USAID
FROM THE AMERICAN PEOPLE

TIMOR-LESTE CAPACITY STRENGTHENING ACTION PLAN

Local Health System Sustainability Project
Task Order 1, USAID Integrated Health Systems IDIQ

September 2022

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 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.

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

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

Dr. Telma Joana Corte Real de Oliveira,
Activity Manager/Health Governance Project Management Specialist,
USAID/Timor-Leste

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended Citation: The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. September 2022. *Timor-Leste Capacity Strengthening Action Plan*. Rockville, MD: Abt Associates.

This report was made possible by the support of the American people through the U.S. Agency for International Development (USAID). The contents are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the U.S. Government.

CONTENTS

List of Tables

ACRONYMS

AY	Activity year
CSAP	Capacity Strengthening Assessment Plan
CHC	Community health centers
CSO	Civil Society Organizations
DACA	Data Analysis Capacity Assessment
DHIS2	District Health Information Software 2
DNSP	National Directorate for Public Health
FGD	Focus group discussion
GoTL	Government of Timor-Leste
HFU	Health Financing Unit
HMIS	Health Information Management System
HP	Health post
HR	Human resources
HRH	Human resources for health
ICA	Institutional Capacity Assessment
INS	National Institute of Health
JD	Job description
LHSS	Local Health System Sustainability Project
M&E	Monitoring & evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
NDHR	National Directorate for Human Resources
PE	Performance evaluation
PFM	Public financial management
RDQA	Routine data quality assessment
SOP	Standard operating procedure
TLHIS	Timor-Leste health information system
TWG	Technical working group
USAID	U.S. Agency for International Development
Vision 2030	USAID Vision for Health System Strengthening 2030

1. BACKGROUND

As one of the world's newest democracies, Timor-Leste has made impressive strides in building democratic processes and institutional frameworks, as well as in rebuilding infrastructure and core human resources (HR). Likewise, the country's health system demonstrated flexibility and commitment amid the coronavirus (COVID-19) pandemic to successfully deliver improved laboratory testing capabilities, mass vaccination rollouts, and hospital care in temporary facilities.

However, the Government of Timor-Leste (GoTL) faces challenges that restrict its ability to govern, finance, and deliver quality, affordable, and essential health services effectively, transparently, and sustainably. These challenges include limited institutional capacity for evidence-based decision-making; challenges in training, recruiting, maintaining, and distributing human resources for health (HRH); underuse of social and behavior change strategies to encourage healthy behaviors; and low levels of advocacy and participatory governance.

Timor-Leste's young democracy and associated political appointments to senior civil service positions have resulted in high turnover rates that hinder building lasting individual and institutional capacity for improved evidence-based policy-making and public financial management. Further limiting the resilience and sustainability of the health system is Timor-Leste's high dependence on donor funding. The downstream effects of these challenges include a lack of institutionalized processes to generate data for decision-making, low Ministry of Health (MoH) capacity for evidence-based policy-making, weak budgeting processes, poor budget execution, and minimal coordination between the MoH and the Ministry of Finance (MoF). Although positive trends are evident within the health system—such as increased collaboration in response to COVID-19, momentum toward program-based budgeting, and the recent production of National Health Accounts—incremental improvements lack scale and sustainability when the health system requires strengthened governance capacity.

Development assistance for health in Timor-Leste has typically funded service delivery projects that address the country's urgent health needs, such as nutrition, maternal and child health, and family planning. Rates of infant mortality and malnutrition in Timor-Leste are still high but have continued to decline.[1] At the same time, relatively low levels of family planning and lack of basic sanitation facilities and practices persist.

The National Health Sector Strategy 2020–2030 delineates an overarching goal of building the MoH's stewardship role, which will help the country to reach its vision of achieving universal health coverage. The strategy also clearly outlines actions to strengthen the capacity of the MoH, its departments, and its directorates to implement the essential functions of the Ministry of Health.

The U.S. Agency for International Development (USAID) Vision for Health System Strengthening 2030 outlines the shift of focus from the health system's individual functions, inputs, or building blocks to focus on intermediate outcomes defined as Equity, Quality, and Resource Optimization. Quality in this sense is defined as ensuring that care is effective, safe, and as people-centered as possible, while resource optimization ensures effective alignment of financing and workforce toward marginalized groups.

With the aim of improving the GoTL's ability to produce and use health-financing data for decision-making, improve resource optimization at the national and subnational levels, and strengthen inter- and

---

[1] Concern Worldwide and Welthungerhilfe, "Global Hunger Index 2019: Timor-Leste," Global Hunger Index, October 2020, https://www.globalhungerindex.org/pdf/en/2019/Timor-Leste.pdf.

intra-agency coordination for information-sharing, USAID's Vision 2030 represents a renewed emphasis on sustainability and building resilience in Timor-Leste's health system.

USAID's Health System Sustainability Activity (Activity) addresses systemic challenges to Timor-Leste's self-reliance on low institutional capacity to generate and use data for decision-making. High turnover within the MoH causes difficulty in policy-making and implementation. In addition, the MoH's weak public financial management capacity results in limited capacity to create needs-based budgets grounded in evidence, poor budget execution, and low ability to advocate for health in the budget process with the MoF.

The Activity's interventions to strengthen health-sector governance began with a series of assessments referred to as the "baseline assessments": the Institutional Capacity Assessment (ICA), the Data Analysis Capacity Assessment (DACA), and the Health Financing Landscape Analysis. Their purpose was to identify interventions the Activity can undertake in partnership with the GoTL to strengthen their capacities to improve health-system governance and functioning. A key element of the Activity's approach to these baseline assessments is design and execution collaboration with working groups comprised of GoTL representatives. While undertaken independently, the results of the assessments will be considered together in the development of the Capacity Strengthening Action Plan. A brief description of each assessment is provided below.

1.1 DATA ANALYSIS CAPACITY ASSESSMENT

The Activity team carried out the DACA to assess the MoH's data use and quality processes to understand the opportunity and capacity of various levels of the health system to analyze data. The team also examined the health management information system (HMIS) governance, electronic HMIS deployment, the state of interoperability, and COVID-19 data capture. The Activity focused on behavioral, technical, and organizational determinants affecting HMIS performance as they relate to strengthening data analysis and data use.

Findings include recommendations to strengthen areas needing improvement. The DACA is organized into six categories, each connected to strengthening data analysis and use.

- HMIS and health information system governance
- Information, products, and dissemination
- Health information system management and interoperability
- Data entry and data management
- Data quality
- Data analysis and use

1.2 HEALTH FINANCING LANDSCAPE ANALYSIS

This analysis had two objectives: to assess progress of the MoH Health Financing Strategy 2019–2023 and public financial management reforms; and to identify strategic activities that will bolster the

government's efforts to implement the health-financing strategies and public financial management reforms.

Findings are centered around the strategic interventions described in the Health Financing Strategy and are grouped into the following four categories:

- Ensuring sufficient and sustainable public financing for health; monitoring of the effect of resource mobilization interventions by establishing a functional unit to monitor spending on health
- Restoring a unified pooling and resource allocation mechanism through the creation of a health sector budget working group and its program budgeting tasks
- Harnessing reforms in program budgeting and performance-based resource allocation
- Making the package of essential health services a tool for entitlement, planning, and contracting through a review, costing, and feasibility analysis

1.3 INSTITUTIONAL CAPACITY ASSESSMENT

The Institutional Capacity Assessment (ICA) seeks to understand institutional strengths and areas for improvement in underlying institutional capacity—capacities which, although not technical in nature,

provide a foundation to support activities and interventions undertaken in support of the Activity's core objectives and the MoH's Strategic Plan. The Activity team's assessment examined six dimensions of capacity: organizational mandate, structure and staffing, leadership and management, coordination and collaboration, technical capacity, and implementation capacity.

The findings provide the basis for development of an institutional strengthening plan and are used to establish a baseline against which to monitor progress, learn from, and evaluate the effectiveness of Activity interventions.

2. THE CAPACITY STRENGTHENING ACTION PLAN

In partnership with and through the support of the Activity, the MoH developed a national Capacity Strengthening Action Plan (CSAP), which outlines priority areas for capacity strengthening. The MoH will use the CSAP to call upon key development partners to collaboratively address areas of priority that are in line with each respective partner.

2.1 PURPOSE AND AUDIENCE OF CSAP

The CSAP is an MoH-owned document used to focus on the contributions of development partners that want to support capacity strengthening interventions in future years. The MoH will take the lead in the process of addressing capacity gaps identified.

For the initial year of implementation, the Activity and other key partners will provide technical support to implement the proposed activities and interventions. A working group will be assembled to lead action plan implementation, to meet regularly to monitor progress, and to review and revise the action plan activities as needed. The Activity will participate actively in these meetings but transition leadership and ultimately involvement over to the MoH by the end of the project.

2.2 PROCESS FOLLOWED TO DEVELOP CSAP

In July 2022, the MoH and the Activity conducted a workshop to determine and discuss capacity gaps as well as areas of strength and presented its findings for prioritization to the MoH. The director general of corporate services led the workshop, accompanied by the director of budget and financial management; the director of cabinet for policy, planning, and cooperation; the director of human resources; and the director of family health. Civil servants from relevant units of the MoH also attended. The workshop was designed to encourage participation and discussion among participants, after which participants were asked to prioritize the recommended area for action. A total of 17 key action points were presented during the prioritization session. Each participant was provided 12 sticky notes with different colors – green, yellow, and pink. Participants were instructed to use a note color to correspond to each of the action points with a green note for high priority, orange for medium priority and pink for low priority. The note colors were then tallied, and those with the most votes were prioritized.

2.3 AREA OF FOCUS BY THE ACTIVITY AND OTHER PARTNERS

Based on the priorities identified by the MoH, the Activity will focus on the development of a procedure for delegation of authority within the MoH to enhance efficiency and effectiveness of operations; develop a handover format and process to improve workflow, productivity, reduce disruption of work when there is change of staff, and support the MoH in designing and implementing a leadership and management development program. The Activity will address these key issues incrementally.

The Activity along with other partners will undertake the remaining recommended interventions, listed below. For these interventions the MOH will call upon supporting partners to assist in carrying out the recommendations as outlined in the CSAP. While the Activity will assist, ultimately the MOH will lead this process.

- Strengthen the department and directorate organizational structures to support achievement of their respective mandates
- Create a contingency plan to ensure staff coverage during extended staff absences or emergencies!

- Equip or strengthen staff with the basic skills necessary to do their jobs and skill upgrades in response to technology developments
- Provide an induction program for new staff
- Establish and provide for the regular updating of operational plans

2.4 CONCLUSIONS

The capacity dimensions considered during the ICA constitute the building blocks of a sustainably strong institution. Coupled with the information obtained through the DACA and the Health Finance Landscape Analysis, the MoH has a comprehensive picture of its technical and organizational strengths, as well as areas for improvement. As noted in the ICA report, given resource limitations and concerns for the absorptive capacity of the different directorates and departments, prioritization of activities and interventions is critical. Upon completion of each of the assessments previously mentioned, the Activity and the MoH collaboratively decided to establish those priorities. Based on these priorities, the Activity team developed a roadmap for proposed activities and interventions identified, and which are presented in the table below.

Table 1. Capacity Strengthening Action Plan for Health Governance

I	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading Organization, and MoH Counterpart	Capacity areas as per ICA
1.1	Development of a Handover procedure (the transition of information and responsibility between departing and joining staff)	The ICA revealed that there are no established processes for a handover. This is especially challenging, given the MoH's high turnover rates.	The Activity and MoH will co-develop a handover procedure outlining steps to be taken and content to be included in a handover note. The MoH will use the handover procedure to improve workflow and productivity and minimize disruption of work.	Jan 23–Mar 23	Moderate	Handover procedure is developed and piloted	USAID Health System Sustainability Activity (Activity), working with General Directorate of Corporate Services, Directorate of Human Resources, Directorate of Policy, Planning and Cooperation	Organizational Mandate
1.2	Development of a procedural framework for delegation of authority within MoH	Currently, the delegation is given only to those with the same level of authority, and there is a need to expand the delegation of authority to subordinates. This area was prioritized by the MoH in the CDAP workshop.	MoH agrees to adopt the framework for delegation of authority and adjust with the previous mechanism in place.	Jan 23–Mar 23	Moderate	Framework for delegation of authority is developed and utilized by MoH	Activity, working with General Directorate of Corporate Services, Directorate of Human Resources, and Directorate of Policy, Planning and Cooperation	Organizational Mandate
1.3	Develop and implement a leadership and management development program to strengthening the leadership, management, and supervisory capacities of department chiefs, directors, and directors general.	The ICA results showed weak leadership management and supervisory practices resulting in unprepared and unmotivated staff, and, consequently, poor performance.	Changing of political dynamic in 2023 will not impact the MoH vision in implementing the leadership and management program. The MoH will adopt this program and institutionalized it.	Oct 23–Mar 23	High	Curriculum, program design, modules, facilitator guide, supporting materials progress report	Activity, working with General Directorate of Corporate Services, Directorate of Human Resources, and the National Institute of Health	Organizational Mandate

Table 1. Capacity Strengthening Action Plan for Health Governance

I	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading Organization, and MoH Counterpart	Capacity areas as per ICA
1.4	Development of database to support the office of Health Professional and Health Activity Registration for effective engagement with the Private Sector	The Office of Health Professional and Health Activity registration is a newly established unit. Providing its roles to engage with the private sector is crucial and needs support with mapping of existing private stakeholders will improve MoH's engagement.	MoH to regularly update use and the database and continue to improve engagement with private sector.	Oct 23–Mar 23	High	Database	Activity, working with Directorate of Health Professional and Health Activity Registration and all departments	Cooperation and collaboration
1.5	Development or strengthening of directorate and department organizational structures to support achievement of their respective mandates	The ICA results showed that there is a lack of organizational structure to carry out its mandate.	Once strengthened, regular update of organizational structure is crucial.	Jul 23–Sep 23	Medium	Framework for assessing adequacy of current structures	Other partner TBD, working with General Directorate of Corporate Services and Directorate of Human Resources	Organizational mandate
1.6	Contingency planning to ensure staff coverage during extended staff absences or emergencies	The ICA revealed that there is no contingency plan to address staffing shortages in the event of emergencies or of prolonged staff absences.	Utilization of tools being presented to ensure transition and proper handover between staff.	Jan 24-Mar 24	Medium	Operational procedure	Activity, working with General Directorate of Corporate Services and Directorate of Human Resources	Structure and staffing
1.7	Develop an induction training of new staff	Results of the assessment showed that there is no proper induction training provided to new staff. Staff were not given clear instruction for their roles. Instead, staff are learning from each other as they do their work.	Proper induction training program needs to be co- developed with MoH and used by MoH as a standard procedure for incoming staff.	Jan–Mar 2023	High	Induction program design, facilitator's guide and training report	Activity working with Directorate of Human Resources	Structure and staffing

Table 1. Capacity Strengthening Action Plan for Health Governance

I	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading Organization, and MoH Counterpart	Capacity areas as per ICA
1.8	Keeping the staff regularly updated on any changes in annual or implementation plans within a department	The ICA findings suggested that changes or modifications in plans are often made in departments or directorates but staff are often not aware of these changes	The chief departments/directorates will need to take the lead to update staff through the units' regular meetings	Jul 23–Sep 23	Medium	Meeting note	Other partners, working with General Directorate of Corporate Services and Directorate of Human Resources	Structure and staffing
1.9	Establishment of operational plans and routine updates	ICA findings indicate that there is a need for operational plans to be regularly updated to support with day-to-day work of the unit.	Co-development and implementation of the operation plans and regular updating by MoH beyond the Activity	Jul 23–Sep 23	Medium	Capacity strengthening on operational planning.	Other partners, working with Directorate of Human Resources	Implementation capacity

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.1	Activate HMIS Technical Working Group (TWG) Review or create the HMIS TWG scope, roles, and responsibilities	The MOH has a significant governance, leadership, and stewardship role. Stakeholders must coordinate strategies and investments to ensure interconnected and interoperable health information platforms across the public and private sectors to facilitate the use of data in managerial and policy decisions. The TL eHealth Strategy identified the establishment of an eHealth Steering Committee. If this committee exists, the HMIS TWG should operate in coordination with the eHealth Steering Committee	MoH HMIS division willingness and commitment to reactivate the TWG Dependency: HMIS TWG meeting must convene first with the revised scope and new members. eHealth Steering Committee is operational HMIS TWG to meet with the eHealth Steering Committee and identify how it should coordinate together	Oct–Dec 2022	High	Circulation of TWG meeting minutes with stakeholders. Convene a joint meeting HMIS TWG with the eHealth Steering Committee	Activity working with Directorate of Policy, Planning and Cooperation and HMIS Department	Cooperation and collaboration
2.2	Advocate for the creation of a HIS TWG.	There is currently no formally established health information system interoperability planning TWG or actionable roadmap.		Oct 22– Sep 23	Moderate	Interoperability roadmap and action plan	Activity working with Directorate of Policy, Planning and Cooperation and HMIS Department	Cooperation and collaboration
2.3	Capacity-building and mentoring support: Connect MoH HMIS team with senior DHIS2 expert for TLHIS mentorship	The MOH HMIS team has limited superuser skills and system access. For sustainability and strengthened national ownership, TLHIS administration and management should ideally be led from within the MOH.	MoH HMIS division's willingness for mentoring support in addition to WHO support	Oct 22– Sep 23	Moderate	Transition TLHIS governance to HMIS superuser at MoH HMIS Team	Activity working with Directorate of Policy, Planning and Cooperation and HMIS Department	Technical capacity

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.4	Develop a replicable, scalable training and continuous education program for health posts, community health centers (CHCs), municipalities	A standard HMIS trainings agenda is missing. Trainings are conducted on an ad hoc basis. Most of the interviewees are not trained on data definition, data quality, indicators, and data use. HMIS officials and health facility staff involve in HMIS reporting need different skill sets as per their role, for example, doctors and nurses responsible for reporting need to understand data definitions and reporting forms. CHC HMIS managers need additional training in competencies like TLHIS data entry and data validation module. MOH experiences the impact of attrition and personnel changes. Relying on in-person trainings can be expensive, time-consuming, and potentially disruptive for service delivery. Additionally, it can be difficult to follow up with trainees post- training, which is critical for reinforcing training concepts	Coordination with the HMIS division, monitoring and evaluation (M&E) department, WHO, and other key stakeholders. Updated training material and resources. Knowledge hub to post and share short audio/video courses.	Oct 22–Sep 23	High	Updated training plan, training agenda, and training material for competency-based cascade trainings.	Activity working with HMIS Department	Structure and staffing

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.5	Continue study tours for HMIS governance and DHIS2-based data use	Study tours to Sri Lanka have already taken place for key HMIS members. Continued study tours would be useful to continue promoting professional growth and bringing international best practices to Timor-Leste.	Identify optimal DHIS2 site for visit	Apr–Jun 23	Low	Post-visit competency test of participants of the study tour	Directorate of Policy, Planning and Cooperation and HMIS Department	Technical capacity
2.6	Update HMIS guidelines on HMIS reporting channels (data flow, reporting process, data entry, data verification, feedback loops, and data use)	Addresses the need for standard processes for both paper based and TLHIS reporting channels (data entry, reporting, data quality, feedback loops, data use).	Coordination with the HMIS division, M&E department, WHO, and other key stakeholders	Jan–Mar 23	Moderate	An approved version of HMIS guidelines on reporting channels	Activity working with Directorate of Policy, Planning and Cooperation, M&E, ICT and HMIS Department	Technical Capacity
2.7	Approval of TWG on updated HMIS guidelines on reporting channels (data flow, reporting process, data entry, data verification, feedback loops, and data use)	Existing guidelines are outdated, are not well known, and the circulating copy still appears as a draft and has not been formally published.	Reinstation of HMIS TWG	Oct–Dec 22	Moderate	Use of HMIS guidelines in trainings	Activity working with Directorate of Policy, Planning and Cooperation and HMIS Department	Technical Capacity
2.8	Disseminate HMIS guidelines in Tetum with internal and external stakeholders using scalable training approaches	Existing guidelines are in English and have limited readership	Approval of TWG on updated HMIS guidelines on reporting channels	Oct–Dec 22	Moderate	Use of HMIS guidelines in trainings	Activity working with HMIS Department	Technical Capacity

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.9	Develop or refresh an appropriate, existing online site where sub-national staff can readily access resources related to HMIS and M&E Re-sources that should be able to be easily downloaded and shared..	HMIS team at the sub-national level are not familiar with where to access resources, such as the M&E manual or HMIS guideline.	Identification of MoH owned site/platform for resource sharing	Jul–Sep 23	Low	HMIS resources developed in phase-1 and 2 like HMIS guidelines, data dictionaries, indicator dictionaries, etc. shared through MoH owned site/ platform	Activity working with HMIS Department	Implementation capacity
2.10	Update the Timor-Leste Interoperability Roadmap and Action Plan. Validate the revised interoperability roadmap with key stakeholders and with a Health Information Exchange expert to accelerate interoperability between identified systems and align with global best practices.	The vision for the Timor-Leste Interoperability Plan exists in the country's One Plan, One Budget, One Monitoring as well as in the eHealth Strategy. However, there has been limited success to operationalize this vision. Work was underway in June– July by the WHO to achieve interoperability between the HRIS and TLHIS; however, there is a need to accelerate efforts to achieve improved interoperability and to address holistic interoperability needs.	Collaboration among MoH, other government agencies development partners, and other stakeholders	Oct–Dec 22	High	Timor-Leste Interoperability Roadmap and Action Plan	Activity working with Directorate of Policy, Planning and Cooperation, General Directorate of Corporate Services (Partnership, M&E and HMIS Departments)	Organizational Mandate

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.11	COVID-19: Configure the weekly vaccine summary distribution list into the COVID-19 DHIS2 instance	There is currently a shadow system in Excel that is being used to report weekly vaccine distribution. This is creating additional work, as sub- national levels need to report using both the Excel and COVID-19 tracker in DHIS2.	There may be a program in DHIS2 that is already configured to capture and report this data; however, this needs to be confirmed and updated. Collaboration with WHO.	Oct–Dec 22	High	Vaccine tracking data entry module in TLHIS COVID-19 application	Activity working with HMIS, ICT and M&E Departments of the Directorate of Policy, Planning and Cooperation	Technical capacity
2.12	Explore merging the COVID-19 DHIS2 tracker into the TLHIS	Currently, the COVID-19 DHIS2 tracker is housed in a separate DHIS2 instance than the TLHIS. The reason the WHO separated the COVID-19 tracker from the TLHIS during the original configuration is unknown. This confuses sub-national-level data entry officers on why there are two different DHIS2 instances. It would also potentially streamline data entry at subnational levels if the COVID-19 tracker were merged into the TLHIS. Replicable trackers could also be created for other communicable diseases and for vaccinations within DHIS2.	This activity must be coordinated with the WHO as the original developers of the COVID- 19 tracker in DHIS2, the MOH COVID-19 department, and the HMIS department.	Oct–Dec 22	High	Integrated TLHIS with COVID 19 tracker	Activity working with HMIS, ICT and M&E Departments of the Directorate of Policy, Planning and Cooperation	Organizational mandate

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.13	Action plan to transition from paper-based reporting to TLHIS			Oct 22– Sep 23	High	Approved roadmap and action plan to transition from paper- based reporting to TLHIS. 100% facilities reporting on TLHIS	Activity working with Directorate of Policy, Planning and Coopera-tion, HMIS, ICT and M&E departments	Organizational mandate
2.14	Update HMIS Data Dictionary for 23 existing reporting forms of TLHIS	Doctors, nurses, and midwives who record the data in the recording register and compile the HMIS report every month have limited understanding of data definitions which leads to inaccurate data reporting. Existing data definitions are in English and not understood by the majority of persons responsible for report compilation.	Collaboration with different program divisions Example: for TB and HIV from collaboration with the Directorate of Disease Control, for monthly and weekly surveillance form collaboration with the Surveillance department. Consensus on data definitions and guidelines from each concern program division.	Jul–Dec 22	High	Updated HMIS data dictionary. Use of HMIS data dictionary in trainings	Activity working with HMIS Department	Technical capacity
2.15	Support the MOH to institutionalize regular Routine Data Quality Assessments (RDQA) at Municipality and CHC level	The existing RDQA tool is not in use by HMIS managers at CHC and municipal levels	RDQA is included in the job description (JD) of HMIS manager at CHC and municipal levels	Apr–Jun 23	Moderate	Revised RDQA tool for HMIS manager at CHC and municipal levels	Activity working with General Directorate of Corporate Services Directorate of Policy, Planning and Cooperation, M&E department and HMIS Department	Implementation capacity

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.16	Support a data reconciliation and data review workshop to improve data quality	Currently, data quality issues and data discrepancies are managed by CHC and HMIS officers individually on a case-by-case basis. The data reconciliation workshop will promote the use of standard operating procedures (SOPs) and peer learning from each other's experience. There is an expressed need to convert RDQA findings into action to improve data quality	Approved SOPs of data validation and data recovery, data review RDQA completed by HMIS managers of CHC and Municipality	Jan–Sep 23	High	One-day workshop (ongoing Activity every quarter). Municipality action plan to improve data quality. Meeting minutes of quarterly data reconciliation/review workshop	Activity working with Directorate of Policy, Planning and HMIS Department	Implementation capacity
2.17	Update HMIS Indicator Dictionary for 23 existing reporting forms of TLHIS	M&E guidelines have a list of key indicators and program indicators. However, more than 75% of data elements are not converted into indictors and hence not used. The list of indicators in TLHIS is incomplete	Consensus on indicator definition and mathematical formula from each concern program division. MoH has user rights to create indicators in TLHIS	Oct–Dec 22	High	Use of HMIS Indicator dictionary in training on data use. Complete list of indicators in TLHIS.	Activity working with Directorate of Policy, Planning and HMIS Department	Technical capacity
2.18	Capacity-building support to program divisions at national and sub- national levels for data analysis, visualization, interpretation, and use for decision-making	Data use is limited at the national and sub-national levels. Data analysis is done on an ad hoc basis and shared in a review meeting. Data interpretation and use in planning and decision- making are minimal due to a lack of data interpretation skills.	Coordination with program division heads. Engagement of program directors in the municipality	Jul–Sep 23	High	Use of data by program divisions in decision making	Activity working with Directorate of Policy, Planning and HMIS Department	Technical capacity

Table 2: Capacity Strengthening Action Plan under Health Information Systems

2	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity Areas as per ICA
2.19	Strengthen and promote a culture of data use through quarterly data use workshops at the national and sub-national levels	Data use is occasional. It is critical to build a culture of data use and promote peer learning	MOH HMIS division will lead the workshop	Apr–Jun 23	Moderate	One day workshop (ongoing Activity) Monthly Activity plan of CHCs and HPs based on data	Activity working with Directorate of Policy, Planning and HMIS Department	Implementation capacity
2.20	Support MOH HMIS team to initiate and disseminate HMIS quarterly bulletin, which has updates on activities conducted to promote data use, best practices, success stories, and facilitation of champions	It can be helpful and motivational for the HMIS department to share key advances and highlight data use champions in a bulletin that is shared with central and sub-national stakeholders.	Regular quarterly workshops on data quality and data use	Jul–Sep 23	Ongoing	One-day workshop (ongoing Activity) Publication of quarterly bulletin	Activity working with Directorate of Policy, Planning and HMIS Department	Implementation capacity

Table 3: Capacity Strengthening Action Plan under Health Financing

3	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity areas as per ICA
3.1	Support establishment of health financing unit	The health financing unit (HFU) will provide HF and PFM support to the MoH to improve health systems performance focusing on health financing for policy inputs and public finance management to improve the budgeting process	MoH supports establishment, agreement on Terms of Reference, including legal foundation. SOP, post-description finalized. Legal process completed	Jul 23–Sep 23	High	Health financing unit staffing plan approved, and draft legal instrument validated by MoH.	Activity working with General Directorate of Corporate Services and Directorate of Budget and Financial Management	Organizational mandate
3.2	Conduct capacity strengthening for HFU			Jul 23–Sep 23	Moderate	Curriculum for health financing unit capacity building session developed and accepted by MoH. Health Financing Dictionary/Glossary developed.	Activity working with Directorate of Budget and Financial Management	Technical capacity
3.3	Conduct capacity assessment for the MoH departments and carry out PFM capacity strengthening activities based on capacity assessment findings.	MoH's budgetary planning, development, and monitoring needs strengthening.	MoH directorates receptive to PFM support. Collaboration with MoF.	Apr 23–Jun 23	Moderate	PFM capacity needs assessment completed. PFM training curricula for MoH is developed and implemented	Activity working with Directorate of Budget and Financial Management	Technical capacity
3.4	Carry out PFM capacity strengthening activities for health CSOs.	Training/orientation to be provided to CSOs to improve their advocacy in health financing.	Approach to capacitating CSOs developed and implemented	Apr 23–Jun 23	Moderate	PFM training curricula CSOs is developed and implemented.	Activity working with General Directorate of Corporate Services and Directorate of Budget and Financial Management	Implementation capacity

Table 3: Capacity Strengthening Action Plan under Health Financing

3	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity areas as per ICA
3.5	Explore development partners' possible roles in performance-based	MoH aims to improve the performance of the Saude na Familia team and municipality support	Agreement and coordination among partners. Framework	Jul 23–Sep 23	Moderate	Concept note on Performance Based Financing initiative	Activity working with General Directorate of Corporate Services and Directorate of Budget	Cooperation and collaboration

Table 4. Capacity Strengthening Action Plan under HRH

4	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity areas as per ICA
4.1	Support NDHR operationalizing key HR manuals and strategies.	The continuation from HRH Activity Year (AY) 2 development of the manuals of JD development and recruitment, and performance evaluation (PE) policy. In AY3 the Activity will support to develop training materials and deliver series of workshops to socialize these manuals and policy.	In coordination with NDHR team and PE working group, The Activity team will develop training materials and deliver workshops to socialize the manuals and policies. The Activity will identify 5 champions within NDHR and build their capacity by mentoring and coaching them on how to develop individual JDs and PE using the tools and templates developed previously.	Oct 22–Mar 23	High	PE Policy developed JDs Development and Recruitment Manuals developed	Activity working with General Directorate of Corporate Services and Directorate of Human Resources	Implementation capacity
4.2	Co-conduct a Functional Task Analysis for work units at central services	The Activity will conduct a functional tasks analysis to NDHR and its subordinate's department at national level.	The team will use information from both the mandates of NDHR and its subordinates' departments based on their organic law, 5- year result in the strategic plan, Essential Services Package, and other relevant documents to identify work units' functional tasks, job families, position and number of workers needed.	Apr 23–Sep 23	High	Functional Task Analysis Report	Activity working with General Directorate of Corporate Services and Directorate of Human Resources	Organizational mandate

Table 4. Capacity Strengthening Action Plan under HRH

4	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity areas as per ICA
4.3	Co-develop JDs and PE Criteria for Positions in MoH	The Activity will co-develop JDs for positions identify during the functional task analysis for management support services at central level.	The Activity team will involve the PE working group and selected champions from NDHR to develop remaining JDs for MoH and do revision as needed. This will involve socialization, training, and coaching with hands on activities for developing JDs. The team will also help develop selected JDs for health professional positions as identified in the ESP, focusing on positions for clinical support service roles. In addition, the team will then co-develop PE criteria for health professionals using PE tools and template developed in AY2.	Apr 23–Sep 23	Medium	JDs and Performance Criteria for 10 different cadres of health professionals at primary healthcare level developed. Learning brief on PE development documenting journey, challenges and lessons learned.	Activity working with General Directorate of Corporate Services and Directorate of Human Resources	Structure and staffing
4.4	Co-develop HR management tools for effective recruitment and retention of qualified and competent health workforce	The manuals will help NDHR and HR officers to effectively manage health professionals. For effective implementation of the manuals the team will co-develop training materials and deliver a series of workshops to socialize the manuals.	The Activity team will work with NDHR to develop additional sections of the HR manual, such as the manual for recruitment to add section for fixed term contractor, internship, and scholarship, leaves and absences, rotation and mobility, PE, and additional section as required.	Oct 22–Sep 23	Medium	HR Manuals developed. Training modules of the manuals developed.	Activity working with General Directorate of Corporate Services and Directorate of Human Resources	Implementation capacity

Table 4. Capacity Strengthening Action Plan under HRH

4	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity areas as per ICA
4.5	Support MoH and health professional bodies to develop health worker competency standard for key cadres	The competency standards will help the development of JDs, PEs, curriculum development for health education and training. The Activity expects that these competencies will also inform the creation of a professional examination and licensing system by the MoH through coordination with Health Professional Councils, the professional associations and key work units in the MoH.	The Activity team in coordination with the Cabinet of Health Quality Assurance, Cabinet of Licensing and Health Activity Registration, Instituto Nacional da Saúde (INS), NDHR, health professional associations and other stakeholders will explore other countries' competency standards as a starting point to develop standard competencies for the remaining key health cadres that fit with health workers' categories and conditions in Timor-Leste. The Activity will provide in-kind grant to selected health professional associations.	Apr23 - Jun 23	Medium	Competency standard report	Activity working with General Directorate of Corporate Services and Directorate of Human Resources	Organizational mandate
4.6	Conduct Health Labor Market Analysis	The Activity will help the MOH to conduct a labor market analysis to document the landscape and dynamics of the health labor market. The analysis will help the MoH and other stakeholders understand the driving forces behind common HRH challenges, including shortages and surpluses of specific cadres, skills mix required, geographic imbalances	The Activity will use short term consultant to help conduct Labor Market Analysis.	Q2–Q4 FY3	Medium	Health Labor Market Analysis Report and policy recommendation	Activity working with General Directorate of Corporate Services and Directorate of Human Resources	Leadership

Table 4. Capacity Strengthening Action Plan under HRH

4	Activities	Rationale	Assumptions and Dependencies	Suggested Timeline	Priority Level	Deliverable(s) or Means of Verification	Leading MoH Counterpart	Capacity areas as per ICA
		across and within municipalities, performance and motivation factors, and more importantly policy instruments and interventions to address these challenges.						
4.7	Functional task analysis	ICA revealed that there are issues with allocation of HR not accordingly with their technical skills, inadequacy of number of people, poor organizational structure with unclear mandate or outdated.	There needs to be functional task analysis to address key issues associated with allocation of HR at the right place. Further, this needs to be adapted and regularly used by MoH beyond the Activity	Jan 23–Jan 24	High	Revised organic structure, clear positions align with unit's mandate and workforce planning and JDs.	General Directorate of Corporate Services and Directorate of Human Resources	Organizational mandate
4.8	Training needs analysis	Current training packages being offered do not really respond to capacity needs. Most training is not targeted for specific audience. The ICA also revealed that there is a need to assure that staff have the basic skills necessary to do their jobs.	Training needs analysis need to be conducted to ensure future training being offered is aligned with the training needs of units within MoH.	Jan 23–June 23	High	Training plans	MoH and partners General Directorate of Corporate Services and Directorate of Human Resources	Technical capacity