CIVIL SOCIETY ENGAGEMENT MECHANISMS IN TIMOR-LESTE

USAID Health System Sustainability Activity

LHSS Task Order 1, USAID Integrated Health Systems IDIQ

September 2021

This document was produced for review by the United States Agency for International Development. It was prepared by the Local Health System Sustainability Project under the USAID Integrated Health Systems IDIQ.

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 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.

Submitted to: Scott Stewart, COR
Office of Health Systems
Bureau for Global Health

Teresa Miller
General Development Office Director
USAID/Timor-Leste

Dr. Teodulo Ximenes
Activity Manager/Project Management Specialist - Health Governance
USAID/Timor-Leste

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended Citation: The Local Health System Sustainability Project Timor-Leste Activity (USAID Health Systems Sustainability Activity) under the USAID Integrated Health Systems IDIQ. September 2021. *Civil Society Engagement Mechanisms in Timor-Leste.* Rockville, MD: Abt Associates.

FINAL

Abt Associates
6130 Executive Boulevard | Rockville, Maryland 20853
T: 301.347.5000 | F: 301 652.3916 | www.abtassociates.com

CONTENTS

Acronyms ii
1. Context 1
2. Objective 2
3. Methods 2
4. Findings 3
5. Priorities and key partners 9
6. Recommendations 11
References 14

ACRONYMS

CBO	community-based organization
CHW	community health worker
CSO	civil society organization
FONGTIL	Forum Organizasaun Naun Govermentál Timor-Leste (Timor-Leste NGO Forum)
GASC	Gabinete Apoiu Sosiedade Civil (Civil Society Support Unit)
GoTL	Government of Timor-Leste
IDIQ	indefinite delivery/indefinite quantity
LHSS	Local Health System Sustainability Project
MCH	maternal and child health
MSA	Ministry of State Administration
MoH	Ministry of Health
NGO	non-governmental organization
PSF	Promotor Saude Familiar (Family Health Promoter)
SISCa	Servisu Integradu Saude Comunitaria (Integrated Community Health Services)
WASH	water, sanitation, and hygiene

1. CONTEXT

Civil society organizations (CSOs) have played a crucial role in Timor-Leste's history. Before the country's independence, CSOs were a primary source of mobilization and resistance to Indonesian rule. As Timorese endured conflict and entered a tumultuous phase establishing themselves as a new nation, both international nongovernmental organizations (NGOs) and local CSOs provided assistance to young Timorese families.[1] Today, CSOs in Timor-Leste include local, national, and international organizations that deliver social services, conduct research on the changing development context, advocate on key public policy issues, and foster social life in Timor-Leste. The country has an umbrella NGO, known as the Forum Organizasaun Naun Govermentál Timor-Leste (FONGTIL; Timor-Leste NGO Forum), that has 201 registered local CSOs. Among the 201 registered local CSOs with FONGTIL, thirty-four (34) are engaged in health-related programming and play a role in contributing to improving WASH, maternal and child health, and fighting against malnutrition in Timor-Leste. Community health workers (CHWs) similarly support civic engagement but rather than being directly associated with a CSO, instead serve as volunteers in government programs such as Promotor Saude Familiar (Family Health Promoter).

Timor-Leste's parliamentary system, in which people vote for a party and the party fills the seats, means there is no clear constituent representation. People vote for a political party, but then the party appoints its political member to represent citizens in the Parliament. Timorese citizens are generally aware of Parliament roles, but don't know to whom they should address relevant community issues. Many citizens do not fully understand their role in participatory governance beyond elections. Similarly, concepts of community mobilization in Timor-Leste are still not effectively operationalized. Often, CSOs are either unaware of the services and goods the Government of Timor-Leste (GoTL) should be providing to Timorese, or they see a gap but do not feel empowered to communicate shortcomings. There is no clear mechanism for CSOs to advocate for change, and they often encounter challenges accessing and interpreting data, hindering their ability to use evidence-based advocacy.

Within the health sector, an evaluation of the USAID Reinforce activity reported that no community members or subnational officials felt prepared to advocate at the national or subnational level for the allocation of resources and human resource deployment required to sustain service delivery. The lack of advocacy to policy makers was a critical deficiency in the intervention, resulting in insufficient resource allocation or political will for the continuation of services at the end of the activity (Ghoston et al. 2020).

A capacity assessment report by the FONGTIL indicated that its members have limited capacity to develop strategic plans and design programs, which has further affected their ability to apply for funding support (Delimas 2019). This is true for CSOs that work in the health sector. In 2021, out of 200 that applied for grants from the government, only nine CSOs secured funding. According to the GoTL's Gabinete Apoiu Sosiedade Civil (GASC; Civil Society Support Unit), the majority of proposals were not shortlisted because the way projects were designed or described did not meet the government grant requirements.[2] In addition to organizational capacity and funding limitations, few CSOs can effectively advocate for improvement in their sectors because there are not clear mechanisms for engagement nor advocacy forums through which to influence government policy and priority setting.

---

[1] Asian Development Bank. Civil Society Brief: Timor-Leste.2019.
https://www.adb.org/sites/default/files/publication/498631/civil-society-brief-timor-leste.pdf

[2] Notes of the Technical Meeting with GASC Coordinator on 21 July 2021in the GASC, Meeting Room, Palacio do Governo, Dili.

However, there have been promising advances in the past few years. In 2015, the GoTL launched the Social Audit Program, wherein the government partnered with CSOs at the national and Suco (village) levels (Government of Timor-Leste 2016) to monitor and provide information about the status of health facilities in the country (Failor and Leahy 2017). The audit results are used to hold a dialogue with stakeholders including the Ministry of Health (MoH), district health offices, and civil society on how to address identified problems. In addition to the Social Audit Program, CSOs can raise their perspectives to government counterparts through mechanisms such as the Annual National Retreat between CSOs and government, the FONGTIL's sectoral dialogue between CSOs and line ministries (Ministry of Finance n.d.), the Social Audit Mechanism, the Municipal Consultative Meeting and Conselho do Suco (Village Council), and the MoH's thematic working group. However, these mechanisms tend to function mainly to share information on generic issues, and only selected CSOs participate in these meetings.

As part of its work to improve civic engagement, the USAID Health Systems Sustainability Activity in Timor-Leste conducted a review of CSOs and voluntary community health workers (CHWs) in Timor-Leste, and their capacity, their engagement with government stakeholders, and mechanisms that aim to raise their awareness of the citizens' health rights and rights to advocate for the fulfillment of these rights. This report also offers recommendations to strengthen engagement mechanisms and increase CSOs' and community awareness of health services and citizens' rights.

2. OBJECTIVE

This report builds on previous interim documents submitted to USAID and a number of resources created by the USAID Health System Sustainability Activity: a review of CSO and CHW engagement in the health sector; mapping of CSOs in the health sector and their engagement mechanisms; and recommendations to increase awareness of health services. The purpose of this report is as follows:

- Review existing engagement mechanisms and forums that allow CSOs to increase their awareness of available health services and advocate for citizens' rights to health services and products.
- Review the current CSO involvement in the health sector, their engagement with the government, and their priorities.
- Offer recommendations to strengthen civil society engagement mechanisms and increase CSO awareness of health services.
- As relevant, replicate the first three objectives related to CSOs for voluntary CHWs.

3. METHODS

The USAID Health System Sustainability Activity completed this report using the following methods:

1. Conducted a literature review of the MoH strategic plan, health promotion strategy, health promotion guidelines, CHW guidelines, civil society roadmap, key ministerial diploma and decree-laws of the Office of Prime Minister and State Administration.
2. Mapped CSOs to identify CSOs working in the health sector.
3. Identified existing engagement mechanisms to improve CSOs' awareness of citizens' rights to health services and capacity to advocate for health services and products.

4. FINDINGS

The following main findings highlight historical information on CSOs in Timor-Leste, the mechanism of engagement between CSOs and government in the health sector, and an overview of community health work in Timor-Leste.

4.1 OVERVIEW OF CSOS

Timorese CSOs deliver services, monitor government service delivery, and advocate for evidence-based policy. Their impact on government and parliamentary decisions has been variable; good access to decision-makers has not always translated into action by policy makers. Confounding factors may include CSOs' relative political standing, the electoral cycle, the variable capacity for policy formulation and budget execution across the government, and the scale of Timor-Leste's development challenges and the difficulty of choosing advocacy priorities. Some NGOs have established a reputation for good quality policy analysis in their areas of expertise (European Union 2018).

Despite various challenges, Timorese civil society has been a critical player in the development of the country during the pre-independence and independence period. Since independence, CSOs' management and implementation capacities have grown significantly. Internal governance tends to be weaker compared to program implementation capacity. Donors often do not undertake capacity assessments of the CSOs they plan to work with and focus on technical issues like financial procedures rather than on leadership and organizational policies. Furthermore, the provision of ad hoc trainings that are not backed up by sustained mentoring limits organizations' opportunities to consolidate internal management procedures and skilled staff. Medium- to long-term partnerships between donors and CSOs could provide the chance to stabilize internal governance over time. Program management capacity is critical to CSOs' ability to deliver and maintain good-quality services and advocacy. According to the FONGTIL's 2019 Institutional Capacity Assessment Report of CSOs, CSOs still need capacity-building in the areas of fundraising, project design, proposal writing, and strategic planning (FONGTIL 2019).

4.1.1 CSO HEALTH SECTOR ENGAGEMENT

Consultation and technical discussions with the GASC, the FONGTIL, the Social Audit Unit, the MoH, the Ministry of State Administration (MSA), and the Universidade Nasional Timor-Lorosa'e (National University of Timor-Leste) revealed that there are several mechanisms in place to increase CSO awareness of services and their ability to advocate for these services (see Table 1 for full list). These mechanisms include:

- National Retreat – this is an annual event, during which CSOs and the national government of Timor-Leste discuss priority topics on four key issues, one of which is health.
- FONGTIL Health Sector dialogue – this is a quarterly meeting in which FONGTIL members present recommendations to the government of Timor-Leste on any pressing issues in the health sector, and how to ensure appropriate resources are dedicated to the health sector.
- Municipality and Conselho do Suco Meeting – this is organized by the Conselho do Suco and chaired by the Chefe do Suco. Its purpose is to discuss the development of the Suco, including health issues.

Information-sharing mechanisms between CSOs working in the health sector is weak, because currently there is no CSO health network in Timor-Leste as there is for CSOs working in other sectors (agriculture, education, land, transparency, etc.). For example, the Health System Sustainability Activity

team heard about the Annual National Retreat in its consultation with the GASC. The GASC funds the Retreat, which is an engagement mechanism between CSOs and the government to discuss a range of issues related to the health, education, agriculture, and infrastructure sectors. During the Retreat, the government and CSOs reflect on developments in each sector, in particular looking at the challenges, progress, and ways forward. This is an opportunity where health-focused CSOs are introduced and provide recommendations for the government to improve the health sector.

Another stakeholder that is important to CSO engagement in the health sector is the Ministry of State Administration (MSA). The MSA is responsible for the design, implementation, coordination, and evaluation of policy defined and approved by the Council of Ministers, in the areas of local government, administrative decentralization, support to community organizations, promotion of local development, and organizing and executing electoral and referenda processes (Government of Timor-Leste n.d.).

While the FONGTIL plans to establish a CSO health network by the end of 2021, NGOs working in other sectors have already established their sectoral networks. For example, Hametin Agrikultura Sustentavel Timor-Lorosa'e covers agriculture, Rede ba Rai covers land, and the Education Coalition covers education. There is room to strengthen CSOs' influence in health sector priority setting and policy making. In the COVID-19 context, the relevance of and need for increased civic engagement, bi-directional communication mechanisms, and demand creation for essential health services has become critical. Use of health services has decreased dramatically during COVID-19, including in areas with existing poor utilization rates (LHSS under the USAID Integrated Health Systems IDIQ 2021). The Activity team conducted a survey of CSO engagement and found willingness of CSOs in the health sector to engage more with the MoH, through various forums, including dialogues and information-sharing activities. The MoH has also included CSOs in many of its thematic working groups. Table 1 summarizes existing mechanisms that facilitate engagement between the government and CSOs.

Table 1. Matrix of Existing Mechanisms of CSO Engagement with the Government

Mechanism	Objective	Focus Area	Level	Actor and Network	Strategies and Instruments	Frequency
National Retreat financed by the Office of Prime Minister	National forum for dialogue between government and CSOs in all sectors	Health, agriculture, education, and infrastructure	National	Prime Minister's Office and line ministries, development partners, donors, community, and CSOs	Dialogue, reporting	Annual
FONGTIL Health Sectoral Dialogue financed by the Office of Prime Minister	Improve CSO and MoH engagement, and provide space for civil society and government to discuss health issues, and for CSOs to present their findings and recommendations to the government for consideration	Health budgeting and resource allocation	National	CSOs, MoH, Office of Prime Minister, National Parliament, community	Meeting, presentations, dialogue	Quarterly
Social Audit Mechanism financed by the Office of Prime Minister	Facilitates dialogue between CSOs, community-based organizations (CBOs), and line ministries, and their access to government decision-making, policies, and strategy.	Social audit focuses on all sectors that the state budget finances	National	CSOs, CBOs, local authorities and government (line ministries)	Transmittal of recommendations from CSOs to government; follow-up; and reporting	Daily basis depending on the issue
Municipal Consultative Council financed by Ministry of State Administration	Consultative body of the municipality that promote socioeconomic development within it	All sectors in the local development (Municipality)	Municipal	Municipal authority, chief of village, women's group, youth group, intellectual representative, veteran representative, political party representative, Lia Nain, private sector	Meeting, information sharing, reporting to the MSA	Biannual
Conselho do Suco Meeting Financed by Ministry of State Administration	Consultative body of the Suco (Village) that promote development in the Suco	All sectors in the local development (Suco)	Village level	Chief of village, chief of sub-villages, delegates, youth representative	Meeting, information-sharing, reporting to municipal authority	Biannual
Thematic working group of MoH financed by various Donors	Technical coordination between the MoH and other development partners to align with government programs and avoid overlapping	Health	Ministerial level	MoH, development partners, donors, and CSOs implementing health projects	Meeting, presentations, discussion	Quarterly

4.2 THE EXISTENCE OF HEALTH FOCUSED CSOs IN TIMOR-LESTE

Among the 201 local CSOs registered with the FONGTIL, we identified 34 that were engaged in health-related programming. At the time of our review, only 25 of these organizations were active. The inactive CSOs reported financial challenges resulting from the pandemic that prevented them from participating in meetings and COVID-19 socialization and vaccine campaigns; they have not been able to implement any other health projects since early 2020. This has left three municipalities (Suai, Ainaro, and Manufahi) without any active health CSOs since the pandemic began. The broadest geographic reach of any single health-focused CSO belongs to an organization (based in Dili) that has programs that cover the 12 municipalities and Regiao Administrativa Especial Oe-Cusse Ambeno.

With respect to thematic health priorities, most of the 34 CSOs work on water, sanitation, and hygiene (WASH), maternal and child health (MCH), and nutrition issues. Application of various social and behavior change approaches is common across these thematic areas, and most health CSOs engage in some form of social and behavior change.

No CSOs reported conducting specific activities related to advocating for the rights of citizens to health services and products. Most CSO projects rely on donor support, for which health advocacy has not been a priority. Some CSOs do collect – and report to the FONGTIL for advocacy at the national level – information on barriers and challenges affecting citizens' access to health services. CSOs engaged in this reporting do not undertake it as part of a project, but, rather as a contribution to their community. They do not conduct this reporting routinely.

In addition to mapping these 34 health-focused CSOs in Table 2, we sought to capture the mechanisms for engagement between civil society and relevant government institutions (Table 1). We included the MoH, the Ministry of Solidarity and Social Inclusion, the MSA, and the Prime Minister's Office in this mapping. Additionally, we mapped collaborating partners: Universidade Nasional Timor Lorosa'e, NGO Advocacy for Good Governance, and the Midwife Association.

Table 2. Active Health-Focused CSOs in Timor-Leste

No	Organization	Focus Area	Project Location	Category
1	Associacao Clínica Uma Ita Nian	MCH, nutrition, primary health care	Aileu	Active
2	Associacao Haburas Capasidade Agrikultor and Ekonomia	WASH	Oecusse	Active
3	Assosiasaun Feto ba Futuru	Food security and WASH	Manatuto	Active
4	Assosiasaun Funan Alekot – Atoni Oecusse	HIV/AIDS	Oecusse	Active
5	Caritas Diocesana Baucau	MCH, WASH and nutrition	Baucau	Active

No	Organization	Focus Area	Project Location	Category
6	Centru Edukasaun Civica Enclave Oe-Cosse	WASH and HIV/AIDS	Oecusse	Active
7	Fo Naroman Timor-Leste	Health for eyes	Nationwide	Active
8	FONGTIL	Advocacy and partnership	National	Active
9	Fundacao HABURAS MORIS (Maliana)	WASH and nutrition	Bobonaro	Active
10	Fundacao Hamutuk Ita Ajuda Malu (HIAM HEALTH)	Nutrition	Dili	Active
11	Fundacao MALAEDOI	WASH and nutrition	Liquiça	Active
12	FUNDASAUN ALOLA	MCH	Dili	Active
13	Fundasaun Fuan Saudavel Timor-Leste	Noncommunicable diseases	Baucau	Active
14	Fundasaun Klibur Domin	MCH and nutrition	Dili, Ermera, Liquiçá, Baucau, and Viqueque	Active
15	Assosiasaun Kadoras	WASH	Liquiça	Active
16	Fundasaun Sosial Naroman	MCH and nutrition	Dili, Oecusse, Liquiçá and Lospalos	Active
17	Haforsa Informasaun Saude	MCH and Support to SISCa	Aileu	Active
18	Kaer Liman Servisu	WASH	Viqueque	Active
19	Programa Spesifico fo Periode ba Ema Kiak	Nutrition	Lautem	Active
20	Rural Youth Action	WASH	Aileu	Active
21	Sentru Juventude Munisipiu Ermera	Youth reproductive health	Ermera	Active
22	Sharis Haburas Comunidade	WASH, youth reproductive health, and HIV/AIDS	Dili, Manufahi	Active
23	Health Net	Nutrition, MCH, family planning, sanitation	Dili	Active

No	Organization	Focus Area	Project Location	Category
24	Assosiasaun Defisiensia Timor-Leste (Timor-Leste Disability Association)	People with disabilities	Dili	Active
25	Timor-Leste Coalition for Diversity and Action	Lesbian, gay, bisexual, transgender	Dili	Active

4.3 OVERVIEW OF CHWs IN TIMOR-LESTE

According to the World Health Organization's definition, CHWs are members of the communities where they work, selected by communities, answerable to communities, supported by the health system but not necessarily a part of its organization, and have shorter training than professional health workers (World Health Organization 2007). In Timor-Leste, a CHW is a member of the Promotor Saude Familiar program (PSF), or Family Health Promoter, a type of health worker that has existed for approximately 15 years. PSF members are community members who volunteer and receive incentives from the government, but they do not earn salaries and they are not part of the MoH (Ministry of Health 2011). Since its establishment, PSF has made a significant contribution to improving the well-being of Timorese, including by encouraging adoption of healthy behaviors and increasing antenatal care attendance (Vasconselos 2009). As of 2021 there are 3,800 PSF members across all 12 municipalities and the Special Administrative Region of Oecusse.

A major challenge for the PSF members is their inadequate capacity to implement their roles, as many do not have a health background. The MoH has responded to the challenge by providing basic training for them to perform their roles. The training includes curriculum on infant and maternal health, nutrition, infectious disease, family health registration, and the health of older people and people with disabilities. They have also received training to deliver health education, become a motivator for behavioral change, assist in treatment, and help mobilize communities. Additionally, some PSF members also acquired training from development agencies that collaborate with them to implement programs in rural areas. A benefit from using PSF members to implement health programs in rural areas is that they are often trusted by the community and already have strong relations with community leaders and Community Health Center staff (Ministry of Health and World Health Organization 2011). Though they do not earn salaries, PSF members receive activity-based payment from the MoH to organize the integrated health service program at the community level, called Servisu Integradu Saude Comunitaria (SISCa, Integrated Community Health Services), and MoH activities in their areas, and from other partners to implement partners activities. During the COVID-19 pandemic the MoH suspended all SISCA activities.

One function of PSF members is to engage with the community and mobilize them to participate in the, called SISCa. The MoH developed the SISCa program to address the shortage of health care services and the lack of access to primary health care services. The program aims to improve community awareness through health promotion and education, improve the nutrition status of communities, and create space where community members can participate in discussion and dialogue surrounding improvements to their health status. For example, community members may co-facilitate sessions about healthy diet to encourage other community members to engage and contribute to the discussion. PSF members support monthly SISCa activities and engage in health promotion activities at the community level. As of today, the GoTL has established 459 SISCa posts, of which 423 (92 percent) are active

5. PRIORITIES AND KEY PARTNERS

5.1 CURRENT PRIORITIES AND CHALLENGES

During consultations with key stakeholders from the GASC and the Social Audit Unit, the FONGTIL, the MSA, and the MoH, the following findings emerged regarding current work, responsibilities, and priorities related to community and civil society engagement.

- The FONGTIL's current priorities are:
  - Monitoring implementation of the State of Emergency, including the Sanitary Fence
  - Monitoring the government response to the impact of COVID-19 and recent natural disasters (flooding)
  - Monitoring human rights violations during the State of Emergency
- The FONGTIL has evaluated the implementation of the Health and Agriculture Sector program under the National Strategic Plan 2011–2030. It presented the evaluation results to the MoH, which has taken them seriously to inform their plan (FONGTIL 2020).
- The FONGTIL has an advocacy team that supports members' advocacy activity, including through the forum dialogue and the Annual Retreat. The team uses mechanisms of engagement with different government ministries, including one with the MoH, where they invite all members working in the health sector to participate. The Social Audit Program provides enough space for CSOs to participate in monitoring the implementation of government programs.
- The FONGTIL has emerged as a key partner for civic engagement and has strong relations with the MoH. It is a critical partner that monitors government activities in the health sector.
- Decentralization is an ongoing process with implications for community engagement and advocacy. The MSA focuses on the three phases of the decentralization processes, namely: (1) establishing local power through administrative deconcentration, (2) institutional strengthening through delegation of power to the municipalities (Aileu, Ermera, and Liquiça) as a pilot, and (3) evaluation of the minimum conditions for the municipal elections, which is foreseen for July 2022.
- The MSA discussed how decision-making about administrative responsibilities, including setting municipal priorities and program and budget planning, is transferred to municipal authorities. Laws pertaining to municipal elections still rest with the national government.
- In 2017, the MoH implemented community-based monitoring. Two Sucos were included: the ones with the lowest and highest populations. Community-based monitoring is the monitoring of community development or changes by an interested group so that the community can make independent choices about its own development. This mechanism provides communities with a space to plan for their own health by involving community members in the discussions on village health plans and assigning community members with roles and responsibilities, which may include implementing the plans and training community members to co-monitor implementation (Ministry of Health n.d.).

During consultations with key stakeholders from the GASC, the Social Audit Unit, the FONGTIL, and the MoH, the following findings emerged regarding challenges surrounding civil society engagement.

- The FONGTIL's challenges include limited human resources and burdensome donor requirements (such as those of the Global Fund to fight AIDS, Tuberculosis and Malaria) that make it difficult for national and local CSOs to access funding if they do not have strong risk management, procurement, and financial systems in place.
- The GASC noted that CSOs lack capacity in strategic planning, project design, grant management, project implementation, and monitoring and evaluation. Many proposals on health issues were

rejected because CSO applicants did not provide sufficient information about their goals, activity design, indicators, monitoring, etc. The FONGTIL capacity assessment has come up with recommendations to improve strategic planning and project design as well. Some donors have included capacity building in their programs to improve CSOs access to their fund but a few CSOs still face the same challenges.

- The MoH noted the challenge that there is no specific policy or guideline for engagement with CSOs.

5.2 FUTURE PRIORITIES

During consultations with key stakeholders from the GASC and the Social Audit Unit, the FONGTIL, the MSA, and the MoH, the following findings emerged regarding future priorities for community and civil society engagement.

- The FONGTIL's evaluation revealed that the MoH achieved only one of its strategic development indicators, which is the eradication of malaria. Other key indicators have not been achieved yet, such as having one midwife, one pharmacist, one doctor, and one cleaner for every 1,500 population (FONGTIL 2020). These not-yet-achieved indicators will be considered as priorities for the Activity in its work with FONGTIL in future project years.
- The FONGTIL plans to establish a forum on nutrition and will invite all members working on the health issue to be involved.
- The GASC explained that CSOs need to agree on the budget allocation to the health sector that would respond to the need to improve health services and their outcomes. For that purpose, CSOs need to conduct a comprehensive health sector budget analysis.
- The GASC suggested that civil society needs to know the health rights to which citizens are entitled and have enough information to advocate for those rights. For advocacy, it is important that government, parliament, and CSOs share an understanding of the need for change.
- The GASC wants to support CSO programs that contribute to strengthening components of the health system, including the health work force, financing, and community health system.
- The MSA stated that municipal authorities and officials need technical support in the areas of planning, budgeting, monitoring, and evaluation.
- The MSA discussed CSO involvement in the decentralization process. CSOs were invited to participate in the discussion at the National Parliament, and to provide recommendations to the government and advocate for the National Parliament to consider some social factors before passing any laws. In this context, the involvement of CSOs is to guarantee the rights of citizens. However, this is a mechanism that most CSOs do not feel is very productive, as discussion in the National Parliament is more about political decisions, and CSOs prefer to participate in the process phase, where they feel they have a larger impact, rather than at the decision stage.
- The MoH plans to expand community-based monitoring (discussed above) to other Sucos. The MoH Monitoring and Evaluation Strategic Plan is five years old; its indicators need to be revised to include decentralization.
- The MoH expressed their vision for community engagement, which includes involving the community leaders from the beginning. The MoH felt community leaders should be the ones that organize their communities and invite health services to their community once everyone is ready and aware of the services. Community leaders and members should engage throughout the process, including village health planning, co-monitoring the health program implementation, and recommending improvements to the MoH so that their involvement is seen as constructive instead of judgmental. Saude na Familia and/or the SISCa could be a valuable partner for community engagement.

6. RECOMMENDATIONS

The results of the review and discussions with the government and civil society revealed no official policy or strategies to increase civil society's awareness of citizens' rights to health services and products. The government has carried out activities to increase civil society's knowledge about health issues. However, there is no system to monitor the short-term and long-term results of these activities. The focus of MoH awareness-raising activities is also more on specific health issues than on the rights or obligations of various parties in relation to health service access and delivery. The absence of such information makes it difficult for CSOs to advocate effectively for citizens' rights. CHWs also lack information about citizens' right to health services, as the training they received from the MoH was focused on building their capacity to deliver their tasks.

The GoTL and civil society have developed some systems to promote regular dialogue between civil society and the government. These mechanisms include regular dialogue between civil society and government facilitated by the FONGTIL, the Annual Retreat facilitated by the FONGTIL and the government through the GASC-Prime Minister's Office, and thematic working groups under the MoH. However, these mechanisms are for advocacy and coordination purposes rather than educational purposes. The forum dialogue and the National Retreat also do not focus on the health sector alone. PSF members are regularly in contact with MoH staff in the community health posts, and received trainings to do their job, but there is no clear mechanism from them to advocate for their concerns.

Based on the preliminary findings above, this report recommends the following steps to establish and strengthen mechanisms to increase civil society awareness of the health rights of citizens and the rights of CHWs and the PSF members. The team developed these recommendations based on the discussion and information from CSOs. The recommendations are in line with the MoH strategic plan II 2020-2030: Governing the National Health System to improve partnership with Non Governmental Organizations (p38-43). The Activity will work with CSOs to establish a health network that will proactively communicate with the MoH to discuss mechanism to improve effective communication. The Activity will also make efforts to facilitate the discussion and development of mechanisms for regular communication and coordination between the MoH and CSOs.

Recommendations

1. CSOs working in the health sector have focused primarily on WASH, MCH, and nutrition to improve the quality of public health, aligned with the government's priorities. The government should provide health services to citizens as is guaranteed by the constitution, but civil society programs in the health sector should monitor to ensure these guaranteed services are provided and advocate for them when they are not. The government and civil society need to share information and coordinate regularly and establishing a formal exchange mechanism would facilitate this. For example, having periodical information exchange sessions between a CSO health network and the MoH can create a space to improve civil society awareness about citizens' health rights, and the rights of CHWs, and promote government responsiveness and accountability in ensuring availability and accessibility to quality health services. The mechanism also can serve as a space to promote the transparency, accountability and responsiveness of all key actors in health sector.

   Recommendation: The MoH and the FONGTIL should expand the FONGTIL's Forum Dialogue to become a mechanism that increases CSOs' knowledge about citizens' health rights. The USAID Health System Sustainability Activity will support the preparation and

implementation of dialogue in the health sector. The Activity will also strengthen the dialogue's monitoring and evaluation system.

2. The MoH already has working groups in various thematic areas, such as infant and maternal health, youth reproductive health, and noncommunicable diseases. The MoH and civil society involved in these thematic areas have collaborated to develop materials, tools, and guidelines for health promotion. The government can use these working groups to increase CSO awareness of citizens' health rights and to integrate information about citizens' health rights into health promotions tools and guidelines.

   Recommendation: The MoH should include information-sharing and discussion about citizens' health rights in every thematic working group. The USAID Health System Sustainability Activity can support the development of approaches for the working group meetings and mechanisms to evaluate their efficacy.

3. While there are already mechanisms that the MoH can leverage, developing new mechanisms under the MoH through more participatory processes would render more benefits for the long run. The MoH can work together with the CSOs, CHWs, and the community to determine the means, methods, frequency of dialogue and exchange that best respond to the community's interests. In this way, CSOs, CHWs, and the community will have a sense of ownership of and responsibility for the mechanism, making it more sustainable.

   Recommendation: The MoH should include CSOs, CHWs, and communities in the MoH's health sector coordination committee, municipal and post administrative working group, and village health committee for effective regular exchange of health information and issues. Together they can plan and develop guidelines and tools to address those issues and promote citizens' rights to health services.

4. In many countries, CHWs – both paid and volunteers – are at the forefront of improving community health. In Timor-Leste, CHWs (PSF members) play an essential role in improving public well-being in the villages where they live. The GoTL has acknowledged PSF contributions to increasing participation in the SISCa program and growing attendance at antenatal care. However, many of these PSF members have quit for various reasons. In Timor-Leste, PSF members do not have a steady income and mostly depend on the income from subsistence agricultural activities. PSF members are not in the MoH formal work force, but their presence is critical. The government must develop a strategy to maintain CHWs in each community.

   Recommendation: The GoTL should revise its policy and practices to improve retention of existing volunteers and to attract and develop new PSF members. The government should revisit PSF incentives, as well as training and ongoing support plans. PSF members should also be informed of their rights and empowered to advocate for them. There is a rich body of evidence and program experience regarding CHWs and Community Health Volunteers and recent World Health Organization guidance (2011) on optimizing CHW programs to which the government can refer.

5. Local government mechanisms such as municipal council and Conselho do Suco meetings are the space for local authorities, community representatives, women's groups, political party representatives, private sector representatives, and other partners to meet twice a year to discuss issues related to local development including in the health sector. By law, CSOs are not part of the

municipal and Suco councils. Therefore, CSOs cannot directly advocate about the health issues in rural areas through these channels. However, CSOs can overcome this through collaborating with youth and women groups in the municipal and Suco level, and help them understand their rights to health services, so they can advocate directly without CSOs needing to be present.

Recommendation: Although by law CSOs are not members of local councils, they could channel their recommendations on health-related issues through council members such as women's and youth groups. This requires that health focused CSOs engage closely with women's and youth groups to raise their awareness of the citizens' right to health, and advocate for it effectively during the council meetings. Health-focused CSOs need to involve women's and youth groups in their health information-sharing programs and build their ability to advocate directly during these local government meetings.

6. The Social Audit Unit of the Office of the Prime Minister has facilitated dialogues between CSOs, CBOs, and the MoH. This mechanism created a space for CSOs to channels citizens' voices up to the policy makers and conduct proper follow-up action. This mechanism also could become a way for health focused CSOs to increase their awareness of citizens' rights to health services and health products and effectively advocate for these rights.

   Recommendation: The Social Audit Program has an important role to play in bringing citizens' concerns about health services to policy makers. CSOs that conduct social audits on health services need to have sufficient knowledge about citizens' rights to health services to be able to advocate for citizens' needs. Therefore, it is important for the Social Audit Program to invest in improving CSOs' knowledge of health issues prior to implementing an audit on health services provision. The Social Audit Unit can, through collaboration with the MoH, train and provide information to CSOs on the right of citizens to health services.

REFERENCES

Delimas, A. The Assessment of the Classification of Institutional Capacity to the Organization Member of FONGTL. 2019

European Union. European Union Roadmap for Engagement With Civil Society in Timor Leste. 2018. https://europa.eu/capacity4dev/file/83925/download?token=Y5F7du0O

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

FONGTIL. Relatoriu Avaliasaun ba Implementasaun no Atinjimentu Planu Estratejiku Dezenvolvimentu Nasional 2011-2030 iha dekada primeiru 2011-2020. Setor Saude, 2020.

Ghoston, L., Bouwman, H., Conceicao, L., & Barreto, A. USAID/Timor-Leste Reinforce Basic Health Service Activity Performance Evaluation, Task Order No.: 72047219F00003. USAID, 2020. https://pdf.usaid.gov/pdf_docs/PA00WP52.pdf.

Government of Timor-Leste. "Government participates in National Conference on Social Audit." October 19, 2016. http://timor-leste.gov.tl/?p=16521&lang=en.

Government of Timor-Leste. "Structure of the VIII Constitutional Government." Government of Timor-Leste, n.d. http://timor-leste.gov.tl/?p=13&lang=en.

Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. Timor-Leste Activity Quarterly Progress Report, April 1, 2021–June 30, 2021. Rockville, MD: Abt Associates, 2021.

Ministry of Health. Community Base Monitoring (CBM) Guidelines: Developing Community Ownership towards Health, n.d.

Ministry of Finance. "Approving the Proposed Budget." Government of Timor-Leste, n.d. https://www.mof.gov.tl/budget-spending/the-budget-process/3-approval-of-proposed-budget/?lang=en.

Ministry of Health. Estratejia Nasional Promosaun Saude. Ministerio de Saude, 2011.

Ministry of Health and WHO. National Strategic Plan for Ending TB 2020 – 2024. World Health Organization, 2011.

Vasconselos, P. Supporting the Promotor Saude Familiar (Community Health Worker) Program in Timor-Leste. Paper presented at the 12th World Congress on Public Health, Istanbul, Turkey, April–May 2009.

World Health Organization. Community health workers: What do we know about them? World Health Organization, 2007. https://www.who.int/hrh/documents/community_health_workers_brief.pdf.

World Health Organization. WHO guideline on health policy and system support to optimize community health worker programmes. World Health Organization, 2011. Retrieved from: 9789241550369-eng.pdf (who.int)