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## USAID'S **REINFORCE BASIC HEALTH SERVICES PROJECT**

Strengthening the Timor-Leste  
National Institute of Health:

OCTOBER 2020

## **A PARTNERSHIP IN INSTITUTIONAL DEVELOPMENT**

**W**hat changed at the *Instituto Nacional de Saúde* (National Institute of Health, INS) in Timor-Leste after four years of institutional development support?

As a capacity-building institution, the INS plays a key role in improving the quality of health services. With a timeframe of less than five years, USAID's Reinforce Basic Health Services Project (USAID's Reinforce) worked closely with the INS to increase the quality of care delivered by the health workforce through strategic and sustainable changes at the INS. The ultimate goal of the project's work with the INS was to reduce mortality and morbidity by improving the quality of care provided in the public health system.

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PHOTO ABOVE: *Before working with actual patients, an INS trainee practices her family planning counseling skills with her trainer.*

Capacity development requires attention to institutional culture and history. This is especially important for a young organization like the INS, which was created in 2011. To support sustainable change, USAID's Reinforce and the INS needed to agree on the starting context and challenges.

## Leading with Analysis and Respect for Institutional Culture

Fortunately, INS capacity was assessed in a 2014<sup>1</sup> situation analysis that found it lacked elements necessary to fulfil its role as a competency-based training institution. These included a lack of curricula and training modules in various clinical areas, unstandardized training rooms, and the absence of practicum sessions in skills laboratories and

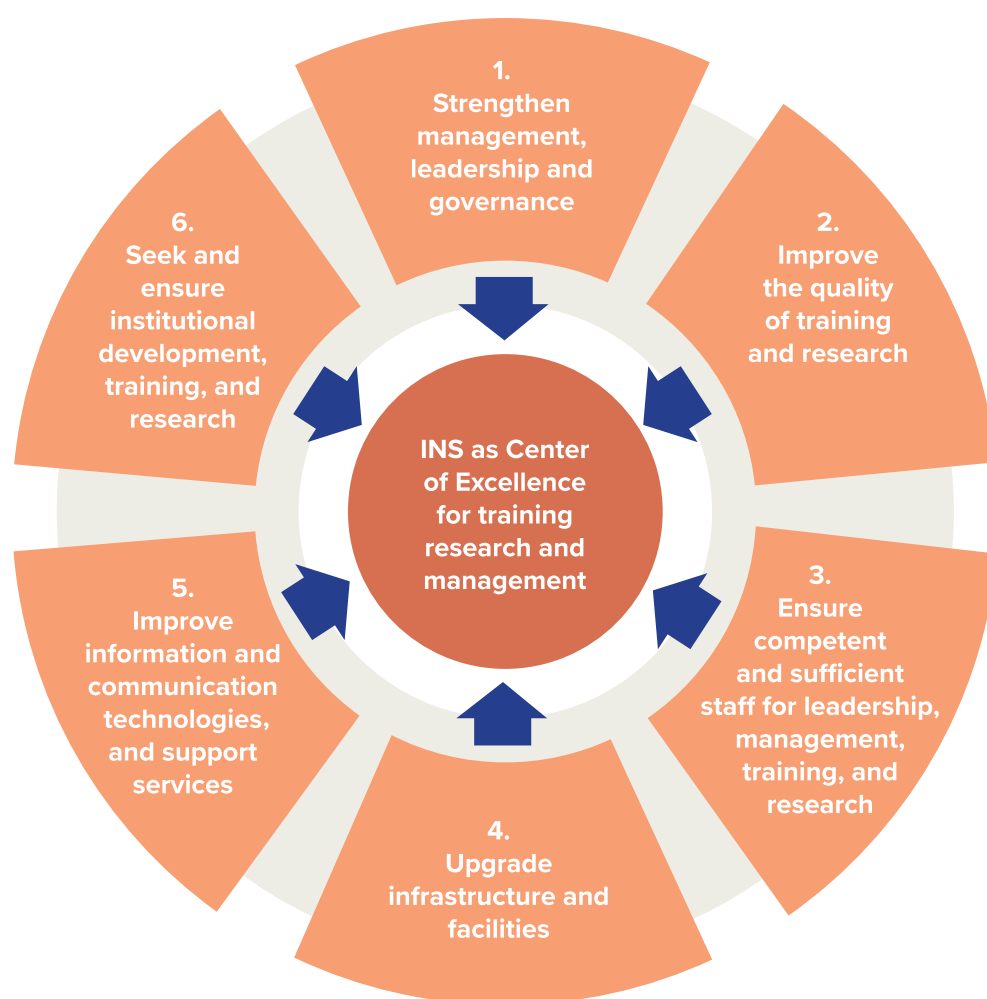
clinical settings. The situation analysis report included recommendations, summarized in Figure 1.

## Defining the Core Opportunities

USAID's Reinforce inherited a strong working relationship with the INS from the prior USAID-funded project,<sup>2</sup> and used the 2014 situation analysis results to update the project work plan to focus on building capacity to develop and implement strategic plans, and institutionalizing competency-based training.

The INS director and core senior staff agreed on these priorities. Its collaborative institutional culture facilitated plans to build upon prior and current work and included a variety of partner inputs.

**FIGURE 1. COMPONENTS TO BE STRENGTHENED AT THE INS**



<sup>1</sup> Martins, N. (2014). *Situation Analysis Study: The National Health Institute*. Dili: Timor-Leste Ministry of Health.

<sup>2</sup> The Health Improvement Project, also implemented by JSI.

## Strategic Planning: The Roadmap to the Future of the INS

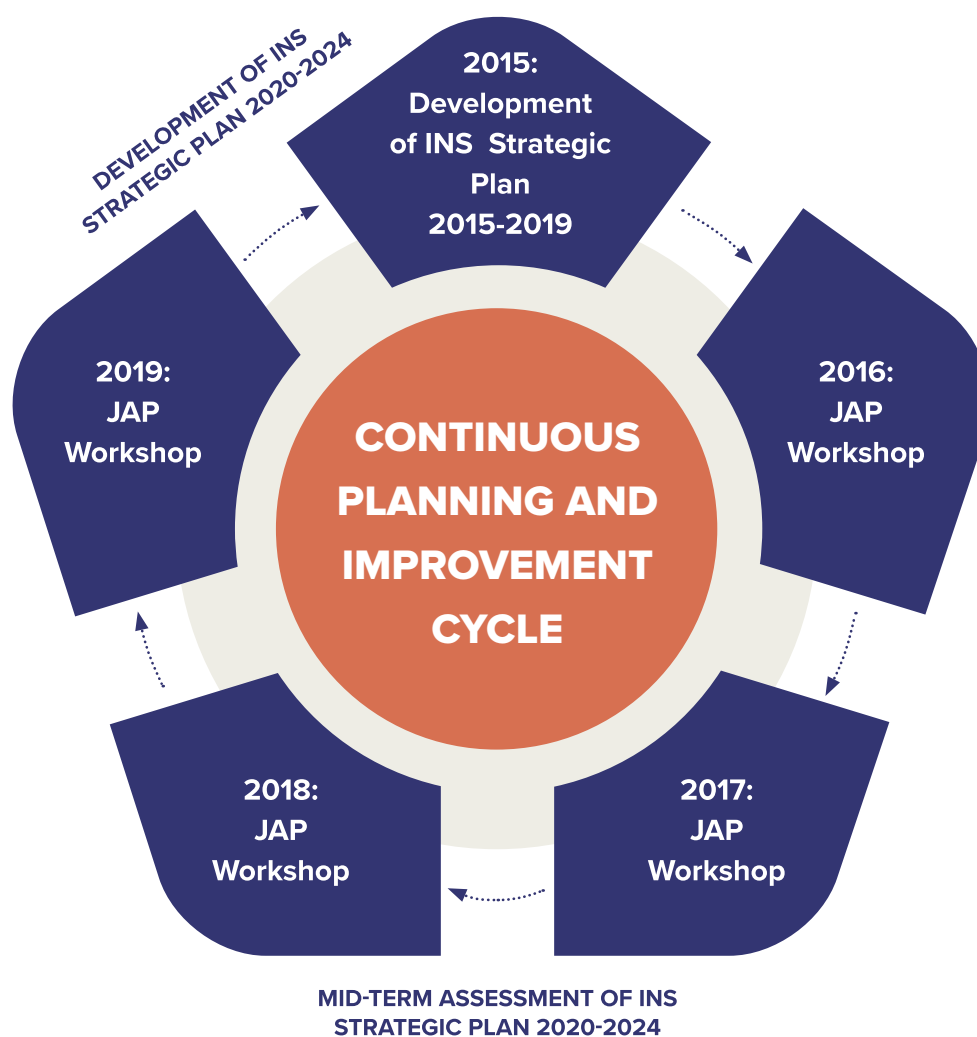
Without a comprehensive plan, the INS would continue to operate in an environment of competing needs and limited resources. USAID's Reinforce helped develop a five-year strategic plan to resolve several long-term problems, described further below.



### 1. Multiple annual plans developed with individual development partners

Coordination among development partners was ineffective, leading INS staff to use multiple annual plans simultaneously and struggle to identify priorities. Using a continuous planning and improvement cycle approach (Figure 2), USAID's Reinforce helped the directorate of cooperation coordinate partners' support for a new guiding document, the Five-Year Strategic Plan (2014–2019).<sup>3</sup> From 2016 to 2020, joint annual planning (JAP) workshops were held at the beginning of each year to encourage development partners to allocate support for the plan's priorities. Each workshop resulted in a consolidated annual plan that INS, the Ministry of Health, and partner participants used for follow-up and prompt implementation.

**FIGURE 2. CONTINUOUS PLANNING AND IMPROVEMENT CYCLE FOR INS STRATEGIC PLAN IMPLEMENTATION**



<sup>3</sup> *Instituto Nacional de Saude Five-Year Strategic Plan 2014-2019*. Dili: Timor-Leste Ministry of Health.

## 2. Rising demand for INS services with stagnant or reduced annual budgets

Since its creation, the INS has faced increasing demand for in-service training, as the number of doctors, midwives, nurses, and paramedics working in Timor-Leste's health facilities almost doubled from 2011 to 2015 (and is expected to nearly triple by 2021). Also, the significant increase in the training of health professionals in Timorese universities after 2011 further reduced the already insufficient clinical practice time that students spent in pre-service. This was compounded by the return by 2015 of over 800 Cuban-trained Timorese physicians who received almost no clinical training during medical school. Because they lacked the practical clinical training needed in the workplace, INS' role in upgrading new clinicians' skills increased.<sup>4</sup> Despite this, the INS budget—including the general state budget, the human capital development fund, and development partners' support—decreased over the past few years.<sup>5</sup> Given these constraints, it was essential to strengthen management, leadership, and governance to increase the efficiency of in-service training.

## 3. Inefficient, centralized training

In addition to a limited budget and small training staff, almost all in-service training before 2018 was held at the INS in Dili. USAID's Reinforce developed a plan to train trainers and hold in-service trainings in Covalima, the project's model municipality, to reduce the workload of the INS trainers who support all 13 of Timor-Leste's municipalities. This model of decentralized training is discussed in the next section.



*The INS gathered partners together to work on strategic planning.*

The participatory development process for the strategic plan in 2015, led by the INS and project senior staff, included interested partners (e.g., United Nations agencies, nongovernmental partners). The process helped INS leadership improve coordination and identify opportunities to increase effectiveness and efficiency. In 2019, the INS began to develop its next strategic plan (2020–2024), which was completed and submitted for approval in 2020.

## Competency-based Training: Building Methods and Tools that Expanded INS Impact

### Commitment to competency-based training: human resources and facilities

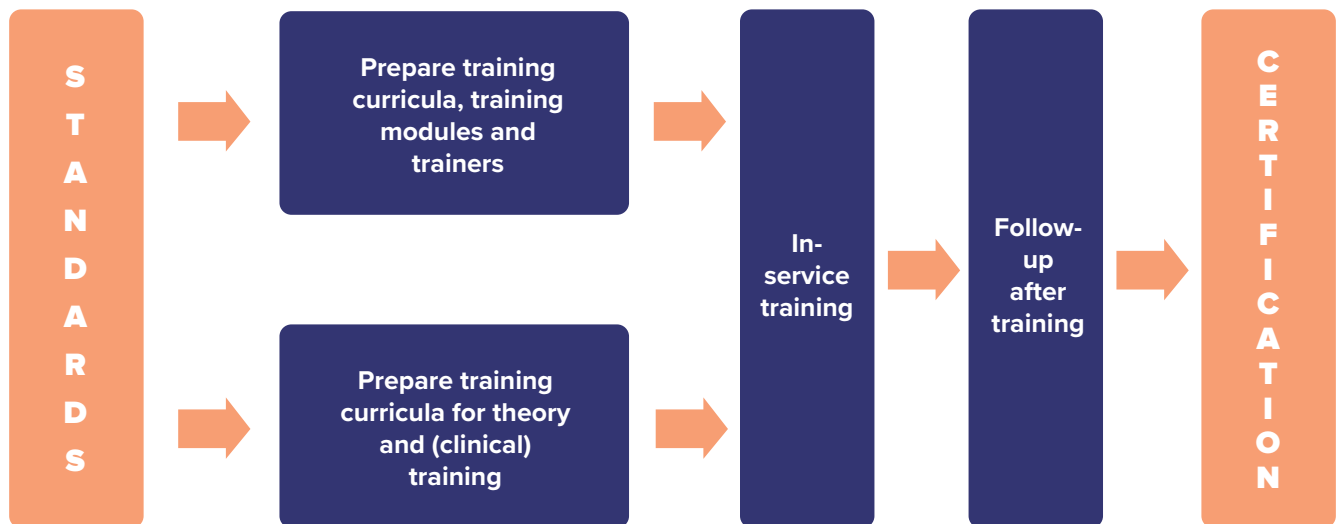
In the 2015–2019 strategic plan, the INS committed to design and deliver in-service competency-based clinical training to health professionals based on clear, demonstrable standards. USAID's Reinforce provided technical assistance to ensure that all conditions for certification were in place, e.g., updated training curricula and modules, certified competent trainers, and prepared training facilities. (Figure 3).

<sup>4</sup> Timor-Leste Ministry of Health. (2019). *Draft National Strategic Plan for Health Sector Human Resources (NHSWSP) 2019–2023*. Dili: MOH. By strengthening competency-based training, USAID's Reinforce provided new graduates with basic competencies for clinical services at primary health care facilities.

<sup>5</sup> National Institute of Health. (2019). *Draft National Institute of Health (INS) Five-Year Strategic Plan 2020–2024*. Dili: Timor-Leste Ministry of Health.



**FIGURE 3. APPROACH TO COMPETENCY-BASED TRAINING**



### Updating training curricula and modules

USAID's Reinforce mapped standards, training curricula, and modules for maternal, newborn, and child health (MNCH) and family planning (FP) to identify where technical assistance was needed. The project used the clean and safe delivery (CSD) and FP training packages to help the INS test and conduct competency-based training, following the steps illustrated in Figure 3.

Both updated training packages set clear expectations for skills acquisition before certification. Each includes a reference book based on national standards, trainers' and participants' guides, and checklists for assessing clinical competency.

### Training advanced and junior trainers

USAID's Reinforce trained a core team of advanced trainers from the national level, who in turn trained health providers (doctors and midwives) from Covalima Municipality as junior trainers so that training did not depend on the availability of Dili-based trainers, who were often unavailable for months due to high demand. Over its course, USAID's Reinforce provided intensive technical assistance to Covalima-based trainers so they could take responsibility for teaching, coaching, assessing, and certifying health professionals.

### Improvement of training facilities at the INS

To support competency-based training, the INS training center required improvements as outlined in the 2014 situation analysis, especially facilities for practicum sessions in a skills lab and clinical practice settings.

The INS provides theoretical sessions in its classrooms and clinical practice sessions in two nearby community health centers (CHCs). These CHCs (Vera Cruz and Comoro) were upgraded using a continuous quality improvement approach based on assessments/self-assessments, workshops, in-service training, and supportive supervision. The skills lab was assembled at the INS premises near classrooms, set up like a typical clinic, and equipped with clinical models and equipment to enable practice of clinical skills.



*A health provider proudly shows her certification in safe and clean delivery.*

After Covalima staff were certified as junior trainers and with support from USAID's Reinforce, clinical practice was decentralized to Suai Referral Hospital. The U.S. Air Force equipped the hospital with a skills lab and renovated a training room where trainers conduct quarterly quality improvement exercises. In 2020, USAID's Reinforce gave the skills lab additional clinical equipment to create a fully functional space.

### **In-service training, follow-up after training, and participant certification**

Beginning in 2016, the INS significantly increased the amount of time students spent on clinical practice during all of their courses. The newly developed courses allocated more time to using the skills lab, practicing on actual patients, and performing competency assessments. This resulted in more communication between trainers and trainees. The INS acknowledged that because most participants would not acquire certification by the end

of a 10-day course, partly due to the limited number of patients available at clinical practice sites, one or more follow-up visits after training at the trainees' workplace could be used to complete certification. These sessions are possible because of the increased number of available trainers and three new clinical practice sites.

In 2016, the INS conducted a training needs assessment in Covalima to prioritize training in the municipality.<sup>6</sup> This was followed by an intensive three-year period of in-service training on CSD, FP, essential newborn care (ENBC), integrated management of childhood illnesses (IMCI), and basic emergency obstetric and newborn care (BEmONC). Thanks to the newly trained junior trainers in Covalima and the preparation of training facilities in Suai Referral Hospital, the INS conducted several trainings and all follow-up after training sessions in Covalima Municipality. Given the seven-hour drive from Dili, this decentralization increased availability and lowered the cost of in-service training.



*An INS trainer (left) uses a checklist to observe a trainee (middle) practicing her skills.*

<sup>6</sup>Domingos Soares, I. d. (2016). *Training Needs Assessment for Maternal, Newborn and Child Health in Covalima Municipality and two Health Centers in Dili, Timor-Leste*. Dili: Instituto Nacional de Saúde (INS) with support from USAID's Reinforce.





*INS trainees practice their skills using a mannequin in the newly equipped skills lab.*

The INS established certification rules early in the process of re-activating the CSD and FP trainings, requiring successful completion of multiple assessments: knowledge (measured during pre- and post-tests); practice on models at the skills lab (measured with competency checklists); and practice on actual patients (measured with the same checklists during the 10-day training and/or follow-up after training sessions). Providers must maintain certification through regular supportive supervision.

### **Results: What changed at the National Institute of Health in Timor-Leste after four years of institutional development support?**

While capacity development at the INS is supported by multiple partners, the legacy of USAID's Reinforce is **strengthened implementation of the strategic**

**plan and institutionalized competency-based training at the INS**, both of which were agreed upon in the project's memorandum of cooperation with the INS.

While it may be too soon to measure the extent to which the process for strategic plan development and implementation has been institutionalized at the INS, the collaborative development cycle and JAP meetings as shown in Figure 2 have been implemented consistently since 2016. The second INS strategic plan (2020–2024) is being implemented, and the next JAP is planned for 2021. At mid-term, 72 percent of the INS strategic plan 2015–2019 outputs had been achieved. Of 26 outputs expected for management, leadership, and governance, 24 were achieved, as were 16 of 21 outputs for quality of training.<sup>7</sup> The systematic approach adopted by the INS for gathering its development partners around its strategic plan resulted in a more efficient management of limited resources.

<sup>7</sup>Guterres, J. C. (2018). *A Midterm Review of the INS Five Years Strategic Plan 2015–2019*. Dili.

Institutionalizing competency-based training at the INS includes tangible products such as the updated CSD, ENBC, FP, and BEmONC training packages and the three skills labs for CSD, FP, and BEmONC established at the INS, Vera Cruz CHC, and the Suai Referral Hospital. USAID's Reinforce provided skills laboratory equipment and worked with INS to finalize a guide and standard operating procedures.

The skills lab model designed by USAID's Reinforce was replicated in Oecusse Regional Hospital by another partner, and other labs are being considered. In Oecusse, USAID's Reinforce facilitated the technical exchange between municipalities and shared the guide and protocols. This initial scale-up of skills labs is an encouraging indication of sustainability.

Significantly, the number of available trainers increased to eight advanced trainers at the national level and six junior trainers in Covalima Municipality. An intangible outcome is their role as leaders and guardians of the competency-based training model that they promote at the Trainers' Discussion Forum held quarterly in Dili to discuss training methods and resolve problems.

Trainings increased in both quality and quantity, with 336 health professionals trained in CSD, FP, ENBC, IMCI, and BEmONC, and 253 follow-up after training sessions provided. The clinical practice site upgrades at Comoro and Vera Cruz CHCs and Suai Referral Hospital increased their readiness in areas such as infrastructure, equipment and supplies, administrative procedures and management systems, and trainers' qualifications.<sup>8</sup>

USAID's Reinforce showcased a **successful decentralized competency-based training program** in Covalima Municipality. Six qualified trainers are available for routine follow-up after training visits to help the municipality's health workers maintain the competencies they achieved during training.

USAID's Reinforce Project and the INS strengthened **management, leadership, and governance**, resulting in improvements to standard operating procedures, quality monitoring, information-sharing within the INS and with stakeholders, implementation of competency-based in-service training, and a commitment to continue strategic planning. In fewer than five years, this investment has positioned the INS to scale vast improvements to the quality of care provided by Timor-Leste's public health system.

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<sup>8</sup>This approach is described in the technical brief *Covalima: Becoming a Model Municipality*. JSI Research & Training Institute, Inc. through USAID's Reinforce Project. (2017). Dili.

The USAID's Reinforce Basic Health Services Project was launched in 2016 to help the Timorese government improve the quality and use of maternal, newborn, and child health and family planning services through technical assistance to the Ministry of Health personnel working at national level and in the model municipality of Covalima.