

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Annual Report (January – December 2010)

Australia Timor Leste Program of Assistance for Specialist Services (ATLASS)

Prepared For

Australian Agency for International Development

By Royal Australasian College of Surgeons

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ACRONYMS

AETSSP	Australia - East Timor Specialised Services Project
ATLASS	Australia - Timor Leste program of Assistance in Specialist Services
AusAID	Australian Agency for International Development
ETEP	East Timor Eye Program
FSM	Fiji School of Medicine
HNGV	Hospital Nacional Guido Valadares
ICU	Intensive Care Unit
HIS	Institute for Health Sciences
LTA	Long-term Adviser
MoH	Ministry of Health
NGO	Non Governmental Organisation
OSSAA	Overseas Specialist Surgical Association of Australia
OT	Operating Theatre
PMC	Program Management Committee (ATLASS)
PRET	Program Review and Evaluation Team
RACS	Royal Australasian College of Surgeons
StJoG	St John of God
UKM	Universiti Kebangsaan Malaysia
UNS	University of Solo
USyd	University of Sydney

A. EXECUTIVE SUMMARY

Progress towards achieving the over-arching goal of ATLASS is on track. ATLASS has delivered on all planned Long-term adviser activities, including the placement of Long-term General and Orthopaedic surgeons. One national trainee has completed his overseas specialisation program under ATLASS and has returned to Timor Leste as the second Timorese General Surgeon. Another national trainee has successfully passed his final examinations for the MMed in Anaesthesia and will return to Timor Leste as the first national Medical Anaesthetist at the end of 2011 after he completes his research project in Fiji.

The program has also continued to develop capacity in the referral hospitals as well as the national hospital. This has occurred through the commencement of an Ophthalmology and Orthopaedic outreach program, provision of formal training opportunities in Primary Trauma Care and an expansion in the number and geographical reach of specialist surgical visits. All the above have been achieved with the additional input of voluntary contributions of time and skills of visiting specialist team members (conservatively estimated to be worth over \$465,000 in 2010) plus various donations of funds, supplies and equipment from the various partners which the RACS brings to this program (conservatively estimated to be worth over \$619,000 in 2010).

A significant issue in the national health sector this year is the impending return of more than 400 Timorese medical students from Cuba by 2011. The Program has responded by initiating discussions about the development of post-graduate specialty diplomas. As well as facilitating a Timorese academic programme of specialisation, these diplomas could also be used as a selection tool for identifying candidates for overseas specialist training.

Key Achievements

- Dr Joao Pedro successfully completed his MMed Surgery training at UPNG and returned to Timor Leste as the nation's second qualified general surgeon.
- Cleft surgery has focussed on the development of senior registrar, Dr Joao Ximenes. Dr Joao undertook his first unassisted, unsupervised cleft repair this year.
- Dr Nilton Tilman successfully passed his MMed Part 1 examinations and has been admitted to the School of Medical Health Sciences at the University of PNG to commence his MMed Part 2 program in general surgery.
- Dr Alito Soares has continued to develop his skills in both orthopaedic and general surgery and has been accepted to continue his formal training at Fiji National University.
- Dr Flavio Brandao passed his final exams in MMed Anaesthesia at the Fiji School of Medicine; this achievement is a significant step towards attaining his qualification and returning to Timor Leste as the first national Anaesthetist.
- 95% of surgeries completed over the period were done or assisted by a trainee surgeon, increased from approximately 51% at the start of the ATLASS program and 81% in 2009.
- A permanent General Surgeon enabled the reinstatement of weekly tutorials and audit meetings. This has also facilitated the program's ability to monitor the progress of overall skill, professionalism and engagement of trainees.
- The first Orthopaedic Surgeon was recruited. This has facilitated the procurement of basic orthopaedic equipment for HNGV and the commencement of an Outreach Program to the referral hospitals.
- The Emergency Physician delivered Primary Trauma Care (PTC) courses to all 5 referral hospitals and established protocols with the emergency department at HNGV for the effective management of common emergency presentations.
- ENT services have strengthened through a number of ENT visits and the mentoring of a new trainee (Dr Edgar Morato) who is keen to specialise in ENT surgery.
- The Ponseti method linkage made significant steps towards national ownership of the program and progress towards sustainable outcomes for the treatment of club foot in Timor Leste.

Issues Encountered and Lessons Learned

- **Human Resources:** ATLASS functions within the context of a sector-wide human resources issue which limits the effectiveness of some program outputs. In particular, the shortage of doctors and nurses at the national and referral hospitals has decelerated the development of Emergency Department services at HNGV and training of primary ENT care nurses in the districts. It is expected that this issue will be partially alleviated once the newly trained Timorese doctors return from Cuba and become incorporated in the national health system. In the meantime, the Program has employed a number of strategies to work effectively within the limited confines of the current human resources framework. For example, in the absence of available ENT nurses, plans are in place to deliver ENT screening visits prior to future surgical visits. For the HNGV emergency department, the emergency physician has effectively collaborated with the interim Head of Department to consolidate protocols and procedures in preparation for handover once a permanent national counterpart has been identified by the hospital.
- **Nurse Anaesthetist Training:** Building the capacity of the Anaesthesia department in preparation for the return of Timor's first national Anaesthetist has been limited by delays in the delivery of the 4th Nurse Anaesthetist course. To progress plans to deliver this training, ATLASS has initiated several meetings and discussions throughout the year with the coordinator Jorge Guterres. The ICS, however, cannot commit to running any new training courses until a new academic law has been promulgated.
- **Access & Awareness Barriers:** ATLASS aims to deliver specialist services within a context of poverty, poor infrastructure and limited health education/promotion. These barriers can impact on prospective patients' awareness of and access to the health services available to them through the program. Some specialist and outreach visits reported lower than expected patient numbers this year; whilst these results were commonly due to issues beyond the control of the program, such as the prolonged wet season and consequent damaged roads, ATLASS remains actively focussed on understanding and mitigating the barriers to specialist health care. To improve health outcomes for the Timorese population, especially remote communities, the program has initiated an awareness raising campaign, improved referral strategies, and provided increased logistical support across all areas of specialist service delivery.

B. REPORT OUTLINE:

This Annual Report details progress and outlines key achievements and issues encountered by the ATLASS Program over the period January - December 2010.

Key developments and outputs that contribute to the overall goal of the program are highlighted in the body of the report, as well as obstacles or risks identified that may impact on program outcomes.

Specifically, this report will demonstrate how activities implemented will contribute to the delivery of quality health services, building human resources capacity and decentralising specialist healthcare to serve the district populations. Providing support in these key areas – service delivery, human resources and the districts - is the framework for delivering sustainable outcomes for the health sector in Timor Leste. This report will analyse progress towards achievement of the overarching goals of ATLASS in light of the impending end of contract.

For ease of monitoring implementation against the annual plan, a progress summary table is available in **Annex 1**.

C. BACKGROUND

The 'Australia Timor Leste Assistance for Specialist Services' (ATLASS) program was ratified by AusAID on the 23rd of November 2006 with implementation commencing on the 1st of October 2006. This assured a seamless transition from the completion of the Australia East Timor Specialised Services Project (AETSSP) in September 2006.

The environment in which ATLASS operates is ever changing requiring the program to be flexible.

- The socio-political and security situation remained stable between January-December 2010. There have been no incidents which have impacted on the Program's ability to deliver planned activities.

- The program responds with flexibility and responsiveness to the changing priorities and requirements of the MoH, for example, directing increased resources to the districts. ATLASS has also demonstrated an ability to align its activities with AusAID's key priorities such as improving Maternal and Child Health outcomes. This is analysed in the body of the report.
- 453 medical students are returning from Cuba at the end of 2010 and the beginning of 2011. While the human resources crisis in health should be positively affected by an influx of new doctors, there is currently a need to develop pathways for specialisation and selection of doctors for further training. ATLASS is well placed to provide guidance in this area.

D. COMPONENT 1 – LONG TERM TRAINING, MENTORING AND CAPACITY BUILDING

Objective: To strengthen surgical, anaesthetic and emergency medicine capacity and clinical skills through a combination of in-country mentoring, and short courses and out-of-country specialist training.

Progress towards achieving sustainable outcomes under Component 1 is on track:

The recruitment of a permanent General Surgeon and an Orthopaedic Surgeon has enhanced support to the surgical department and trainees. The resources of the ATLASS team, now comprising a general surgeon, orthopaedic surgeon, emergency physician and an anaesthetist, combine to strengthen trauma management and improve care of patients with treatable disability and the acutely ill at the national and referral hospitals. These developments will help to advance progress towards achieving the overall objective of Component 1 in the final six months of the program.

The new doctors returning from Cuba pose a great challenge in terms of integration into the Timorese health system and at the same time create opportunities as candidates may be identified for further overseas specialist training: this links in closely with the objective of Component 1 and the overall goal of the ATLASS Program. As there is currently no formal selection system for overseas specialisation the Program has initiated discussions about structured preparation for overseas specialisation with the possibility of developing post-graduate specialty diplomas. As well as facilitating a Timorese academic program of specialisation which may be sustained well beyond the life of the program, these diplomas may also function as a selection tool for identifying doctors who should be considered for further training.

To ensure that progress and outcomes achieved under this component are sustainable, the Program has strategically focussed on supporting two key areas in all activities undertaken during the reporting period: quality assurance in service delivery and human resources development.

Human Resources: The program supported a total of six trainees towards attaining specialist qualifications; two surgical plus one anaesthetic trainee were in out-of country specialist training programs. Three surgical trainees continue to receive in-country support from the ATLASS surgeons; two of these trainees have been accepted into specialist training overseas for 2011. Within this group, trainees have taken on ownership of developing competencies in a range of surgical specialties such as plastic (including burns) and orthopaedic surgery. Training a group of registrars with skills across different specialties will help to staff a department of surgery that is capable of managing a range of presentations and surgically treatable illnesses.

This year, the Program made significant progress in achieving its objective to strengthen surgical capacity with the graduation of Dr Joao Pedro, Timor Leste's second general surgeon. Further, the anaesthetic trainee in Fiji passed his final exams and is due to return to Timor as the first fully qualified anaesthetist within six months of the end of the program. These contributions towards establishing a cohort of qualified Timorese specialists who will lead the development of surgery and anaesthesia services in Timor Leste is an important step towards sustainability, both in terms of the availability of specialist care and improved health outcomes for the population.

Quality Health Services: Component 1 inputs have also improved the quality of services delivered through departments of surgery, anaesthesia, ophthalmology and emergency medicine at HNGV. The development of guidelines and protocols in collaboration with national counterparts, and regular audit and mortality & morbidity meetings will lead to improved management of trauma and other surgically treatable diseases. The

importance of these quality improvement systems is gaining recognition and momentum amongst national staff.

Whilst professional behavioural change will occur incrementally, the General Surgeon has reported a marked improvement in the discipline and reliability of trainees. It is expected that a quality, well rounded surgical service will result from increased professionalism and responsibility for patient care within the department.

General obstacles to achieving the objective:

Quality Health Services:

Effective implementation of new protocols and systems improvement is undermined in a context of high staff turnover, for example, two candidates identified for leadership roles in the emergency department have left the department. In addition, there is still limited acceptance of guidelines; while this is slowly improving, continuous reinforcement is required.

Human Resources:

It remains a challenge to engage female candidates for advanced training in surgical specialties. The Program continues to raise awareness about the lack of female representation in surgical and anaesthetic training when consulting with the MoH, hospitals and other relevant stakeholders.

1. SURGERY

Objective: To strengthen surgical capacity and clinical skills through a combination of in-country mentoring and out-of-country specialist training.

Progress towards achieving sustainable outcomes in surgery is on track

Key Activities & Developments

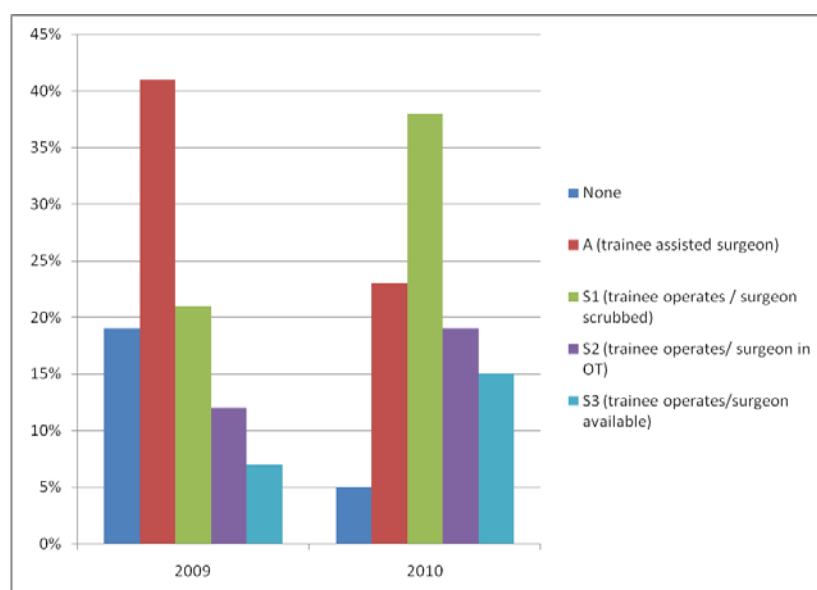
Activities delivered under this heading correspond to Outputs 1.1, 1.4 and 1.5

- **LTA Recruitment:** A permanent General Surgeon was recruited for the duration of Program Year 5. In addition, an Orthopaedic surgeon position commenced in October 2010.
- **Dr Joao Pedro** successfully completed his surgical training at UPNG with the highest score in his graduating class. In November 2010 he returned to Timor Leste as the nation's second qualified general surgeon. This achievement signals progress towards achieving the objective of Component 1 and will contribute significantly to Timor's human resources capacity in specialist health care.
- Following a waiting period of one year due to delays in formalising the MoU between the MoH and the University in Bandung, **Dr Evangelino Soares** left in February for formal specialisation in general surgery at the University of Bandung. This placement was organised by the HR department of the MoH but funded by ATLASS. His training is progressing as planned in spite of a reportedly challenging training environment.
- **Dr Joao Ximenes** continues to develop his expertise in cleft and burns surgery. He heads the separate burns ward at HNGV. Dr Joao undertook his first unassisted, unsupervised cleft repair in December 2010; this is a major step towards sustainable improvements in national child health outcomes. Dr Joao attended a two week clinical attachment at the Burns Unit of Dr Soetomo General Hospital in Surabaya; he reported that key learning areas from this course included burns management in the emergency department, nutrition for burns patients and wound management. In addition, Dr Joao participated in surgical masterclasses at the Annual Scientific Congress in Perth.
- In spite of the logistical problems encountered in obtaining a study visa for PNG, **Dr Nilton Tilman** passed the primary surgical exam at the University of PNG and has been accepted onto the final MMed Surgery programme starting January 2011. It is likely that he will be given credits for prior training in Malaysia.
- **Dr Alito Soares** has been accepted at the Fiji School of Medicine for specialisation in General and Orthopaedic surgery starting January 2011. This is an important development as Dr Alito was unable to

proceed with specialist training in Indonesia. It is expected that this will result in the delivery of another qualified surgeon to bolster the capacity of the department of surgery.

- **Dr Edgar Morato** has been mentored during 3 attachments with visiting ATLASS teams and he attended the Basic Surgical Skills course in Melbourne (August). Dr Edgar hopes to specialise in ENT surgery in Indonesia through the MoH scholarship scheme, however, as there appear to be some delays, the program will assist with exploring alternative options for specialisation.
- In response to increasing concerns that teaching of correct surgical skills was negatively influenced by faulty or poorly functioning instruments, a list of basic surgical instruments was compiled in collaboration with the Head of the Department of Surgery and the Head of the Operating Theatre (OT). This list informed the purchase of new surgical instruments (worth approximately AUD 30,000) to add essential instruments and replace instruments now at least 10 years old. It is hoped that St John of God will also place a full time OT nurse at HNGV in 2011 which would allow us to collaboratively assist in developing systems for regular maintenance and renewal of instruments and gowns and drapes. This would be an important step towards building a quality operating department with a sustainable procurement plan.
- **Maternal Health:** at the request of the junior doctors in the obstetric department the ATLASS general surgeon organised a suture course; attendance was poor. There are plans to repeat the course to provide other junior doctors with an opportunity to attend.
- 455 operations were performed over the period by the Surgeons
 - 42% of patients were female
 - 32% of patients were under 15
 - 30% of patients came from outside Dili district. *Note: 11% patient districts unrecorded*
 - 95% of operations undertaken by the general surgeon were done or assisted by one or more trainees. Of this surgery undertaken, 38% of operations were completed by a trainee with the surgeon scrubbed to assist; 19% were completed by a trainee with the surgeon present in theatre; 15% were completed independently by a trainee with the general surgeon available if required.

Table 1 compares the levels of supervision provided by the general surgeon from 2009-2010. The increasing independence of the ATLASS supported trainees over the 12 month period is clearly demonstrated:



From A to S1 to S3 the independence of the trainee increases.

Progress Analysis

Human Resources: Quality in-country and overseas training under ATLASS is significantly contributing towards the establishment of a qualified cohort of national specialists who will lead the development of surgical services in Timor Leste.

Progress towards increasing the number of Timorese specialist surgeons has been made; the graduation of Timor's second general surgeon; start of overseas training of one trainee in 2010; and acceptance of two other trainees into programs for overseas specialisation, commencing 2011. These are important steps towards sustainability, both in terms of building human resources and the availability of specialist care. It is anticipated that health outcomes for the population will ultimately improve as the number of national specialists increases.

In addition, a candidate for ENT training has been identified and training started through the visiting ENT teams and basic surgical skills course.

In spite of delays and disappointments, ATLASS has now reached a point where years of mentoring and training have begun to bear significant fruits. The noteworthy successes during 2010 will lead to a sustainable surgical service in HNGV. However, in order to staff each hospital with sufficient specialists (as planned by the MoH) many more general and orthopaedic surgeons as well as ophthalmologists, ENT surgeons and urologists need to be trained. Candidates for specialisation will not be found in sufficient numbers amongst the current pool of practicing Timorese doctors, but it is expected that they will be found amongst the hundreds of Cuban trained doctors who will return from January 2011. ATLASS is particularly well placed to assist the MoH and HNGV to develop internships and pre-specialisation junior residency (possibly in the form of specialty diplomas) to receive the new graduates and prepare them for either working in the referral hospitals with advanced skills or overseas specialisation. The Program has learned that in order for candidates to be successful in their field, considerable pre-specialisation preparation is necessary so ATLASS is continuously bringing this issue to the attention of the MoH and hospital staff.

Quality Health Services: Recruitment of two long term surgeons has facilitated consistent support and supervision for the surgical trainees based at HNGV through weekly grand rounds, tutorials and audit meetings, as well as technical instruction in theatre, wards and OPD. The General Surgeon has reported that the Dili based trainees have taken great interest in the academic opportunities provided through the program and have that they have become more disciplined and responsible. Trainees' professional attitudes towards patient care have markedly improved and their technical abilities have also increased.

In terms of improving service delivery and establishing quality assurance, developing an established program of regular audit and mortality & morbidity meetings led by Timorese doctors will be required. The General Surgeon has been committed to implementing and reinforcing the importance of these quality control systems with the Head of Surgery as well as the cohort of trainees, thereby improving staff performance and increasing the likelihood of establishing systems that are sustainable.

Issues Encountered

- **Human Resources:** ATLASS encountered serious problems obtaining a student visa for Dr Nilton Tilman; his visa was granted but sent to Indonesia in error so he was required to reapply. In December 2010, a second student visa was granted; it is expected that Dr Nilton will be in receipt of this visa by early Jan 2011 so he can continue his studies at UPNG. This logistical issue has caused delays in Dr Nilton's formal training overseas. The Program mitigated this issue by sending to Dr Nilton PNG on a tourist visa to attend the revision course in PNG and then sit the primary exam. This preparation will allow him to commence Part 2 of the MMed course in January 2011.
- **Quality Health Services:** In the first quarter of his placement, the Orthopaedic Surgeon has identified an issue in relation to the provision of orthopaedic surgical care in a country where traditional massage is the most culturally accepted form of restorative healing for broken bones. Patients regularly refuse surgery and seek out traditional methods of treatment instead of accessing specialist care in a clinical setting. It will take some time to build up sufficient trust in the service provided in Dili and the referral hospitals; this is essential for increasing the uptake of services. To manage this issue, the orthopaedic surgeon will

continue to visit selected referral hospitals, collaborate with the national physiotherapists and coordinate with the hospital directors to slowly increase awareness and confidence in the service.

- **Districts:** There have been delays in delivering a general surgery outreach program to the referral hospitals. Two surgeons have been on leave from HNGV so the Head of Surgery has requested that plans for outreach be postponed until a full staffing complement is once again in place.

An issue arising from the orthopaedic outreach visits was a low turnout of patients for consultation, despite announcements about the service. This is not an unexpected result as low patient turnout has also been experienced by some visiting orthopaedic teams and other surgical outreach visits. The Program has identified a lack of trust in the service as a key barrier. The Program will address this issue by coordinating earlier, widespread announcements and facilitating joint general surgical and orthopaedic visits. In addition, it is expected that a consistent routine of scheduled visits where successful outcomes for patients are achieved, will help to raise the profile of the outreach service and increase patient confidence in the districts.

2. ANAESTHESIA

Objective: To strengthen anaesthetic capacity and clinical skills through a combination of in-country mentoring and short courses and out-of-country specialist training.

Progress towards achieving sustainable outcomes in anaesthesia is on track

Key Activities & Developments

Activities reported under this heading correspond to Outputs 1.2 and 1.6

- Continuous clinical cover was provided by Dr Eric Vreede and 3 locums.
- **Nurse Anaesthetist Supervision:** Anaesthetist provision of clinical supervision for the 6 nurse anaesthetists in HNGV and phone consultations with the 15 nurse anaesthetists in the referral hospitals
- **Anaesthetic trainee:** Dr Flavio Brandao passed the final MMed Anaesthesia exams in November 2010 and after completion of his study project will return to Timor Leste at the end of 2011. Dr Flavio has demonstrated commitment to his future role at HNGV as Head of Anaesthesia through his contributions to clinical work while on leave in Dili as well as policy development and organisation of the first anaesthesia conference with the Nurse Anaesthetists.
- **Maternal Health:** Early in 2010 Dr Flavio and Dr Eric presented audit data of post Caesarean section pain relief which had been collected in the latter part of 2009. The presentation to the Obstetric Department resulted in a protocol of post-operative analgesia. During 2010 a follow-up audit was performed with the assistance of an Australian volunteer trainee. The data is yet to be analysed but the initial results suggest improvements although further improvements could be made. After full analysis, the data will be presented again to the Obstetric Department and further changes in practice will be discussed. This output is a significant contribution towards improving the quality of anaesthetic services available in Timor Leste.
- **Quality Assurance:** Guidelines for pre-operative preparation have been developed by ATLASS and Dr Flavio Brandao. Dissemination of these guidelines has not yet seen the expected results; it appears that not every surgeon has taken note of them. Further dissemination will take place.
- 752 anaesthetics were administered over this period;
 - 58% of patients were female
 - 30% of anaesthetics administered for caesarean sections
 - 18% of patients were under 15
 - 39% of patients came from outside Dili district
 - 99% of operations at HNGV were done or assisted by one or more nurse anaesthetists

- Over the life of the ATLASS program 3308 anaesthetics have been administered by the program anaesthetists.

Progress Analysis

Human Resources: To develop a sustainable anaesthetic service, the program has focussed on support for Dr Edy Flavio and providing ongoing supervision for the nurse anaesthetists (trained under ATLASS and AETSSP).

All 6 nurse anaesthetists trained under ATLASS as well as the 15 trained under AETSSP remain committed to their roles and developing their skills – this is a key success of the program in terms of strengthening human resources capacity and quality service provision in the districts.

Quality Health Services: In the lead up to Dr Edy Flavio's return to Timor Leste in 2011, much collaborative planning has taken place to prepare him for his role as the future Head of the Department of Anaesthesia. Dr Edy has been actively involved in the development of the pre-operative preparation guidelines and a one year preparation training (possibly leading to a Diploma) in partnership with the ATLASS Anaesthetist. It is anticipated that sustainability will be more likely if Dr Edy takes ownership of this role and the direction of the department in the early stages of developing a national run service.

Issues encountered

- **Absence of second candidate for overseas specialisation:** There is no second candidate and it seems unlikely that one will be found in the current generation of Timorese doctors. As the pool of doctors is due to expand significantly with the return of Cuban-trained Timorese doctors, it is likely that candidates interested in anaesthesia will come forward.
- **Low number of operations in some referral hospitals:** Maintenance and development of clinical skills depends greatly on regular practice. The small number of patients for surgery in some of the referral hospitals (notably Suai and Maubisse) carries the risk that the Nurse Anaesthetists may lose their confidence and become reluctant to anaesthetise. Efforts to minimise this risk include rotation back to HNGV; refresher days; and telephone consultations.
- **Training Delays:** In April 2010 the Director General of the MoH agreed in principle to the 4th Nurse Anaesthesia course, including cover of all costs associated with attendance of the trainees. Despite this development, the ICS cannot start any new training courses until the new academic law has been promulgated. The ICS has indicated that this will occur in early 2010.

3. EMERGENCY MEDICINE

Objective: To strengthen emergency department capacity and clinical skills through a combination of in-country mentoring and short courses.

Progress towards achieving sustainable outcomes in emergency department management is on track:

Key Activities & Development

- The state of emergency child care at HNGV was assessed against WHO standards by the Emergency Physician together with the nursing head of ED and the ED paediatrician (HSSP-SP). The results of this assessment will be used in an effort to increase understanding for the need of and willingness to adopt standard treatment guidelines for five important emergency childhood illnesses.
- Emergency disaster plan for mass casualties established.
- Three ED working groups have been established to cover changing triage, developing job descriptions and implementing standard treatment guidelines in ED.
- Improvements in the quality of formal handover rounds have been noted under the supervision of the Emergency Physician.

- 2 day PTC courses rolled out in all 5 referral hospitals. Delivery of this type of training is a significant step towards establishing a standardised, system of trauma management and treatment of patients requiring emergency care in the districts.
- A one day trauma course was delivered to doctors and nurses of the emergency department at HNGV.

Progress Analysis

Human Resources: Since the role commenced in November 2009, the Emergency Physician has made significant progress towards improving the emergency department at HNGV through on the job training and development of protocols. In addition, Primary Trauma Care (PTC) courses have been delivered at each of the referral hospitals to develop effective triage and management of trauma patients in the districts. These developments have been made despite a human resources issue which threatens the likelihood of achieving sustainable outcomes in emergency care; HNGV has been unable to identify a doctor committed to the position of Head of Emergency Department. This issue is analysed further below.

Quality Health Services: To strengthen the capacity of the national emergency service provided at HNGV, the Emergency Physician has focussed on introducing quality control measures and improving professional attitudes of ED staff. Weekly morbidity and mortality audit meetings with ED medical and nursing staff have been formally established; these meetings incorporate case presentations on all deaths in ED, analysis of monthly mortality statistics, discussions on lessons learned and plans for change. Staff attitude towards these meetings has significantly changed over time; when originally introduced, audit meetings were seen as a 'witch hunt' for members of staff involved in patient deaths. The meetings are now more commonly understood to be an exercise in quality improvement and are regularly attended by ED medical and nursing staff with occasional attendances by hospital medical and nursing administration.

Districts: Following the delivery of PTC courses, the Emergency Physician has held consultations with each Referral hospital to establish their priorities for further training in emergency care. The result of these discussions has been a plan of modules in paediatric emergency care, suture and basic fracture management and burns courses. Ongoing training in these areas is expected to improve the general function of the emergency departments and accelerate the levels of service currently available in the referral hospitals.

Issues encountered

- **Emergency Department Counterpart:** There is currently no national counterpart in the HNGV ED. In February 2010 Dr Augusto departed from his role as ED Director to take up a training position in Indonesia. His replacement Dr Nilton da Silva left the department soon after. The interim Head of Department is Indonesian and therefore will not be appointed as ED Director. This instability limits mentoring opportunities and impacts the likelihood of meeting the capacity building objectives of the ED Physician role. ATLASS will continue to provide training and supervision of ED doctors and nurses as well as focussing on systems improvement however, there is an identifiable risk of unsustainable new systems and protocols without local leadership in ED.
- **Human Resources:** To effectively introduce major change to systems and protocols in the day-to-day running of ED, the availability of extra medical staff is essential for clinical support and supervision. Low numbers of medical and nursing staff in ED has limited the success of some activities trialled at HNGV i.e. the introduction of an urgency based triage system.
- In December 2010 unexpected family issues called the Emergency Physician back to Australia at the end of his first 1 year contract. The Program is currently seeking a replacement.

4. NURSING

Objective: Nurses with improved skills in anaesthesia and peri-operative and procedural nursing

Progress towards achieving sustainable outcomes in anaesthesia, peri-operative and procedural nursing support is on track

To develop a sustainable surgical and anaesthesia service in Timor Leste, ATLASS has facilitated training opportunities for nurses in specialised areas to ensure quality support is provided to the surgeons and trainees

at the national hospital. Ensuring that nurses have skills which correspond to the development of surgical and anaesthetic departments is an essential step towards achieving the overall objective of Component 1.

Key Activities & Developments

- **Burns training:** Two nurses attended a 3 week clinical attachment at the Burns Unit of Dr Soetomo General Hospital in Surabaya. This training will strengthen Dr Joao Ximenes' capacity to manage burns surgery and contribute to the development of a burns unit at HNGV.
- **Phacoemulsification (Phaco) training:** Two Ophthalmic Nurses attended a Phaco training course at the Nerayana Nethralaya Institute in Bangalore, India with Dr Marcelino Correia. This training contributes to the overall progress of a modern, quality cataract service in Timor Leste, as the country gradually moves away from small incision cataract surgery (SICS) towards the Phaco technique. This activity was coordinated through ATLASS, but funded through the V2020 Avoidable Blindness Initiative.
- **Ophthalmology Theatre Nurse Training:** An Ophthalmic nurse from HNGV completed a 1 month training attachment in basic ophthalmology operating room nursing skills at Sanglah Hospital, Bali. This training has increased the number of ophthalmology theatre nurses who can assist in surgery at the national hospital and outreach visits to the referral hospitals. This activity was coordinated through ATLASS, and funded through the V2020 Avoidable Blindness Initiative.
- **Audiology Training:** On-the-job training in hearing testing and in the correct use of an audiometer was provided for OPD staff at HNGV. Nurses with basic skills in this area will support the overall development of an effective ENT service.

5. OPHTHALMOLOGY

Progress towards achieving sustainable outcomes in ophthalmology is on track

In support of the development of a comprehensive ophthalmology service in Timor Leste, ATLASS coordinates and facilitates activities in conjunction with ETEP and the Avoidable Blindness Initiative. Key outputs and achievements in eye care are addressed under Components 2 and 3 of this report. Training opportunities for nurses in specialised areas to ensure quality support is provided to the surgeons and trainees at the national hospital. Ensuring that nurses have skills which correspond to the development of surgical and anaesthetic departments is an essential step towards achieving the overall objective of Component 1.

- Dr Marcelino Correia, the Timorese ophthalmologist trained through ATLASS and ETEP, has undertaken a Phaco training attachment in India through the linkages component.
- The ETEP placement of an ophthalmologist was extended for a second year to provide ongoing mentoring and support for Dr Marcelino as he has taken on the role of Head of Ophthalmology Department as well as increasing ophthalmology services to the districts.
- The resident ophthalmology team led by Dr Marcelino and the ETEP ophthalmologist conducted 4 Ophthalmology Outreach visits, 1 outreach scoping visit under component 2 and 5 further district visits together with the visiting teams.
- The Program has made further attempts to identify a second candidate to specialise in ophthalmology without success. It is expected that potential candidates may be identified within the group of Timorese doctors returning from Cuba.

E. COMPONENT 2: OUTREACH PROGRAM AND SHORT TERM SPECIALIST SUPPORT

Objective: To support surgical and other clinical care through short term specialist visits and/or outreach to regional communities by long term advisers.

Progress towards achieving sustainable outcomes under Component 2 is on track:

Key Activities & Developments

Activities reported under this heading correspond to Output 2.2

- 19 specialist surgical visits delivered at 5 referral hospitals and HNGV
 - 6 Ophthalmology
 - 4 Orthopaedic surgery
 - 2 Plastic and reconstructive surgery (4 hospitals)
 - 2 Paediatric surgery
 - 1 Paediatric cardiac
 - 4 ENT surgery (including Audiology)
 - A total of 1073 patients consulted and 461 operations performed. The total operations performed marks a 27% increase in the number of patients receiving specialist surgery under Component 2 from 2009.

- **Development of ENT & Audiology:** The Program is examining ways to effectively build the capacity of ENT services in Timor Leste and deliver formal training opportunities. A favoured strategy is to duplicate the success of the eye care program, particularly in terms of training primary ear care nurses.

Audiology services were provided in Maliana, Baucau and Dili, including hearing screening visits to the Agape School for the Deaf and the Taibessi Special School (Dili). This activity signals the Program's active involvement in cross cutting issues of disability support and rehabilitation.

- **Patient notification and attendance:** ATLASS has improved patient notification of and access to services provided through short term specialist and outreach visits. Strategies have included arranging transport for remotely based patients seeking consultations or requiring surgery in rural areas. Where practical, specialist teams have run clinics outside of the referral hospitals; Orthopaedic and Plastic and Reconstructive teams ran clinics in Los Palos this year, eliminating the financial and transport barriers affecting access to services for patients in this remote area.

ATLASS has also expanded pre-screening services undertaken by the referral hospital eye care nurses, both in terms of reach and frequency. The eye care nurses have travelled to remote villages to identify cataract patients and coordinate their travel to/from hospital during specialist team and outreach visits. Ophthalmology teams visiting Maliana and Maubisse this year both reported an improvement in patient numbers and overall patient coordination.

In addition to promotional resources developed previously, ATLASS has developed two new information posters about the surgical treatment of club foot and cleft lip/palate for distribution across the country. The club foot poster was designed in collaboration with ASSERT and partly funded by the MoH. A specialist services information brochure (in Tetun & English) has also been developed in response to feedback from visiting teams that increased health promotion in the districts is needed to inform communities about the types of services available through the Program.

- **Improved referral strategies:** ATLASS has sustained its commitment to raising the profile of Program activities, collaborating closely with hospital administration in preparation for surgical visits and improving formal referral strategies to ensure that the surgical needs of the population are being adequately met.

Meetings were held with district health administration officials in Same, Ermera, Viqueque, Los Palos and Maliana to plan improved screening and referral pathways for 2010. Discussions also focussed on strategies for overcoming barriers of access to clinical services for the population living in regional and remote areas. The outcome of such consultation in Los Palos for example, has resulted in on-site clinics being run in these remote parts of the country and coordination of patient transfers for those selected for surgery.

Wide communication of newly established referral strategies for cleft lip and club foot patients has been achieved through formal information sessions with a range of stakeholders. This is an important step towards improving child health outcomes for patients with congenital disabilities.

Onward referrals for rehabilitation services have also been established through the ophthalmology outreach program and specialist visits. ATLASS has developed professional links with the East Timor Blind Union (Dili) and Fuan Nabilan (Same) through a V2020 funded Orientation & Mobility program under Component 3 of the program; this has resulted in onward referrals for vision impaired patients who

cannot be assisted by surgery. ATLASS Program Management staff are engaged with the Disability Working Group in Dili to establish an active network with disability organisations to improve referral pathways for patients identified with untreatable disability through ATLASS activities. Similarly, this network will also refer patients to the program for clinical assessment; this year, the Leprosy Mission Timor Leste has been closely involved with referring patients to be seen by ATLASS orthopaedic and general surgeons.

- **Quality of Life Survey:** 257 baseline and 174 follow-up studies of quality of life cataract surgery were carried out in Dili and 3 referral hospitals (Maliana, Baucau and Oecussi). Early results indicate significant improvements in visual acuity as well as patient satisfaction for patients who have received treatment under Component 2 activities. Analysis of all data collected for this beneficiary study will be completed in 2011.
- **Open Heart Surgery:** Initial discussions were held with the MoH and HNGV about the possibility of supporting an Operation Open Heart Visiting team. There are a number of implications and potential issues related to the delivery of an open heart surgery visit, including the need to generate additional funding and the significant disturbance to other hospital services. Before a visit can be organised Operation Open Heart will need to do a scoping visit. ATLASS has offered to provide guidance and support in the coordination of a scoping visit if the MoH does request this.

Progress Analysis

These outputs have provided a service for managing surgically treatable illness or disability which may otherwise remain untreated in a context of limited specialist service capacity, particularly in the districts.

Districts: Improving access to specialist care and health outcomes for remote communities has remained the impetus for all activities funded under this component. ATLASS has remained focussed on expanding the geographic reach of its specialist visits: this year, 70% of all specialist team visits were delivered in the referral hospitals and 70% of patients treated in 2010 identified themselves as being based in the districts.

Overcoming barriers of access to specialist services for populations based in the districts has also been a focus of activities delivered under Component 2. Logistics, communication and poverty remain key barriers in the delivery of and accessibility to clinical health services. Developing strategies to increase awareness and build confidence amongst the population about the services provided through the hospitals is an important step towards improving access to specialist services in the districts. One strategy employed has been to coordinate pre-screening of ophthalmology patients in the sub-districts with the referral hospital eye care nurses; suitable patients identified during these visits are referred to be reviewed by the specialist team and transport and accommodation is also arranged.

The Program has undertaken activities to disseminate information about specialist services provided through ATLASS and to educate the Timorese population about potential outcomes for surgical patients. An awareness raising campaign comprising the distribution of newly designed posters, short films and flyers through the MoH and NGO networks, as well as national and local radio announcements and promotion through government and independent television and newspaper articles, was delivered during the reporting period. Advertising services through the church has also been a successful method of disseminating information at a community level. These efforts should increase awareness of referral pathways and encourage people to access hospital based services beyond the life and scope of the Program.

Quality Health Services: With a particular focus on improving the status of child health in Timor Leste, referrals for cleft lip/palate and club foot referrals have been targeted. The Program has collaborated with Dr Joao Ximenes to establish a national cleft registry to facilitate a direct referral pathway and tracking system for patients identified with cleft conditions in the districts. The Program has also strengthened referral pathways for club foot patients requiring tenotomy by fostering strong links with ASSERT (through Component 3 of the program) and the national physiotherapists based in HNGV and the referral hospitals. By formalising referral mechanisms and establishing strong links between the national and district hospitals, district health posts and relevant health organisations, it is anticipated that access to services for regional communities will increase. These systems may also serve as a model for strengthening referral networks in other specialities, such as Orthopaedics and ENT. ATLASS will provide guidance in consolidating these referral networks to increase the likelihood of sustainability beyond the life of the program.

Human Resources: The schedule of specialist and outreach visits delivered this year has strengthened and complemented activities generated under Component 1; national health professionals were attached to visiting and outreach teams for on-the-job specialist training and mentoring. Engaging Timorese health personnel (trainees and nursing) in surgical visits to the districts further contributes towards building a sustainable service at a nation-wide level.

Issues encountered

- **Nurses Shortage:** Lack of nurses available for training in primary ear care has delayed substantial progress in ENT surgery. This issue has been raised in discussions with the referral hospitals and potential solutions have been considered; it is likely there is not a single solution appropriate for all 5 referral hospitals.
- **Patient Numbers:** Barriers for patients accessing hospital services include poor infrastructure, poverty, and limited access to transport. There is also a general lack of understanding about surgery and a tendency to rely on traditional forms of healing. The Program has worked overcoming some of these barriers in an effort to improve patient numbers, as detailed in the *Key Activities and Developments* section of this report.

F. COMPONENT 3: INSTITUTIONAL LINKAGES

Objective: To provide targeted support for surgical and other clinical care and support services through strategic linkages with Australian and other Institutions:

Progress towards achieving sustainable linkages under this component is on track

Key Activities & Developments

Activities reported under this heading correspond to Output 3.2

- **Ponseti Method:** The Ponseti linkage activity is on track towards becoming a sustainable program in the management of club foot, thereby improving child health outcomes in Timor Leste. A number of outputs were implemented under this linkage including; delivery of a Ponseti Method consultative seminar for stakeholders (May), delivery of the two day 2nd Ponseti Method National Workshop (November) and funding for two national physiotherapists to attend the Ponseti conference and workshops in Adelaide (February).

Planning and delivery of the 2nd Ponseti Method National Workshop was facilitated by national clinicians, physiotherapists and technicians responsible for managing club foot in Timor Leste. ASSERT took the lead in coordinating the program and presentations and the MoH facilitated increased administrative and financial support for the workshop. While ATLASS provided technical support and resources for this activity, national ownership of this workshop reflects significant progress towards achieving sustainable outcomes for the Ponseti method in Timor Leste.

In terms of clinical progress, surgical trainees performed tenotomies under the guidance of ATLASS specialists.

- **Ophthalmology Outreach Program:** Ophthalmology outreach visits were delivered to Maliana, Suai, Oecussi and Maubussi referral hospitals. To ensure success of outreach visits, local eye care nurses from each referral hospital performed pre-screening and arranged for patients' travel and accommodation at the hospital.

The first ophthalmology scoping visit to Atauro Island was made by the ETEP Ophthalmologist together with Dr Marcelino Correia and the national eye clinic team. The Program will increase efforts to improve accessibility to specialist health care for the population residing on Atauro Island.

The strong linkage with ETEP in the delivery of an outreach program to the 5 referral hospitals contributes to the decentralisation of ophthalmology services and builds sustainability in eye health for Timor Leste. It is planned that surgical outreach visits, now managed by the ETEP Ophthalmologist and national Ophthalmologist, will be independently coordinated by the Dili Eye Clinic starting in 2011, thereby increasing regular access to specialist eye services in the districts.

The outreach program is funded through V2020 and delivered by the HNGV Eye Clinic team including the national Ophthalmologist, the ETEP Ophthalmologist and two national eye care nurses.

- A two year **Orientation and Mobility (O&M) program** is being facilitated by ATLASS, funded through the Vision 2020 Avoidable Blindness Initiative (ABI).
2 O&M scoping missions and 1 O&M training program were delivered, linking trainers from Guide Dogs Queensland with the East Timor Blind Union (ETBU) and Fuan Nabilan in Same. Activities implemented through this program aim to support vision rehabilitation for low vision and blind Timorese clients who cannot be helped by surgery or refractive correction. A bi-annual stakeholder's forum attended by representatives from the MoH, MSS, ETBU, FN and FNTL encourages local ownership and it is anticipated that future forums will be run independent of expatriate support. In addition to the direct client support and training for national O&M trainers, this program works towards improving referral strategies so patients identified through the HNGV eye clinic or during outreach programs and specialist team visits can be referred to effective rehabilitation services in Timor Leste.
- **Professional Development** for Dr Mendes Pinto through attendance at the Annual Scientific Congress in Perth to participate in surgical Masterclasses.
- Dr Joao Ximenes completed a second training attachment in West Timor with an OSSAA funded Plastic & Reconstructive surgical team to maximise exposure to cleft surgery.
- **Phacoemulsification training** at Nerayana Nethralaya institute, Bangalore, India, for Dr Marcelino Correia. This one month training was coordinated as part of his ongoing professional development to strengthen the effectiveness of the Department of Ophthalmology. A key outcome is Dr Marcelino's ability to now successfully perform cataract surgery using the Phaco technique in Dili and during Outreach visits. Patients can now be treated by a national Ophthalmologist using what is universally considered to be the most effective and contemporary style of cataract treatment.
- **Optometry:** 2 Eye Care Nurses from Maliana and Suai referral hospitals completed a training attachment in optometry in Australia through linkages with Optometry Giving Sight and Provision. This training opportunity built on skills developed during in-country training provided through ETEP and Provision.
- Training in the use and maintenance of new equipment including slit lamps, Perkin's tonometer and Streak Retinoscope for Eye Care Nurses at HNGV and 5 referral hospitals. This activity was funded through the Vision 2020 Avoidable Blindness Initiative (ABI)
- **Complimentary Eye Care Linkages:** A third visit by two American specialists to perform cornea transplant coordinated through ETEP.
- A third self-funded artificial eye visit was completed continuing a link between a private practice in Perth and the department of ophthalmology.
- Additional personnel supported on specialist surgical teams through contributions from Orthopaedic Outreach, St John's Ambulance, Provision, Alcon and the East Timor Hospital Support Fund.

Progress Analysis

Complimentary clinical services and training opportunities have been delivered under Component 3 with a focus on consolidating activities implemented thus far and achieving sustainable outcomes. With the ATLASS program now in its final year, initiatives undertaken in 2010 have aimed to strengthen institution to institution relationships and foster ownership of linkage activities to increase the likelihood of success beyond the life of the program.

- **Quality Health Services:** Carefully selected support for professional development opportunities and clinical attachments has targeted development in ophthalmology, club feet, cleft and burns surgery. Existing relationships with international institutions, including ETEP, Orthopaedic Outreach and OSSAA, have been strengthened through a range of practical initiatives to advance progress towards the Program reaching its overarching goal and ensure that these professional relationships will continue to thrive beyond the life of ATLASS.

- **Disability support:** Linkages with a number of national disability support organisations have increased access to rehabilitation services for patients who cannot be treated by surgery under components 1 & 2 of the program. The program has established links with the East Timor Blind Union and Fuan Nabilan through the V2020 Orientation & Mobility program to build and increase access to services for vision impaired or blind clients, as well as, ASSERT and the Leprosy Mission Timor Leste to promote rehabilitation for club foot patients. These professional linkages are examples of how the program addresses cross cutting health issues. Coordination with these organisations will encourage effective referral systems to improve health outcomes for patients with treatable or terminal disability.

Issues encountered

- **Sustainability challenges:** A particular challenge of this component has been moderating the risk of activities or institutional relationships dissolving without the funding or organisational support provided through ATLASS. To promote sustainable outcomes for the Institutional Linkages component of the program, only demand driven, relevant activities that compliment the over-arching objective of the program and directly link to services provided under the other components of ATLASS have been undertaken.

Activities implemented have been appropriately planned in collaboration with national counterparts then monitored and reviewed to ensure that expectations and objectives are being adequately met by all individuals/organisations involved. With the close of ATLASS fast approaching, it has been important for the program to reduce its coordinating presence in some activities, for example, significant handover of responsibility has already begun within the Ponseti program. ATLASS has remained a facilitator as appropriate but the overall program is now principally driven by the local physiotherapists and ASSERT. Linkages that evolve in this manner are likely to be sustainable without the input of ATLASS.

G. COMPONENT 4: PROGRAM MANAGEMENT AND MONITORING:

Objective: To manage the Program effectively and efficiently and maintain a Program office at HNGV

To ensure that the Program progresses towards achieving its overall objectives, inputs and activities funded under Component 4 contribute to proficient program management as well as effective monitoring and evaluation systems.

Delays in finalising the IPR report and review of the program monitoring matrix has raised concerns within the project management team regarding the continuity and adequacy of analysis around the program's performance during the reporting period. However, through this year's revised style of reporting – well documented quarterly progress meetings between ATLASS and AusAID in-country representatives, followed by the delivery of an annual report – it is expected that the effectiveness of program implementation and advancement towards achieving ATLASS goals will be appropriately examined and appraised.

1. Staffing and Human Resource Management

ATLASS project management arrangements remain unchanged. The Program maintains an in-country program office at the Hospital Nacional Guido Valadares. The in-country team is headed by the Team Leader and supported by the National Coordinator, National Program Officer and the ATLASS Program officer. All in-country liaison and support for the effective delivery of program activities is facilitated by the Dili based team. The commitment of national staff adds value to the overall effectiveness of the program; their strong corporate knowledge and well established relationships with stakeholders in the hospitals and relevant government departments ensure that all program activities are delivered in a timely and culturally appropriate manner.

Program staff in Australia provide overall contractual and operational management for the effective administration of the program. Regular communication between the Australian and Dili program offices facilitates the effective delivery of program inputs and outputs.

The ATLASS program director Professor David Scott, decided to step down from his role after 10 years (including AETSSP) and hand over to his successor Dr Glenn Guest, who has had 9 years of involvement with Timor Leste including almost 2 years as the in-country team leader of the AETSSP; Professor Scott's long and

wise guidance brought enormous value to the quality of program inputs and ensured that appropriate progress was maintained throughout the life of ATLAS. Specialty Coordinators continue to provide high quality technical advice as required and support the identification of suitable specialist volunteers for team visits and locums.

Each ATLAS volunteer surgeon, anaesthetist, nurse and other health specialist typically provide services on an annual or biannual basis and maintain their commitment to provide pro bono services in Timor Leste under the auspices of the Program. The conservative estimated dollar value of the services donated the volunteer team members in 2010 amount to more than AUD\$465,000 (see Annex 1 for calculations of pro bono costings). In addition the RACS and its partners contributed over \$619,000 in funds, supplies and equipment to the program in 2010. (see Annex 2 for institutional linkages extra-budgetary contributions)

2. Quality of M&E Systems

Continuous quality improvement of ATLAS M&E systems has been a key consideration throughout the life of the program. A combination of narrative reporting, extensive data collection and statistical analysis forms the basis of the program's M&E systems, however the program actively seeks advice and explores new methods of monitoring performance and evaluating overall program effectiveness.

The Program is currently awaiting delivery of the Independent Progress Review (IPR) report from the mission in February 2010 and guidance from AusAID M&E Specialist, Mr Aden Wyatt, on further revisions to the Program Monitoring Matrix (PMM). At this late stage in the program, the management team has concluded that it is illogical to completely revise the PMM, however, some minor modifications have been made, for example, irrelevant indicators have been removed or changed.

All activities of long-term advisers, short-term contractors and volunteers are reported to the Program Management team, and statistics recorded and disaggregated by gender, age and district. Institutional Linkages data is collected from the partner organisations and the participants in these activities.

The Program's reporting system has been revised with the introduction of well-documented progress meetings with AusAID and an annual report which allows for deeper analysis and review of the year's activities.

The Program Management Committee (PMC) meets twice a year to review progress, analyse emerging risks and plan for future activities in line with MoH priorities. Effective communication and oversight between key stakeholders during these meeting plays an important role in evaluating progress towards achieving relevant and sustainable outcomes.

Research is being undertaken by a Masters student to document the trainee satisfaction with the mentoring and supervision they receive from the long term advisers.

The Program has concluded a year-long beneficiary study to evaluate the effectiveness of cataract surgery undertaken by the resident and visiting Ophthalmology teams. The study collected information about the quality and impact of cataract surgery on the lives of patients through a series of baseline and follow up interviews with patients. Data analysis will be finalised and presented in 2011.

ANNEX 1

ATLASS Progress Report summary table:

Component Output/description		Reported under	Current status
Component 1: Long Term Training, Mentoring and Capacity Building: Objective: To strengthen general surgical, anaesthetic & peri-operative nursing <i>capacity</i> and <i>clinical skills</i> through a combination of in-country mentoring and short courses and out-of-country specialist training			
1.1	Long term General & Orthopaedic Surgeon Advisers	C1:General & Orthopaedic Surgery	On track
1.2	Long term Anaesthetics Adviser	C1: Anaesthesia	On track
1.3	Long term Nurse Education Adviser	N/A	Revised
1.4	Overseas Specialist Training for doctors	C1:Surgery/Anaesthesia	On track
1.5	Short Training Courses for doctors	C1: General surgery	Cancelled
1.6	Short Training Courses for nurses	C1: Anaesthesia	On track
1.7	Long Term Emergency Department Adviser	C1: Emergency Medicine	Partially on track
C2 – Outreach program & Short Term Specialist Support Objective: To support surgical & other clinical care through short term specialist visits and/or outreach to regional communities by long-term Advisers			
2.1	Outreach Visits by Long Term Advisers	C2: Ophthalmology & Orthopaedics Outreach	Partially on track
2.2	Visiting Specialist Teams & Individual Specialists	C2: Visiting teams	On track
2.3	Short Term Advisers (Non-Clinical)	N/A No activities delivered	Revised (Contract amendment)
C3 – Institutional Linkages Initiative Objective: To provide targeted support for surgical & other clinical care & support services through strategic linkages with Australian & other overseas institutions			
3.1	Institutional Linkages initiative established & operational guidelines developed	N/A completed	Completed
3.2	Targeted support facilitated &/or maintained through institutional linkages	C3:Institutional Linkages	On track
C4 – Program Management Objective: To manage the Program effectively and efficiently, and maintain a Program office at HNGV.			
4.1	Program management & monitoring systems established and maintained	C4: Program Management	On track
4.2	Program performance monitored & reported	C4:Program Management	On track
4.3	Program implementation risks monitored, & remedied as necessary	Each component	On track