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LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

LEARNINGS FROM THE IMPLEMENTATION OF COMMUNITY-BASED MONITORING FOR HEALTH PROGRAM IN TIMOR-LESTE

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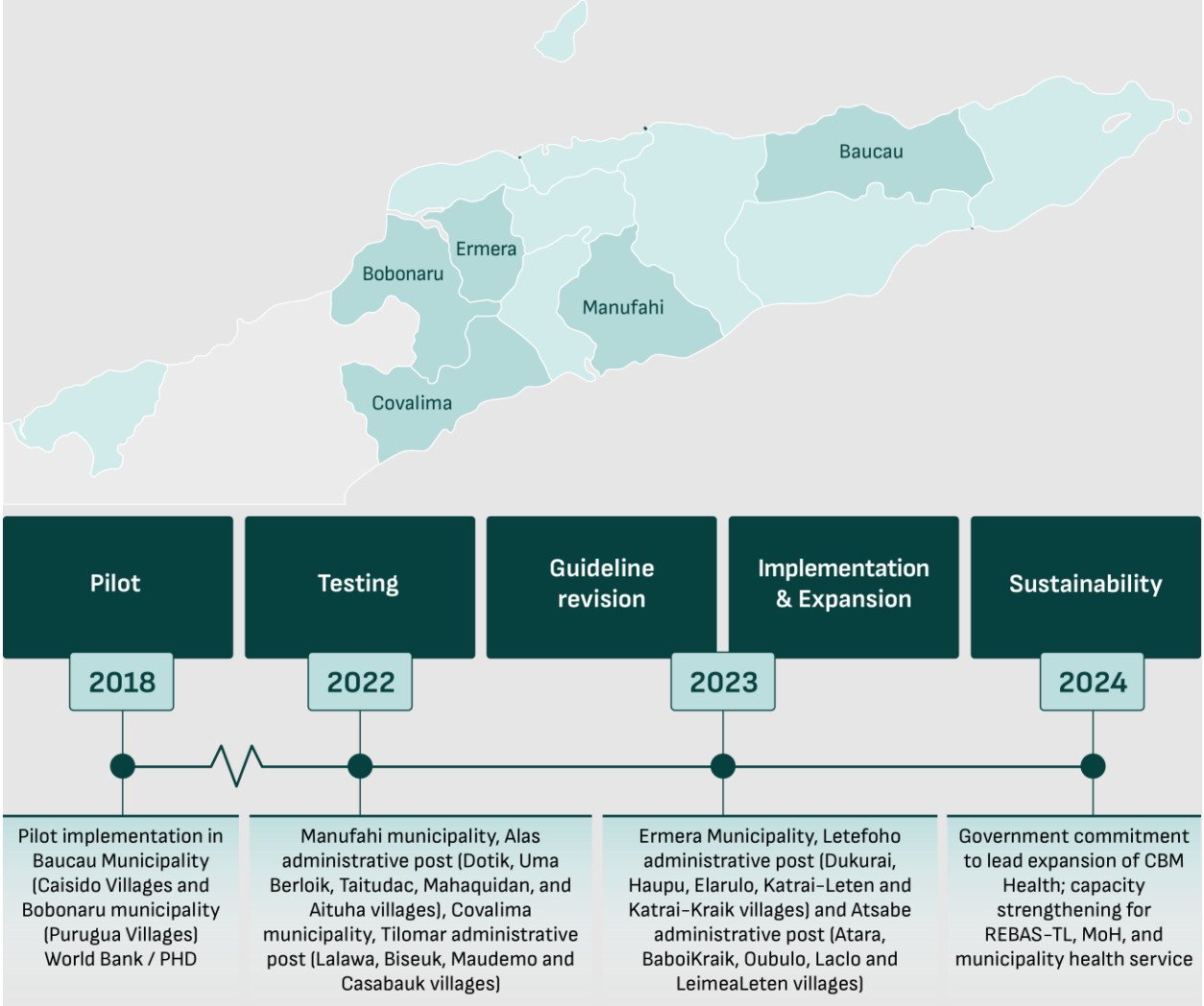
Background

Community-Based Monitoring for Health (CBM Health) is a program funded by the Ministry of Health (MoH) in Timor-Leste to increase the accountability of health services and to expand community access to these services. The program was piloted in 2018, using the guidelines co-developed with the technical and financial support of the Partnership for Human Development (PHD). In 2022, the USAID Health System Sustainability Activity (Activity) conducted participatory action research on reproductive, maternal, newborn, child, adolescent health, and nutrition (RMNCAHN) and began discussions with the MoH to update the CBM Health guidelines based on learnings from the pilot and additional global best practice learnings. CBM Health involves a process in which communities engage in collective planning, dialogue, and action. It is guided by social and behavior change and social accountability theory and used to monitor the impact of community mobilization.

CBM Health starts its work by creating a Community Mobilization Team (CMT) that includes stakeholders at the municipal and administrative post levels who work directly with communities to develop Village Health Assemblies (VHAs). Once VHAs are established, they use data to facilitate discussions with community members about current health-related behaviors and conditions in their village. They then define their issues and priorities, identify the changes they wish to achieve, determine how to implement these changes, and finally, monitor the progress and impact of their actions. Exhibit 1 illustrates the CBM Health timeline for Timor-Leste.

SISCa is an *integrated health service program at the community level* with the objective of giving integrated health assistance to the lowest level of community (aldeia) to ensure that every community has access to such services.



The CMT and VHA work collaboratively to carry out community mobilization activities. Typically, the CMT is composed of project or program staff, national or administrative post health workers from the MoH, members of CSOs/NGOs and representatives from other multisectoral partners. Sixty percent of each VHA consists of community members, including youth, people with disabilities and other marginalized people or groups in vulnerable situations, and the remaining 40 percent are Community Health Center (CHC) members, community health volunteers, and community leaders.

CBM Health enables communities to solve specific health problems, and as importantly, it strengthens the underlying capacity of communities to identify and jointly address health issues faced at the community level. CBM Health strengthens collaboration and communication between Health Care Workers (HCWs) and community members who are directly involved in finding solutions to health issues in the community and actively monitor health activities in their respective areas.

CBM Health builds confidence among communities and increases self-belief and motivation to act and address their issues. Given the benefits of CBM Health, the MoH has expanded the budget allocation for this program from $1,500 USD in previous years to $40,000 USD in 2024 to expand the activity implementation in other locations.

CBM Health key indicators of success overall

- 19 Village Health Assemblies established
- 19 Community Action Plans developed by the community addressing RMNCAHN issues
- 19 Villages developed by laws to increase social accountability between health facility personnel and community members
- Gender representation across 19 VHAs: 56% male and 44% female members
- Youth representation in 15 of 19 VHAs (10% of VHA members across 19 villages)
- People with disabilities represented in 9 of 19 VHAs

CBM Health key indicators of success in 3 municipalities

- Estimated 100 health workers and community members engaged in the Village Health Assembly and associated structures (Alas, Letefoho, Atsabe)
- VHA identified that community members were not seeking health services due to insufficient staffing at the facility. As a result, the VHA worked with the CHC and the municipality health service to bring an additional nurse and midwife to the facility (Alas)
- More community members attended SISCa events due to the VHA outreach and coordination with the health teams (Alas)
- Improved coordination with government in delivering at least one SISCa per month in each village (Alas)
- Husbands are accompanying their wives to the facility for healthcare needs (Letefoho)
- Health workers have better communication skills when interacting with community members (Letefoho, Atsabe)
- Increased interaction and outreach by health workers conducting health promotion and education sessions at community level (Atsabe)
- CBM Health provided a platform for youth to engage in community dialogues, decision making and activity planning; youth reported feeling heard and valued (Letefoho)
- A person with a disability led and organized community events making him feel valued and important (Alas - Aituha)

Objective

To share lessons learned from the Timor-Leste team's experience in moving CBM Health from guidelines to real world implementation.

Methodology

The Activity interviewed various representatives from MoH working at national, municipal, and administrative levels where the CBM Health program is implemented. Those interviewed include: the head of the M&E department of MoH (1 person in Dili); municipality program directors (3 people in Cova-lima, Ermera, and Manu-fahi); chief of CHC (1 in Tilomar, Cova-lima, and 1 in Letefoho, Ermera); VHA coordinators and members (2 people in Alas, Manu-fahi, 2 people in Tilomar, Cova-lima, 4 people in Letefoho and 2 people in Atsabe, Ermera); and 2 people in Dili from Hamutuk Ita Ajuda Malu (HIAM) Health, the current implementing partner. We included direct observation learnings by the Activity during CBM Health activity implementation in Letefoho, Ermera, and Manufahi, and included insights from programmatic technical reports.

Findings

Results of implementing CBM Health from the key informant interviews, field observations, and technical reports were analyzed and integrated into the asset findings organized across the socioecological model, from national and policy to organizational/institutional levels and community/individual levels. **They appear below.**

- **CBM Health is a process that can be used across sectors to drive coordination, collaboration, social accountability, and social and behavior change.** The implementation of CBM Health activity where VHA members discuss issues pertaining to health in their community appears to have also motivated

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people to bring up issues about education and agriculture. Some of the community members have also mentioned the importance of improving nutrition intake through the school feeding program (by the Ministry of Education) and encouraging parents to ensure children's attendance at school.

"...during the discussion some of the healthcare workers shared that family planning is not only for women but it is for men as well. Many men could not believe that… 'why would a man take part in family planning program?' they said. It was a great session for us to learn about health issues in our village," said one of the community members in Letefoho.

During one of the VHA discussion activities, a participant said, "Now I understand the connection between [what] I grow and the nutritious foods we consume at home."

- **The CBM Health activity can act as an avenue for people to discuss and tackle various social issues in the community through an integrated approach.** In addition, it builds skills, such as communication and critical thinking, that can be applied in other activities to promote social and behavior change within various health and social issues, as well as applied in other sectors (e.g. education and agriculture).
- **Implementation through local Civil Society Organizations (CSO) enables greater sustainability and develops CSO capacity. However, it requires investment of time and resources to strengthen the capacity of CSOs.** A grant was implemented by HIAM Health, and Sharis Haburas Communidade (SHC) to expand and implement CBM Health, its guidelines and approach, to promote social and behavioral change which was new to CSO implementing partners. Partnering with local CSOs in implementing the program is empowering and inevitably strengthens their capacity. Working with CSOs that have established strong connections in the community benefits the program significantly.

  The program develops stronger engagement with community members, local leaders and partners. Field staff coming from the area where the activity is implemented makes a significant difference. The field staff, who speak the local dialect, facilitate communication between the implementing partner, government institution, and community members build trust more quickly because they are familiar with the language, culture, and social dynamics in that specific area. It also helps with maintaining active (and in-person) communication with local leaders and community members and the implementation team.

- **Real-time flexibility and adaptability in implementing CBM Health allows room for creativity and functionality of implementation.** The CBM Health guidelines provide a framework and process, including step-by-step instructions of activity implementation. However, those who are implementing the project can adapt them based on budget, settings, and available resources. For instance, implementers can combine sessions and have the flexibility to change the agenda. Such flexibility gives room for implementers to adapt and to be creative in planning and implementing the program activities while still adhering to what the guidelines would like to achieve.
- **Coordination and capacity building, in collaboration with national MoH focal persons, is critical to developing the necessary structures (CMT and VHAs) for CBM Health.** Coordination with national MoH CBM Health focal persons facilitated a connection and introduction to MoH-identified CMT members at administrative post and municipal levels which saved time and ensured engagement of the most suitable people. In addition to that, given many CMTs and VHAs are newly established, there is a strong need for the government to strengthen their capacity to build the CBM Health process and replicate it for other sectors. This initiative will, therefore, require intergovernmental coordination and collaboration.

  Note that currently there are no existing policies that require community leaders to participate in or lead CBM Health (including collecting health-related data and sharing it with MoH).

- **Capacity building and supportive supervision of CMTs and VHAs is critical for sustainability.** During the interviews and field observations, it was evident that CMT and VHA

members need continuous guidance and support from implementing partners when organizing, planning, and leading community discussions and activity implementation in the field. Strengthening the current CMTs and VHAs and continuing the support prior to letting the VHA take the lead on the CBM Health activity implementation will create a significant impact in the community and the country. At the initial onset of CBM Health there is a capacity building phase for both CMTs and VHAs (CBM Health process, steps, etc.), CMTs provide supportive supervision for VHAs monthly (during community committee meetings) for the first 6 months and then taper to supportive supervision bimonthly or quarterly. VHA support needs generally shift from programmatic implementation to skills development (e.g. fundraising, advocacy, facilitation skills, and planning and organizing meetings).

- **CMT establishment prior to entering the community is critical; it facilitates coordination and collaboration at the municipal and administrative post levels and helps to establish the community VHA.** CMT members at the municipal level support the coordination between the President of Authority (Head of Municipal Authority) and implementing partners which in turn makes the collaboration easier at administrative posts with both administration authorities and community health care workers (HCWs). A request from the municipality authority to local authorities to take part in CMT and CBM Health activity encourages engagement and stronger influence. Additionally, CMT's involvement in mobilizing community members to participate in the CBM Health activity has resulted in more active involvement from relevant actors at community level (e.g., community leaders, traditional healers and midwives, as well as women, youth, persons with disabilities and their representatives). The rapport CMT and implementing partners build with community members strengthens the existing connection and encourages motivation to learn and contribute to the positive changes in their respective community. For example, CMT members in Ermera facilitated communication between HIAM Health and the President of Authority officer when informing them about the CBM Health activity implementation. The CMT members at the administrative post level also actively support with selecting community members and leaders to be part of the VHA members.

  Since CMT members have been established prior to activity implementation in the field, they developed ways to more effectively facilitate communication, (e.g. through WhatsApp messaging group for instance).

- **For the greatest impact at the community level, CMT should be developed and trained not only in CBM Health but also in integrating gender equality / equity and social inclusion in VHA processes before VHAs are established. It is also imperative for them to be advocates for gender equity and social inclusion within the community.** The interviews and field observations show that CMT members' knowledge in CBM Health has been extremely helpful when identifying potential VHA members, including to encourage participation of women and other minority groups, and involving them in program implementation in the field. Through the interviews and field observations, it was noted that the CBM Health training for CMT members and healthcare workers has helped them understand the CBM Health activity and its implementation process as well as their roles and responsibility in this work. Their participation throughout the process also encourages a strong sense of ownership of the program. For example, the CMT members expressed the importance of using real-life data from the community (facility data) to highlight the current situation in that specific location when discussing health issues with community members. Furthermore, it also helped them to provide mentoring support when needed (e.g., providing them with the ideas about what to include in their *mini drama*[1] or what to pay attention to when tracking the VHA activities) as well as to provide monitoring remotely (for example, if health workers at the municipal level are unable to

[1] *Mini drama* is a powerful participatory and democratic tool for exploring issues. It is a technique for introducing challenging topics with a bit of discussion/dialogue and encouraging participation.

participate in the Integrated Community Health Services /VHA SISCa activity directly).

- **Social norms influence VHA membership and participation, but promoting social inclusion and gender equality in CBM health and the VHAs must be prioritized to have tangible impact.** It is important to recognize that Timor-Leste is a highly patriarchal society. Patriarchal practice encourages people to normalize male superiority, and therefore, in general males tend to have more opportunities compared to women. This leads to gender inequality, mpacting who is selected to participate in decision making platforms at community level, e.g. VHAs. The CMT members and program implementers, however, have managed to incorporate gender equity and inclusivity in CBM Health implementation, but, in some areas, there is still limited participation from women, pregnant women, and persons with disabilities due to various reasons. Some of these reasons include distance between where the activity is held to where they live. Most local leaders are male and therefore leaders' representatives in VHA automatically refer to men, and some women choose to stay at home since they must care for children. These reasons have allowed for more male participants than women, as a result.

  When inclusion is not prioritized and accepted, the relevancy of the plan of action will not be applicable for the community members experiencing the most vulnerability. However, equal participation and decision-making power of the VHA committee members can be influenced by the CMT members (because they identify the VHA members and can indicate the policy for gender equity and social inclusion as part of CBM Health in a way that respects but still shifts the community's socio-cultural norms and expectations). It is, therefore, crucial to coordinate and collaborate with local leaders at the Administrative Post to promote equity and inclusion within the CMT and VHA members.

  Similar to social and behavior change, gender equity and social inclusion are not linear processes, and some communities are more accepting than others about gender equity and inclusion. While CBM Health strives for gender equity and social inclusion in all steps of the process (e.g. CMT and VHA committee members), our experience is that in some cases where communities did not have gender equity on the VHA committee, there was progress towards behavior change such as:

  - ✓ During the health worker *mini drama*, men realized the importance of taking their wives to the health center when they are pregnant.
  - ✓ Discussions occurred when females, including female youth participants, freely express their thoughts and felt that their voices are heard and considered by the assembly

  This progress seems to be small steps towards equity but is quite important to making changes and challenging the established social norms in society.

  From our experience, meeting location can promote or hinder participation and inclusion. It is, therefore, important to be strategic when identifying the meeting point for VHA activity. Establish a central meeting point e.g. choosing the hamlet in the center of the community would be ideal. If the community has many hamlets, consider dividing the community up so that participants can attend CBM Health meetings in nearby locations (e.g. group the hamlets into two groups). Establishing two more meeting points in one village means it will not only encourage more community participation but also draw more budget allocation for transportation needs for both organizers and participants. Moreover, identifying meeting times and places when both men and women and young people are able to join, and that are accessible for persons with disabilities and accommodates their needs promotes inclusion.

- **Diversity in VHA committee members promotes inclusion and a strong sense of ownership.** VHA members consist of local leaders, traditional healers / midwives, male and female youth, and persons with disabilities. This is to ensure the group is more inclusive and to include the perspectives of a wide range of community member needs, as experiences of

people facing vulnerabilities, e.g. women, youth and people with disabilities is different from a man or female opinion leader's experience. Including youth, women, and people with disabilities, furthermore, brings insights on health needs in the community to decision-making that would not be considered, otherwise. This representation, although not in an equal number, does motivate community participation in CBM Health activity. Involving local leaders and traditional healers and midwives as VHA committee members sends a strong message about the importance of seeing and listening to the HCW. It also gives the group a strong sense of influence in the community. Throughout the activity, local leaders take responsibility for championing healthy behavior (e.g., encouraging community members to visit health facilities) in the community. Community members drive change through collective agreement and expectation setting, shifting community norms one behavior and decision at a time.

- **The VHA nurtures a sense of responsibility, belonging, and empowerment for community members facing vulnerabilities and marginalization.** By participating in VHA activity, some of the youth members feel that they are heard and valued by the elders. As a result, it instills a sense of pride and importance.

"During our discussion I can see that people actually do listen to me. That's something I'm very proud of," said a 20-year-old female VHA member from Letefoho, Ermera.

In addition to that, after attending a VHA discussion activity, some of the VHA members believe they are responsible for sharing information about the importance of visiting health facilities to other community members.

One of the community members in Tilomar, Covalima, said *"It is important to share what we know with others because, if we can save one person, we can save a country."*

Through the interviews and observation, it is apparent that many people in the community see VHA discussion activity (CBM Health explore phase) as knowledge exchange sessions. Through this activity, community members learn more about the detrimental effects of not visiting health facilities, consuming less nutritious foods, and not taking pregnant women and children to get vaccinated. HCWs, on the other hand, are also exposed to the difficulties community members encounter that prevent them from visiting health facilities. This activity allows room for understanding and minimizing judgment of each other (from both parties). It appears that the process of community participation in CBM Health activities including the VHA committee, exploration of *mini dramas*, and action plan development instills a strong sense of social accountability within the community to drive change.

"This is a good approach to bring health workers and the community from one village together in one place to identify the health issues, discuss and provide feedback to each other. If we implement this approach in all villages in Timor-Leste, we can solve the health issues," said HIAM Health Director- Sra Rosalia.

- **Sharing relevant facility level data with the community drives change to improve health outcomes.** Prior to attending the CBM Health activity, community members were not aware of any health facility data from their area. Through this program, as one of the initial steps of community entry and community agreement to participate in CBM Health, the CMT shares relevant (e.g., immunization, family planning usage, facility deliveries) facility data with the community members. For instance, when community members learn the number of people receiving immunization, using family planning, and the number of women visiting and using the health facility for deliveries are low, it sparks a serious discussion as to why. Upon learning about the data, community members expressed a strong understanding of the facility data and why people had asked questions and how that information was used. It is evident that the accountability mechanism (to share data back with communities) is important to help understand why such information was collected in the first place. The data drives motivation in the community to improve health behavior (e.g., taking children to CHC to get vaccinated) and to encourage a sense of responsibility to promote changes. Further, discussions in communities prompted traditional birth attendants (TBA) (5 TBAs in Atsabe, Alas and Covalima) to refer women to the facility for

delivery rather than conducting the delivery themselves.

- **CBM Health gives voice to the community and a platform to connect directly with healthcare workers and authorities**. The CBM Health activity, through the VHA, has become an avenue for community members and HCW to engage in healthy discussion, in a non-confrontational way, and to find solutions to health-related issues in the community. For instance, after the HCW and community members conducted their *mini dramas*, they took the time to reflect on what information each of them was trying to convey and to request the other group explain why things are the way they are.

"You tend to speak nicely and explain to the patient nicely during the drama but in reality, it is not always like that… some of you are not friendly when talking to us during our visit," said one of the community members in Letefoho during the VHA discussion with HCW. One of the HCW responded, "it is possible for some of us to act that way, but we are doing our best to improve our service from time to time."

- **The participatory exploration activities promote an integrated approach and encourage discussion on RMNCAHN, social issues and ways to deal with them holistically.** The *mini drama* from both HCW and community members provides community members the avenue to understand what they can expect from the HCW and to express the challenges that hinder them from visiting the health facility such as distance and limited knowledge as to the importance of getting vaccines and visiting HCW during pregnancy. The *mini drama* from HCW and the discussion itself helps community members to realize how health behavior (e.g., visiting health facilities, getting vaccinated, and consuming nutritious foods) is interrelated with children's cognitive ability, farm activity, the type of crops grown and nutritious food intake at homes. For instance, community members learned that for their children to consume enough nutritious foods daily, they need to grow diverse foods on the farm, do home gardening and advocate to improve the menu for the school feeding program. The process even prompted the development of a Nutrition Sensitive Agriculture working group.

  Moreover, the community action planning process incorporates the learnings from participatory exploration activities (e.g. mini drama) and helps the community develop action plans with measures the community members, VHA members and HCWs can implement to respond to identified needs. For example, in Ermera, the action plan included cooking demonstrations and a movie night in the community. The MoH film showed the difference in two women's lives. One woman had a supportive partner, gave birth in a health facility and chose to visit the health facility in case of an emergency. The other woman did not have the same conditions and did not make the same choices. The film prompted discussion and included a quiz at the end.

- **The CBM Health process is a behavior change process by creating an enabling environment and promotes behavior change at the individual level.** For example, the overall CBM Health activity implementation has helped to improve people's understanding and expectation on the importance of visiting a health facility, improving nutrition intake at home through growing diverse foods in their farm, and cleaning around the house. Many have started to see the connection between promoting healthy behavior with the health status of their family. The process has also resulted in collective understanding that change, at the community level, can only take place when community members are rallying together, believe in the change itself, shift social norms and create an enabling environment for change. It has instilled a sense of importance that one can make a difference.

One of the community members in Atsabe, Ermera, said, "I will remind pregnant mothers whom I know to visit the health facility and parents to take their children there too."

Recommendations:

The following recommendations are based on the findings from the interviews and field observations:

1. **The government should increase funding for CBM Health activity in order to**

increase the capacity of the program in communities where CBM Health is operating and to expand it to other villages. It should also dedicate permanent staff from the CHC and administrative post level to be fully responsible for CBM Health activity implementation. The additional funding could be used to hire more staff to support the implementation and to produce more CBM Health guides for new target beneficiaries. MoH staff at the national, municipal, and administrative post levels are strongly encouraged to collaborate closely on the activity with other public servants from the administrative post and village levels from the Ministry of State Administration, Ministry of Agriculture, and Ministry of Education.

2. **Allow sufficient time for implementation. There needs to be enough money in** the budget to carry out the program for 18 months. The first 12 months should be used to focus on implementing the activity in the community, and the remaining six months should focus on empowering the community to lead the activity implementation, while still supporting the VHA when necessary, as the government involvement phases out.

3. **Government institutions in other non-health areas (e.g., education, agriculture) should adopt the program's model and use the VHA approach to coordinate community efforts to resolve issues**. The VHA has shown to be effective in promoting a sense of ownership and responsibility to contribute to change. The implementation process is promoting an integrated approach to tackle social issues when doing work in the community. It is recommended that the various government institutions make use of established systems in the community and avoid creating a new system when discussing community well-being-related issues at the community level. Coordination and collaboration at both national and municipal level are important to make this possible.

4. **Clearly define the roles and responsibilities of Municipal Health Services, CMT, CHC, and VHA with stakeholders across national, administrative post, municipal, and community levels.** The government should institute a policy governing CMT membership and how community leaders may participate in CBM Health activity. This policy should emphasize that coordination between CMT and municipal and administrative post's authorities and implementing partners are of utmost importance. It would be ideal to mandate that these local authorities be part of CMT membership and support CBM Health activity in their respective locations. Currently the program is voluntary and lacks a legal structure or policy.

5. **Implementing partners and MoH staff at the national, administrative post, municipal, and community levels should receive full training on CBM Health, gender equality, equity, and social inclusion. The government should ensure that MoH and implementing partners can collaborate with the relevant government institutions such as the Secretary of State for Equality to provide such** training. Ensuring that everyone has sufficient training and knowledge on gender equality and social inclusion (GESI) is critical for the success of CBM Health activity implementation. All who are involved in the CBM Health activity implementation must follow the guidelines and ensure the integration of gender and social inclusion throughout the process. Therefore, it is important to allow enough time to identify and establish training processes for CMT members before implementation. Attending a GESI training, understanding the importance of GESI in the development work, and understanding enough about the program helps give members the confidence to integrate GESI into their activities and also instills confidence in the implementing partner. It is recommended that MoH and relevant government institutions should develop a work plan and budget consistent with the steps in the guidelines.

6. **Clearly communicate expectations of gender equity and social inclusion of CMT and VHA members and to ensure equity and inclusion overall in the community.** For the VHA to have sufficient reach and impact, it is crucial to include local leaders and influential figures, traditional midwives (and healers), and youth representatives from the community to be VHA members. It is recommended that the government (and implementing partners) formalize gender equity and social inclusion by ensuring that 60 percent of VHA committee members are people affected by vulnerabilities (e.g., persons with disabilities) or those facing marginalization (pregnant and young women), by promoting equity and inclusion during community activities, and ensuring that their needs are identified and addressed during the exploration and action planning and are met in day-to-day living.

7. **After set-up of the VHA and community exploration and action planning, ensure monitoring and skills building for VHA members.** It is imperative to have a plan for phasing out government support and sustaining the program after that support ends. After the first year, the implementer should begin to support the VHA and community members in taking the lead in the activity. Some of the support during this phase-out stage might include skills training in proposal preparation and other financial development opportunities.

8. **Validate the VHA with formal identification.** It is vital for the VHA members to be able to confirm their legitimacy and authority through such formal signs of identification as t-shirts, uniforms, ID cards or certificates. They need other community members to be able to see them as official representatives of the program. Having a more formalized role also acts as a motivation for VHA members to continue their role within the community.

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

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