



INCREASING ENGAGEMENT BETWEEN THE GOVERNMENT AND CIVIL SOCIETY IN TIMOR-LESTE'S HEALTH SECTOR

Insights and recommendations from the
USAID Health System Sustainability Activity



Civil society organizations (CSOs) have played a long and powerful role in Timor-Leste's history. Civil society led the resistance against foreign rule, and when the country won independence in 2002, local CSOs worked with international donors to provide assistance to Timorese families.¹ Timor-Leste has since made impressive strides in rebuilding its infrastructure, institutional frameworks, and democratic processes. However, its progress on key health indicators such as nutrition, child mortality, and family planning has been more limited.² The COVID-19 pandemic and the devastating floods of 2021 have exacerbated weaknesses in the health system and further stymied progress. The need for comprehensive and lasting health sector strengthening in Timor-Leste is clear and urgent. Local CSOs, long the bulwark of change in communities, must be vital allies in the Government of Timor-Leste's efforts to achieve health sector objectives and improve health outcomes outlined in the country's health sector strategic plan 2020–2030.³

The United States Agency for International Development (USAID) Health System Sustainability Activity in Timor-Leste is supporting strengthened collaborative action by key stakeholders, including the Ministry of Health (MoH) and its directorates, FONGTIL (Timor-Leste NGO Forum), and CSOs, to bolster the health system's resilience and ability to deliver quality health services effectively, transparently, and sustainably. As part of this effort, the USAID Activity conducted a desk review and key informant

interviews to identify local CSOs that work in the health sector, examine the existing mechanisms for their engagement with the government, and identify opportunities to enhance capacities and engagement. This brief provides a summary of the key findings of the review and offers recommendations for systematically engaging CSOs in health system strengthening and advocacy to improve citizens' access to quality health services.

The USAID Health System Sustainability Activity is helping Timor-Leste achieve a sustainable, resilient health system that offers quality healthcare for all.

Timor-Leste has a thriving CSO landscape...

CSOs in Timor-Leste today include local, national, and international organizations that deliver social services, conduct research on the changing development context, and advocate on key public policy issues. The country has an umbrella body for NGOs — Forum Organizaçao Naun Governamental Timor-Leste (FONGTIL; Timor-Leste NGO Forum) — with 201 registered local CSOs, including 44 CSOs that are active in the health sector (as of January 2022). The health sector CSOs work in a range of areas, including water, sanitation, and hygiene; maternal and child health; tuberculosis; and non-communicable diseases.

¹ Asian Development Bank. 2019. Civil Society Brief: Timor-Leste. Asian Development Bank. <http://dx.doi.org/10.22617/BRF190116-2>

² The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. 2022 (forthcoming). Building better community behaviors: A review of social and behavior change interventions and recommendations for government stakeholders and local communities in Timor-Leste to maximize effectiveness of social and behavior change programs. Rockville, MD: Abt Associates.

³ Timor-Leste Ministry of Health. 2020. National Health Sector Strategic Plan II, 2020-2030. Dili, Timor-Leste: Timor-Leste Ministry of Health.

... but many lack organizational or technical capacity to fully play their role.

The Timor-Leste Constitution makes it obligatory for the government to provide equal, quality health services to its citizens, and guarantees that the national health service shall, as much as possible, have decentralized participatory management.⁴ Thus far, the MoH's awareness-raising activities have focused on specific health issues rather than on the obligations of the system itself to deliver quality health services or the rights of citizens to expect and access such care. CSOs can play a crucial role in monitoring and ensuring that citizens' rights to health services and products are met. However, many CSOs either are not fully aware of citizens' rights or do not feel empowered to publicly communicate recognized system gaps and shortcomings.⁵ This lack of knowledge and empowerment makes it difficult for CSOs to effectively advocate for citizens' rights. It continues to be challenging for CSOs to focus on the priorities and needs of their constituents as they are financially dependent upon donors, often through project-based funding, for which health advocacy has not been a priority. Moreover, staff turnover continued to be a problem in 2020, as staff members are typically employed on a project basis. After funded projects end, staff leave the organization, taking the knowledge and skills they have gained with them.⁶

Information-sharing mechanisms between CSOs working in the health sector are also absent. There is no health-specific CSO network in the country, unlike for other sectors (e.g., Rede ba Rai for land rights, Education Coalition for education). Health sector CSOs also encounter challenges in accessing and interpreting data, which further hinders their ability to engage in evidence-based advocacy.

Limited institutional capacity also poses a challenge. Although CSOs' management and implementation capacities have grown significantly since Timor-Leste's independence, many CSOs still lack skills and experience in strategic planning, project design, grant management, project implementation, and monitoring and evaluation.⁷ This represents a major gap because such organizational capacity is critical to deliver and maintain quality services and to engage in advocacy effectively.

Several mechanisms for government-CSO engagement already exist...

The Constitution of Timor-Leste states that health services, to the extent possible, should be run within a decentralized participatory management setting. There have been promising advances to this end in the past few years. In 2015, the Government of Timor-Leste launched the Social Audit Program, wherein the government partners with CSOs at national and suco (village) levels to monitor and provide feedback about the status of health facilities in the country.^{8,9} Social auditing in the health sector has facilitated dialogue between the government and civil society and provided an avenue to bring citizens' concerns about health services to policymakers' attention.

Several other mechanisms also exist to promote regular dialogue between civil society and the government, including the annual national retreat between CSOs and government, FONGTIL's sectoral dialogues between CSOs and line ministries, municipal consultative and Conselho do Suco (village council) meetings, and the MoH's thematic working groups (see Table 1 for details on existing engagement mechanisms).

... but the engagement is mostly limited to reporting and coordination for donor-funded projects.

A significant part of the health programming in Timor-Leste is donor-funded. These programs are implemented with the MoH's technical coordination and involve CSOs as implementers at the community level. Consequently, collaboration and engagement between the MoH and CSOs is mainly project-based and only lasts the period of each project. Even though forums for CSO-government engagement exist, only project-related CSOs participate in these interactions and the focus is on coordination and reporting for projects rather than concentrated dialogue about citizens' health rights. The extent of CSO participation at these forums is also limited, as CSOs often lack the skills, capacity, and tools to effectively advocate for citizens' rights to quality health services and products.¹⁰ Lack of systematic documentation and follow-up further hampers effective and continued engagement.

CSOs' capacity for and influence in health sector priority setting and policymaking needs to be developed.

4 Article 57, Constitution of Democratic Republic of Timor-Leste, 2002. [Constitution_RDTL_ENG.pdf \(timor-leste.gov.tl\)](#)

5 Ghoston, L., Bouwman, H., Conceicao, L., & Barreto, A. 2020. USAID/Timor-Leste Reinforce Basic Health Service Activity Final Evaluation. United States Agency for International Development. https://pdf.usaid.gov/pdf_docs/PA00WPS2.pdf

6 United States Agency for International Development. 2021. 2020 Civil Society Organization Sustainability Index for Asia, 7th Edition. United States Agency for International Development. <https://www.fhi360.org/sites/default/files/media/documents/csosi-asia-2020-report.pdf>

7 Delimas, A. 2019. Assessment of the Classification of Institutional Capacity to the Organization Members of FONGTIL.

8 The Civil Society Unit and Social Audit Unit, Office of the Primer Minister. 2021. Decreto-Lei No. 25/2021.

9 Failor, T., & Leahy, C. 2017. Can Social Auditing Drive More Inclusive Development in Timor-Leste? The Asia Foundation. <https://asiafoundation.org/2017/07/12/can-social-auditing-drive-inclusive-development-timor-leste/>

10 Delimas, A. 2019. Assessment of the Classification of Institutional Capacity to the Organization Members of FONGTIL.

TABLE I. EXISTING MECHANISMS FOR CSOs TO ENGAGE WITH THE GOVERNMENT

MECHANISM	OBJECTIVE	FOCUS AREA	STAKEHOLDERS
National retreat between the government and CSOs	An annual event during which CSOs and the Government of Timor-Leste discuss priority issues in four key sectors, including health	Health, agriculture, education, and infrastructure	Prime Minister’s Office and line ministries, development partners, donors, community representatives, and CSOs
FONGTIL’s health sector dialogues	Quarterly meetings in which FONGTIL members (CSOs) and the government discuss health sector issues and CSOs present their findings and recommendations to the government for its consideration	Advocacy for increased state budgets and resources for the health sector	CSOs, MoH, Prime Minister’s Office, national parliament, community representatives
Social Audit Program	A mechanism that facilitates dialogue between CSOs, community-based organizations (CBOs), and line ministries and informs the government’s decision-making, policies, and strategy	Social audit covers all sectors that the state budget finances	CSOs, CBOs, local authorities, and the government (line ministries)
Meetings of MoH’s thematic working groups	Quarterly meetings for technical coordination between MoH and other development partners to align with government programs and avoid programmatic overlaps	Health areas, including infant and maternal health, youth reproductive health, and non-communicable diseases	MoH, development partners, donors, and CSOs implementing health projects
Municipal consultative council meetings	Bi-annual meeting of the consultative body of the municipality, with focus on promoting the municipality’s socio-economic development, including health	All sectors for local development (at the municipality level)	Municipal authority, village chiefs, women’s groups, youth groups, and representatives from student association, veteran association, political parties, Lia Nain (elders who know the history of the village), and private sector
Conselho do Suco meetings	Bi-annual meetings of the consultative body of the suco (village), with focus on the suco’s overall development, including health	All sectors for local development (at the suco level)	Village chief, chiefs of sub-villages, sub-village delegates (3 people nominated to represent sub-villages), youth representatives

Key recommendations from our review

I. Utilize existing mechanisms to increase CSOs’ awareness of health services and citizens’ rights

Our review revealed a lack of official policy or strategies to increase civil society’s awareness of citizens’ rights to health services and products, which limits CSOs’ ability to effectively advocate for these rights. In a survey we conducted as part of our research effort, health-sector CSOs expressed a willingness to engage more frequently and substantively with the MoH to support ongoing dialogue and information-sharing. Various existing mechanisms can be used and strengthened to serve this need.¹¹

- The FONGTIL health sector dialogues, which are financed by the Office of Prime Minister and involve CSOs from municipalities, could be a platform for the MoH to build CSOs’ knowledge of the Timorese health system and citizens’ rights to health services and products.
- MoH’s thematic working groups for infant and maternal health, reproductive health, etc., can include information-sharing and discussion about citizens’ health rights in thematic working group meetings and integrate such information into health promotion tools and guidelines.
- The Social Audit Unit of the Office of the Prime Minister (now integrated into SASCAS) can invest in improving CSOs’ knowledge of health issues prior to implementing an audit on health services provision. In collaboration with the MoH, the Social Audit Unit can train CSOs on citizen’s healthcare rights, thereby empowering CSOs to more effectively monitor and advocate for accessible and quality health services.
- MoH’s Directorate of Policy Planning and Partnerships can advance civil society’s participation by highlighting the importance of CSO participation in the health sector to the relevant MoH line directorates and support opportunities for CSOs to help strengthen this system.

Strengthened pathways for communication are crucial to foster meaningful civic engagement and maximize civil society’s contribution to policymaking, service delivery, and health governance.

¹¹ The Local Health Sustainability project Timor-Leste Activity (USAID Health System Sustainability Activity) under the USAID integrated IDIQ. September 2021. *Civic Engagement Mechanism in Timor-Leste*. Rockville, MD: Abt Associates.



The USAID Health System Sustainability Activity is supporting conversations between CSOs and other stakeholders to bolster the health sector in Timor-Leste.

2. Use participatory processes to develop new engagement mechanisms

In addition to existing mechanisms, the government and CSOs can collaborate to jointly bring together community health workers (CHWs), community members, and other key stakeholders to determine the means, methods, and frequency of dialogue that best responds to communities' interests and needs. Such a participatory approach will ensure that CSOs, CHWs, and the community have a sense of ownership and take responsibility for the information-exchange and dialogue mechanism, making it more effective and sustainable. To foster regular engagement, the MoH can also include CSOs, CHWs, and communities in the MoH's Health Sector Coordination Committee, municipal and post administrative working groups, and village health committees, thereby bringing community voices and recommendations into health programming design and planning from the outset.

3. Bring CSOs' voices into local council discussions

By law, CSOs are not members of local councils such as the municipal council and the Conselho do Suco, which organize meetings between local authorities, community representatives, women's and youth groups, and other local representatives and partners twice a year to discuss issues related to local development, including health issues. This means that CSOs cannot directly advocate about health issues in rural areas through these channels. CSOs can seek to overcome this challenge by closely engaging with women's and youth groups at the municipal and suco level and educating them about citizens' healthcare rights, so that they can in turn advocate effectively during council meetings. For this reason, health-focused CSOs must involve women's and youth groups in their information-sharing programs and develop their capacity for advocacy.

4. Promote information sharing among CSOs through a health sector CSO network

Information exchange among CSOs working in the health sector is limited because, unlike in other sectors, there is no health-specific CSO network in the country. The USAID Activity has been supporting FONGTIL to establish a health CSO network to address this gap. Groundwork to establish 'Rede Ba Saude-Timor-Leste' (REBAS-TL; the Health Advocacy Network of Timor-Leste) is already complete and its official launch is expected in early 2022. REBAS-TL will put in place clear guidelines to promote regular and systematic engagement between health CSOs and the MoH, amplifying the voices of CSOs and communities in the design, planning, and budgeting of health programs at all levels.

5. Develop the institutional capacity of CSOs

According to FONGTIL's 2019 Institutional Capacity Assessment Report, CSOs are in need of capacity development on topics such as strategic planning, project design, fundraising, and proposal writing, all of which would improve their ability to apply for and secure funding support.¹² Out of the 200 CSOs that applied for government grants in 2021, only nine successfully secured funding. According to the Government of Timor-Leste's Civil Society Support Unit, the majority of proposals were not shortlisted because the way projects were designed or described did not meet the government's grant requirements.¹³ Organizational capacity development for Timor-Leste's health CSOs must go beyond ad-hoc trainings for project-specific issues and instead invest in enabling these organizations to obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time.¹⁴

¹² Delimas, A. 2019. Assessment of the Classification of Institutional Capacity to the Organization Members of FONGTIL.

¹³ The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. July 21, 2021. "Meeting Notes from Technical Meeting with GASC Coordinator". Dili, Timor-Leste : Abt Associates.

¹⁴ United Nations Development Programme. 2009. Capacity Development : A UNDP Primer. New York, NY : United Nations Development Programme. <https://www.undp.org/publications/capacity-development-undp-primer#modal-publication-download>

The Local Health System Sustainability Project (LHSS) under the United States Agency for International Development (USAID) Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means 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 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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