

EXPERIENCES IN IMPLEMENTING HEALTH WORKER PRODUCTIVITY REFORMS IN TIMOR-LESTE

LEARNING BRIEF

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Introduction

Since gaining independence in 2002, Timor-Leste has made significant strides in establishing the country's health system through the creation of public policies and national management frameworks. Key policy and strategy documents, such as the National Health Sector Strategic Plan II (2020-2030) and the National

Human Resources for Health Sector Strategic Plan (2020-2024), help translate Timor-Leste's vision of providing universal access to health care into actionable goals at the community, municipal, and national levels.

However, the Ministry of Health (MOH) has faced challenges in effectively implementing these policies and strategies. In regard to health workforce management, productivity has been hampered by ineffective planning, maldistribution of health workers, lack of standardized job descriptions, limited competencies, weak motivation, and unclear performance management (MOH 2020a). In response to these challenges, the USAID Health System Sustainability Activity in Timor-Leste (the Activity) collaborated with the MOH to improve health workforce management through key interventions. These interventions sought to reform recruitment and performance management in two ways: first, by creating and/or standardizing job descriptions for central-level MOH staff so their written descriptions better aligned with their daily responsibilities to improve understanding and accountability; and



second, establishing a performance evaluation framework for frontline health workers at the primary level so evaluations become transparent and standardized. These interventions were selected by the MOH’s National Directorate of Human Resources (NDHR) because of their self-reinforcing nature: job descriptions set clear expectations for what a health worker is supposed to accomplish, and these expectations serve as a benchmark against which a health worker’s accomplishments are measured.

With technical and financial support from the Activity, the NDHR in 2022 embarked on the process of developing a job description development manual and a performance evaluation manual to ensure health workers had clearly defined scopes and performance expectations. The ultimate goals of these reforms are to set clear expectations for what health worker cadres are supposed to do, improve productivity and motivation through recognition of high-performing

health workers, and support improved competencies where needed. Additionally, efforts were made to enhance the capacity of NDHR staff, enabling them to continue developing job descriptions and performance evaluation criteria for secondary and tertiary health care staff. This brief summarizes the NDHR’s yearlong reform effort and documents the lessons learned.

Developing the Job Description and Performance Evaluation Manuals

In early 2022, the minister of health nominated a team of MOH technical staff and senior directors as champions to participate in technical discussions. The development process, described in Figure 1, involved a desk review of documents; interviews; and a series of workshops, technical discussions, and consultations involving all stakeholders from the health sector, including civil society organizations (CSOs) and development partners.

FIGURE 1. PARTICIPATORY APPROACH TO DEVELOP HUMAN RESOURCES FOR HEALTH MANAGEMENT PROCEDURES



Desk review

With support from the USAID Activity, the NDHR team reviewed all existing policies, standards, regulations, and best practices related to job positions and performance requirements. The purpose was to

ensure that the new manuals would conform to norms and standards established by the Civil Service Commission, use consistent terminology, and comply with the commission’s guidelines.



This review covered the Civil Service Commission's laws and regulations pertaining to the recruitment and selection of public administration staff, the Essential Service Package for Primary Health Care, the Family Health Program, and other documentation specifying the positions and performance requirements for staff on different programs.

Engage frontline health workers

Because the job description and performance evaluation manuals were intended to be used by frontline health workers, the NDHR engaged with relevant health workers at health posts, community health centers, and the Guido Valadares National Hospital. This engagement took place through meetings, interviews, workshops, and technical discussions, and was aimed at drawing on the health workers' firsthand knowledge of health professionals' roles, tasks, challenges, and the skills required to excel in their positions.

Co-develop with the ministry

Recognizing that limited partner engagement with the Timor-Leste MOH in past policy reforms may have contributed to policy implementation challenges, the USAID Activity team intentionally fostered deeper MOH engagement and local capacity strengthening by working closely with selected champions on the development of the manuals. These champions, who were officially selected by the NDHR as individuals with a strong commitment to learn and contribute to developing more effective practices, took on substantive and proactive roles in the manuals' development process. They helped collect feedback and promote use of the manuals among their peers. The MOH ownership of the manuals was further enhanced by having the ministry contribute funding to the co-development process.

The USAID Activity's collaborative approach to developing the manuals emphasized that maintaining accurate job descriptions and effective performance requirements is an ongoing responsibility and function of the NDHR. Co-funding the manuals' development helped the MOH understand the level of expenditure

required to implement and further refine the manuals. By involving champions nominated by the MOH, the process encouraged ongoing use of the manuals within the MOH.

Consult with stakeholders

The NDHR team consulted with a wide range of stakeholders during the manuals' development and validation phases. Discussions were held with national directors, general directors, and municipality health directors from the MOH; executive directors of independent agencies under the MOH, such as the National Institute of Public Health, Timor-Leste; health cadres from the primary, secondary, and tertiary levels; municipal health service human resource officers; health professional associations; development partners; and health CSOs represented by Rede ba Saúde Timor-Leste (REBAS-TL). Drawing on the expertise of these diverse stakeholders ensured that the manuals would be well informed, and allowed the development team to address any stakeholder concerns.

Select list of stakeholders who provided inputs to the manual

1. Asosiasaun Dentaria
2. Electromedical Association
4. Forum Organizaasaun Naun Governental Timor-Leste (FONGTIL)
5. Hospital Nacional Guido Valadares (HNGV) (national hospital in Timor-Leste)
6. Nutrition Association
7. Maluk Timor
8. Health CSOs from all municipalities
9. Municipality Health Services
10. Partnerships for Human Development
11. Rede ba Saúde Timor-Leste (REBAS-TL)
12. St John of God International Health
13. Timor-Leste Nurses Association (AETL)
14. Timor-Leste Midwifery Association (APTL)
15. Timor-Leste Pharmacy Association (AFTL)
16. Timor-Leste Midwifery Association (AATL)
17. UNICEF
18. United Nations Population Fund (UNFPA)
19. World Bank
20. World Health Organization



Legal recognition of manuals

After completing the job description and performance evaluation manuals, the development team presented them to the MOH Council of Directors and the Civil Service Commission, and later to the national Council of Ministers. Approval by each of these bodies was necessary to convert the drafts into a ministerial diploma—the final step in making the manuals legally binding. Table I shows the role of each body in supporting institutionalization of the manuals.

Legal approval is a critical step in ensuring alignment, transparency, and effective governance of health workers management within the MOH. Endorsement and approval gives legitimacy to the manuals, makes MOH authority clear to external stakeholders, and encourages the adoption of and adherence to the manuals by the health professionals. Approval will also help the MOH to plan for the allocation of resources needed to implement the manuals effectively.

TABLE I. ROLES OF MOH INSTITUTIONS IN INSTITUTIONALIZING THE JOB DESCRIPTION AND PERFORMANCE EVALUATION MANUALS

INSTITUTION	ROLE
Council of Directors	Evaluate if the job description and performance evaluation manuals are consistent with the MOH's internal policies and procedures, guidelines, and strategic objectives. Endorsement and approval of the manuals to move to next process.
Civil Service Commission	Check on information related to transparency, fairness, and accountability in public service. Ensure there is a commitment to fair treatment of employees; promote uniform and consistent performance evaluation standards. Ensure MOH manuals comply with broader public service policies and guidelines.
Council of Ministers	To implement the manuals and policies and make them legally binding, they must be converted into legal documents in the form of decree laws or ministerial diplomas approved by the Council of Ministers.

Implement job description and performance evaluation manuals

In 2022, with support from the Activity team, the NDHR finalized a (generic) manual for job description development and created 40 job descriptions for health workers at the primary health care level. In January 2023, the manuals were officially launched by the minister of health and the USAID Mission director, accompanied by the president of the Civil Service Commission and a member of the National

Parliament. Since then, the NDHR has disseminated and supported use of the new job descriptions manual at all municipal levels. Additionally, the champions provided training on how to use the performance indicators mentioned in the job descriptions as the basis for evaluating health workers' performance.



Enabling Factors for Success

The Activity identified several key lessons throughout the development of the job description and performance evaluation manuals, as described below.

Engaging CSOs allows community inputs, inclusive buy-in, and effective implementation

Engaging CSOs in the development process offered valuable community input, ensuring that both manuals considered the health care needs, expectations, concerns, and priorities of the local populations served by the CSOs. For example, during the implementation phase, REBAS-TL suggested including health education and promotion among health workers' roles and advocated for nondiscrimination based on gender during performance evaluations. CSO participation, through REBAS-TL, made the development process more inclusive and transparent, and encouraged greater community support and ownership of the manuals.

Due to the consultations with REBAS-TL and its 43 health CSO members, the CSOs are aware of the job description and performance evaluation manuals. These CSOs can now work with municipality health authorities in implementing these manuals and ensuring accountability of service provision. The CSOs will help increase support from the broader community for improving quality health service delivery, making health care more accountable, and achieving better health outcomes.

Cultivating local ownership at each stage promotes sustainability

Cultivating local ownership at each stage of the manuals' development is crucial for ensuring the sustainability, relevance, and effectiveness of these tools in the MOH.

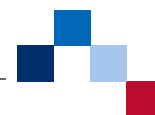


The teams from the NDHR and the Directorate General of Corporate Services at the MOH held a meeting in Aileu Municipality to discuss the draft job descriptions and performance evaluation criteria for health workers at the primary health care level.

From the beginning, the USAID Activity team ensured that the development process should be locally driven and sensitive to the local context. At every stage of the process, the NDHR team involved health professionals and their respective associations, MOH directors from the national and subnational level, development partners, and CSOs. These local stakeholders understand best the intricacies of their roles, responsibilities, and work environment; including them helped ensure that the manuals were tailored to the specific needs, contexts, and cultures of the MOH and its workforce.

As the president of the Civil Service Commission said during his speech at the launch of the manuals, *“The process itself [deserves] merit as it involves all the relevant partners. Everyone feels part of the development.”*

Further, involving employees, supervisors, and managers in the creation of the job description and performance evaluation manuals fostered a sense of inclusion and participation. This has the potential to lead to a more engaged workforce that feels their input is valued, likely increasing their commitment to using the manuals.



Municipality directors, members of health professionals associations and REBAS TL, and development partners gathered to discuss and validate the job description and performance evaluation manuals.

Involving frontline health workers increases acceptability

Engaging frontline health workers in the development of job description and performance evaluation manuals resulted in the manuals more accurately reflecting the roles and responsibilities of health care professionals. The health workers actively contributed by offering insights and recommendations based on their daily experiences. They described specific activities each health worker must do during family visits, such as conducting health assessments, providing health education, and ensuring medication adherence. They also provided valuable feedback on the clarity of the guidelines, suggesting improvements in language, formatting, and practicality. For example, they proposed clearer instructions for documenting patient information and recommended the inclusion of additional performance indicators that were directly applicable to their work.

The opportunity for frontline health workers to be active participants gave them agency to influence the process and content, thereby increasing their buy-in and sense of ownership of the final outputs. Their inclusion also fosters a culture of continuous quality improvement. They have insights into areas that might need improvement within their roles, and therefore they will themselves help refine and update the

manuals over time, ensuring the manuals remain relevant and effective.

Identifying and empowering MOH champions helps scale up local capacity, ownership, and sustainability

Partner initiatives often have challenges of sustainability in the long run. To support local capacity strengthening and ownership, the MOH and the USAID Activity identified champions among NDHR technical staff, enabling the champions to take leadership roles in the development and implementation processes.



Municipality health services directors gathered at preliminary workshop for the job description and performance evaluation manuals.

The Activity team supported the champions with on-the-job coaching and mentoring and provided the necessary resources and opportunities to lead and develop certain parts of the manuals effectively, including developing presentation materials for disseminating the manuals to different municipalities down to the health post level. To foster a culture of learning and exchange beyond engaging champions, the Activity introduced a weekly Friday session to present, exchange, and brainstorm ideas with and among the champions and NDHR staff and leadership.



As a result of these efforts, the dissemination of the manuals was independently conducted by the champions and financially supported by the MOH, demonstrating the MOH's strong sense of ownership of the manuals and related workforce management tools.



The MOH and Activity co organized a three day national workshop to validate job descriptions and performance evaluation criteria for health workers and managers at the primary health care level.

Engaging leadership within the MOH is an essential ingredient in creating sustainable reforms

Engaged and effective leadership within the MOH was instrumental for creating an environment conducive to productive discussions, effective coordination, and the successful development of the job description and performance evaluation manuals. Strong leadership from the NDHR and Directorate General of Corporate Services, who led with a clear vision, ensured that all involved stakeholders were aligned. The leadership also empowered their technical team members and delegated responsibilities to champions to take the initiative and actively contribute to the process. This not only promoted a sense of ownership but also allowed the development team to tap into diverse expertise in crafting job descriptions and performance evaluation manuals. Further, stakeholders within the MOH and beyond remained motivated and supportive throughout the process, as MOH leadership positioned this initiative as part of a larger, strategic effort to improve the quality of health

care services and workforce management over the long term.

Looking Ahead

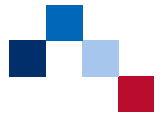
Now that the job description and performance evaluation manuals are in place, ensuring sustainable implementation is a critical step. To achieve long-term success, the Activity team recommended the following for NDHR consideration and implementation.

In-person socialization to and training on the manuals

- Introduce and familiarize the job description and performance evaluation manuals to municipal health services, health posts and health facilities, managers, supervisors, and employees to ensure that these essential resources are widely available and accessible, and to promote consistency across various health care settings. These sessions should strive to facilitate a comprehensive grasp of the manuals' content, purpose, and practical applications.
- Have other development partners such as St. John of God, Partnership for Human Development, the World Health Organization, and REBAS-TL endorse, communicate, and advocate for use of the manuals.
- Support MOH leadership in developing a communications campaign to support implementation. Communications should explain how the manuals align with the MOH's organizational goals, enhance career development, and contribute to improved health care services, and highlight success stories and examples of how the manual has positively impacted employees' careers and patient care. Share these stories to inspire others and reinforce the benefits of using the manual.

Training and capacity strengthening

- Conduct comprehensive training sessions for all human resources in the NDHR, municipal health services, and health facilities. These sessions should



focus on teaching the personnel how to develop, review, and update job descriptions based on the job description manual, as well as how to practically apply job descriptions in their daily duties.

Institutionalization of the manuals

- Continue to work with the Civil Service Commission and advocate for the approval of the draft diploma for job description and performance evaluation manuals by the Council of Ministers while collaborating with the National Institute of Health, Timor-Leste, to introduce these manuals as compulsory induction materials for managers.

Performance improvement plans

- Along with the broader MOH, including line managers and municipal health directors, and the NDHR, use the performance evaluation manual to develop performance improvement plans for employees who need additional support. Ensure that the plans are aligned with the manual's standards.

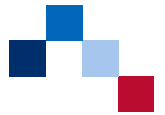
Recognition and rewards

- Working with the National Directorate of Budget and Financial Management, link the manuals to recognition and rewards systems through a performance-based incentive mechanism. Employees who consistently meet or exceed the performance expectations outlined in the manuals should be acknowledged and rewarded.

Following these recommendations will help ensure that the MOH job description and performance evaluation manuals will be used over the long term, contributing to improved health care services, employee development, and MOH success.

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low and middle income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self reliance and prosperity.

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