LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems to support access to 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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USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE
Activity Lead: Bhavesh Jain, Chief of Party
Period of Performance: FY22 Activity Year (AY) 2 Q2 (January–March 2022)

The USAID Health System Sustainability Activity in Timor-Leste is a four-year, $16.4 million activity that is strengthening health sector governance, enhancing health sector workforce management, improving healthy behaviors, and strengthening advocacy and civic engagement in the health sector. The Activity, which started on October 1, 2020 and will end in September 2024, is part of the global Local Health System Sustainability (LHSS) project, a global task order that works to strengthen health systems as a means to achieve universal health coverage and improve population health and well-being.

TOP HIGHLIGHTS OF THIS QUARTER

• Based on recommendations of the health financing landscape analysis the Activity submitted this quarter, the Ministry of Health (MoH) is working with the team to establish a Health Financing TWG to strengthen decision-making and improve resource optimization. This effort, and that of the health promotion working group described below, will strengthen institutional effectiveness and government officials’ technical capacities to better perform their jobs.

• With support from the Activity, the MoH revitalized its Health Promotion technical working group (TWG). The TWG will facilitate coordination between the MoH and its key partners (development partners, implementing partners, and CSOs) to improve healthy behaviors and promote inclusive reproductive, maternal, newborn, child, adolescent health plus nutrition (RMNCAH+N) and beyond.

• About 80 representatives from 30 CSOs attended two workshops, where findings and recommendations from the Activity’s 2021 review of social and behavior change (SBC) interventions in Timor-Leste was disseminated.

• FONGTIL (Timor-Leste NGO Forum) co-implemented a learning session with the Activity to improve civil society organizations’ (CSOs’) knowledge about the health system and the role CSOs can play in health system strengthening.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen health governance and financing

The USAID Activity continued to closely collaborate with the MoH on interventions to build a robust health system. The MoH’s commitment to this joint goal is evident from its efforts to put in place governance and accountability mechanisms, especially for interventions that directly address the priority areas identified in the National Health Sector Strategic Plan II 2020–2030. To advance the joint effort, the MoH issued an official letter of approval for the terms of reference (ToR) of the Health Financing TWG. The Cabinet of Policy, Planning, and Cooperation at the MoH also signed and distributed a notification, instructing MoH units to participate in the assessments being conducted by the Activity.
A major achievement this quarter was the formation of the TWG to support the Government of Timor-Leste’s decisions on health financing. This success has come through several rounds of meetings with key MoH officials to build an appreciation for why a TWG is needed and to finalize its structure. The Cabinet of Policy, Planning, and Cooperation leads the TWG and the Director-General of Corporate Services, Director of Budget and Financial Management, and Director of Human Resources provide technical guidance, decision-making support, and endorsement of plans. The Activity will continue to provide support for conducting regular meetings of the TWG and coordinate with other stakeholders to establish appropriate linkages. The creation of the Health Financing TWG came out of the Activity’s health financing landscape analysis, which was finalized and submitted to the Ministry and to USAID.

Increasing the government’s capacity for data generation to inform health policy and programming is another important area of work for the Activity. To this end, the Activity team trained staff from the Servico Autonomo de Medicamentos e Equipamentos de Saude (SAMES) on using the data collection tool KoBoToolbox to capture quantitative and qualitative data from surveys and interviews. The team also conducted interviews to assess data analysis capacity. The assessment’s aim is to improve the quality and use of data by the MoH for evidence-based planning, including allocation of resources to improve the quality of health services. This quarter the team completed data collection for program managers and health information officers from community health centers (CHCs), municipalities, and national level. Further interviews in Q3 will cover data flow and data use mapping, data quality, governance, interoperability, and data use and analysis.

The Activity also agreed with USAID to shift the political economy analysis (PEA) so that it could consider this year’s national elections. As a result, the PEA will assess the respective strengths of the prevailing political and economic processes that favor or restrain health sector reform and strengthening both before and after elections. Interviews with key stakeholders are underway and data collection and analysis are expected to complete by the end of Q3.

The team also made headway on the institutional capacity assessment, which will be shared with the MoH to jointly create the Ministry’s Capacity Development Action Plan. The Activity finalized tools for the assessment and completed 30 interviews with various units of the MoH. A workshop sharing results of the assessment with the Ministry for validation will occur in early Q3.

Objective 2: Strengthen health sector workforce management

The National Directorate of Human Resources (NDHR) and the Activity collaboratively drafted performance management policy and tools for health workers, which the Activity presented to the MoH’s technical team. The policy and processes will support improvement of health workforce management at the municipal level. To ensure ownership and sustainability of the tools, the MoH established a technical team to develop performance evaluation mechanisms. The Director of Quality Cabinet, chief of departments from NDHR, national directors at the central service level, and selected health professionals will lead technical discussions on the performance management policy and tools to ensure that the performance management indicators being developed cater to all health professional categories.

The Activity participated in a development partners’ meeting NDHR organized to discuss the MoH’s human resources for health (HRH) priorities. A key outcome of the meeting was that the Activity will help develop HR manuals (to be used by NDHR in managing MoH’s human resources) and job descriptions for primary healthcare level positions (to help the MoH in recruitment and retention of health professionals in rural areas). The HR manuals will help
managers of health facilities to manage the staff and their performance. The Activity is drafting job descriptions and recruitment manuals in consultation with the MoH’s technical team.

Outside of the Activity’s workplan, the Activity also responded to a request from NDHR to develop tools and templates to verify overtime payment requests that the Director of HR is currently making to staff.

**Objective 3: Strengthen existing community health systems to improve healthy behaviors**

With support from the Activity, the MoH revitalized the Health Promotion TWG. The MoH approved the TWG’s team composition and its terms of reference. The TWG will facilitate coordination between the MoH and its key partners (development partners, implementing partners, and CSOs) to improve healthy behaviors and promote inclusive reproductive, maternal, newborn, child, adolescent health plus nutrition (RMNCAH+N) and other health areas. The Activity supported the Health Promotion TWG in conducting a two-day consultative workshop with TWG members, MoH staff, and key partners to develop a human-centered design approach for the Social and Behavior Change (SBC) National Action Plan for inclusive RMNCAH+N in Timor-Leste.

The Activity also organized two workshops to disseminate the key findings and recommendations from its 2021 review of SBC interventions in Timor-Leste. A total of 79 participants from 30 CSOs took part in the workshop.

Finally, the Activity received ethical clearance from the National Institute of Health on the protocol to conduct formative research to investigate community perspectives on SBC interventions. The Activity completed focus group discussions with four MoH directorates and key informant interviews with UN agencies and other international organizations.

**Objective 4: Improve civic engagement**

The Activity and FONGTIL co-implemented a health system workshop for 20 CSOs to raise CSO awareness of health system building blocks, Timor-Leste’s health system, and how CSOs can support health system strengthening through evidence-based advocacy. The Activity also provided technical support to and held consultations with CSOs to finalize the terms of reference for the Health Advocacy Network of Timor-Leste (REBAS-TL), expected to launch in May 2022.

The Activity maintained a strong working relationship with the MoH’s Department of Partnership and Cooperation and discussed with it the need to engage CSOs in health system strengthening. At the request of the MoH, the Activity also reviewed and provided technical inputs on the ‘Health Sector Partnership and Cooperation Procedure’ manual. The manual serves as a strategic document for the MoH’s partnership with Timor-Leste’s health CSOs to strengthen the health system.

The Activity also developed a policy brief on the imperatives for increasing engagement between the government and the health CSOs in Timor-Leste. The Activity will share the brief with the MoH’s Partnership and Cooperation Department and CSOs in Q3.
PROGRESS IN REMOVING GENDER-RELATED CONSTRAINTS AND THE OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

In FY21, the Activity finalized a gender equality and social inclusion (GESI) action plan for use across all its workplan objectives. The GESI action plan provides specific and achievable recommendations for the team to mainstream GESI across its interventions. In FY22, the team began prioritizing and integrating the GESI recommendations into its ongoing work. In the Activity’s engagement with the MoH, the team has encouraged the capture of sex-disaggregated data for all community health services. Gender-disaggregated data will help stakeholders understand the proportion of women availing health services in comparison to men, and the development partners can plan interventions to address any large gaps.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

The Activity’s key focus during the quarter was on the formation of two TWGs: one on health financing and the other on health promotion. These will serve as a link between the health system and the community and be the pillars for long-term improvement and sustainability of health financing and governance in Timor-Leste. The Activity conducted three workshops with around 100 CSO participants to share a review of SBC interventions and to engage CSO in health system strengthening. In addition, the Activity trained ministry staff on KoBoToolbox to capture quantitative and qualitative data from surveys and interviews and used data collected from this tool for effective decision making. The full list of performance indicators is provided in the table below.

Table 1: Progress on Performance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q2</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Strengthen health governance and financing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Percent of USG-assisted organizations with improved performance [CBLD-9]</td>
<td>TBD</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Number of briefs/events/materials created to support decision-making</td>
<td>4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>3. Number of instances where Activity briefs/events/materials contributed to decision-making</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4. Number of meetings of National Directorate of Budget and Planning to oversee generation and use of health expenditure data</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Number of Ministry of Health staff trained on health financing</td>
<td>TBD</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Number of meetings conducted to assist MoH on health financing</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

\[1\] Final targets will be set after completion of the Institutional Capacity Assessment report by end of Q3.
### Objective 2: Strengthen health sector workforce management

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q2</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Percentage increase of staff positions filled to deliver the Essential Services Package 2019 (ESP 2019) standard</td>
<td>42%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Number of operational units adopting improved health cadre competencies and standards</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Number of health workforce from rural and remote areas that have been trained by INS with USG support</td>
<td>40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Percent of targeted health workforce managers that use accurate HRH data in routine reporting or review meetings</td>
<td>20%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Objective 3: Strengthen existing community health system to improve healthy behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q2</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Number of CSOs with improved ability to design, implement and/or monitor SBC activities</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Number of villages with functional community health systems with USG support</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Objective 4: Improve civic engagement

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q2</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Number of civil society voices documented by health planning and management committees for decision-making</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Number of information exchanges between the MoH and civil society to promote accurate information and accountability</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>15. Number of inclusive policies identified or adopted by the Government of Timor Leste</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### LESSONS LEARNED/BEST PRACTICES

- The MoH currently has a limited understanding and vision about the role CSOs can play in health system strengthening. The Activity will increase MoH involvement with its CSO work and help the MoH leverage CSOs for a broader engagement and not restrict them to only implementation of disease-specific health programs.

- The MoH places all technical documents under high confidentiality. Consequently, it took the Activity more than four months to gain access to the MoH’s draft partnership and cooperation manual, which is key to guiding the strategic partnership between the MoH and other stakeholders such as CSOs. Such delays in gaining access prove challenging for CSO engagement. A learning here was that the Activity should involve the government more closely in its interventions and update government officials regularly to ensure they are aware of the entire process and know their own roles and deadlines.

### CHALLENGES

- Several activities were delayed as the MoH focused on the dengue outbreak and the launch of COVID-19 boosters. The presidential campaign and election also slowed progress on activities involving the government. To make up for the delays and increase the pace of implementation, the Activity increased the involvement of international technical advisors.

- Leadership changes took place at FONGTIL, at the Department of Partnership and Cooperation in the MoH, and at *Serviço de Apoio à Sociedade Civil e Auditoria Social* (SASCAS) in the Office of the Prime Minister. This required the Activity to again invest time and effort in introducing its civic engagement approaches to key stakeholders, though relationships with new leadership are going well.
DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

• Health Financing Landscape Analysis (submitted to USAID/Timor-Leste on March 31, 2022)

UPCOMING EVENTS

• April 2022: Workshop on health network and health system strengthening for health CSOs
• April 2022: Workshop with Directors of municipal health services to discuss performance evaluation
• April 2022: Workshop to present preliminary results of Data Analysis Capacity Assessment
• April 2022: Workshop on validation of findings from the Institutional Capacity Assessment
• May 2022: Launch of the Health Advocacy Network of Timor-Leste (REBAS-TL)
• May 2022: Workshop to validate the key findings and recommendations of formative research on SBC for inclusive RMNCAH+N
• TBD in Q3: Stakeholder consultation workshop on the action plan and the development of an SBC strategy for inclusive RMNCAH+N

PRIORITIES FOR THE NEXT QUARTER

Objective 1: Strengthen health governance and financing

• Complete and validate DACA and the capacity development action plan.

Objective 2: Strengthen health sector workforce management

• Support NDHR in implementing its HRH priority activities for 2022, including the development of job descriptions, performance evaluations, and a recruitment manual.
• Develop the performance evaluation indicators for midwives, doctors, nurses, and pharmacists (primary, secondary, and tertiary healthcare levels) in collaboration with the MoH’s technical team for performance management development.
• Draft the training and professional development policy for the MoH.

Objective 3: Strengthen existing community health system to improve healthy behaviors

• Finalize the report on participatory action research (PAR) by involving community members to discuss solutions to issues related to RMNCAH+N.

Objective 4: Improve civic engagement

• Finalize the ToR for the Heath Advocacy Network of Timor-Leste (REBAS-TL).
Institutional capacity assessment focus group discussion with key departments of the Directorate of Budget and Financial Management.
DACA Team interviewing Municipal Health Service Director in Bobonaro Municipality.

DACA team observing and interacting with Community Health Center TLHIS Officer regarding the use of DHIS 2.
Opening remarks by Mrs. Elisabeth Lino de Araujo at the FONGTIL workshop.

Participants shared views about the definition and components of the health system and the roles of CSOs in health system strengthening at the workshop.