, Cape Vail, Cape Bondra, Cape Matolina Run, Cape Corimbela, Cape Bauc, Cape Folobcapo, Batugade, Atapupu, Balibo, Atambua, Halilulik, Kotafun, Fatomean, Fatolulic, Lolotoe, Mape, Ainaro, Hato Bulico, Same, Alas, Berliu, Natarbora, Beaco, Viqueque, Delitubun, Cape Cassae, Cape Luli, Cape De Loré, Cape Ima, Cape Caceric, Cape Melidot, Cape Suai, Cape Talera, Fohorem, Suai Tilomar.

Geographical Features: Wetar Island, Lisrah Island, Atauro Island, Berau, Biquele, Maumeta, Strait of Wetar, Timor Sea, Savu Sea, Indonesia, Kisar Island, Jaco Island.

Inset Map: Shows OECUSSE district with towns Citrana, Nitibe, Oe Silo, Kefamenanu, Passabe, Wini, Pante Macassar.

Map No. 4111 Rev. 10 UNITED NATIONS April 2006 (Colour) Department of Field Support

Executive Summary

Context of the intervention

Since achieving independence, the Government of Timor-Leste has made significant progress toward establishing a comprehensive and functioning child protection system, with considerable assistance from partners like UNICEF. Nevertheless, formal social services designed to support child victims are still scarce and fail to offer uniform and equitable access nationwide.

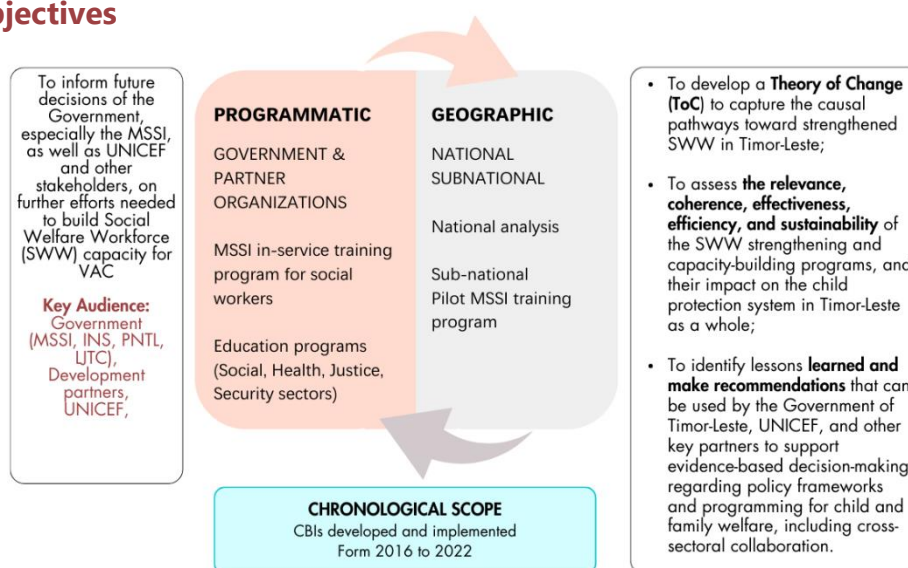
Critical institutions within the child protection and aligned sectors, including social welfare, justice, education, and health remain inadequately funded, and staff often lack necessary capacity, while coordination among these institutions is limited and frequently ineffective. Currently, non-governmental organizations (NGOs) and faith-based organizations provide majority of child protection services, operating with minimal government oversight and collaboration.

The Government of Timor-Leste has prioritized the development of a skilled, professional, and accountable Social Welfare Workforce (SWW) since the adoption of the **2016 Child and Family Welfare (CFW) Policy**. **These efforts include the development of a multi-sectoral strategy for SWW capacity development.**

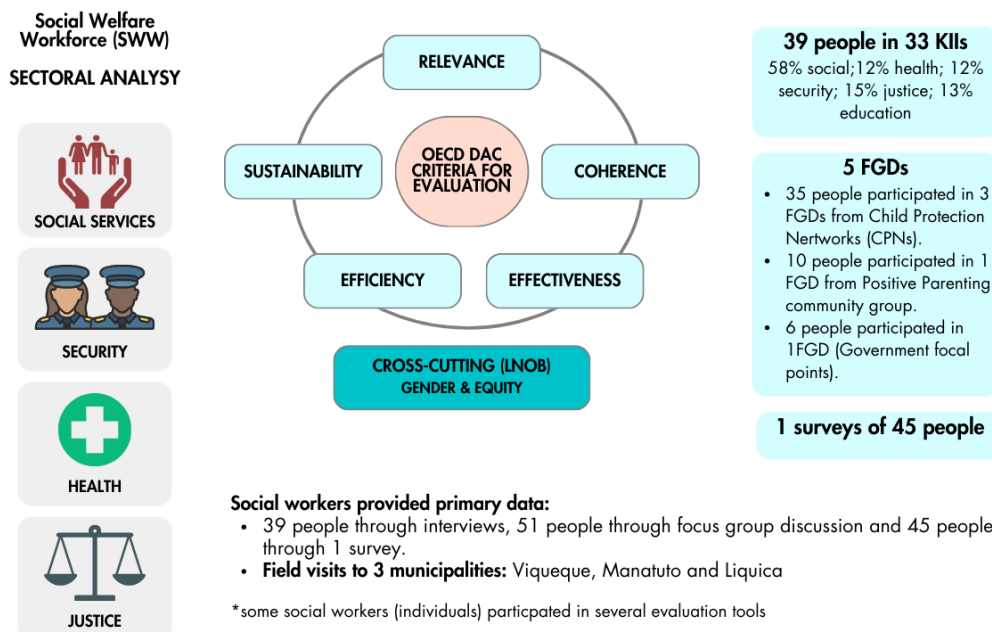
Throughout the evaluation period, various partner organizations and programs have been executing capacity development (CD) initiatives. These initiatives have been geared towards the enhancement of knowledge and skills of the SWW, with the goal of providing inclusive and efficient preventive and responsive child protection services across the country.

The Ministry of Social Solidarity and Inclusion (MSSI) with support of UNICEF, commissioned a country-led independent evaluation of the capacity development initiatives targeting Timor-Leste's SWW over the years 2016 to 2022. The purpose of evaluation is to provide evidence-based recommendations to guide the future processes and programs of SWW capacity development in Timor-Leste.

Evaluation objectives



Evaluation method and methodology



1

Capacity development programs & stakeholders

Key stakeholders engaged in the various phases of the capacity development initiatives in Timor-Leste were integral to the evaluation exercise. Participants included UNICEF Timor-Leste, and a range of the GoTL partners, such as MSSI, Ministry of Health/National Health Institute (NHI), Ministry of the Interior (Police Academy), Ministry of Justice (Legal and Justice Training Centre), and local government units at the provincial, municipal and city levels. Additionally, local and international NGOs, donors, academic institutions, development partners, implementing partners, and community members were involved, all of whom played a vital role in shaping the evaluation's outcomes.

The evaluation identified and assessed multiple capacity development initiatives aimed at strengthening both individual and institutional capacities of the SWW in Timor-Leste. A detailed examination was conducted on *the MSSI Child and Family Welfare in-service training program* implemented in five municipalities. Other CDIs were also analysed, especially those with objectives that align with child protection and related areas, such as Gender-Based Violence (GBV). The evaluation identified over 84 CD interventions carried out in Timor-Leste between 2018 and 2022.

Findings

1. Relevance

The MSSI has implemented decisive measures to establish a supportive policy framework for the development of social service workforce. This is **particularly relevant for the Timor-Leste context**, where social work has not yet been professionalized, and social services are being delivered by a multisectoral network composed largely of NGOs. The latter is providing services without a set of unified core required child protection competencies and standards.

The majority of identified CDI were carried out in the period of 2020 to 2022 as part of larger donor-funded international programs aiming to address GBV and violence against women and children (VAWC). Most trainings, particularly those targeting justice and security/law enforcement sector, are

¹ 39 people were interviewed in 33 KIIs because some interviews were attended by several people from the same institution or organization, such as ALFELA meeting (3 people), TAF meeting (2 people) and PRADET meeting (4 people). Annexes include detailed information on attendants per meeting.

not institutionalized, and were implemented over few days (short-term) and often one-off. There was also overall lack of coordination of CDI intervention across the evaluation period. In **the healthcare sector**, relevant in-service trainings coordinated by the National Institute of Health (INS) and the Ministry of Health (MoH), in collaboration with development partners and academic institutions are institutionalized. These include training initiatives on GBV and VAC for midwives. In **the social sector**, the Child and Family Welfare Training Program, conducted by MSSI, which successfully trained 279 individuals and the Certificate III in Social Services, conducted by The Asia Foundation (TAF) under the Nabilan Program, which trained 95 people, are **assessed as being innovative and relevant programs**, due to their objectives, design, and methodologies.

Overall, analysed **CDIs** across sectors **have been developed and adapted to the context of Timor-Leste**, aligning with the principles of Child and Welfare Family (CFW Policy). However, there is a notable gap in the security sector, particularly in the training of police officers, where the current recruitment training needs to be adapted to align with the community policing approach.

2. Coherence

Overall, mapped CDIs across sectors **are aligned with the national child protection objectives and are** contributing to developing the Social Welfare Workforce (SWW) core competencies essential for child protection service delivery system. However, it remains unclear whether Child Protection is integrated in and promoted in CDIs across other aligned systems.

Research, including baseline studies, conducted over the years on violence and children in Timor-Leste were crucial for informing institutionalized and long-term policies, programs and SWs' CD strategies in child protection.

Training needs identified:



The two training programs implemented in the social sector by MSSI and TAF (Nabilan Program) **are complementary. While these programs share similar objectives and designs, they cater to different audiences:** the program implemented by MSSI primarily targets multisectoral government social workers (91 per cent), whereas the Certificate III in Social Services program was attended by 89 per cent social workers from NGOs. This approach is consistent with the national objective of standardizing the capacities of government and NGO social workers in social services across different sectors.

There is a need for improved coordination and coherence among prevention initiatives that promote positive social norms and behavior change among parents and caregivers. Currently, these initiatives

are not coordinated and are following different approaches, despite having similar objectives and working with the same national partners, such as the Ministry of Education and MSSI

3. Effectiveness

In **the security sector**, VPU's police capacities are being progressively built through specialized training programs on GBV and CP, making them key referral partner for cases of violence identified at community level. Nevertheless, capacity gaps at the municipality level remain, including in ensuring confidentiality and ensuring trauma-informed approaches to prevent secondary victimization.

In **the health sector**, CDIs capacities to identify and provide medical support to GBV and VAC cases were strengthened. However, there is need to improve trauma-informed approaches in assisting victims, strengthening understanding of various types of violence, including non-physical forms, and improve services for survivors.

In **the justice sector**, NGOs are sufficiently capacitated to provide effective legal counseling to survivors. However, the capacities of the public sector to ensure child-friendly justice, including the effective application of principles in "best interests of the child" and "do no harm" need to be urgently developed.

In **the social sector**, the capacity development initiatives have had a positive impact on the capacities of 373 social workers who are part of municipality-level Child Protection Referral Networks. As a result, several improvements have been observed, including improved coordination, and assured confidentiality during case management, changes in behavior and the integration of a family approach.

4. Efficiency

Uncertainty and delays in the transfer of government funds to NGOs providing CP services, affects the quality of services delivered to children and communities at risk.

The **fragmented and uncoordinated nature of CDI** modalities affects efficient use of available human and financial resources. Long-term strategies with a focus on developing national expertise would likely be more efficient, given the limited institutional resources available.

UNICEF Timor-Leste has been effective and timely in mobilizing resources to support MSSI's long-term vision to build capacities and professionalize SWW, resulting in the development of national Government Strategic Plan and budget allocation for SWW capacity development. However, there is a need to develop a joint strategy to mitigate potential risks that might undermine sustainability and effectiveness of these efforts, including overload and turnover of MISS staff, and potential decrease in funding.

5. Sustainability

While the CDIs in the **health sector** are institutionalized, supported by strategies and sustainable in terms of funding, the VAC and GBV have not been incorporated as a mandatory and institutionalized component of capacity development in the security and justice sectors.

In **the social sector**, efforts to institutionalize CDIs for SWW are ongoing and emphasizes national ownership, contributing to long-term sustainability. MSSI has defined a mid- to long-term strategy for the professionalization of SWW, including through institutionalization of the SWW capacity development, and plans to establish of National Institute for Social Impact (NISI). The establishment of the NISI, which will provide accredited education program for SWW, follows positive examples of other public training centers, such as the INS/MoH.

6. Cross-cutting

CDI focusing on **disability** were implemented across different sectors. However, these were not systematically integrated and institutionalized, leading to insufficient expertise and skills of SWW in disability-related issues. Innovative strategies have been identified to enhance disability inclusion and

address gender issues within **prevention initiatives**. These approaches aim to shift social norms and reduce inequalities. Research has been conducted into prevalence and driving factors on GBV and VAC informing effective programming.

CDIs targeted SWs nationwide across sectors, while there were efforts to reach **remote areas** by engaging SWW at post levels, including village chiefs and other community leaders. Geographical barriers, difficult to access areas and limited resources (including human resources, finances and transport) limits access to CP and other services in remote locations.

LESSONS LEARNED

- ✓ Alignment with a long-term institutional plans and strategies on developing SWW capacity is crucial to ensure effective development of SWW capacities and corresponding social services, including in the field of GBV and VAC.
- ✓ Institutionalised supervision, ongoing capacity building, including 'refreshing' trainings, and ongoing mentoring are key elements to ensure quality at individual and institutional levels.
- ✓ Long-term commitment of international partners is crucial to ensure long terms changes , including addressing social norms and complex dynamics related to violence.
- ✓ A clear and updated policy, and legal frameworks, clearly outlining the government's vision and objectives on SW capacity development and CP service delivery system are necessary to direct institutional efforts towards a common goal.
- ✓ The potential of Child Protection Referral Networks (CPN) to act as an effective service delivery mechanism for child protection is undermined by the sectorial approach and fragmentation of the SWW CD strategies across sectors.
- ✓ Establishing multisectoral social service workforce professional associations would enhance the professional identity, visibility, growth, and development of the social workers profession in Timor-Leste.
- ✓ Engaging senior staff of NGOs, such as directors and management staff, in CD trainings has been identified as effective mechanism of knowledge transfer and strengthening of NGOs, with a positive impact on CP service delivery system.
- ✓ Evidence-based research, assessment and evaluations on VAC and GBV are crucial to mobilize funds and to advocate for effective measures to address GBV/VAC at the institutional level.

7. Recommendation

- 1) To MSSI: Create a comprehensive legal framework that defines multidisciplinary social workforce across sectors, covering volunteer social workforce, paraprofessional and professional. It should be in line with the ASEAN Declaration and Road Map on Strengthening SWW in the region. The legal framework should standardize core competencies of SWW, particularly those working in CP, across various sectors as well as define the ratio of social workers to the population.
- 2) To MSSI: Develop a standardized Child Protection Information Management System (CP-IMS), accessible to all institutions involved in CP case management system. The System should include standardized terminology and collect sufficiently disaggregated data on children (disability, gender, types of violence and demographics).
- 3) To MSSI: Revise existing child protection legal and policy frameworks sectors, including Standard Operating Procedures (SOPs) and roles and responsibilities of referral network members. Ensure that updated SOPs and other documents are integrated in CDI delivered to Child Protection Network.
- 4) To MSSI: Develop a multi sectorial National Action Plan for Social Workforce Strengthening, which will cover accreditation system and creation of a National Leadership Group (NLG). In coordination with INDICCA strengthen monitoring of the implementation of National Action Plan for Children (NAPC), and implement SWW CDIs foreseen in NAPC.
- 5) To MSSI: Establish an accredited national training institution responsible for accreditation and provision of the SWW in-service trainings.
- 6) To MSSI/future NISI: Set standardized CP competencies and develop certified courses targeting SWW across sectors, including NGO sector. This shall be carried out through National Institute for Social Impact (NISI), after the entity is established.
- 7) To INDICCA: Actively monitor implementation of NAPC, particularly provisions related to VAC/GBV and SWW CDIs, including those related to child-friendly justice system.
- 8) To Legal & Justice Training Centre (LJTC): Integrate VAC/CP that promotes child-friendly justice as mandatory module of all CDIs delivered to justice sector. These shall reflect findings and recommendations provided by available studies as well as the experiences of workers working with abused children.
- 9) To UN agencies and development partners: Strengthen donor coordination, including by establishing a thematic SWW working, to reduce fragmentation and allow for coordinated support for CDIs as part of overall CP system strengthening.
- 10) To PNTL/Police Academy: Ensure child protection and GBV topics are integrated in pre and in-service trainings of PNTL (Policia Nacional Timor-Leste), including as part of course for new officers planned for 2023. Implement measures to prevent high rotation of trained VPU officers. Use the lessons learned and experiences from past targeted VAC/GBV courses conducted in cooperation with TLPDP and UN to inform CD strategy and curriculum of the PNTL/Police Academy.
- 11) To MSSI: Develop comprehensive guidelines setting necessary principles and standards for design of CP CDI across sectors, reflecting the SWs Global Alliance Guidelines. These shall include indicators to measure efforts in CP social service workforce strengthening ("Timor-Leste Implementation Plan for the Guidelines").
- 12) To MSSI: Work towards improving work conditions, improve well-being and reduce burnout among frontline workers. Allocate Child Protection and GBV SWW based on population ratio and fill all the current vacant posts. Ensure that CPOs and GBV officers have required expertise.
- 13) To national government training institutions, including MSSI TWG (future NISI): Promote

training, assessment, supervision and mentoring capacity development strategies targeting management staff responsible for the planning, design and development of CDIs and institutional CD mechanisms.

- 14) To MSSI: Take necessary administrative measure to address delays in the disbursements of funds to key local implementing partners (CSOs and NGOs) and carry out realistic cost estimations of provided social services.
- 15) To MSSI and line ministries, including health, security, justice: Improve transportation of municipal frontline workers to support effective implementation of case management and referrals, including reintegration, as well as implementation and promotion of activities.
- 16) To MSSI, PNTL/Police Academy, LJTC, INS and NGOs: Promote and use innovative methods to strengthen SWW skills and mainstream disability, gender and psychosocial support in all CDIs across sectors.
- 17) To NGOs and/or civil society organizations working in CP in all sectors: Advocate for professionalization of the SWW, including for access to NGO staff to accredited course and certification.

1

Introduction

This Evaluation Report is the last deliverable provided as part of an independent country-led formative evaluation of the social welfare workforce (SWW) capacity-building initiatives implemented in Timor-Leste between 2016 and 2022. The evaluation, commissioned by the Ministry of Social Solidarity and Inclusion (MSSI) and supported by UNICEF, aims to inform and guide future actions of the Government of Timor-Leste (GoTL), specifically MSSI, as well as UNICEF and other stakeholders, in the field of SWW strengthening and capacity building.

The evaluation was carried out in a consultative and participatory manner, closely working with the Government of Timor-Leste/MSSI, UNICEF, other stakeholders, as well as beneficiaries of social protection services. This approach allowed for context-appropriate evaluation design as well as ensured needed ownership and accountability over the evaluation.

The document is structured as follows: The upcoming section provides an overview of the country's background and context. Chapter 3 details the subject of the evaluation. Chapter 4 presents the restructured Theory of Change (ToC) for the Capacity Development (CD) interventions. Chapter 5 outlines the purpose and scope of the evaluation, including its objectives. Chapter 6 explains the evaluation methodology, its operational application, selection rationale, and adaptations to fit the Timor-Leste context and sector. This chapter also covers data collection methods, participant profiles, and analysis techniques. Chapter 7 presents the evaluation findings, structured according to the OECD DAC evaluation criteria. Following the presentation of findings, Chapter 8 offers conclusions and lessons learned from the analysis of these findings, along with recommendations for stakeholders to enhance management effectiveness. The document concludes with various annexes, including the evaluation matrix, research tools (such as surveys, interview guides, and focus group discussion guides), Informed Consent forms, a list of reviewed documents, a compilation of identified Capacity Development Initiatives, and the Terms of Reference for this evaluation consultancy.

2

Background

Timor-Leste has emerged from conflict as a peaceful, democratic and secure country¹. With a continued show of resilience and resolve, it has demonstrated strong commitment to reconciliation and reconstruction, as well as to promoting human rights and democracy². Culture and traditional customs hold a central place in the societal structure of Timorese communities. Historically, and continuing into the present, these cultural elements have provided a steadfast source of identity and stability for the people of Timor-Leste, even though periods of foreign occupation. As of 2022, Timor-Leste's population stands at 1,340,434, with a significant portion, approximately 42 per cent, being children aged 0 to 17 years³. In 2022, Timor-Leste has had the highest annual population growth among all the countries in Southeast Asia in 2022.

Despite laws supporting gender equality and a notable representation of women in national politics, multiple studies indicate that sexual and gender-based violence, along with VAC continue to be significant concern. A quarter of women (aged 18–49 years) have experienced sexual violence by age 18,⁴ and a high proportion of children have experienced violence at home and in school.^{5,6} Although there has been notable progress in establishing a comprehensive and functioning child protection system in Timor-Leste since its independence in 2002, the prevalence of violence against women and children remains high in the country.⁷ This not only restricts their growth and access to opportunities and rights but also poses a threat to social cohesion.

For Timor-Leste to advance towards the Sustainable Development Goals (SDGs), it is essential to prioritize actions such as reducing child malnutrition, enhancing the planning and financial management of service delivery, and extending targeted social protection programs. Additionally, strengthening institutional capacity is vital to foster an environment conducive to effective policymaking, inclusivity, and economic prosperity.⁸ Given the limitations in resources and capacity of state institutions, particularly the formal justice system, which is often inaccessible to many communities, especially the most vulnerable and remotely located, traditional social mechanisms are likely to remain a significant influence in Timorese communities for the foreseeable future. These traditional systems can play a crucial role in addressing community needs and maintaining social order where formal state support is lacking.⁹

COVID-19 outbreak in 2020, as well 2021 Easter floods have further undermined Timor-Leste's economic recovery and development progress. The COVID-19 pandemic caused further challenges and exacerbated existing vulnerabilities in the country. Data from the Ministry of Social Solidarity and Inclusion (MSSI) shows that the number of cases reported of VAC in 2021 had more than doubled compared to 2019. Girls

¹ 2018 Timor-Leste Country Diagnostic

² UNSDCF - United Nations Sustainable Development Country Framework 2021 - 2025

³ Population projections based on 2015 Population and Housing Census

⁴ The Asia Foundation. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main Report. The Asia Foundation: Dili, 2016

⁵ UNICEF, Study on violence against children in and around educational settings Timor-Leste, 2016

⁶ United Nations Children's Fund, Baseline Study of Knowledge, Attitudes and Practices towards Ten Key Focus Areas of Parenting in Timor-Leste, 2015

⁷ Ibid., p. 21. The Asia Foundation (TAF) Study: 55 % of women and children had experienced physical violence, while 29% of children had witnessed an act of violence on several occasions; 2015 Ministry of Education study (supported by UNICEF) - violence perpetrated against children in and around schools, found that 75 percent of boys and 67 percent of girls had experienced physical violence by a teacher within the last 12 months.

⁸ The World Bank, The World Bank in Timor-Leste < <https://www.worldbank.org/en/country/timor-leste/overview> > accessed 21 December 2023

⁹ Early Warning Response, *Culture and its impact on social & community life. A case Study of Timor-Leste. Policy Brief N° 5*. Retrieved from: <https://belun.tl/wp-content/uploads/2012/06/Policy-Brief-5-Culture-and-its-Impact-on-Social-and-Community-Life.pdf>

are more likely to be affected than boys, leading to reversal of the pre-COVID pattern.¹⁰ During the past several years of in an emergency context in Timor-Leste (global COVID-19 pandemic and April 2021 floods in Timor-Leste), violence against children has more than doubled. MSSSI data shows that the number of reported cases of child physical abuse, sexual abuse and rape was two to four times higher in 2020 and 2021, compared to 2019. Physical abuse cases rose from 36 in 2019 to 80 in 2020 and 143 for the first nine months of 2021.¹¹

In 2010, the MSSSI requested an evaluation on the child protection system in the country. One of the evaluation recommendations was for the MSSSI/National Directorate for Social Development (DNS¹²), UNICEF Timor-Leste and NGOs to develop an updated system, integrating the Timor-Leste cultural reality and aligned with international child protection regulations. During the period of 2012 to 2014, MSSSI conducted a national analysis exercise to define a long-term Child and Family Welfare System vision based on consultations with partners, stakeholders and communities. See Table 1 for identified child protection challenges related to social service delivery.

Table 1. Main child protection challenges related to social service delivery identified

- No strategy is developed to support family strengthening.
- Limited number of CP cases are reported and dealt directly by MSSSI.
- Unequal access to services and SWW distribution across the country, with disparities in geography, population, and poverty incidence affecting access to prevention, promotion, and response services.
- Low social worker coverage at municipal level.
- There is an over-reliance on processes driven by legal requirements, with insufficient emphasis on strengthening family and community capacities for child protection, particularly in prevention and promotion.
- The budget allocated for developing a sustainable, long-term service delivery system at the national level is inadequate.
- The concept of social work as an academic and professional field is relatively new.¹³
- The existing legal policy framework¹⁴ does not provide a robust basis for effectively responding to VAC cases or for the development of an effective support system for children and families.¹⁵
- Child protection services heavily depend on the NGO sector, with limited government oversight and coordination.

Establishing a skilled, professional, and accountable SWW¹⁶ presents GoTL's priority since the adoption of the CFW Policy. The Policy envisages a child protection system which utilizes and builds on existing

¹⁰ Caritas Australia, Tackling Gender-Based Violence (GBV) in Timor-Leste, <https://www.caritas.org.au/news/blog/tackling-gender-based-violence-gbv-in-timor-leste/>, accessed on 21 December.

¹¹ Socio-Economic Impact Assessment of COVID-19 in Timor-Leste, United Nations in Timor-Leste, Round 2, 2021 (SEIA-2), 2021. Retrieved from: <https://www.undp.org/timor-leste/publications/socio-economic-impact-assessment-covid-19-timor-leste>

¹² Dentro da DNS, o Departamento de Proteção e Promoção dos Direitos da Criança.

¹³ 2014 SWW Capacity Development Strategy. Page 5: *Only a small percentage of the respondents across all groups expressed any formal education and training in subjects related to social work / child protection – this included social science, psychology and the law. This point was also raised in discussion groups: because the social welfare staff comes from very different backgrounds and disciplines, they tend to approach their work with different approaches.*

¹⁴ O Código Penal e a Lei Contra a Violência Doméstica são as duas principais leis que regulam os pontos fulcrais do apoio à criança e à família em Timor-Leste. Apesar dos progressos realizados, estes textos não representam uma base jurídica suficientemente sólida para uma resposta adequada às crianças vítimas de abuso e de violência, ou um quadro jurídico forte para o desenvolvimento de um sistema eficaz de apoio à criança e à família.²³ The Penal Code and the Law Against Domestic Violence are the two main laws that regulate the main points of child and family support in Timor-Leste. Despite the progress made, these texts do not represent a sufficiently solid legal basis for an adequate response to child victims of abuse and violence, nor a strong legal framework for the development of an effective child and family support system.

¹⁵ Page 43 CFW Policy doc: *Foram feitos esforços significativos para desenvolver um quadro jurídico e político para a proteção da criança em Timor-Leste. No entanto, ainda continua a ser fragmentado e inconsistente, como consequência da forma como se desenvolveu. Como observado na avaliação da Lei Contra a Violência Doméstica, é necessária legislação clara para 1) designar um órgão do governo com mandato, autoridade e responsabilidade claras para avaliar e responder às questões com as crianças e o seu bem-estar; 2) indicar as normas, critérios, procedimentos e autoridade para decidir quais intervenções são adequadas em casos individuais; e 3) exigir que todas as decisões relativas aos serviços de proteção obrigatória (incluindo a remoção de uma criança da sua família e cuidados alternativos) serem feitas por um organismo governamental, sujeito a revisão judicial.* CFW Policy doc: Significant efforts have been made to develop a legal and policy framework for child protection in Timor-Leste. However, it still remains fragmented and inconsistent as a result of the way it has developed. As noted in the review of the Domestic Violence Act, clear legislation is needed to 1) designate a government body with a clear mandate, authority and responsibility for assessing and responding to issues with children and their well-being; 2) indicate the norms, criteria, procedures and authority for deciding which interventions are appropriate in individual cases; and 3) require that all decisions regarding mandatory protective services (including removal of a child from their family and alternative care) be made by a government agency, subject to judicial review.

positive traditional and community values, principles, and protective practices and mechanisms, as well as the national resources available in the country. Such an approach to SWW is also reflected in *Social Service Workforce: Strategy for Developing Capacity in Timor-Leste (2016)* attached to the aforementioned Policy. The policy is designed to transition from a reactive approach to more comprehensive spectrum that emphasizes building the capacities of family, community and state to promote children's wellbeing, prevent of violence, supports early detection of child protection issues, and ensures appropriate response. It emphasizes response that integrates both formal and informal practices, ensuring an effective child protection system. This system involves multisectoral coordination, encompassing both national and subnational levels, to ensure a holistic and cohesive approach to child protection and welfare.



Photo by UNICEF team. Social workers attending closure ceremony on MSSl CFW training participation.

In 2016, the GoTL developed National Action Plan for Children in Timor-Leste (NAPC 2016 – 2020). NAPC was developed through collective efforts of various ministries, municipal offices and civil society organizations, with child protection presenting one of the priority areas of the NAPC. NAPC foresees: i) Deployment of additional social animators and child protection officers (CPOs) in all municipalities with large populations to ensure an adequate ratio of social workers needed to provide proactive and preventive services; ii) SWW training for MSSl and partners, including VPU, community leaders and line ministries; and iii.) Development and approval of MSSl Social Worker Standard Code of Ethics.

¹⁶ Definition of the (SWW) Social Welfare Workforce stated in the government document "The Social Service Workforce: Strategy for Developing Capacity in Timor-Leste" comprises the formal workforce (government staff) and a wider range of civil society organizations, NGOs and also community and religious leaders. Building the capacity of these other actors is also envisioned in the government strategy, to ensure a cohesive and smooth approach to dealing with social welfare and protection issues in Timor-Leste.

3

Object of the evaluation

Given the country-led nature of the evaluation and its primary objective to assess SWW capacity building initiatives and their impact on strengthening the child protection system in Timor-Leste, the evaluation team, in agreement with the Evaluation Reference Group (ERG), undertook a mapping of other programs and initiatives targeting SWWs. This included training initiatives that incorporate content on VAC and GBV.

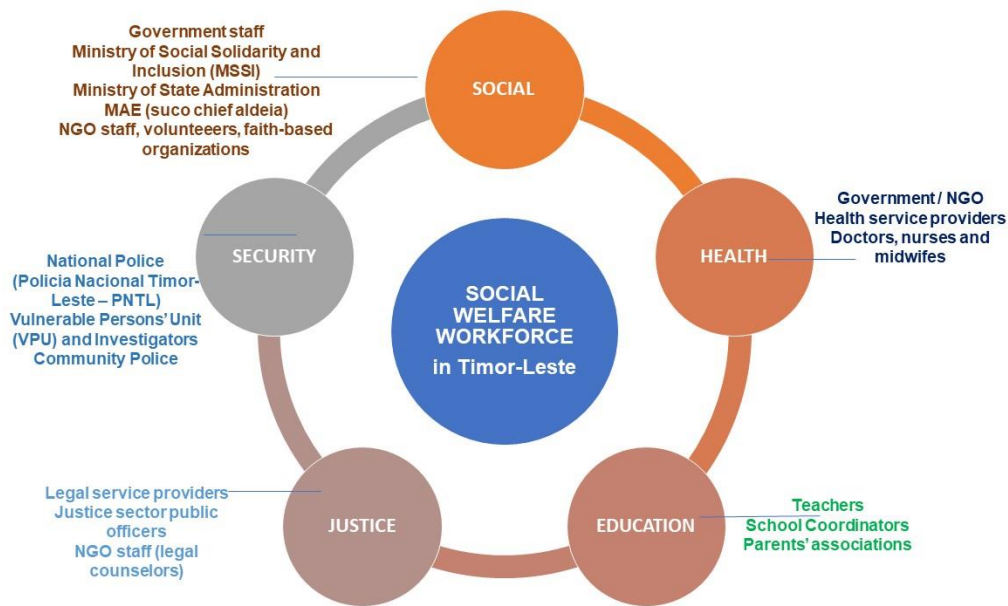
The focus of the evaluation are CDIs provided to **child protection social workers** in Timor-Leste between 2016 and 2022. These initiatives aimed at strengthening their knowledge and capacities, thereby enhancing the effectiveness of the service delivery system. However, the evaluation team faced challenges due to the absence of a pre-existing database or baseline for initiating their analysis. To address this, an initial desk review and consultations with key informants was conducted to compile a list of CDIs implemented during this period. This compilation and classification of CDIs became a key output of the evaluation and formed the basis for the evaluation's subject.

The **primary beneficiaries** of mapped CDIs are public officials from government institutions, staff from non-governmental organizations (NGOs) and civil society organizations, as well as community leaders. These social workers have a diverse range of roles, spanning from management positions to technical field staff, and they represent various sectors such as health, social services, justice, education, and security. Children and their families are indirect beneficiaries of the capacity development interventions. The ultimate aim of these interventions is to enhance access to and utilization of quality services prevention and response services provided by trained social workers across various sectors.

Figure 2 illustrates the SWW system in Timor-Leste, which includes a diverse group of professionals and paraprofessionals involved in the child protection service delivery system. According to the government document "The Social Service Workforce: Strategy for Developing Capacity in Timor-Leste," this workforce encompasses both formal government staff and a broader array of actors from civil society organizations, non-governmental organizations, and community and religious leaders. The government's strategy aims to build the capacity of these varied actors to ensure a unified and effective approach to addressing social welfare and protection issues in Timor-Leste. This approach recognizes the importance of a multisectoral collaboration in creating a comprehensive and resilient social welfare system.

Figure 2 illustrates the SWW system in Timor-Leste, which includes a diverse group of professionals and paraprofessionals involved in the child protection service delivery system. According to the definition of the SWW provided in "The Social Service Workforce: Strategy for Developing Capacity in Timor-Leste", this includes formal government staff and broader array of actors from CSO, NGOs and community and religious leaders. Building the capacity of these actors is also envisioned in the government strategy, to ensure a cohesive and smooth approach to dealing with social welfare and protection issues in Timor-Leste.

Figure 2. Social Welfare Workforce in Timor-Leste¹⁷



Source: Prepared by the evaluation team based on desk-review and consultations with key stakeholders



Photo by UNICEF: MSSI Child Protection Officers (CPO) and gender focal points during municipal training sessions.

From 2016 to 2022, a variety of capacity development initiatives were implemented. These initiatives targeted social workers across different sectors, with the goal of enhancing their capacity to deliver quality child protection services. This includes prevention, promotion, and response efforts for children and their families. The aim was to address challenges identified in the child protection service delivery system (see Table 1).

In this context, MSSI developed a skills-building approach curriculum¹⁸ focusing on service delivery (reducing administrative roles), enhancing activities related to prevent welfare and protection problems, and moving from a case-work focus towards a broader emphasis on community strengthening

¹⁷ Numbers of specialized social worker positions per sector are based on data from Report Mapping the SWW in Timor-Leste (2019)

¹⁸ Social Service Workforce: Strategy for Developing Capacity in Timor-Leste (2016)

approaches to service delivery. From 2016 to 2022, MSSl, supported by UNICEF, launched the *MSSl Child and Family Welfare program* as a pilot initiative. This in-service training program is complemented by a Competency Framework designed for the development of MSSl social workers, along with a corresponding code of ethics.¹⁹

See Table 2 for a display of the most relevant training programs identified during the inception and research phases of the analysis. The selection of programs was based on (i) VAC/GBV content, (ii) Targeting social workers from one of the four sectors included in the analysis, and (iii) Program objective related to child protection.

¹⁹ United Nations Children's Fund, Country Office Annual Report 2019 Timor-Leste, Timor-Leste 2019.

Table 2 . Major Programs identified including Capacity Development Initiatives (CDIs) targeting SWW

CDI Capacity Development Initiatives	PROGRAM / PROJECT Organization	PERIOD DONOR	DESCRIPTION
MSSI Child and Family Welfare program in-service training program	MSSI with UNICEF support Government DFAT Funds	(2016 to 2022) 5 pilots implemented, targeting 5 Child Protection Networks	- Approximately 370 multisectoral social workers have already participated, mostly from government institutions (social, justice, education, health, law enforcement, humanitarian workers, as well as NGOs and community leaders). - Implemented in five Municipalities to date in two phases (1st pilot from 2016 to 2018, 2nd phase from 2018 to 2022).
Certificate III in Social Services training program	Nabilan Program The Asia Foundation	(2016 – 2022) 5 rounds implemented In 5 years DFAT (Australia) Funds	- The Social Service course targets a multidisciplinary range of SW profiles with a holistic approach (mostly from NGO sector). - Five rounds in five years were implemented, targeting 95 professionals from the health, social, justice, education and security sectors, mainly from national NGOs. - The Nabilan Program is an eight-year commitment from the Australian Government aimed at supporting Timorese society and government in ending VAWC, as well as providing victims with high-quality services. The program is implemented by The Asia Foundation.
Several CDIs targeting social workers from different sectors	Spotlight Initiative UN joint project	(2020 – 2023) EU and UN Funds	- EU-UN funded Spotlight Initiative started to be implemented in Timor-Leste in 2020 to address the challenges of VAWG. - The Spotlight Initiative is implemented by five UN agencies (UN Women, UNFPA, UNDP, UNICEF, and ILO) with a focus on addressing intimate partner violence and domestic violence.
Several CDIs targeting Vulnerable Persons' Unit (VPU) from PNTL (Security Sector)	TLPDP Timor-Leste Police Development Program	(2012 – 2022) ongoing DFAT (Australia) Funds	- The Timor-Leste Police Development Program (TLPDP) is a bilateral arrangement between the Government of Australia and the Government of Timor-Leste (GOTL). The purpose of the program is to assist the <i>Policia Nacional de Timor-Leste</i> (PNTL) to promote and maintain a safe, stable environment in Timor-Leste, which will contribute to economic and social development and sustainable poverty reduction.
Several CDIs targeting social workers from several sectors	"Together for Equality" UN joint project	(2020 – 2023) KOICA (Korea) Funds	This joint UN project in Timor-Leste involves four UN agencies—UN Women, UNDP, UNFPA, and IOM—working in collaboration with the State Secretariat for Equality and Inclusion (SEII). Funded by the Korea International Cooperation Agency (KOICA), the project aims to prevent and respond to GBV in Timor-Leste to <i>enhance efforts for all women and girls in Timor-Leste to enjoy their right to live free from gender-based violence, and access quality essential services</i> . Implemented in Dili, Baucau and Covalima.
National Health Training curricula and complementary CDIs	MoH/INS program "Her health, her dignity"	MoH/INS Funds USAID UNFPA – Zonta International	- CDIs coordinated by INS/MoH, targeting health service providers. The initiative receives support from various development partners, including the UN system (UNFPA), USAID and academic institutions, such as the National University of Timor-Leste (UNTL) and La Trobe University, among others.
CDIs targeting SWWs across all sectors	"Empower for women"	UNWOMEN	- GBV targeting persons with disabilities. - Developed a training manual and training materials targeting a diverse range of SWWs.

Building SWW capacity involves several interlinked elements, such as creating appropriate and supportive legislation, implementing education programs, establishing quality assurance mechanisms, developing and strengthening curricula, and setting licensing and practice standards. Additionally, it requires transforming the attitudes, roles, and skills of the existing workforce, as well as raising awareness about the crucial role of SWW in social service delivery. The evaluation team mapped 84 different capacity development activities implemented between 2016 and 2022 across the different sectors (see Table 2). However, there has not yet been a national assessment or evaluation of the capacity development support targeting the Social Welfare Workforce (SWW). The Government of Timor-Leste has acknowledged this gap and highlighted the need for such an evaluation through the Terms of Reference for the current evaluation. In the regard, evaluation focus is SWW CD interventions conducted in the 2016–2022 period across different sectors. The scope and specific objectives of the evaluation are further detailed in the subsequent sections. The evaluation has developed a list of CDIs implemented from 2016 to 2022, with four SW profiles based on the role/nature of services delivered to children, families and community. The list is composed of diverse CD activities ranging from workshops, training sessions and study tours to institutionalized or long-term CD initiatives.

Table 3. Capacity development interventions identified by sector

CDIs analysed based on the SWW profile targeted	N. of CDI per sector
Social sector	30
Health sector	13
Security (police) sector	19
Justice (legal) sector	12
Multisectoral	10
Total	84

Source: Information compiled by the evaluation team

Major groups of stakeholders identified (See Table 3.)

Table 4. Key stakeholders engaged in capacity development activities

Key stakeholders ☑ involved; ☒ not involved	Design	Financial support	Implementation	M&E
Ministry of Social Solidarity and Inclusion (MSSI)	☑	☑	☑	☑
Ministry of Health / INS	☑	☑	☑	☑
Ministry of Justice / LJTC	☑	☑	☑	☒
Ministry of Interior / PNTL / Police Academy	☑	☑	☑	☑
National Commission on Child Rights (INDICA)	☒	☒	☒	☑
National NGOs/CSOs	☑	☒	☑	☑
UNICEF	☑	☑	☑	☑
International organizations	☑	☑	☑	☑

Source: Information compiled by the evaluation team

4

Theory of Change (ToC) for Social Welfare Workforce Capacity Building Initiatives in Timor-Leste

Capacity development is reflected as an essential strategy in the theory of change (ToC) reconstructed by the evaluation team, based on desk review of relevant documents and consultations with stakeholders during the inception phase. The assumption was that capacity development efforts can only yield better results in terms of uptake, follow-up and sustainability of the programs if they are carefully planned, implemented and measured in a targeted, successive and comprehensive manner. The reconstructed ToC was presented to key stakeholders together with preliminary findings and recommendations for validation.

To assess the CD interventions results, a theory-based contribution analysis approach has been applied. Contribution analysis utilized an explicit Theory of Change, testing the theory against logic and evidence to establish the CD contribution to expected results. The evaluation team conducted an ex-post reconstruction and review of the Theory of Change (ToC) to assess the relevance, coherence, effectiveness, efficiency and sustainability of the interventions within that framework.

The six steps,²⁰ which were proposed in the evaluation inception report, have been applied:

- (i) The first step was to understand and assess the impact pathway or the CD logic model. During this stage, in addition to understanding the logic model, the relevance analysis of the CDs was carried out according to the evaluation questions (see evaluation matrix in the annex section), using the mapping of the CD interventions developed by the evaluation team.
- (ii) The second step was to apply the ToC ex-post²¹ assessment. For this evaluation, the assumptions were added to the causal links in the logic model. For each key level of CD interventions, the evaluation team analysed the causal links with the assumptions.
- (iii) The third step was to gather evidence and assemble all readily available material, leaving the more exhaustive research to be done after interviews, FGD and the survey (please refer to the data collection description in this document).
- (iv) The fourth step was to assess the contribution story, analyzing if the results chain is strong and identifying which are weak. A causal theory of change diagram model has been designed to show the impact pathways and the causal link assumption details of the theory of change.
- (v) The fifth step was to seek additional evidence. The evaluation team used triangulation techniques to assure the technical quality. (vi) Finally, the sixth step was to revise and strengthen the contribution story, before including it in this evaluation report.

Children face various forms of risk and vulnerability at all stages of their childhood. The institutional setup for child protection in Timor-Leste is still in the process of development and suffers from inadequate resources,

²⁰ According to the model outlined by John Mayne, 2008. Better criteria for better evaluation. OECD/DAC Network on Development Evaluation. January 2020.

²¹ Theories of change are models of how change is expected to happen (ex ante case) or how change has happened (ex post case). Mayne, 2015.

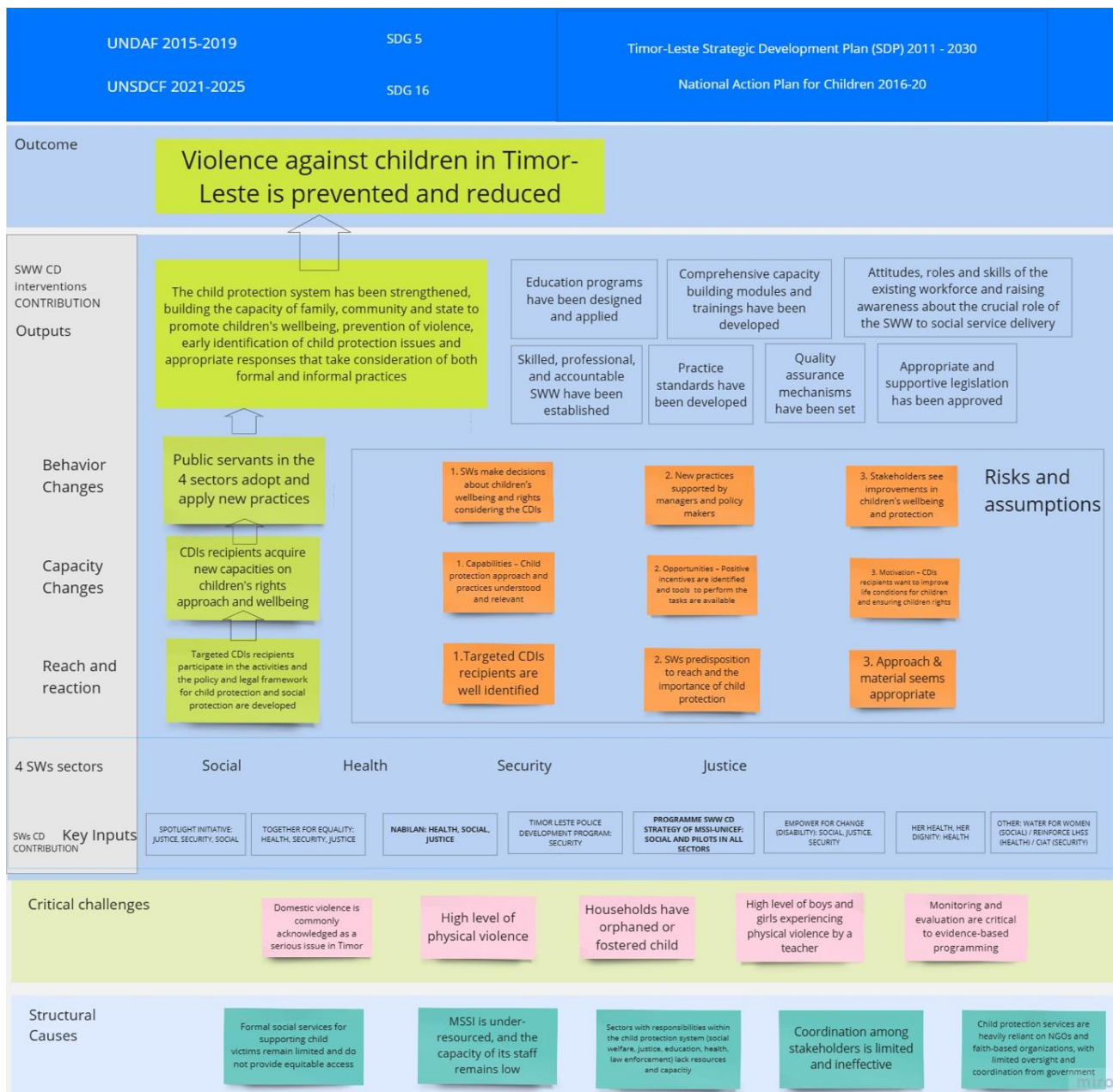
resulting in insufficient coverage and quality of child welfare and protection services. Many children with disabilities do not have access to mainstream social services, and children from larger families face greater challenges in accessing public services and enjoying their rights.

However, since there is multiplicity of programs dealing with CD interventions aiming to strengthen child protection system, there is no common logical framework. The ToC was reconstructed by the evaluation team as a result of the discussion and work sessions with the national stakeholders. The general logic of the formulation, based on critical challenges and structural causes (see background chapter) is as follows:

If the targeted CDI recipients participate in the activities and the policy and legal framework for child protection and social protection is based on evidence, and has well-identified roles and responsibilities, this will serve as the basis for equitable resource allocation and promote stronger inter-sectoral coordination towards an improved protective environment and a strengthened gatekeeping mechanism.

If CDI recipients acquire new capacities on children rights and wellbeing, and if public servants adopt and apply new practices and the government entities have increased capacity to address violence against children and ensure child-friendly justice, **then**, through strengthening child protection system, boys and girls of all ages, including the most vulnerable (children with disabilities, in contact and conflict with the law, from economically vulnerable families, and migrant families) will have better access to and benefit from quality services and support: thus creating an environment that prevents and responds to deprivation, violence, abuse, exploitation and neglect, especially for the most vulnerable.

Figure 3. Reconstructed Theory of Change of the CD interventions in Timor-Leste



Source: Prepared by the authors

At the end, it is expected that the CD interventions contribute to the national agenda and commitments, mainly related to the Timor-Leste Strategic Development Plan (SDP) 2011 – 2030, the National Action Plan for Children 2016-20, the UNDAF 2015-19 / UNSDCF 2021-25, and SDGs 5 and 16. The assessment of the alignment of CDIs with international and national legal and policy framework is presented in the relevance section of this report.

The focus of the Capacity Development Interventions (CDIs) is on institutions from various sectors that have roles and responsibilities within the child protection system. These sectors include social welfare, justice, education, health, and security/law enforcement. The CDIs are part of different programs funded by various donors and implemented by different agencies. In Figure 3, at the input level, the programs that have significantly contributed to the development of the SWW capabilities are depicted, with an indication of the specific sector of work each program addresses.

The causal pathway model used in the figure is following model proposed by Mayne (2015).^{22 23} Three levels relevant for this study were added to the classic version of the ToC:

- Reach and reaction focuses on the target groups (social workers and other public servants) who receive the CD intervention's goods and services and their initial reaction.²⁴
- Capacity changes focuses on the differences in knowledge, attitudes, skills, aspirations, and opportunities of those who have received or used the CD intervention's goods and services.
- Behavioral changes represent changes in actual practices that occur due to CDIs, namely that those in the CD target reach group do things differently or use the intervention products.

The following risks and assumptions are identified:

REACH AND REACTION	CAPACITY CHANGES	BEHAVIOR CHANGES
Targeted CDI recipients participate in the activities. Risks and assumptions: 1. Targeted CDI recipients are accurately identified. 2. SWs' are predisposed to reach children and see importance of child protection. 3. The methods employed and materials developed for the CDIs are appropriate.	CDI recipients acquire new capacities on children rights and child's wellbeing. Risks and assumptions: 1. Capabilities – Child protection approach and practices are understood and are relevant. 2. Opportunities – Incentives that encourage positive change are recognized, and the necessary tools for executing tasks are accessible. 3. Motivation – CDI recipients desire to enhance the living conditions of children and ensure the protection and fulfillment of children's rights.	Civil servants in the four sectors adopt and apply new practices. Risks and assumptions: 1. Civil servants in four key sectors incorporate the learnings from CDIs in their decisions affecting children's wellbeing and rights. 2. Managers and policymakers support the implementation of new practices learned from CDIs. 3. Stakeholders observe improvements in children's wellbeing and protection as a result of these interventions.
Risks and assumptions have been evaluated and detailed in the findings chapter, with a focus on assessing the current validity of these risks and assumptions.		

²² Mayne, John. "Useful theory of change models." Canadian Journal of Program Evaluation 30, no. 2 (2015): 119-142.

²³ Note that the causal pathway model in the Figure explicitly does not label the sequence of results as immediate, intermediate, and final outcomes (or impacts)—a much more frequently used model, although these labels could be added. Because these commonly used terms have little intuitive meaning, on their own they do not provide much guidance in setting out an impact pathway. So, the evaluation team followed the Mayne model, which is a more useful representation of an impact pathway than the more common outcomes-based generic model, for the case of capacity development assessment.

²⁴ Reach is important to include as a component in causal pathways. "A lack of explicit thinking about reach in logic models can lead to problems such as narrow/constricted understanding of impact chains, favoring of 'narrow and efficient' initiatives over 'wide and engaging' initiatives, and biased thinking against equity considerations" (Montague & Porteous, 2013).

5

Purpose, objectives and scope of the evaluation

As outlined in the Terms of Reference (TOR), the goal of this country-led formative evaluation is to produce evidence that will guide the Government, particularly the MSSl, as well as UNICEF and other relevant stakeholders. This guidance pertains to the progress achieved and the additional steps required to enhance the capacities of the SWW. The aim is to ensure they are fully equipped to meet the needs of the most vulnerable children, families, and communities. Since there were no specific programs or groups of initiatives identified before the evaluation period to direct this evaluation effort, one of the key objectives has been to map and pinpoint the types of CDIs that have been implemented during the analysis period. These CDIs target the SWW and include initiatives related to VAC and GBV.

The primary contribution of the evaluation is to provide essential information on the CDI initiatives carried out during the period of analysis. This includes profiling these initiatives and assessing their outcomes, particularly in terms of skills and knowledge related to VAC and their impact on the qualified social service workforce within the Child Protection System.

Considering the development of the SWW capacity as a crucial factor in preventing and reducing VAC through the delivery of quality services, the objective of the evaluation aligns with and supports the achievement of Sustainable Development Goal (SDG) 5 (gender equality) and SDG 16 (peace, justice, and strong institutions). This alignment is intended to effectively meet the needs of the most vulnerable children, families, and communities. See Table 4.

Table 4. SDGs & child protection

SDG	SDG INDICATORS	TARGET ²⁵
5..2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.	

²⁵ United Nations, The Second Voluntary National Review Report on Progress of the Implementation of the SDGs, 2023 (VNR-2), "People centred sustainable development: Leaving no one behind," version 2 05 June 2023

16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children 	16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month 16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation 16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18	
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Source: Prepared by the authors

1. Objectives of the evaluation

The objectives of the evaluation are to:

- (i) Develop a Theory of Change (ToC) to capture the causal pathways towards strengthened SWW in Timor-Leste and its contribution to a well- functioning child protection system in Timor-Leste. The ToC will provide a theoretical framework of activities, outputs and outcomes that will form the basis for evaluation of overall SWW capacity building programs and their contribution to a well-functioning child protection system in Timor-Leste;
- (ii) Assess the relevance, coherence, effectiveness, efficiency, and sustainability of the SWW strengthening and capacity building programs, and its contribution to the child protection system in Timor-Leste as a whole, and;
- (iii) Identify lessons learned and make recommendations that can be used by the Government of Timor-Leste, UNICEF, and key child protection partners to inform evidence-based decision-making on the policy frameworks and programming for child and family welfare, including cross-sectoral linkages in the country.

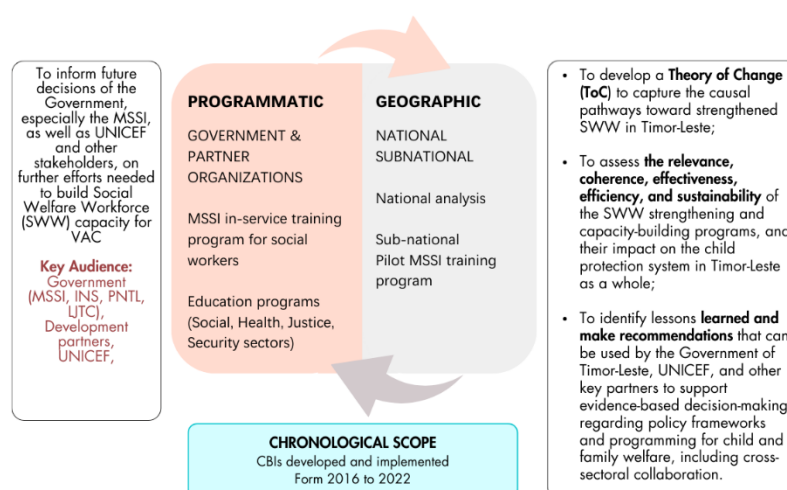
This evaluation will seek to determine the degree to which the SWW capacity-building initiatives are contributing to the SWW development strategy and to address challenges identified in 2014.²⁶

The primary audience for the evaluation is the MSSJ, UNICEF and other key development partners involved in the child protection sector. The secondary audience is other UN agencies and development partners, NGOs, CSOs, faith-based organizations and the private sector.

2. Scope of evaluation

The scope of the evaluation had three major levels of analysis: programmatic, geographic, and chronologic.

Figure 4. Evaluation Scope

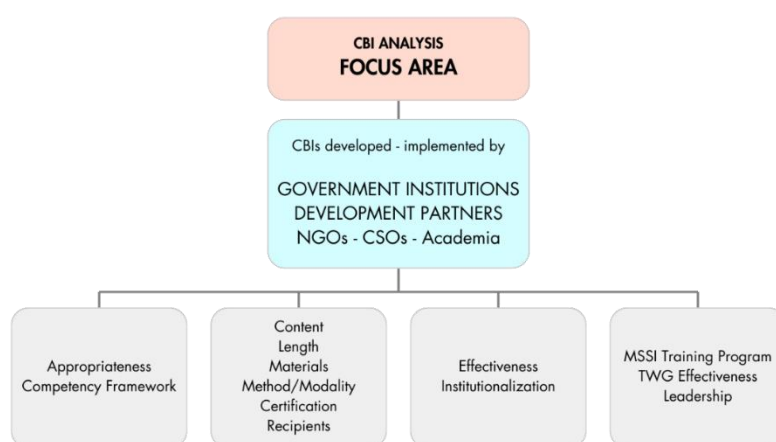


- The *geographic scope* of evaluation covers national and subnational levels. The identified CDI targeted SWs across the country. Additionally, some CDIs, such as Phases 1 and 2 of the MSSI Training Program were implemented at the subnational level, focusing on five pilot municipalities: Viqueque, Oecusse, Manatuto, Liquiça and Dili.²⁷
- The *chronological scope* covers the period from 2016 to 2022, starting from 2016, when the CFW was adopted and a SWW Development Strategy was developed, which included the development of an in-service training program targeting the Child Protection Network at the municipal level.
- The *thematic scope* covers the SWW capacity development initiatives, which targeting social workers and were conducted by government institutions and non-state actors in Timor-Leste. The primary focus was CDIs targeting frontline SWs from different sectors. The evaluation examined the SWs' profiles based on their roles and nature of services provided to children, families and community in four main sectoral areas. 1. social, 2. health, 3. security (police) and 4. justice (legal) sector. While education was considered, it was not treated as a distinct sector or SW service in this analysis. In-depth analysis of the *MSSI CFW SWW capacity development strategy* was also conducted.
- Other factors covered by the evaluation include: (1) the establishment of MSSI Technical Working Group (TWG) leading the program; and (2) the implementation of a comprehensive training curriculum at municipal level, namely *MSSI CFW in-service training program*. This program targeted a diverse group of social welfare workforce and was implemented as a pilot initiative in five municipalities.²⁸ The evaluation also analysed other programs designed to strengthen the capacities of SWs within the child protection system in Timor-Leste. Figure 5 below illustrates the areas of analysis for CDIs conducted by the evaluation, which builds upon findings and lessons learned from previous studies in Timor-Leste. This evaluation focused on examining the strategies behind the development and implementation of CDIs, as well as the outcomes related to the capacity development of social workers.

²⁷ Based on data on trained welfare teams (numbers, profiles and locations) at municipal level facilitated by MSSI, selection of municipality field visits and scope of the evaluation will be redefined.

²⁸ Participants: MSSI staff at national and municipal levels, teachers, police officers, health workers, CSO staff from shelters for child survivors of violence, local authorities, community leaders, faith-based org., media and NGO staff.

Figure 5. Analysis of SWs' Capacity Building Initiatives (CDIs)



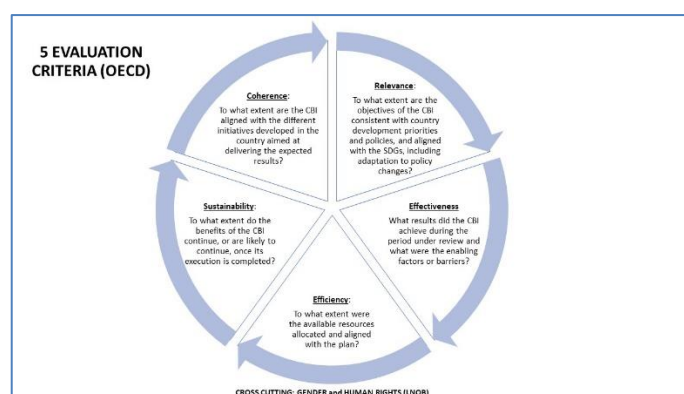
Source: prepared by the authors

3. Evaluation criteria and evaluation questions

The evaluation followed the norms and standards of the United Nation Evaluation Group (UNEG)²⁹ and responded to the main evaluation criteria. The evaluation criteria were informed by several key documents and frameworks, including the Guidelines to Strengthen Social Service for Child Protection (UNICEF, 2019), the Child Protection Systems Strengthening Approaches, Benchmarks and Interventions (UNICEF, 2021),³⁰ the ASEAN Strengthening SWW Roadmap, and various national policy frameworks, with primary focus on the CFW.

The evaluation aims generate evidence in relation to five of the six evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely: relevance, coherence, effectiveness, efficiency and sustainability (see Figure 6). Given that CDIs are in their formative/pilot years, an impact criterion was not considered. Gender, human rights and disability inclusion were considered as cross-cutting evaluation criteria. The evaluation questions are generally consistent with those specified in the Terms of Reference (ToR); however, they were refined in collaboration with the ERG during the inception phase of the evaluation based on the findings of the analysis conducted in this phase, while considering the scope of the evaluation and its objectives. The evaluation matrix informed the evaluation methodology, guided the analysis of data as well as the structure of this report.

Figure 6. Evaluation Criteria



Source: prepared by the authors

²⁹ United Nations Evaluation Group, Norms and standards for Evaluation (2016), <<https://www.uneval.org/document/detail/1914>> accessed on 21 December 2023

³⁰ United Nations Children's Fund, Child Protection Systems Strengthening, <<https://www.unicef.org/documents/child-protection-systems-strengthening>> accessed 21 December 2023

6

Methodology

1. Evaluation approach and design

OECD/DAC defines capacity as the ‘ability of people, organizations and society as a whole to manage their affairs successfully;’ and capacity development is understood as the ‘process whereby people, organizations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time’.³¹ Capacity development is aligned with the Paris Declaration on Aid Effectiveness, as well as 2030 Agenda for Sustainable Development. UNICEF Strategic Plan 2018–2021 recognized capacity development, together with policy dialogue and system strengthening, as an important component of the Programming at scale change strategy and UNICEF Strategic Plan 2022 – 2025 seeks to build the capacity to respond to and support children and women who endure any form of violence, exploitation, abuse and neglect.

To ensure the usefulness of the evaluation, the evaluation emphasizes ownership of evaluation results, aimed to be ensured through adoption of a participatory approach and consideration of the contextual factors. Accordingly, the evaluation aimed to apply the following:

- a theory-based approach and non-experimental design, combined with contribution analysis to seek objective information on the basis of how the activities of the interventions lead to the desired results at the output and outcome levels, with regard to:
 - a) the causal pathway from activities to outputs to a sequence of outcomes, and
 - b) the causal assumptions showing why and under what conditions the various links in the causal pathway are expected to work. The framework for the theory-based approach was the reconstructed ToC presented in Figure 3;
- a realistic evaluation approach that considers the context and its impact on service delivery, which requires a good understanding of the context in Timor-Leste. To ensure this UNICEF staff, MSSl and other national and international stakeholders were actively engaged through the evaluations; and
- a participatory evaluation perspective that harnessed the main stakeholders’ contribution as a source of information and as partners towards building ownership. This approach was considered essential to ensuring that the evaluation design and findings are context-appropriate and that stakeholders have overall ownership of the process and outputs, along with reinforcing accountability for the evaluation. The evaluation involved recipients through focus group discussions, ToC validation meeting, a survey administered to CD recipients, and participation of key stakeholders in ERG. This approach ensured a participatory development of key conclusions, lessons learned, and recommendations.

The CDI analysis focused on four SWs’ profiles/sectors, based on their role and nature of services delivered to children, families and communities: 1. social, 2. health, 3. law enforcement (police) and 4. justice (legal) sector. Education was also considered but was not included as priority sector or analyzed in-depth.

The evaluation questions defined the main assumptions and variables of the evaluation, which were operationalized in the form of indicators in the Evaluation Matrix, included in Annex 1. The Matrix summarizes the core aspects of the evaluation, outlining its various components. It specifically identifies the following

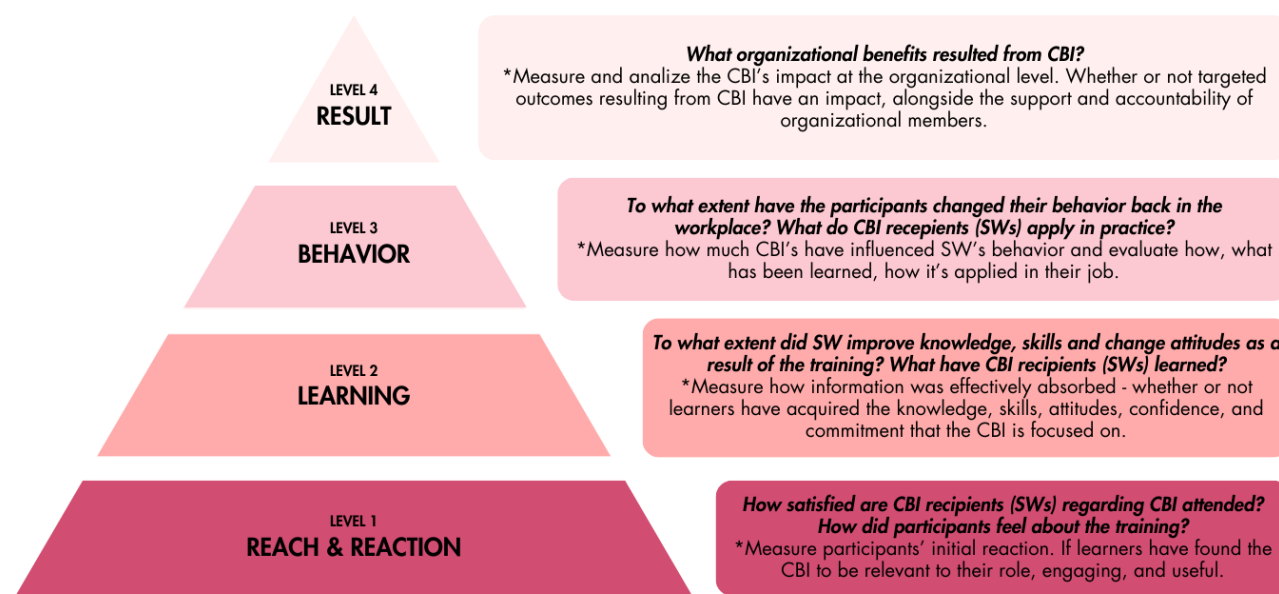
³¹ This is a widely accepted definition, used by the United Nations Development Group (UNDG)

elements:

- i. the evaluation questions corresponding to each evaluation criterion;
- ii. specific issues and topics that will be examined under each question;
- iii. the data sources (identifying where information to answer each evaluation question will come from); and
- iv. the data collection methods applied to collect the data. In sum, evaluation matrix is a tool that helps evaluators to determine what type of information will be needed to answer the evaluation questions and how it will be collected.

The evaluation performed in-depth analysis of the *MSSI CFW Training Program* results using the *Kirkpatrick approach*.³² The approach, as displayed in Figure 7 uses four levels of analysis to evaluate training results, which were integrated into the KIIs and FGDs with Child Protection Networks. In addition, the analyzing of results of the CDIs considered the “new role and approach of SWW³³ defined in the *MSSI SWW Capacity Development Strategy*, presented as part of MSSI CFW Policy MSSI (2014). The strategy foresees coordination, prevention, family approach and integration of traditional justice systems as key elements to be reinforced by social workers (SWs’) in child protection service delivery system.

Figure 7. Framework for Capacity Development Initiatives Results



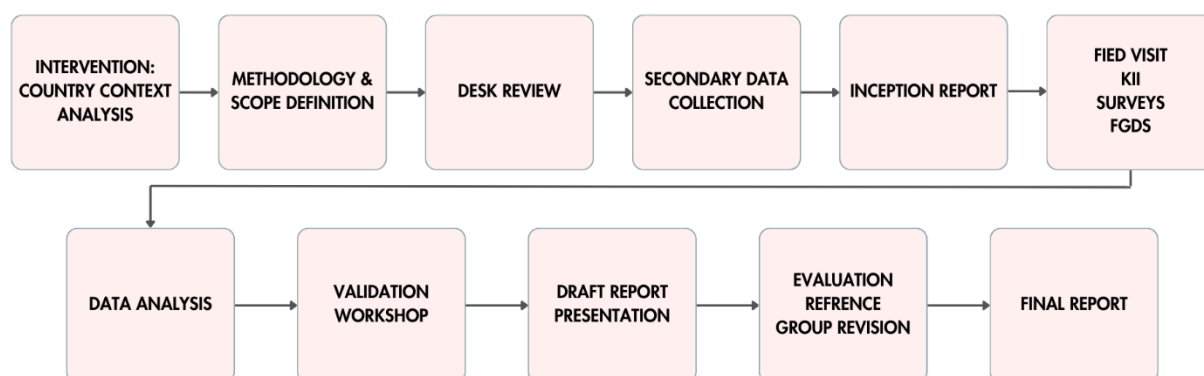
Source: prepared by the authors

Figure 8 presents a summary of the evaluation's key phases and processes, starting with stakeholder consultations during the inception phase, field data collection and analysis, the validation workshop, leading to final stages of refining and revising the draft recommendations, and preparation of the final report.

³² This approach identifies four levels to evaluate trainings and capacity building actions (reaction, learning, behavior change and results) and it is mainly based on the use of surveys. The Kirkpatrick Model <<https://www.kirkpatrickpartners.com/the-kirkpatrick-model/>> accessed 21 December 2023

³³ *New role and approach of the social welfare workforce* 2016 *Child and Family Welfare Policy (CFWP)*. Throughout the policy, there is an emphasis on SWs' roles and approach for i) *service delivery* reducing administrative roles; ii) increase of *prevention services* role rather than response; iii) expanding case work focus towards a broader emphasis on *family approach and community strengthening* for service delivery; iv) *proactive coordination* among children's welfare networks sectors.

Figure 8. Evaluation Exercise phases



Source: prepared by the authors

The evaluation methodology adopted a comprehensive, flexible, and culturally sensitive approach, consisting of several key steps:

- i. **Understanding the Country Context:** The first step involved gaining a thorough understanding of the country context regarding SWW capacity development strategies within the child protection framework. This included exploring the institutional history of the MSSI and relevant child protection stakeholders in Timor-Leste.
- ii. **Defining SWW for Analysis:** The next step was to clearly define what constitutes SWW for the purposes of the evaluation. This involved determining which profiles were considered part of the SWW in Timor-Leste, primarily targeting social workers in the security, social, health, and justice sectors (including both professional and paraprofessional profiles as defined by the CFW Policy).
- iii. **Identifying CDIs:** The final step was to identify Capacity Development Interventions related to child protection and/or GBV conducted from 2016 to 2022, targeting these specific SW profiles. During the inception phase, a wide range of organizations, projects, and programs were identified, encompassing a variety of capacity building initiatives. These were designed and/or implemented by government and civil society organizations at both the national and sub-national levels and funded by the government or international donors. During the data collection phase, information gathered prior to the field visit was used to develop the field visit agenda and select key informants. The information on previously identified CDIs was validated through interviews, surveys, and focus group discussions. Consequently, the evaluation team compiled a comprehensive list of CDIs targeting SWs, implemented from 2016 to 2022. This list included relevant information to inform the evaluation's data gathering tools and support the analysis.

Ensuring a representative and diverse list of key informants involved in the child protection and Gender-Based Violence (GBV) system in Timor-Leste was crucial for a quality analysis, particularly for this evaluation. The informants spanned across the four sectors of analysis and included additional areas such as education and community awareness. The participants ranged from national to sub-national staff, encompassing government employees, UN representatives, NGO workers, and community members. Both technical and managerial staff profiles were considered.

2. Data sources, sampling and collection methods

The evaluation methodology employed a mixed-methods approach, integrating both quantitative and qualitative techniques. The evaluation team thoroughly examined all relevant program documentation provided by UNICEF, in addition to other documents deemed relevant by the team. These documents encompassed socio-economic indicators, program and project reports, an inventory of capacity development activities, and a stakeholder mapping. Primary data was collected through various means, including focus group discussions, interviews, and surveys. These methods facilitated direct engagement with recipients of capacity development interventions and beneficiaries, yielding valuable firsthand insights. Furthermore, visits

to municipalities where capacity development intervention recipients and beneficiaries were situated provided a more authentic perspective of the interventions' impact and context.

During the evaluation process, an **approximate mapping of identified capacity development interventions** for the Social Service Workforce from 2016 to 2022 was developed, as detailed in Annex 5. This mapping had several key objectives: (i) to collect comprehensive information about the CD interventions conducted within the given time period; (ii) to identify key stakeholders; and (iii) to provide the basis for sampling. 84 capacity development interventions identified through mapping were analyzed as part of the evaluation. However, the evaluation process prioritized specific interventions after considering input from the inception meeting and conducting an initial document review. The sampling strategy for the evaluation was designed to encompass a broad spectrum of themes within the four sectors, with a focus on integrating a gender perspective and an equity approach. This approach aimed to guarantee a well-rounded examination of the interventions selected for in-depth analysis.

The evaluation process included a **desk review of key national literature and strategies**. This review encompassed a range of documents, such as national strategies, plans, protocols, agreements, project management documents, evaluations, and other relevant materials. Additionally, data from sources like ACR and COMET was examined to gain insights into the country's context and identify existing information gaps. This thorough review helped the evaluation team understand the institutional history, context, and capacity gaps in Timor-Leste. It also allowed for the identification of additional stakeholders. The findings from the desk review were discussed with UNICEF Timor-Leste during a virtual meeting before the in-country mission, helping to identify programs and gaps in policies, strategies, plans, and stakeholder engagement mechanisms.

Subsequently, purposive sampling technique was used to target and identify the respondents for key informant **interviews, focus group discussions and surveys**. The sampling was informed by factors such as participation in pre-identified CD initiatives, geographic location of recipients, position and SW sector. Evaluation tools for primary data gathering (see table 5) show **a total of 33 semi-structured interviews, five focus groups discussions and one survey** were conducted. The detailed list of participants is included in Annex 4.

Table 6. Evaluation Data Collection Methods & N° participants

Data collection method	N	N° participants*	Women	Men
KII - Key Informant Interviews	33	39*	25	14
FGD - Focus Group Discussions	5	51	25	26
Surveys	1	45	28	17

Source: Evaluation team

*39 people were interviewed in 33 KIIs because some interviews were attended by several people from the same institution or organization, such as ALFELA (3 people), TAF (2 people) and PRADET (4 people). Annexes include detailed information on attendants per meeting. .

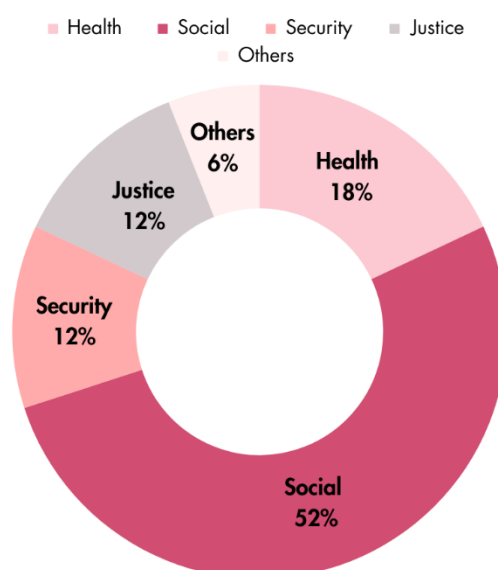
For the 33 interviews conducted during the evaluation, a semi-standardized approach was adopted. This approach was guided by a predefined structured tool that allowed for participant and response-directed interactions. A list of participants is included in Annex 4.

Table 7. N° Key Informant Interviews

Sector	Dili	Liquica	Viqueque	Manatuto	Total	TOTAL
Health	3	1	1	1	6	18%
Social	12	3	1	1	17	52%
Security	2	1	1	0	4	12%
Justice	3	0	1	0	4	12%
Others (education, media community leaders, etc)	0	1	1		2	6%
Total	20	6	5	2	33	

Source: Evaluation team

Chart 1. Key Informant Interviews by sector



Source: Evaluation team

Five FDGs were conducted during the evaluation field visit with different purposes and group profiles (see Table 8). FDGs were guided by the need to intensively study complex phenomena and the context in which they are developed. Questions/elements guiding each conversation in the three types of FDGs were previously identified based on the information gathered during the inception and initial research phases (three FDGs templates are available in the Annex 6). During the sessions, discussions were conducted openly, allowing the participants to share their points of view on the identified topics based on the information flow and session objectives (see Table 7).

- Three FDGs were conducted with the municipality Child Protection Networks (CPNs, also called *Referral network*³⁴) visited (Liquiça, Manatuto and Viqueque) identified previously through a list facilitated by the MSSSI;
- One FDG with a community group in Viqueque was conducted through information facilitated by UNICEF and Viqueque Municipality staff; and
- One FDG with the MSSSI Technical Working Group as the managerial group responsible for leading and managing the transition to professionalization of the SWW in Timor-Leste.

Table 8. Focus group discussions composition and objectives

FGD type 1 3 Focus Group Discussions with: Municipality Child Protection Networks (CPN)	FGD type 2 one Focus Group Discussion with: staff from the Ministry of Social Solidarity and Inclusion	FGD type 3 one Focus Group Discussion with: Viqueque community group
Composed of a multisectoral group of frontline workers (23% NGO and 77% Government; from health, education, security, social and justice sectors), the discussion was focused on the participation in the MSSSI training program. It aimed to identify training needs, explore contributions and limitations to implementing changes in daily work	Composed of representatives of the eight MSSSI staff Technical Working Group who have been involved in the identification, design, formulation and implementation of the SWW capacity development strategy and the MSSSI in-service training program. This group is also composed of staff under the certification process to lead the establishment of the accredited institutions that will certify training in	Composed of community members who participated in the Hametin Familia Program implemented by UNICEF and MSSSI throughout the country. As Positive Parenting preventive sessions, the group discussion focused on gathering perceptions and opinions about the topics presented during these sessions. Participants discussed the

³⁴ Timor-Leste has established a Referral Network of Services for victims of gender-based violence (2009) and child protection (2007). Referral Network of Services for Victims < <https://evaw-global-database.unwomen.org/en/countries/asia/timor-leste/2009/referral-network-of-services-for-victims> > Accessed December 2023

over the years, and foster effective and inclusive child protection services. Additionally, the discussion addressed linkages to the capacity development initiatives attended.	social services in the country. The Focus Group Discussion was focused on gathering insights from participants regarding the process and sustainability of plans over the years.	methodology employed by facilitators and explored the implications over time at the community level.
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Source: Information compiled by the evaluation team

Table 9. FGDs on MSSl training program participants' profiles

N	FGD - Focus Group Discussions	Participants		
		Total	Women	Men
1	Viqueque CPN – Child Protection Network	7	3	4
1	Manatuto CPN – Child Protection Network	15	7	8
1	Liquica CPN – Child Protection Network	16	9	4
1	MSSI TWG – Technical Working Group	6	1	5
1	Viqueque Community Group	10	5	5
5	Total	51	25	26

FGD Type 2:
3 FGDs with the CPNs
23% NGO staff - 77% Government
Origin:
83% central municipal level
17% Administrative post (remote)
Sectors:
health, education, security, social and justice

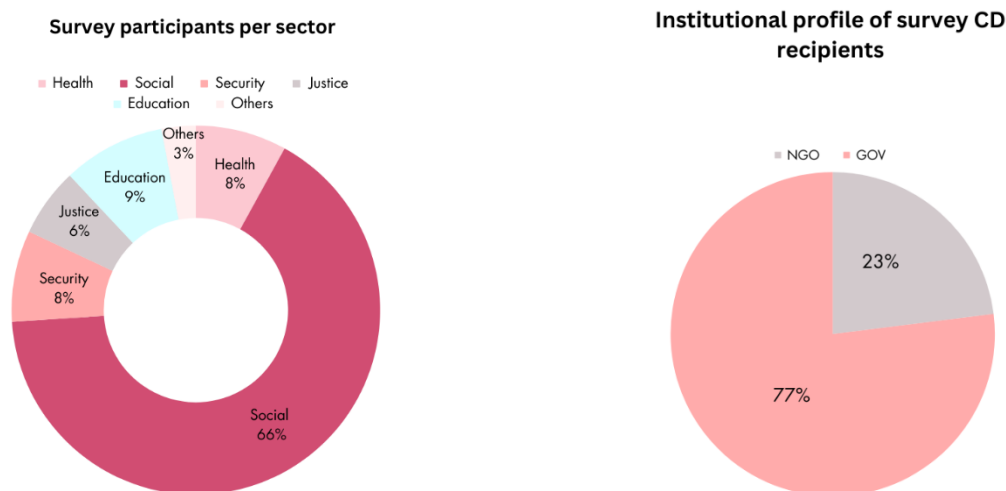
A survey tool was administered to the recipients of two capacity development programs selected by the evaluation team, based on the evaluation objective and CD program approach, multisectoral participation, content, length and scope. Thirty-five (35) participants in the MSSl CFW training program were identified by a list facilitated by the MSSl. Surveys were conducted in-person at municipal locations, where FGDs were conducted with the same group. In addition, ten participants in the Certificate III in social services training, facilitated by The Asia Foundation under the Nabilan Program, were identified during field visit, and a group of NGO program/project managers who attended the training were selected to complete a survey (by mail and in-person during field visit to municipalities). As a result, a total of 45 people completed the questionnaire, which utilized the same template (available in Annex 6) but referred to each training attended. This allowed the evaluation team to analyze key information from each program and make comparisons among the programs.

Table 10. FGDs on MSSl training program participants' profiles

Data collection source	Training program one MSSI Training Program	Training program two TAF Certificate III social services	Total
one Survey to participants from 2 training programs	32	10	45

Source: evaluation team

Chart 2. Survey respondents' profile by sector



3. Data analysis

The analysis was driven by the key evaluation questions and the **evaluation framework**. Data from surveys was analyzed in Microsoft Excel, categorized according to each question and related to the evaluation's objectives and respondents' feedback. This analysis varied depending on the question type: quantitative analysis for closed-ended questions and qualitative for open-ended ones, allowing for trend and pattern identification. Interview and focus group data were audio-recorded with consent, then transcribed and organized in Excel and Word. This data was coded based on evaluation criteria, questions, sub-questions, and Theory of Change assumptions. Finally, data triangulation focused on social workers' profiles at institutional levels (technical or management), their institution profiles (government or NGO), and sector and location, comparing across different data collection methods to identify patterns and ensure cross-variable consistency.

Evaluation team, jointly with UNICEF Timor-Leste and regional staff prepared quality assurance and review mechanisms to reinforce the credibility and validity of the findings, judgments and conclusions obtained. The consultants used **triangulation techniques** to ensure the technical quality by comparing the information obtained via each data collection method (desk study, key informant interviews, focus groups, survey). The evaluators sought an explanation as to why any substantial discrepancies appeared when comparing the information obtained from different collection methods (e.g., due to complexities of the interventions, potential bias, inaccuracies). The evaluators also agreed on the validation mechanisms, which enabled them to verify and validate the hypotheses and preliminary findings and recommendations. In particular, internal and external reviews by the reference group (ERG) were conducted at critical milestones of the evaluation, as well as a stakeholder Validation Workshop and draft report presentation to present the process and preliminary findings. Finally, the methodology included a GEROs standard revision quality control checklist to ensure the quality of the final report.

The preliminary findings and recommendations were compiled by the evaluation team after the data was analyzed and presented to the national stakeholders during the validation workshop, conducted as the final activity during the field visit in February 2023. Preliminary findings and recommendations were validated through a participatory exercise with all stakeholders (Annex 8 includes the list of the validation workshop participants, evaluation presentation and photos of the participatory exercise conducted).

To ensure the reliability of data gathering tools, the consultants conducted several reliability procedures, such as ensuring that the definition of subcategories for qualitative data is clearly defined, and that all the team members fully understand each key concept. The team also regularly compared data and the coding system for consistency by cross-checking key information and codes developed by the evaluation team members.

4. Stakeholder participation in the evaluation

The stakeholder mapping table presents a full inventory of the implementing partners, other stakeholders and beneficiaries. Their selection and prioritization has been done collaboratively with the UNICEF country office. To maintain impartiality and accurately represent the findings, the evaluation team focused on collecting data from a broad range of stakeholders with varied opinions and experiences. Engaging these stakeholders was crucial for acquiring essential data and key insights, and to a degree, for confirming the validity of the findings and conclusions. This collaborative effort is ongoing, with the goal of ensuring that the evaluation's results are utilized effectively and integrated into the design, implementation, and application of current and future capacity development initiatives.

In general, the involvement of stakeholders was envisaged for the following purposes:

- Consultation: to identify sources of information, obtain insights into the context, test approaches, raise interest and support buy-in;
- Primary collection of data and information: to address gaps and provide diverse perspectives;
- The evaluation process, given its practical approach and thematic focus, has facilitated a dialogue with key stakeholders, contributing to discussions on future priorities.

These processes were very useful for informing the recommendations of the evaluation based on an open and participatory process that started during the field data collection, and which will continue through roundtables or dedicated sessions with interested parties.

5. Ethics, norms and standards

This evaluation was conducted in accordance with the United Nations Evaluation Group (UNEG) evaluation principles (openness, transparency, participation, etc.) and standards using the evaluation criteria (relevance, efficiency, effectiveness, coherence, sustainability) as well as the UNICEF Procedure for Ethical Standards in Research, Evaluations and Data Collection and Analysis.

An ethical review request was submitted to and approved by an external Ethical Review Board (ERB) in December 2022. The main objective was to ensure that the evaluation was conducted in accordance with the relevant ethical guidelines and standards, including the UNEG Ethical Guidelines and UNICEF ethical standards for research, evaluation, data collection and analysis (Ethics Approval Letter is presented in Annex 7).

The evaluation design and implementation considered ethical safeguards, including protection of confidentiality, dignity, rights and welfare of human subjects, particularly children, and respect for the values of the local community. Data collection and analysis followed the UNICEF Procedure for Ethical Standards in Research, Evaluations and Data Collection and Analysis, which outlines the ethical principles in part of the evaluation intentionality, obligations of evaluators, obligations to participants and evaluation process and product. The common guiding principles were used to ensure ethical safety during the evaluation: (i) privacy and confidentiality, (ii) informed consent, (iii) harm and benefits, and (iv) conflict of interest.

The evaluators explained to the participants the purpose and use of the evaluation; the evaluators also made it explicitly clear to the participants that their participation was voluntary, and they can withdraw at any moment. The survey, interviews and all data collected were anonymous and confidential, and the findings were analyzed on an aggregated level.

6. Limitations, risks and mitigation measures

See Tables 10 and 11 for an overview of the main risks and limitations of the evaluation.

Table 11. Evaluation risks and limitations

Lack of baseline data to support the evaluation process	Access to key relevant information related to the education/training programs (not published or in drafting process)	No board, organization, association or institutional body responsible to integrate all the SWW strategies at institutional level in the social service sector at the national level
Pre-/post-activity	Organizations in charge of the	The multidisciplinary composition of the SWW in

assessments were conducted very rarely, or were absent, and there were no other measurements of the capacity development outcomes.	implementation/development of the materials (content/structure, length, materials, facilitation, CDI objective and strategy, assessments, etc.) either do not share the material or materials were not design for sharing.	Timor-Leste means that there is a wide range of government and non-governmental institutions that are involved in the service delivery system with different organizational ecosystems and process.
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Risks are events that may or may not happen, and which have an impact on the evaluation process. Mitigation strategies were planned to avoid or reduce the chance of the event happening or the negative impact of its occurrence. See Table 11 below outlining the risks identified during the inception phase, along with the corresponding suggested mitigation strategy.

Table 12. Risks in evaluation process and mitigation measures

Risk	Level of Risk	Mitigation Strategy
Not delivering within the planned timeframe due to the number and diversity of actors involved	Medium	Schedule the interviews and focus groups in advance, prior to the finalization of the inception process and field visit. Conduct remote and in-person parallel meetings. The evaluation team composed of several consultants will conduct parallel interviews and meetings with KII, and also to directly implement interviews in local languages to save time.
Not delivering within the timeframe planned due to the MSSSI delivery programs at municipal level. Availability of MSSSI staff for meeting with evaluation team.	High	Evaluation team adapts to alternative field visit date. Coordinated with MSSSI field visit dates based on municipal delivery programs agenda. Coordinated with UNICEF and MSSSI management communication strategy with MSSSI staff at municipal level on evaluation objective and team visit.
Lack of alignment among partner organizations in terms of understanding the evaluation objectives and roles.	Medium	Alignment among stakeholders reinforced during evaluation meetings and interviews to ensure that major actors agree on how to proceed. Seek support from MSSSI/UNICEF through communication on evaluation purpose and plan.
Availability of quality/relevant data from CD initiatives. The evaluation team faced challenges in accessing data about the CDIs in the different sectors to inform the analysis of how well the inputs were converted into output results.	Medium	National consultants coordinated directly with MSSSI focal point to receive guidance on getting on time relevant information and support in the compilation and analysis of available data in hard copy if necessary. Despite this challenge, the team was able to gather data to assess to what extent the CDIs were efficient in the achievement of the desired results, in terms of resource utilization and timely delivery.

Timely access to KIIs: Government institutions' processes and protocols for interview meetings are long and not within the control of the evaluation team. Other limitations have to do with the time and logistics required for municipal meetings.	High	Promoted within a context of institutional and personal cooperation among stakeholders involved in the evaluation exercise. Close coordination with UNICEF team and MSSSI during the field visit and with partner institutions to leverage the presence of the evaluation team in Timor-Leste for engaging KIIs. Communication with all the relevant people involved in the agenda preparation was prioritized to include different possible scenarios and ways to achieve the field visit objective.
Feasibility in conducting KII with key informants. Availability of actors to carry out the agendas in the fieldwork.	High	Parallel coordination by both, the UNICEF team and the evaluation team with KIIs covering a wide and diverse group. Close coordination with relevant organizations was ensured from the beginning (from a previous field visit) and at the municipal level during the field visit. Triangulation of information was conducted with KIIs at national and subnational levels.
Contribution of ERG partner organizations (appropriation and quality contribution) to evaluation exercise due to late ERG involvement during inception phase.	Medium	Coordination with UNICEF and MSSSI regarding the involvement of the External Reference Group (ERG) during the evaluation exercise focused mainly on the evaluation methodology and scope. Additionally, there was coordination for the ERG's attendance at the validation workshop to provide inputs on the final report based on revisions.
Not delivering on time due to logistics and/or climate conditions during field visit.	Medium	Requested support from UNICEF Timor-Leste team to coordinate the identification of a transport and schedule according to workplan. Flexibility on field visit planning by evaluation team and partner organizations.
Documents provide little information about the normative work and its outcomes from different capacity building initiatives/programs conducted by several organizations. In addition, the availability of information on CDIs differs.	High	The ERG included representatives from four sectors to ensure relevant participation and access to relevant information for analysis. Contacted individuals responsible for implementation to understand the nature of normative work and sought information from various sources, including national governments, independent evaluation studies, reports from other UN bodies and development organizations, and local NGOs.
CDIs interview respondents may have forgotten or do not remember the information or events that happened previously.	Medium	The evaluation team had the professional profile and a list of trainings identified per KII and FGD participant, prior to the field visit. Information regarding the timing and content of the attended trainings was accessible and shared with participants when necessary. In cases where participants did not remember specific training events, it was considered as evaluation finding. To

mitigate the impact of this, special attention was given to the triangulation of information and reaching out to new interviewees identified in the data collection process to verify discrepancies and gather varying perspectives.

To minimize those risks, information triangulation was applied. This approach helped reduce the risk of errors in causal interpretations based on the available data, identifying potential negative outcomes in achieving planned objectives or, conversely, uncovering positive outcomes not previously identified in the capacity development interventions. Additionally, the information triangulation system helped minimized biases from interviewed participants or focus groups by allowing for the comparison of data and information from various sources.

7

Evaluation findings

1. Relevance

Key Evaluation Question:

To what extent are the objectives and designs of all the interventions from different stakeholders that aimed to build the capacity of SWW with regard to child protection consistent with CDI recipients' institutions' needs, country development priorities and partner/ needs/policies/priorities, according to the child protection system and policy framework? Are they aligned throughout the period with the SDGs, including adaptation to policy changes?

Finding 1: During the period 2016 to 2022, the government, under the leadership of MSSl, has taken significant steps to establish an enabling framework for the social service workforce. This framework is considered highly relevant to the Timor-Leste context, since social work is not yet professionalized, and social services are provided by a multisectoral network lacking common foundational core competencies for child protection services.

Findings 2: CDIs mapped have been designed and implemented by a wide range of institutions and organizational programs. The majority of these initiatives took place between 2020 and 2022, coinciding with the implementation of several programs funded by external donors targeting Ending Violence Against Women and Children (EVAWC), such as the Spotlight Initiative (EU-UN fund) and Together for Equality (KOICA Fund), among others. This is particularly notable in CDIs targeting justice and security social workers. Most of the mapped CDIs are not institutionalized, have short-term scope and were one-off (not-regular) trainings. The diverse and multisectoral profile of participants targeted in social sector presents a good practice. The primary focus of mapped initiatives revolves around improved case management, raising awareness on GBV, coupled with specialized courses for medical and investigative social workers.

Finding 3: Two key education programs implemented in the social sector have been identified as highly relevant for the country's context. Both programs were designed and implemented concurrently between 2016 and 2022, representing innovative initiatives in a country that lacked training institutions for delivering social service training. Given that most of the SWs have no educational background in social services, and recognizing the need to standardize and strengthen competencies across all sectors, both programs have been proven highly relevant. Lessons learned from five years of implementation have been identified as valuable building blocks. Noteworthy aspects include targeting multisectoral and diverse Child Protection Networks at the municipal level through the MSSl in-service training program, and engaging key NGO staff members, from technical to management levels, through the Certificate III in Social Services delivered by The Asia Foundation under the Nabilan Program. The success of both programs can be attributed to a holistic approach and program duration.

Finding 4: In the **health sector**, relevant CDIs have been identified as institutionalized in-service training coordinated by INS/MoH with development partners and academia (research). Among the four analysed sectors, health is the only sector which provides in pre-service training that includes GBV and VAC subjects for midwives. Consequently, CDIs in this context are assessed as highly relevant. On the other hand, limited number of CDIs targeting public justice sector SWs were identified, and none of them is institutionalized. On the other hand, numerous CDIs with relevant objectives were identified targeting law enforcement SWs, particularly VPU officers, from 2020 on. However, these CDIs are typically short-term, lack mandatory training, and are dependent on external donors.

Findings 5: Not all training needs among social workers, both duty bearers and rights holders, have been adequately incorporated into the objectives and design of capacity development initiatives (CDIs). Specifically, there is a gap in addressing skills related to mental health and the provision of psychosocial support to trauma survivors, disability inclusion (enhancing approaches and effective communication with individuals with partial hearing impairment), and research, reporting, and data management associated with case management and prevention activities. Other CDI needs across sectors have been identified, emphasizing the necessity to develop capacity assessment, training, and mentoring for management staff.

1.1. National planning frameworks for strengthening the social service workforce

Overall, the evaluation found that the capacity building initiatives directly contribute to national efforts aimed at strengthening the workforce involved in the child protection system, covering planning, developing, and supporting the workforce. The goals contribute to **planning of the workforce**, composed of strategic planning, deployment and continuous replenishment of the workforce, including ensuring sufficient funding. Furthermore, the capacity building initiatives are particularly relevant to national efforts to **develop the workforce**, which covers both, pre-service and in-service training, as well as the development of essential elements, such as training institutions, curricula and professional networks. These elements are essential for effective training and development of the capacities of **the workforce**. Finally, the capacity building initiatives also directly align with the national efforts to support the workforce, which aims to create policies and practices that promote effective staff induction and orientation, supervision and mentoring as well as job satisfaction and staff retention.³⁵

The evaluation found that the capacity building initiatives:

- directly contribute to national efforts aimed at strengthening the workforce involved in the child protection system
- are particularly relevant to national efforts to develop the workforce, which covers both, pre-service and in-service training,
- directly align with the national efforts to support the workforce

Between 2016 to 2022, the national legal and policy frameworks were developed, contributing to building a robust foundation for the child protection system. Several key documents were approved, which present key child protection cross-sectoral frameworks, including the National Action Plan for Children (NAPC 2016 – 2022),³⁶ the National Action Plan on GBV, and the 2016 National Action Plan on Women Peace and Security (UNSCR 1325).³⁷ Other significant legal measures include 2016 Trafficking in Persons Law (adopted by Decree in 2021), the 2016 new Law on Domestic Violence, which recognize domestic violence as a public crime,³⁸ and most recently, the **Law of Protection of the Child and Youth**³⁹ approved by the National Parliament in February 2023. Nevertheless, despite the progress made, the SWW remains a relatively new concept in Timor-

³⁵ Global Social Service Workforce Alliance/UNICEF. "Guidelines to Strengthen the Social Service Workforce for Child Protection," January 2019.

<www.socialserviceworkforce.org/framework-strengthening-social-service-workforce> accessed December 2023.

³⁶ Government of Timor-Leste, *National Action Plan for Children in Timor-Leste* (2016–2020).

³⁷ National Action Plan on United Nations Security Council Resolution 1325 (2000) on Women, Peace and Security (2016–2020).

³⁸ Government of Timor-Leste, *Timor-Leste's Roadmap for the Implementation of the 2030 Agenda and the SDGs*.

³⁹ Child Protection Law was part of UNICEF's four priority programs in Timor-Leste

Leste and the definition of a social workforce or social worker is not yet incorporated into national legislation.⁴⁰ For the evaluation purpose, the Strategy for Development Capacity attached to the CFW Policy presets a reference of what is widely recognized as SWW in the Timor-Leste context and across sectors.

While social work is yet to be officially recognized as a profession in Timor-Leste, or may be in the process to be recognized as such, the government, particularly MSSl, **has taken concrete steps towards establishing an enabling framework for the social service workforce development. Some of the key initiatives include a national consultation and adoption of the Child and Family Welfare Policy** (CFW Policy).⁴¹ The CFW policy takes a holistic multi-sectoral approach, which places a central focus on the family and the community as important actors to ensure the child's well-being and recognizes the pivotal roles played by NGOs, CSOs and community leaders within the child protection system. The policy also provides foundation for development of other key elements, including the capacity development strategy for the workforce,⁴² a human resource plan⁴³, a mapping of the SWW and social services across the country, and a road map.⁴⁴ These components align with an overarching child development plan⁴⁵ to collectively form a comprehensive framework for strengthening and professionalizing the social service workforce. The identified capacity building initiatives directly correlate with this framework. The vision outlined by MSSl for the SWW emphasizes a 'new role and approach,' characterized by a greater focus on preventive services, improved cross-sector coordination, and the integration of a family-oriented approach, as well as integration of positive traditional and cultural practices into service delivery.

The evaluation also found that CD plays a pivotal element in the implementation strategies of current SWW plans and frameworks. For example, this is evident in the National Action Plan for Children (2016 – 2020), which highlights commitment⁴⁶ to areas such as VAC, specifies provisions for the training of professionals working with children, requests allocation of sufficient human, technical, and financial resources for the Child Protection Networks (CPN), and the provision of necessary supervision and training for all professionals. Additionally, the integration of SWW capacity development is observed in the National Action Plan on Gender-Based Violence (2017 – 2021), in which, the second pillar is dedicated to providing services to victims of GBV with support from trained professional service providers. The Timor-Leste Development Plan (2011 – 2030) and the UNSDF (2021 – 2025) also encompass key cross-sector strategic activities for SWW capacity development. Nevertheless, the implementation of these provision is faced with challenges and is progressing slowly, primarily due to lack of sufficient resources.⁴⁷

However, no cross-sectorial interdisciplinary policy framework has been developed and there is no government coordination body to champion SWW capacity development activities in child protection across sectors. There is no national consensus among institutions engaged in the child protection system to establish core capacities for the SWW. **In-service training institutions** within the police (Police Academy), justice (LJTC), education (INFORDEPE), and health sectors (INS) **do not regularly feature specialized (mandatory) training modules in social welfare and child protection.**⁴⁸ Moreover, there are no mandatory initial recruitment trainings for positions directly involved in the child protection system, with the gap being particularly evident in law enforcement and justice sectors.

Period between 2020 and 2022 was marked by an increase in CDI activities targeting SWs on GBV and child protection, with over 2020 CDIs implemented during this period. During this time, several international programs were initiated jointly by local partners and government institutions, providing CDIs for social workers across the sectors, including "Spotlight Initiative" (EU-UN fund) and "Together for Equality"⁴⁹ (KOICA fund). The proliferation of CDIs during this period is particularly noticed in **law enforcement and justice sectors.** However, many CDIs identified in these two sectors were **pilot activities or one-off / ad-hoc, non-**

⁴⁰ Mapping of social service workforce and social services in Timor-Leste, 2019. UNICEF Timor-Leste

⁴¹ UNICEF Final Project Report 2022. MSSl decided to submit the CFW Policy to the Council of Ministers for its approval. A ToR for the National CFW Committee was finalized and reviewed by TWG. However, the committee was not yet initiated because the MSSl is waiting for the CP Law approval (2023).

⁴² Government of Timor-Leste, Social Welfare Workforce Capacity Development Strategy

⁴³ Government of Timor-Leste, Human Resource Strategy, 2014.

⁴⁴ UNICEF "A ROAD MAP - Strengthening and professionalizing social service workforce in Timor-Leste" 2019.

⁴⁵ Government of Timor-Leste, National Action Plan for Children in Timor-Leste (2016–2020).

⁴⁶ Ibid., p. 43

⁴⁷ UNICEF SWW CDIs evaluation TOR, 2022.

⁴⁸ 2019 UNICEF. Mapping of SW and social services in Timor-Leste.

⁴⁹ Together for Equality: Preventing and Responding to Gender-Based Violence in Timor-Leste <<https://asiapacific.unwomen.org/en/digital-library/publications/2021/05/together-for-equality>> accessed 21 December

regular education activities implemented depending on the availability and support of external donor-funded programs and were complementing regular, non-mandatory, training activities managed by the national in-service training programs.

The evaluation found that the capacity building initiatives were particularly relevant in addressing both GBV and VAC and the majority of the identified and implemented CDIs targeting social workers can be categorized as GBV-related education activities. This is linked to the thematic focus of programs funded by external donors, such as *Spotlight Initiative*, launched in Timor-Leste in March 2020⁵⁰ and *Together for Equality: Preventing and Responding to GBV in Timor-Leste*.⁵¹ Other relevant long-term programs are the *Nabilan Program: Ending Violence Against Women and Children*, and program focusing on GBV and disability inclusion: *Empower for Change* and *Her Health, Her Dignity, Our Priority*, aiming to strengthen services to survivors of GBV in Timor-Leste. These programs have played a fundamental role in promoting capacity development initiatives on GBV, which are also relevant for child protection and are targeting child protection networks. This impact is **particularly notable in the law enforcement and justice sectors**, receiving the bulk of CDIs implemented during the evaluation period.

GBV and child protection intersections in CDIs: There is a growing recognition of the importance of understanding the intersecting experiences of GBV and VAC, which share common drivers of violence, including structural gender inequality and harmful gender norms. Exploring how these two protection systems can collaborate and integrate more effectively, including in addressing core drivers of violence is essential for preventing both GBV and VAC. The importance of intersection is also recognized in outcome five of the United Nations Sustainable Development Cooperation Framework 2021-2025 (UNSDCF),^{52 53} which advocates for various strategies to address the intersections of VAW and VAC, encompassing prevention activities, development of enabling legislation and policies, the promotion of positive social norms, and the empowerment and access of women and children to available, accessible, and quality essential services.

Two education programs, advocated by social sector organizations, and targeting a multisectoral group of social workers with the aim of developing core competencies in social services across various sectors, can be highlighted. These programs are: *The Child and Family Welfare Training Program*, developed and implemented by MSSI with UNICEF support from 2016 to 2022. As part of the program, which is linked to the MSSI CFW Policy and the SWW Capacity Development Strategy, five pilot trainings have been conducted at the municipal level, reaching 278 social workers across all sectors, including from government institutions and NGOs/CSOs. The second key program is *Certificate III in Social Services* developed and implemented by Asian Foundation annually since 2016 (5 rounds) under the *Nabilan Program*. In its five rounds, the program reached 95 certified participants, majority involved in key service delivery provided by NGOs in different sectors. There was a higher proportion of participants from the health sector, including participants from key management positions. **Both programs are considered extremely relevant to the capacity needs of social workers' and institutions' and as well as identified needs of right holders.** The programs are considered innovative due to their holistic approach, long duration (exceeding 100 hours), regular scheduling, involvement of a multisectoral group of social workers/participants from government and NGOs sectors (including management and technical staff), a theory-practice and participatory approach, while they are implemented by experienced facilitators. Further details on achievements are presented in effectiveness section. Despite the key roles played by justice and security social workers in the child protection system and referral



MSSI had spent a few years developing the eight modules, which were really well done. But the modules did not link to any official certification as such; even though the content was quite good for an emerging market, so it did meet that need” – KII 19

⁵⁰ Spotlight Initiative, <<https://spotlightinitiative.org/fr/node/18383>> accessed 2 February 2023.

⁵¹ Together for Equality: Preventing and Responding to Gender-Based Violence in Timor-Leste

⁵² United Nations in Timor-Leste, *The United Nations Sustainable Development Cooperation Framework, Timor-Leste, 2021-2025*, pp. 30.

⁵³ (UNSDCF) *The United Nations Sustainable Development Cooperation Framework* is a joint commitment by the Government of Timor-Leste and the United Nations development system to support national priorities, including the Strategic Development Plan 2011–2030. It is designed to improve the lives of all, particularly the most marginalized and vulnerable, aligning with the Sustainable Development Goals, with a specific focus on women and children vulnerable to violence.

networks nationwide, it was found that the mandatory training packages provided by government in-service training centers, such as the Police Academy and the Legal and Judicial Training Center (LJTC), lack regular CDIs in the area of VAC. There is a need to promote capacity development in human rights and foundational competencies to ensure the delivery of quality services as also identified in the UNSDF for 2021–2025. “... the development of physical and human resources capacity of formal and customary justice institutions and security institutions at the national and local levels – continued investments in pre- and in-service training institutions – embedded in human rights.”⁵⁴

The evaluation revealed a limited number of CDIs **targeting public justice sector social workers, which are not aligned with the needs of right holders, social workers, or institutions.** Legal service providers in the public justice sector require specialized knowledge, including understanding of laws, alternative procedures, and relevant terminology. Furthermore, there is a pressing need for the development of skills related to behavior change, attitude, and approach to victims of violence. These skills are crucial to ensure negative consequences for victims as described by one of the consulted stakeholders:



Without specialized training, it remains very challenging for judicial actors to treat victims with compassion and respect for their dignity and privacy. Specialized training focusing on behavior change, understanding of the victim's position and the entrenched gender inequality in the country is also essential to court actors regarding the stereotypes arising from gender-discriminatory social norms prevalent in the Timorese society.”

– Law and Practice of the Criminal Procedure in Cases of Gender-Based Violence in Timor-Leste, UNDP (Oliveira, Barbara Nazareth) 2022.

In the justice sector, one CD⁵⁵ with relevant objectives and design targeting public justice sector social workers was mapped, namely a Spotlight Initiative course on *Gender Equality and Gender-Based Violence*. The course, provided by UNDP, include child protection as a subject.

Social workers in **public justice sector** offer an extensive array of services to children and their families, including case management, support to investigation, trial and post-judicial follow up, counselling, probation, diversion and alternatives to detention for children.⁵⁶ Social services are provided to children in contact with the law, whether victims, witnesses, offenders, or other parties in a legal proceeding. The government legal service providers undergo training at an in-service training center LTJC, established in 2007 under the Ministry of Justice. The program targets public service staff and recently graduated students (85 positions per year⁵⁷) and offers four courses for judges, attorney general, public defender and notaries. Each course is composed of 1.5 year of theory, six months of practice and one month of internship. The course subjects are classified as essential⁵⁸ (mandatory) and complementary;⁵⁹ the attendance for complementary courses is optional and depends on participants initial selection.⁶⁰ The subjects related to GBV and child protection are classified as “complementary,” while the offered course design may not meet the needs of the participants as it is conducted by foreign trainers in Portuguese language.

Limited fluency in Portuguese is a barrier to accessing legal

There is a gap in the law regulating the initial

No. 86/CSMP/2019, of 30 September)⁶²

⁵⁴ United Nations in Timor-Leste, *The United Nations Sustainable Development Cooperation Framework, Timor-Leste, 2021-2025*, pp.47

⁵⁵ 7th Initial Training Course for Judicial Magistrates, Public Prosecutors and Public Defenders 24 teaching hours, funded under the Spotlight Initiative - UNDP component – and implemented by “JUs - Jurídico Social” as a one-off (no expressed legal provision) training under the Legal and Justice Training Center.

⁵⁶ United Nations Children's Fund, ‘Guidelines to Strengthen the Social Service Workforce for Child Protection’, UNICEF, New York, 2019

⁵⁷ Annual course vacancies: Judge: 20; Public Defender: 15; Conservators and notaries: 30; attorney general: 15

⁵⁸ Essential subjects: Portuguese language, Criminal law, Civil Law, criminal procedure law and civil procedure law (LTJC interview)

⁵⁹ D-KII20: professional law, children and family law*, gender-based violence, professional code of ethics (*facilitated by Human Rights Lawyers | JU,S Jurídico Social)

⁶⁰ D-KII20: It has been changed through the Decree law no.10/2020 – 25-03 - regime da formação and decree law no.11/2022,25-03-regime da estrutura. Before the training for judge, public defender, attorney general was only in a one package course training. All candidates were participating in training courses together not classified to their specialist. The specialist was only attributed by the result of the test. Now participants decide their training course from the beginning, which is delivered separately.

⁶² Law and Practice of the Criminal Procedure in Cases of Gender-Based Violence in Timor-Leste, UNDP (Oliveira, Barbara Nazareth) 2022.

education and professional training. Differences in language capacities and limited use of Tetum in the justice sector are creating barriers to enter the legal profession; hindering the effective functioning of the justice system; undermining due process and, ultimately, limiting access to justice.⁶¹

training of judicial magistrates, public prosecutors and public defenders; it **does not expressly require the inclusion of subjects on GBV or domestic violence** (Decree-Law No. 10/2020, of 25 March). A similar gap is evident in the training course for public prosecutors' clerks (approved by Deliberation)

*"Throughout, particular attention needs to be given to access to justice and security for those most left behind, also ensuring that the **justice system in Timor-Leste is child-friendly.**"⁶³*

The evaluation identified a significant number of Capacity Development Initiatives (CDIs) targeting social workers in the security sector between 2018 and 2022. There was a total of 19 such initiatives. These CDIs were often one-off trainings implemented under programs like the *Spotlight Initiative and Together for Equality*. They primarily focused on topics related to Gender-Based Violence (GBV) and child protection.

The social workers in the security sector in Timor-Leste mainly include PNTL police officers from the Vulnerable Persons Units and the Investigation Unit. The evaluated CDIs were found to have very relevant objectives that align with the roles and responsibilities these officers perform in the child protection and GBV systems. They often serve as the first point of contact and are responsible for delivering emergency response services to victims in these areas. Security sector⁶⁴ social workers⁶⁵ roles, responsibilities and functions include protection,⁶⁶ investigation of cases, referrals and also VAC/GBV prevention activities in communities. These are performed directly or jointly with other welfare network members. Police Academy, previously known as Police Training Center, is the official PNTL in-service training institution responsible for the planning, design, management and implementation of the CDIs targeting all PNTL police officers. PA is dependent on the PNTL/Ministry of Interior budget. The Timor-Leste Police Development Program (TLPDP)⁶⁷ is a key program supporting the PNTL capacity development, with TLPDP seen as a committed partner of the Vulnerable Persons' Unit (VPU) across Timor-Leste.⁶⁸ All identified CDIs have been designed and/or coordinated with the Police Academy and the TLPDP gender Advisor. The CDIs identified are organized jointly with TLPDP and two UN joint programs, as previously mentioned. The subjects of the CDIs are geared towards providing specialized knowledge and skills to PNTL in responding to VAWG cases. The topics include case management, interviewing vulnerable witnesses, sexual assault and child abuse investigation, and foundational investigation skills and knowledge to effectively handle criminal offenses against minors. Additionally, it was observed that several VPUs at the municipal level have been participating in the MSSI Training Program, which stands out as the only program with a holistic approach targeting security sector social workers.

⁶¹ United Nations Children's Fund, 'Guidelines to Strengthen the Social Service Workforce for Child Protection', UNICEF, New York, 2019

⁶³ (UNSDP) United Nations Sustainable Development Cooperation Framework Timor-Leste, 2021-2025 pp.47

⁶⁴ Ibid., 47 The PNTL established the 'Vulnerable Persons' Unit' (VPU) that has been operational since 2001. It was initially established during the UN Administration in the country – at both national and district levels, with a VPU in each of Timor-Leste's municipalities – and this unit had the specific mandate of assisting victims of sexual crimes, domestic violence and child maltreatment (PNTL, *Estratégia Jéneru ba* 2018-2022, 3) Recently in 2022, for the first time, the VPU – now named "Support to Vulnerable Persons Subsection (SVPS)" – has been formally recognized in the Organic Statute of the PNTL, being a unit within the investigation department. (Article 80(1)(a)(iv) Decree-Law No. 55/2022, of 3 August). The VPU/SVPS is often noted as 'the gateway to the formal justice sector for women victims of crime' in Timor-Leste. (Judicial System Monitoring Programme, *Police Treatment of Women in Timor-Leste* 2005, 8). It was created precisely to provide, within the police service, an investigation department specializing in women's and children's cases, with jurisdiction over crimes such as rape and attempted rape, domestic violence, child abuse, child neglect, missing persons, and sexual harassment.

⁶⁵ Government of Timor-Leste, *Timor-Leste Strategic Development Plan 2011-2030*. p.p 160.: "The development of our human resources will be critical to ensuring that we have the capacity to operate our security sector effectively and professionally. This will be achieved through a comprehensive program of human resources development and workforce training"

⁶⁶ PNTL has obligations to protect victims under the LADV⁶⁶ - Law n° 7/2010 - JSMP analysis of MSS Draft Law on the Protection of the Children (Draft N° X/2016)

⁶⁷ TLPDP is a bilateral development cooperation program between PNTL and the AFP, supported between the GoTL and the GoA. 2022 started TLPDP phase IV in the country.

⁶⁸ Government of Australia, *Joint Independent Evaluation Timor-Leste Police Development Program Final Report* 2021 p.5



Photo by UNDP Timor-Leste. Police officers from the Vulnerable Persons' Unit (VPU) during a training session

However, it is worth noting that not all CDIs were equally relevant. In particular, some CDIs targeting the security sector had less relevant designs. For instance, the core competency courses for police officers organized by the Police Academy did not include mandatory training on Gender-Based Violence (GBV) and child protection. There was also an overall absence of mandatory courses supporting core competencies development needed in the child and family welfare system. This highlights the need for more comprehensive and relevant training programs in these areas within the security sector. The identified CDIs are structured as short-term courses, typically lasting from one to five days, implemented as one-off activities and funded by external donors. These initiatives lack regular supervision or refreshment and offer limited mentoring, thereby constraining the capacity development of police officers in the areas of child protection and GBV. Some of other capacity gaps identified include 'do no harm' principle, confidentiality⁶⁹ and on trauma-informed approaches in communication with survivors of violence.⁷⁰ In 2023, redesign of recruitment courses is planned, aiming to improve alignment of concept of PNTL with the concept of organization of the community policing organization, which shall lead to improved alignment of courses to the national needs.

“

PNTL previous recruit training from Portuguese GNR was based on a more military approach, not really focus on community policing. Recruit course did not reflect the interaction with the community and how to deal with the community.”

– KII15

This plan directly corresponds to the Timor-Leste's Strategic Development Plan (2011-2030): *“Community policing will be promoted and central to the basic training and professional development of police. A community-oriented policing model for all police will be adopted as the guiding philosophy for the PNTL. This model will inform and guide management and operational decision-making, [to] ensure that the PNTL focuses its role on community policing,”* increasing its relevance.

Analysis of CDIs targeting **health sector service providers, shows overall objectives and designs of the education programs as relevant.** CDIs targeting health social workers are integrated into institutionalized education programs managed by the National Institute of Health (INS), following the National Health

⁶⁹ Ibid., p. 48 n

⁷⁰ KII15; KII09; KII13

Strategy. The INS capacity development program has received support from various partners, including the UN system, USAID, and academia (La Trobe University and UNTL), all contributing to the planning, design, development, implementation and supervision/mentoring of these programs. La Trobe University and the WHO piloted a curriculum⁷¹ in Tetum and English to better equip nurses, midwives and doctors to recognize and help survivors of domestic and sexual violence. The INS functions as an autonomous institution under the Ministry of Health, which seamlessly integrates capacity development activities related to child protection and GBV into its regular programs. Additionally, a local psychosocial recovery and development organization, PRADET, has implemented independent safe places (Fatin Hakmatek) on the premises of five hospitals. These safe places offer safety, treatment, counseling, medical forensic examination and documentation, emergency accommodation and referral to other services. PRADET has collaborated with the government to formulate a medical forensic protocol and has undertaken training initiatives for medical forensic examiners and other health workers.⁷²

Social service workers in the health system contribute to diagnosis, referrals, medical treatment and care as well as assessment of the social circumstances of a patient.⁷³ Their main role in the child protection system is to deliver specialized services, such as medical forensics in sexual abuse cases, mental health treatment and support as well as identification, accompaniment and referral of suspected victims. In Timor-Leste, health SWs' profile includes doctors, nurses, midwives⁷⁴ and psychologists, who are based in the health posts offices, hospitals and NGOs. CDIs focusing on child protection and GBV are carried out in pre-service as well as in-service training. The health sector started developing national guidelines and training curricula to improve the health system response to VAC (HAI, 2021, Ministry of Health, 2018; Wild et al., 2020)⁷⁵ ⁷⁶ and specialized trainings based on the SWs' profiles and services, such as medical forensic examination implemented by PRADET⁷⁷ under Nabilan program support. **The CDIs targeting health social workers have relevant objectives and designs responding to the roles and responsibilities SWs' play in the child protection system.** Nevertheless, there is need to for continuous building of capacities of health SWW in areas of gender, youth, and disability, mental health and psychosocial support and enhancing competencies for provision of high-quality and equitable services, especially for women. This is essential also because health care centers are often the first point of contact in emergency situations.

The evaluation discovered that a significant portion of Capacity Development Initiatives (CDIs) is directed towards frontline workers with relevant profiles, primarily technical staff. These workers have roles and responsibilities directly connected to the delivery of response and prevention services within communities. In the **security sector**, CDIs targeted VPU police and police investigation officers of PNTL as well as mediators⁷⁸ from the Ministry of Interior, who participated in several specialized trainings, such as the *MSSI in-service training program*. In the health sector, CDIs are aimed at a wide range of healthcare professionals, including doctors, midwives, and nurses based in hospitals and health offices. Additionally, NGO staff working in the healthcare field are also targeted. These CDIs cover a variety of specialized certifications, including training for medical examiners, and focus on survivor-centered approaches to Gender-Based Violence (GBV), including early detection. CDIs covers students from the midwifery department at UNTL,⁷⁹ which can be considered relevant and innovative pre-service CDI. In the **social sector**, a diverse range of SWs has been targeted,

⁷¹ The pre-service training curriculum, facilitator's manual, PowerPoint teaching slides, student guide, and video resources can be accessed at: Supporting health system responses to violence against women and children in Timor-Leste, Latrobe University <<https://www.latrobe.edu.au/ic/research/reducing-violence/timor-leste>> accessed December 2023.

⁷² Wild, Kayli J., Lidia Gomes, Angelina Fernandes, Guilhermina de Araujo, Isabelita Madeira, Livio da Conceicao Matos, Susan McDonald, and Angela Taft. Responding to violence against women: A qualitative study with midwives in Timor-Leste. *Women and Birth* 32, no. 4 2019.

⁷³ *Ibid.*, p. 47

⁷⁴ "Midwives engage at both the individual and collective levels, providing medical care, advice and moral support to survivors of violence as well as gathering support for women within families and communities." 2016. Security form above and below: A critical ethnography of the health response to violence against women in Timor-Leste

⁷⁵ 2022. *Journal of Interpersonal Violence. Healthcare Responses to Gender-Based Violence in Timor-Leste: Women Want Empathy, Information and Safety from an Integrated Support System.* Judith Lumley Centre, La Trobe University, Melbourne, Australia; Institute for Human Security and Social Change, La Trobe University, Melbourne, Australia Department of Midwifery, Instituto Superior Cristal, Dili, Timor-Leste; Office of the Rector, Universidade Nasional Timor Lorosa'e, Dili, Timor-Leste.

⁷⁶ 2019. Facilitator's Guide. "To support health system responses in countries, the World Health Organization (WHO) has developed a clinical handbook to help health providers to respond to domestic and sexual violence against women (WHO 2014) and the sexual abuse of children and adolescents (WHO 2017). The Ministry of Health (MoH) in Timor-Leste are in the process of adapting these to develop their own National Guidelines on the health sector response to gender-based violence (MoH draft 2017). In order to translate WHO and MoH guidelines into practice, training for both pre-service and in-service health care providers is strongly recommended" Wild K, Gomes L, Fernandes A, Marcal L, de Araujo G, Taft A (2019). Pre-service training course for health providers responding to violence against women and children in Timor-Leste: Facilitator's guide. Melbourne: La Trobe University. DOI: 10.26181/5df8d4bccdb86

⁷⁷ Psychosocial Recovery and Development East Timor (PRADET Timor Lorosa'e), a national non-governmental organization (NGO) that provides psychosocial support services.

⁷⁸ Department for Community Conflict Prevention (DNPCC). Ministry of Interior Timor-Leste.

⁷⁹ Delivered by UNTL and La Trobe university in collaboration with INS and Fundasaun Cristal,

including MSSl staff, primarily CPOs, GBV focal points and social animators (technical officers) from five municipalities where in-service training programs were delivered. Others include MAE municipality staff, who bear important roles in community awareness and mediation and NGOs from different sectors involved in child protection and GBV response system. The later are specifically targeted by international development partners such as TAF through the Nabilan Program *Cert III* in social services. Some initiatives also targeted media representatives, *suco or village chiefs* and other community leaders. These initiatives align with CFW Policy, particularly MSSl in -service training program.

Positively, several initiatives targeted **management staff** responsible for planning, designing, promoting and developing the SWW capacity development strategies in the country. This is particularly crucial given the lack of local expertise in social services at the management level (Mapping the SWW 2019) and aligns with current context of still developing social industry and transition period towards professionalization of the SWW. Notably, the MSSl Technical Working Group, composed of eight dedicated MSSl staff, has received continuous training over the years with technical support from UNICEF. They attended trainings on social services, training, and assessment, with ongoing training for those currently attending the Certification IV in Training and Assessment. UNICEF provides continuous technical support on policy and strategic development. Management staff from key NGOs, such as ALFELA, providing legal counseling and PRADET, providing psychosocial and mental health support, have also been targeted. These NGOs not only provide services in the child protection system, but also serve as reference to right holders' needs.

Additional training needs were identified during primary data collection, which summary is presented in Table 12 below.

Table 13. SWs Training needs identified by SWs on Survey, KII and FGDs (January 2023)

Psychosocial - mental health support to victims with trauma	Strengthen core capacities to accompany children – empathy, care, “best interest” and “do no harm” principles
Disability inclusion (mainly people with partial hearing impairment)	Gender and child violence – types and interconnections
Policy and legal framework for legal counselling	Case management, referral system and SOPs
Research, report and data management	Safe use of technology (for prevention)
Child and family welfare	Facilitation (prevention)
Self-care , anger and stress management	Training (ToT)

Source: Information compiled by the evaluation team

A *micro-level perspective* reveals that these professionals play a vital role in delivering “response services” to address the needs of children and families who have experienced violence, abuse, and exploitation. Numerous CDIs oriented on response services were implemented, emphasizing case management and referrals. This focus is particularly relevant in the context of Timor-Leste, where diverse actors from different sectors are involved in child protection, and there are reported gaps in the effective coordination of these diverse sectors.⁸⁰ Specific modules on case management and the referral process were incorporated into the MSSl CFW in-service training program and Cert II in *social services* Course (TAF),⁸¹ as well as CDIs for health service providers who manage the “survivors centers” under the “*Fatin Hakmetek*” initiative under the INS/MoH with PRADET support. These contributed to strengthened coordination and referral system and were complemented with other initiatives that support capacity development of social workers, such as the development of software on case management⁸² targeting NGO staff from Child Protection Referral Network.

Nevertheless, additional training needs were identified:

- Trainings on reporting, **research and data management**, as exemplified in PNTL-VPU reporting system assessment, including o VAC:

⁸⁰ 2022. UNICEF. TOR of the Country-led Evaluation of the child protection-related CDIs targeting SWW in Timor-Leste.

⁸¹ Module 8 - “*Situation Analysis – assessment, referrals and restorative justice practices*” MSSl Training programme; Case Management; Module 10 - “*Working with case management processes*” Cert III. In social services. TAF/Nabilan Program

⁸² CATALPA - ALFELA



We have found many gaps among VPU on reporting flow, for example, it is still challenging for VPU officers to report disaggregated gender and age data. For the future, data enhancement is needed in the system, so an international consultant will be contracted to support the process.”

- There is a gap in CDIs promoting **child-friendly justice systems**,⁸³ which would target legal officers (SWs) across different sectors. CDs as a key element in the child protection system are not properly institutionalized, neither in practice nor through regulations and protocols. No continuous trainings were carried out in child justice sector since the completion of the project 'Strengthening Justice and Welfare Systems for Children in Timor-Leste' in 2016. There is also no mandatory training provided by LTC on this topic. *The Curriculum, 'Children and Administration of Justice,' was developed as part of the UNICEF-implemented project Strengthening Justice and Welfare Systems for Children in Timor-Leste (2013-2016) and left with the Legal Training Centre. Nevertheless, its actual implementation by the center is unknown.*⁸⁴
- **Psycho-social and mental health support to victims with trauma and counseling services:**⁸⁵ SWs identified the need to reinforce skills and knowledge required to support victims, including during the emergencies and those focusing on trauma-informed rehabilitative counseling services particularly for children in criminal proceedings (justice sector) and under investigation (security) as well as for people with disabilities and their families.⁸⁶ Courses targeting the security sector and staff working in shelters on 'how to investigate cases of children' and 'play therapy,' were promoted by programs like TLPDP, UNICEF, and TAF/Nabilan. Additional courses on 'Play Therapy' are planned by UNICEF in 2023.
- Strengthen **core management capacities** of institutions and CSOs, including financial, human resources, information technology systems and information management. In the social sector, UNICEF supported the capacity development of eight government staff in the Technical Working Group of the MSSI; Nabilan further established long-term relationships with organizations, enhancing technical capacity in ending VAWC, while also strengthening core management capacities for CSOs, such as ALFELA, PRADET, Fokupers, and Casa Vida.⁸⁷ In the security sector, the TLPDP provides Police Academy trainers, and in the health sector, there is close collaboration with academia, including UNTL and La Trobe University, which also contributes to strengthening research capacities of management staff in the public health sector.

1.2. Emergency context and adaptation

During the response to the COVID-19 pandemic, Timor-Leste imposed stay-at-home orders in 2020 and 2021, heightening the risks of violence against women and children. Violence against children more than doubled during this period, with MSSI reporting 2 to 4 time increase in reported cases of child physical abuse, sexual abuse, and rape in 2020 and 2021 compared to 2019. Incidents of physical abuse increased from 36 in 2019 to 80 in 2020 and reached 143 for the first nine months of 2021. Girls were disproportionately affected. Service providers noted that the isolation of families at home contributed to the surge in sexual abuse. MSSI recorded fewer cases of gender-based violence (domestic violence, rape, and sexual assault) in 2020 and 2021 compared to 2019, which might be also a result of underreporting. On the other hand, frontline service providers, such as Uma Mahon and PNTL, unanimously expressed that domestic violence, including against women, became more prevalent during COVID-19 period. Despite functional referral systems, women experiencing intimate partner violence were likely less inclined to report it, possibly due to their increased

⁸³ D-KII09; D-KII01; D-KII04, M-KII02; UNDP/JUS report

⁸⁴ 2019. UNICEF&MSSI. Mapping of Social Service Workforce and social services in Timor-Leste, p.58

⁸⁵ 2022. UNICEF Situation analysis of children

⁸⁶ D-KII13; V-KII04, D-FGD; V-FGD; M-FGD; D-KII09

⁸⁷ Nabilan Phase 2 Independent Evaluation, 2021. for the Australian Government, Timor-Leste:

Retrieved from: <https://www.dfat.gov.au/sites/default/files/timor-lesste-nabilan-phase-2-independent-evaluation-review-report.pdf>

isolation with abusers during home confinements and the fear of contracting COVID-19 in shelters. Other factors might be also contributing to this alarming trend, as identified in study on Socio-Economic Impact of Covid in TL 2021 carried out UNDP.

Due to the COVID-19 pandemic in 2020 and the floods affecting Timor-Leste in the first half of 2021, UNICEF rescheduled and adjusted some activities, including introducing Child-Friendly Spaces (CFS). CSFs were established in 13 evacuation centers using alternative sources of funding and implemented in collaboration with local NGOs. The later included MHPSS training for CSF volunteers and NGO staff. The TWG led the emergency response coordination with various agencies supervising the Child-Friendly Spaces. Additional efforts were made to strengthen the referral mechanism for cases of VAC and domestic violence.

The Nabilan Program implemented by TAF and the MSSI SWW CD Strategy Program demonstrated flexibility and responsiveness during the COVID-19 crisis. TAF and MSSI teams collaborated in analyzing the COVID-19 situation and developing a coherent and proportional response. Nabilan was able to respond quickly and professionally to GoTL calls for support to establish reception centers, develop COVID-19 protocols and train front-line workers, including providing personal protection equipment (PPE) supplies. Amid the challenges posed by the COVID-19 pandemic and the 2021 floods, graduates of the Nabilan *Cert III* in social services course played a crucial role in delivering quality services to their communities.⁸⁸ Additionally, the modality of the *Cert III* in social services training course under the Nabilan program was adapted to an online version to prevent delays in students' participation. The Nabilan Program has significantly contributed to the number of qualified practitioners in the EVAWC sector at the national level. Nevertheless, overall, the delays in training implementation were reported across sectors during COVID-19 pandemic in 2020 and the floods in April 2021, particularly affecting the security sector⁸⁹ and ability of NGOs, including ALFELA and PRADET, to provide services in this space. In response to COVID-19 challenges, social SWs adapted their service delivery systems to ensure effective assistance to victims, including by maintaining regular contact with clients through phone or internet. Some training and capacity development initiatives were also implemented online.

2. Coherence

Key Evaluation Questions:

The coherence criterion examined extent to which CDIs are compatible with initiatives implemented in other sectors or institutions in the country.

Finding 1: Overall interventions implemented by different stakeholders that aimed to build the capacity of SWW in **child protection system are aligned with the national objectives**. These efforts contribute to the development of SWW core competencies, thereby reinforcing the child protection service delivery system. The MSS SWF in-service training curriculum specifically focus on the competencies of social workers, emphasizing principles such as *contextual harmony, a focus on family, cohesion, teamwork, and skills-based approaches*. In all sectors, there is a lack of clarity on how these CDIs have translated the acquired knowledge into practical application in the fields of child development, child protection, and family welfare services.

⁸⁸ Nabilan Phase 2 Independent Evaluation, 2021. pp.10 for the Australian Government, Timor-Leste: Retrieved from: <https://www.dfat.gov.au/sites/default/files/timor-leste-nabilan-phase-2-independent-evaluation-review-report.pdf>

⁸⁹ Management Response of the Joint Independent Evaluation of the Nabilan Program. 2021. Australian Government. Retrieved from: <https://www.dfat.gov.au/sites/default/files/timor-leste-nabilan-phase-2-independent-evaluation-management-response.pdf>

Findings 2: A number of **evidence-based and baseline studies on violence were developed over the years, presenting a foundation** which informed policies, programs and SWs CD strategies. Several **approaches, materials and guidelines were developed and adapted to Timor-Leste context and culture**, which is especially important for social and health sectors with key responsibilities in providing more long-term and/or institutionalized SWW CD interventions. This approach is aligned with CFW Policy, which emphasizes the importance of developing social work understanding that is rooted in Timorese culture, traditions, and welfare practices. However, the evaluation identified **a need for adaptation in the security sector, specifically in aligning police recruitment training to a community policing approach, rather than currently implemented military-based approach**.

Finding 3: The two main training programs in social sectors have shown complementarity and coherence and were, despite common objectives and design, targeted different recipients. The MSSI training program reached predominately (91%) government SWs from different sectors at the municipal level, while the TAF Program focused predominately (89%) on SWs from health and social sector NGOs based in Dili. This distribution aligns with the national objective to standardize the capacities of government and NGO SWs across sectors. Additionally, the evaluation identified numerous capacity development initiatives focused on preventing and responding to GBV, organized by various development partners and targeting SWs across different sectors.

Finding 4: Several long-term prevention initiatives are being implemented to promote positive social norms and behavior change among parents and caregivers. These activities receive support from international partners and are implemented at the municipal level by local organizations, primarily NGOs that have received prior training in their chosen approach. However, **there is limited evidence of coordination among these programs during their design, implementation, or learning phases**, such as lessons learned workshops. Despite the absence of formal coordination, these initiatives do share common national partners, mainly the Ministry of Education and MSSI, and align with similar objectives.

The CD initiatives mapped are aligned with the national child protection priorities and objectives aimed at ending VAWC. Evaluated programs are contributing to development of the SWW core competencies in child protection. The MSSI Child and Family Welfare training was built to support the government social service system reform, initiated with the adoption of the CFW Policy in 2016 and is coherent with the principles of the 2016 Strategy for Developing the new SWW. This Strategy aims to strengthen multisectoral competencies among SWW providing services, ensuring that all social welfare workforce adopt a more well-rounded and standardized practice to effectively address complex social dynamics. In addition, a SWW Competency Framework accompanying MSSI staff, which include job descriptions for CPOs, GBV and social animators, was developed and validated by MSSI in 2021.

Table14. MSSI training program alignment with 2016 SWW CD Strategy Principles

Aligned  In process  Not aligned 

Contextual harmony	SWW will be grounded in an understanding of Timorese culture, traditions and practices concerning the welfare and protection of children and families.	
Emphasis on family	Developing capacity building programs that take a holistic approach to the family and the dynamics of violence, including a course that inherently adopts a	

	gender lens to family conflict and violence.	
Cohesion and teamwork	For the system to function well, the working relationships and expectations between staff need to be strengthened so that a real 'safety net' of support is created among workers.	
Instituted learning and education	Less-fragmented approach to capacity development will be required, gradually maturing from donor-led trainings towards instituted, long-term education.	
Practical and skills-based	Importance of an incremental, action-oriented approach whereby skills are learned and tested with support of mentoring, supervision and other support.	
Alignment with resources	Staff will be equipped with the most essential aspects of their work in initial phases, while their capacities will be built over time.	
Alignment of functions to the prevailing system	Preference to meeting the requirements of the new Timorese system rather than drawing extensively from external models.	

Source: Information compiled by the evaluation team

National priorities related to the **child protection service delivery system** require social welfare workforce to have capacities in **child development, child protection**, community development and domestic violence (2016 CFW Policy). The evaluation found that most of the CD initiatives mapped over the years of analysis are not specifically child-focused.⁹⁰ The pathway to developing these competencies is not clearly defined, given that the majority of CDIs are GBV-focused, short-term and lack institutionalized education programs. However, the exception to this area is *MSSI Child and Family Welfare training* program, which contains modules on child development and child protection⁹¹ forming the foundation of the program. and the *Nabilan Program Cert. III in social services*,⁹² which also includes a dedicated module in this area.

Child protection service delivery requires specialized SWs with the **capacity to develop supervision tasks, team leadership, performance management, and professional assessment and mentoring.** (2016 CFW Policy). When it comes to the **health sector**, KIs with health service providers highlight the effectiveness and benefits of an institutionalized and standardized training and support system, which includes post-training supervision, assessment, and mentoring in medical practice scenarios, like examinations. Such mechanism is crucial in fostering confidence and enhancing the capacity of healthcare providers to deliver high-quality services. The INS has taken proactive measures by establishing certification rules early in the reactivation of training programs. Successful completion of various assessments is required, including knowledge evaluation through pre- and post-tests, hands-on practice with models in skills labs measured with competency checklists, and practical experience with real patients⁹³. In contrast, the social sector, among NGOs and government institutions the institutional supervision and mentoring after the training is weak and social workers express the need for ongoing support to integrate their newly gained knowledge and skills. They also emphasized the importance of capacity development through hands-on practice, guided by institutional standards to ensure quality assurance.

Several CD initiatives emphasized (a) **cultural adaptation of internationally developed materials to the local context** or (b) **were systems developed integrating the Timor-Leste cultural reality and aligned with international standards.**⁹⁴ This is coherent and aligned with national priorities and goals to develop

⁹¹ Module 5: Promoting child and family welfare

⁹² Module 7: Support and protect child rights and development.

⁹³ Strengthening the Timor-Leste National Institute of Health: A partnership in institutional development. 2020. Page 7. Retrieved from https://publications.jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=23893&lid=3

⁹⁴ MSSI requested an evaluation on the child protection system in the country. One of the evaluation recommendations was for MSSI/National Directorate for Social

strategies and programs adapted to Timor-Leste culture, needs and capacity gaps, as also recognized in some of the reviewed documents: “*cultural competency has been shown to produce four times more effective results than generic approaches*”⁹⁵.

Cultural adaptation of approach and CD materials

- The National Health Training Curricula was adapted from WHO global and training guidelines to the Timor-Leste context with UNFPA support over course of 1,5 years; current in-service training program is implemented with Zonta International support;
- The Cert. III in Social Services from Nabilan Program demonstrated a commitment to endure alignment with the capacities of Timor-Leste, with the course content and assessments being adapted to objectives derived from local realities and capacities, rather than aiming to meet foreign standards;⁹⁶
- MSSI Child and Welfare Training program has been developed using the evaluation (2010) and assessments (2012-2014) findings, gathering information from national consultations;
- Connect with Respect manual developed by UN WOMEN’ support and the University of Melbourne, aims to to adjust to the local context; and
- The Nabilan Program is also adapting the community-based prevention methodology SASA! to the Timor-Leste context with KOKOSA! Komesa Konxiénsia Suporta Asaun (Start Awareness Support Action) and Neon Nain Ba Mudansa (NeNaMu), an adaptation of Stepping Stones, a pilot co-implemented with MSTL in 2022.

Relevant adaptation to local needs and national priorities is foreseen in the **security sector plans** as part of the upcoming 2023 PNTL recruitment process and trainings. The latter will promote a community policing approach, which is considered to be better aligned with current national context and priorities, rather than the current military approach inherited from the Portuguese police period. These plans are coherent with the Timor-Leste Strategic Development Plan 2011 – 2030 ‘*Community policing will be promoted and is central to the basic training and professional development of police. A community-oriented policing model for all police will be adopted as the guiding philosophy for the PNTL. This model will inform and guide management and operational decision-making and ensure that the PNTL focuses its role on community policing.*’⁹⁷

In addition, the **research and baseline studies on the violence situation in Timor-Leste** developed over the years, influenced the prioritization of GBV and VAC agendas by government and international partners, including CDIs to SWW as strategies. The CFW Policy was crafted following a thorough evaluation of the child protection system in the country in 2010 and a global analysis assessment exercise conducted from 2012 to 2014. The development process involved national consultations with key stakeholders in the country. “The Nabilan Baseline study⁹⁸ on the prevalence of VAWC in Timor-Leste has informed the programming of Nabilan, international NGOs, CSOs and UN agencies, and is widely used as a benchmark for UN Agency programs, and the Foundation’s regular surveys on a variety of topics are also appreciated. *There is a sector-wide appetite for more evidence-based research*”⁹⁹ (2021, Nabilan phase 2 independent evaluation). Other studies¹⁰⁰ and assessments carried out on GBV and VAC played an important role in understanding the complexity of the country’s welfare system. These documents were instrumental in identifying SWW capacity gaps. **In the social sector**, UNICEF supported the development of baseline and end line (2023) studies of *Hametin Familia* Program, which will inform the government on positive parenting education programs with evidence-based data. Additionally, UNICEF played a significant role in supporting the Social Welfare Worker

Development (DNDS⁹⁴), UNICEF TL and NGOs to work/develop an updated system based on/ integrating TL cultural reality and aligned with international regulations.

⁹⁵ Guidelines to Strengthen the Social Service Workforce for Child Protection, UNICEF, New York, 2019. Page 26. Retrieved from:

<https://www.unicef.org/sites/default/files/2019-05/Guidelines-to-strengthen-social-service-for-child-protection-2019.pdf>

⁹⁶ TAF/Nabilan Program internal document

⁹⁷ Timor-Leste Strategic Development Plan 2011 – 2030 (page 161)

⁹⁸ “Violence against children in Timor-Leste and consequence in adult health and exposure to adversity”. Secondary data analysis of 2015 TAF/Nabilan baseline survey

⁹⁹ Ibid., p. 52

¹⁰⁰ Studies on justice and security sectors practice (UNDP/Jus, JSMP) or health sector pre-service and in-service training approach to GBV and VAC cases (research papers and studies developed by La Trobe University jointly with INS and *Fundacao Cristal*).

(SWW) mapping and Roadmap initiatives. These efforts present crucial components of the MSSSI SWW capacity development program and the Human Resources reform in this sector.



Photo by UNICEF: MSSSI child protection officer during practical activities during training sessions

In the **social sector**, two programs sharing similar objectives, approaches, and course structures were concurrently implemented from 2016 to 2022. The evaluation found that that these programs are complementary and valuable, given the prevailing Timorese social sector landscape with no social service training courses targeting SWs, and lack of profession's formal recognition. The complementarity of these programs is rooted in the recipients who have undergone training over the years, with MSSSI program targeting government staff across the sectors and Nabilan program predominately reaching NGO social workers based in Dili working in health (35 %) and social (59 %) sectors. The Table 14 illustrates the profile of participants who have attended both trainings.

Table 15. Social sector MSSSI and TAF Training programs CD recipients' profiles

Program	Total participants	Institutional profiles		Sectoral profiles				
		NGO	Government	Health	Social	Security	Justice	Others
MSSSI in-service training	278	9%	91%	2%	91%	3%	1%	2%
TAF/Nabilan Cert. III Social Services	95	89%	11%	35%	59%	1%	5%	0%

Source: Information compiled by the evaluation team

The evaluation found a lack of communication among CD interventions during course development or sharing lessons learned over the past three years. However, both institutions express openness and interest in identifying common ground to advance the SWW sector in Timor-Leste. Possible future integration includes integration of SWWs trained through Cert III in social services into future MSSSI government plans for the professionalization of the social workforce through course certification. Notably, Cert III in social services holds certification from INDMO (Instituto Nacional De Desenvolvimento De Mão-De-Obra - the National Institute for Manpower Development), the sole institution in the country available for certifying such courses during the course's development and aligns coherently with the imperative for social workers (NGOs) to obtain official recognition in the field of social services. Nevertheless, during the Evaluation Validation Workshop held in 2023, both MSSSI and INAP expressed position that INDMO is not recognized as an institution with social

expertise,¹⁰¹ which is why this certification process was not used for the *MSSI in-service training program*. The recognized lack of institution with such expertise, played a pivotal role in MSSI's decision to establish a national training institution in Timor-Leste, tentatively named the National Institute of Social Impact (NISI), which will involve a group of accredited local trainers, mostly from MSSI, possessing social service expertise. These plans are deemed coherent, considering the social sector responsibilities of MSSI and recognizing the existing gap across sectors. Unlike other sectors involved in the child protection system, MSSI lacks a national training institution. Notable examples include LJTC from the Ministry of Justice, the Police Academy from the Ministry of Interior, INS from the Ministry of Health, and INFORDEPE from the Ministry of Education, all of which have established national training institutions to enhance their staff capacity.

In the **security sector**,¹⁰² TLPDP (DFAT) is, over the years, providing the main long-term program support to PNTL, and is well-positioned and recognized by the government and development partners, and is responsible for joint development of the capacity development strategy of PNTL in the Police Academy. Nevertheless, some of the new programs implemented in the country targeting police officers have developed duplicating capacity development initiatives with the same objectives. One such example is the short-term human trafficking courses, which have been delivered simultaneously under TLPDP (DFAT) and Together for Equality (KOICA), with no prior coordination among program teams. *"Donor agencies don't really talk to each other, it is difficult to find out what other agencies are doing..... different countries with different ideas on how to deliver aid, in this case to support PNTL"; "we found out about other agencies' trainings on Facebook".*¹⁰³ The Police Academy bases its curriculum on Training Need Assessment (TNA), provided with the support of TLPDP. *"However, in some conditions the content of the training and course tends to be duplicated, so there should be better planning, also involving other partners."* Aligned with this, the evaluation identified various police approaches that were implemented and integrated into the capacity development initiatives targeting PNTL police officers. The integration of different, sometimes conflicting approaches has the potential to create conflicts and may limit the capacity development of police officers: *"the approach from one country to another may cause a conflict, because not all countries carry out police work in the same way, we don't investigate the same way"*. Positive synergies were fostered between programs with the aim of addressing PNTL resource constraints and increasing the impact and effectiveness of programs. An example of this collaboration is the partnership between UNICEF and TLPDP/PNTL, which resulted in the joint development of child protection special courses. These courses target VPU police officers and are funded through the Spotlight initiative or in conjunction with other UN agencies operating in the country. This collaborative effort demonstrates the potential for pooling resources to achieve common goals and improve program outcomes.



TLPDP has developed a very good relationship with UNICEF, UN WOMEN and UNDP with gender focal points who regularly meet to plan how to deliver training together on GBV. This works really well but again, we don't know what the other agencies are doing."

– D-KII 15

In terms of course coherence with the local context, expertise and language, there are reported issues related to the language used by trainers that may hinder the full potential of SW capacity development. In the justice sector, trainings conducted by the LJTC targeting public legal service providers were led by a Portuguese professor using Portuguese as the main language. Notably, no local trainers have been involved in these sessions so far. In the security sector, some CDIs are delivered with translation support under the TLPDP. However, certain initiatives have been identified as challenging for participants to fully comprehend due to language barriers. *"KOICA brought on a Korean trainer who translates into Bahasa Indonesia. But we found that a lot of the recruitments in their early twenties do not have Bahasa Indonesia as a strong language, Timor now is in a period when perhaps the people in their twenties have better Portuguese than Bahasa Indonesia."* In

¹⁰¹ D-FGD; II11; D-KII19

¹⁰² D-KII15

¹⁰³ D-KII15

addition, mentoring and assessment have been assigned to international experts based in the country (as in the case of INS/health sector). This approach would be coherent if there is a clear strategy in place to develop the capacity of future local mentors and assessors. A commendable example is the Technical Working Group of the MSSl, which is actively engaged in a capacity development process covering management, training, and assessment. This strategic initiative is designed to prevent overreliance on international experts and foster sustainable local expertise.

The evaluation identified a gap, specifically the lack of coordination among agencies and development partners to promote a unified approach to prevention programs. These programs are mainly implemented in collaboration with the MoE and MSSl, and there is potential for extending these efforts to include other line ministries. During the evaluation period, several initiatives were implemented, and they deserve recognition for their efforts in promoting community awareness campaigns and fostering positive values while addressing negative attitudes and behaviors. UNICEF, in collaboration with MSSl, is supporting the *Hametin Familia Program* using the **INSPIRE Framework** to conduct positive parenting sessions for parents and caregivers. Additionally, UN WOMEN is championing the *Connect with Respect* initiative, building on previous results from the KOICA funded program. This initiative, implemented under the Spotlight Initiative and Together for Equality, is actively applying the **RESPECT Framework** in 45 schools. The activities include parenting sessions targeted at parents and caregivers. These initiatives collectively contribute to community engagement, positive values, and the transformation of negative attitudes and behaviors. However, *“sometimes with different messages, we confuse the beneficiaries and it affects their trust and confidence”*¹⁰⁴; Nabilan Program is promoting KOKOSA! Komesa Konxiénsia Suporta Asaun (Start Awareness Support Action) with a **benefits-based approach** to violence prevention. *Rather than assigning blame or employing negative messages, KOKOSA! encourages community members to think about the positive effects of balancing power in relationships between women and men* (TAF 2019¹⁰⁵). TAF also revealed plans to adapt and pilot positive parenting interventions in 2023 programming, which will be based on a new partner’s experience and expertise (HAMNASA & HDS).

In the **health sector, including health and justice services for GBV and VAC victims**, the evaluation mapped a number of CD initiatives with similar objectives targeting health service providers who are responsible for services delivered to GBV victims at survivor centers. Initiatives identified are “Safe space” under the UNFPA-EU funded Spotlight Initiative in Ermera and Viqueque; Safe space under the “Her Health, Her Dignity” Program; “One stop” under the Together for Equality Program funded by KOICA; and the National Program “*Fatin Hakmetek*” (“safe room”) facilitated by PRADET, which is *established to provide victims of domestic violence, sexual assault and child abuse with safety, emergency counselling, medical treatment and forensic documentation of injuries with ongoing referral to appropriate agencies or services* (PRADET webpage, Feb. 2023). The evaluation could not confirm whether these initiatives have been coordinated with the Ministry of Health and INS to address the geographical gaps in the health service delivery system and facilities to serve GBV clients. Such coordination would be considered relevant, including to optimize the use of international resources. There was also no information available to assess if implemented approaches or standards are children-friendly and disability-inclusive. Such information is crucial to ensure the inclusivity and accessibility of services for all individuals, including children and those with disabilities.

¹⁰⁴ D-KII12

¹⁰⁵ The Asia Foundation, *Ending Violence Against Women and Children in Timor-Leste*, < <https://asiafoundation.org/wp-content/uploads/2019/07/NabilanEndingViolenceAgainstWomenandChildreninTimorLeste2019.pdf> > accessed December 2023

3. Effectiveness

Key Evaluation Question:

To what extent have interventions implemented by different stakeholders that aimed to build the capacity of SWW on child protection attained their objectives? What were the major factors (enabling and/or bottleneck) influencing the achievement or non-achievement of desired results (including strategies, partnerships, inter-agency collaboration)?

Finding 1: In the security sector, the evaluation found the Vulnerable Persons' Unit is progressively building capacity through specialized training programs focusing on GBV and child protection. The VPU unit is gradually becoming a benchmark for effectively handling GBV cases and referring victims to specialized services. However, there is a recognized gap in capacity in some in child protection interventions, such as ensuring confidentiality among victims, conducting effective dialogues with families and children, and managing reporting and investigation to prevent double victimization. The gap is particularly evident at the municipal level, where these services are provided. In the health sector, CDIs have proved effective in developing SW capacities to identify and address GBV and VAC cases. An approach to victims has been identified, which considering various form of violence beyond physical harm and aiming to improving trauma-related services. In the justice sector, legal NGO staff have capacities to deliver counseling services to survivors. However, such capacities are lacking among SWs in the public sector. There is a recognized need to enhance their capacities to ensure adherence to the principles of the "best interests of the child" and "do no harm," especially since the current procedural practice lacks standardization. The absence of child-friendly protocols impacts the well-being of children and families during judicial procedures, affecting their legal rights.

Finding 2: In the social sector, the capacities of the government and NGO SWs who participated in two innovative training programs have been significantly strengthened. There is clear evidence of behavior changes among SWs in their daily practices. The MSSI Child and Family Welfare training program, implemented with UNICEF support, and the Cert. III in Social Services delivered by The Asia Foundation, both, adopted a holistic approach and targeted a multisectoral group of participants. As a result of these training programs, coordination among the Child Protection Network has improved and referral mechanisms have become better integrated. Principles of confidentiality and privacy for victims have been reinforced within the case management process, and the integration of a family-oriented approach has been strengthened. In addition, SWs now perceive themselves as part of a system, moving beyond traditional individual approaches. This shift has led to increased confidence among referral network members.

Finding 3: Several limiting and contributing factors to the SWW capacity development have been identified. Factors contributing to the development of capacities are related to (i) the holistic approach of training courses (ii) multisectoral participation, (iii) length of training and facilitator expertise. Factors contributing to the actual use of abilities and skills acquired are related to SWs' commitment to their work and responsibilities, support from Referral Network members, prior expertise in social services and a level of knowledge on VAC and GBV gained from participations in other trainings. In addition, according to some key stakeholders from NGOs in the health sector, institutional supervision and mentoring are key elements that contribute to improved capacities and quality assurance.

The identified **factors limiting the CD effectiveness** are the following: (i) transportation challenges at the municipal level, (ii) high turnover of trained staff, (iii) lack of a social care background of government focal points overseeing the social welfare activities, (iv) capacity of untrained colleagues and lack of following of the same protocols or approaches, (v) *Referral Networks* budget and planning autonomy and lack of clarity on SOPs among *Referral Networks* members. In addition, inadequate facilities such as lack of private rooms can have an impact on survivors' wellbeing, particularly in terms of adhering to principles of *do no harm, confidentiality, and privacy*.

In terms of sectors, the CDIs targeting **security sector** social workers are attended by VPU police officers and police investigators focusing on themes and topics related to child protection and GBV. The evaluation found that police officers are progressively building their capacity through specialized training programs,¹⁰⁶ such as courses on child protection and GBV. As highlighted in various studies and identified by key informants during interviews¹⁰⁷ there has been increased knowledge on child protection and VAWG and improvement of capacity to interview vulnerable people over the years and strengthened skills to assist vulnerable people: *"there is evidence that Sexual Assault and Child Abuse Courses have increased knowledge of VPU investigators."*¹⁰⁸ In addition, specialized CDIs had a positive impact on strengthening report writing, preparation of case for court proceedings, and evidence gathering among VPUs. As a result, VPUs are gradually emerging as benchmark units for GBV cases. These units are effectively referring victims to specialized services within the referral network, indicating progress in providing comprehensive support and protection for individuals affected by GBV.

"Upon observing the police, especially VPU's interaction with victims, it is possible to note their empathic approach towards the victims and their commitment to support them" (UNDP, 2022. page 45). Despite the positive developments, there is consensus among all parties, when referring to security sector SW capacities, including VPU officers themselves,¹⁰⁹ that there is still the need to continue strengthening VPU and police investigators' knowledge and key skills to manage cases of violence against vulnerable people with traumatic experience, particularly, boys, girls and women. *"There is not enough training on child protection. I don't believe PNTL is sufficiently trained in child protection, especially in the municipalities, it has been overlooked for a while"*.¹¹⁰ Nevertheless, a number of specific areas were identified for capacity improvements, including on i) Family approach on cases of sexual abuse and violence against children: *"In sexual cases, there are also difficulties in having an effective dialogue with the parents of child victims, due to limitations in communication on their part and the stigma associated with sexual violence"*; *"Some members of the police are not aware yet of the violence cases. We found cases (violence) involved someone reporting it to the police, and they (police) suggested they solve it by themselves at family level"*¹¹¹; ii) Reporting and investigation procedure to avoid revictimization: *"When recording and presenting information the victim gave during the interview, the police services have a limited ability to take statements from child victims"*¹¹²; iii) specific training to assist people with disabilities.¹¹³

In the **health sector**, there are institutionalized CDIs, including VAWC subjects in National Health Training Curricula¹¹⁴ and specialized trainings related to GBV and VAC, such as 4R and Medical Forensic, delivered by PRADET. The education programs targeting health service providers in Timor-Leste are designed and managed through the INS/MoH with the support of key partners. Those who attended specialized courses gained knowledge on technical skills and protocols to support victims of sexual violence in the municipalities.¹¹⁵ Additionally, they reported increased knowledge on non-physical forms of violence, which resulted from a combination of trainings on DV and VAWC. These training initiatives also contributed to improved awareness, the approach to victims, and early identification when dealing with cases of GBV and VAC.¹¹⁶

¹⁰⁶ Government Resolution No. 31/2022 approving the National Action Plan Against Gender-Based Violence 2022-2032.

¹⁰⁷ D-KII15

¹⁰⁸ Ibid., p. 48

¹⁰⁹ D-KII01; D-KII15

¹¹⁰ D-KII15

¹¹¹ D-KII13

¹¹² 2022. UNDP / JUS report "Law and Practice of the Criminal Procedure in Cases of Gender-Based Violence in Timor-Leste"

¹¹³ D-KII07; V-KII03

¹¹⁴ D-KII05

¹¹⁵ L-KII01; V-KII04

¹¹⁶ L-KII01; V-KII04; 2019. Wild, Kayli J., Lidia Gomes, Angelina Fernandes, Guilhermina de Araujo, Isabelita Madeira, Livio da Conceicao Matos, Susan McDonald, and Angela Taft. *Responding to violence against women: A qualitative study with midwives in Timor-Leste*. Women and Birth 32, no. 4;

The evaluation of behavioral changes among health service providers, integrated into their daily work, revealed notable improvements: 1) Enhanced coordination among referral members and more effective referrals to survivors, attributed to participation in the *MSSI in-service program* and *Cert. III* in social services. 2) Improved approaches to victims and their families, characterized by increased empathy and a commitment to ensuring privacy and confidentiality.¹¹⁷ The evaluation also highlighted specific areas for future capacity-building among health service providers. These areas include anger and stress management (self-care), disability inclusion, with a focus on attending to individuals with partial hearing impairment and improved communication and approach when providing services to children.¹¹⁸ Nevertheless, also external factors influencing the quality of services delivered by health service providers, particularly at municipal level, were reported. *While training provided the foundation for knowing how to respond to cases of violence, midwives still faced significant health system barriers such as lack of time, privacy and a supportive environment. Key enablers were supported by colleagues and health center managers.*

In the **Justice sector**, the evaluation identified the effectiveness of CDIs targeting NGO staff in developing the knowledge necessary to provide informed counseling to victims of GBV and VAC on legal procedures. Specifically, the case of ALFELA serves as a point of reference for all sector institutions within the referral system in both Dili and the municipalities.

ALFELA's management and technical staff regularly participate in CDIs organized by the government, international partners and the organization itself. ALFELA conducts regular internal trainings and mentoring sessions on a monthly or quarterly basis in Dili. The later have been reported to be very effective¹¹⁹ in terms of technical capacity building of staff at the municipal level, particularly new recruits, which allows for a uniform approach among staff in counseling services. The services provided by social workers are considered very relevant by survivors. This is particularly important because it helps address overall challenges in accessing legal services and reduces the risk of survivors being exposed to double victimization during legal procedures in the judicial process. On the other hand, the evaluation also found very few **CDIs targeting public government SWs from the justice sector**, as described in the Relevance section criteria, with no evidence to evaluate if they are effective, considering the only course relevant to child protection was implemented only in 2022. Based on key informants and documentary review, the evaluation found a lack of uniformity on how GBV and VAC cases handled by public legal officers. The existing practice¹²⁰ of CDIs targeting legal service providers, is not effective in cultivating the needed competencies to deliver comprehensive and quality legal services to victims and their families. This inefficacy significantly contributes to the double victimization of children and results in serious violations of victims' rights during prolonged legal processes. Addressing these shortcomings is crucial to ensure that legal services are uniformly inclusive, sensitive, and protect the rights of victims and their families.

Frequent violations of victims' rights are identified from the time of the reporting of the crime to the execution of the sentence of the perpetrator of violence. This includes judicial decisions that exclude the victim's representatives from trial hearings, limited efforts to ensure the right to privacy for victims at all stages of the process, and the use of confrontational face-to-face procedures between the accused and victims of sexual crimes, including children. Judicial authorities also fail to effectively communicate relevant information to the victims regarding the progress of the proceedings and the options available to aid their physical and psychological integrity during the long process.

– UNDP (2022)

¹¹⁷ D-KII10; V-KII02

¹¹⁸ V-KII04

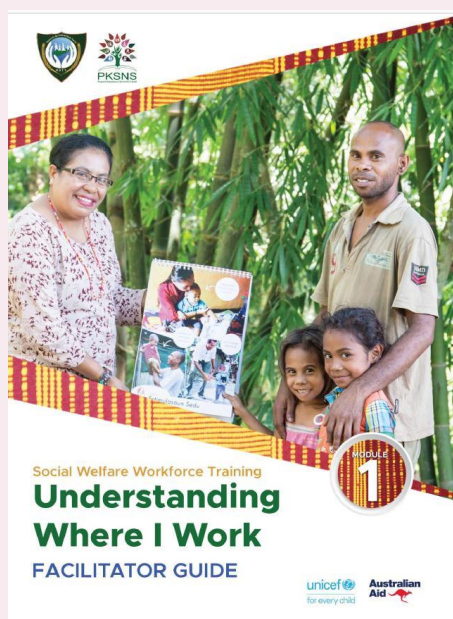
¹¹⁹ D-KII10; D-KII01; V-KII02; M-KII01

¹²⁰ D-KII09

In the **social sector**, the evaluation focused on two in-service training programs designed and implemented by social sector institutions (MSSI and TAF), which jointly reached approximately 370¹²¹ social workers from the government and NGO sectors.

3.1. MSSI Child and Family Welfare in-service training program

The effectiveness of the **MSSI SWW Training** implemented from 2016 to 2022 was assessed through 35 surveys, four FGDs and interviews with key informants. The program is part of the SWW Capacity Development Strategy, which began in 2016, and has been to date implemented in five municipalities, targeting the welfare network at the municipal level, composed of a multisectoral group of frontline workers. Until December 2022, MSSI training reached 278 participants,¹²² inclusive of trainings offered to a group of eight management staff (Technical Working Group) in social services, training of trainers and assessment, among others. The evaluation team conducted primary data collection in Viqueque, Liquiça, and Manatuto. This data collection included surveys and Key Informant Interviews (KIIs) with various stakeholders, including: Social workers who attended MSSI in-service training over the years; Members of the Referral Network in municipalities and Members of the MSSI Technical Working Group.



MSSI IN-SERVICE TRAINING PROGRAM

129 hours – 21 days full time; 278 multisectoral participants from 5 municipalities

4 trainings (Atauro, Oecusse, Manatuto, Viqueque, Liquiça, Dili)

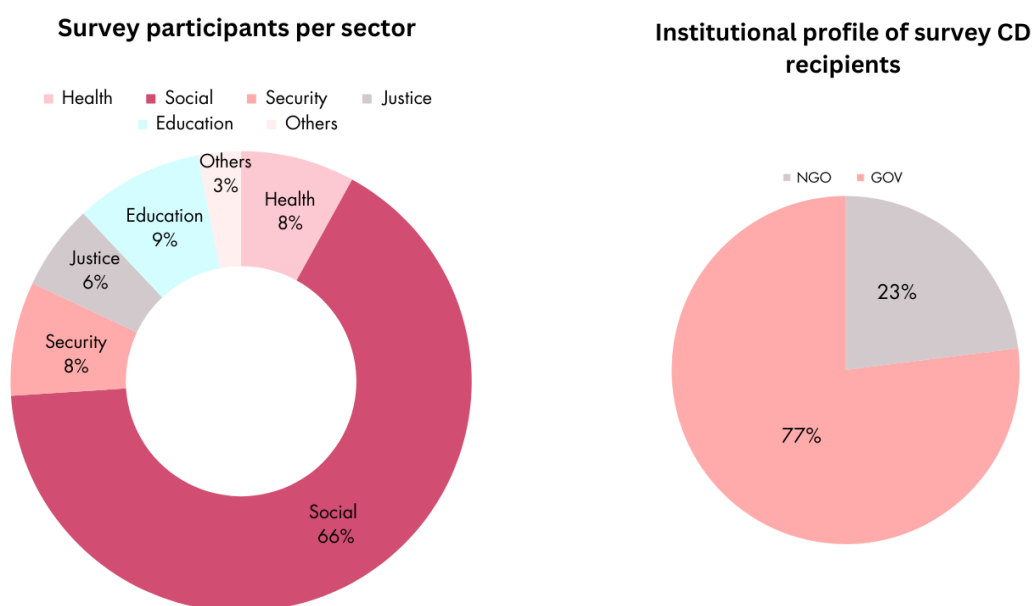
(91% from Government –
9% from NGOs or CSOs)

Module 1 – Understanding where I work
 Module 2 – Promoting child and family welfare
 Module 3 – Vulnerable people, disability inclusion
 Module 4 – Ethical and safe working
 Module 5 – Working with community
 Module 6 – Reflective practice
 Module 7 – Strengthening families
 Module 8 – Situation analysis – assessment, referrals and restorative justice practices

¹²¹ Information shared with Evaluation team in January 2023: TAF/Nabilan Program list of participants over the 5 rounds = 95 certified students; Total MSSI training program list of participants = 278 social workers.

¹²² December 2023. Hard copy with data of training participants shared by MSSI to evaluation teams.

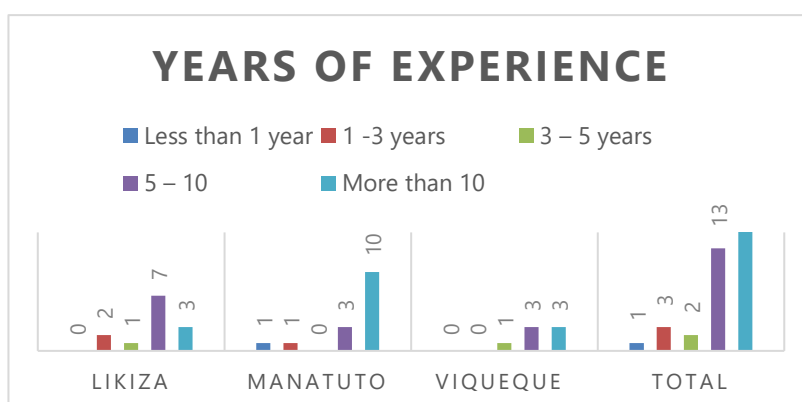
Chart 3. Survey participants profile - MSSI Social Welfare Workforce In-service Training Recipients



83% of the survey respondents have **5 to 10 years** of experience in their area of work,

46% of total participants have **more than 10 years** of experience,

60% of the participants have a **supervision role**.



As indicated in Chart 4, the majority of respondents expressed high satisfaction with the appropriateness and usefulness of the course content and approach for their responsibilities and duties. They also found the length of the course and facilitation to be satisfactory. During group discussions, participants provided positive feedback on the composition of group profiles and the course methodology. They particularly highlighted the combination of theory and practice, the inclusion of real-life case examples, and the expertise of facilitators. Additionally, the visits to the offices of the Referral Network institutions after the conclusion of each module were seen as positive aspects of the course. A possibility for improvement was also identified, referring to availability of hands on materials for participants or the content being too general on technical matters: *"The module is relevant as the methodology was good, there was good facilitation, but sometimes overlapping information. Content of the module is too general and needs to be simplified to let participants absorb the information well and link it with the activities with victims from/in the community."*¹²³

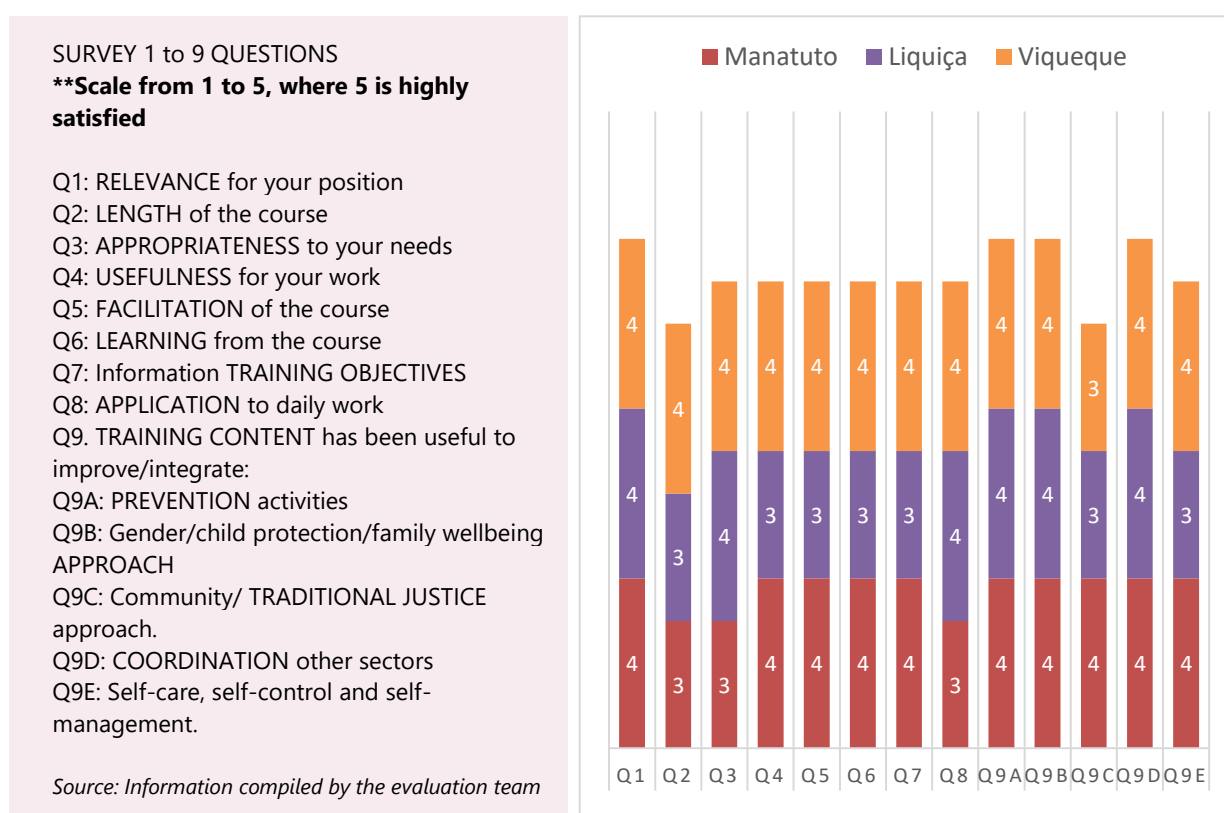
“

This training is very relevant because we are applying
a. prevention (hakbiit familia) and
b. a link with Timorese culture to
better understand how to integrate
culture, family, and society in our
service delivery approach"

– L-FGD

¹²³ V-FGD

Chart 4. SATISFACTION – Survey participants on the MSSI CFW in-service training program



All participants clearly identified specific knowledge and skills acquired in the course. The scope of topics covered was extensive, ranging from understanding the legal and policy framework, which enabled participants to inform and connect victims to legal processes, to grasping key concepts related to 'violence.' Practical tools and approaches for social analysis, such as suco mapping (for identification and monitoring of cases) were also highlighted. Furthermore, participants gained valuable insights into 'how to approach the community/family' for effective mediation, along with enhanced communication skills for interacting with children. The course fostered a comprehensive understanding of the complex reality of children from a welfare perspective, including their roles within the family structure."

Another important insight highlighted by many participants is the necessity to see child protection through a systemic approach. This involves establishing a network of professionals across various sectors who should collaboratively work together to ensure effective child protection measures. The group of participants identified as "social workers" reported that confronting similar challenges and sharing common interests and objectives has fostered a strong sense of pride, confidence, and empathy among them. Additionally, they have gained increased knowledge about the responsibilities and resources of institutions within the child protection system. This knowledge enhanced their ability to provide better counseling to victims and allowed them to understand the roles and responsibilities of other members within the Referral Network at the municipal level.



We understand now that we have a legal framework according to the reality, our roles and challenges we face in our daily work, and is a point of reference for me on how to manage cases"

– L-FGD



We know now that we are not alone in our roles - we are a team, connected and coordinated. We know who to contact, when and how"

– L-FGD



The important topic that inspires me a lot is stereotyping and self-care. These topics are new for me, and I learned how to use them in my daily work"

– L-FGD

The evaluation identified **positive behavior changes**, both professionally and personally, reported by participants from various sectors attending the training. All participants expressed changes in the way they work, as indicated in Q14 survey. Additional insights were also gained through interviews and focus groups discussions, including: 1. There is a clearly identified positive impact on coordination and professional networking among participants, **leading to improved referrals**. However, challenges remain in providing services to people with disabilities,¹²⁴ accessing mental health support, and addressing transportation issues. Most participants acknowledge the improvement in coordination activities and referrals within the network. This improvement is attributed to effective contact processes and increased flexibility based on the trust among members. Participants have widely mentioned experiencing a sense of belonging to a network or system, which makes them more confident and effective in delivering services, particularly in handling cases related to child protection and GBV. *"Before attending the training, each institution worked alone; now, we work together through referral networks."*¹²⁵ Second, **improvements in emotional management and communication with victims** was noted, including by **integrating family** whenever possible and improving communication with them. This was a practice that participants were not engaging in before the training.¹²⁶ This change involves addressing stereotypes and stigma, exercising patience, managing anger, demonstrating compassion, commitment, and empathy. These adjustments are a direct result of a deeper understanding gained through the training course, which adopts a holistic approach to the complex reality of child and family welfare. Importantly, these changes have positively influenced the adherence to the **confidentiality principle** applied in sensitive cases.

*"We are now more sensible and apply SWW principles" (L-FGD); "there are changes when we aid the way we are managing our emotions to attend to the community."*¹²⁷ *"We have also learned how to use the resources available to provide better assistance to families."* Additionally, the use of tools to analyze social reality has been recognized as a good practice.

*"There is a mapping of cases per suco, so when there is a suco with many cases of violence reported, we carry out awareness sessions there. Usually, after an awareness session on GBV and VAC is carried out in a suco, there is an increase of cases reported"*¹²⁸. *"Now we include prevention activities in every suco. When a suco is identified as being at risk, we prepare and plan prevention activities there."*¹²⁹ *After training, there is a monthly report including VAWG reference cases.*¹³⁰



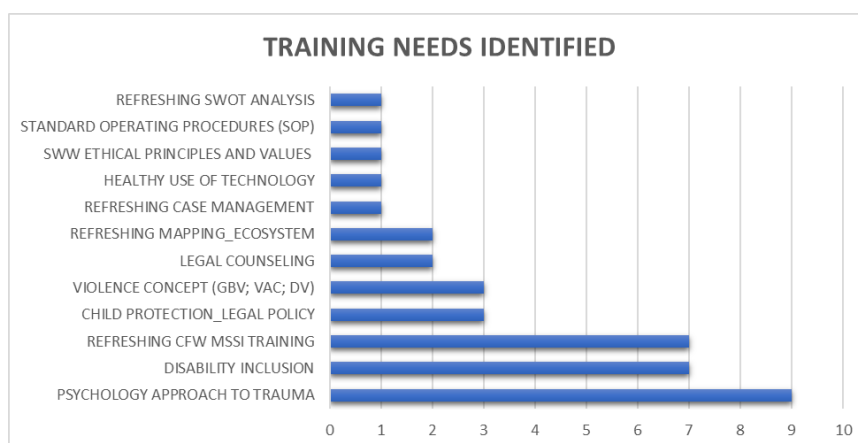
Source: MSSSI brochure on the SWW Program targeting social workers

¹²⁴ MR4
¹²⁵ MR3
¹²⁶ LR5
¹²⁷ VR3
¹²⁸ L-KII03
¹²⁹ L-FGD
¹³⁰ L-KII01

The primary data collection highlighted the following capacity needs:

- 1) psychosocial support to victims with trauma;
- 2) reinforcing capacity of SW to effectively manage cases, communicating and promoting active involvement of people with disabilities, particularly those with partial hearing impairment, in the case management process. *"There is a need for specific training to assist people with disabilities to deal with the victims and their families within the community";*
- 3) Refreshment training to reinforce and implement what they have learned in their daily work, along with follow-up training and/or supervision and mentoring on key skills and knowledge.

Chart 5. Training needs identified by surveyed participants of the MSSl CFW training program



Source: Information compiled by the evaluation team

3.2. Certificate III in social services - Nabilan Program - The Asian Foundation (TAF)

To complement effectiveness criteria analysis on the social sector CDIs targeting SWs, the evaluation also included detailed analysis on the *Cert. III in Social Services* course. This course was attended by a multisectoral group of 95 social workers, with the majority coming from NGOs (89%), over the course of five years and five rounds of implementation. Analysis included a review of key documents,¹³¹ 11 surveys¹³² and interviews conducted with course participants ("Alumnae") in Dili and in municipalities; these included management and technical NGO staff.

CERTIFICATE III IN SOCIAL SERVICES¹³³ 100 hours delivered over minimum 3 months 11 subjects (5 rounds in years = 95 certified students "Alumnae") Training Content:	
<u>Core units (community and social services):</u>	<u>Special Units:</u>
Module1: Manage communication effectively in the workplace	Module 8: Understanding sociological impacts on individuals to enable service practitioners to provide appropriate services
Module 2: Work as a part of a team – teamwork	Module 9: Work with ethical and legal frameworks
Module 3: Ensure workplace health and safety	Module 10: Work with case management processes
Module 4: Plan, organize and monitor work experience	Module 11: Working with communities to facilitate client wellbeing
Module 5: Identify and assess issues with inclusion of people with disabilities	
Module 6: Gender inclusion promotion and facilitation	
Module 7: Support and protect child rights and development	

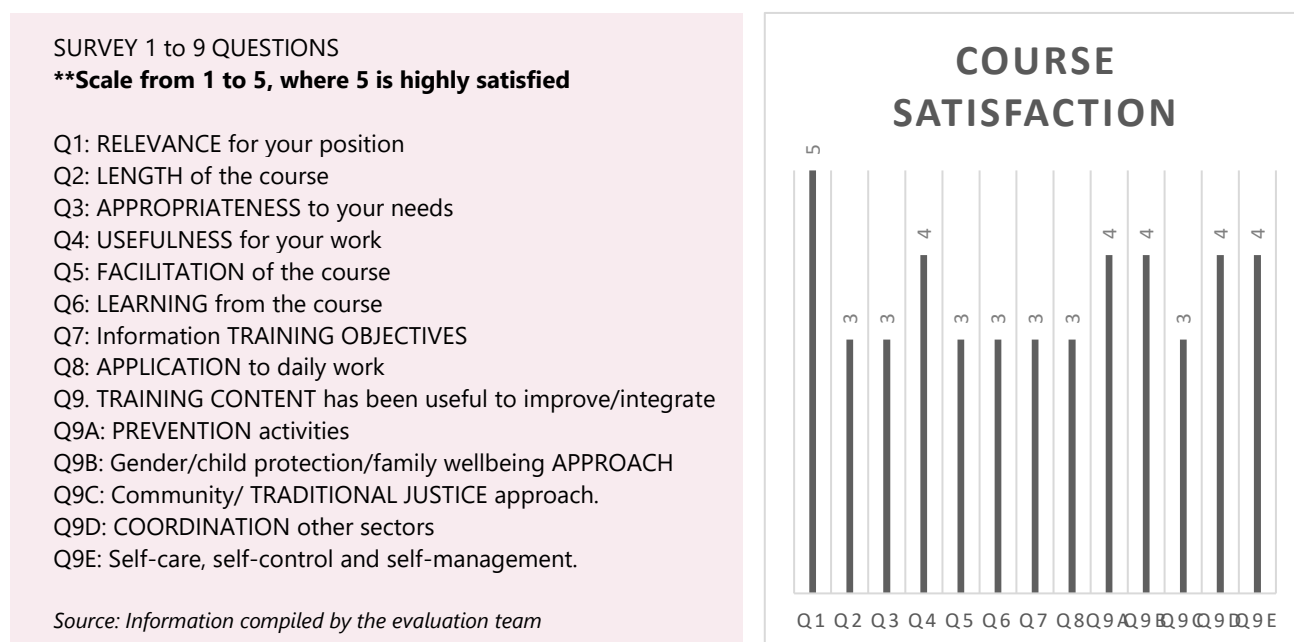
¹³¹ 2022. Summary Report on Certificate III Social Services (R1 – R5) based on 11 surveys of course students from "Alumnae". TAF - Nabilan Program;

¹³² 10 surveys were conducted in January 2023 in municipalities (3) and in Dili (8), completed by technical and management staff from ALFELA, PRADET and UMA PAZ.

¹³³ Cert. III in Social Services Course Information brochure for the Nabilan Programme. The Asian Foundation

Most participants expressed high levels of satisfaction with course design, facilitation, content and methodology in their survey responses.¹³⁴ During the interviews, "Alumnae" emphasized the **usefulness and appropriateness** of the course design, **content, and methodology, which is seen as tailored to job responsibilities and functions** in their current positions. Some participants noted that it was their first time attending this type of course and commended the content's holistic approach, practical orientation, facilitation, and the opportunity to share experiences with colleagues from various sectors.

Chart 6. Certificate III in Specialized Social Services Course - Satisfaction of surveyed recipients



Regarding perceived learning, the main skills and knowledge highlighted are: improved communication/approach to victims/clients (skills), reinforced capacity associated with the *principle of best interests of the child*, knowledge on privacy and confidentiality and understanding VAWC; effective case management; and referrals linked to effective counselling, particularly on legal frameworks. Several participants claimed to have gained knowledge on child protection and GBV legal framework. They also expressed an understanding of how to integrate this knowledge into both formal and non-formal justice systems. In terms of SWs' behavior changes, similarly as for *MSSI training program*, participants reported altering various aspects of the way they work following the completion of the course, including:

- 1) **Improved effectiveness in coordination with welfare network members**, resulting in improved referrals;
- 2) **Family integration**;
- 3) **Better approach to victims, engaging them as active agents in the process they wish to follow**, also ensuring **confidentiality and privacy**;¹³⁵
- 4) Some respondents claimed to have gained knowledge on disability and LGBTQI+ terminology and becoming **more sensitive** to their reality, including addressing stigma and stereotypes.

Moreover, an independent evaluation of phase II of Nabilan program carried out in 2021, identified that course participants have developed horizontal connections to influence and strengthen the feminist movement in Timor-Leste. *"After attending Nabilan, we learned how to guide victims and to describe where they have to go to seek support. I also changed the way I approach the clients, more sensitive and with no judgement. This helps a lot to talk and open up the process for example, with the LGBTQI+ community."*¹³⁶

¹³⁴ See chart 6 for questions referenced.

¹³⁵ D-KII10

¹³⁶ D-KII10; NS2



*I have also changed how I do my work; it is related to the **risk identification and action plan on reinsertion, now done jointly with the client.** So potential problems of clients, when reinserted into their communities, can be identified. So, the client can be assisted through a safer and better planned action plan, including safeguards on emergency situations.”¹³⁷*

*“When I attend to a client who is a minor and who is accompanied by the family, after listening to the case, when they have to make a decision on what steps to follow to move forward related to the child’s future, I also inform the father and mother that, even if the decision is in their hands, we have to listen carefully to the child’s opinion on the case and the next steps. So, I ask and listen to the child and ask about his/her opinion on the decision taken by his/her family. **I have learned it is important to consider the child’s opinion** in terms of the best interests of the child.”¹³⁸*

“After attending the training, staff became more aware of the process of accompanying clients, as a result I promoted a safe room at the clinic to keep as a safe space for clients to talk calmly and with confidence about their situation. How to talk with survivors was also learned during the course. We saw results in clients being more open to talk and feeling less stressed.”¹³⁹

Social workers interviewed at the municipal level, including those from welfare networks across all sectors, as well as social workers from NGOs and CSOs who attended MSSI Training and Cert. III in social services, have reported significant improvements in their knowledge and skills, particularly in making better referrals. The SW CDIs are designed to enhance the child protection service delivery system, with a particular emphasis on effective referral during initial emergency stages. Before the training, some social workers reported a lack of connection or effective contact with their colleagues. However, after undergoing training, they not only became acquainted with one another but also gained insights into the functions, responsibilities, locations, and offices where services are provided. This improved knowledge and understanding have enabled them to coordinate more effective and appropriate services, ensuring quality responses to specific cases.



“A woman, victim of abuse, came to the clinic while the perpetrator was waiting for her outside. It was a risky situation for her and for Clinic staff. We called ALFELA to seek advice and their advice was useful. While staff spoke with ALFELA by phone, the client also wanted to understand the process and rights, so she started to ask and speak with ALFELA by phone as well. The client became empowered and was confident enough to contact ALFELA by herself three days after, for legal counselling to follow the legal process. Before the training we did not know ALFELA provided services to clients.”

“After training, we understood the functions and roles of each organization, and coming back to work when needs/doubts about clients appear, we contact each other and start to refer to these services. This already had an impact on the quality of services we provide to clients through referrals.”

The evaluation has revealed limited immediate evidence of strengthened community capacity. This is primarily due to the challenge of assessing the impact of community awareness campaigns and activities without conducting follow-up research to gauge changes in attitudes towards VAC and family welfare. Considering that community members and families (including parents and caregivers) are seen as active agents in child protection and prevention services (including GBV) in Timor-Leste, it would be valuable to analyze the results of community awareness activities. Such analysis should focus on the development of capacities among community members, including knowledge and skills to identify, refer, advocate for, and promote a child-

¹³⁷ NS2

¹³⁸ NS2

¹³⁹ D-KII10

friendly community environment. This also encompasses understanding the response and reintegration processes. This perspective is particularly relevant in the context of aligning with the CFW Policy, which specifies new roles and responsibilities of SWW.

All consulted stakeholders engaged in in the evaluation at municipal level, assessed that there has been an increase in community awareness regarding physical violence against children and domestic abuse. In addition, *suco* leaders and village chiefs, who participated in CDIs, showed support to improve the referral system. Visits to three municipal CPNs revealed an increase in the number of reported GBV and VAC cases following community awareness sessions delivered at the *sucos* identified as at risk through *suco* mapping. SWs across sectors at the municipal level expressed a keen interest in developing and implementing more joint prevention activities as part of referral network. However, they face challenges in doing so, due to resource constraints or institutional planning¹⁴⁰ priorities.

Factors influencing the achievement or non-achievement of desired results.

3.3. Factor contributing to results

Factors contributing to capacity development (LEARNING - skills and knowledge) have been identified in the design of CDIs. These include relevant objectives and designs based on holistic approaches, multisectoral participation of social workers (SWs) involved in the child protection system, extended duration (more than 100 hours) for in-depth theory and practice development, and the presence of facilitators with expertise in the social service area.

Table 16. Factors contributing to CDI results and implementation of behavior changes

LEARNING (skills and knowledge) *Key elements contributed to learning process among participants	BEHAVIOR CHANGE *Key elements contributed to SWs' changes attitude on services delivered
• HOLISTIC APPROACH to social services: Content and subjects are diverse and refer to complex social reality faced by SWs. • METHODOLOGY Theory-Practice: in the health sector, a practical approach is clearly needed and valued by practitioners (skills and knowledge development). In the social sector, facilitators and participants are experienced professionals sharing real experiences. Physical visits to Child Protection Network members' offices were reported as an added value of the MSSI training program. • DIVERSITY OF PARTICIPANTS: The MSSI training program targets the multisectoral welfare network at the municipal level, fostering an effective and positive environment for collaborative experience-sharing, empathy, and knowledge creation among members. This approach enables improved understanding of the challenges faced by colleagues in daily work and different perspectives on social realities, enhancing the effectiveness of referral services. In contrast, the Cert III. in social services focuses on management staff from key CSOs and NGOs involved in the child protection system, such as ALFELA, PRADET, FOKUPERS and CASA VIDA. • LENGTH of the courses (more than 100h): The sufficient length allowed the participants to properly navigate and discuss complex concepts and perspectives on subjects, such as violence, gender, poverty, power, capacity development, etc. • FACILITATION based on experienced professionals in the social sector: <i>"Also, during the training, sharing experiences among participants (during sessions</i>	• Social workers commitment: solidarity, proactivity and empathy; • Network approach: Work as a system, rather than individually, also as a result of the course attendance. Effective coordination with welfare network members at the municipal level; • Years of expertise • Complementary education on key subjects related to child protection (ex: those facilitated by Spotlight or CARE, in Liquiça Municipality). <i>"The Spotlight training also enables us to resolve specific cases, such as sexual abuse against children and physical violence against children that require specific treatment"</i>¹⁴².

¹⁴⁰ M-FGD

¹⁴² V-FGD

and during breaks) increases the feeling of having experienced similar situations and challenges – this makes participants becoming closer to each other and a feeling of being part of a similar sector/group of professionals, including personal issues (burnout, anxiety, etc.).”¹⁴¹

3.4. Factor limiting results

Feedback comments from participants attending the training provided insights into factors limiting the capacity development of SWs, including: i) language used by the trainer or training materials: *“Tetum is a difficult language to translate specific meanings of words, it is very complicated. Also, dialects among municipalities are difficult to translate, even Tetum”¹⁴³* (security sector); ii) approach used is being too broad to provide sufficient understanding of specific subjects, such as disability¹⁴⁴ or the GBV approach introduced with the new GBV Law.¹⁴⁵

Other factors limiting the implementation of the skills and knowledge acquired from the trainings (related to behavioral change) are linked to:

- Transport.¹⁴⁶ Limited transportation options were mentioned by SW from all sectors as one of the main challenges, affecting their ability to i) Effectively accompany victims in initial stages of the process, which sometimes exposes both, the victim and the social worker, to additional risk; 2) Implement process related to their mandates, including assisting victims, providing services to all vulnerable communities, visiting vulnerable families and monitoring specific cases; 3) Organize prevention activities.



“When accompanying a client to follow a legal procedure to the main town, because there was no transport available, we sometimes went together with public transport. One time, when coming back home, the victim recognized the perpetrator in the same transport we had taken. We were nervous because it was late and already dark. We managed to talk with some neighbors we knew inside the bus and ensured the victim was accompanied to her home.....Another time, when coming back home by public transport, for the same type of process, we saw the perpetrator’s car was waiting for the victim in the dark on the way back home. We continued to the next stop. These situations are stressful and put us social workers at risk, but we are committed to and responsible for supporting the community.”

“Transport to attend to the victim after medical assistance is not available. Once the victim is attended to, they are referred to another colleague or go back home, but there is no transport from our side. An ambulance is only available when there is a physical risk.”

- Absence supervision or unsupportive supervisors: In MSSl, the rotation of municipal-level directors, who may have diverse educational backgrounds and expertise not always related to the social sector, has been reported as a factor that limits the implementation of the CFW policy and its innovative approach to child protection service delivery.¹⁴⁷
- No refreshment or follow up courses or mentoring after the training is completed.
- Lack of budget and autonomy of the Child Protection Referral Network to plan in systemic and independent way, given that each member operates under different institutional umbrella. Joint plans have primarily been identified in prevention activities targeting the community.¹⁴⁸

¹⁴¹ D-KII03

¹⁴² D-KII15

¹⁴⁴ M-FGD

¹⁴⁵ D-KII01

¹⁴⁶ M-FGD, V-FGD, L-FGD

¹⁴⁷ V-FGD; M-KII02; D-KII01

¹⁴⁸ M-FGD;

- Data System: Lack of standardized data system for case management impacts the quality of SW service, sometimes resulting in “double victimization” of the child when different SWs from Referral Network are repeatedly asking the same questions.¹⁴⁹ This lack of coordination can also often lead to duplication of client information at the institutional level.
- Human Resources Capacity (number of people, knowledge and skills): Not all SWs involved in the welfare network are trained or have the same level of knowledge and skills. This variation in training and expertise can impact the quality of child protection service delivery within the welfare network. Therefore, it is recommended to target and provide training to all social workers, including those at the post-level, to ensure consistent and effective service delivery. Rotation of trained SW, who are often moved to municipalities or another position, is identified as a significant factor impacting the quality of welfare network service delivery, leading to a potential decrease in service quality. High rotation rates, specifically within VPU, are affecting the service delivery: *“having some SWs trained and others not trained creates challenges in aligning an institutionalize approach or protocol, with mechanisms based on individual professionals more than institutions.”*¹⁵⁰ A lack of sufficient personnel to properly attend to cases or carry out prevention activities at post level was also identified.
- The lack of clarity regarding Standard Operating Procedures and the legal responsibilities of organizations that are members of the Referral Network:¹⁵¹ Despite good coordination at the municipal level, it was recognized that the operation of the referral network could be improved, including by revising the outdated legal roles and responsibilities of each member and networks operational procedures, which also affects victims’ confidentiality and privacy. Additionally, a need for improving and standardizing the MSSl staff knowledge on SOP, particularly on children assessment and reintegration and ensuring more standardized approach of network members were highlighted.¹⁵²
- Lack of specific knowledge and skills on how to effectively respond to cases involving people with disabilities, particularly in terms of effective communication with them.¹⁵³ Furthermore, there is a deficiency in capacities to address psychosocial issues related to trauma, which highlights the need for targeted training and capacity development for SWs in these areas.
- Key services and resources to attend to victims properly: Access to resources is crucial for the provision of proper victim support, and access to needed services enables survivors to receive the assistance they require. Moreover, the lengthy duration of legal processes serves as a significant deterrent for victims seeking justice. Social workers are confronted with challenges in providing support to discouraged survivors, and the inefficiency of the legal system further undermines their efforts to encourage and assist victims. The findings underscore the pressing need for systemic changes in the legal framework to make it more responsive, efficient, and supportive of survivors.
- Infrastructure to properly attend to victims: The lack of privacy and confidentiality due to lack of designated spaces to attend the victims affects the SW responses: **“Some midwives who had received training, however, could not implement these skills due to health system barriers, such as the lack of privacy and time, which prevented them from make enquiries when they suspect cases of abuse”.**

¹⁴⁹ D-KII13; S-KII01; DKII13

¹⁵⁰ L-KII01

¹⁵¹ V-KII04, D-KII01, D-KII05, D-KII10

¹⁵² D-KII01

¹⁵³ D-KII15; D-KII08; D-KII07; L-KII03; V-KII03; V-KII04

4. Effectiveness

Key Evaluation Question:

To what extent were the investments from different stakeholders on interventions that aimed to build the capacity of social welfare workforce (SWW) with regard to child protection implemented in the most efficient manner? What management and coordination mechanisms been adopted for that purpose?

Finding 1: Uncertainty and delays in the government funds transferred to key implementing partners (CSOs/NGOs) in the child protection system affects the quality of services delivered to children and communities at risk. Plans to develop CD initiatives targeting NGO internal staff often face various constraints.

Finding 2: The modalities used in programs implementing CD initiatives have a significant impact on the efficient use of available human and financial resources. For instance, training programs are more efficient when facilitators visit municipalities to conduct training, as opposed to social workers traveling to Dili to attend training sessions. CD strategies for SWW that aim to develop national expertise are viewed as more efficient and sustainable in the long term, especially considering the limited institutional resources available. The health system approach to training serves as an example of this. Additionally, CD initiatives targeting MSSl management staff are considered a good practice.

Finding 3: UNICEF Timor-Leste demonstrated timely and efficient resource mobilization to support the MSSl SWW capacity development strategy. This support played a role in integrating SWW capacity development into the national government's Strategic Plan and securing budget allocation, aligning it with MSSl's vision. However, there is a notable concern regarding the absence of evidence of a joint risk management strategy. This includes addressing risks such as work overload, staff turnover within the Ministry of Social and Solidarity Inclusion (MSSl) Technical Working Group, and the possibility of reduced funding. These risks have the potential to significantly impact the sustainability and effectiveness of SWW capacity development efforts.

The child protection system in Timor-Leste shows significant reliance on both government institutions and the NGO sector, with the latter serving as key implementing partners in the service delivery system.¹⁵⁴ However, the findings from this evaluation revealed a certain level of uncertainty among local organizations within the child protection system. This uncertainty arises from delays in the transfer of funds,¹⁵⁵ especially for annual programs, lengthy approval processes, and insufficient budget approvals compared to the responsibilities set for them. These factors have been identified as impacting the quality of services provided by NGOs and hampering the development of internal capacity development initiatives aimed at strengthening NGO capacities and standardizing service delivery.

"We recognize support from the government, but to be honest it is not enough"¹⁵⁶. The allocated budget from MSSl is always delayed. Sometimes we have to ask for food from the shop to feed the children." Furthermore, there has been unexpected termination of financial support to local organizations by international donors, which has impacted their ability to formulate annual plans.¹⁵⁷ *"Transportation is always an issue. We have a*

¹⁵⁴ 2022. Terms of Reference of the Country-led Evaluation of the child protection-related CDIs targeting SWW in Timor-Leste. UNICEF

¹⁵⁵ D-KII01; D-KII13; D-KII02

¹⁵⁶ D-KII02

¹⁵⁷ D-KII13

*minibus to support the victims in reintegration, but we need to consider what the government's responsibilities are. If we keep taking on the government's responsibilities, we may lose our ability to deliver the services due to resource limitations".*¹⁵⁸

For the sectoral analysis, the evaluation found efficient use of available resources in the **health sector**. This efficiency is attributed to coordination by the National Health Institution (INS), which oversees a diverse range of programs and organizations targeting health sector initiatives: *"Systematic approach adopted by the INS for gathering its development partners around its strategic plan resulted in a more efficient management of limited resources"*¹⁵⁹. In the security sector, the Timor-Leste National Police is under-resourced,¹⁶⁰ as evidenced by insufficient budget allocation for recruitment since 2016. Approximately 80 percent of the Police Academy's annual budget is covered by external/international donors, mainly through the Timor-Leste Police Development Program (TLPDP) in cooperation with the Timor Aid Foundation and UN agencies. In addition, inefficient use of PNTL resources was reported: *"PNTL should use the money they received from the government more efficiently, because it is wasted on inefficient processes, and spent on things they do not have to spend it on"*¹⁶¹. *"Even though the Police Academy is an independent body, financial resources are centralized by PNTL. It often happens that the budget is reallocated to other needs rather than human resource capacity building"*.¹⁶² Mapped CD initiatives targeting police officers were implemented mainly as part of the *Spotlight Initiative*, TLPDP efforts and *Together for Equality* Program. However, improved collaboration among different organizations and programs, often driven by staff commitment and interest in finding synergies, has resulted in more enhanced and efficient use of available human and financial resources for capacity development initiatives on GBV and VAC targeting the police. This has also promoted the development of joint capacity development initiatives¹⁶³. UN collaboration with the TLPDP gender advisor resulted in new CD initiatives being developed utilizing available resources,¹⁶⁴ including a course on VAC response services was created in collaboration between UNICEF and TLPDP in 2022.¹⁶⁵

Two MSSI Child Protection Officers are placed in each municipality (26 in total) and one Social Animator (Social Technician) in each of the 65 administrative posts, who are all trained to carry out referrals based on the government's SOP. However, the MSSI staff at the municipalities, who also perform frontline work undertake a wide range of responsibilities, which was also one of the findings of UNICEF SWW Mapping Study (UNICEF, 2019): *'The responsibilities of social technicians who represent MSSI in the sub-districts (currently post level) have been progressively increased, along with the extension of the programs of MSSIs. They appear to have reduced abilities to focus on child protection and support for at-risk families, apart from administratively supporting families to receive the 'Mother's Allowance.'* This is contrary to the CFW Policy's *'new role and approach of the SWW'*, which promotes reduction of administrative responsibilities of SWs to allow increased focus on child protection service delivery.

The utilization of UNICEF Timor-Leste resources to support MSSI SWW capacity development program over the period of three years is considered efficient, and has allowed MSSI to effectively secure needed financial resources to implement SWW capacity-building interventions. UNICEF's support extends to technical support provided by UNICEF team as well as consultants from other organizations, and has played a vital role in strengthening the MSSI management team's capacity to oversee the country's social sector development. The technical assistance and financial support provided by UNICEF on a multi-year and predictable basis led to the establishment of Technical Working Group within the MSSI. Furthermore, SWW capacity development activities have been integrated into the MSSI Strategic Plan 2021–2025, with allocated budget for human resources, transportation facilities, and capacity development initiatives targeting SWs at technical and management levels. UNICEF's financial support and technical guidance was also fundamental in shaping MSSI's plan to establish the National Institute for Social Impact, which will lead the professionalization of SW in Timor-Leste. However, there is no evidence of a joint risk management strategy developed by MSSI and UNICEF Timor-Leste to address potential risks, such as work overload, staff turnover within the MSSI Technical

¹⁵⁸ D-KII13

¹⁵⁹ USAID's Reinforce Basic Health services Project. Strengthening the Timor-Leste National Health: A Partnership in Institutional Development. October 2020. Page 7.

¹⁶⁰ D-KII15

¹⁶¹ D-KII15

¹⁶² D-KII07

¹⁶³ D-KII15; D-KII12

¹⁶⁴ D-KII15; D-KII11; D-KII18

¹⁶⁵ Foundational investigative skills and knowledge of criminal offences against minors; Interviewing vulnerable Witness Program

Working Group and potential budget reductions for child protection and SWW capacity development. A comprehensive risk management strategy would enhance the sustainability and effectiveness of ongoing initiatives.



"MSSI also receives referrals from agencies for providing support services to vulnerable children. However, it has been reported that MSSI has been highly constrained in fulfilling its mandate due to budget shortfalls (United States Department of Labor, 2019, Part III)."

"...the MSSI social solidarity budget, when the increase in recurrent pension payments to the elderly and veterans are considered, resource for children are stretched thin, which limits the expansion of critical programs for child protection and related social protection measures like the Bolsa da Mãe."

MSSI CD program¹⁶⁶ predicts needed costs at two levels: i.) The minimum resources required to implement the proposed policy assuming current levels of client service provision. ii.) A medium-use scenario, which reflects future increase in caseloads and the need for a more specialized workforce. The MSSI has been actively fulfilling its mandate in the area of child protection by continuously developing and implementing relevant procedures.

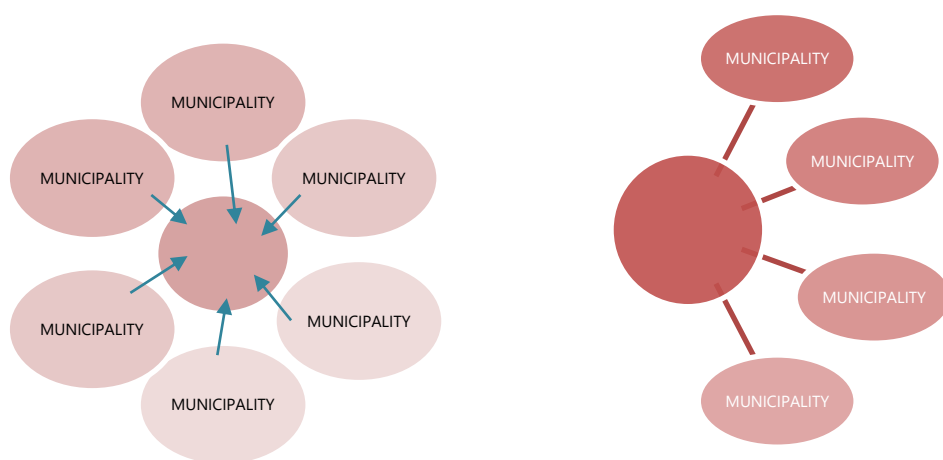
CDI designs in terms of efficiency

Different approaches followed influence CDIs efficiency:

- 1) National CDIs are designed to include social worker representatives from all 14 municipalities, which aligns with the nationwide scope of many capacity development activities. However, there are challenges related to the overall human resource capacity within the social service system and the geographical layout of the country. A significant portion of trained social workers is concentrated in the main municipalities, which limits their ability to provide services to survivors in remote areas.
- 2) The majority of CDIs that focus on social workers tend to gather staff from 14 municipalities, usually one or two representatives from each institution, and bring them to one central location, often in Dili. This approach is used by programs like TLPDP training for VPUs, medical forensic training in the health sector, and certain initiatives under the Spotlight Initiative, such as the "Psychosocial support and mental health" course for MSSI staff in Aileu. Alternatively, some CDIs send facilitators to municipalities to deliver training directly in the local context, which may be more cost-effective in terms of the number of participants reached.
- 3) **The majority of CDIs are delivered by training institutions based in Dili**, targeting SWs and organizations who are based in the capital. For instance, the *Cert. III of social services* delivered by TAF or LJTC, is centralized in Dili, which means that SWs from the NGO sector based in Dili have greater accessibility to training opportunities compared to those in more remote areas.
- 4) **Several of the identified CDIs are presently in the pilot phase and have not yet progressed to become regular programs.** As an example, the MSSI training program has been introduced in five municipalities but is still in its early stages. The initial investment associated with it has not been evaluated for efficiency at the institutional level.
- 5) CDIs implemented under programs such as *Spotlight*, *Together for Equality*, or *Her health, Her dignity* were most often short-term initiatives localized in selected areas in the country, with the primary goal of raising awareness—particularly on GBV and child protection-related topics—through workshops and awareness sessions. Significantly, these initiatives lack comprehensive evaluations that would assess the extent of developed capacities or increased awareness in relation to the resources invested.

¹⁶⁶ Government of Timor-Leste, Ministry of Social Solidarity, National Division of Social Reinsertion, Policy costing framework child and family welfare system policy

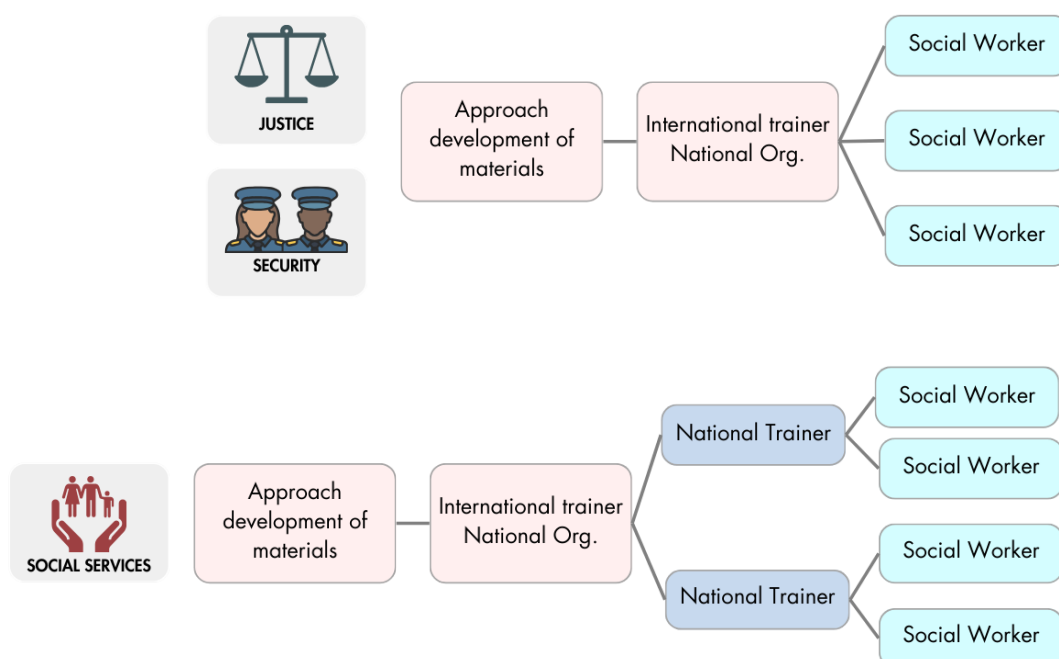
Figure 9. CDI geographical implementation modality

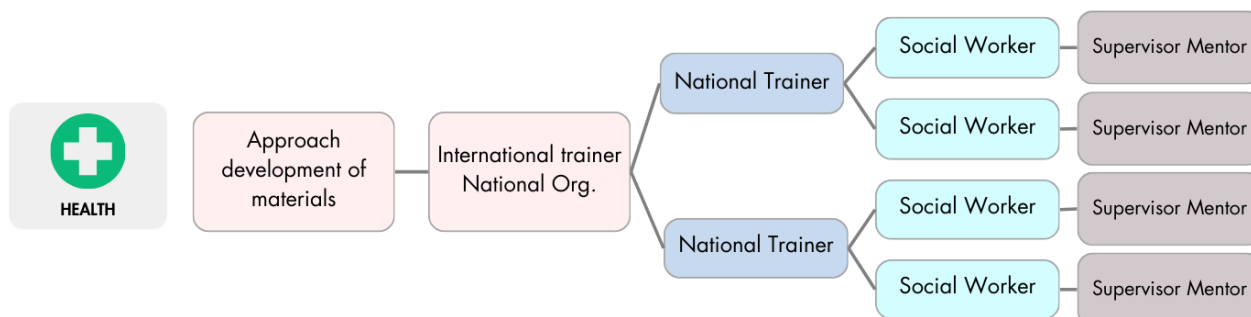


Source: Information compiled by the evaluation team

The evaluation found that some organizations, learning from lessons from past years, adopted more efficient modalities and transited from centralized training organized in one location with a small number of municipality representatives, to more effective approaches. The Police Academy analysis of efficiency of training modality resulted in training implemented directly at the municipal level rather than at central level. The *MSSI in-service Program* initially commenced in Dili in 2016 and 2017, targeting approximately 15 MSSI staff and other SW profiles. Subsequently, the program transitioned to a more efficient and effective modality aiming to reaching a larger number of SWs across sectors through an extended 21-day course (129 hours), facilitated by usually a group of four trainers from the capital. The program includes visits to offices and locations where SW services are delivered. The training encompasses a multidisciplinary group of individuals, which was identified as a fundamental contributing factor for improving coordination, communication, and supporting more systemic approach adopted by CPNs at the municipal level.

Figure 10. CDI strategic system approach – sectoral modalities





Source: Information compiled by the evaluation team

Health care GBV training structure coordinated by INS:

HEALTH SECTOR – GBV TRAINING MODALITY¹⁶⁷

- **TRAINING PROFILE:** 1 week (theory and practical exercises) and follow-up cross-visit by mentor and doctor to learn and observe how services are delivered on the site, and how assistance to the victims is provided. It includes assistance on how to adapt the clinic to a safe space where the victim is assisted. If possible, on-site assistance to the victim is also considered while the mentor is on a visit.

Before training:

- Preparing the training package: Curriculum development, reference manual, trainers' guidelines, participants' guidelines including the tools. After all this, the training package is prepared, then they prepare the standardization for the trainers, followed by the selection of the trainers.
- The training of trainers is facilitated by jointly by La Trobe University and Instituto Nacional da Saúde/National Institute for Health (INS). Then, trained trainers have responsibility to facilitate the training to health officials at the municipal level who are working closely with the victims.
- Standardization of the trainers is done by INS: attending to training courses where gender-based violence is a topic, should be a requirement for all INS trainers and content should be standardized to ensure protocols are followed and clear for all as part of an institution approach to GBV. Example, if there are 15 to 25 people at INS, there should be only one GBV standard.

During training:

- INS only targets doctors and midwives. When we speak about GBV, topics related to children should also be included.
- Participation in the training: selection is made at the municipal level, normally designated by the director of each health center, with selected criteria applied to the doctors and midwives working in maternal health. Human resources in each health center depends on the administrative division of each municipality.

After training:

- Follow-up visit is conducted every three months in a year at the selected health center. INS communicate with them verbally and in writing about monitoring, but don't tell them which day they will visit them. It is a surprise visit.
- INS trainers monitor the health center using tools included in training package. One indicator covers attendance of the patients, looking if health center is a safe place - Is confidentiality

¹⁶⁷ D-KII08

ensured? Is trust established for victims)?

- Follow up – INS is periodically monitoring delivery of an assistance service until they select the place to assist the client. If they find any irregularity (for example, if there is no private place), then they sit down with them and share suggestions or recommendations. If they do not apply what they've supposed to learn at the courses, one of the trainer's roles is to provide backstopping.
- Every year, INS present the results of follow-up monitoring visits to health workers who attended courses. This helps to identify what kind of support is needed from the Ministry of Health and from INS.

5. Sustainability

Key Evaluation Question:

To what extent are the continuation of benefits from the interventions guaranteed over time? Are these benefits guaranteed, regardless of political/institutional changes?

Finding 1: The sustainability of benefits from the interventions shows notable differences across sectors. While the CDIs in the health sector are institutionalized, the CDIs in the security and justice sectors are not integrated into institutional strategies. Lack of institutionalization in these sectors limits the ability to maintain CDIs' benefits over time. In the social sector, CDI development ensures national ownership and is in the process of institutionalization.

Finding 2: MSSI developed a mid-to-long-term strategy for SWW capacity development, which includes plans to establish a National Institute for Social Impact to support the professionalization of the SWW through standardization of education and capacity building programs in social services. However, identified risks, such as ensuring inclusion of all relevant sectors, including line ministries and NGOs, and the potential turnover of Technical Working Group members, should be duly addressed for successful implementation.

Behavior is changed through the interaction of three necessary elements, namely capabilities¹⁶⁸, opportunities,¹⁶⁹ and motivation.¹⁷⁰ Sustainability of CDI results were assessed across all four sectors:

- **Social sector:** Has higher likelihood of sustainability, although there are some risks, including working conditions in the sector (salaries, responsibilities, training, etc.), which are not always positively perceived by the professionals, while social workers experience low social recognition. Budget constraints are impacting training in the NGO sector, especially for those engaged in child protection and GBV response. Key NGOs working in these areas face the risk of reduced funding, which could hinder their capacity to actively participate in the policy design cycle.

¹⁶⁸ *Capability* is defined as the individual's psychological and physical capacity to engage in the activity concerned. It includes having the necessary knowledge and skills.

¹⁶⁹ *Opportunity* is defined as all the factors that lie outside the individual that make the behavior possible or prompt it.

¹⁷⁰ *Motivation* is defined as all those brain processes that energize and direct behavior, not just goals and conscious decision-making. It includes habitual processes, emotional responding, as well as analytical decision-making.

- **Health sector:** Sustainability is ensured, although it requires maintaining the guaranteed resources over time. INS model¹⁷¹ is based on the creation of an independent and autonomous training institute, institutionalized training programs and the ability to manage funds from foreign donors to cover complementary activities. The health sector has identified supervision, ongoing training, and mentoring as crucial elements for sustaining social workers' capacities to deliver standardized and high-quality services. The INS model has served as inspiration for MSSI module for SWW capacity strengthening and professionalization.
- **Security (police) sector:** Sustainability of the CDI benefits is not guaranteed. Foreign funds account for 80 per cent of the Police Academy's training budget, and there is a lack of financing for complementary training on child protection issues. The program funded by DFAT (TLPDP) is a primary source of technical assistance and resources, which includes a Gender Advisor. The absence of new police officer recruitments since 2016 and the high staff turnover in the VPU present challenges to maintaining the achieved results.
- **Justice (legal) sector:** The sustainability of the benefits identified for public legal SWs CDIs is not guaranteed due to the absence of mandatory training in VAC/GBV areas in regular education programs and the lack of regulations promoting child-friendly justice procedures, including child-friendly protocols. This means that the quality of service depends on capacities of individual service provider. Table 16 presents comprehensive sustainability assessment of CD benefits across sectors, building on the reconstructed ToC presented in Figure 3.

Table 17. Sustainability assessment of the CDIs based on Theory of Change (ToC)

ToC Sustainability factor	Evaluation Sustainability assessment
Output: CDIs to SWs	
Discussion: This is a capability issue, and the CDI recipients may have received some additional material and tools for reference. The new practices should have been learned and reinforced through daily use.	Rating: If practices are relatively straightforward, sustainability should be guaranteed. If the new practices are not reasonably straightforward and complex, there might be a need for refreshing trainings, supervision and mentoring.
Reach Assumptions	
1) Targeted CDI recipients are well identified 2) SWs' predisposition to reach and the importance of child protection 3) Approach and material are appropriate	Not relevant for sustainability. This would be a one-time reach.
Capacity Change Assumptions (Learning)	
1. Capabilities – Child protection approach and practices are understood and relevant 2. Opportunities – Positive incentives are identified and tools to perform the tasks are available. 3. Motivation – CDI recipients want to improve living conditions for children, communities and ensuring children's rights 4. Discussion: The sustainability	Rating: Sustainability at-risk • Salaries not recognized properly - risks and responsibilities assumed by some profiles. • Work overload due to the low number of professionals to deliver services to large communities, and administrative responsibilities are limiting implementation. • Lack of adequate transport and facilities, as well as insufficient office space to

assumptions at risk here are identified at opportunities level. Capabilities and motivation should not be a problem.	provide victims with privacy and ensure confidentiality, is a significant concern reported across various sectors.
Behavior Change Assumptions	
1. SWs make decisions about children's wellbeing and rights, taking into consideration the CDIs they have undergone. 2. New practices are supported by managers and policy makers. 3. Stakeholders see improvements in children's wellbeing and protection Discussion: #1 and 2 are related, and at-risk also from a sustainability perspective. Once the intervention team leaves, then old habits and customs could emerge. #3 would be essential to maintain the children's wellbeing and protection approach practices. Seeing visible improvements in children's wellbeing would likely encourage SWs to fully use and continue using the new practices	Rating: Sustainability at-risk As part of the intervention, it is important to assess the strength of counter social norms and the level of difficulty in changing them. The greater the challenge in changing these norms, the more likely sustainability will be at risk. This assessment should be conducted based on the sectors mentioned above. Additionally, the training and information provided during the interventions should clearly explain the types of improvements that social workers can expect to see as a result of their capacity development. Furthermore, there are several challenges identified, including: • Lack of adequate transport and facilities or office space to provide victims with privacy, which impacts the ability to ensure confidentiality. • Lack of recognition of social workers' roles, core competencies, and responsibilities by direct supervisors, often due to their own lack of background and education in social services.
Direct Benefits Assumptions	
1. Practices are practical and beneficial 2. No reduction in other benefits 3. Selected improvements in children's wellbeing and protection become evident	Rating: Sustainability not at-risk
Impact / Wellbeing Change 1. Children have access to social, health care and justice services; and law enforcement applies children's rights	This at-risk assumption has sustainability concerns. However, it goes beyond the issue of the CD intervention's sustainability. It requires an assessment to determine whether sustainability has been or will be a significant issue and whether the intervention was designed to address this concern.

Factors enabling the sustainability of the CD benefits that consider different stakeholders:

- a. UNICEF is well-positioned in the UN system and is highly regarded by Timor-Leste's development partners for its credibility, resource mobilization capacity and effective partnerships. UNICEF remains committed to supporting the strengthening of the child protection system in Timor-Leste. Key priorities include consolidating the National Institute for Social Impact and the professionalization of the SWW, through certified training, and establishment of the system of accreditation and supervision of the SWW. In addition, UNICEF plans to reinforce the implementation of the revised Case

Management Standard Operating Procedures (SOP), launched in September 2022, and introduce the PRIMERO Information Management System in 2023.

- b. International donors are committed to financing interventions and the response to SWW capacity development needs. The evaluation highlights the significance of fostering active cooperation and partnerships with traditional and non-traditional stakeholders at the municipal level including government entities, communities, parliament members, media and civil society. Such collaborations are deemed essential throughout the development and implementation stages of CD interventions, contributing to the sustainability of the results. While acknowledging the importance of local partnerships, the evaluation emphasizes the need to strengthen national-level collaborations to advocate for the SWW's role in the child protection system across sectors and promote institutionalized strategies for SWW capacity development. These partnerships, particularly at the local level, are crucial to ensure provision of improved services and decision-making, as a result of CD activities, while ensuring ongoing improvements that reflect the key needs and demands of the targeted population.

MSSI is well-positioned as the key government body, with responsibilities to design and implement policies in the social protection field. Overall, partners expressed satisfaction with the UNICEF/MSSI partnership's technical capacity and expertise in childhood.

In general, the scarcity of professionals with needed expertise, coupled with the lack of incentives, poses sustainability risks of SWW CDs. Additionally, the absence of systems for assessing capacity gaps and evaluating staff performance against established competency standards presents ongoing challenges. Addressing these issues will be crucial for ensuring the long-term success of CDIs in strengthening the child protection system.

5.1 Strengthening of national institutions (MSSI)

MSSI formulated medium-to-long-term strategies for SWW CDIs through initiatives like the MSSI Strategy 2021 - 2025. Plans include the establishment of an Institute for the Defense of Children's Rights, which may have later evolved into the National Institute for Social Impact. Over the past five years, there has been an increase in the human resources dedicated to child protection, accompanied by ongoing training for civil services. The strategy further outlines the responsibility of GEPDI (Office for Studies, Planning and Institutional Development) in managing increased human and financial resources for M&E of the Child Protection Program. This encompasses the development of human resources capacities through comprehensive training programs at various organizational levels, which are in synergy with the establishment of the MSSI TWG and the CFW training program curricula. Revisions of MSSI human resource mechanisms are expected, including the development of a Conceptual Human Resources Planning Framework for MSSI management to cover roles and responsibilities set out in the CFW Policy. The envisioned improvements span recruitment, hiring, and deployment practices, staff turnover, systems tailored to urban, peri-urban, and rural areas and decentralization plans. The structure and job descriptions will be revised to complete operationalization of the CFW Policy.



Photo by UNICEF: MSSl Technical Working Group during a training of trainer's session

To improve the effectiveness and sustainability of social workers' capacity development under the MSSl program, key legal and policy frameworks were formulated at the national level, which aim to institutionalize social welfare CD. Additionally, a dedicated Capacity Development Directorate was established within MSSl. This development is complemented by the creation of a core team of trainers responsible for the planning and development of the SWW strategy. Through a series of ministerial dispatches,¹⁷² these initiatives solidified MSSl's role in SWW capacity development, ensuring the legitimacy, effectiveness, and long-term sustainability of the process.

MSSl TWG and the establishment of the NISI (Status as of February 2023)

- ❖ Over the last 7 years, between 2016 to 2022, the MSSl planned the development of SWW in the country, which was supported with institutional and policy reforms. The development of SWW was led by a committed core team at MSSl, the GEPDI unit and presented a basis to develop a social industry in Timor-Leste.
- ❖ In 2016, the Technical Working Group was created, composed of eight staff, to manage the design and implementation of the SWW capacity development strategy linked to the CFW Policy (2016). CFW Policy, which defined the concept of social workforce in Timor-Leste, envisioned a new approach to the SWW, which focus on prevention and coordination, family approach and integration of cultural values as core CFW Policy principles. The MSSl SWW strategic program has resulted in resource mobilization by UNICEF and the government, leading to integration in the government's strategic plan for 2021 to 2025, and implementation of the MSSl CFW Training program in five pilot municipalities.
- ❖ SWW TWG members (8) followed a flexible, adaptive and continued capacity development process to become the first cohort of trained and certified SWW (obtaining Certification III in social services and are now in the process of obtaining the Certificate IV in training and assessment), supporting the MSSl's national training curricula implementation. In 2021, MSSl nominated 13 additional participants to be the second cohort of SWW trainers. Internal institutional arrangements were put in place through several ministerial dispatches to ensure the TWG has responsibilities associated with the implementation of the SWW CD strategy, which include training, assessment and

¹⁷² Despacho de Nomeação: Nº 73/GDGSC-MSSl/II/2016; Despacho de Nomeação formadores: Ref. Nº 32/GAB-MSSl/XI/2020; Ref. Nº 275/GAB-MSSl/XI/2021;

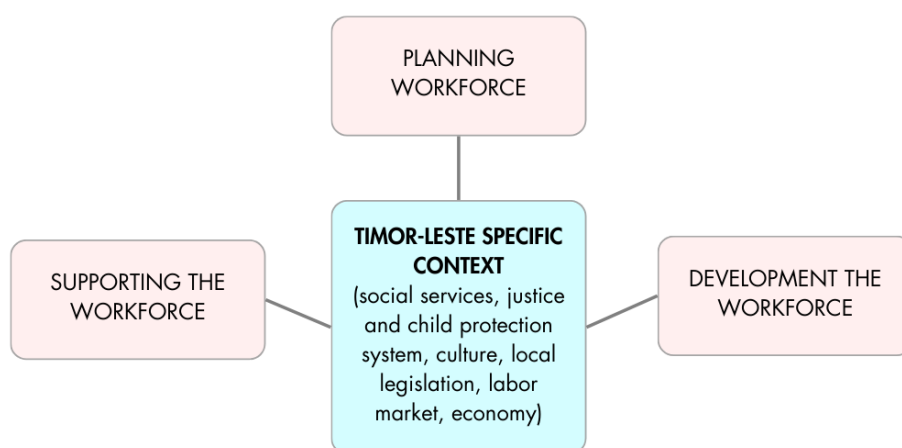
mentoring of partners and MSSl staff in municipalities. They are also required to support the establishment of the Training Division in the Human Resource Unit. The TWG developed different coordination mechanisms with the UN agencies, development partners and civil society organizations (UNICEF, 2022).

- ❖ Recently, MSSl, with UNICEF's support and technical advice from Industry Safety Assessment and Training (ISAT), developed a concrete plan to establish a National Institute for Social Impact, considering there is no government training institution in the social sector in Timor-Leste, while other sectors involved in the child protection system have such institutions (i.e., justice (LJTC), security (Police Academy), health (INS) and education (INFORDEPE)).
- ❖ In February 2023, MSSl presented¹⁷³ to Parliament the proposal of the Decree Law for the establishment of the National Institute for Social Impact (NISI), responsible for delivering certified training, and establishing the system of accreditation and supervision of the SWW.

5.2. Social Service Workforce Strengthening Framework

The sustainability analysis incorporates the Social Service Workforce Strengthening Framework, presented in Figure 11.

Figure 11. Areas of the Social Service Workforce Framework



Source: Prepared by the authors based on the Guidelines for Strengthening the SSW for Child Protection (Global Alliance and UNICEF, 2019)

The UNICEF Strategic Framework for Strengthening the Social Services Workforce for Child Protection identifies three key strategies aiming to strengthen SWW: 1) planning, 2.) developing, and 3.) supporting the workforce, as shown in Figure 11 above. See Table 17 for an analysis of the status of various elements in SWW CD, each described according to specific areas.¹⁷⁴

¹⁷³ MSSl Presentation. Konsietu konaba Instituto Nasional Impaktu Sosial (INIS). Formasaun Kualifikaun servisu Sosial Profesional, February 2023.

¹⁷⁴ Annex. 9 Detailed activities included per area of analysis, as per the Guidelines.

Table 18. Status of activities developed to invest in the Social Service workforce in Timor-Leste

NOT DEVELOPED - IN PROCESS – DEVELOPED		
PLANNING	DEVELOPING	SUPPORTING
• Adopt a strategic approach to SSW planning • Collect and share human resource data and promote data-driven decision making • Improve recruitment and deployment mechanisms, which differ between urban, peri urban and rural areas, and develop decentralization plans • Build alliances to strengthen leadership and advocacy among stakeholders.	• Align SW training with effective workforce planning efforts • Ensure curricula incorporates local cultural values and knowledge, as well as international best practices on improving the wellbeing of children and families • Strengthen faculty and teaching methods • Provide a broad range of professional development opportunities for workers	• Develop or strengthen systems to improve and sustain SSW performance • Develop tools, resources and initiatives to improve job satisfaction and retention • Support professional associations in their efforts to enhance the professional growth and development of the SSW.

Source: Analysis done by the evaluation team based on the Guidelines for Strengthening the SSW for Child Protection (Global Alliance and UNICEF, 2019)



Photo: UNICEF Timor-Leste staff during MSSl training session

6. Cross-cutting issues (human rights, gender and equity)

Key Evaluation Question:

To what extent have implemented initiatives integrated human rights, gender perspectives and disability inclusion into the design, implementation and monitoring of the SWW capacity building initiatives?

Finding 1: Several CDIs for social welfare workforce were mapped across the sectors, including those focusing on VAC, GBV, and disability. However, there is a notable gap in institutionalization of such CDIs, including in 2022 the INS/National Health Training Curricula, resulting in limited capacities in disability inclusion. Improved disability inclusion has been recognized as a crucial aspect of developing an inclusive service delivery system, as highlighted also by The Child Protection Network.

Finding 2: Several implemented CDIs targeted SWs nation-wide and across different sectors, while there have been efforts to reach remote areas by targeting SWW located at post level, including suco chiefs and community leaders. However, limited human, financial and operational resources and the country's geography make the access to quality child protection services for vulnerable individuals difficult. There are limited legal and other justice-related services available across all municipalities.

Finding 3: Innovative approaches have been identified with the goal of addressing priority issues such as human rights, disability inclusion, and gender within social welfare workforce capacity development (CD) initiatives. These programs form a crucial part of prevention efforts targeting GBV and VAC. They aim to change social norms and address inequalities. The studies on the prevalence and drivers of VAC and DV carried out through the years, importantly contributed to effective programming.

The National Action Plan for Children (NAPC 2016-2020) in Timor-Leste integrates **non-discrimination** into the *Child-Friendly School (CFS) initiative* and in teacher training curriculum. **Non-discrimination** is also integrated into the *SWW Curriculum for Timor-Leste Social Welfare Officers*.¹⁷⁵

6.1 Equity and gender

The widespread evidence of violence and neglect against children with disabilities in Timor-Leste, as highlighted in the 2020 UNICEF¹⁷⁶ report, emphasizes a critical need for inclusive targeted programs that are ensuring rights of children with disabilities as well as ensuring that disability is sufficiently integrated into programs related to VAC and GBV. The **NAPC 2016-2020** highlights absence of *a detailed guidelines or protocol that would support teachers, social workers and health, medical, therapeutic and care personnel in providing proper treatment and care for children with disabilities. There is also absence of a system to monitor the performance of care providers.* Therefore, there is a need to fully implement the provisions stated in the **National Policy for Inclusion and Promotion of the Rights of People with Disabilities**¹⁷⁷, ensuring that

¹⁷⁵ Ibid., p. 43

¹⁷⁶ Government of Timor-Leste and UNICEF, Situation Analysis of Children in Timor-Leste, Dili, 2020.

¹⁷⁷ NAPC 2016-2020. *In Timor-Leste there is a lack of detailed guidelines or protocol that can guide teachers, social workers and health, medical, therapeutic and care personnel in the proper treatment of children with disabilities. There is also no system of monitoring the performance of care providers. + Agencies that collect data on persons with disabilities have not been consistent in disaggregating data by disability, age, gender, social status, ethnicity and place of origin to provide a comprehensive assessment of the situation of children with disabilities and consequently to inform policies and programs.*

"continuing training is provided for professionals working with children with disabilities, such as teachers, social workers and health, medical, therapeutic and care personnel, that guidelines and training materials are developed, and that mechanisms are in place to monitor the performance of care providers."

Accessibility to disability-specific services in Timor-Leste is limited, and the evaluation found that SWs across sectors lack capacities to deliver inclusive services to people with disabilities¹⁷⁸. SWs interviewed emphasized the need to enhance skills for improved communication and interaction with rights holders who are survivors with disabilities, particularly those with partial hearing impairment who have been referred.

In the health sector, while most health facilities in Timor-Leste are adequately equipped or designed to accommodate people with disabilities, there remains a significant gap in addressing the specific needs of persons with disability¹⁷⁹. The National Health Training Curriculum covers child protection and disability areas, and it is designed with a GBV/disability inclusive approach *"the national training curriculum is child protection and disability inclusive in its design. Topics related to child abuse are well-integrated (revised by international and national experts on GBV disability from UNICEF and WHO)"*¹⁸⁰. Nevertheless, the evaluation found absence of specialized CDIs on disability and GBV/VAC implemented and targeting health service providers. *"There is lack of basic knowledge and skills on how to support people with disabilities amongst health care workers, a result, in part, of having no modules during pre-service training on disability in healthcare"*¹⁸¹. In this context, the evaluation found that INS is planning to roll-out GBV trainings at municipal level supported by UNFPA in 2023.

In the security sector, specific training of Police Academy targeting VPU, which should equip officers with the skills and knowledge necessary to effectively assist people with disabilities is needed. *The new Training Needs Assessment (TNA) showed issues related to people with disabilities and the need to cooperate with other institutions to provide sign language and assistance to people with mental disabilities."*¹⁸²

In the justice sector, considering the significant barriers faced by women and children with disabilities in accessing legal and justice services (UN Women, UNOHCR, AHDMTL, and ADTL, 2021), it is crucial to invest in programs and strategies aimed at reducing these inequalities. In this sense, The Empower for Change Program¹⁸³ (E4CP) is considered very relevant for the country context, incorporating elements addressing GBV and child protection for individuals with disabilities. *"The project incorporates CDIs providing sign language training to ensure better understanding between justice actors and survivors of GBV. Advocacy activities for State budget allocation for sign language interpretation is aimed at ensuring that the State fulfils its legal obligations to ensure access to justice and reduces dependency for such support on civil society"*¹⁸⁴.

The "Empower for Change" (E4CP) program is a notable example of good practice in addressing inequalities in access to services for people with disabilities in Timor-Leste. It is focused on the reinforcement of existing referral networks on GBV, making them more disability inclusive; and on strengthening service provider capacities to disaggregate and use disaggregated data on disabilities to improve referral and delivery of inclusive and accessible services for persons with disabilities. *"Agencies that collect data on persons with disabilities have not been consistent in disaggregating data by disability, age, gender, social status, ethnicity and place of origin to provide a comprehensive assessment of the situation of children with disabilities, and consequently to inform policies and programs (NAPC 2016-2020)".* The targeted stakeholders included staff from the Ministries of Social Solidarity, Education and Health, and Justice as well as the Judiciary. The program, implemented between 2018 to 2022 with UN agencies and national government institutions support, was implemented by ADTL and disability-focused organizations in Timor-Leste (DPOs). ADTL and

¹⁷⁸ V-L-M FGDS

¹⁷⁹ The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. January 2022. Timor-Leste FY2022 Quarter 1 Progress Report. Rockville, MD: Abt Associates. Retrieved from: https://pdf.usaid.gov/pdf_docs/PA00Z979.pdf

¹⁸⁰ D-KII05

¹⁸¹ Situational Analysis. Access to Mainstream Health and Rehabilitation Services for People with Disability in Timor-Leste. 2013. Australian Agency for International Development (AusAID) & Ra'es Hadomi Timor Oan (RHTO). Authors: Megan McCoy – AusAID Regional Specialist, Disability Inclusive Development (Asia); Cornelio de deus Gomes – AusAID Dili Post; Joel Alex Morais – Ra'es Hadomi Timor Oan; Jonio Soares – Disability Working Group Secretariat. Retrieved from: <https://www.dfat.gov.au/sites/default/files/timor-leste-access-health-rehab-services-people-disability-sit-analysis.pdf>

¹⁸² D-KII17

¹⁸³ Empower for Change - Reducing violence and discrimination against women and children with disabilities in Timor-Leste. UN Partnership on the Rights of Persons with Disabilities. UN Women and WHO (in collaboration with UNFPA, UNICEF and OHCHR (through the Human Rights Adviser's Unit in the Resident Coordinator's Office) <https://mptf.undp.org/project/00109007>

¹⁸⁴ End of Project Report. UNPRDP Page 6. Empower for Change - Reducing violence and discrimination against women and children with disabilities in Timor-Leste. UN Partnership on the Rights of Persons with Disabilities. UN Women and WHO (in collaboration with UNFPA, UNICEF and OHCHR (through the Human Rights Adviser's Unit in the Resident Coordinator's Office) <https://mptf.undp.org/project/00109007>

DPO staff were trained to strengthen their capacity to train service providers. Additionally, ADTL staff contributed to the development of relevant materials, including guidelines and a **toolkit for GBV disability case management**. Four training sessions were conducted between 2020 and 2022, targeting 106 participants, including key government staff (justice), CSOs, NGOs, and international organization staff across sectors in day-long sessions. *The development and roll-out of the GBV Toolkit by a woman-led DPO, the Community-based Rehabilitation Network (CBRN), supported by UN Women and The Leprosy Mission Timor-Leste, is an example of excellence in inclusion, capacity-building and impact.*¹⁸⁵ A phase II of E4CP program is currently being designed.

The following efforts in the field of disability inclusion in CDIs have been identified:

- ✓ The resource mobilization capacities of local DPO were strengthened through the Australia Timor-Leste Partnership for Human Development (PHD). This led to notable achievements, such as securing fundings from MSSl and MoEYS by Timor-Leste Disability Association (ADTL). The National Disabled People's Organization (RHTO), who also received funding from PHD, established a Memorandum of Understanding with the Ministry of Health and National Institute of Health, while the psychosocial support program implemented by PRADET received funding from MSSl¹⁸⁶
- ✓ In 2021, UNICEF, in collaboration with Child Frontier, provided technical assistance to MSSl to review the CFW Policy and develop its implementation framework. UNICEF Australia, with the support of CBM, contributed to the disability inclusion technical review, integrating disability rights into the revision of training modules and the social welfare workforce curriculum. Disability rights organizations actively participated in workshops and consultations for the SWW Mapping Study (UNICEF, 2020¹⁸⁷) In response to the identified need, disability inclusion has been incorporated into the general in-service training module for social workers by the MSSl. However, participants in this training have recommended the development of a specialized training module specifically focused on disability inclusion. The progress or confirmation of plans for such specialized training could not be ascertained during the evaluation period.
- ✓ An organization representing people with disabilities was included as SWW member in Manatuto. Furthermore, the Director for Disability Services at MSSl is a member of the TWG.

Although several CD initiatives integrating concerns of persons with disabilities were identified, increased emphasis and attention to persons with disabilities has to be afforded at the program level. This presents an opportunity for future SWs training, as evidenced by initiatives like the *Empower for Change Program*. The fact that current training sessions are limited to only a 1-day duration highlights the need for a thorough review and potential redesign of the methodology and structure of courses and training programs related to capacity development. This review should consider expanding the length and depth of these training sessions.

6.2 Vulnerable people in remote areas

Communities living in **remote or isolated areas** comprise around 70 per cent of the population of Timor-Leste (GDS, 2018). The unequal access to quality services, as highlighted in the Child and Family Welfare (CFW) Policy of 2016, presents a significant challenges of child protection system. This issue is particularly acute in rural and remote areas, where communities, particularly children with disabilities, often struggle to access social services. To address this challenge, it is crucial to extend training and awareness programs to these remote communities.

*While in the capital Dili, youth and families can more easily access safe houses and are more aware of sexual and domestic violence as criminal activities, people in the countryside have no such exposure. We need to create clear pathways for all children. Especially for those far away, who often feel isolated and are unaware of being victims of abuse*¹⁸⁸. The need for extending trainings and services to remote communities was also highlighted

¹⁸⁵ Timor-Leste Disability Sector's Joint Submission on the Progress and Challenges of Disability Inclusive Development in Timor-Leste, Universal Periodic Review Report for 2021. Report is authored by a consortium of organisations in Timor-Leste: ADTL, RHTO, TLM-TL, CBRN-TL, AHDMTL, PHD, ILEP. Retrieved from: https://www.laohamutuk.org/Justice/UPR/2021/JS1_UPR40_TLS_E_Main.pdf

¹⁸⁶ Partnership For Human Development (PHD): Mid Term Review Prepared for Australian Embassy in Timor Leste. Authors: Chloe Olliver, Erin Passmore and Deborah Thomas. Retrieved from: <https://www.dfat.gov.au/sites/default/files/timor-leste-partnership-for-human-development-mtr-report.pdf>

¹⁸⁷ Mapping the Social Services Workforce. 2019. UNICEF. Pp. 15

¹⁸⁸ "Violence is everywhere": Child abuse remains a primary concern in Timor-Leste". Article author: Beatrice Siviero. Journal: The Globe. Retrieved from:

by midwives, who reported that women who are socially or geographically isolated are more at risk of violence, and they are less likely to report violence¹⁸⁹.

Despite being outlined as specific targets in the Timor-Leste Strategic Development Plan 2011–2030 (page 180), CD strategies targeting public sector SWs in justice sector lack sufficient integration and effectiveness in ensuring provision of inclusive and quality services in vulnerable communities. The Target for 2015 for the Justice sector states: *The principles of non-discrimination, sensitivity to gender issues and the protection of vulnerable groups and human rights will be guaranteed in the justice sector; and the 2020 target states: The services of the justice sector will be available in all districts and all Timorese will be able to access effective and efficient justice and legal services.* However, in reality, justice and legal services are only available in few municipalities.

Overall, CDIs have broad geographical coverage and aim to target representatives from all 14 municipalities. The geographic context of the municipalities in Timor-Leste, coupled with limited institutional resources, particularly in transportation, impact the effective targeting of post-level social workers, who are often stationed in remote and hard-to-reach areas across the country. The current distribution of trained SWs, primarily located in central municipalities (VPUs, NGO staff, CPOs, Gender Focal Points, Health workers), contributes to inequality in accessing social services in remote municipalities, like Atauro or Viqueque. These communities are facing difficulties in accessing services, including preventive community awareness initiatives, mental health and psychosocial support provided by PRADET and legal counseling. On a positive note, certain CD initiatives, such as MSSI's in-service training, actively targeted post-level SWs, including *suco* chiefs and community leaders. The targeted approach of these initiatives is deemed relevant and effective for delivering both preventive and responsive services, including the facilitation of effective referrals. However, it is crucial to ensure that all SWs stationed at the post-level have access to CD initiatives. This access is necessary to guarantee standardized capacities across the service delivery system.¹⁹⁰ The lack of available services in rural areas particularly affects people with disabilities, as recognized by DFAD *"most services are located in the capital and the focus is on rehabilitation services for people with physical disabilities"*¹⁹¹

6.3 Innovative approaches to target vulnerable community groups

The evaluation mapped some **innovative approaches and initiatives aimed to address priority themes, including human rights, disability inclusion and gender issues**, including developing capacities of SWs on changes in norms, cultural values, power structures and the roots of gender inequalities and discrimination:

- **The Nabilan Program prevention activities** consider social inclusion as a key strength of the program. Actively seeking strategies to ensure programs were tailored to people with disabilities, and people living in remote areas (KOKOSA! in Suku Letefoho) are evidence of Nabilan's focus on inclusion (Independent Evaluation, 2019).
- **Bin Alin Hakbiit Malu (BAHM)** leadership development program addressing violence against women, and supporting Timorese feminists to continue their transformational work of trying to change power structures and inequalities; and NeNaMu, gender transformative, curriculum-based violence prevention initiative designed to link social and behavior change activities with service uptake and targeting feminist activists (TAF 2023).
- Effective targeting of vulnerable groups, such as LGBTIQ+¹⁹² (partnership with CODIVA), relevant to overcome inequalities faced in accessing basic services, since *not accessing health care in a safe and non-discriminatory manner discourages LGBTI people from accessing health care* (OHCHR, 2016).

<https://southeastasiaglobe.com/violence-is-everywhere-child-abuse-remains-a-primary-concern-in-timor-leste/>

¹⁸⁹ *Harmonia - Communities ending gender-based violence. Gender Equality and Social Inclusion (GESI) Analysis*. 2020. Wild K, Ingham X, Amir L, Thompson S, Fernandes E, Wohlman A. 2020 Washington: Health Alliance International. *Sited by:* The Local Health System Sustainability Project Timor-Leste Activity (USAID Health Systems Sustainability Activity) under the USAID Integrated Health Systems IDIQ. December 2021. Timor-Leste Gender Equity and Social Inclusion Analysis and Action Plan. Rockville, MD: Abt Associates. Retrieved from: https://pdf.usaid.gov/pdf_docs/PA00Z979.pdf

¹⁹⁰ L-KII01; M-KII02; V-KII03

¹⁹¹ Sarah Dyer. Review Report: Disability Specific Partners and Program. Report prepared for Australian Department of Foreign Affairs and Trade (DFAT). 2019

¹⁹² Acronym for Lesbian, Gay, Trans, Bisexual, Intersexual, Queer, Asexual and others. From "LGBTBIQA+ glossary of common terms". 2022. Australian Government. Australian Institute of Family Studies. Retrieved from: https://aifs.gov.au/sites/default/files/publication-documents/22-02_rs_lgbtqi_glossary_of_common_terms_0.pdf

- Studies on the prevalence and **drivers of VAC for pilot interventions, which aim to respond to the intergenerational cycle of domestic violence** (2015 Nabilan Baseline Secondary Analysis, 2022) have proved to be relevant for understanding the link between VAC and GBV in Timor-Leste.

Other efforts aimed at equipping social workers with the necessary capacities to tackle the multiple dimensions of inequality in accessing services in Timor-Leste were mapped. A notable project in this context is the Water for Women Project¹⁹³, a collaboration between *WaterAid* and *Beyond Inclusion*, focused on realizing gender transformational change and sustainable Water, Sanitation, and Hygiene (WASH) systems in Timor-Leste. This project is implemented by CARE Timor-Leste in the Manufahi and Liquiça districts and is funded by DFAT. As part of this initiative, CD activities were conducted in 2021, centering on training and refreshers in Gender Equality, Disability, Social Inclusion (GEDSI), and Social Analysis and Action in WASH and GBV programs. These activities specifically target members of the Referral Network. The training provided through this initiative complements other CD efforts and, as indicated by local focus group discussions, has equipped social workers with practical tools. These tools enhance their effectiveness in addressing inequalities and improving access to services, thereby contributing to a more equitable and inclusive approach in service delivery in Timor-Leste.

Other mapped relevant CDIs targeting SWs working with vulnerable groups and populations, were identified. Some of these initiatives were implemented during emergency contexts, including the COVID-19 period and the 2021 floods in Dili. For example, UNICEF-supported **Child-Friendly Spaces (CFS)** have served as calm and joyful spaces for children to feel safe, reduce their stress and to play. The Child-Friendly Spaces (CFSs), set up during emergency contexts in Timor-Leste, were staffed by Social Workers who had been trained in the use of the Mental Health and Psychosocial Support (MHPSS) toolbox. The personnel working in these spaces included both volunteers and selected staff from government and NGOs.



Photo by UNICEF: UNICEF volunteer staff on the Child-Friendly Spaces activities during emergency period in Timor-Leste

Planned pilot activities by The Asia Foundation (TAF) and UNICEF are underway to develop CDIs targeting Social Workers from NGOs working in children shelters and are involved in providing care and support to families. These initiatives will provide psychosocial and mental health therapy to children victims of abuse using a technique known as "Play Therapy". "Play Therapy", recognized as beneficial and in demand among SWs, allows children to express their feelings and experiences in a safe and guided environment, often using play as the medium.

¹⁹³ Ibid., p.89

8

Conclusions and lessons learned

1. Conclusion

RELEVANCE

Conclusion 1: The CD interventions align with and contribute to national priorities outlined in the National Policy Framework. MSSl's long-term vision to develop a social industry for the child protection service delivery system in Timor-Leste has resulted in the establishment of a relevant policy/legal framework to support the CFW Policy implementation and fosters the development of a robust institutional social welfare sector, strengthening management and coordination mechanisms and improving the capacity of the workforce. UNICEF's technical assistance, especially in the CFW training program and Technical Working Group (TWG) support, has been crucial in this process.

Conclusion 2: Donor support is essential for advancing the national government's capacity development initiatives in addressing Gender-Based Violence (GBV) and Violence Against Children (VAC). This support, when aligned with national strategies, as seen in social and health sectors through initiatives like those of MSSl and INS, proves to be effective. In contrast, capacity development initiatives in the security and justice sectors, overly reliant on external donor support and with limited institutional integration, are lacking relevance in some segments.

Conclusion 3: The effectiveness of the child protection component within Capacity Development Initiatives (CDIs) is limited due to the absence of specific indicators and strategies for addressing child protection violations in the evaluated documents. Although CDIs are vital for child protection, the evaluation revealed a lack of detailed indicators and methods to measure their impact on children at risk of violence, abuse, exploitation, and neglect. This shortfall is apparent in both UNICEF's programs/projects and the MSSl National Strategic Plan, including the Child and Family Welfare (CFW) Policy and the Social Welfare Workforce (SWW) capacity development strategy. The evaluation also failed to find Monitoring, Evaluation, Accountability, and Learning (MEAL) data demonstrating how CDIs enhance initiatives like the MSSl program supported by UNICEF, particularly in SWW capacity development strategy. Furthermore, information on the budget, results, targets, and outcomes of SWW CDIs is not well-organized or readily available, posing challenges in evidencing their effectiveness and results achieved.

COHERENCE

Conclusion 4: Interventions from various sectors that focus on enhancing the Social Welfare Workforce (SWW) in child protection are aligned with other child and family initiatives in the country, adding value and avoiding redundant efforts. However, the evaluation points out differing approaches in community-targeted prevention initiatives, particularly in positive parenting and social norm change, which suffer from a lack of coordination among different institutions. This is especially notable given the involvement of the same government institutions (MSSl and MoE), leading to missed opportunities to ensure synergies and efficient resource use.

Conclusion 5: CDIs directly contribute to developing various systems in Timor-Leste, including those targeting the elimination of Gender-Based Violence, strengthening social welfare, and enhancing child

protection. While these systems are interrelated, they each have unique conceptual and operational features. The evaluation reveals that CDIs align with the national objectives for child protection and the social welfare sector. However, the absence of clear definitions and components for these program systems presents challenges in analyzing their contributions, as well as in tracking and evaluating their results and achievements. This lack of clarity hinders effective contribution analysis and limits the ability to measure the success and impact of these initiatives.

Conclusion 6: The evaluation highlights a well-aligned balance between national priorities and UNICEF's global strategies, further strengthened by the MSSSI social protection strategy. This alignment ensures that capacity development efforts are in line with international standards on human rights and gender equality. Throughout the period analyzed, UNICEF has played a crucial role in providing technical assistance to MSSSI and other development partners, particularly in the design and implementation of the Social Welfare Workforce (SWW) capacity development strategy.

EFFECTIVENESS

Conclusion 7: Recipients of the capacity development interventions analyzed expressed overall satisfaction with the training received, highlighting its effective methodologies, content, and developed capacities. These trainings address a critical need in national regular training for social services, particularly in the areas of Violence Against Children (VAC) and Gender-Based Violence (GBV). However, there are still capacity gaps identified by social workers, such as disability inclusion and psychosocial and mental health support for trauma, that need addressing. Additionally, ongoing refreshment and mentoring are necessary to sustain the benefits of the CDIs.

Conclusion 8: Throughout the analysis period, CDIs initiated or promoted by MSSSI through the Child and Family Welfare (CFW) in-service training program and the Certificate III in social services under the Nabilan Program have been effective. These initiatives, targeting government and NGO social workers, have significantly contributed to developing key capacities for the child protection service delivery system. They are also in line with the CFW Policy's vision of the 'new role of the social worker.' Critical external factors include methodology, diverse participation, and social workers' commitment. However, the absence of standardized competencies in social services and government-recognized certified courses means these interventions are still viewed as pilot initiatives. There is also a notable gap in supervision, refreshment, or mentoring at the institutional level.

Conclusion 9: The current focus of CDIs is primarily on enhancing individual knowledge and skills, but there is an urgent need to shift towards systems-based approaches. This shift would involve engaging all staff and managers and creating innovative solutions to tackle resource constraints and staff turnover, thereby promoting synergies across different sectors. Donor support aimed at strengthening Social Welfare Workforce capacity development should be informed by systems-thinking principles, focusing on the holistic development of the entire system rather than isolated interventions aimed at individual capacities.

Conclusion 10: Prevention activities have proven to be effective in raising community awareness about Gender-Based Violence (GBV) and Violence Against Children (VAC). The promotion of the Law Against Domestic Violence (LADV) and related child protection community awareness campaigns have led to an increased number of cases reported by communities over time. However, the capacity of Referral Networks to plan and deliver preventive services targeting communities is limited due to the lack of harmonized institutional resources and cohesive implementation plans.

EFFICIENCY

Conclusion 11: The evaluation reveals that there is no documented or clearly identified capacity development strategy that incorporates a cost-effectiveness rationale for selecting CDIs. Such a rationale is crucial for ensuring a higher return on investments and for addressing the specific needs and capacity gaps of the country, while also considering factors of equity, gender, and vulnerabilities. It is important to evaluate the

efficiency of capacity development in relation to its sustainability and effectiveness. However, this assessment faces significant challenges due to limited data available and the following two key gaps: (i) the absence of a comprehensive strategy or plan that includes elements of scalability and/or an exit strategy, and (ii) the lack of a clear Theory of Change (ToC) and an effective monitoring system.

SUSTAINABILITY

Conclusion 12: The current situation in Timor-Leste presents a valuable opportunity to develop and maintain a skilled and well-resourced Social Work Workforce (SWW), crucial for an inclusive and effective child protection service delivery system. However, the quality of services provided to children and families may be limited due to a lack of cohesive alignment across various sectors involved in child protection. This issue is particularly acute in the justice and security sectors, where SWW capacity development strategies are not fully institutionalized and where resources are insufficient.

Conclusion 13: For capacity development efforts to be effective, a comprehensive monitoring, evaluation, and learning system is essential to track and maintain results at both the output and outcome levels. Improvements in social workers' capacities have been noted across different sectors, notably through the MSSl in-service training program. Yet, the lack of a systematic institutional approach to capacity development, including aspects like supervision, ongoing training, and mentoring within the social work service delivery system, could hinder the sustainability and institutionalization of these developed capacities across various sectors.

Conclusion 14: Capacity Development Initiatives (CDIs) in Timor-Leste do not currently facilitate standardized capacity among the SWW, and the lack of a national institution to certify social services courses impedes the long-term goal of professionalizing social work in the country. Sustainable capacity development should be an internally driven process, reliant on the needs and demands of those whose capacities are being developed. While external support is valuable, initiatives imposed from the outside are less likely to yield sustainable capacity growth. Therefore, capacity development must be demand-driven and outcome-focused, aiming at goals like the professionalization of social work in Timor-Leste.

Conclusion 15: NGOs play a critical role in Timor-Leste's social protection system, providing vital services to vulnerable groups including women, children, people with disabilities, individuals in remote areas, and LGBTQI+ individuals. These services range from legal counseling for victims to shelter and health services. However, the capacities of NGOs to deliver effective and coordinated child protection services may be limited by inadequate levels of planning and strategy alignment with national government institutions, primarily MSSl, to plan and implement services based on the needs of children and communities.

CROSS – CUTTING

Conclusion 16: A significant challenge in Timor-Leste is the lack of adequate data. The use of non-standardized data for case management across Referral Network institutions affects the quality of services and the well-being of survivors, potentially leading to double victimization. The absence of disaggregated data on vulnerable populations limits social analysis and hinders adherence to the principle of Leaving No One Behind (LNOB) in accessing child protection services. This also affects the possibility of data-driven programming at the institutional level, such as understanding the types, origins, and trends of VAC in Timor-Leste.

Conclusion 17: The geographical structure of Timor-Leste, combined with limited institutional resources such as human, financial, and transport means, poses significant challenges for remotely located, vulnerable children and families in accessing quality child protection services. This includes difficulties in reaching community awareness, prevention activities, and response services like legal assistance. While CDIs aim to target the Social Welfare Workforce nationwide, the focus predominantly remains on social workers in central municipalities. This approach does not effectively reach frontline workers in remote areas, who are crucial in delivering services, thus hindering equitable access to child protection services.

Conclusion 18: Although analyzed CDIs identified are integrating objectives and methodologies to

strengthen SWW capacity for disability inclusion, this approach alone is insufficient for effectively building capacity in this field. There is a need for further exploration of innovative mechanisms and methodologies for effective case management of people with disabilities and to enhance capacity development in this area. Additionally, more research and evidence are needed to fully understand the actual needs and bottlenecks within the child protection service delivery system for VAC), with a focus on disability inclusion.

2. Lesson learned

- 1) **The approach and methodology of CDIs are crucial for effectively developing capacities within the Social Welfare Workforce SWW in social services, particularly in the areas of VAC and GBV. These initiatives are most effective when aligned with a long-term institutional plan focused on strengthening SWW capacity.** Key elements of such an approach include holistic methodologies, multisectoral collaboration, diverse participation from in-service frontline workers, facilitators with practical expertise in local social services, and a balance between practical and theoretical approaches. Additionally, the duration of the course is important to thoroughly address the complexities of social realities and solutions to social problems. In Timor-Leste, the MSSI in-service training program and the TAF Certificate III in social services stand out as quality benchmarks for such initiatives.
- 2) **Institutional supervision, ongoing training refreshers, refreshing and mentoring are key for quality assurance at the individual and institutional level.** The sustainability of the capacities developed depends on long-term CD strategies at the institutional level. These strategies should include internal mechanisms for assessing implementation quality and learning from the process, allowing for necessary adjustments and updates in training as needed. A prominent example in Timor-Leste is seen in the health sector through the INS National Training management response. Short-term and isolated CDIs are generally ineffective in developing the SWW capacities required to deliver inclusive, prevention, and response-based child protection services. To maximize effectiveness, these initiatives should be integrated into long-term capacity development strategies and coordinated with national institutions. When properly aligned and coordinated, short-term initiatives can effectively complement and reinforce the necessary competencies for addressing Violence Against Children (VAC) and Gender-Based Violence (GBV).
- 3) **The long-term commitment of international partners and programs is crucial in impacting social norms and altering complex dynamics related to violence, especially given the high prevalence of GBV and VAC in Timor-Leste.** This need is underscored by the anticipated increase in reported cases of VAC/GBV by communities, as observed by social workers in the country. Such a trend points to a growing demand for more comprehensive Social Welfare Workforce (SWW) services. Continuous support for capacity development programs is deemed essential for sustainability. A good practice is to provide ongoing support, as exemplified by UNICEF's support of the Ministry of Social Solidarity and Inclusion's (MSSI) SWW capacity development strategy through the Technical Working Group (TWG). This group is at the forefront of developing a robust social service welfare workforce capacity-building system in Timor-Leste, addressing the increasing need for competent and well-trained social workers to manage the rising challenges in GBV and VAC effectively.
- 4) **A well-defined and current Policy and Legal Framework that outlines the government's vision and objectives for Social Work capacity development and the child protection service delivery system is crucial for directing national institutional efforts towards a unified goal in Social Welfare Workforce capacity development.** Effectively communicating MSSI's vision to develop a social industry in Timor-Leste, anchored in the Child and Family Welfare (CFW) Policy Framework, is vital for engaging all stakeholders. The national strategy for SWW capacity development in child protection should be built on a foundation of common dialogue and synergy across various sectors, encouraging joint investment.
- 5) **The Child Protection Networks (CPN) hold significant potential as an effective system for delivering child protection services.** However, this potential is currently constrained by the fragmented and institutionally varied approaches to Social Welfare Workforce (SWW) CD strategies across different sectors. Frontline workers, who are dedicated and professional, are keen to collaborate in implementing

coordinated child protection services, but the lack of a systemic and unified approach limits the potential for creating synergies. The positive outcomes observed from the multisectoral and diverse participation of social workers (SWs) in education programs highlight the effectiveness of CPNs when functioning as a cohesive system or group, rather than just through individual activities. This approach enhances the overall effectiveness of the child protection, prevention, and response service delivery system. Furthermore, with planned prevention activities and an anticipated increase in reported cases of VAC and GBV, a surge in demand for services provided by social workers and institutions is expected, which can lead to significant workloads for frontline workers.



Photo by UNICEF: Social Workers from the Municipality Child Protection Network during training session

- 6) **Promotion of multisectoral social service workforce professional associations can significantly enhance the professional identity, visibility, growth, and development of the social work profession in Timor-Leste.** The promotion of multisectoral social service workforce professional associations can significantly enhance the professional identity, visibility, growth, and development of the social work profession in Timor-Leste. One of the key factors contributing to the Capacity Development of the SWW, particularly in terms of behavior change, is the commitment of staff working in social services, especially in areas related to VAC and GBV. Social workers have shown a strong interest and willingness to tackle social inequalities, harmful norms, and unfair practices, often without receiving institutional or societal recognition. Creating improved working conditions and promoting multisectoral platforms for dialogue, where experiences can be exchanged and social workers' rights discussed, could be instrumental in developing a recognized 'social industry/profession'. This approach could be further strengthened with innovative solutions and coordination mechanisms across SWW for the delivery of child protection services. A notable example of such an initiative is the establishment of a professional association led by alumni from the Nabilan Program's social service course. This association, formed by frontline workers from five training rounds, predominantly from the NGO sector, exemplifies a multisectoral approach that arose from collective reflections on the needs and interests of social workers. It demonstrates how collaborative efforts and shared experiences can foster the growth and recognition of the social work profession in a diverse and multifaceted context.
- 7) **CDIs focusing on management staff within the NGO sector represent an innovative and effective strategy to counterbalance resource limitations in government institutions and to strengthen the SWW for child protection in a coordinated manner.** Given significant reliance on the NGO sector within the child protection service delivery system in Timor-Leste, it is crucial to target key NGO management staff involved in child protection (CP) systems. Effective integration of the NGO sector into SWW capacity development strategies is essential, especially considering the resource constraints these institutions face. Coupling this integration with enhanced funding mechanisms and government oversight would significantly strengthen the capacity of the child protection sector in Timor-Leste.

- 8) **Evidence-based studies, evaluation exercises and research on VAC and GBV are key to mobilize funds and to advocate for effective solutions to VAC at the institutional level.** In Timor-Leste, various studies, such as the Nabilan baseline study, have proven to be important benchmarks for programs combating GBV and VAC. Additionally, studies conducted by the Ministry of Social Solidarity and Inclusion (MSSI) to develop the Child-Friendly Workplace (CFW) Policy and the Social Work Workforce (SWW) capacity development strategy have contributed significantly. Investing in evidence-based studies and evaluations serves as an effective means to inform and shape programs and policies addressing VAC and GBV. However, the absence of robust program monitoring and evaluation systems for SWW programs related to VAC/GBV, including the lack of baseline/end line evaluations, limits the potential impact of SWW capacity development initiatives on policy formulation and resource mobilization. Without such evaluations, it is challenging to systematically demonstrate the positive effects of investments in strengthening the SWW within the child protection service delivery system.

3. Recommendation

The recommendations outlined here are based on the insights and conclusions drawn from this evaluation and have received endorsement from the members of the Evaluation Reference Group during two validation sessions held within the evaluation timeframe:



Photo by UNICEF: Training session on SWW capacity development

- a. *Validation workshop was carried out on 7th February 2023 as the final phase of the field visit in the country. The validation workshop was carried out as participatory validation exercise, involving all major stakeholders in the country. During this exercise, recommendations were carefully examined and categorized based on their priority, the parties responsible for implementing them, and their relevance.*
- b. *Draft report with conclusions and recommendations was presented to ERG on 5th April 2023. The draft report was also shared with ERG members further review and feedback.*

The evaluation, characterized as a country-led initiative engaging multisectoral stakeholders from both international and national levels across a variety of institutions, has led to the systematic organization of recommendations. These recommendations are structured to effectively address key issues, and they designate the responsible institutions in accordance with the AAA (Authority, Autonomy, and Accountability) principle:¹⁹⁴

- Authority: Refers to the support needed for reform or policy change¹⁹⁵ or to build capacity at the government level (policy, legal, organizational frameworks) - Recommendations 1 to 8.
- Acceptance: Refers to the extent to which those who will be affected by the changes proposed (on reform or policy) accept the need for change and the implications (stakeholders in the design, planning, implementation and evaluation of SWW CDIs) - Recommendations 9 to 12.
- Ability: focuses on the practical side of reform or policy change, and the need for time, money, skills and the like to even start any kind of intervention - Recommendations 13 to 17.

To enhance the practical application of this evaluation, the targets and prioritization levels for the short-, medium-, and long-term have been clearly outlined. Short-term recommendations are intended for implementation within the current period. Medium-term recommendations structured for consideration

¹⁹⁴ AAA = Authority, Acceptance, Ability. Based on the 3 factors to assess the "space for change" by Harvard PDIA Toolkit <https://bsc.hks.harvard.edu/tools/toolkit/>

¹⁹⁵ "Reform or policy change" in this case refers to the recommendations proposed by the evaluation, based on the implication of the CFW Policy and SWW Capacity Development Strategies and proposals to strengthen SWW capacity for the child protection service delivery system at policy, sectoral, institutional, and individual levels.

during the planning phase and are intended to be initiated at the start of the next institutional program cycle. Long-term recommendations, on the other hand, are planned for execution during the implementation phase of the upcoming strategic cycle.

Recommendation 1

To MSSI: In line with ASEAN Declaration on Strengthen Social Welfare System in the region, and considering the multisectoral nature of the CP Network, it is recommended that MSSI develops a plan for the development of a social workforce legal framework that defines and promotes multidisciplinary social workforce across sectors. This framework shall cover volunteers, paraprofessional and professional as well as establish a specific ration of workforce to population, aligned with the guidelines provided in ASEAN's Strengthening SWW Roadmap.

Foundational knowledge and core competencies related to child protection system services should be standardized across social service workers, regardless of the sector they operate in, to ensure the coordinated management of child protection service delivery. Implementing this strategy will facilitate the promotion of a collective approach to managing the child protection service delivery system, with MSSI taking the lead as the primary government institution responsible for this initiative. The recently approved Child Protection Law and the forthcoming National Institute for Social Impact (NISI) present opportunities to initiate discussions leading to developing standardized core competencies for SWW and fostering collaboration within line ministries and NGOs involved in the child protection sector. While acknowledging that the specialized skill set of social workers may vary based on their specific functions, ensuring foundational knowledge and core competencies related to child protection services are consistent among social service workers across sectors is crucial.

Based on: Conclusions 1, 2, 9, 12, 14 and 17

Priority: High

Directed to: MSSI.

Recommendation 2

To MSSI: To create a national standardized data management system for case management, accessible by all institutions involved in the CP system. This shall include standardized violence terminology and detailed profiles of children, featuring disaggregated data such as disability, gender, types of violence and geographical elements. The data management system shall be developed in a consultative and participatory manner, supported by capacity building on how to use the system. Moreover, an integrated system approach is advised, considering the intersections between GBV and VAC. This approach would facilitate comprehensive case management of GBV across various institutions and sectors.

Based on: Conclusions 8 and 16

Priority: High

Directed to: MSSI with UNICEF support (and consultations with all stakeholders).

Recommendation 3

To MSSI: To update legal and policy frameworks guiding the child protection service delivery system across sectors, including **SOPs and Referral Network** membership. Any changes shall be supported with effective capacity building and communications on updated SOPs and other procedures.

Based on: Conclusions 9 and 10

Priority: High

Directed to: MSSI with UNICEF support (and consultations with all stakeholders).

Recommendation 4

To MSSI: To develop a multi-sector National Action Plan for Social Workforce Strengthening, which includes plans on establishing accreditation system and creation of a National Leadership Group (NLG). This will reinforce the government role in supervising and monitoring the SWW strengthening, allow for improved coordination of efforts and support well-planned, systemic and institutionalized social service workforce strengthening. Furthermore, leveraging the National Action Plan against Gender-Based Violence can also

present a significant opportunity. This plan can be utilized in conjunction with established gender coordination forums and government bodies, such as the State Secretary for Equality and Inclusion (SEII), which are related to gender issues. These platforms can serve as valuable tools for advocating a comprehensive child protection agenda. They also offer a means to promote the capacity development of SWWs within the country. This approach acknowledges and addresses the interconnectedness between GBV and VAC, emphasizing the importance of a holistic and integrated strategy in tackling these intertwined issues.

Based on: Conclusions 3 and 5

Priority: Medium

Directed to: MSSl / SEII

Recommendation 5

To MSSl: To establish an accredited national government training entity responsible for the SWW in-service education program certification.

Based on: Conclusions 7, 8 and 14

Priority: High

Directed to: MSSl with UNICEF technical assistance.

Recommendation 6

To MSSl: To promote standardized institutional CP competencies and certified courses in social services targeting SWW across the four key sectors. With the establishment of National Institute of Social Impact (NISI), MSSl will be well-positioned to lead these efforts. In the short term, it is essential to integrate the lessons learned and factors for sustainability that were identified in the SWWs Mapping Study (UNICEF 2019), a point which is also underscored in this evaluation. Additionally, there is a need to develop a comprehensive communication plan outlining NISI's role and the job requirements for SWWs, including roles, responsibilities, and functions. MSSl should give careful consideration to the integration of already trained and certified Social Workers into future government plans.

Based on: Conclusions 7, 8 and 14

Priority: High

Directed to: MSSl with UNICEF technical assistance.

Recommendation 7

To INDDICA: To actively and regularly monitor implementation of NAPC commitments related to SWW, specifically implementation of CDIs on VAC across sectors, including those related to the promotion of a child-friendly justice system.

To UNICEF, MSSl and NGOs involved in Referral Networks: To advocate for jointly plans on SWW, CDIs facilitated through different coordination forums, including those on child-friendly justice system.

Based on: Conclusions 2 and 12

Priority: Medium

Directed to: INDICCA (monitor); to MSSl and UNICEF (advocacy role)

Recommendation 8

To LJTC: To integrate mandatory VAC/GBV modules into curricula or annual training courses for public officers in the justice system, aiming to promote child friendly justice system. Strengthen the promotion and implementation of a child-friendly justice system and include core competencies for the delivery of child protection justice services. It is recommended to make use of existing studies and to draw upon the expertise of NGOs to gather relevant inputs that shed light on current practical procedures related to child abuse. Also, consider implementing NAPC recommendation to strengthen child rights section within the Office of the Provider for Human Rights and Justice, which will be *able to receive, investigate and address complaints by children in a child-sensitive manner, ensure the privacy and protection of child victims, and undertake monitoring, follow-up and verification activities for victims.*

Based on: Conclusions 2 and 12
Priority: Medium
Directed to: LJTC; UNICEF support on training development.

Recommendation 9

To UN Agencies and development partners, such as The Asia Foundation, in Timor-Leste: To improve donor coordination and to establish a SWW working group to ensure more coordinated planning related to CDIs for SWW, particularly those targeting the Child Protection Networks. Donor support aimed at strengthening the Social Workforce should adopt a System Building Approach, emphasizing the development of the 'whole system' rather than isolated components. The UN should play a pivotal role in ensuring a unified approach and maintaining regular communication on 'positive parenting'. This necessitates close collaboration between the MSSl and the MoE. Additionally, UN agencies in Timor-Leste should continue supporting capacity building initiatives, which are not only fundamental to the UN system but also crucial in achieving the Sustainable Development Goals.

Based on: Conclusions 2, 3, 4 and 9
Priority: Medium
Directed to: UNICEF (as leading agency), UNWOMEN, UNDP, TAF.

Recommendation 10

To PNTL/Police Academy: To ensure the effective integration of child protection and Gender-Based Violence (GBV) modules into the core training topics for both pre-service and in-service training of the PNTL, including the new recruitment course starting in 2023. Lessons learned from specific VAC/GBV courses previously conducted in collaboration between TLPDP and UN support, should be used to inform the PNTL/Police Academy capacity development strategy. Furthermore, the PNTL's Vulnerable Persons Unit (VPU) should consider implementing strategies to reduce the high turnover of trained VPU police officers. Such measures are crucial to ensure continuity and effectiveness in referrals at the municipal level and to maintain sustainable access to child protection services.

Based on: Conclusions 2 and 12
Priority: High
Directed to: MoI/PNTL/Police Academy and TLPDP (implementation role).

Recommendation 11

To MSSl: To develop a comprehensive strategy on SWW capacity development, which will include guidelines for SWW, informed by the *Global Alliance Guidelines*. *The latter shall be* adapted to the country context across the key sectors. Develop indicators to monitor and assess efforts aimed at strengthening the child protection social service workforce, which can include creating a 'Timor-Leste Implementation Plan for the Guidelines' and integrate these guidelines into the MSSl Strategic Framework's MEL system. Consider translating the guidelines into Tetum and utilize them as a working document that can support TWG in the implementation of MSSl's long-term SWW capacity development strategy.

To UNICEF: To provide technical support in developing the strategy and guiding documents.

Based on: Conclusions 3, 5 and 11
Priority: Medium
Directed to: MSSl's TWG with UNICEF support.

Recommendation 12

To MSSl in particular, and to MoH, MoI/PNTL, MoJ and NGOs involved in child protection across sectors: To introduce measure to improved working conditions of frontline workers' and set necessary incentives for positions that hold more responsibilities and risks. This shall include measures aiming to improve staff wellbeing and reduce burnout, while recognizing the importance of self-management, self-care, and self-control. One of the measures can include providing course on these topics developed under Spotlight Initiative also for MSSl staff. Ensure that Child Protection and Gender-Based Violence Prevention workers are

distributed in accordance with population ratios, and that all vacant positions in these areas are promptly filled. Recognize roles such as Child Protection Officers and GBV Prevention Officers as positions requiring specialized expertise, and not just consider them as administrative roles.

Based on: Conclusion 9

Priority: Medium

Directed to: MSSl, ministries and NGOs involving staff with responsibilities in the Referral Networks.

Recommendation 13

To national government training institutions, including the MSSl's TWG (future NISI): To foster training, assessment, supervision, and mentoring as part of capacity development strategies for management staff responsible for the planning, design and development of CDIs, including institutionalization of CD. Their efforts should align with the MSSl CFW Policy SWW Role and CD principles of '*contextual harmony, cultural adaptation, alignment with national capacity and reducing external dependence*'. Training of trainer's approach should be explored to reach remotely located SWW. Additionally, when developing institutional curricula for the SWW, the methodology and approach of the national curricula adopted by the Integrated National Health System (INS) in the health sector could serve as a valuable reference.

Based on: Conclusions 1,7,13 and 17

Priority: Medium

Directed to: MSSl, LTJC, Police Academy and INS; to UN and development partners supporting these institutions.

Recommendation 14

To MSSl: To address bottlenecks and improve administrative mechanisms to reduce delays in the disbursement of funds to local implementing partners (CSOs/NGOs). Conduct an evidence-based cost analysis of the services provided by NGOs to offer a clearer understanding of the financial aspects of these services, aiding in more informed decision-making and resource allocation.

To international partners: To support local NGOs and CSOs in their advocacy for more effective and sufficiently resourced public services.

Based on: Conclusion 15

Priority: High

Directed to: MSSl; International partners in coordination with NGOs (ALFELA, PRADET, etc.).

Recommendation 15

To MSSl and line ministries involved in child protection SWW initiatives, including health, security, justice and social sectors: To ensure sufficient transportation options for frontline workers based in municipalities, to be able to effectively preform case management and referrals and carry out prevention activities. Together with members of Child Protection Networks, find possible solutions to address logical challenges in providing basic services, due to limited institutional resources allocated for transport across municipalities.

Based on: Conclusions 9 and 17

Priority: High

Directed to: MSSl and line ministries undertaking SWW activities in the health, justice and security sectors.

Recommendation 16

To Child Protection Referral Networks members across the country: To promote CD initiatives and innovative methodologies to strengthening SWW skills and knowledge on (i) disability inclusion, (ii) gender and (iii) psychosocial support to children and families affected by trauma, which will strengthen a service delivery across different sectors.

Based on: Conclusions 7 and 18

Priority: High

Directed to: MSSl, PNTL/Police Academy, MoJ/LJTC, MoH/INS and NGOs involved in the design and

implementation of SWW CDIs.

Recommendation 17

To NGOs and/or civil society organizations involved in the child protection system in four key sectors: To advocate for professionalization of the SWW in all sectors, including by utilizing the experiences gained through NGO capacity development strategies implemented over the years. Advocacy should include advocating for standardized certification for NGO staff providing social services. Additionally, promote an organizational culture that acknowledges the contributions of SWW and aims to improve their job conditions.

Based on: Conclusions 12, 13, 14 and 15

Priority: High

Directed to: ALFELA and PRADET as representatives of NGOs and Civil Society Organizations in the Referral Network

