



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Program Year 5 Implementation Plan (July 2010 – June 2011)

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

PREPARED FOR

Australian Agency for International Development

By the Royal Australasian College of Surgeons

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ACRONYMS

Acronym	Definition
AETSSP	Australia - East Timor Specialised Services Project
ATLASS	Australia - Timor Leste program of Assistance in Specialised Services
AusAID	Australian Agency for International Development
ENT	Ear, Nose and Throat
ETEP	East Timor Eye Program
HNGV	Hospital Nacional Guido Valadares
IHS	Institute for Health Sciences
M&E	Monitoring and Evaluation
MMed	Master of Medicine
MoH	Ministry of Health
PMC	Program Management Committee (ATLASS)
PNG	Papua New Guinea
PRET	Program Review and Evaluation Team
PTC	Primary Trauma Care
RACS	Royal Australasian College of Surgeons
UPNG	University of Papua New Guinea

AUSTRALIA TIMOR LESTE PROGRAM OF ASSISTANCE FOR SPECIALIST SERVICES (ATLASS)

Implementation plan for program year 5: July 2010 – June 2011

1. STRATEGY FOR IMPLEMENTATION

The Program aims to improve the availability and quality of surgical services through four over-arching strategies:

- a) by maintaining long term clinicians in Timor Leste:
 - ◆ a general surgeon
 - ◆ an orthopaedic surgeon
 - ◆ an anaesthetist
 - ◆ an emergency physician

These clinicians will provide in-service training and mentoring of junior and senior Timorese doctors and to assist with systems strengthening, development of standards and quality and other types of capacity building;

- b) by supporting a range of short-term specialist medical teams and individuals to provide necessary services otherwise not available. The specialist visits will focus on extending services to the referral hospitals and districts and teaching Timorese medical staff;
- c) by supporting selected Timorese doctors to undertake and complete out of country specialist training in general surgery and anaesthesia; in-country training of selected Timorese doctors in cleft lip surgery and orthopaedic surgery; training and providing in-service supervision and technical support for Timorese nurse anaesthetists and other categories of health workers;
- d) by supporting selected Timorese doctors, nurses and other categories of health workers to undertake a range of in-country and targeted overseas short courses to strengthen their skills and capacity, gaining leverage from institutional linkages with Australian and other international partners.

2. WORK PLAN for PROGRAM YEAR 5 (JULY 2010 – JUNE 2011)

Summary of activities for Program Year 5

- Ongoing Anaesthetic leadership, training and mentoring will be provided by the Long Term Advisor (LTA) who has been in this role for more than 6 years, providing continuity, stability and ongoing development of Anaesthesia services in the country. The LTA Anaesthetist in collaboration with the Timorese trainee anaesthetist will participate in the continued development of Anaesthetic standards at HNGV and throughout the country.
- A new LTA General Surgeon will commence in July 2010 and is contracted to continue until the end of ATLASS. The LTA General Surgeon will facilitate skills transfer through on the job training and mentoring for national staff. This will provide the necessary continuity, stability and development of surgical services.
- The Program will continue to seek recruitment of a second LTA surgeon position, to be filled by an orthopaedic surgeon to improve basic fracture and trauma management through on the job training and mentoring for national staff.

- The LTA General and Orthopaedic Surgeons will support the continued development of a Department of Surgery at HNGV and development of surgical standards for the country.
- The current LTA Emergency Physician will continue for the remainder of the Program to assist with the development of the HNGV Emergency Department and support emergency services in the districts.
- The Program will continue the training of Timorese doctors to achieve recognised qualifications from international training programs in Indonesia, Papua New Guinea and Fiji in general surgery and anaesthesia.
- Three Timorese doctors will receive in country training in cleft lip and burns surgery, orthopaedic surgery and ENT surgery. In addition they will attend appropriate short courses overseas to improve their technical skills in these specialist areas.
- The 4th nurse anaesthetist training course in conjunction with the Institute of Health Sciences will be conducted. The Program will also support a further refresher course for previously trained nurse anaesthetists to maintain and upgrade existing skills.
- Supervision and support for the Nurse Anaesthetists working at the referral hospitals will continue through rotations back to HNGV and LTA visits to the referral hospitals.
- Specialist team visits will be delivered in consultation with the MoH and will be coordinated according to the need of HNGV and other regional centres. Emphasis will be given on expanding the reach of these visits to patients in the districts.
- A number of follow up activities based on existing linkages will be supported by the Program. New activities requiring support as identified by MoH, hospitals and other stakeholders will be supported if they meet the criteria of the linkages program.
- The Timor Leste Eye Program (ETEP) funded LTA Ophthalmologist will continue to be coordinated through ATLASS. In addition to work in HNGV he will deliver outreach visits to the districts and provide ongoing support to Dr Marcelino Correia as the Head of the Department of Ophthalmology.

Work Program for Program Year 5

The Implementation Schedule is shown **ANNEX B: ATLASS Program Year 5 Implementation Plan** and Cost Schedules are shown in **ANNEX C: ATLASS Program Year 5 Estimates**

COMPONENT 1 – LONG TERM TRAINING, MENTORING AND CAPACITY BUILDING

The mentoring and training activities funded under this component are designed to strengthen surgical, anaesthetic and peri-operative nursing capacity and clinical skills in the national and district hospitals.

ATLASS will continue to support quality in-country and overseas formal training for a core group of trainees. This contribution towards establishing a cohort of qualified Timorese specialists who can 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.

Through the combined outputs under Component 1, ATLASS will also consolidate efforts to improve the departments of surgery, anaesthesia and emergency medicine at HNGV. Support in the development of policies and protocols will facilitate appropriate management of the operating theatres and emergency department to ensure a continuity of care for patients with critical illnesses and surgically treatable conditions beyond the life of the Program in addition,

the improved anaesthesia services nationwide achieved by ATLASS will improve access to caesarean sections and thus to decreased maternal mortality.

Output 1.1 – Improved surgical services, training and supervision through long term General Surgeon support

1.1.1 LTA General and Orthopaedic Surgeons providing surgical services

The LTA General Surgeon will provide clinical services and assist the Head of the Department of Surgery in improving the functioning of the surgical department and support the second Timorese general surgeon when he returns from PNG late in 2010.

In response to a request from the Department of Surgery the Program will seek to engage an LTA Orthopaedic surgeon who will provide clinical services at HNGV and in the referral hospitals to improve the management of trauma and orthopaedic patients. To ensure that this appointment is sustainable, the LTA Orthopaedic Surgeon will focus on training Dr Alito Soares. In addition, Dr Saturnino Saldanha, the first Timorese orthopaedic surgeon is expected to return to Timor in late 2010 or early 2011 and the orthopaedic surgeon will assist him in assuming his new responsibilities

1.1.2 LTA General and Orthopaedic Surgeons providing on-the-job training

The LTA General and Orthopaedic Surgeons will mentor national doctors who are attached to the surgical department at HNGV.

The LTAs will support Dr Joao Ximenes and Dr Alito Soares with their development in general and orthopaedic surgery respectively.

The LTAs will also support the Timorese specialists, Dr Mendes Pinto and Dr Joao Pedro once he returns from PNG and also Dr Saturnino.

1.1.3 LTA General and Orthopaedic Surgeons providing weekly teaching to registrars

With two LTA Surgeons who will stay until the end of ATLASS and the return of Dr Joao Pedro and Dr Saturnino Saldanha the Program will re-establish regular teaching and quality control meetings.

1.1.4 LTA General Surgery to develop and deliver basic surgical training to identified doctors and to address workload issues when necessary

This activity was discontinued in November 2009 because the Minister for Health decided to cancel the training.

1.1.5 LTA General and Orthopaedic Surgeons supporting the continued development of a Department of Surgery.

The Program will assist the Timorese specialists, Dr Mendes, Dr Marcelino, Dr Joao Pedro and Dr Saturnino Saldanha to develop the department of surgery. This will partly be done as linkage activities to support their continuing professional development.

1.1.6 LTA General and Orthopaedic Surgeons contribute to and assist in the development of a one year specialty diploma for new medical graduates.

The program has offered to design, plan and possibly implement one year specialty diplomas. This competency based diploma will be a pathway towards an international Masters of Medicine qualification. The diploma will offer training in obstetrics, paediatrics, surgery, anaesthetics and ophthalmology. It may also function as a selection instrument for identifying appropriate candidates for overseas specialisation.

The ATLASS Program is in a position to foster linkages between the Medical School, MoH, Timorese specialists and the specialty Colleges in Australia and the region. Development of

this output depends on the outcome of further discussions with the MoH and other stakeholders.

Output 1.2 – Improved anaesthesia services, training and supervision through long term Anaesthetics Adviser support

1.2.1 LTA Anaesthetist providing anaesthetic services

The LTA Anaesthetist will continue to provide leadership and direction for continually improving Anaesthesia services at HNGV.

1.2.2 LTA Anaesthetist providing on-the-job mentoring for doctor and nurse anaesthetists

The LTA Anaesthetist will mentor the six nurse anaesthetists who are working in HNGV as well as support the 15 nurse anaesthetists working in the district hospitals through visits and phone consultations as well as supervising them when on rotation to HNGV.

1.2.3 Long Term Anaesthetic Adviser to contribute to and assist in the development of a one year specialty diploma for new medical graduates.

See 1.1.5

Output 1.4 – A core group of Timorese doctors with recognised specialist qualifications

1.4.1 Surgical training at UPNG; (Dr Joao Pedro Xavier)

The Program will continue to support Dr Joao Pedro Xavier's surgical training at UPNG. Dr Joao is expected to complete the Part 2 Masters of Medicine at UPNG during Program Year 5.

1.4.2 Surgical training at UPNG (Nilton Tilman)

ATLASS will support Dr Nilton to continue formal surgical training at UPNG where he will sit his Part 1 Masters of Medicine exam during Program Year 5 of the Program. The Program will also support his participation in the EMST course at UPNG. Because of recognition of prior training in Malaysia he is expected to sit his final exams in 2012 and return to Timor as a specialist surgeon.

1.4.3 Training in Cleft lip and Palate surgery (Dr Joao Ximenes)

Dr Joao Ximenes will undertake further training in cleft lip repairs with Dr Mark Moore, Plastic and Reconstructive Surgeon in addition to continuing work as a general surgical trainee at HNGV. Dr Joao will also accompany Australian Plastic & Reconstructive surgery teams to Nusa Tenggara Timur as he did in 2009, to facilitate sufficient hands-on experience under the supervision of an experienced Plastic surgeon.

During Program Year 5, Dr Joao will attend a burns course in Surabaya (see 1.6.3) with selected nurses and be supported to undertake a training attachment at the Burns Unit at Westmead Hospital, Sydney. He will also be supported to attend relevant overseas conferences, including the College's annual scientific conference, to increase his clinical expertise and foster professional links with the international surgical community.

1.4.5 Orthopaedic Surgery training (Dr Alito Soares)

Dr Alito will undertake on-the job training and receive mentoring in orthopaedic surgery with the support of the LTAs and visiting orthopaedic teams, as he is unable to proceed to formal specialisation overseas. While the possibility of overseas training will be revisited in collaboration with the Department of Surgery, ATLASS will seek out relevant training opportunities to increase Dr Alito's clinical exposure and expertise.

1.4.7 Anaesthesia training in Fiji (Dr Flavio Brandao)

ATLASS will support Dr Flavio as he continues his studies for the Masters in Anaesthesia at the Fiji School of Medicine. He is expected to be awarded his degree at the end of 2011 and return to Timor Leste as the country's first qualified Anaesthetist.

In preparation for his return to Timor Leste, Dr Flavio Brandao will be supported in his role as the national anaesthesia counterpart to the ATLASS LTA Anaesthetist, with whom he will plan for a national anaesthesia policy.

The Program will also support Dr Flavio's participation at an anaesthetic refresher course. In addition the Program will support his attendance at the ASEAN Congress of Anaesthesiologists 2011 conference in Manila.

1.4.8 Surgical training at University of Bandung (Evangolino Soares)

Dr Evangolino will continue his specialist training in General Surgery at the University of Bandung in Program Year 5. Upon completion of his training, Dr Evangolino will return to Timor Leste as a qualified specialist.

1.4.9 ENT Surgery training (Dr Edgar Soares Morato)

Dr Edgar has been chosen by the MoH as a possible ENT surgeon and will apply for specialisation in Indonesia in 2011. Dr Edgar will be attached to the visiting ENT teams and he will also be supported to attend the Basic Surgical Skills course in Melbourne in August 2010 (see 1.5.2). He will also receive English language tutoring to support the effectiveness of this training.

Output 1.5 – Primary care doctors with improved surgical, trauma and burns management skills

1.5.1 Primary Trauma Care (PTC) Course

The Primary Trauma Care (PTC) course will be rolled out to all referral hospitals in collaboration with the ED staff of HNGV to develop an effective system of trauma management in the districts. To ensure this training is sustainable, courses will be followed up with further training and supervision of implementation as per the needs and requests from the individual hospitals. Additional skills courses may be included such as a suturing course, basic fracture management course etc.. PTC courses and follow-up courses will be held monthly and rotate between the 5 referral hospitals throughout Year 5.

1.5.2 Basic Surgical Skills (BSS) Course (Dr Edgar Soares Morato)

The Program will support Dr Edgar to attend the BSS course in August 2010, in Melbourne to raise his current skills level thereby improving his chances of acceptance for specialisation in Indonesia.

1.5.3 English Language Training

Dr Edgar will receive English language tutoring to support the effectiveness of his participation in the BSS Course in Melbourne.

In 2010, Dr Alito Soares will also receive tutoring in English to improve his ability to communicate effectively with the visiting orthopaedic teams and LTAs.

Output 1.6 – Nurses with improved skills in anaesthesia and peri-operative and procedural nursing

1.6.1 Long Term Anaesthetics Adviser to deliver 4th Nurse Anaesthetist training course in conjunction with the IHS

During Year 4 the MoH has agreed to a fourth and final D1 Nurse Anaesthetist course. Dr Vreede and the IHS will deliver this course during Program Year 5. The program will support external lecturers as required. This will increase the cohort of trained Nurse Anaesthetists available in the country from 21 to 27.

1.6.2 Refresher course for previously trained nurse anaesthetists

One formal refresher course will be conducted in Program Year 5 for all the previously trained nurse anaesthetists.

1.6.5 Burns training for HNGV nurses

The Program will fund 2 nurses from HNGV to attend a burns training course in Surabaya, Indonesia (with Dr Joao Ximenes) to support the development of an effective burns unit at HNGV run by a team of trained nationals.

1.6.6 Phacoemulsification (Phaco) training for HNGV Ophthalmic Nurses

The Program will support 2 HNGV Ophthalmic nurses to attend a Phaco training course in Bangalore, India with Dr Marcelino Correia to improve their skills in theatre nursing for eye surgery. This training will develop the ophthalmology human resources capacity and contribute to the sustainability of quality eye care services available in Timor Leste. This activity will be coordinated through ATLASS, but will be funded through the V2020 Avoidable Blindness Initiative.

1.6.7 Basic ophthalmology operating room nursing skills course for a HNGV Eye Care Nurse

A third eye care nurse will attend 4 weeks of training in basic ophthalmology operating nurse skills in Bali to increase the pool of nurses that can assist to make the ophthalmology outreach visits more efficient and effective. This activity will be coordinated through ATLASS, but will be funded through the V2020 Avoidable Blindness Initiative.

1.6.8 Primary Trauma Care (PTC) courses

The PTC courses as described in 1.5.1 will also include referral hospital nurses.

Output 1.7 Improved emergency department services, training and supervision through long term Emergency Department (ED) Physician Adviser support

Dr Antony Chenhall, the LTA Emergency Physician will work to improve the emergency department at HNGV through on the job training, mentoring and the development of ED protocols. In addition, he will also deliver PTC courses, follow-up and other forms of training and supervision, tailored for each of the referral hospitals.

Improving effective triage at the front door of each hospital and developing policies around effective emergency management to address the common conditions presenting at the hospitals, will result in increased community respect for the care provided and encourage people to use the services available.

COMPONENT 2 – SHORT TERM SPECIALIST SUPPORT AND PLANNING

The activities funded under this component will support surgical and other clinical care through short term specialist visits and outreach to regional communities by ATLASS LTAs in collaboration with HNGV staff.

ATLASS will deliver high quality specialist visits to manage surgically treatable illness or disability which would otherwise remain untreated in a context of limited specialist service capacity. There is a significant impact on the quality of life for patients treated by the visiting teams, particularly where children will be able to access education and patients of a productive working age will be able to contribute to their household economies after receiving treatment.

On the job specialist training will be provided for national health professionals attached to visiting teams and outreach visits. This type of support will complement training delivered under Component 1, further contributing towards building the capacity and skills of those who will be charged with the delivery of specialist services in Timor Leste. Again, this is an important step towards sustainability, both in terms of the development of specialist care and improved health outcomes for the population.

Through outreach and short term specialist visits, the Program will work to overcome identified barriers of access to secondary and tertiary health services for the Timorese population living in the districts and rural areas. To ensure the sustainability and accessibility of specialist services, the Program will encourage Timorese health personnel to participate in these outreach activities so that they will continue outreach visits beyond the life of the Program.

Output 2.1 – Regular surgical, anaesthetic and peri-operative nursing outreach visits to Regional Hospitals and rural Districts

2.1.1 Outreach visits to the district hospitals.

The LTA Orthopaedic surgeon will undertake regular outreach visits to all referral hospitals to provide service delivery and training, for example, in basic fracture management. Dr Alito Soares will accompany the LTA Orthopaedic surgeon on these outreach visits to support a sustainable orthopaedic service to the districts as well as continually develop Dr Alito's skills and experience.

The ETEP funded Ophthalmologist, Dr Girish Naidu and HNGV Ophthalmologist, Dr Marcelino Correia will undertake regular outreach visits to district hospitals to provide clinical services. The outreach visits will provide ongoing supervision and further training to the HNGV eye care nurses (who accompany the outreach team) as well as the district hospital doctors and nurses.

The LTA Emergency Physician will undertake regular outreach visits to all referral hospitals to provide training and follow-up supervision in Emergency Department management and procedures.

2.1.2 Mentoring of the nurse anaesthetists working in district hospitals

The LTA Anaesthetist will provide ongoing mentoring and support to the nurse anaesthetists working in district hospitals to maintain clinical standards and ensure that policies and protocols are being implemented effectively. When necessary, regular rotations back into HNGV for those working in hospitals where the work load is low will continue.

Output 2.2 – Provision of specialist surgical and other services by visiting teams and individual specialists

2.2.1 Specialist visits implemented according to schedule defined by PMC.

The Program will deliver a number of specialist team visits; the number and type depend on the requirements of the MoH and hospitals. Specialist visits for the first half of Year 5, have been organised, while visits for the second half of Year 5 remain to be confirmed

SPECIALTY	DATES	VISIT LOCATION
Paediatric Cardiac Surgery	19-23 July 2010	Dili
Ophthalmology	12-16 July 2010	Suai
Ophthalmology	23-27 July 2010	Oecussi
Orthopaedics	9-13 August 2010	Maliana
Ophthalmology	9-13 August 2010	Maubisse
ENT Surgery & Audiology	TBC September 2010	Suai
Paediatric surgery	25-29 October 2010	Dili
Plastic surgery	18-22 October 2010	Maliana/Baucau
Orthopaedics	22-26 November 2010	Baucau
ENT Surgery & Audiology	TBC November 2010	Oecussi
Orthopaedic surgery, Plastic surgery, ENT surgery, Paediatric surgery, Ophthalmology	January – June 2011 TBC	Dili, Maliana, Baucau

The Program has planned for an expansion of ENT and Audiology services in Program Year 5. These activities will be sustained beyond ATLASS through training planned for Dr Edgar. The Program will also try to organise training in the treatment of basic ear conditions although the shortage of nursing staff in Timor Leste has been identified as a barrier.

The planned specialist visits for Program Year 5 will bring the total specialist visits from 59 to 66 visits (from 230 to 254 person-weeks).

Funding Implication: An increase of AUD\$135,840 in the fixed fee component and AUD\$167,317 in reimbursables is required to fund the increase in number of specialists visits in Program Year 5.

The Program will also continue to develop a range of resources to raise awareness about the visiting surgical teams and the services available and the process for all people to access these specialist services. These resources include distribution of posters, short films and flyers through the MoH services located in the districts as well as through other NGO networks. The Program will continue to improve promotion of specialist visits through a range of media outlets including national and local radio, government and independent television and newspaper articles as well as through the churches. These efforts should increase awareness of referral pathways, improving access to hospital based services beyond the life and scope of the Program.

COMPONENT 3 – INSTITUTIONAL LINKAGES

The program will continue to build on existing linkage activities with a view to the MoH and the hospitals taking ownership of these initiatives and consolidating relationships with the international institutions involved. Potential new linkage activities for the development of sustainable support services will continue to be considered. The linkages and associations formed through this component will continue to build the capacity and quality of clinical care and support services in Timor Leste beyond the life of the program.

Output 3.2 – Targeted support facilitated and maintained through institutional linkages and twinning arrangements

3.2.1 Histo-pathology service development in HNGV

Should a request for further histopathology service support be required, ATLASS may facilitate this support. Discussions with the HNGV laboratory and the St John of God pathology program are ongoing about improving histo-pathology services.

3.2.2 BME support

ATLASS has the capacity to support the existing medical equipment maintenance system through the relationship established with Cabrini Health if and when requested.

3.2.8 Implementation of Ponseti method for club foot treatment

The Program will further develop the Ponseti treatment method in Timor Leste through this linkage. The number of referrals since the Program delivered awareness raising and technical workshops in 2008 and 2009 demonstrates a need to support and up-skill Timorese doctors and physiotherapists in surgical and plastering techniques. A national training session plus refresher courses will be delivered. These activities will be supported through links between Orthopaedic Outreach, the Ponseti International Association and ASSERT.

3.2.10 Medical Board support

The Program will follow-up on the Medical Board scoping mission and report presented in 2009. It can support the HR department of the MoH with technical advice and support to improve the registration of doctors through continued linkage with the Victorian State Medical Board.

3.2.11 Professional Development and technical support for Dr Mendes, Timorese Surgeon:

Continuing to support the professional development of Dr Mendes is a priority for the program. Activities in Program Year 5 may include overseas attachments in particular sub specialities to improve his technical skills, targeted leadership and management training, or other activities as identified to meet his needs and fit within the institutional linkages guidelines.

3.2.12 Professional Development and technical support for Dr Marcelino through linkages with the Hobart Eye Doctors, Provision, Optometry Giving Sight, RANZCO.

To further Dr Marcelino's professional development ATLASS and the Timor Leste Eye Program will support Dr Marcelino to undertake a 4 week training attachment in Phaco at the Narayana Nethralaya training institute in Bangalore, India in August 2010.

The Program will also support Dr Marcelino to attend the RANZCO Annual Conference in November 2010. This will assist him to broaden his professional networks across Australia, New Zealand and the Pacific.

3.2.13 Professional Development and technical support for Dr Joao Pedro and Dr Saturnino Saldanha, following the completion of their MMed

Once Dr Joao and Dr Saturnino return to Timor Leste as fully qualified surgeons, the Program will support their professional development which may include attendance at relevant overseas courses and conferences to facilitate ongoing clinical learning opportunities and foster linkages with the international surgical community.

3.2.14 Optometry Training for Eye Care Nurses

Through links with the Australian College of Optometry the Program will support overseas attachments for district hospital eye care nurses to develop skills in optometry. This will include visits to optometry practices in Victoria and Tasmania preceded by English language classes as required.

3.2.15 Development of Vision Rehabilitation Services

Through the V2020 Avoidable Blindness Initiative, the Program will support the expansion of existing activities for low vision and blind Timorese who cannot be helped with glasses or surgery. This will be achieved by assisting those organisations already active in this area with training and service delivery. By the end of 2011 an extra 6 Timorese orientation and mobility (O&M) trainers will be trained and an additional 15 – 25 clients will be provided with O&M services.

The Program will also explore establishing links with the Malaysian Association of the Blind and Bali School of the Blind. Qualified O&M instructors (with language skills in Malay or Indonesian) could be sourced from these schools to conduct the O&M training visits to Timor Leste.

3.2.16 Support to Equip HNGV Training Centre

In conjunction with the RACS Foundation for Surgery, the Program will support HNGV to equip its training centre with resources essential to delivering effective medical training programmes. The procurement of resources such as books, mannequins for medical training and audio visual equipment will ensure the new HNGV training centre able to function as an effective medical education unit for national doctors, nurses and other allied health professionals. Not only will this linkage support the implementation of current training programs such as Ponseti and Nurse Anaesthesia training, it will assist with establishing a sustainable national medical training facility at HNGV.

COMPONENT 4 – PROGRAM MANAGEMENT AND MONITORING

In addition to providing effective program management and implementation, activities under this component will focus on improving the program's monitoring and evaluation systems to ensure that the program progresses towards its overall objectives. The information collected and analysed through these outputs will establish lessons learned and achievements of the Program and potentially inform future initiatives towards building and sustaining secondary and tertiary health care capacity in Timor Leste.

Output 4.1 – Systems for Program management and monitoring established and maintained

Program management arrangements will continue with the Program Officer based in the Dili Support office.

Data collection systems and the procedures for the collection and reporting of data against the Purpose and Component Objectives will be reviewed and modified to take into account the feedback from the PRET mission.

The Program will more effectively collect information about the Institutional Linkages component and in particular work on improving its ability to collect data about the extra budgetary funding these activities and other organisational relationships contribute to the program.

Output 4.2 – Program performance monitored continuously, and reported periodically

The Program will work with AusAID to develop an outcome based M&E framework as agreed during the Independent Progress Review (IPR) mission in February 2010. The purpose of developing a revised framework will be to better document the outputs, outcomes and impact of the program.

The Program is developing techniques to document the satisfaction of trainees with the mentoring and supervision they receive from the long term advisers.

The Program is conducting a beneficiary study to evaluate the work of the resident and visiting Ophthalmology teams. This study collects and analyses information about the quality and impact of cataract surgery on the lives of patients.

Output 4.3 – Risks to Program implementation monitored continuously, and remedial action taken as necessary

The Program Management team will continue to analyse and monitor the risks to the Program and make periodic assessments of the risks; including the security situation in Timor Leste.

The Team Leader issues regular security updates to the Program Management team and incoming volunteers.

Costs

Total expenditure for the period of this Annual Plan is estimated to be **AUD\$2,550,410.90**

Refer to the ANNEX C Program Year 2 Cost Schedule.

Confirmation of Recipient Government Inputs

The MoH is expected to maintain salary payments to health workers and to provide funds in their budget for the operation of HNGV and relevant regional hospitals. While there is no direct financial link with the Program, this funding is essential to its effective delivery.

To ensure sustainability of its training programs, the Program relies on the MoH to provide per diems and training allowances to national staff undertaking training outside their home district. In instances where the MoH is unable to contribute these inputs, the program is able to temporarily subsidise these costs, however the support and investment of the MoH in the development of its health care workers is an important commitment to the development of tertiary health services in Timor Leste.