



# **SUMMARY OF EXTERNAL EVALUATION OF THE MMI HEALTH LITERACY PROGRAM TIMOR-LESTE**

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## **Background**

Mary MacKillop International (MMI), the international aid and development agency of the Sisters of St. Joseph, has made substantial efforts to build on the significant early work of the founding sisters in the last several years. This Health Literacy Project evaluation is designed to assist MMI in the process of moving towards even more evidence-informed and high impact practices, allowing the organization to deepen its commitment and experience with some of the most vulnerable people in all of Asia.

The Health Literacy Project in Timor-Leste began in 2014 with the goal of providing primary school teachers with the knowledge and skills to provide high quality basic health education. Both the healthcare and education systems in Timor-Leste are fraught with a lack of resources and very poor outcomes. The health literacy project exists at the intersection of these two sectors and is designed to meet critical needs.

## **Key Findings and Conclusions**

Internal data collected by MMI demonstrates that the Health Literacy program is currently achieving high levels of success in two of the three core outputs: 1). Provision of training workshops to teachers; and 2). Developing and distributing health education resources. The third output, providing ongoing mentorship of teachers, has proven to be more challenging. Both qualitative and quantitative data demonstrate that teachers dramatically increase their knowledge of basic preventive health during the workshop. However, rates of high quality delivery of health literacy decrease over time.

This external process evaluation utilized a mixed methods approach to measure the impact of the Health Literacy program on both teachers and students. The evaluation included fieldwork with a total of six schools, three each in Viqueque and Maliana Districts. Data was collected from twenty teachers and approximately 175 students.

The evaluation utilized a mixed methods approach to address four key questions:

- 1). How are teachers continuing to utilize MMI resources?;
- 2). How are teachers implementing the preventative health and hygiene practices?;
- 3). Do primary school students have knowledge of the preventative health topics?;
- 4). Are students practicing good health and hygiene behaviors at school?



The evaluation found that the health literacy project is filling a very important gap by providing high quality health education in the classroom. The project is currently having a significant impact on teachers and students in the target schools. The data reveal that the project could achieve even better results with more intensive and strategic investments of human and material resources.

The existing health literacy teacher training workshops are generally excellent. Slight improvements could be made to further enhance the workshops. Teachers have variable ability levels in delivering high quality health education. Teachers' consistently request additional support, coaching and monitoring. A single 5-day workshop without substantial follow-up mentoring appears insufficient to create changes in Knowledge, Attitudes, and Practices (KAP).

The data show inconsistent utilization of MMI resources in the classroom. Health literacy songs are successful. The teacher training manual is successful, but incomplete. The 2007 publication, Moris Isin Di'ak has had a largely positive impact but its usage could be further improved. The hand puppets are not providing a good return on investment. The health literacy posters are used inconsistently and should likely be revised and updated. The MMI resource kit was not found to be in use at any schools in the sample.

The evaluation data show that 100% of students in the sample demonstrate an increased knowledge of public health topics presented by MMI. The level of student knowledge varies widely and this variability seems to be explained by uneven levels of implementation by teachers. The evaluation did not find evidence that any children are successfully implementing basic health practices in their homes.

The majority of teachers and students demonstrated an increased knowledge of preventive health. Many of them also demonstrated an increased attitude about the importance of healthy behaviors. Internal monitoring showed that most schools were implementing basic handwashing three months after the workshops but the evaluation data shows that most schools are struggling to maintain these practices over the medium term. The data points to poor infrastructure, a lack of resources, and an overall disagreement about whether parents or teachers are responsible for healthy behaviors as the main explanations for this challenge.

## **Key Recommendations**

Given the complex economic, social, and infrastructural realities in Timor-Leste, the health literacy project is filling an important gap in the country. More targeted activities in the project have the potential to dramatically improve the already impressive outcomes of the project. The evaluator recommends that MMI build on the existing good work by deepening and intensifying impacts by:

### **1) Moving to a field-based staffing model as soon as possible;**

The more consistent presence of Field Based Officers (FBOs) in the field will allow for more mentoring, supervision, and ongoing support for teachers and school coordinators. Feedback loops will provide timely information about which components of the training are being implemented and which will need to be reinforced. FBOs will be able to devote time and attention to helping teachers, school coordinators and possibly parents implement healthy school initiatives.



## **2) Utilizing KAP theory to develop the field-based approach;**

Successful FBOs will need to possess or develop a multitude of competencies in this multi-faceted job. MMI should develop a detailed list of desired skills for the position

## **3) Revising the health literacy materials and distribution system;**

After a preliminary review of all of the didactic materials, the evaluator recommends that MMI work expeditiously to revise and reformat the materials in order to successfully achieve the second core output of the health literacy project.

## **4) Building on successes of existing 5 day workshop;**

Revise and reformat Health Literacy Curriculum Manual created by MMI. Build on excellent workshop format with additional pedagogical innovations.

## **5) Revising and re-evaluating the composition of the health literacy resource kit**

The data demonstrates little evidence that the current health resource kit is being sustainably used by teachers and schools in the current project. The evaluator recommends that MMI dedicate some internal resources to further evaluating the contents and distribution of the preventive health kit in order to determine what the barriers might be.

## **6) Enhancing emphasis on preventive health actions in schools**

The evaluation data revealed that lack of accountability within schools is a major obstacle to implementation. The evaluator recommends that MMI develop a specific strategy promoting accountability. MMI might explore the possibility of designating a “champion” to take responsibility for the healthy school implementation process. This could be the school coordinator, a senior teacher, or another teacher who is especially creative/motivated.

## **7) Consider adding new project components such as health schools grants, student competitions, and parent partnerships**

In the medium-to-long term, however, the evaluator recommends that MMI consider developing additional program components that are designed with the KAP model in mind. Specifically, MMI could consider adding a targeted small grant program promoting healthy schools; annual student competitions about health literacy; and try piloting different approaches to increasing parental involvement in health literacy.

## **8) Enhancing the existing M&E system**

The evaluator recommends that MMI develop additional enhancements to the M&E system. Such efforts could focus on collecting actionable monitoring data and working towards the collection of impact data.

## **9) Continuing to innovate MMI’s general operational systems**

MMI should consider ways to increase collaboration and knowledge-sharing across the four project areas and all programs would benefit from increased flexibility and coordination of scheduling and human resources across all project areas. In the long-term, MMI should consider how it might work towards geographic integration of all four projects.