

**Independent Progress Report (IPR) of
Australia Timor-Leste Program of Assistance for Specialised Services (ATLASS)
MANAGEMENT RESPONSE**

Aid Activity Summary

Aid Activity Name	Australia Timor-Leste Program of Assistance for Specialised Services (ATLASS)		
AidWorks number	ING418		
Commencement date	1 February 2006	Completion date	30 June 2012 (note: extended twice for six months since the IPR)
Total Australian \$	\$9,582,036.58		
Implementing Partner(s)	Royal Australasian College of Surgeons (RACS)		
Country/Region	Timor-Leste		
Primary Sector	Health		

Aid Activity Objective

ATLASS is a 5.5 year program (2006-2012) delivered by the Royal Australasian College of Surgeons (RACS). RACS have provided support for specialist surgical services in Timor-Leste since 2001, initially delivered through the Australia East Timor Specialist Services Project (AETSSP) 2001-2006. Both programs were initiated at the request of the Ministry of Health to address short falls in the provision of surgical services and to establish standards for clinical care.

The original goal of ATLASS was “to improve the health status and outcomes of people living in Timor-Leste with surgically treatable illness, disability or trauma”. In 2008 this was revised to “improved health outcomes for people with surgically treatable illness, disability or trauma in Timor-Leste.” The purpose or end of program outcome for which ATLASS is directly accountable is “to improve the availability and quality of essential general and specialist surgical services for the people of Timor-Leste.” ATLASS is comprised of four components, each with a specific objective:

- Long-term Training, Mentoring and Capacity Building
To strengthen general surgical, anaesthetic and peri-operative nursing capacity and clinical skills through a combination of in-country mentoring and short courses and out-of-country specialist training
- Short-Term Specialist Support and Planning
To support surgical and other clinical care through short-term specialist visits and/or outreach to regional communities by long-term Advisors
- Institutional Linkages Initiative
To provide targeted support for surgical and other clinical care and support services through strategic linkages with Australian and other overseas institutions
- Program Management and Mentoring
To manage the Program effectively and efficiently, and maintain a Program office at the National Hospital of Guido Valadares (NHGV)

Independent Progress Report Summary

The evaluation objectives of the IPR were:

- To assess the performance of ATLASS against AusAID's quality criteria;
- To provide recommendations to improve implementation progress for the remainder of the program; and
- Pending initial evaluation findings, assess the need for future specialist surgical support beyond ATLASS, identifying possible partnerships, delivery modalities and critical risks.

Evaluation Completion Date: November 2010

Evaluation Team: Professor Peter Deutschmann and Mr Aedan Whyatt

Management Response

AusAID commissioned the Independent Progress Report (IPR) of ATLASS in late 2009, at a time when there was 18 months left of the program to run. (Note that since the IPR was completed the program was extended by 12 months until June 2012). Thus, one of the key tasks of the evaluation team was to look at the achievements of ATLASS, analyse lessons learned, and based on discussions primarily with AusAID and the Ministry of Health to propose possible future specialist surgical support beyond ATLASS.

AusAID broadly agrees with the findings of the IPR and welcomes the achievements of the ATLASS program. Specific responses to the IPR recommendations are below. AusAID acknowledges the efforts of the ATLASS team in Dili, Melbourne, and elsewhere. AusAID accepts the ratings against the seven key criteria in the IPR and believe they reflect where the program is at, what progress has been made and what needs to be strengthened (particularly on M&E), and what is still needed to tackle fundamental sustainability issues.

As a result of the IPR discussions and following the release of the Government of Timor Leste's Strategic Development Plan 2011 – 2030, it became clear that the Ministry of Health would require on-going support in the area of specialist surgical services. It was also evident that RACS was well-placed to deliver this support, and that AusAID was interested to explore opportunities to maximise the benefits of such a new program for women, children, and those in the districts. The Ministry of Health has also been explicit in seeking AusAID support (through ATLASS) for 're-integrating' the Cuban-trained Timorese junior doctors.

In essence, this is the evaluation team's **Option 3 below**, which AusAID agreed to in consultation with the Ministry of Health. The evaluation team's findings and recommendations were incorporated into the Terms of Reference for the ATLASS Phase II design team.

AusAID management responses are included below in ***bold italics***.

Option 3: A new five-year program of specialised services with a transitional focus from national to district-level

This option adopts all of the key features of Option 2, except for the focus of LTA over the five-years. The first 2.5 years would be focused on strengthening National Hospital functions while investigating options for competency-based training and supervision for district hospital-based doctors in rural/general surgery, essential obstetrics, basic anaesthesia and emergency medicine and paediatrics. ***AusAID: Agree, however the program will be for four years, July 2012 - June 2016.***

At mid-point this could involve different options such as:

- Transitioning LTA support from the National Hospital to a major referral hospital. **AusAID: Agree.**
- Using the funding for the third LTA position to fund a panel of external specialists to undertake 2-3 monthly rotations at a major referral hospital. **AusAID: Partially agree – an approach which supports referral hospitals but minimises management burden should be explored.**
- Rotating returning Timorese doctors from Cuba through the National Hospital under LTA training and supervision. **AusAID – Agree.**

Recommended: this option recognises the current priorities of the MoH for continued specialised services, while also ensuring a strategy is in place to ensure a future program of support could make a greater contribution to district-level MNCH outcomes.

Additional Recommendations

Irrespective of which option is chosen, any future support to specialised services should incorporate the following principles:

- Promote greater accountability through establishing formal contracts between individual trainees (if continued), ATLASS and MoH and share relevant information with key MoH departments and hospital management. Individual trainee contracts should include simple capacity building plans which map out professional development needs/targets. **AusAID – Agree, and options for establishing quality of care standards should also be explored.**
- Recruitment of specialist trainees and nurse anaesthetists should explicitly target female candidates. **AusAID – Agree.**
- All future short-term specialist visits should be negotiated with MoH well in advance on planning and targeting to ensure they are demand-driven. **AusAID – Agree.**
- Strengthen the performance orientation through simplifying M&E systems, establishing clarity of objectives, and increasing outcomes-focused reporting. Future support should also explore opportunities to strengthen and utilise MoH information systems at national and district levels. **AusAID – Agree.**