



STRENGTHENING CSO CAPACITIES TO IMPROVE HEALTHY BEHAVIORS IN TIMOR-LESTE

Local Health System Sustainability Project
Task Order I, USAID Integrated Health Systems IDIQ

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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 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, \$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

CHC	Community Health Centre
CBM	Community based monitoring
CSO	Civil society organizations
HP	Health Post
LHSS	Local Health System Sustainability Project
MoH	Ministry of Health
MHS	Municipality Health Services
MSG	Mother Support Group
PSF	Promotor Saude Familia
RMNCAHN	Reproductive, Maternal, Newborn, Child & Adolescent Health, and Nutrition
SBC	Social behavior change
SHC	Sharis Haburas Comunidade
SISCa	Sistema Integrado Saude Comunitaria (SISCa)
UHC	Universal Health coverage
VHA	Village Health Assembly

I. BACKGROUND

The Timor-Leste Demographic Health Survey (DHS) 2016 reported an estimated maternal mortality ratio at 195 per 100,000 live births, one of the highest in the Southeast Asia region. The nutritional status of women and children under five (U5) is also a concern; 27% of women ages 15-49 are underweight and 46% of children U5 are stunted. While parents are aware of the need for healthy food, they do not understand nutrition's impact on child development or how they can improve it, due to resource limitations. When examining causes for such poor health outcomes, the MoH's 2021 Joint Annual Health Sector Meeting identified that the lack of facility readiness of community health system, particularly at community health centers (CHCs) and health posts (HPs), is a critical issue which adversely affects the provision of timely and quality health care services to the communities they serve. Community health programs such as Sistema Integrado Saude Comunitaria (SISCa), Community Based Monitoring for Health (CBM-Health), Mother Support Group (MSG), and Saude na Familia (SnF) are seen as assets for engaging directly with communities for communicating health behavior messaging. However, they are not systematically monitored and reported, and a mechanism for communities to receive and provide feedback on health care services is not available to them.

Similarly, the MoH and partners—such as UN agencies, international and national NGOs, and the Ministry of Education—have implemented several social and behavior change (SBC) activities across Timor-Leste at the community level. However, many of those activities, such as the information education and communication (IEC) materials, do not reflect the needs of different groups of people to include people with disabilities, young people, people with low literacy skills, adolescent boys, or first-time fathers or husbands. Moreover, the Health Promotion and Education Department of Ministry of Health recognizes that the MoH does not have a system to monitor and evaluate the use of IEC materials and their impact on behavior change. Stronger support is needed for these community health systems so they can more effectively program SBC activities to improve inclusive reproductive maternal newborn child and adolescent health and nutrition (RMNCAHN) outcomes.

As part of its work to strengthen community health systems and improve healthy behaviors, the USAID Health System Sustainability Activity (the Activity) completed a desk review, and then participatory action research, of Timor-Leste's SBC interventions for priority behaviors (each of these have been submitted to USAID separately). The Activity identified despite the many SBC interventions implemented in the communities, local organizations and especially the civil society organizations do not have sufficient capacity and resources to design, implement, and monitor evidence-based SBC activities. For instance, the MoH has made good progress in improving facility readiness such as improving clinical skills of health providers and availability of drugs and medical equipment to certain extent, however, almost 50% of pregnant women do not deliver with skilled birth attendant. This is due to many reasons but includes a lack of community engagement activities to raise community awareness, accountability, and ownership of their own health.

To address these issues, the Activity is partnering with a local organization to strengthen evidence-based design, implementation, and monitoring of SBC activities. The Activity is focusing on enabling local actors to lead implementation of an SBC activity while strengthening support for priority capacities. In the form of three deliverables in its FY22 work plan, the Activity committed to 1) selecting local partners through a grant, 2) identifying priority areas for those partners of which the Activity will help strengthen, and 3) assisting the partner in creating (and executing) a plan to implement, monitor, and evaluate their SBC activity. This report provides these deliverables to USAID, all of which focus on capacity strengthening of local partners.

2. LOCAL PARTNER SELECTION

The Activity is awarding a grant with the goal to improve the ability of community health systems of Alas district (Manufahi municipality) and Tilomar district (Covalima municipality) to reduce maternal and child morbidity and mortality. The grant will achieve this by strengthening the capacity of the selected local organization so it can better design, implement, and monitor SBC activities in those communities.

Through both direct capacity strengthening and implementation of SBC activities, SHC will improve positive health behaviors and practices around inclusive reproductive, maternal, newborn, child & adolescent health, and nutrition (RMNCAHN).

To achieve this goal, the grant has the following objectives:

1. Strengthen SHC staff members' ability to effectively design, implement, and monitor the SBC activities focused on inclusive RMNCAHN.
2. Strengthen community health systems in Alas and Tilomar by designing, implementing, and monitoring village health assemblies.

The Activity hopes this will improve not only the demand for accountable, affordable, accessible, and reliable care, but also support the behaviors of all people, communities, organizations within the health system to the equitable provision of quality care.

To select a local partner, the Activity posted a request for applications (RFA) that outlined these objectives and included expected outputs and outcomes. The Activity also included guidelines on monitoring and evaluation as well as the creation of a sustainability plan. The Activity then evaluated applicants and began negotiations with the top scoring candidate, Sharis Haburas Comunidade (SHC). Negotiations with SHC included finalizing the program description, finalizing total budget and budget components, ensuring proper compliance to meet USG regulations, and updating and finalizing the deliverable and milestone schedule. These were held to ensure that both the Activity and SHC had a shared understanding of the grant objectives and how they aligned with SHC's priorities as a local organization. As of September 30, 2022 the Activity is in the final stages of submitting the grant selection to the USAID COR for approval.

3. CAPACITY-BUILDING PRIORITY AREAS

Based on the needs expressed by SHC during several conversations and as explicitly stated in their grantee application, the Activity has designed an organizational capacity assessment to prioritize six dimensions out of the 12, highlighted in yellow the institutional capacity development framework (see Table 1).¹ These dimensions will be divided into two main groups:

1. SBC-specific dimensions such as technical capacities that are required to effectively design, implement, monitor, and evaluate SBC activities; and
2. Broader organizational development dimensions such as strategy and planning, structure and staffing, coordination and stakeholders management.

SHC will complete the assessment with technical support from the Activity team. Informed by the assessment results, SHC and the Activity will agree on SHC’s baseline capacities. SHC will then use these findings and baseline to create a capacity development action plan. The plan will include milestones such as successfully completing the organizational capacity assessment, establishing clear baseline and endline capacities, and undertaking selected training (e.g. on the job-learning, workshops).

Understanding that capacity-strengthening is a process, rather than a single event, the Activity will provide ongoing support to SHC through trainings, orientation, mentoring and coaching to achieve the desired outcome.

Table 1: Prioritized dimensions for SHC within the Institutional Capacity Development Framework

Dimension	Definition
Organizational Development	
Organizational mandate	The existence of clearly defined official roles and responsibilities, accountability, and functions.
Strategy and planning	Ability to develop long-term strategies, short- and medium-term operational plans, and to implement the strategy.
Structure and staffing	Adequacy of the organizational structure and staff to carry out its core functions. Clarity of individual roles and responsibilities as reflected in job descriptions and work assignments
Implementation capacity	Capacities to plan, manage, monitor, and improve the quality of activities implemented.
Leadership and management	Leadership that sets direction, motivates, and aligns staff behind strategic direction; management that works together, monitors staff, assures the quality of performance, and shares information.
Gender equality and social inclusion	Explicit gender and social inclusion practices and functions.
Resources	Adequacy of basic operating resources in the short and long term.
Coordination and stakeholder engagement	Capacity to engage and coordinate internal and external stakeholders.
Organizational governance	The existence of a structure that provides oversight and ensures accountability.

¹ The Activity will follow the same institutional capacity development framework applied to the institutional capacity assessment co-conducted with the Ministry of Health.

Dimension	Definition
Organizational Development	
Technical capacity	Technical skills and systems commensurate with functions (e.g., health financing, quality improvement)
Financial Management, Business Planning, and Compliance	
Management systems, including for financial management	Well-defined and used systems for financial management, human resources, IT, and procurement.
Compliance	Systems and capacity to ensure compliance with government and USAID requirements.

4. MONITORING PLAN

The Activity will hold monthly technical meetings with SHC to monitor progress of activities and provide additional support as needed. SHC will also submit a monthly update to the Activity in the form of quantitative and qualitative data and information. Table 2 outlines quantitative indicators the Activity will help SHC collect, monitor, and use to inform decision-making as the grant progresses. These reports will be shared with Municipality Health Services (MHS), MoH and municipal administration.

At the municipality level, the Activity will support SHC to conduct regular meetings with MHS, CHC, HP and Village Health Assembly (VHA) to discuss progress of the activities: key achievement, challenges, and opportunities for the program improvement. SHC will also facilitate the sharing of lessons learned from VHA with TWG at municipalities, national authorities including with MoH, REBAS-TL, and other key stakeholders, for feedback to improve the VHA performance. SHC will also work with VHA to

develop a road map for the project's transition and sustainability and facilitate the implementation. The roadmap to transition will be implemented in a phased approach. It will outline the key responsibilities and activities of the organization, MoH central, municipal health services and community leaders for continued expansion of CBM-Health.

Table 2: Summary of SHC monitoring plan

Goal: To strengthen community health systems to improve positive health behaviors and practices around inclusive RMNCAHN and reduce maternal and child morbidity and mortality in Alas (Manufahi Municipality) & Tilomár in Covalima Municipality.				
Objective	Indicators	Disaggregation	Frequency of reporting	Means of Verification
Objective 1. Strengthen SHC staff' ability to effectively design, implement, and monitor the SBC activities focused on inclusive RMNCAHN	Improve capacity of SHC in effective design, implement, monitor, and evaluate SBC activities	Type of capacity	Baseline and endline	Organizational capacity assessment report
	Percent (%) of staff improve knowledge and skill on Inclusive RMNCHN	Training topics (reproductive health, maternal health, etc.) disability and gender, CBM-Health	Monthly	Pre-test and post-test
	Number of staff trained on program management, finance, grant and procurement system	Training topics (strategy and planning, structure and staffing, gender equality and social inclusion, Coordination/ stakeholders management, Resources, Implementation Capacity, and Management System)	Monthly	Activity report, participants' list, pre- and post-tests score

Goal: To strengthen community health systems to improve positive health behaviors and practices around inclusive RMNCAHN and reduce maternal and child morbidity and mortality in Alas (Manufahi Municipality) & Tilomár in Covalima Municipality.

Objective	Indicators	Disaggregation	Frequency of reporting	Means of Verification
Objective 2. Strengthen community health systems in Alas and Tilomar by designing, implementing, and monitoring village health assemblies.	Number of community health program functioned with USG support	Type of community health programs Geography (Post administrative, villages)	Monthly	Activity report
	Number of Village Health Assembly meetings conducted regularly	Geography (post administrative, villages)	Monthly	Activity report, participants' list
	Number of health workers, Village Health Assembly members and health volunteers trained on Inclusive RMNCHN	Training topics (reproductive health, maternal health, newborn, child and adolescent health, and nutrition, disability, CBM-Health, etc.) Sex Geography (Post administrative, villages) Type of participants (Health workers, VHA members, health volunteers/PSF)	Monthly	Activity report, participants' list, pre- and post-tests score