

Executive Summary

The sanitation/toilet facilities that build has been the best thing the school can ever have, there was sanitation facilities in the past supported by government but with the new facilities has really transformed children to practice hygiene life in the school and can bring the experience home after school. (Teacher, Manufahi)

This report is of the progress of the Health Literacy Project (HLP) an education project managed by Mary MacKillop Today (MMT) in Timor-Leste.

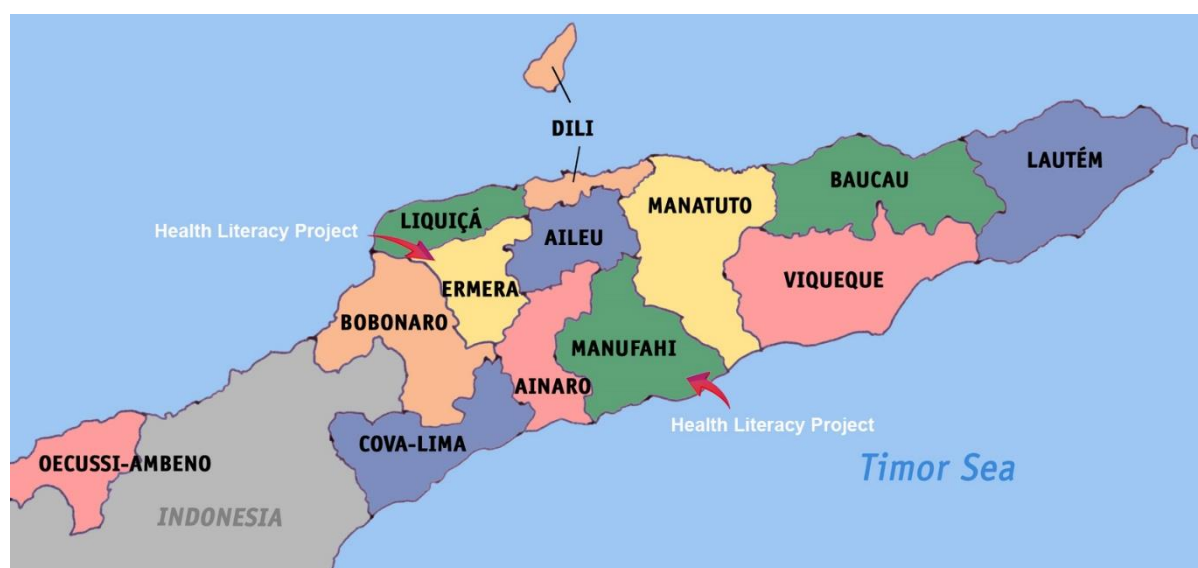
Ethos of Engagement Consultants (EoE) was commissioned to undertake the evaluation between November 2021 to March 2022. The evaluation team was headed by Dr Anne Stephens and Co-Lead Ms Cristina Freitas Benedek in Australia, and Ms Rita Pires, Mr Octávio Piedade and Ms Herminia Martins, field researchers in Timor-Leste.

Focus group and key informant interviews were conducted between 31 January and 18 February 2022 with a sample of 36 educators, parents, and school administrators, in the Ermera and Manufahi Municipalities.

Project Background

The transformative impact of education in promoting sustainable and community-led development is acknowledged in Timor-Leste's Strategic Development Plan 2011-2030, which aims to ensure all citizens have access to a "quality education that will allow them to participate in the economic, social and political development of [the] nation." Education and training are the keys to improving life opportunities for Timorese and enabling them to reach their full potential.

The HLP is one of three education projects managed by MMT focussed on providing quality education to children in the early years of learning, pre-school and years 1-4. The suite of projects provides teacher training, quality teaching resources and school infrastructure supports across the key learning areas health promotion, Tetun literacy and numeracy. The projects are implemented in Municipalities across Timor-Leste.



1

¹ Although the Multi-year design (2019-22) indicated the three Municipalities were target locations from FY19-20, to date the Health Literacy Project has reached two Municipalities, with Ermera commencing in FY21-22:

The Health Literacy Project (HLP)

The HLP was established in 2014 and implemented in Manufahi Municipality since 2018 and Ermera Municipality since 2021. The project was revised in 2017 to strengthen the sustainability of the project with the introduction of a health project coordinator and increased participation of its primary participant groups; teachers, students, community and parents. The aim of the project is to ensure that pre-school and primary school teachers have the skills and resources to deliver high-quality health education in the classroom. The project also seeks to ensure that students are learning in healthy school environments. The project also provides small grants to schools to enable students and teachers to apply knowledge of healthy lifestyles as learnt from the teachers' training.

Key Recommendations

The evaluators recommend the HLP be continued towards national-level replication. The evaluation team provide seven recommendations developed to address the purpose of the evaluation which is to provide specific, actionable, and practical recommendations for the next three-year phase of the HLP.

1. Equity and Inclusion

MMT consult with key disability advocacy groups and education experts to develop training resources, FBO upskilling and teacher guidance documents to support students with disability access to the curriculum, that is consistent with the learner-centred approach being taught and modeled to teachers.

The evaluation did not make reference, encounter or seek out the voices of parents, teachers and students who may identify as LGBTIQ. However, LGBTIQ people's aspirations and needs could be scoped for incorporation into the project in the future.

2. Teacher Monitoring and Mentoring by MMT's Field Based Officers

Teachers and administrators request the post-test results. These could be shared with teachers to demonstrate the range of change made over the year by both themselves and as a cohort of trainees.

Teacher post-test results may be included in the formal certification being developed by MMT with INFORDEPE, as proof of achievement, as well as course completion.

3. Small grants

Stagger grant funding by location taking into consideration the average household income of the school community, and other costs that urban regions do not have to absorb.

Remote and very remote communities are impacted by poverty and isolation at a greater rate than in urban settings – Municipal cities and the Capital, Dili. The parent communities are heavily burdened if the costs of construction and maintenance are born by the parent body. Given these are investments for many years, and beyond the three-to-four-year time frame of children enrolled today, shortfalls in the funding of critical infrastructure such as libraries, toilets and rubbish amenities, should be met by the Municipal MEYS and MMT.

The sustainability of building projects that are not integrated into essential infrastructure such as toilets to water supply may be placed at risk of malfunction, which undermines the overall objective of the HLP to improve the health of the whole-school environment.

We recommend MMT explore opportunities to formalise these obligations with government in their formal agreements.

MMT should look to partner with other donor agencies and government to advocate for and support the funding of water infrastructure for all participating schools and/or encourage school communities to establish partnerships with NGOs like Permatil or WaterAid. A partnership with Permatil for example is recommended to establish school gardening, and promotes the nutrition program. The school garden program has been implemented in some school by MEYS. The presence of a supporting NGO for critical school-based infrastructure may then be a criterion of assessment of grant applications.

4. Community events

MMT review the number of HLP community events staged and managed. Review the role of the 'health champion' within the community. Review the successes of the HLP supporting the COVID19 outbreak and how the HLP will be used to reduce and prevent other communicable disease transmission including dengue fever.

Continue to strengthen MMTs Executive and Senior Level relationships with Executive and Senior level MEYS, MoH, INFORDEPE and other government personnel. Utilise and support INFORDEPE's coordination role of donor agencies for collaboration opportunities and to ensure inter-project complementarity.

5. Teachers' Communities of Practice (CoP)

Within Municipalities, MMT could establish a Teacher Community of Practice (CoP), that once established, is self-autonomous and driven by teachers themselves. This is to help resolve the issue that sharing of resources to teachers who did not attend the training is less likely to be effective without providing ongoing pedagogical advice, mentoring and support. One-off sessions will not effect change but may stimulate interest to learn more.

The COPs provide informal supplementary training and refresher training in a peer-to-peer format. MMT might supply COPs with guidance on its purpose. The COPs will reinforce the learning from the training beyond schools' year-long association with MMT through the FBOs.

6. Teacher training

Teachers suggest that MMT redesign the training timeline to be offered during the school holidays or maybe 1 or 2 weeks before the school start. This is to enable teachers to fully concentrate on the training over the course of a week, instead of during the school time. The recommendation is the MMT scope the timing of training with Municipal MEYS and INFORDEPE, prior to the implementation of the program in a new Municipality.

7. MMT Monitoring and Reporting

The evaluators recommend a tightening of reporting processes and attention to report detail including ensuring project reports update, rather than reproduce, the report from the previous period.

The monitoring indicators might also include key school data metrics including school attendance, child nutrition data, literacy and numeracy outcomes, and child behaviour data recorded by schools, as another set of measures of student change over time. These would not substitute for the current sets of indicators and measures collected, but may present a pattern indicating the influence of the project is having during the year-long implementation.

The recommendation is for MMT to scope with MEYS, INFORDEPE and MoH partners permission to receive data sets on particular student cohorts.