



USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY: TIMOR-LESTE ACTIVITY ANNUAL PROGRESS REPORT

October 1, 2020 – September 30, 2021

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

October 2021

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Local Health System Sustainability Project

The Local Health System Sustainability Project under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries to transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS





AMELP	Activity Monitoring, Evaluation, and Learning Plan
ANC	Antenatal Care
ARPA	American Rescue Plan Act
AYRH	Adolescents and Youth Reproductive Health
CDAP	Capacity development action plan
CHW	Community Health Workers
COP	Chief of Party
CSO	Civil Society Organization
DACA	Data Analysis Capacity Assessment
DG	Director General
DHIS2	District Health Information Software 2
DHS	Demographic and Health Survey
FONGTIL	Forum Organizasaun Naun Governental Timor-Leste (Timor-Leste Non-Government Organization Forum)
GASC	Gabinete de Apoioa Sociedade Civil (Civil Society Support Unit)
GCA	Governance Capacity Assessment
GESI	Gender Equality and Social Inclusion
GHED	Global Health Expenditure Database
GOTL	Government of Timor-Leste
HISP	Health Information System Programme
HMIS	Health Management Information System
HRIS	Human Resource Information System
INS	Instituto Nacional De Saúde (National Institute for Health)
MEL	Monitoring, Evaluation, and Learning
MOH	Ministry of Health
NHA	National Health Accounts
PAR	Participatory Action Research
PEA	Political Economy Analysis
SBC	Social and Behavior Change
SO	Sub-Objective
TLFNS	Timor-Leste Food and Nutrition Survey
TMIS	Training Management Information System
TRG	Training Resources Group

USAID
WHO

United States Agency for International Development
World Health Organization

I. TIMOR-LESTE OVERVIEW

<p>Status</p> <p>The Local Health System Sustainability Project Timor-Leste Activity, which is known in country as the USAID Health System Sustainability Activity, completed key reports that will inform future work, including a summary review of priority health behaviors in Timor-Leste; a gender, equality, and social inclusion (GESI) strategy and action plan; and a report that maps civil society and community health worker engagement and recommends actions to increase their awareness of health services.</p>	
Problem Statement	The government of Timor-Leste (GOTL) faces multiple challenges that restrict its ability to govern, finance and deliver quality, affordable, and essential health services effectively, transparently, and sustainably.
Purpose	Support the GOTL in its efforts to finance and deliver quality, affordable, and essential services effectively, transparently, and sustainably. The Activity will help Timor-Leste build a more resilient and self-reliant health system that is well-governed, accountable, efficient, effective, and responsive, and adaptable to public needs in both crisis and non-crisis contexts.
Interventions	<ul style="list-style-type: none"> • Objective 1 interventions will strengthen health sector governance. • Objective 2 interventions will strengthen health workforce management. • Objective 3 interventions will improve healthy behaviors. • Objective 4 interventions will improve civic engagement and advocacy for health system strengthening.
Planned Deliverables	<p>Objective 1</p> <ul style="list-style-type: none"> • Capacity development action plan (CDAP) • Political Economy Analysis (PEA) report • Data analysis capacity assessment (DACA) • Landscape analysis of health financing in Timor-Leste <p>Objective 2</p> <ul style="list-style-type: none"> • Evaluation of rural incentive schemes and other options to bolster the rural health workforce • Improvements to the training management information system (TMIS) and human resource information system (HRIS), to strengthen the ability of managers to use the data for decision-making • Health workforce training strategy and implementation plan <p>Objective 3</p> <ul style="list-style-type: none"> • Strategies developed around increasing user awareness and uptake of priority health products and services at the district level • Summary review of Timor-Leste qualitative and quantitative research on priority behaviors • Selection of local partners for grants component <p>Objective 4</p> <ul style="list-style-type: none"> • Report on recommendations for mechanisms that increase civil society organization (CSO) and community health worker awareness of citizens' rights to health services • Completed policy review shared with the ministry of health (MOH) with recommendations on how to implement mechanisms for more-inclusive health policy
Consortium Partners	<ul style="list-style-type: none"> • Abt Associates, Training Resources Group (TRG), Health Information System Programme (HISP), Save the Children, and Banyan Global

Contribution to Task Order Objectives			
 Objective 1: Increased financial protection	 Objective 2: Increased population coverage	 Objective 3: Increased service coverage of quality essential services	 Cross-cutting: Strengthened community voice, institutional capacity, and collaboration
Sub-objective (SO) 1.1.1: Increased government budget allocation for health SO 1.3: Improved resource allocation		SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions SO X.2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight SO X.3: Strengthened collaboration between public sector, private sector, and civil society	

I.1 TIMOR-LESTE CURRENT AND CUMULATIVE PROGRESS

I.1.1 WORK PLAN

The Activity’s FY21 (Year 1) work plan was approved on December 22, 2020. The team submitted the draft work plan for FY22 (Year 2) on August 31, 2021.

I.1.2 DELIVERABLES

Objective 1: Strengthen health sector governance

- Political economy analysis (PEA), data analysis capacity assessment (DACA), and capacity development action plan (CDAP)
 - **Progress:** From January to June, the Activity team wrote terms of reference for the PEA, DACA, and CDAP, successfully solicited in-country buy-in from key stakeholders within the GOTL on the value of these reports, and began collecting secondary data for the DACA. From July through September, the Ministry of Health worked with the Activity’s chief of party (COP) to jointly outline a detailed plan for how the assessments associated with the PEA, DACA, and CDAP will be executed. For example, for the DACA, the head of the HMIS Department assigned a point of contact to the Activity team to help conduct the assessment. This focal point shared necessary documentation, and provided the team access to the Timor-Leste Health Information System.
 - **Problems encountered:** Timor-Leste has been in a national state of emergency since June 30, 2021. While the team has carried out a portion of data collection virtually, virtual meetings and data collection have made it more difficult and time-consuming to obtain the necessary

concurrency and documentation. Activity team members were personally affected by COVID-19, and the Activity had staffing changes; all of this created temporary implementation delays. The Activity received approval from USAID/Timor-Leste to continue these deliverables into USAID's fiscal year 2022 (FY22), and as such has included them in the Activity's FY22 work plan. The team is mobilizing additional personnel to accelerate implementation.

- **Activities to be undertaken during the following quarter:** The team will collect data (remotely and in-person) and draft the PEA, the DACA, and the governance capacity assessment that will inform the CDAP.
- Landscape analysis of health financing in Timor-Leste
 - **Progress:** In Q2 and Q3 (January to June), the Activity conducted a desk review of the health financing diagnostics reports and National Health Financing Strategies. In Q4 (July to September), the MOH with the Activity identified key health financing issues for the landscape analysis to address, including purchasing functions, public financial management, budgeting, and performance-based incentives. The director general of corporate services shared the MOH's vision on health financing with the Activity team to inform the design of the landscape analysis.
 - **Problems encountered:** The director general of corporate services and all key directorates of the MOH have been assigned COVID-19 responsibilities to increase vaccine uptake, making them less available to collaborate on the health financing landscape analysis.
 - **Activities to be undertaken during the following quarter:** The Activity team will complete the landscape analysis by the end of December 2021.

Objective 2: Strengthen health sector workforce management

- Evaluation of rural incentive schemes and other options to bolster the rural health workforce
 - **Progress:** The Activity team completed the evaluation of rural incentive schemes, including a desk review of current government incentives for rural health workers. The document is under review with USAID Timor-Leste.
 - **Activities to be undertaken during the following quarter:** The Activity team will finalize the report based on USAID's comments, and discuss implementation of the recommendations with the MoH by the end of Q1.
- Improved TMIS and HRIS and strengthened ability of managers to use the data for decision-making
 - **Progress:** In Q4 (July - September), the Activity team completed the TMIS assessment for the Instituto Nacional De Saúde's (INS; National Institute for Health) and the MOH's HRIS assessment. To gather the data for these, the Activity conducted a survey of forced-choice and open-ended questions about TMIS and HRIS availability and the functionality of the information communication technology infrastructure; strategies in managing human resources for health (HRH) information; current practices in data collection, reporting, and use for decision-making; and sustainability. The information collected will help the GOTL improve the HRIS and the TMIS, strengthen decision makers' ability to use the data from these two systems for decision-making, and – when institutionalized – will serve as the authoritative source of health workforce information including training and professional development.
 - **Activities to be undertaken during the following quarter:** The Activity team will collaborate with the MOH to implement recommendations the team has identified from the assessments.

- Health workforce training strategy and implementation plan
 - **Progress:** In Q4 (July–September), the Activity team mapped the existing training policies and practices, and other training-related documents in the health sector. The team drafted a report for INS approval before submitting it to USAID Timor-Leste. The INS invited the Activity team to the launch of their Institutional Capacity Assessment findings.
 - **Activities to be undertaken during the following quarter:** The health workforce training strategy and implementation plan will now be developed in FY22 and have been included in the FY22 (Year 2) work plan.

Objective 3: Improve healthy behaviors

- Summary review of Timor-Leste qualitative and quantitative research on priority behaviors
 - **Progress:** The Activity team submitted the summary review to USAID Timor-Leste on August 31, 2021. The summary provides an overview of social and behavior change (SBC) interventions across Timor-Leste municipalities, target groups, and organizations, and actions to strengthen the ability of CSOs and GOTL to implement, monitor, and evaluate SBC interventions.
 - **Activities to be undertaken during the following quarter:** The Activity team will use this report to inform its participatory action research (PAR), explained more under the next deliverable.
- Strategies developed around increasing user awareness and uptake of priority health products and services at the municipality level
 - **Progress:** During Q2 and Q3 (January - June), the MOH agreed to develop these strategies with the Activity through their Health Promotion Working Group, which is not currently active. To help reactivate the group, in Q4 (July - September) the Activity drafted terms of reference for the group to support their relaunch. In agreement with the MOH and USAID Timor-Leste, the Activity team will continue this work into FY2022 and conduct the PAR as a tool to inform the MOH and Activity during the strategy development. The objective of the PAR is to understand opportunities to increase uptake of healthy behaviors, and motivations of target audiences and their barriers to adopting identified behaviors.
 - **Activities to be undertaken during the following quarter:** The Activity team will conduct the PAR, review findings with the INS and MOH through validation and finalization workshops, develop terms of reference to reactivate the Health Promotion Working Group, and work with the MOH to develop an SBC Strategy in FY22 of the Activity.
- Selection of local partners for grants component
 - **Progress:** The Activity team developed criteria it will use to select CSOs to receive grants as a mechanism to expand the CSOs' ability to design and implement SBC plans effectively. The team discussed these criteria with the MOH Policy and Planning Cabinet and Health Promotion Unit, both of which will be involved in finalizing them.
 - **Activities to be undertaken during the following quarter:** As agreed with USAID/Timor-Leste, the Request for Applications will be finalized in the first quarter of FY22 (October– December, 2021).

Objective 4: Improve civic engagement and advocacy for health system strengthening

- Report on recommendations for mechanisms that increase CSO and community health worker (CHW) awareness of services
 - **Progress:** The Activity team submitted this report to USAID on September 30, 2021. The report reflects the information gathered through technical discussions with key stakeholders and data collected from health-focused CSOs in Timor-Leste.
 - **Problems encountered:** The COVID-19 state of emergency is in force, and travel restrictions are in place to municipalities including Dili, Ermera, and Oecussi. The government also imposed general mandatory confinement on the population of the municipality of Dili from August 27 to September 9, 2021. These measures have made it challenging for the Activity team to obtain information and strategic documents from health-focused CSOs at the municipality level, as most of them do not have regular access to their emails, or they have changed their contact details. To mitigate this, the Activity team reached out to well-established Dili-based CSOs, such as HIAM Health and the Aloia Foundation, to get the contact details of the health-focused CSOs in municipalities. The team and health-focused CSOs agreed to notify each other of any changes in contacts and structures in the future.
 - **Activities to be undertaken during the following quarter:** The Activity team will engage the civil society umbrella organization, Forum Organizaçao Naun Governamental Timor-Leste (FONGTIL; Timor-Leste Non-Government Organization Forum), the Civil Society Support Office of the Office of the Prime Minister (Gabinete de Apoio a Sociedade Civil, GASC), health-focused CSOs, and other collaborating partners to co-implement the FY22 work plan, which has been developed based on information contributed by key partners. The team will link its American Rescue Plan Act (ARPA)-funded COVID-19 response activity to the mapping of health CSOs by using this deliverable to identify and engage health-focused CSOs involved in the COVID-19 response.
- Completed policy review shared with MOH, with recommendations on how to implement mechanisms for more-inclusive health policy
 - **Progress:** The Activity team identified the existing mechanisms that promote engagement between CSOs and the MOH. It has prepared an outline to review the inclusiveness of those practices. The team has engaged the MOH's Directorate of Policy and Planning and FONGTIL's Quarterly Forum on Health CSOs in Timor-Leste about this review.
 - **Activities to be undertaken during the following quarter:** In agreement with USAID/Timor-Leste, the Activity will complete this in the first half of FY22.

1.1.3 SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

To ensure local buy-in, participation, sustainability, and ownership of the Activity's interventions, the Activity team coordinated with major government stakeholders and received support for its plan to create a CDAP (under Objective I), starting with a series of baseline assessments (PEA, DACA, and the governance capacity assessment). The team secured buy-in from the director general of corporate services and the director general of policy, planning, and coordination to designate daily focal points who will co-implement the assessment, validate results, and co-draft the plan with the team. See Objective I for more details on the baseline assessment that will inform the plan.

The Activity has been focusing on co-developing and co-implementing its interventions from the start. For example, the Activity has been working closely with the HMIS department on the DACA. Under the CSO engagement work, the Activity team has developed relationships with FONGTIL, GASC, and health-focused CSOs to understand their priorities and align future interventions with their ongoing work. As a

result of this co-design, co-implementation, and co-evaluation across objectives, the Activity is promoting local ownership of the work, capacity development, and sustainability of the Activity's progress.

1.1.4 GESI PROGRESS

In Q4, the GESI specialist conducted consultations with key stakeholders (25 consultations in total including with CSOs, the MOH, and other relevant ministry stakeholders), and prepared and completed a draft of the GESI analysis and action plan for validation with the rest of the Activity team. This report identifies key issues, such as minimal capacity at the MOH to collect, interpret, and use sex-disaggregated data, pervasive gender-based violence but lack of health worker competencies to appropriately respond, the need to incorporate male engagement strategies into SBC activities, and challenges with inclusive language and coordination in the health sector among CSOs focused on GESI topics. In response to the findings of the GESI analysis, an action plan suggests potential tasks such as developing an orientation on GESI and data disaggregation for the MOH, improving health worker competencies on prioritized health and GESI topics such as gender-based violence and family planning, increasing cooperation with GESI stakeholders in civil society, and addressing gendered health workforce recruitment and retention strategies to increase equity and social inclusion in future years of the Activity. The GESI analysis team will coordinate with the other Activity assessment teams, particularly the governance capacity assessment. Following the analysis, partner Banyan Global will lead action planning and a training for staff on key GESI analysis findings in FY22.

1.1.5 PROGRESS ON PERFORMANCE INDICATORS

In FY2021 the Activity developed the Activity Monitoring, Evaluation, and Learning Plan (AMELP) and submitted it to USAID on November 10, 2020, accompanying the work plan. USAID provided comments and preliminary approval of the AMELP on February 6, 2021. In Q2 and Q3 (March through May 2021), the Activity finalized the AMELP; it submitted an updated, final version to USAID/Timor-Leste on June 9, 2021. USAID approved the updated plan on August 7, 2021.

The essential Monitoring, Evaluation, and Learning (MEL) activities conducted during FY 2021 included:

- Defined targets for the MEL indicators. These targets will be included in the revised AMELP that will be submitted to the mission for approval in the first quarter of FY 2022.
- Developed tracking tables of MEL indicator data flow to support data collection, analysis, management, and reporting.
- The Activity MEL and Technical team received training on the Development Information Solution from USAID/Timor-Leste on August 6, 2021. USAID also provided Development Information Solution accounts to the MEL team for future inputting of data into the system. However, due to current issues with the system, the MEL team are not yet allowed to begin data entry.

While the project made progress toward deliverables (as outlined elsewhere in this report), this progress has not yet resulted in changes to indicators, as outlined in Annex I.

1.1.6 LESSONS LEARNED AND BEST PRACTICES

- ***The Activity is one of the first health projects in Timor-Leste to focus on health system strengthening rather than health service delivery. For this reason, some of our partners need more sensitization than originally planned on our systems thinking approach and emphasis on capacity development and sustainability.*** To improve communication and clarify expectations, the Activity will develop frequently asked questions on its approach; these will include types of interventions that the Activity can support and service delivery interventions it cannot support, and why. To supplement this, the Activity will develop an internal communication strategy. These will

strengthen our team’s ability to communicate messaging clearly and consistently on our systems approach.

- **Verifying all information received from partners that will inform our work is critical to maintaining the Activity’s effectiveness and credibility.** At the start of the Activity, the team received key information about CSOs in the health sector and their participation in advocacy to strengthen the sector. Upon further investigation and validation with partners, it became evident that some of the **information** was either inaccurate or outdated. For example, the team initially received information that there was a network of NGOs working in the health sector; however, the team later learned that the network has not yet been established.
- **Relationship building must be approached with care and diligence and is essential to ensure the Activity’s interventions are sustainable.** The Activity experienced this first-hand in its work facilitating communication and collaboration with and between FONGTIL and GASC. For example, when the Activity first attempted to work with health-focused CSOs, they were hesitant to engage with the Activity; however, after engaging with FONGTIL and GASC, the CSOs were more willing to engage with the Activity, highlighting FONGTIL’s influence. Additionally, the Activity has learned that the MOH viewed FONGTIL’s work on monitoring the health sector and COVID-19 with skepticism and that there is no formal engagement mechanism between CSOs and the MOH. To begin fostering more **trust** between the MOH and FONGTIL, the Activity involved FONGTIL in the Activity launch and provided an opportunity for the FONGTIL director to comment on the importance of the role of the MOH and close collaboration between the MOH and CSOs to strengthen the health system. By taking the necessary time to understand the CSOs-FONGTIL and FONGTIL-MOH relationships, the Activity was able to identify areas of improvement from both sides, such as strategic planning, and evidence-based advocacy, and project design and management. As a result the Activity will focus on building these skills in Year 2, as detailed in Task 4.1.2.
- **The Activity’s systems-thinking approach helps distinguish the team as a trusted partner of the MOH.** For example, after demonstrating that its objectives and interventions align with the MOH’s strategic goals and demonstrating its approach of coworking with the Health Promotion Department, the Activity proved itself to be a reliable partner for the government. As a result, the head of the health promotion department asked the Activity to support the updating and revision of a terms of reference to reactivate its Health Promotion Working Group, which has been inactive since early March 2020, and then **present** its SBC work to the group once reactivated. To continue to build on this lesson, the Activity will identify additional ways to sensitize local partners to our approach, including by creating a frequently asked questions document, as described under the first bullet in this section.

1.1.7 MANAGEMENT AND STAFFING

In Q4, the team filled critical positions including a new health governance and finance lead, a data specialist, and a project communications coordinator. The Activity recruited and onboarded a new COP, Bhavesh Jain, who arrived in Timor-Leste on June 16, 2021. Mr. Jain was previously the health governance and finance lead. The SBC lead has resigned from the position and new candidates are in process of recruitment. The Activity is in the process of recruiting additional full-time positions, such as a COVID-19 response lead and a grants manager.

1.1.8 UPCOMING EVENTS

- Training on *digitalization* of tools for data collection for MOH staff in the monitoring and evaluation and HMIS departments (October–December 2021)
- *Validation* workshop on the PAR (October–December 2021)

- *Health-focused CSOs engagement meeting (October–December 2021)*

1.1.9 SUCCESS STORIES

- The Activity held a COVID-19 public announcement session on September 13, 2021. The Minister of Health spoke and emphasized that the GOTL welcomes the Activity’s assistance as it responds to the pandemic.
- Key government partners, CSOs, and donors are engaged in and supportive of the Activity. The government and CSOs are aware of the importance of our work and have agreed to collaborate to strengthen the health system. FONGTIL and GASC invited the Activity to participate in their Forum Dialogue and Annual Retreat between CSOs and the government. FONGTIL also invited the Activity to observe their sectorial dialogue, to inform future interventions. As a result of this, the Activity is now able to finalize the CSO engagement mechanisms report and will also have the opportunity to present findings and recommendations in the first meeting to establish the Alliance of CSOs working in the health sector.

Annex I: Performance Indicator Tracking Table

No	Indicator ^a	Type ^b	Baseline	Annual Target	Achieved Q4	Annual Achieved (Cumulative)	Percent Achieved (Achieved/Target)	Data Source/ Collection Method	Comments
Purpose: To help the GOTL to effectively and sustainably govern, finance, and deliver quality, affordable, essential health services while being responsive and accountable to users and an engaged civil society									
1.	C1. Domestic general government health expenditure (% of current health expenditure)	Ip	61 (2018)	NA	NA	Not available	NA	World Health Organization (WHO) Global Health Expenditure Database (GHED)/National Health Accounts (NHA)	The WHO GHED/NHA database is not up to date. The last update was in 2018 therefore no data to report in Fiscal Year 2021.
2	C2. Prevalence of stunting among children under five years (%)	Ip	47 (2020)	NA	NA	Not available	NA	Timor-Leste Food and Nutrition Survey (TLFNS) and Demographic and Health Survey (DHS)	The TLFNS and DHSs are conducted every five years. These surveys are not conducted in 2021; therefore, no data to be reported.
3	C3. Number of GESI-responsive policies identified and adopted toward improving health workforce distribution, and understanding the perspectives and needs of health clients and workers	Oc	0	NA	NA	0	0	Activity records; GOTL records	The Activity finalized the GESI analysis and action plan in Q4.
Objective 1. Strengthened health sector governance									
4	I. Percentage of USG-assisted organizations with improved performance, with emphasis on capacity of HMIS and monitoring and evaluation staff in using the District Health Information Software 2 (DHIS2) (%)	Oc	0	TBD	0	0	0	Activity assessment	The baseline DACA is still ongoing. The technical activity will be implemented after the assessment has concluded. The Baseline timeline will be finalized by end of April 2022.

No	Indicator ^a	Type ^b	Baseline	Annual Target	Achieved Q4	Annual Achieved (Cumulative)	Percent Achieved (Achieved/Target)	Data Source/ Collection Method	Comments
SO 1.1: Enhanced MOH institutional capacity to interpret, generate, and use quality health data to inform policy processes									
5	2. Number of products/briefs from working group being used and/or disseminated for decision-making	Op	0	TBD	0	0	0	Activity records; GOTL records	In Fiscal Year 2021, the Activity worked with the MOH to align Activity plans and draft terms of reference for a technical working group. The progress is ongoing, and once it is finalized and under implementation, there will be regular working group meetings where briefings or minutes will be produced.
SO 1.2: Strengthened GOTL capacity to regularly produce and use health financing data for decision-making									
6	3. Number of meetings of steering committee to oversee generation and use of health expenditure data	Op	0	TBD	0	0	0	Activity records	This is the same as SO1.1. Once the terms of reference are finalized and under implementation, there will be regular Technical Working Group meetings.
SO 1.3: Improved resource optimization and health financing at the national and sub-national levels through improved data, more-efficient budgeting processes, and more evidence-based advocacy									
7	4. Percentage increase in MOH budget execution (%)	Oc	TBD	TBD	0	0	0	GOTL records	We will be able to provide information on this indicator once we have completed the health financing landscape analysis and other key assessments. Implementation of the results of the other assessments will allow us to measure the increase in budget execution. The baseline timeline will be finalized by end of December 2021
SO 1.4: Improved MOH strategic management and institutionalization for capacity development									
8	5. Number of joint actions/processes implemented by MOH and Ministry of Finance	Op	0	TBD	0	0	0	Activity records; GOTL records	Again, the idea of the number actions to be implemented by the MOH and ministry of finance will depend on the

No	Indicator ^a	Type ^b	Baseline	Annual Target	Achieved Q4	Annual Achieved (Cumulative)	Percent Achieved (Achieved/Target)	Data Source/ Collection Method	Comments
									results of the assessments, and actions agreed by both ministries.
Objective 2. Strengthened health workforce management									
SO 2.1: Improved GOTL capacity and systems to recruit and retain a qualified and competent health workforce, and allocate that workforce more equitably across the country									
9	6. Percentage of staff positions filled to deliver the Essential Services Package 2019 standard (%)	Op	TBD	TBD	0	0	0	GOTL records	First year focus was on the assessment of the existing system including developing a desk review for rural retention. The Baseline timeline will be finalized by end of in December 2021.
SO 2.2: Improved regulatory and quality systems through improved workforce competencies and institutionalization of new/revised standards									
10	7. Number of operational units adopting improved health cadre competencies and standards	Op	TBD	TBD	0	0	0	Activity records	Health competencies have not been developed. There are two oversight councils that need to be established as a prerequisite for the development of the competency standards (Health Professional Council and National Health Council). The baseline timeline will be finalized in December 2021
SO 2.3: Improved training and professional development opportunities for human resources for health (HRH)									
11	8. Number of health workforce training priorities identified and agreed by working group (with INS)	Op	0	TBD	0	0	0	Activity records	The focus this year was to establish groundwork for the development of a training strategy. COVID-19 related training has been the top priority for 2021.
SO 2.4: Strengthened HRH information systems and health workforce managers' capacity to use human resources data for decision-making									
12	9. Percentage of targeted health workforce managers that use	Oc	TBD	TBD	0	0	0	Activity records	The HRIS is newly launched in 2021. User training was just completed. MOH is still

No	Indicator ^a	Type ^b	Baseline	Annual Target	Achieved Q4	Annual Achieved (Cumulative)	Percent Achieved (Achieved/Target)	Data Source/ Collection Method	Comments
	accurate HRIS data in routine reporting or review meetings (%)								running both paper-based data and HRIS. An assessment of the system was performed, and a report prepared. The baseline timeline will be finalized by the end of December 2021.
Objective 3. Improved healthy behaviors									
SO 3.1: Increased community adoption of healthy behaviors including the influence of underpinning social norms									
13	10. Baseline established for priority health behaviors (health-seeking behavior for family planning, antenatal care (ANC), immunization, and nutrition) and for CSO capacity to promote these behaviors	Op	0	1	0	0	0	Activity records	The Activity is still developing the terms of reference for the assessment, which will be conducted in the first quarter of FY2022 (October – December 2021).
14	11. Health facility utilization rate by types of priority health issues (family planning, ANC, and nutrition)	Oc	0	TBD	0	0	0	HMIS	The development of requests for proposals for grants is ongoing. Grants will be awarded to local organizations to implement interventions that improve community behaviors in family planning, ANC, and immunization.
Objective 4. Improved civic engagement and advocacy for health system strengthening									
SO 4.1: Increased engagement of civil society in priority-setting, monitoring, and accountability for priority health products and services									
15	12. Percentage of health planning and management committees documenting voices of civil society members in decision-making (%)	Oc	0	TBD	0	0	0	Supervisory visit reports	In FY21, the supervisory visits to health planning and management committees were not started. This intervention will carry over to FY2022.
16	13. Number of information exchanges between the MOH and	Oc	0	TBD	0	0	0	Activity records; GOTL records	In Fiscal Year 2021 the Activity hasn't implemented

No	Indicator ^a	Type ^b	Baseline	Annual Target	Achieved Q4	Annual Achieved (Cumulative)	Percent Achieved (Achieved/Target)	Data Source/ Collection Method	Comments
	civil society to promote accurate information and accountability								the intervention on the information exchanges between the MOH and civil society. The Activity was focused on relationship-building between the MOH and civil society for implementation of the activities.
SO 4.2: Increased key GOTL stakeholder understanding of the perspectives and needs of both their clients and health workers who provide services									
17	14. Number of more-inclusive policies identified or adopted	Op	0	TBD	0	0	0	Activity records; GOTL records	FY21 implementation of the interventions was delayed. The PEA will be completed in FY22. The PEA will identify policies that the MOH and stakeholders need to adopt.

Note: Impact (Ip), Outcome (Oc), Output (Op) level indicators.