ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Program Year 2 Implementation Plan (July 2007 – June 2008)

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
ADB	Asian Development Bank
AETSSP	Australia - East Timor Specialised Services Project
AIDS	Acquired Immune Deficiency Syndrome
ATLASS	Australia - Timor Leste program of Assistance in Specialised Services
AusAID	Australian Agency for International Development
BCG	Bacille Calmette-Guérin (tuberculosis vaccine)
BSS	Basic Surgical Skills
CFET	Consolidated Fund for East Timor
CHC	Community Health Centre
DHS	District Health Service
EC	European Community
EMSB	Early Management of Severe Burns
EMST	Early Management of Severe Trauma
ENT	Ear, Nose and Throat (otorhinolaryngology)
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
HDU	High Dependency (Nursing) Unit
HDR	Human Development Report
HF	High Frequency
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNGV	Hospitál Nacionál Guido Valadares
HRD	Human Resources Development
HSRDP	Health Sector Rehabilitation and Development Project
ICRC	International Committee of the Red Cross
IHS	Institute for Health Sciences
IPRs	Intellectual Property Rights
MDG	Millennium Development Goal
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MMed	Master of Medicine
MOH	Ministry of Health
MOPF	Ministry of Planning and Finance
MSF	Médicins Sans Frontières
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
NGO	Non-Government Organisation
NHSP	National Health Strategic Plan
NHWP	National Health Workforce Plan
O&G	Obstetrics and Gynaecology

Acronym	Definition
OT	Operating Theatre
PDD	Program Design Document
PMC	Program Management Committee (ATLASS)
PMU	Project Management Unit (HSRDP)
PNG	Papua New Guinea
PRC	People's Republic of China
PRET	Program Review and Evaluation Team
PTC	Primary Trauma Care
RACS	Royal Australasian College of Surgeons
RDTL	Democratic Republic of Timor Leste
SIP	Sector Investment Program
SJOG	Saint John of God (Hospitals)
SRG	Stakeholder Reference Group
SWAp	Sector Wide Approach
TFET	Trust Fund for East Timor
TORs	Terms of Reference
UKM	Universiti Kebangsaan Malaysia
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UPNG	University of Papua New Guinea
VPA	Volunteer Pathologists Australia
WHO	World Health Organization

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

IMPLEMENTATION PLAN for PROGRAM YEAR 2: JULY 2007 – JUNE 2008

1. INTRODUCTION

The 'Australia Timor Leste program 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 was to ensure a seamless transition from the completion of the Australia East Timor Specialised Services Project which was completed in September 2006.

The evolving governance context in Timor Leste naturally guides the program towards a biphasic structure. Phase I (Years 1 and 2, and probably Year 3) would be defined by a bilateral program of assistance, managed by a contracted agency and funded by AusAID. Program activities would be viewed in the overall context of Government of RDTL budget planning and based on the operational priorities of the MOH.

Phase II would commence with the adoption of a sector-wide approach to funding and managing the health sector in Timor Leste, at which time program resources would then be managed by the MOH through a dedicated ledger account or AusAID trust fund and the contracted agency would become a direct implementing partner of the MOH. Transition from Phase I to Phase II would be determined by the Governments of Timor Leste and Australia on the advice of the PMC, based on the rate of progress towards a health SWAp.

The Program comprises four components that will support the priority needs for tertiary medical services in East Timor over 4 years and 9 months.

The implementing agency is the Royal Australasian College of Surgeons (RACS), who works closely with the MoH and staff at HNGV and regional centres. RACS will receive support from other organisations including but not limited to Rotary, the Australian Red Cross, St Johns Ambulance of Australia, ProVision Optometry Team (PVOT) and the Overseas Specialist Surgical Association of Australia, Orthopaedic Outreach as well as private donations.

This annual plan has been prepared by RACS in consultation with the HNGV and the MoH. It takes into account the needs as identified in the Program Design Document (PDD) and the Inception Report submitted in December 2006.

2. PROGRAM DESCRIPTION

2.1 Purpose and Goal

The over-arching goal of the new Program is: **to improve the health status and outcomes of people in Timor Leste with surgically treatable illness, disability or trauma**.

The purpose of the Program is to improve the availability and quality of essential general and specialist surgical services for the people of Timor Leste.

2.2 Description of Components

2.2.1 Component 1 – Long Term Training, Mentoring and Capacity Building

Objective: *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.*

Three long term clinicians (a general surgeon, an anaesthetist and a nurse practitioner) will be based in Dili. They will collaborate closely with the MOH, the Institute for Health Sciences, the Hospitál Nacionál Guido Valadares (HNGV) and the regional hospitals to provide in-service training, supervision, mentoring and technical support for East Timorese doctors and nurses, monitor and guide improvements to the quality of surgical services, and help to strengthen systems and standards of operating theatre and peri-operative nursing and Intensive Care nursing. The long-term advisers will also support clinical service delivery at HNGV.

The Program will support the completion of specialist training for three medical graduates who have already commenced specialist training (in general and orthopaedic surgery and ophthalmology) under AETSSP or private sponsorship. Another six medical graduates will be identified by the MOH and supported to undertake overseas specialist training: in general surgery (up to 3), anaesthesia (2) and ophthalmic surgery (1).

East Timorese doctors and nurses will also be supported to undertake in-service training through short courses overseas and in Timor Leste in MOH-identified priority areas.

2.2.2 Component 2 - Short Term Specialist Support and Planning

Objective: *To support surgical and other clinical care through short term specialist visits and attachments, including through outreach to rural and regional communities.*

The Program's advisers may also conduct outreach visits to regional and district centres to provide minor and moderate-grade surgery and training, mentoring and professional support for resident medical staff. In addition to outreach visits by the resident specialists, the Program is able to mobilise visiting teams and individuals across a range of specialty areas to support service delivery at HNGV and in the regional hubs: examples are; cardiac surgery, ENT surgery (including audiology screening), ophthalmology (including optometry screening and rehabilitation), orthopaedic surgery, paediatric surgery, plastic and reconstructive surgery and urology. Each visiting team will be entirely self-sufficient for surgical disposables.

To maintain flexibility and responsiveness within the available budget, the exact number, type and duration of specialist and team visits will be determined annually by the MOH in consultation with the Program Management Committee. Should an unforeseen short-fall occur among resident specialists (at HNGV or elsewhere), there is flexibility to reprogram part of the budget for this Component to temporarily support an additional in-country specialist until the staff situation stabilises.

The Program also includes other short term support in bio-medical engineering (pending commencement of the European Community project) and, in synergy with the St John of God hospitals laboratory project and Australian Pathology volunteers, the development of basic histopathology and telepathology capabilities.

A new Program data base will link with the evolving MOH information systems to assist the MOH to effectively forecast, plan and manage specialist and other clinical service delivery in Dili and in the regions; it will also support gender- and age-stratified analysis.

2.2.3 Component 3 – Institutional Linkages Facility

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

To strengthen professional relationships and mobilise support where national budget short-falls exist, a small, highly flexible, demand driven Facility will be established to assist the MOH to harness, develop and strengthen twinning relationships with hospitals, ambulance services, government departments, private foundations and other institutions in Australia and internationally.

The primary focus will be on building human capacity and professional relationships in the most practical and cost-effective way – principally through exchanges of nurses and allied health professionals on well targeted, carefully selected clinical attachments with agreed learning objectives and defined outcomes. The Facility will be resourced so that it could provide for up to 10 such visits each year (with ongoing distance mentoring).

With the agreement of the MOH, Facility resources may be used to identify and mobilise extra-budgetary funding for higher level specialist clinical care or assist areas of the funded MOH program that lack in-country technical expertise (e.g. further development of ambulance services).

2.2.4 Component 4 – Program Management and Monitoring

Objective: *To manage the Program effectively and efficiently, and maintain a program office at HGNV*

To ensure close liaison with MOH counterparts and other international assistance missions and to support resident staff, visiting teams, training activities and the institutional linkages, the Program will maintain an office with two staff at HNGV. One of the resident long term advisers will be appointed as Team Leader.

A Program Management Committee (PMC) will meet twice each year to review progress, discuss and approve projected work plans and expenditure, and adapt to constraints and emerging risks. The PMC will include MOH and AusAID representatives and the in-country and Australia-based Program management team; it may also include trainee representation and district or community stakeholders. PMC meetings will also include a standing agenda item to discuss surgical services development and activity coordination in Timor Leste with delegates from other international medical assistance missions.

The key counterpart for the Program is the MoH.

2.3 Planned Outputs

The intended outputs of the Program according to each component are as follows.

2.3.1 Component 1 – Long Term Training, Mentoring and Capacity Building

- **Output 1.1** – Improved surgical services, training and supervision through long term General Surgeon support
- **Output 1.2** – Improved anaesthesia services, training and supervision through long term Anaesthetic support
- **Output 1.3** – Improved standards of peri-operative nursing and infection control through long term Nurse specialist training, supervision and support
- **Output 1.4** – A core group of East Timorese doctors with recognised specialist qualifications
- **Output 1.5** – Primary care doctors with improved surgical, trauma and burns management skills
- **Output 1.6** – Nurses with improved skills in anaesthesia and peri-operative and procedural nursing

2.2.3 Component 2 - Short Term Specialist Support and Planning

- **Output 2.**1 – Surgical, anaesthetic and peri-operative nursing outreach visits to Regional Hospitals and rural Districts
- **Output 2.2** – Provision of specialist surgical and other services by visiting teams and individual specialists
- **Output 2.3** – Improved information management and other non-clinical support systems

2.3.3 Component 3 – Institutional Linkages Facility

- **Output 3.1** – Institutional Linkages Facility established and operational guidelines developed
- **Output 3.2** – Targeted support facilitated and maintained through institutional linkages and twinning arrangements

2.3.4 Component 4 – Program Management and Monitoring

- **Output 4.1 –** Systems for Program management and monitoring established and maintained
- **Output 4.2 –** Program performance monitored continuously and reported periodically
- **Output 4.3 –** Risks to Program implementation monitored continuously, and remedial action taken as necessary

3. 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 advisers in Timor Leste:

- a specialist surgeon,
- a specialist anaesthetist, and
- a nurse (or two nurses) with skills and experience in peri-operative nursing and infection control

The advisers will be specifically tasked to collaborate closely with the MOH (specifically, the clinical service departments at HNGV and the IHS), to provide in-service training and assist with systems strengthening, quality assurance and other types of capacity building for East Timorese clinical staff and counterparts. The advisers may also conduct outreach visits to regional and district centres to provide minor and moderate-grade surgery and training, mentoring and professional support for resident medical staff. The need for these outreach visits will be assessed by the MOH against the needs in the regions and at HNGV, and the visits will be coordinated by the MOH in consultation with the Hospital Directors.

b) by supporting a range of clinical service delivery through the continued short-term deployment of specialist medical teams and individuals (at MOH request).
The short-term placements will have a focus on extending services to regional hubs as the regional hospitals become operational;

c) by supporting selected East Timorese doctors to undertake and complete specialist training in general and orthopaedic surgery, ophthalmology and anaesthesia, and by training and providing in-service supervision and technical support for East Timorese nurse anaesthetists and other categories of health workers; and

d) by supporting selected East Timorese doctors, nurses and other categories of health worker 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.

To facilitate a 'learning by doing' approach to in-country training, all resident medical specialists may participate in the clinical and on-call rosters at HNGV and in clinical outreach activities to regional and district facilities.

The Program's approach to building capacity will place an emphasis on clinical training. The inherent flexibility of the Program will also allow it to respond to emerging capacity or skills gaps and other priorities (by mutual agreement between the MOH and AusAID). This flexibility may include areas that are complementary to and support delivery of surgical, anaesthetic and peri-operative nursing services (e.g. primary trauma care, laboratory capacity and medical equipment maintenance).

Surgical and anaesthetic training will focus on preparing East Timorese doctors to work independently as surgeons and anaesthetists under prevailing conditions in Timor Leste, and to support them to assume a leadership role in clinical mentoring for colleagues returning from overseas medical training – and eventually also those graduating from the new medical school in Dili. Support for anaesthesia and nursing will be provided through in-country mentoring and courses delivered through the IHS, supplemented where appropriate by short courses in suitable overseas locations.

All training activities will be supported by mutually agreed learning targets and objectives. Overseas short courses and placements will be additionally supported by adequate pre-placement planning and targeted mentoring to assist the integration of new skills and approaches on return to Timor Leste.

In areas where Timor Leste is unlikely to have specialist personnel within the life of the Program (e.g. in laboratory medicine and radiology), innovative approaches to capacity building will be adopted – e.g. distance education, telemedicine, telepathology and remote technical support arrangements with regional, Pacific Rim and other partner institutions where possible and appropriate.

The Program will also help strengthen the MoH's ability to monitor and plan clinical services including the selection of future Australian and other international specialist visits and placements. The Program will engage a volunteer technical specialist through one of the Australian Government's volunteer programs for an initial period of 12 months. The aim is to develop an appropriate information system and generate 'information for management' for the MOH. The volunteer will work closely with MOH counterparts, resident and visiting clinicians and the Program Coordinator to develop data collection forms and a computerised data base (in a format compatible with the evolving MOH HMIS). The information system should be able to integrate data from other clinical areas of the health sector and be absorbed into the evolving MOH HMIS.

The Program has established the following consultation mechanisms to ensure that the Program's activities are driven by and coordinated with the MOH. Monthly meetings are held with the Director of Planning and Policy to coordinate activities and to discuss issues as they arise. These monthly meetings are also be attended by the newly created Team Leader for Hospital Services and Referral Systems and the Special Advisor for the implementation of the Basic Package of Services. Additional meetings will be held with the Team Leader for Hospital Services and Referral Systems and the Special Advisor for the implementation of the Basic Package of Services on specific subjects as needed. Regular meetings with the Clinical Director of HNGV will be held to coordinate issues pertaining to the work in the hospital and regular meetings are held with the Director of the Institute of Health Sciences to plan and organise the ICU and OT nurse training courses.

The strategic location of the Program office at HNGV in Dili will also enable the team to maintain close communication with health service managers, members of other international medical assistance missions and other development partners. All Long-Term Adviser's have

regular contacts and if necessary formal meetings with the department of HNGV in which they are active

Where East Timorese or other partners are able to meet all MOH requirements for training or service delivery, ATLASS resources may be deployed to other areas. Where short-falls arise, Program resources may be used to formulate solutions or to provide core support to the MOH. Where synergies or leverage can be achieved or value added – e.g. through broadening the geographic "reach" of specific specialist services or training activities, or by addressing different aspects of a common technical area such as BME or infection control – activities may be implemented jointly or collaboratively with other organisations.

4. Risk Management

Timor Leste continues to present a dynamic and unpredictable environment in which to implement development activities. As events in 2006 and 2007 have demonstrated, internal and external events may potentially disrupt Program activities in Program Year 2 and pose security risks to international as well as locally engaged team members.

Refer to **Annex A: Risk Matrix for Program Year 2**

The following changes have been made since the Inception Report was submitted to reflect the risk analysis for Program Year 2:

- The risk: 'MOH and program unable (or slow) to identify suitable candidates for overseas specialist medical and nursing training positions, or early withdrawal of candidates from training' – Likelihood changed from 'Intermediate to High' to 'Intermediate' as while there is only a limited number of people who are suitable for these positions the Program has been advised that the MOH has identified a few potential candidates, and the impact of the security situation on the willingness to go overseas to train has decreased on the recent months.
- A new risk has been identified: 'Program unable to facilitate entry into or continuation of overseas specialist training programs due to language capabilities of trainees being insufficient' with a significant impact. Since the commencement of ATLASS, it has become evident that language skills (in particular English) are critical for acceptance into international training programs and that the current cohort of trainees to do have sufficient language capabilities to be accepted into or to be successful in the training programs. The ATLASS budget did not allocate sufficient funds for this purpose, and the Program now needs to place more emphasis on improving language skills. The impact is significant as if this risk is realised it may cause entire specialist training initiative to fall behind schedule, with the result that Timor Leste does not have the intended specialist work force by the end of the Program.
- The risk: 'Slow development and implementation of information system' – Likelihood changed from 'Intermediate' to 'Intermediate to High' to reflect the delays experienced in Program Year 1 in recruiting the Hospital Data Analyst through an Australian Volunteer Service Provider. It will be late in Program Year 2 before the volunteer can be mobilised.

5. Sustainability

In the experience of the AETSSP and Program Year 1 of ATLASS, people have been one of the great strengths and, overall, the sustainability of technical skills acquired through ATLASS (e.g. surgical specialists, nurse anaesthetists, basic surgical skills, primary trauma care etc) is likely to be good. ATLASS has a greater focus on training and capacity building, though formal and informal training, in order to promote sustainability.

However, Timor Leste is unlikely to be self-sufficient in general, orthopaedic or ophthalmic surgery until 2025. The nation is also not likely to be able to provide advanced sub-specialty services in areas like ENT, plastic surgery or laboratory sciences until beyond that time, which is why sub-specialty visits from Australian specialists will continue over the life of ATLASS. However, the training inputs of the Program will build a core cadre of local specialists to guide

and monitor the development of specialist services into the future, and to mentor the emerging generation of newly qualified medical practitioners from the Cuban and local training schemes.

The Institutional Linkages Facility will be an important contributor to sustainability by fostering technical support and mentoring relationships by developing sustainable institutional linkages with Australian and other international centres.

6. WORK PLAN for PROGRAM YEAR 2 (JULY 2007 – JUNE 2008)

6.1 Strategy for Program Year 2

In Program Year 2, the Program will continue to monitor and respond to the security situation, given its impact on the functioning of the hospital as well as its impact on the visiting specialist teams.

In Program Year 2, the Program will continue to provide long-term (at least 12 months periods wherever possible) advisers to HNGV, as this provides many benefits on terms of the capacity building for the Program through formal training and mentoring. In Program Year 2 the position of LTA – Anaesthetist will continue to be filled by Dr Eric Vreede who also continues in the role as team leader. The continuity of his service has many benefits for the Program in terms of relationships with the Ministry of Health and HNGV administration, as well as continuity of training and mentoring of doctor and nurse anaesthetic trainees. The RACS Program Director identifies suitable personnel for deployment in the position of LTA surgeon; Dr Katherine Edyvane will continue her 12 month deployment in this role until January 2008, and the Program will seek out another long-term appointment for the remainder of Program Year 2. Mr Daniel McKenzie will continue his deployment in the role of LTA – Nurse, focusing on the Intensive Care Unit at HNGV until the end of Program Year 2, with the possibility of extension or replacement by another long-term nurse. Subject to the endorsement by the MOH and AusAID, the Program also intends to mobilise a second LTA – Nurse to work in collaboration with Mr McKenzie, focusing on the Operating Theatre at HNGV.

In Program Year 2, the Program will continue to facilitate and support the training of identified Timorese doctors to achieve recognised qualifications from international training programs, with a focus on ensuring that their language skills are adequate so that no their training is not delayed. The Program will also work in close collaboration with the MOH to identify more suitable trainees.

The need for LTAs to perform outreach visits will continue to be assessed throughout Program Year 2 subject to the security situation and assessment of other factors including the availability of specialists at HGNV and the Cuban presence in the Districts. The Anaesthetist Adviser to will provide ongoing mentoring and support to the nurse anaesthetists working in district hospitals through rotations back to HNGV.

Planning for short-term specialist visits will continue to be done in consultation with the MoH and will be coordinated according to the capacity of HNGV and other regional centres to be serviced. The scheduling of visits will be dependent upon the collective availability of personnel. However, many volunteer surgeons, anaesthetists and nurses have confirmed their continuing interest and willingness to travel to East Timor under the auspices of the Program.

Promoting and socialising the Institutional Linkages Facility with Timorese institutions will be a key priority in Program Year 2. The ATLASS Program Management team will continue to assist in identifying suitable activities and preparing proposals. Initiatives and proposals submitted for linkages will be assessed against the eligibility criteria according to the facility guidelines.

6.2 Work Program

The Implementation Schedule is shown **ANNEX B: ATLASS Program Year 2 Implementation Plan** and Cost Schedules are shown in **ANNEX C: ATLASS Program year 2 Estimates July 2007 - June 2008**

Under each Output some activities will continue from Program Year 1 while some new activities will be implemented in Program Year 2.

COMPONENT 1 – LONG TERM TRAINING, MENTORING AND CAPACITY BUILDING

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

1.1.1 Long-term General Surgeon Adviser providing surgical services (continued)

Full time general surgical services at HNGV will continue to be provided by Dr Katherine Edyvane until 15 January 2008 when her current contract finishes. Her planned periods of leave will continue to be covered by RACS surgeons who have previous experience as LTA surgeons in Timor Leste. RACS will identify other suitable general surgeons to find a replacement for Dr Edyvane.

In June 2007, a request was made by the hospital director, Mr Caleres, that RACS supplies a second resident surgeon in order to provide good cover over the election period. RACS has mobilised Mr David Hamilton who will work as the 2nd surgeon until early August 2007 (6 weeks). At this stage, AusAID has agreed to mobilise a second surgeon for the next 3 months. RACS will identify a 2nd surgeon to perform this role for approximately 6 weeks following Mr Hamilton's departure, unless otherwise advised by the MOH and AusAID.

During a meeting with the ATLASS team leader and AusAID (David Hook and Armandina Amaral) on 22 June 2007 Mr Caleres explained that he wants the second RACS surgeon until the first Timorese surgeon, being trained in Bandung, comes back in 2008 plus six months working together. This would mean a second surgeon for 12 – 18 months. This is a major departure from the current ATLASS contract and it would need to be requested and discussed by the MOH, and extra budget allocated for this purpose (not currently budgeted past the initial 3 month period).

It will however, be very useful to have a long term second surgeon with the following aims:

- rebuild team work in the surgical department, which has deteriorated since the departure of the third MOH surgeon in 2006.
- enhance training of Timorese staff by not having to cancel tutorials because of the pressure of clinical work. It will also enhance training by enabling an increase in the frequency of teaching activities as well as having the benefit of two teachers with different areas of expertise.
- improve standardisation of clinical care which will not only improve patient care but also enhance training of junior doctors to better deal with critically ill patients.

1.1.2 Long-term General Surgeon Adviser providing on-the-job training (cont.)

The two General Surgeon Advisers will continue to mentor national doctors throughout the period including; Dr Joao Pedro, Dr Joao Ximenes and Dr Helder Miranda. Apprenticeship style training will continue to be provided in theatre, on the ward and in the Emergency Department, with the Program's general surgeon providing supervision and assistance. The Advisers will continue to seek out suitable new trainees in general and orthopaedic surgery.

1.1.3 Long-term General Surgeon Adviser giving weekly tutorials (cont.)

The General Surgeon Advisers will continue to conduct weekly tutorials of basic sciences to all Timorese doctors. The additional adviser over the next few months will help ensure that these tutorials are not cancelled due to competing clinical demands.

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

1.2.1 Long-term Anaesthetic Adviser providing anaesthetic services (cont.)

Dr Eric Vreede will continue to provide full time anaesthesia services at HNGV, the Program anaesthetist since 1 July 2004.

1.2.2 Long-term adviser providing on-the-job mentoring for doctor and nurse anaesthetists (cont.)

Dr Vreede will continue to mentor Dr Flavio Brandao in anaesthesia as well as the four nurse anaesthetists who are working in HNGV. The 11 nurse anaesthetists trained since 2004 and working in the district hospitals are also mentored by Dr Vreede when they return to HNGV in pairs for a two month period each.

1.2.3 Long-term adviser providing formal training for anaesthetic trainee (Fiji curriculum)

Dr Vreede will continue to prepare Dr Flavio Brandao for the Fiji training using the Fiji syllabus and work book. Through Dr Vreede's existing contacts Dr Flavio has been invited to attend the Pacific refresher course in Samoa in September (sponsored by the Overseas Aid Committee of the Australian Society of Anaesthetists) where he will be able to meet the Fiji people. Dr Vreede has also been asked to attend and then visit Fiji with Dr Flavio. This will be sponsored by the WFSA (World Federation of Society of Anaesthesiologists).

Dr Vreede will also try to identify other possible candidates for specialisation in anaesthesia.

Output 1.3 – Improved standards of peri-operative nursing and infection control through long term Nurse Educator Adviser training, supervision and support

1.3.2 Recruitment of OT nurse

Recruitment will continue into Program Year 2 with a view to mobilising the successful candidate as soon as possible subject to endorsement by AusAID and the PMC.

1.3.3 Long term Nurse (ICU) Advisor providing nursing care in the ICU and surgical wards

The ICU Nurse Advisor will perform daily nursing duties in ICU and the surgical wards in collaboration with Timorese nursing staff. This will include participating in ward rounds, patient handover, drug administration and organ support care. If required he will also be available for occasional night and weekend shifts especially in the early stages of introduction of new techniques.

1.3.4 Long term Nurse (ICU) Advisor on the job mentoring of ICU nurses

The ICU Nurse Advisor will support and mentor the Timorese nurses in up to date ICU nursing procedures, departmental organisation, stock keeping and ordering.

1.3.5 Long term Nurse (ICU) Advisor developing protocols and guidelines for ICU

The ICU Nurse Advisor will assist with the implementation of new protocols and work routines in order to help strengthen systems and standards of Intensive Care nursing. The protocols and standard working practices are being written following current best practice. The progress of implementation of these protocols and practices will be regularly reviewed by the long-term adviser, as well as by the Director of ICU. Before the start of the IHS training course the LTA and Director of ICU will carry out a clinical audit to review that the protocols and practices are indeed being implemented, and then will regularly assess progress against this audit. When appropriate new systems and techniques (e.g. mechanical ventilators) will be introduced and their application monitored carefully.

1.3.6 Long term Nurse (OT) Advisor providing nursing care in the OT

The OT Nurse Advisor will perform daily nursing duties in OT in collaboration with Timorese nursing staff. This will include preparation for surgery, scrubbing, scouting, sterilisation and post-operative recovery.

1.3.7 Long term Nurse (OT) Advisor on the job mentoring of OT nurses

The OT Nurse Advisor will mentor the Timorese nurses in up to date and appropriate OT nursing procedures; pre-operative preparation, scrubbing and scouting, departmental organisation, stock keeping and ordering.

1.3.8 Long term Nurse (OT) Advisor developing protocols and guidelines for OT

The OT Nurse Advisor will assist with developing nursing protocols in OT. They will also assist with the implementation of the protocols/guidelines using similar methods as the ICU nurse as described above.

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

1.4.1 Surgical training at UPNG (cont from AETSSP); rotated to HNGV; in 2008 rotation to RDH (Dr Joao Pedro Xavier) (cont.)

Dr Joao Pedro will continue to be mentored by the ATLASS surgeons at HNGV until an attachment to the Royal Darwin Hospital (RDH) is organised in early 2008. This attachment to the RDH is in response to the strong recommendation from the Professor of Surgery at UPNG that we ensure Dr Joao Pedro's skills continue to be developed and maintained by deploying him for 12 months at a hospital like RDH with its mix of trauma and tropical disease caseload. The plan for his final three years of his Masters program is for him to spend 2007 in Dili, 2008 in Darwin, and 2009 in PNG, where he will sit the final Masters of Surgery Exam.

In planning for working in Darwin in 2008 it is recommended Dr Joao Pedro spend a week in Darwin to see the pattern of work there. Further, subject to endorsement by AusAID, DR Pedro will attend an intensive English language course to ensure that he is able to complete the attachment in Darwin.

He should also do the CRISSP course prior to starting work in Darwin and possible an EMST instructor course later in 2008. Refer to Output 1.5.

1.4.2 Surgical training at UKM (Nilton Tilman) (cont.)

Dr Nilton Tilman will continue his surgical studies at University Kebangsaan Malaysia (UKM). He needs to sit and pass the first part before proceeding to the final three years.

1.4.3 Surgical training; University of Solo starting 2007 (Dr Joao Ximenes) (cont.)

Dr Joao Ximenes continues to be mentored by the ATLASS long-term surgeons at HNGV until January 2008. He will commence studies in General Surgery at UNS Solo in Indonesia starting January 2008 for 5 years. The first two years is a diploma in surgery and Public Health and the final three years as specialist trainee in General Surgery.

1.4.4 Ophthalmology training; Diploma of Ophthalmology (U Sydney); Attachment to RHH; Mentoring by visiting specialists at HNGV (cont) (Dr Marcelino Correia)

Dr Marcelino Correia will continue to be mentored by the visit ophthalmology teams and will undertake a 3 month ophthalmology attachment at the Royal Hobart Hospital under the supervision of Dr Nitin Verma.

1.4.5 Orthopaedic Surgery training (Dr Alito)

Dr Alito aspires to train in Orthopaedics and is reportedly having a good experience with the Chinese Orthopaedic surgeon. It is two years since he qualified as a doctor. In that time he has had 6 months experience in General Surgery and is working fulltime in Orthopaedics in 2007. He will available for assessment at UKM for Orthopaedic Surgery in the first half of 2008 for a possible commencement in 2009. It is recommended that he do the Basic Surgical Skills course in late 2007 or early 2008. (Refer to Output 1.5) In the meantime he will continue to be mentored by the ATLASS Advisers and visiting orthopaedic teams.

1.4.6 General Surgery Training (Dr Miranda)

Dr Helda Miranda qualified as a doctor in 2006. He would be suitable for assessment at UKM for General Surgery in the first half of 2009 and if accepted to start training in the second half of 2009. It would be a benefit to do the Basic Surgical Skills in late 2007 or early 2008. (Refer to Output 1.5) In the meantime he will continue to be mentored by the ATLASS Advisers.

1.4.7 Anaesthesia training; Fiji starting in 2008 (Dr Flavio Brandao)

If accepted, Dr Flavio will commence the Fiji MMed in Anaesthesia from January 2008. Contact has been made with the FSM and once the forms have been received ATLASS will start the application process. In the meantime Dr Flavio will continue his preparations under the guidance of Dr Vreede and he will improve his English language skills; subject to endorsement by AusAID, Dr Flavio will attend an intensive English language course to ensure that he is able to complete the attachment in Fiji prior to his commencement.

1.4.8 Anaesthesia training (Dr Celia Santos Gusmao)

If and when Dr Celia returns to anaesthesia she will be ready to do the assessment for UKM in Kuala Lumpur. Dr Celia has in the past stated her preference of UKM over Fiji for anaesthesia training

The ATLASS advisors will continue to look out for suitable candidates for specialty training.

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

1.5.2 Trauma care; implementation of trauma care after first course (follow-up by Surgeon Advisor and Anaesthetic Advisor) and further trauma course for doctors if necessary (depending on ED developments)

Following the trauma course of May 2007, the program will assist the Timorese doctors to conduct several short trauma seminars for all the ED staff and these will be followed up by bedside teaching by the ATLASS advisors.

1.5.3 Trauma care; attendance at EMST course in Australia or PNG

Dr Joao Ximenes and Dr Flavio Brandao (and Dr Celia Santos Gusmao if available) will be offered to participate in an Early Management of Severe Trauma course in Australia or PNG. Subject to suitable progress Dr Helder Miranda and Dr Alito will also be offered an EMST course, otherwise they will do the course in Program Year 3.

1.5.4 Trauma care; 1 PTC/EMST course in 2008 if appropriate

When overall trauma care shows improvement, ATLASS will organise 1 PTC or EMST course in Timor for the Timorese doctors. If more doctors than expected are training overseas, this course will be deferred until a later program year.

1.5.5 Trauma care; CRiSSP course for Dr Joao Pedro

Dr Joao Pedro should also do the CRISSP course prior to starting work in Darwin

1.5.6 Trauma care; PTC/EMST instructor course for Dr Joao Pedro in preparation for PTC/EMST course in Dili

Dr Joao Pedro (who has successfully completed the EMST course) will be offered to do an EMST instructor course during his stay in Darwin. This may necessitate that he does another EMST course first.

1.5.7 Basic Surgical Skills course in Melbourne for 2 trainees (if they pass the entrance criteria) (Dr Miranda and Dr Alito)

Dr Miranda and Dr Alito will attend the Basic Surgical Skills course in Melbourne. If other suitable candidates are found they will also be offered this possibility.

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

1.6.1 Long-term Anaesthetic Adviser delivering the 3rd nurse 12 month anaesthetic course (cont.)
The third nurse anaesthetist training (commenced in June 2007) course will continue throughout Program Year 2

1.6.2 Refresher course for previously trained nurse anaesthetists

The clinical attachments (rotating back to HNGV for 2 months each) for the trained nurse anaesthetists will continue to form part of their continuing professional development and quality assessment. One formal refresher course will be organised in the second half of year 2.

1.6.3 Long term Nurse Advisors explore with IHS the need and feasibility of formal ICU/OT nurse training (curriculum development/maybe combined)

During the first half of year 2 the Nurse Advisors will assess the feasibility of a formal OT/ICU diploma course. This will be discussed with the Institute of Health Sciences and if appropriate the advisors will assist with the development of a curriculum.

1.6.4 If agreed with IHS, commence ICU/OT nurses course(s) (possibly combined ICU/OT course)
Depending on the development of 1.6.3 a course may start although it is likely that the IHS will want this course to commence at the beginning of the academic year (July at present) which will delay its commencement until Program Year 3.

COMPONENT 2 – SHORT TERM SPECIALIST SUPPORT AND PLANNING

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

2.1.1 Regular review of the need for surgical outreach to the district hospitals and restart if needed.

Outreach visits are driven by demands expressed by the MOH and the program will regularly monitor the need for outreach visits to the districts. The need for outreach visits will be discussed at the regular consultative meetings with the MOH and will be approved by the PMC for the upcoming 6 months. However, the current assessment by the MOH is that outreach visits are not needed due to the Cuban presence for the next 6 month period.

2.1.2 Mentoring of the nurse anaesthetists working in district hospitals

The Anaesthetist Adviser to will provide ongoing mentoring and support to the nurse anaesthetists working in district hospitals through rotations back to HNGV.

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 schedule of visits is continually updated and regularly forwarded to the MoH, AusAID Post and other relevant organisations and institutions. The schedule for visits for the remainder 2007 includes the following visits:

Specialist Visits Schedule July 2007 – December 2007

Dates	Specialty	Location
July 1 - 6	Plastics *(postponed from program year 1)*	Bacau
July 9 -13	Paediatric cardiac surgery	Dili
July 16 - 21	Ophthalmology	Oecussi
July 28 – August 4	Ophthalmology	Maliana
August 6 - 10	Orthopaedic *(funded by orthopaedic outreach)*	Dili
August 19 - 24	Ophthalmology *(postponed from program year 1)*	Bacau
September 15 - 22	Ophthalmology	Suai
October 22 - 27	Plastics	Dili and Bacau or Oecussi
November 12 - 17	Orthopaedic *(funded by orthopaedic outreach)*	Bacau
December 10 - 15	ENT	Dili

The following visits for the second half of year 2 were agreed during the PMC in July 2007 and exact dates will be determined in consultations with the MOH and Hospital Directors:

• January 2008	Eye team	Dili
• February 2008	Orthopaedic	Dili
• March 2008	Paediatric	Dili
• April 2008	Plastic & Rec.	Dili & Oecussi
• May 2008	Orthopaedic	Baucau
• June 2008	Eye team	Baucau

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Output 2.3 – Improved information management and other non-clinical support systems

2.3.2 Recruit and mobilise VIDA volunteer (September 2007)

RACS was advised on 15 June 2007 that the proposal for the Hospital Data Analyst to VIDA had not been approved. This issue was raised with AusAID via email the following week and needs to be resolved if outcomes are to be achieved against this output in Program Year 2.

All other activities under this output will be postponed until this issue is resolved.

COMPONENT 3 – INSTITUTIONAL LINKAGES FACILITY

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

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

The ATLASS Program Management team will continue to assist in identifying suitable activities and preparing proposals. Initiatives and proposals submitted for linkages will be assessed against the eligibility criteria according to the facility guidelines.

3.2.1 Histo-pathology visits to HNGV (cont)

With a few improvements, the anatomical pathology laboratory will be capable of producing work to a high standard such as that which is produced in Australian laboratories. Continuing advisory visits by Suzanne Ward have been recommended. Therefore Ms Ward will make at least one follow-up visit in late 2007 to reinforce the techniques.

3.2.2 Emergency Department linkages to Geelong Hospital (cont)

The enhancement of the trauma care initiatives through formal linkage with Geelong Hospital will be explored.

3.2.3 Assess the possibility to develop linkages with the radiology department of HNGV

If appropriate and in discussion with HNGV and the Cuban radiologist a twinning arrangement may be developed with a radiology department outside Timor Leste. This would also be in cooperation with the IHS that organises the training of radiographers.

3.2.4 Assess need and feasibility to organise a twinning arrangement for BME support

Since the EU BME development has not progressed the Program will examine the need and feasibility to organise a twinning arrangement for BME support.

COMPONENT 4 – PROGRAM MANAGEMENT AND MONITORING

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

The Program management arrangements will continue as per Program Year 1, with the exception of the additional engagement of a local Program Coordiantor to work alongside the currently-engaged Program Assistant..

This Program Year 2 implementation plan is being submitted, for discussion and endorsement at the PMC on 18 July 2007.

Program activities will continue to be recorded in a clinical information system and training activity records. New reporting templates for program activities including team visits reports, trainee reports and workshop evaluations are currently being designed and will be implemented throughout Program Year 2.

Output 4.2 – Program performance monitored continuously, and reported periodically

The ATLASS M&E framework is to be reviewed and endorsed by the PMC on 18 July 2007. Using the framework and new reporting templates the program performance will be continuously monitored and reported on a 6 monthly basis to AusAID and the MOH. The new reporting mechanisms will focus more on gathering information to allow the Program management team to effectively report on achievements of the Program, rather than simply outputs. Remedial steps will be undertaken were necessary and changes will be reflected by adjustments to the annual implementation plan or its update on a 6 monthly basis.

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 makes 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 upcoming volunteers. When the risk is considered too great, Program activities will be postponed.

Costs

Total expenditure for the period of this Annual Plan is estimated to be approximately $1.77 million (including some expenditure which has been re-allocated from savings made in Program Year 1).

Refer to the ANNEX C Program Year 2 Cost Schedule.

Confirmation of Recipient Government Inputs

The East Timor Ministry of Health (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.