

Timor-Leste Health Improvement Project:

The Facility Readiness Format: Improving Service Delivery at Health Posts, Health Centers, and Hospitals

The United States Agency for International Development (USAID) supports the **Health Improvement Project (HIP)**, known locally as **HADIAK**, as part of the overall United States Government package of assistance to Timor-Leste. HIP is a technical assistance project supporting the Ministry of Health (MOH) in the areas of maternal, neonatal and child health (MNCH) and family planning (FP) programming. HADIAK's capacity building assistance is delivered at the national level (MOH), district level (district health services—DHS), sub-district level (community health centers—CHCs), and community level (health posts—HPs and integrated community health services—SISCa) to benefit health workers and communities through mentoring and training. Implementation focuses on the districts of Ermera, Manatuto, and Oecusse.

INTRODUCTION

Improvement of all health indicators targeted by the USAID | Health Improvement Project (HIP) in Timor-Leste rests heavily on the capacity of health facilities to provide the basic package of services. Functionality and condition of facility equipment and premises as well as trained and competent staff are essential to providing quality services.

It is estimated that 90% of the country's infrastructure, including health posts, health centers and hospitals, were damaged or destroyed at the close of the 24 year Indonesian occupation of Timor-Leste, leaving much of the Timorese population without reliable access to primary care and emergency services. Furthermore, with a ratio of 1.3 health workers per 1,000 individuals, Timor-Leste only has half of the number of health workers recommended by the World Health Organization (WHO) to provide sufficient coverage of services at health facilities. These factors have contributed to poor health outcomes, including high rates of maternal and under-five mortality (557 deaths/100,000 live births, and 64 deaths/1,000 births, respectively).

HIP provides technical assistance to the Ministry of Health (MOH) to improve infrastructure, increase human resources' capacity, and improve quality of services at health facilities in three districts—Ermera, Manatuto, and Oecusse. In total, 57 health posts (HPs), 16 community health centers (CHCs), and one hospital (the Oecusse Referral Hospital) are supported by the Project.

APPROACH

HIP's approach to support facility readiness focuses at both the national and district levels. On the National level, HIP assists the MOH in the development of the *Facility Readiness Format (FRF)*—a set of comprehensive, standardized checklists to be used by facility managers at HPs, CHCs, and hospitals to assess and improve facilities' capacity to provide services outlined in MOH key strategies. Components of the FRF tools include human resources, building and environment, furniture and equipment, services, and data and documentation. Facilities receive percentage 'readiness' scores based on the FRF; a 'readiness' score of 80% or higher is required to meet MOH standards. Implementation and oversight of the FRF is carried out through supportive supervision visits conducted by MOH personnel with support from HIP.

The FRF was piloted at district level in five facilities in HIP-supported districts (two HPs, two CHCs, and the Oecusse Referral Hospital) between April and July 2013. During this period, each pilot facility participated in two supportive supervision visits. Infrastructure renovations at pilot facilities were carried out by the U.S. Navy Civic Construction Action Detail (Seabees) through a partnership coordinated by HIP. During the pilot phase, the facilities' average readiness score increased from 44% to 89%; following these positive results, HIP supported MOH to scale up the FRF to 69 additional facilities.



KEY ACTIVITIES

Training for capacity development at district and national levels

In December 2013, 32 personnel from the three District Health Services (DHS), the MOH, and HIP were trained in supportive supervision using the FRF by the Department of Planning and Monitoring and Evaluation (DPME) and the Department of Quality Control.

Conducting supportive supervision for health facility readiness

The trained personnel conducted supportive supervision to the 69 accessible facilities from the three districts. In total, one referral hospital, 16 CHCs and 52 HPs were supervised.

Workshops

HIP assisted the MOH to coordinate a workshop in each project-supported district that brought together MOH staff from all levels of the health system (facility to national level). Community leaders and personnel from other (non-MOH) government sectors were included in the workshops. High-level support from the MOH was shown through attendance by the Vice-Minister of Health. The success of the five pilot facilities in meeting the basic package of services standards was presented at each workshop to demonstrate the impact of the FRF tools. With guidance from HIP, attendees used baseline FRF scores obtained during the supportive supervision visits to develop short-, mid-, and long-term strategies to improve scores at a total of 69 facilities across the three districts.

Community engagement and multisectoral collaboration

Multisectoral and community involvement in FRF assessment and action planning were essential to establishing diversified funding mechanisms for larger investments in infrastructure renovations and to continued community support for facility upkeep and maintenance.

Community leaders and personnel from other (non-MOH) government sectors were included in the workshops, including the Vice-Minister of Health. Community leaders were led through FRF supportive supervision visits at their respective health facilities to observe the conditions, better understand the improvement process, and identify ways for communities to contribute to improvements. Based on planning at the workshops, 19 facilities have undergone infrastructure improvements with funding outside of the MOH, including significant funding from the National Program for Village Development.

Supportive supervision

Supportive supervision is one of the key strategies utilized by HIP to provide one-on-one feedback to health facility staff. Through supportive supervision visits, the availability and quality of services at each facility are measured and assessed, and improvement plans are devised and monitored. DHS personnel review the FRF checklist with facility managers and develop short- and long-term action plans to improve scores. Short term plans include enforcing basic maintenance and cleanliness protocol, displaying up-to-date information, education, and communication (IEC) materials, and updating registers. Longer-term improvements include ongoing training of health personnel and major infrastructure improvements. Most facilities received two supportive supervision visits between January and July 2013.

Infrastructure renovations and improvements at pilot facilities

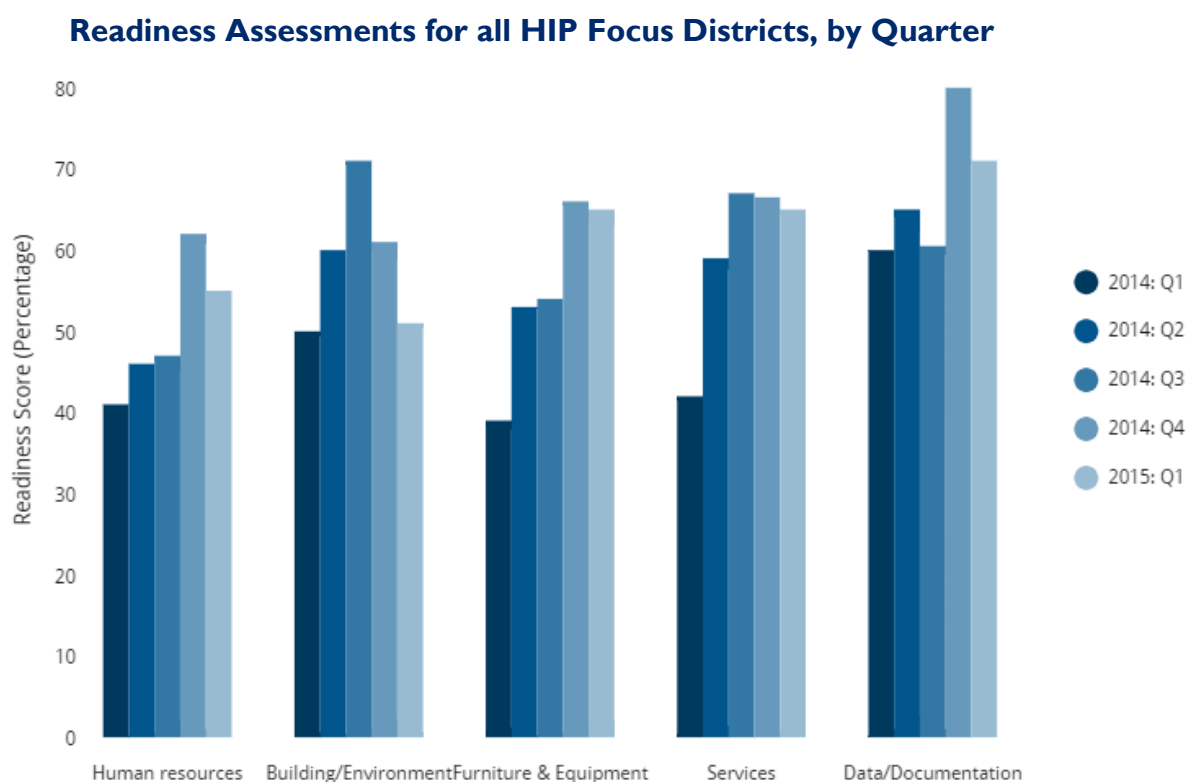
HIP facilitated a partnership with the U.S. Navy Seabees to renovate the five pilot facilities: the Usitaco and Bebo HPs in Oecusse, the Gleno CHC in Ermera, the Boacnana CHC in Oecusse, and the Oecusse Referral Hospital. Key renovations included installation of running water from protected water sources, installation of washbowls, installation or rewiring of electrical systems, replacement of electrical fixtures, installation of rain gutters, repainting, and replacing floors. MOH, HIP, and St. John of God Health Care collaborated to assemble needed equipment (such as maternity beds), reorganize the filing system and the emergency rooms, set up referral systems, display health promotion materials, resupply stocks for consumables, and thoroughly clean the facilities.

HIP and St. John of God subsequently trained facility staff on activities related to the improvements, including infection prevention using running water, and use and maintenance of new equipment and utilities.

RESULTS

Facilities that received district and community support, supervision visits, and underwent renovations and improvements through the collaboration between HIP, the U.S. Navy Seabees, and St. John of God Health Care improved their readiness scores from an average of 44% to 84%.

Readiness scores at all facilities improved between the first quarter of 2014 to the first quarter of 2015, as shown in the figure below.



CHALLENGES

Despite improvements, HP scores remain low due to lack of personnel, sanitation, and basic equipment, as well as supply chain challenges in maintaining supply of essential medicines and laboratory tests. Continued investment in health systems strengthening, as well as investment across sectors is needed to continue and sustain improvements.

Facility improvements have been realized mostly through donor-driven activities facilitated by HIP. These activities have raised the bar for facility and service standards, and HIP has built the capacity of MOH and facility personnel to maintain these standards. However, further donor investment will be necessary for continued improvement of service standards at more facilities.

NEXT STEPS

- Continue **developing capacity** of personnel in clinical skills as well as management skills.
- Include facility readiness supportive supervision activities in the MOH 2016 annual work planning workshops to support **sustainability** of efforts.
- Continue **community engagement** activities to encourage further investment in health service and facility improvement.
- Ensure that **facility readiness is integrated** within all supportive supervision visits by district managers.

CASE SUMMARY: Collaboration to Improve the Gleno Community Health Center in Ermera

Gleno Community Health Center is the largest referral center for Ermera's population of 117,000 people. In 2013, Gleno CHC was selected as one of five pilot facilities to receive renovations and service improvements through a collaboration between HIP, The U.S. Navy Civic Construction Action Detail (Seabees), and St. John of God Health Care.

An initial assessment of the CHC was conducted using the *Facility Readiness Format (FRF)*, a comprehensive checklist to assess facilities' capacity to deliver the basic package of services according to MOH standards (the FRF was developed by MOH with technical assistance from HIP in early 2013). The assessment revealed major infrastructure deficits, including lack of running water and electricity.

In response, the Seabees lay a gravel driveway leading to the maternity ward and installed running water. They also replaced non-functioning lights and fans and connected a generator to the outpatient and maternity wards. The HIP team and partner, St. John of God Health Care, oversaw trainings in basic hygiene, hand washing with soap, and basic life support skills.

HIP's effort to make substantial improvements to infrastructure at health facilities, including Gleno CHC, provided community leaders and other stakeholders with concrete examples of how such investments can support improved health outcomes. Bringing facilities up to national regulatory standards has motivated local stakeholders to both maintain existing improvements and seek investment for further improvements.

Before: Walls needed re-painting; several doors were damaged; the driveway to the maternity was inaccessible.



After: All walls were repainted by U.S. Navy Seabees, F-FDTL and Youth Center; gravel driveway leading to maternity ward.



For More Information:

John Snow, Inc.
44 Farnsworth Street
Boston, MA 02210
www.jsi.com