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TL-HIP ANNUAL PY2 AND Q4 REPORT 2013

TIMOR-LESTE HEALTH IMPROVEMENT PROJECT

Annual Report



Project Year 2 and Quarter 4 Report October 2012 – September 2013

Submitted to USAID by John Snow, Inc.
In collaboration with Burnet Institute and Menzies School of Health Research
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Cover Photo: Former U.S. Ambassador, Director General of the Oecusse Referral Hospital, and the Minister of Health inaugurating the newly renovated facility at a ceremony on July 24, 2013.

Photo Credit: Prudencio Cabral, Media Specialist, U.S. Embassy

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Acronym List

<i>Aldeia</i>	Hamlet
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
AusAID	Australian Agency for International Development
BCC	Behavior Change Communication
BEmOC	Basic Emergency Obstetric Care
BLS	Basic Life Support
BSP	Basic Services Package
CCT	<i>Cooperativa Café Timor</i>
CHC	Community Health Center
CPR	Cardiopulmonary Resuscitation
DHS	District Health Service
DHMT	District Health Management Team
DPHO	District Public Health Officer
DTO	District Technical Officer
DTWG	District Technical Working Group
ENBC	Essential Newborn Care
FP	Family Planning
FUAT	Follow-up after Training
GEC	Grants Evaluation Committee
HAI	Health Alliance International
HNTL	HealthNet Timor-Leste (local NGO)
HMIS	Health Management Information System
HIP	Health Improvement Project
HNGV	<i>Hospital Nacional Guido Valadares</i> (National Hospital Guido Valadares)
HP	Health Promotion
HR	Human Resources
IMCI	Integrated Management of Childhood Illness
INS	<i>Instituto Nacional de Saúde</i> (National Health Institute)
IPL	<i>Imunizasaun Proteje Labarik</i> (MCC-TPI Project)
IT	Information Technology
JSI	John Snow, Inc.
LMIS	Logistics Management and Information System
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MNCH	Maternal, Neonatal, and Child Health
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSA	Ministry of State Administration
NASG	Non-Pneumatic Anti-Shock Garment
NCCTRC	National Critical Care and Trauma Response Centre
NGO	Nongovernmental Organization

NHSCC	National Health Sector Coordination Committee
PDSS	<i>Plano Desenvolvimento Suco Saúde (Suco Health Development Plan)</i>
PNDS	<i>Plano Nacional Desenvolvimento Suco (National Suco Development Plan)</i>
PNC	Postnatal Care
PPH	Postpartum Hemorrhage
PSF	<i>Promotor Saúde Família (Family Health Promoter)</i>
PY	Project Year
QI	Quality Improvement
RFA	Request for Applications
SDP	Service Delivery Point
SDTWG	Sub-district Technical Working Group
SGP	Small Grant Program
SISCa	<i>Serviço Integrado da Saúde Comunitária (Integrated Services of Community Health)</i>
SJOG	St. John of God Healthcare
SMH	Safe Motherhood
<i>Suco</i>	Village
TA	Technical Advisor
TOR	Terms of Reference
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WG	Working Group

SECTION 1: INTRODUCTION AND SUMMARY

This document serves as the Project Year (PY) 2 Annual Report and fourth Quarterly Progress Report covering the period from July 1, 2013 through September 30, 2013. Further detail on the quarterly activities can be found in Annex 2, which compiles the Weekly Reports for the period.

1.1 TL-HIP OVERVIEW

This Project Year 2 and Quarterly Progress Report is submitted by John Snow, Inc. (JSI) to the United States Agency for International Development (USAID) in accordance with Contract No. AID-486-C-11-00003. JSI entered into a Contract with USAID on October 1, 2011 to implement the four year (October 2011 – September 2015) Timor-Leste “Health Improvement Project” (HIP).

The project objectives are:

1. Improved maternal, newborn and child behaviors and outcomes;
2. Improved health service delivery through Ministry of Health (MOH) service delivery sites; and
3. Increased community engagement around key maternal, neonatal, and child health (MNCH) and family planning (FP) issues.

The project builds upon six years of successful USAID support to the Government of Timor-Leste and the nongovernmental organization (NGO) sector in the areas of health systems strengthening, infectious disease prevention, nutrition, food security, MNCH and FP programming.

HIP activities are focused on the following technical areas: Maternal and Newborn Health (MNH) (40%), Child Health (10%) and FP (50%). HIP also includes technical emphasis on the concepts of Safe Motherhood and related maternal and infant nutrition in an integrated approach. The five priority districts for implementation are Oecusse, Manatuto, Ermera, Baucau and Viqueque.

The project focuses on the following population segments:

- Health providers at the district, sub-district and community levels;
- Women of reproductive age; and
- Children under five years of age.

HIP also ensures the following cross-cutting operational and implementation themes are integrated throughout the project strategies and activities:

- Gender Equity;
- Promotion and support of Timorese organizations;
- Coordination and collaboration with MOH;
- Youth Involvement;
- Male Involvement;

- Sector Leadership; and
- Partnerships and Integration.

The implementation process instituted by JSI and its partners ensures integrated planning with the full collaboration and buy-in from the MOH at its national, district, and community levels. HIP provides technical assistance by helping to increase the capacity of the MOH and by promoting coordination and collaboration within the health sector among the MOH and donors. The MOH National Health Sector Strategic Plan 2011 – 2030, USAID, and the World Health Organization (WHO)'s best practices and evidence-based interventions are utilized as a part of the strategic programming. The HIP implementation process includes the sharing and dissemination of health information and lessons learned from MNCH and FP programming. The HIP plan includes strategies for the replication and scaling-up of successful USAID funded interventions in health and the identification and utilization of opportunities for collaboration and integration with USAID's non-health programming.

The HIP team functions as a whole and not a set of organizations with different allegiances; however some organizational skills are assigned broadly in the project scope of work as follows:

JSI leads MNCH efforts, health systems strengthening, and strategy development and implementation of reproductive health/FP work. JSI is responsible for overall management of the contract, including adhering to USAID regulations, financial management, project reporting, and overall accountability for the project achieving its results. JSI manages all project activities and infrastructure, including all district offices.

Burnet Institute (Burnet) applies its expertise in quality improvement to in-service and pre-service trainings in MNCH and FP for doctors, midwives, and nurses. In particular, Burnet provides capacity strengthening support to the *Instituto Nacional de Saúde* (INS - National Institute of Health) to assist in the development of the managerial instruments required for effective operation of the Institute.

Menzies School of Health Research (Menzies) guides HIP efforts to improve MNCH through nutrition, especially by reinforcing practices that combat stunting and wasting. The Menzies team collected and compiled existing nutrition data to assist the MOH to develop a basic nutrition training course for health care providers at the sub-district level; pilot this course in Manatuto district; monitor, evaluate, document and disseminate the results of pilot; and scale up the delivery of the course. Menzies sub-contract ended in September 2013.

As documented in the April to June 2013 Quarterly Progress Report, a revised July to December 2013 work plan was submitted on June 30, 2013, in response to USAID's notification to JSI of a funding reduction of approximately \$3 million.¹ The revised HIP Work Plan was approved on August 29, 2013. This quarterly report is structured in line with this revised July to December 2013 Work Plan, which groups HIP's capacity-building efforts by four intermediate results (IR) or "thrusts": improve service quality; improve the quality and use of management information; strengthen community-level services and improve behaviors; and develop human capacity. Each

¹ Formal notification of the contract modification and the reduction to the Total Estimated Cost of the contract was received on September 25, 2013.

thrust is divided into strategies and each strategy is accomplished through specific tasks. The reduction in tasks reflects the reduced scope of work to accommodate the reduction of funds. Some of the cancelled tasks continued during this quarter until HIP received formal approval of the revised July-December 2013 work plan.

1.2 SUMMARY OF QUARTERLY ACHIEVEMENTS

Improve Service Quality

- HIP participated in five Ministry of Health (MOH) working groups meetings. At the July 31st meeting, working group members reviewed national FP Policy, decided upon inclusion of IUD and implant removal in the training manual, and decided to incorporate a FP national facilitators refresher training into the FP 2014 annual plan. At the child health meeting in August and September, working group members planned a “Supplemental Immunization Week” to aid in the MOH effort to eradicate polio and to improve high immunization coverage in Timor-Leste.
- HIP began first round of follow-up QI measurements by visiting six community health centers (CHCs) in Baucau and two in Oecusse.
- QI exercises were conducted in Ermera District resulting in increased percentage of women on Depo and of on-time arrivals for the last visit in both Letefoho and Atsabe CHCs.
- HIP provided financial and technical assistance to organize and conduct eight review meetings at district and sub-district levels.
- HIP collaborated with District Public Health Officers (DPHOs) to conduct 74 supportive supervisions visits to 24 service delivery points throughout all five HIP focus districts.
- HIP conducted follow-up visits after QI trainings in Baucau and Oecusse. The Passabe introduction training was conducted during the quarter, while Boacnana’s will be completed in early October.
- HIP supported the MOH to develop a referral policy and Standard Operating Procedures (SOPs) for management of emergency care. HIP presented a new technology—the Non-Pneumatic Anti-Shock Garment (NASG)—to the Vice Minister for Ethics and Services Delivery who approved the interventions and requested that HIP work with the Maternal and Child Health (MCH) Department for its implementation.
- HIP provided support and technical assistance to DPHO-MCH to conduct a three-day refresher training on “Safe and Clean Delivery” including Active Management of the Third Stage of Labor (AMTSL) and use of the partograph for 16 midwives and one new doctor working in CHCs and health posts.
- HIP staff led three Essential Newborn Care (ENBC) trainings in September supported by the World Health Organization (WHO).
- HIP supported the INS and the MOH in the delivery of two pilot courses of the *Nutrition Approaches to Improving the Health of Women and Children in Timor-Leste* in Manatuto district. The results of a 29-question baseline and end-line quiz demonstrated improvement.
- HIP supported a two-day Basic Life Support (BLS) training through a collaborative effort between the MOH, the U.S. Embassy, USAID, the visiting USS Denver Medical Team, St. John of God Healthcare (SJOG), and the National Critical Care and Trauma Response Centre (NCCTRC) from the Northern Territory, Australia. HIP provided support for translation of the theory sessions and practical demonstrations.

Improve Quality and Use of Management Information:

- HIP improved data quality and utilization issues in Oecusse identified during HMIS supportive supervision visits.
- *Suco* data was collected from 9 sub-districts to support integrated micro-planning meetings at CHCs in Oecusse and Manatuto. Micro-planning meetings focusing specifically on immunization were conducted in three CHCs in Baucau, two CHCs in Viqueque, and two CHCs in Ermera. Disaggregated *suco* data was also used for the establishment of PDSS in HIP focus districts.

Strengthen Community-Level Services and Improve Behaviors:

- HIP supported 163 SISCAs ensuring that CHCs were using the monitoring and stratification form to assess each SISCAs functioning in accordance with MOH standards.
- HIP supported the use of MOH training modules designed for improving Family Health Promoters' (PSFs) skills at SISCAs in Baucau and Viqueque DPHOs.
- HIP supported a meeting with the HP Department and relevant partners and reached an agreement to revise the PDSS Guidelines and the draft Memorandum of Understanding (MOU) between the MOH and Ministry of State Administration (MSA).
- HIP supported *Suco* councils in developing evidence-based action plans by implementing PDSS steps across four districts.
- The HIP Technical Advisor (TA)-MNCH/FP developed a first draft of the advocacy guide to support community leaders in advocacy on FP in Viqueque district, and supported FP advocacy meetings in seven *sucos*.

Coordinating Plans with the MOH, DHS and Other Service Providers:

- HIP collaborated with the Gadjah Mada University (Indonesia), the MOH Planning Department, and the United Nations Children's Fund (UNICEF) to finalize the evidence-based planning/bottleneck analysis module for training participants and facilitators.

Ensuring Compliance:

- HIP monitored compliance to USAID rules and regulations regarding FP and abortion related services by visited HealthNet, a local NGO recipient of funds from HIP's Small Grants Program (SGP) and found no observed violations.

Building the Small Grants Program (SGP):

- The HIP Grants Evaluation Committee (GEC) reviewed the *Cooperative Café Timor* (CCT) grant application for a one-year program costing \$50,000, and subsequently awarded a grant with a start date of October 1, 2013.
- HIP conducted a quarterly field inspection of HIP's current grantee which produced positive results.
- HIP developed a new Request for Application (RFA) #3 that focuses exclusively on activities to be conducted in Oecusse. The RFA#3 was advertised on local national television and also distributed by email to over 70 local NGOs.

Conducting Monitoring & Evaluation (M&E):

- M&E team co-facilitated two workshops to support the MOH in the introduction and dissemination of the new MOH M&E framework. In continued support of the dissemination

process, the M&E team provided English and Tetum translation support and participated in MOH strategic discussions to align the HMIS reporting formats with the framework.

- M&E team facilitated a meeting among the seven departments of the MOH's Public Health Directorate to identify, select, and define a set of input, output, outcome, and impact indicators to reflect the respective department programs.
- In support of the micro-planning process for District Health Services (DHS), M&E team used immunization data to identify coverage gaps and develop appropriate district-level vaccination-related activities to address those gaps.

SECTION 2: BUILDING THE HEALTH SYSTEM CAPACITY IN TIMOR-LESTE

2.1 IMPROVE SERVICE QUALITY

2.1.1 Strengthen QI Systems

HIP aims to improve FP/MNCH and nutrition services in five districts by providing TA across the board on QI issues, helping to strengthen supportive supervision and improving practice standards and guidelines.

a) Provision of technical assistance across the spectrum of QI (Task 1)

MOH Working Groups (WGs)

As part of HIP's ongoing support at the national level, HIP staff participated in several MOH working groups, including the technical areas of MCH, EPI, nutrition, and FP, detailed below.

FP WG meeting held at Health Alliance International (HAI) on July 31

The WG members reviewed the progress on activities implemented during the first half of 2013 and planned activities for the remainder of the year. This included review of the national FP Policy, organizing advocacy meetings, and conducting follow-up after training (FUAT) for all trained midwives across 13 districts. The group also decided that IUD and implant removal would need to be included in the training manual and that a refresher training for FP national facilitators will be incorporated into the FP 2014 annual plan.

FP WG meeting held at United Nations Population Fund (UNFPA) office on August 13

The terms of reference (TOR) for a consultant for the revision of the MOH FP Policy were finalized. A timeline was established for completing the process of the policy development, approval, and launch.

EPI WG meeting held at Imunizasaun Proteje Labarik (IPL) on September 5

Facilitated by a consultant hired by the WHO, the main discussion was to plan for a "Supplemental Immunization Week," to discuss Timor-Leste MOH's strategy to achieve WHO South-East Asia Region Office (SEARO)'s objective to eradicate polio.

Child Health WG meeting on August 7 and September 13

The Head of the MCH Department reactivated the Child Health WG to better coordinate partner and donor activities in this area. This group will serve as a platform for planning, implementing, and presenting activity progress to improve child health. During the first Child Health WG meeting, the Head of the MCH Department and participants reviewed the draft Terms of Reference (TOR) developed with UNICEF support (see Annex 5 for draft TOR). During the second meeting, HIP and other partners provided their annual work plan supporting child health. HIP provided its 2013 work plan for the Child Health components, including ENBC, IMCI, EPI and Nutrition and focusing on in-service trainings, supportive supervision/QI, data use, and health promotion.

Semester review meeting from August 22-24

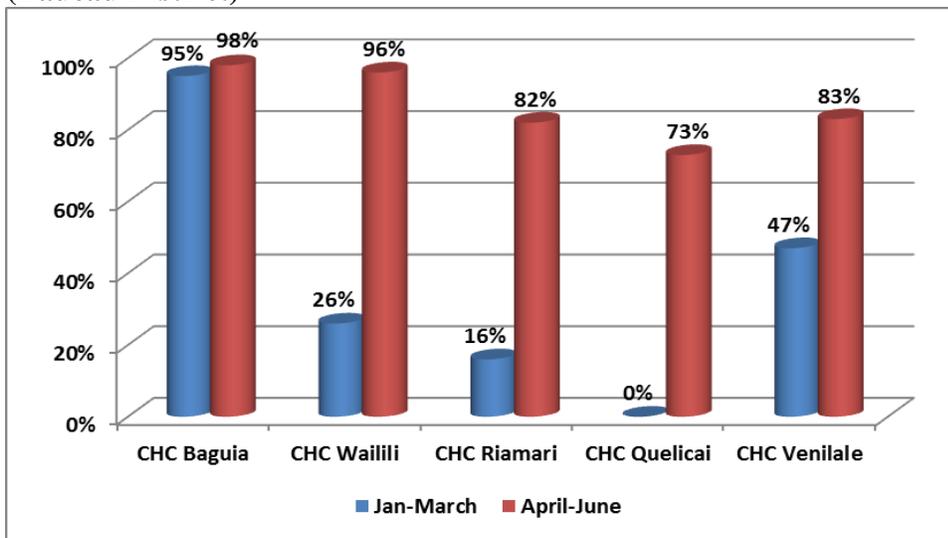
HIP technical staff attended a three-day review meeting organized by the MOH M&E Department. All departments/programs of the MOH, including Directors from the District Health Services (DHSs), presented progress of activities and coverage for targeted indicators for 2013.

Use of QI cycles to improve quality of service provision

HIP continued its QI support at facility level with the aim of institutionalizing QI processes. During this quarter, HIP began the first round of follow-up QI measurements, with six in Baucau’s CHCs (including all except Vemasse) and two in Oecusse’s CHCs (Baqui and Oesilo).

During QI follow-up measurement, the District Technical Officers (DTOs) worked with DHS officers to measure indicators that were previously measured. DTOs and DHS officers compared the results of both measurement cycles, and discussed changes with CHC staff. The experience of the team shows that adequate time needs to be allocated for these discussions. It is important to analyze why certain interventions either did not work or were not implemented. Measurement results of selected indicators from Baucau and Oecusse are illustrated below (Figures 1 and 2).

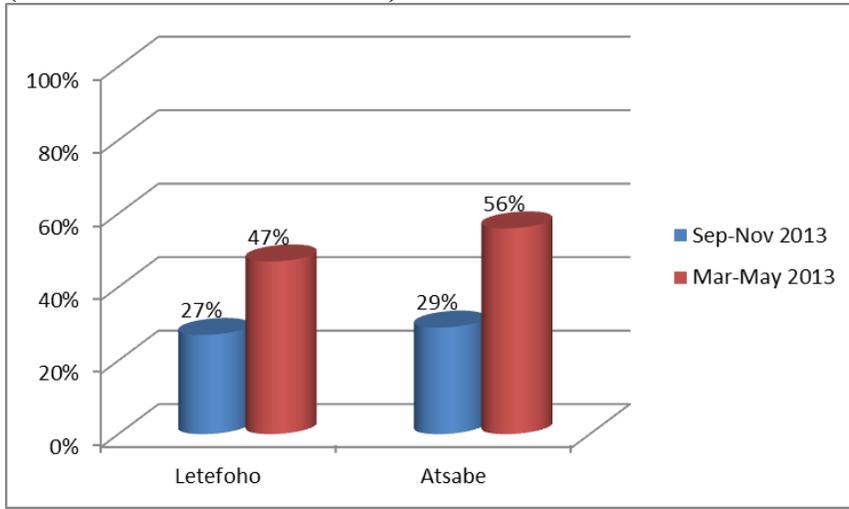
Figure 1: % of Children U-5 who were Clinically Assessed According to IMCI Guidelines (Baucau District)



To achieve improvements, the facilities tried to complete consultations for children under five (U-5) with trained IMCI providers and to refer children with ‘severe’ IMCI classification to a doctor. There was resistance against using IMCI (perceived as being more time consuming), so discussions were held with staff reminding them about the evidence of the value of IMCI protocols. These interventions may be responsible for a great deal of the changes in indicators at the different CHCs. As CHC staff gain experience with IMCI consultations, they will be less perceived as more time consuming than traditional consultations. The main challenges with IMCI across facilities seem related to providers’ motivation level. This issue will require the attention and assistance of the MOH to resolve systemic issues for long-term improvement.

Some QI exercises were conducted in Ermera District, as described in the April - June 2013 Quarterly Progress Report. An example from two facilities is illustrated below in Figure 2.

Figure 2: % of Women who are on Depo and who came on Time for their Last Visit (Letefoho and Atsabe CHCs)



In both CHCs, two simple interventions contributed to increases from 27% to 47% (Letefoho) and from 29% to 56% (Atsabe): 1) cross-checking that the follow-up visit dates do not fall on weekends or holidays and 2) referring clients to SISCa for FP services if the SISCa is located closer to home than the CHC.

Support to quarterly review and planning meetings

HIP provided financial and technical assistance to organize and conduct eight review meetings at district and sub-district levels:

- Manatuto DHS MNCH annual program review meeting (July)
- Manatuto DHS Quartely Review Meeting (August)
- Viqueque DHS program review meeting for Q1 activities (July)
- Ermera DHS, MNCH bi-annual review meeting (August)
- Ermera DHS, District Health Council meeting (August)
- Oecusse DHS program review meeting for Q1 activities (July)
- Oecusse DHS program review meeting for Q2 activities (September)
- Passabe CHC review meeting (September)

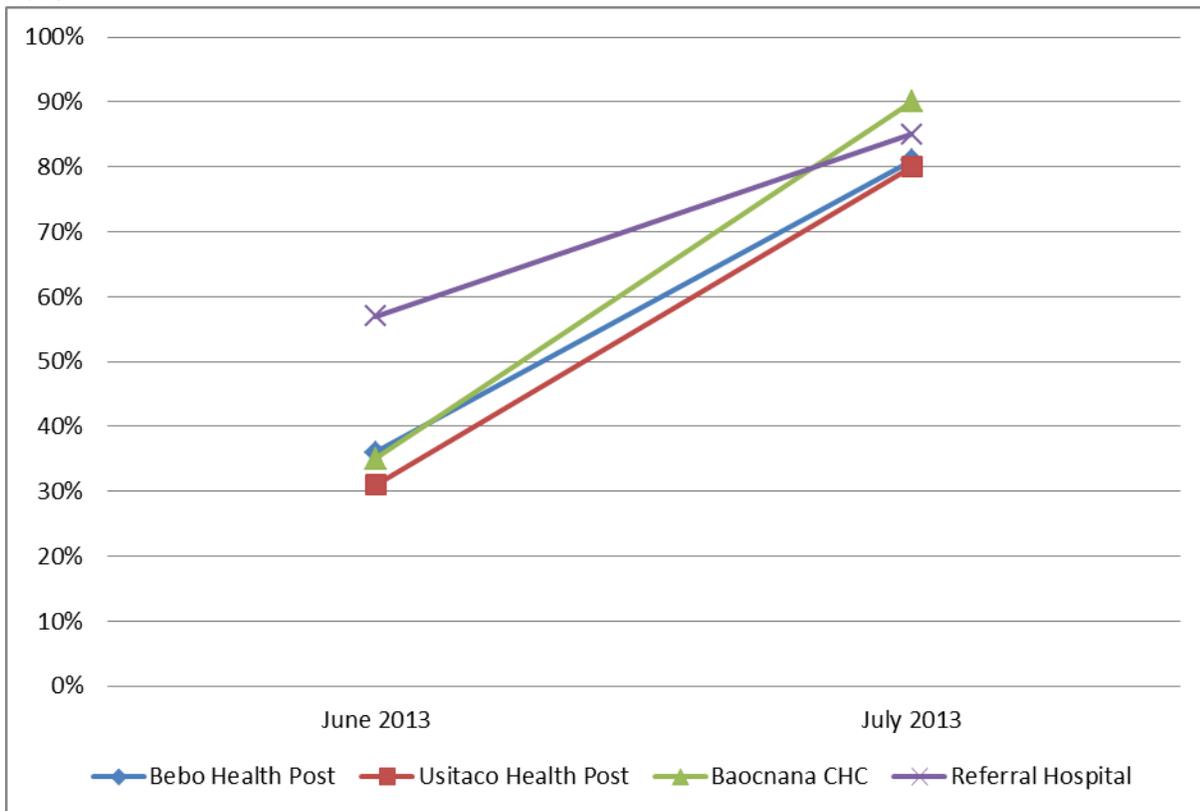
b) Facilitation of supportive supervision at the district-level (Task 2)

Increasing Basic Services Package (BSP) standards at facility level

As follow up to the achievements completed last quarter at Gleno CHC in Ermera, the HIP team expanded the integrated implementation of the BSP, supportive supervision checklists, and QI activities to create 'model' facilities at each level of the health system in Oecusse: Bebo and Nitibe Health Posts, Boacnana CHC and maternity ward, and Oecusse Referral Hospital.

Figure 3 displays the increase in health service delivery standards at all renovated Oecusse facilities, as measured by the BSP checklist. Over a two-month period, BSP checklist scores increased as follows; from 36% to 81% for Bebo Health Post; from 31% to 80% for Usitaco Health Post; from 35% to 90% for Boacnana Community Health Center (CHC); and from 57% to 85% for Oecusse Referral Hospital.

Figure 3: Trend Line for Total BSP Checklist Scores for all Oecusse Facilities, June–July 2013



The BSP checklist includes the following components with corresponding scores: functioning infrastructure with running water, electricity and waste management; a team of skilled health workers with functioning management systems (i.e., supervision, monthly coordination meetings), available drugs, equipment, and materials; a functioning referral system; and the full community participation. Table 1 presents the baseline scores by BSP component, as well as the actions implemented to reach the end line score.

As Table 1 illustrates, several areas that were non-functional at baseline were completely functional at end-line, producing a 100% increase in BSP checklist scores. These areas included toilet repair and cleaning, BCC material availability, overall coverage, and SISCa coverage. Other areas of significant improvements provide an immediate benefit to staff to perform their treatment functions. These include ensuring functional electricity (50% improvement), installing hand washing sink for staff (50% improvement), and installing equipment previously in storage (68% improvement). These improvements can affect immediate change in hygienic practices to

allow staff to better perform their functions. Equipment is also more likely to be utilized when it is readily available and functional, and when staff are trained on how to use it.

Table 1: Improvements Implemented at Boacnana CHC

Section	Actions Implemented	Baseline BSP Score	End line BSP Score	% Change in BSP Score
Building and its condition	Repaired and painted walls; repaired floor tiles; fix toilets; repaired sinks	60%	100%	40%
Electricity	Re-installed electricity with new panels and breakers	17%	67%	50%
Water facility	Repaired leaks in water tank, cleaned and installed hand washing sink for staff	25%	75%	50%
Toilets	Repaired and cleaned toilets (doors, pathways, basins)	0%	100%	100%
Equipment, furniture, and drugs	Installed all new equipment previously in storage such as a newborn radiant warmer (assembled by HNGV technicians) and new delivery bed; built new shelves	32%	100%	68%
BCC materials	Acquired and organized BCC materials to be available and visible	0%	100%	100%
Registers	Built a family planning filing cabinet and organized family planning client cards; organized commodities cupboard; organized the registration room and family folders	63%	100%	37%
Referral services	Organized emergency room; updated and maintained referral register	80%	100%	20%
Overall cleanliness	Cleaned facility	0%	100%	100%
SISCa	Ensured all villages were covered in previous month	0%	100%	100%

Further details of this collaboration and the results are shared in **Annex 3**.

Continue to coordinate with the MOH to support DPHOs in the compilation of SS results

During this quarter, HIP supported DPHOs to conduct supportive supervision at 24 service delivery points (SDPs). As indicated in Table 2, the FP and Safe Motherhood (SMH) supportive supervision checklists were used at all sites, while IMCI and EPI checklists were used at 20 and 6 health facilities respectively. All programs included, HIP supported a total of 74 supportive supervisions in the five districts.

Table 2: Number of Supportive Supervision Visits Supported during July-September 2013

Technical Areas	Health Facilities					Total
	Manatuto	Baucau	Ermera	Viqueque	Oecusse	
FP	1	6	5	4	8	24
SMH	1	6	5	4	8	24
IMCI	1	6	5	1	7	20
EPI	1	0	1	0	4	6

In Baucau, supportive supervision was conducted in Vemasse, Wailili, Laga, Baguia, Venilale, and Quelicai CHCs. In Oecusse, the HIP team reached Usitaco, Bebo, Oelcaem, Lifau, and Sacato health posts, Boacnana and Baqui CHCs, and the Oecusse Referral Hospital. In Ermera, there was supportive supervision at Gleno and Hatualia CHCs and Manulete, Koliata, and Asulao Sare health posts. In Manatuto, HIP supported the DHS to conduct supportive supervision in Manatuto Vila CHC. In Viqueque, supportive supervision was facilitated at Lacluta, Ossu, Uatulari, and Uatucarbau CHCs.



At Oecusse Referral Hospital, the HIP National FP Advisor (front right) provides supportive supervision in Safe Motherhood and ENBC to a nurse working in the maternity ward.

FP supportive supervision visits in Oecusse showed average results in IEC materials use and display and in equipment availability for IUD and Implant insertion procedures. It also showed weak set-up for hand washing and infection prevention. Commodities were available. All identified problems were discussed with the midwives and CHC Managers; plans for actions

were developed, and action was taken during the renovation and QI activities (see below for details). Baucau and Viqueque facilities scored very well on various aspects of the program (reporting and logistics management system, availability of trained personnel, hand washing space, IEC materials, and FP kits); however, in both districts, the FP program was affected by stock out of commodities. This issue was directly addressed with emergency requisitions to DHSs.

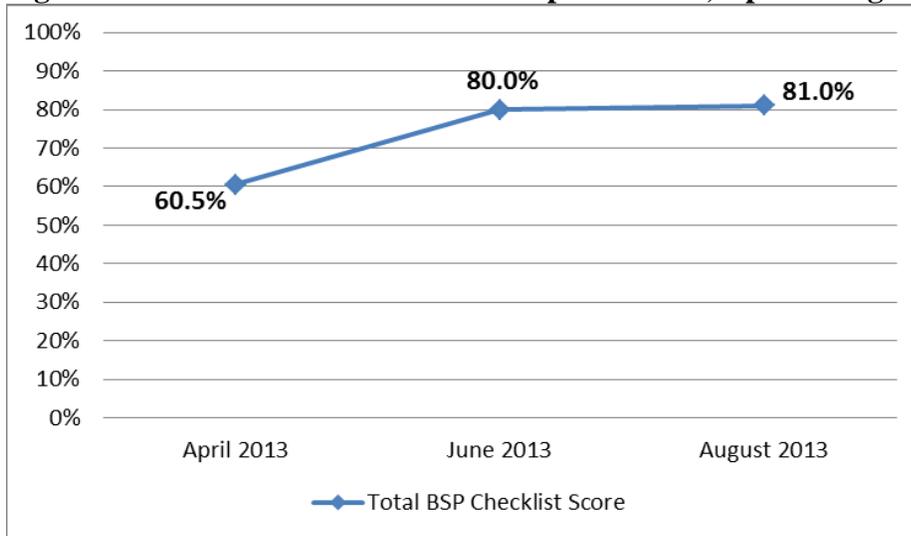
Safe Motherhood supportive supervision visits conducted in Viqueque showed that most of the facilities have a dedicated space to provide services during labor and have a majority of drugs for labor and parturition in stock. Nevertheless, when visits were conducted there had been a stock out of oxytocin for the past three months. Most of the facilities do not have complete equipment for ENBC (resuscitation kit). Since most midwives and doctors appointed in 2012 had not yet been trained in safe and clean delivery, on-the-job training was provided to cover basic knowledge and skills. This issue was also identified in Ermera, and HIP was able to conduct a refresher training. Baucau faced similar issues as Viqueque regarding staff knowledge and skills, which was addressed with further trainings (see below, Task 6), and similar issues regarding medicines. Use of a partograph was very low in all districts. This problem is being addressed by the DPHOs, and HIP will support more trainings and support to ensure the midwives conduct this task routinely. Supportive supervision results showed that first and fourth Antenatal Care services improved in number and quality in all districts.

Supportive supervision for the IMCI showed positive results for most of the key program indicators, such as IMCI assessments and classification and treatment provided. However, the supervision also highlighted that none of the facilities had all IMCI essential drugs, essential logistics and job aids. In addition, less than half of the supervision facilities had a functional ORT and IMCI corner.

Maintenance of BSP Standards at Gleno CHC

Following the renovation process and scale-up of facilities to reach BSP standards during March to June 2013, HIP continued supporting the Ermera DHS in order to ensure that Gleno CHC maintained high quality health services. As illustrated in Figure 4, a follow-up BSP assessment in August 2013 revealed a score of 81%. Although this is a minimal increase in the score from the assessment conducted in June 2013 (80%), the score does indicate that the renovation work completed in Gleno led to sustainable improvements.

Figure 4: Gleno CHC BSP Checklist Improvements, April – August 2013



Throughout the quarter, HIP staff provided support to the DPHO-MCH to conduct supportive supervision for SMH, FP, and IMCI programs. During these visits it was noted that the improvements to the water and electricity made during the renovation process led to marked improvements in the daily care of the clients in the maternity, inpatient, and outpatient units. The HIP team observed that equipment such as the radio thermal for the newborn and the suction machine were in use by the midwives in the maternity ward. The midwives have continued to maintain the infection prevention and control procedures according to the protocol now that water and other logistics are available to them.

To improve the competency levels and skills of midwives, a three-day refresher training on safe and clean delivery was organized for Gleno CHC midwives along with other midwives working in Ermera district (see Task 6, refresher training). Supportive supervision results indicated that midwives started using the Partograph after the training for each delivery, which is helping the midwives to better monitor patients. On-job coaching during supportive supervision is also motivating the providers to continue services with improved technical skills and logistics.

Future collaboration with U.S. Navy Seabees

Following the successful collaboration in Ermera and Manatuto districts, the new battalion of U.S. Navy Seabees (who arrived in August) informed USAID and HIP that around five new renovations could be done in the coming two years. During this quarter, HIP, USAID, and the U.S. Navy Seabees held a series of meetings with the MOH Infrastructure Department in order to ensure upcoming renovations are in line with the MOH construction plan and standards. The above mentioned partners and relevant DHSs conducted joint infrastructure assessments in Comoro and Becora CHCs and maternities (Dili district), Manatuto Vila CHC and maternity and Ilimano Health Post (Manatuto district) and Railaco Leten Health Post (Ermera district). The U.S. Navy Seabees provided detailed scopes of work for Railaco Leten and Manatuto Vila.

c) Facilitate QI Trainings (Task 3)

After the QI trainings conducted in Baucau (March) and Oecusse (May), HIP did not facilitate a third one, but instead chose to focus its efforts on the follow-up visits (see Task 1, QI cycles). However, following the training in Oecusse, the HIP QI team still needed to complete its introduction to QI concepts in two CHCs. The Passabe introduction was conducted during the quarter, while Boacnana CHC's will be completed early October.

d) Assist MOH to review and revise referral policies and standard operating procedures (SOPs) for basic lifesaving (BLS) skills (Task 4)Support the MOH to develop a referral policy and SOPs for management of emergency care

As described in the previous quarterly reports, HIP and the MOH National Directorate for Hospital and Referral Support have worked together to develop a Memorandum of Understanding (MOU) for HIP to provide technical assistance to the National Hospital Guido Valadares (HNGV). Despite several attempts to follow up by HIP and USAID at all levels of the MOH, HIP is waiting to be called on to sign the MOU. In the meantime, to pursue the commitment to save lives and improve referral services, HIP presented a new technology – the Non-Pneumatic Anti-Shock Garment (NASG) – to the Vice Minister for Ethics and Services Delivery, who approved the interventions and requested that HIP work with the MCH Department for its implementation. The NASG is a low-technology device that can slow excessive bleeding and stabilize the mother until she reaches a facility where she can be treated for Postpartum Hemorrhage (PPH). HIP will support the design of interventions for the management of PPH by introducing this new technology and reinforcing existing interventions such as the prevention of PPH and management through Basic Emergency Obstetric Care (BEmOC). Some activities defined under the MOU, such as standard operating procedures (SOPs) and referral protocols drafting, will have to be addressed during the NASG implementation.

HIP will also assess the feasibility of coordinating with St. John of God (SJOG) Healthcare and implementing the roll out of the NASG with their Basic Life Support (BLS) trainings (see Task 8 for an example of collaboration with SJOG on BLS training).

2.1.2 Support Rollout of Training Programs

One of the critical components of HIP's PY2 work plan is to continue support to improve INS's capacity to deliver in-service training opportunities for doctors, nurses, and midwives. Tasks 5, 6, and 8 (listed below) detail the collaborative efforts during the third quarter of 2013.

a) Support INS's capacity to organize and deliver training and follow-up training (Task 5)Support INS for its organizational and capacity building in planning, implementing, and monitoring the 5-year strategic plan and annual work plans

Following the recent Ministerial Diploma defining INS' Internal Regulations, the Minister of Health stated that all in-service trainings had to be coordinated by the INS. In line with this, HIP

worked closely with the INS for the organization, facilitation, and coordination of several trainings described below.

b) Support rollout of in-service and refresher training for nurses and midwives (Task 6)

Coordinate with MOH, INS, and other partners to plan for and support trainings, refresher trainings, and FUAT in the five districts in 2013

Refresher training on Safe and Clean Delivery, Ermera District

HIP provided financial and technical support to the MOH to conduct a three-day refresher training for 16 midwives and one newly graduated doctor in Ermera from September 23-25. The first day of the training consisted of lectures on the 55 steps of safe and clean delivery, including active management of the third stage of labor (AMTSL), infection prevention, and use of the partograph, a tool to help them monitor progress of labor and refer complicated cases such as prolonged and obstructed labor to higher level facilities. During the second day, midwives practiced using the partograph on some case studies and infection prevention simulations. During the second and third days of the training, the midwives were grouped in pairs and demonstrated their skills in safe and clean delivery and newborn care using mannequins. The post test scores showed significant improvement (69%) from pre-test scores (63%). The midwives expressed their satisfaction after the refresher and demonstrated competence in filling the partograph.

Essential Newborn Care (ENBC) training, HNGV and Baucau Referral Hospital

HIP staff qualified as national ENBC facilitators led three ENBC trainings in September supported by the WHO. The first and third batches took place at the National Hospital Guido Valadares (*Hospital Nacional Guido Valadares – HNGV*) and the second took place at Baucau Referral Hospital. Participants largely consisted of new doctors and midwives. In total, 15 doctors, 15 midwives, and two nurses attended the trainings.

c) Support the establishment and rollout of the “Nutrition Approaches to Improving the Health of Women and Children in Timor-Leste” (Task 7)

Support INS and MOH in the delivery of the first pilot of the *Nutrition Approaches to Improving the Health of Women and Children in Timor-Leste* in Manatuto district and subsequent SS

Two pilots of the *Nutrition Approaches to Improving the Health of Women and Children in Timor-Leste* short course were delivered in Manatuto district in July and August 2013.

Participants included midwives, nurses, nutrition assistants, and DPHOs from each of the six sub-districts in Manatuto. Sessions were led by staff members from the MOH, INS, and HIP. Presentations included:

1. Global and national frameworks for nutrition;
2. The importance of good nutrition throughout the first 1,000 days;
3. Definitions and concepts of malnutrition;
4. Good nutrition for infants and young children;
5. Good nutrition for adolescent girls;
6. Good nutrition for pregnant women;
7. Good nutrition for breastfeeding women;
8. Vitamin A throughout the lifecycle;
9. Iodine throughout the lifecycle;

10. Iron throughout the lifecycle;
11. Under nutrition;
12. Over nutrition; and
13. Food security.

For each presentation, a facilitator's manual (in Tetum) was available to the presenters and a hard copy of the presentation (in Tetum) was available to participants. Most sessions included at least one activity in addition to recap activities each day. Participants reported that they particularly valued the participatory nature of the course and how the content was reinforced through games and team activities.

Field visits to integrated community health services (SISCAs) in the first pilot and to the Manatuto CHC allowed participants to consider the course curriculum in the context of the health services available in Manatuto. After the sessions on common micronutrient deficiencies, participants used their knowledge on Vitamin A deficiency and anaemia to identify and photograph locally available foods that are high in Vitamin A and iron at the market during an additional field visit in pilot 2. Using the photos taken at the market, participants developed their own teaching resource to use in their workplace.

In sub-district groups, participants developed action plans to apply the knowledge they had gained during the course. Plans included community education on the importance of good nutrition from pre-pregnancy to a child's second birthday and nutrition education and support for small groups of women throughout pregnancy and lactation. These plans will be used for FUAT by INS and for post-training support purposes. During the second pilot, two participants from the first pilot were invited to present how they had used their action plans in their work roles. A participant from Laleia sub-district explained that his colleagues and he had used the posters that they had developed for community education, displaying them at schools, health centers, and other community venues.



Group discussion to create a community action plan (left); presenting the action steps (right).

The results of a 29-question baseline and end-line quiz demonstrated improvement. At baseline, participants were able to correctly answer 14 questions in pilot 1, and 12 questions in pilot 2 (48% and 40% respectively); while at end-line participants were able to correctly answer 24 questions in pilot 1 (81%) and 22 questions in pilot 2 (75%).

Monitor, evaluate, document, and disseminate the results of the pilot, making adjustments to the content, curriculum, and delivery as required

The content and materials of the course were refined based on feedback from participants and facilitators of the first pilot. Further amendments are currently being made based on the second pilot's results. The INS is in the process of developing standardized templates for training materials. Materials for the *Nutrition Approaches to Improving the Health of Women and Children in Timor-Leste* short course will be adapted to the INS standard templates prior to seeking endorsement.

A report documenting the proceedings and results of the two pilots is currently under development, and will be disseminated in the final quarter of 2013.

Representatives from the INS and MOH held a meeting at the end of the second pilot to discuss future steps. One plan is to hold a meeting to validate the content of the training in readiness for endorsement. At the same meeting, all participants agreed that nutrition training should be developed for *suco*-level staff and that follow-up and supportive supervision of the trained participants should be a priority.

d) Support roll-out of in-service training for newly graduated doctors (Task 8)

Coordinate with MOH, INS, and other partners and plan for and support trainings and FUAT

As part of HIP's efforts to help health facility staff improve their competencies, and therefore improve the overall quality of care of health service delivery (as measured through the BSP assessment), HIP is collaborating with the MOH (through the National Directorates of Community Health and Hospital and Referral Services) and SJOG to roll out the BLS training to health workers in the emergency room, and maternity and pediatric wards from the National Hospital Guido Valadares (HNGV), Referral Hospitals (RHs), CHCs and health posts. The MOH BLS training module – developed with support from SJOG health care – aims to promote and educate BLS to health workers to improve their skills and confidence when responding to emergencies with the overall goal of improving mortality rates in Timor-Leste. The module has been reviewed and approved by the INS.

In late August 2013, HIP supported a two-day BLS training through a collaborative effort between the MOH, the U.S. Embassy, USAID, the visiting USS DENVER Medical Team, SJOG, and the National Critical Care and Trauma Response Centre (NCCTRC) from the Northern Territory, Australia. The objective of this activity was to deliver BLS training to medical doctors working in CHCs and health posts from 12 districts² and to the National Ambulance Services personnel. During two days of BLS trainings, the trainers provided clear instructions to medical doctors and ambulance personnel on BLS. The participants then:

- Demonstrated their understanding of Cardiopulmonary Resuscitation (CPR).
- Demonstrated emergency airway management.
- Discussed the fitting of a mask and use of Airviva.

² Timing did not allow bringing participants from Oecusse. However, through a joint activity from SJOG and HIP, doctors from Oecusse Referral Hospital, Boacnana CHC and Usitaco and Bebo health posts were trained in July 2013. More similar trainings will be delivered in Oecusse in the near future.

- Discussed CPR methods with rescuers.
- Discussed the role of single and multiple health workers.



Newly graduated doctors practicing their CPR skills under the supervision of US Navy doctor.

The trainers completed four rounds of training for a total of 114 health workers. Each round included 1.5 hours of theory and 1.5 hours of practice. During the practice, the participants were tested for competency and 98.2% (two participants did not take the test) were assessed competent for providing BLS to persons in need. HIP provided support for translation of the theory sessions and practical demonstrations.

Participants included health workers (88% were medical doctors) from twelve districts, mainly working at CHC and health post level, and five from the National Ambulance Service. Three doctors from the HNGV also joined the training.

2.2 IMPROVE QUALITY AND USE OF MANAGEMENT INFORMATION

HIP's strategies with respect to the national Health Management Information System (HMIS) are to provide technical assistance to the MOH to strengthen the HMIS technical content and management, improve the quality of data collected, and, above all, to encourage greater use of information by decision-makers at all levels of the health system.

a) Provide technical assistance for HMIS supportive supervision (Revised Task 10)

Support DPHO-HMIS in the organization of supportive supervision

During this quarter, HIP continued its support to DPHOs-HMIS through supportive supervision. This annual activity was commenced during the last quarter (see April-June report) and additional CHCs were visited during this quarter. Since April 2013, 23 out of the 28 CHCs in HIP-supported districts were visited (see Table 3 below for details per district).

Table 3: Number and % of Health Facilities Supervised

District	Total CHCs	Number of HF supervised in Quarter III (April-June 2013)		Number of HF supervised in Quarter IV (July-September 2013)	
		# visited	%	# visited	%
Oecusse	4	0	0%	2	50%
Ermera	6	1	17%	4	67%
Manatuto	6	4	67%	1	17%
Baucau	7	0	0%	3	43%
Viqueque	5	5	100%	1	20%
Total	28	10	36%	13	46%

The problems identified during the HMIS supportive supervision visits were similar to the ones identified in other CHCs last quarter, especially around persistent mistakes in completing FP and nutrition forms. In Oecusse (Referral Hospital, Boacnana CHC, and Usitaco and Bebo health posts) HIP managed to improve some of the data quality and utilization issues by including graphs on the walls for the immunization and antenatal care (ANC) coverage monitoring; by improving the HMIS archive system; and by improving filing of FP client cards to avoid drop-outs.

b) Assist Districts to Improve Timeliness, Completeness, and Accuracy in Information Reporting (Previous Task 14)

Assist sub-districts to produce monthly reports, disaggregated by age, sex, and location

HIP continued to assist health posts and CHCs in completing the HMIS monthly statistical reports. Each month at the DHS level, the HIP DTO-HMIS assisted the DPHO-HMIS with the compilation and verification process, as well as with the analysis after the data was sent to national level.

b) Strengthen Data Management and Use at Health Facility Level for Evidence-Based Planning and Decision Making (Revised Task 11)

In coordination with the National HMIS Cabinet, prepare standard guidelines on data management and data use by health facility staff, and, if requested, support orientation of staff

The HMIS Department is in process of finalizing new HMIS reporting forms, which will serve as the basis for revised standard HMIS guidelines.

In coordination with the National HMIS Cabinet, prepare standard training on HMIS for newly hired HMIS staff at CHC level

Currently there are 70 HMIS vacancies advertised by the Human Resources (HR) Directorate of the MOH. When these new personnel are hired and the new HMIS formats have been developed (see M&E section for more details), trainings modules will be designed.

Organize refresher training for health staff on interpreting, using, and sharing monthly performance coverage data for health facilities and *suco*

Supportive supervision continues to be the basis for providing on-the-job training to HMIS staff at district health facilities. Rather than refresher training, the platform for reviewing and analyzing performance coverage data has shifted to the micro-planning and *Suco* Health Development Plan (*Planu Dezenvolvimentu Suco Saúde – PDSS*) activities.

Using the *suco* level disaggregated tool, assist HP and CHC teams to develop and implement micro-plans with *suco* leaders with focus on immunization, FP, and delivery with skilled birth attendant indicators. Coordination with IPL will be sought whenever possible

During this quarter, *suco* data was collected from 9 sub-districts to support integrated micro-planning meetings at one CHC in Oecusse and one CHC in Manatuto, as well as micro-planning meetings with a focus specifically on immunization that were conducted in three CHCs in Baucau, two CHCs in Viqueque, and two CHCs in Ermera. The micro-planning meetings were organized and supported by IPL, HIP, and the collaborating DHSs. Disaggregated *suco* data was also used for the establishment of PDSS in HIP focus districts.

2.3 STRENGTHEN COMMUNITY-LEVEL SERVICES AND IMPROVE BEHAVIORS

STRENGTHEN COMMUNITY-LEVEL SERVICES AND IMPROVE BEHAVIORS

This thrust/IR focuses heavily on the community level. Clients do not yet have sufficient knowledge of the benefits of quality health care services for themselves and their families. Furthermore, topography and transport are insuperable barriers for much of the rural population.

a) Support the implementation and monitoring of SISCa standards (Revised Task 12)

Support the CHCs in implementing and monitoring SISCa activities

HIP continued supporting SISCAs in underserved *sucos* as identified during the Expansion Workshops (see Task 30, quarterly report April-June 2013). In total, HIP supported 163 SISCAs (51 in July; 56 in August; and 56 in September), ensuring the CHCs were using the monitoring and stratification form to assess each SISCa's functioning in accordance with MOH standards.

HIP continued to support the PSF trainings which began during the period April-June. Following requests from Baucau and Viqueque DPHOs-HP, HIP supported the use of other MOH training modules designed for improving PSFs' skills at SISCa. Please refer to Table 4 for the training supported during the present quarter.

Table 4: PSFs Trainings Supported during the Period July-September 2013

CHC (district)	Content	Number of days	Number of PSFs
Riamare (Baucau)	Tables 1, 2, 4, 6	3	23
Uailili (Baucau)	Tables 1, 2, 4, 6	3	42
Uatulari (Viqueque)	Tables 2, 4	2	50

b) Adapt and implement a PDSS model for use by *sucos* (Revised Task 14)

Support the MOH to revise the PDSS Manual to incorporate lessons learned from pilot *sucos*
 HIP was advised by the MOH National Director for Public Health to work with the HP Department and relevant partners (HealthNet Timor-Leste, *Sharis Haburas Comunidade*, Save the Children and CARE) to assess PDSS outcomes and present these to the MOH Council of Directors. HIP supported a meeting with the stakeholders mentioned above and an agreement was reached on revising the PDSS Guidelines and the draft MOU between the MOH and the Ministry of State Administration (MSA). A review of PDSS outcomes is currently being conducted.

Support *Suco* Councils in developing evidence-based action plans (PDSS)

This quarter, HIP’s HP team spread its efforts across four districts. Please refer to Table 5 for details.

Table 5: PDSS Activities Conducted during July-September 2013

Sub-district (district)	<i>Suco</i>	PDSS step(s) implemented ³
Quelicaí (Baucau)	Lelalai	Capacity-building
Ermera (Ermera)	Riheu	Annual plan implementation
Pante Makasar (Oecusse)	Costa	Steps 1, 2, 3, 4, 5
Oesilo (Oecusse)	Bobometo	Capacity-building
Uatucarbau (Viqueque)	Afaloicaí	Steps 1, 2, 3

Costa Suco (Oecusse District)

While putting major efforts into renovating and improving the quality of services provided at Oecusse Referral Hospital, HIP supported the sub-district to increase the community participation, an essential component for meeting the BSP standards. With almost 15,000 inhabitants mainly accessing the Referral Hospital for out-patient services, Costa was selected for the establishment of a PDSS Committee. Once established, the PDSS Committee developed a plan focusing on 1) malaria prevention; 2) anemia prevention; and 3) malnutrition. The plan put particular attention on identifying pregnant women in each *aldeia*, mobilizing them to get ANC at least four times during pregnancy and deliver in the newly renovated maternity, and mobilizing the community to contribute cash to an emergency fund.

Lelalai, Bobometo and Riheu Sucos (Baucau, Oecusse and Ermera Districts)

When *suco* action plans have been developed, HIP continues to support the *sucos* by assisting the CHCs to provide capacity-building to the *Suco* Councils and PDSS Committees members. During this quarter, Lelalai and Bobometo *sucos* were provided capacity building through a day-two workshop. The capacity-building also included the selection of “advocates” for FP, including youth and women as representatives. In Ermera (Riheu *Suco*), the HIP team supported the implementation of HP activities conducted by the *suco*.

³ The PDSS development process is composed of the following steps: 1) Advocacy at sub-district level; 2) Advocacy at *suco* level; 3) Training of facilitators and community assessment; 4) Validation of data and development of the PDSS; and 5) Inauguration of the PDSS committee and on-going capacity-building to its members.

Afaloicai Suco (Viqueque)

As requested by the DPHO-HP from Viqueque district, HIP supported the PDSS development process in Afaloicai until the facilitators' training. Focus Group Discussion (FGDs) and the following steps will be organized during the next quarter.

c) Support community leaders in advocacy on family planning (Revised Task 15)

Develop a short guide on conducting advocacy events and key messages/advocated actions related to FP for use at the district and sub-district level, based on previous activities

A first draft of the advocacy guide was developed by HIP TA-MNCH/FP and is currently under revision.

Conduct sub-district FP advocacy events together with DHS

HIP supported DPHOs-HP and MCH from two districts to conduct sub-district FP advocacy meetings. Such meetings took place in Ossu CHC (Viqueque District) and Passabe CHC (Oecusse District), and involved Sub-District Administration, *Suco* Councils, PSFs, Education and Church representatives. In Ossu, HIP closely collaborated with Marie Stopes International to assist the CHC personnel with reproductive health presentations.

Support PDSS in conducting *suco* level advocacy events on FP

HIP supported FP advocacy meetings in 7 *sucos*: Nahareka, Buanaruk, Liaruka and Ahic in Viqueque, and Maunaben, Lifau and Taiboco in Oecusse.

2.4 HUMAN CAPACITY DEVELOPMENT

Human capacity development is at the core of HIP's work at all levels of the health system. By supporting the personnel that in turn operate and motivate the system, HIP is able to encourage ownership and further the impact of the program. As detailed throughout the activities above, there are many opportunities for developing the capacity of health staff:

Training opportunities for existing and newly-graduated service providers (doctors, midwives and nurses) – The HIP team supported several training opportunities throughout the quarter, including a three-day refresher training on “Safe and Clean Delivery” including AMSTL and use of the partograph for 16 midwives and one new doctor working in CHCs and health posts. With support from WHO, HIP staff led three batches of ENBC trainings at the NHGV and Baucau Referral Hospital for 15 doctors, 15 midwives, and two nurses (see Task 6).

HIP supported two other, larger-scale trainings during the quarter: 1) two pilot courses of the *Nutrition Approaches to Improving the Health of Women and Children in Timor-Leste* in Manatuto district (see Task 7); and 2) a two-day BLS training through a collaborative effort between the MOH, the U.S. Embassy, USAID, the visiting USS Denver Medical Team, SJOG, and the NCCTRC (see Task 8).

Supportive supervision – Supportive supervision remains one of the key strategies for HIP to provide one-on-one feedback to health facility staff. As detailed under task 2, a total of 74 supportive supervision visits were conducted to improve quality of services in the technical areas

of FP, SMH, IMCI and the EPI. Following each supportive supervision visit in each program area, HIP's technical team supports the relevant DPHO to lead a feedback session to identify positive findings and the gaps that hinder quality of care, and determine corrective measures to improve the quality of services. The first round of QI follow-up measurements this quarter provided additional opportunities for the DTOs to work with DHS officers to measure indicators that were previously measured and compare the results of both measurement cycles (see Task 1).

SECTION 3: INTERNAL HIP MANAGEMENT

3.1 COORDINATING PLANS WITH MOH, DHS AND OTHER PARTNERS

a) Support MOH Planning Department to implement an evidence-based planning methodology (Revised Task 16)

In collaboration with UNICEF, support the MOH Planning Department to adapt the bottleneck evidence-based planning module, tools, and guidelines to the Timor-Leste context

In late August 2013, a team of representatives from the Gadjah Mada University (Indonesia), the MOH Planning Department, UNICEF, and HIP collaborated to finalize the evidence-based planning/bottleneck analysis module for training participants and facilitators.

Support the MOH Planning Department in the training of District Health Management Teams (DHMTs) in the five focus districts on the above-mentioned planning module

The MOH Planning Department selected Ermera District for piloting the evidence-based planning module. Trainings will commence in late 2013 with the goal of implementing this activity in 2014, along with planning and budgeting exercises for 2015. In order to roll out this activity, a training of trainers (TOT) is planned for the beginning of next quarter (early October). The subsequent Bottleneck will include participants from Ermera District, the MOH, INS, the NHGV, and the Australian Agency for International Development (AusAID).

Support CHCs (in the sub-districts where HIP focuses its support in 2013) and DHSs in conducting evidence-based planning workshops using *suco* level coverage data (see Task 15)

The micro-planning meetings usually take place either by the end of the quarter or in the beginning of the following one. During this three-month period, meetings took place in July for the July-September quarterly planning, and meetings also took place in September for October-December planning. Table 6 shows the number of micro-planning meetings conducted in the five focus districts. As described in the April-June report, HIP and IPL received approval from MOH Planning Department to pre-test the integrated MCH micro-planning tool in Oecusse and Manatuto districts. From the month of July onward, both projects worked together in these two districts. In the remaining three districts, HIP accompanied IPL in all CHCs and provided assistance with data collection/analysis, funding, and facilitation of immunization-focused micro-planning meetings (see 4.1).

Table 6: Micro-Planning Meetings Held for Planning this Quarter and next Quarter

Districts	Tool used	July-September plan		October-December plan	
		No.	Funding	No.	Funding
Baucau	Immunization	-	-	3	HIP
Ermera	Immunization	-	-	2	HIP
Manatuto	Integrated	6	IPL	1	HIP
Oecusse	Integrated	4	IPL	1	HIP
Viqueque	Immunization	-	-	2	HIP
Total		10	-	9	

During this quarter, HIP, IPL and MOH met several times to discuss and improve the integrated MCH micro-planning tool. They agreed to expand the integration to other programs. MOH took the lead on this last addition and proposed a revised draft template by the end of the quarter. This template will be presented to the 13 districts in November during the National Micro-planning and Community Mobilization meeting.

b) Attend the National Health Sector Coordination Committee (NHSCC) Meetings and Support DHSS in Establishing the District Technical Working Groups (DTWGs) and Sub-district Technical Working Groups (SDTWGs) (Revised Task 17)

As reported during the previous two quarters, there continues to be no progress with establishment of NHSCC meetings. One SDTWG was set up this quarter in Laleia Sub-district (Manatuto), and the terms of reference for a SDTWG were introduced in Passabe CHC (Oecusse).

SECTION 4: HIP MANAGEMENT FOR ACHIEVING RESULTS

4.1 COORDINATING WITH IMUNIZASAUN PROTEJE LABARIK

As described above, HIP's collaboration with IPL to adapt and pre-test the integrated micro-planning tool for MCH and nutrition in Oecusse and Manatuto continued this quarter, in addition to the facilitation of immunization-focused micro-planning meetings in the remaining three districts.

4.2 ENSURING COMPLIANCE WITH FAMILY PLANNING POLICIES

The principles of voluntarism and informed choice clearly and strongly guide USAID's FP program. These principles are spelled out in program guidelines and in legislative and policy requirements that govern the use of U.S. FP assistance. It is USAID's intent that all FP service delivery programs provide a broad range of FP methods and services, and that information on where such methods and services may be obtained, be widely available.

a) Ensuring compliance with the USAID voluntary family planning requirements (Revised Task 18)

The FP monitoring checklists were completed during each SS visit at health facilities to ensure compliance with the USAID voluntary family planning requirements. The team found no violations of the rules by the FP caregivers when providing FP services to the clients.

During this quarter, HIP staff visited HealthNet, a local NGO recipient of funds from HIP's Small Grants Program (SGP), in order to monitor the compliance to USAID rules and regulations regarding FP and abortion related services provided by this local NGO. It was found that HealthNet is aware of USAID's rules on FP services, and that there were no observed violations of such regulations.

4.3 BUILDING THE SMALL GRANTS PROGRAM

a) Process SGP bids and make grant awards (Revised Task 19)

The HIP Grants Evaluation Committee (GEC) reviewed the *Cooperativa Café Timor* (CCT) grant application for a one-year program costing \$50,000, and a grant was subsequently awarded with a start date of October 1, 2013. Under this grant, CCT will develop two sets of training curriculums with resources:

1. A three day residential training package for clinical health staff (nurses and medical staff) with a focus on theoretical men's health topics and practical ways to include men in everyday MCH/FP care.
2. The second curriculum will be based on the peer educator's training, which will be suited for community-based staff (CCT's community extension staff and community volunteers). The curriculum development process will include a half day training session to be integrated into

standard community peer educator training courses. There will be less time focusing on theory and instead a heavy emphasis on practical skills for community workers to implement activities that include men in their everyday work plans.

In September, HIP conducted a quarterly field inspection of HIP's current grantee which produced positive results. Also, a new Request for Application (RFA) #3 was developed with a focus exclusively on activities to be conducted in Oecusse with the following objectives:

1. Support CHCs to conduct quarterly micro-planning meetings with health post staff, community leaders and PSFs, with the objective of identifying underserved areas for MNCH care and planning preventive and curative outreach activities (including SISCa).
2. Where necessary, support CHCs in the implementation of these micro-plans; especially support health staff in reaching underserved populations.
3. In selected *sucos*, support health workers in building the capacity of existing community-based committees (such as *Suco* Council, PDSS other already established community-based groups) in MNCH matters.
4. Support these committees in the development of evidence-based *suco* action plans, using community needs assessments findings and program coverage data.
5. Support CHCs and health posts staff, as well as PSFs, to conduct health promotion activities, such as night events, in order to increase health services utilization, especially for maternal and neonatal care.

This RFA#3 was advertised on local national television and also distributed by email to over 70 local NGOs. The deadline for submitting a grant application is set for October 31, 2013. The GEC for RFA#3 was established in September and includes the HIP Finance, Grants & Administration Director, Deputy Chief of Party, Grants Officer, and USAID Contract Officer's Representative.

4.4 CONDUCTING MONITORING AND EVALUATION

a) Routine reporting (Revised Task 20)

Provide support to the MOH in the introduction and dissemination of the new MOH M&E Framework

During the fourth quarter, the M&E team provided on-going support to the MOH in the introduction and dissemination of the new MOH M&E framework through co-facilitating two workshops. The workshops provided an overview of basic M&E skills and concepts, community-based monitoring, and an introduction to the new M&E framework. The first workshop was attended by DHS directors and the HMIS focal person from Manatuto, Baucau, Viqueque, Lautem, Manufahi, and Emera districts; the Head of the MCH Department at the MOH; and the director of Disease Control Services at the MOH. The second workshop was attended by hospital directors, medical records focal persons, and DHS Directors from Liquica, Bobonaro, Aileu, Ainaro, Covalima, Oecusse, and Dili districts.

In continued support of the dissemination process, the M&E team provided English and Tetum translation support to ensure the accessibility of the M&E framework to a broad audience. The

M&E team also participated in MOH strategic discussions to align the HMIS reporting formats with the new M&E framework.

Support the indicator selection process at the Public Health Directorate

The M&E team facilitated a meeting among the seven departments of the MOH’s Public Health Directorate to identify, select, and define a set of input, output, outcome, and impact indicators to reflect the respective department programs. The proposed set of indicators for each department was aligned with the National Strategic Plan, Millennium Development Goals (MDGs), and the National MOH M&E framework.

Support the micro-planning process for District Health Services (DHS)

As the IPL closes out its activities, the M&E team provided support to HIP technical officers, CHCs and DHSs in the micro-planning process. Immunization data was used to identify coverage gaps and develop appropriate district-level vaccination-related activities to address those gaps. This is part of the M&E team’s ongoing support for initiatives to integrate HMIS and related data for decision making in the activity planning process.

Facilitate integrated data use and planning among project TAs and DTLs

The M&E team regularly collects, analyzes, and updates project data and the project activity Gantt chart, presented and discussed at structured monthly review meetings among project TAs and DTOs. This is part of a broader project initiative to support greater data for decision making among project staff and the integration of HMIS, data use, and planning processes within the project.

4.5 MANAGING INFRASTRUCTURE AND OTHER ASSETS

a) HIP Quarter 4 Financial Status



Contract Line Item Description	USAID APPROVED BUDGET	EXPENSES THROUGH SEPT. 2013
[REDACTED]	[REDACTED]	[REDACTED]

⁴ Note that there is a one-month lag in official financial reporting of field office expenses due to processing time, so the cumulative expenditures to-date include home office expenses through September 2013, and field office expenses through August 2013.

Although the actual expenditure under all CLINs remain within budget (see above), there exist some significant variances from budgeted line items for direct labor and sub-contracts following Marie Stopes International's decision to withdraw from participation in HIP during PY1.

On September 25, 2013 USAID provided formal notification that HIP's scope of work will be revised and funding reduced accordingly by \$3 million. Subsequently, JSI submitted a revised project budget plan to USAID in October 2013 which details proposed cost reductions and re-aligns projected expenditures based on the reduced project scope.

b) Best use of US Government Funds

Every effort has been made to manage HIP's budget in the most cost effective manner for the best use of US Government funds. Following USAID's decision to seek a reduction in HIP funding, efforts to identify and develop synergies with partners and other organizations were prioritized. As a result HIP engaged in joint activities with the U.S. Navy Seabees and SJOG to improve the infrastructure and basic services provided by MOH at health facilities in Ermera and Oecusse. Similarly, in an effort to reduce project expenditures HIP entered into discussions with the Australian Red Cross for identifying and mobilizing volunteers to support HIP activities in country. One ARC volunteer, namely a Community Health Planning Advisor, commenced work in HIP Dili offices in September with another volunteer scheduled to commence in December.

ANNEXES

Annex 2

July – September 2013 Weekly Updates



USAID
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Timor-Leste Health Improvement Project (HIP) Weekly Update July 5, 2013

National level

- Participated in joint USAID and AusAID project review meeting and discussed project successes, challenges and recommendations to help inform the revised scope of work as a result of the recent limitation of funding notice.
- Reviewed quarterly Health Management Information System (HMIS) statistical reports from five HIP focus districts and analyzed timeliness and completeness.
- Coordinated with HMIS Cabinet regarding the HMIS review meeting, tentatively scheduled for July 10-11, as well as the HMIS National Conference, planned for July 25-26.
- Coordinated with the responsible Ministry of Health (MOH) Maternal and Child Health (MCH) Department counterpart regarding Information, Education and Communication (IEC) material to be distributed in Oecusse health facilities as part of HIP renovation process.
- HIP team (including visiting Menzies School of Health Research consultants) met with INS and MOH counterparts to prepare for the nutrition pilot training in Manatuto next week.
- Provided feedback on “Evidence-based Planning for MCH Guidelines” and Facilitator Toolkit as follow up to the Investment Case Workshop at Gadjah Mada University.

District level

- Baucau: Facilitated and supported the *Promotor Saude Familiar* (PSF) orientation at Laga Community Health Center (CHC); assisted with preparations for PSF orientation in Baguia next week; coordinated with District Public Health Officer (DPHO)-Health Promotion to facilitate and realize a *Suco* Health Development Plan (*Planu Dezenvolvimentu Suco Saude – PDSS*) in Lelalai *Suco*; started discussions with representatives in Laga about how to realize the PDSS program.
- Ermera: Conducted follow-up group discussion on PDSS activity in Riheu *suco*; supported night event in Riheu *suco*; prepared material for the next MCH review meeting.
- Manatuto: Conducted HMIS supportive supervision in Laleia CHC; coordinated with *Imunizasaun Proteje Labarik* (IPL) staff to facilitate integrated micro-planning in Laleia CHC; participants of the meeting included two *Suco* Chiefs and one representative from Cairui *Suco*, all health workers from Laleia CHC, Sub-District Administrator, Sub-District PNTL Commander, School Director, and PSFs from three *sucos*.
- Oecusse: Coordinated with DPHO to organize family planning (FP) advocacy meetings in Passabe sub-district planned for July 25.
- **Bringing Oecusse health facilities up to Basic Services Package (BSP) standards:** M&E Advisor met with Oecusse Referral Hospital (ORH) Director to plan for data collection for

preparation of a hospital profile; HMIS Technical Officer met with ORH Director to plan for set-up of the outpatient room; set up HMIS filing system and organized family folders in outpatient building of ORH; compiled IEC material to set up in ORH, Bebo and Usitaco health posts, and Boacnana CHC.

- Viqueque: Conducted PSF refresher training in Uatolari; conducted FP advocacy in Buanurak *Suco* (Ossu Sub-District) in coordination with DPHO-HMIS and Ossu CHC staff; discussed HIP's expansion plans for Liaruka *Suco* (Ossu Sub-District) with DHS and Ossu CHC staff.



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Timor-Leste Health Improvement Project (HIP) Weekly Update July 12, 2013

National level

- National Technical Advisors and Officers participated in joint USAID and AusAID project review meeting and discussed project successes, challenges and recommendations to help inform the revised, descaled scope of work as a result of the budget reduction of \$3M.
- Small Grants Program RFA#2 awarded to HealthNet Timor-Leste for operations to commence in Manatuto and Viqueque.
- With USAID approval, Alola Foundation notified of HIP's inability to award grant funding.
- Chief of Party visited Oecusse with the Ministry of Health (MOH) Minister's Adviser for Community Health to observe progress towards meeting Basic Services Package (BSP) standards at the following facilities: Oecusse Referral Hospital, Baocnana Community Health Center (CHC) and Maternity Ward, Usitaco and Bebo Health Posts.

District level

- Baucau: Facilitated *Promotor Saude Familiar* (PSF) orientation in Bagaia sub-district; conducted follow up quality measurements for MNCH, FP, IMCI, EPI through supportive supervision at Venilale CHC.
- Ermera: Supported SISCa in Samaleta (Railaco sub-district), Fatubesi (Ermera), Aitura (Gleno), and Lacau (Letefoho); assisted District Public Health Officer (DPHO)-HMIS with HMIS data entry.
- Manatuto: Collected *suco* data for MCH, FP and EPI in Natarbora, Lacllo, Laclubar and Manatuto CHCs; supported SISCa in Aubeon, Abat-oan, and Manelima; supported DPHO-HMIS to enter data and compile HMIS monthly report; provided support to the pilot "Nutrition and food security approaches to improving the health of women and children in Timor-Leste" training, which was attended by 16 participants including the DPHOs, midwives, nurses and nutrition assistants. This is the first of two pilots in Manatuto and the first time the course has been delivered in its entirety. The course covers the global, regional, and national plans, policies, and strategies that support nutrition and how these are used and could apply to Timor-Leste.
- Oecusse: Liaised with MOH FP Department counterpart regarding plans for follow-up after training (FUAT) and FP advocacy in Passabe sub-district planned for July 25.
- **Bringing Oecusse health facilities up to BSP standards:** Supported integrated micro-planning activity for three CHCs including Boacnana, Oesilo, and Passabe with *Imunizasaun Proteje Labarik* (IPL) staff; assisted with setting up the maternity and IMCI rooms in Bebo Health Post; prepared material and conducted *Suco* Health Development Plan (*Planu Dezenvolvimentu Suco Saude* – PDSS) training in Costa *Suco*; facilitated Focus Group

Discussion (FGD) tools training for PDSS Committee members in Costa; assisted DPHO-MCH with the supportive supervision process using the FP and Safe Motherhood supportive supervision tools; distributed IEC materials for MCH/FP in Oecusse Referral Hospital, Boacnana CHC, and Usitaco and Bebo health posts.

- Viqueque: Coordinated and followed up with national HMIS Cabinet for HMIS refresher training that will be conducted by the end of this month in Viqueque district; support District Technical Officer-Health Promotion to organize SISCa activity and FGDs for mothers on issues surrounding FP and utilization in Liaruka (Ossu sub-district).



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Timor-Leste Health Improvement Project (HIP) Weekly Update July 19, 2013

National level

- Received COR approval to award a small grant to *Cooperativa Café Timor*.
- Meeting with Health Promotion (HP) Department regarding the establishment of *Suco* Health Development Plan (PDSS) commission and plans to reactivate the HP working group.

District level

- Baucau: Collected and completed *suco* data from MNCH and EPI programs from April to June 2013 at Quelicai CHC; attended micro-planning at Quelicai CHC with all *Chefe Sucos*, new doctors, and CHC staff; supported SISCAs in Abafala, Kotaisi, and Makalako *sucos*.
- Ermera: Supported SISCAs in Laclo (Atsabe sub-district), Lisapat (Ermera) and Manusae (Hatulia); collected FP data in Hatulia CHC; District Technical Officer (DTO) for HP supported Manatuto district with integrated micro-planning activities.
- Manatuto: Continued to provide support to the pilot “Nutrition and food security approaches to improving the health of women and children in Timor-Leste” training during its second week of implementation; organized and supported integrated micro-planning with *Imunizasaun Proteje Labarik* (IPL) in five sub-districts (Manatuto, Laclou, Laclubar, Soibada and Natarbora); supported SISCAs in Tasifatin and Salau (Soibada sub-district).
- Oecusse: Organized a committee meeting to plan for the ribbon cutting at Oecusse Referral Hospital (ORH) next Wednesday, July 24. The Minister of Health will be present, and will spend two additional days visiting the renovated health facilities, including Oesilo CHC.
- **Bringing Oecusse health facilities up to Basic Services Package (BSP) standards:** PDSS - follow up on compilation of Focus Group Discussion (FGD) assessment; assessment of results and establishment of PDSS structure and action plan in Costa *Suco*; Micro-planning – integrated micro-planning activity conducted with IPL in Pante Makasar CHC; Training – assisted St. John of God Healthcare (SJOG) nurses to facilitate training on Basic Life Support skills, Electrocardiography, Medication Safety, use of Intravenous pumps and hand washing topics; Infrastructure – assisted U.S. Navy Seabees with painting furniture at the ORH; delivered the cabinets and shelves for client cards to Usitaco and Bebo health posts and Boacnana CHC; assisted SJOG nurses to set-up Boacnana CHC and Maternity, Usitaco and Bebo health posts and ORH’s Emergency Department and wards; prepared material for HMIS filing system at the ORH and Boacnana CHC.
- Viqueque: Assisted DPHO-HMIS to plan agenda for HMIS refresher training next week; analyzed the results of supportive supervision with DPHO-HMIS for presentation at District Council meeting; conducted night event and advocacy in Nahareka *suco* (Ossu sub-district).



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Timor-Leste Health Improvement Project (HIP) Weekly Update July 26, 2013

National level

- Monitoring & Evaluation (M&E) Advisor and Officer supported the MOH to facilitate a five-day M&E workshop for DHS Directors, District Public Health Officers for the Health Management Information System (HMIS), and the national level HMIS/Surveillance staff. DHS Directors participated from all HIP focus districts other than Oecusse. For those districts that were not represented at this meeting, another workshop will be held before rolling out the workshop for CHC staff at district level.
- Finalized family planning (FP) supportive supervision (SS) data compilation tool for the five HIP-focus districts to ensure regular input of FP SS data. This tool will be presented at the next FP working group meeting on Monday, July 29.

District level

- Baucau: Followed up quality improvement (QI) measurements, analyses of causes, and intervention planning with health workers responsible for IMCI, EPI and maternal, newborn and child health (MNCH) programs at Quelicai and Bagueia community health centers (CHCs); analyzed SISCa data from Quelicai CHC following last week's micro-planning exercise; and supported SISCa in Uaitame, Bualale, Saraida and Letemumo *sucos*.
- Ermera: Collected and prepared FP and health promotion data for micro-planning activity in Ermera CHC (this activity was postponed); and collected and prepared maternal and child health (MCH) and EPI data for MCH Review Meeting to be held at the DHS Office on August 5-6.
- Manatuto: Attended the introduction of the "My Village My Home" tool in Lacro and Natarbora CHCs, conducted by partner *Imunizasaun Proteje Labarik* (IPL); and compiled all data from the six integrated micro-planning exercises conducted in July (including Manatuto, Lacro, Laclubar, Soibada and Natarbora, Laleia sub-districts).
- Oecusse: Organized and helped to facilitate the ribbon-cutting ceremony at the Oecusse Referral Hospital for the "Presentation Ceremony of Quality Improvements in Oecusse Health Facilities", attended by the U.S. Ambassador, USAID Mission Director, Minister of Health, MOH General Director, 4 MOH National Directors, Dili National Hospital Executive Director and Director of Laboratory, SAMES Executive Director, INS Director of Administration, 4 MOH Department Heads and their staff, Oecusse DHS Director and Referral Hospital Director and their staff, 4 MOH Advisors, the Secretary of State for Local Development, and a representative from the Ministry of Education; accompanied the U.S.

Ambassador to visit the renovated Bebo and Usitaco health posts; and accompanied the Minister of Health to visit the renovated Bebo and Usitaco health posts and Boacnana CHC.

- Viqueque: Coordinated with DHS counterparts in order to assist with plans for the Quarterly Review Meeting; coordinated with Uatocarbau CHC for *suco*-level advocacy during the *Suco* Health Development Plan (PDSS) activity at Afaloicai (Uatocarbau sub-district); and reviewed the HMIS tally sheet that will be used to collect MNCH program data in health facilities.



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Timor-Leste Health Improvement Project (HIP) Weekly Update August 2, 2013

National level

- Conducted Monthly Review Meeting for all technical staff at the Dili Office with a focus on reviewing, analyzing, and evaluating routine program data.
- With USAID COR, met with St. John of God Health Care to discuss how to formalize a working relationship for improving the Basic Service Package standards at health facilities and for developing and implementing standard operation procedures and standard treatment guidelines for emergency rooms and maternity and pediatric wards at national and referral hospitals.
- Attended the Family Planning (FP) working group (WG) meeting to discuss the review of FP policies and plan follow-up after training (FUAT) and advocacy at the sub-district and *suco* levels.
- Met with the National Health Institute (INS) to discuss the progress towards conducting a training needs assessment for newly-graduated doctors.
- Met with INS and the MOH to discuss preparations for the second nutrition pilot training in Manatuto; coordinated with Menzies School of Health Research.
- Participated in the first Reproductive Health WG held at and organized by the Parliament.
- With USAID COR, met with the U.S. Embassy Senior Defense Official and Chief, and with MOH, INS and National Hospital officials in order to prepare the Basic Life Support skills training which will be held with support from the U.S.S. DENVER at the end of August.
- Presented HIP's objectives and results to USAID Interim Mission Director.

District level

- Baucau: Attended district Health Promotion (HP) WG meeting; objectives of the meeting included: 1. harmonize HP activities among partners and health workers, 2. increase coverage and male involvement, 3. increase community health education, and 4. improve the HP monitoring system; the forum also discussed plans for the National Family Health Promoter (PSF) Day celebration.
- Ermera: Coordinated with Ermera Community Health Center (CHC) regarding Maternal and Child Health (MCH) Review Meeting; coordinated for the Health Management Information System (HMIS) day at Gleno CHC.
- Manatuto: Attended Quarterly Review Meeting at the District Health Services (DHS) and assisted DPHO-HMIS to analyze quarterly data and prepare presentation; coordinated with Lacro CHC MCH responsible to plan the focus group discussions in the sub-district.

- Oecusse: Met with DHS Deputy Director to plan for the Quarterly Review Meeting; planned for introduction of QI tools for two CHCs (Boacnana and Pasabe).
- Viqueque: Facilitated PDSS Advocacy meeting with Afaloicai *Suco* council in Uatocarbau; attended advocacy meeting on leprosy in Uatocarbau; assisted to organize and facilitate a HMIS refresher training; attended district Quarterly Review Meeting; worked with DPHO-MCH on August work plan.



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Timor-Leste Health Improvement Project (HIP) Weekly Update August 9, 2013

National level

- Hosted a meeting to discuss results of the integrated Maternal and Child Health (MCH) and child nutrition micro-planning tool, which was field-tested in 10 sub-districts (four in Oecusse and six in Manatuto) during the second quarter. Representatives from the MOH Planning and M&E, and MCH Departments, IPL, UNICEF and WHO were in attendance.
- With USAID COR, held a coordination meeting with St. John of God Health Care to discuss the Basic Life Support training to take place during the visit of the U.S.S. DENVER.
- Organized PDSS committee meeting with the Health Promotion (HP) Department and partners, and reviewed the PDSS training material in coordination with IPL.
- Shared the updated WHO Partograph with District Technical Officers (DTOs) and provided overview of updates. The tool was copied to provide to midwives in community health centers (CHCs), and it will be shared with the MOH Safe Motherhood Officer next week.
- Coordinated with nutrition training facilitators to prepare for the second nutrition pilot training in Manatuto.

District level

- Baucau: Coordinated with District Public Health Officer (DPHO)-MCH, DPHO-HMIS, DPHO-HP and national staff to prepare supportive supervision (SS) for FP, Safe Motherhood, EPI, and IMCI programs; conducted FP, Safe Motherhood, and IMCI SS at Vemasse CHC; prepared for HMIS SS and PSF orientation for Riamare and Uailili CHCs.
- Ermera: Attended MCH training in Bakhita Center; assisted DPHO to prepare for next District Technical Working Group meeting; compiled SISCa recapitulation data in DHS.
- Manatuto: Supported DPHO-HMIS to archive the HMIS monthly reports by program and to verify and crosscheck HMIS data from CHC level; supported SISCa in Aubeon (Natarbora Sub-district), Condar (Manatuto Sub-district), and Tasifatin (Soibada Sub-district).
- Oecusse: Introduced Quality Improvement (QI) tools and measurements for each indicator at Pasabe and Boacnana CHC; assisted DPHO-HMIS to submit HMIS monthly report.
- Viqueque: Supported Uatocarbau CHC to conduct a night event on *Bon Dia Antonio* and FP and Lia Oli Ho'ó, Bahatata, and Afaloikai Sucos, and then supported SISCa activities the following day; coordinated with HP Technical Advisor, DHS, CHC, and *Suco* to conduct *suco*-level FP advocacy at Ahik *Suco* (Lacluta Sub-district).



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Timor-Leste Health Improvement Project (HIP) Weekly Update August 16, 2013

National level

- Attended National EPI Review Meeting and the Child Health Working Group meeting.
- In collaboration with USAID COR, continued preparations for the Basic Life Support (BLS) training to be delivered by the U.S.S. DENVER medical team, including meetings with partners involved, MOH Partnership Department and MOH Protocol.
- Provided technical inputs to the MOH's FP Department to finalize the TOR and outline the process of revising the 2004 FP Policy.
- Provided technical assistance to the MOH's MCH Head of Department to develop TOR and finalize the agenda to reactivate the Safe Motherhood Working Group.
- Through subcontractor Menzies School of Health Research, continued to coordinate with nutrition training facilitators to prepare for the second nutrition pilot training in Manatuto, to be held from August 19-29.
- Participated in a meeting initiated by the MOH Planning & M&E Department aiming to finalize the integrated micro-planning tool jointly developed and field tested by IPL and HIP.
- Reviewed the integrated micro-planning results from Oecusse in collaboration with IPL.

District level

- Baucau: Worked with DPHO-HP to prepare for the PSF orientation in Riamare and Uailili community health centers (CHCs) next week; provided feedback to the responsible persons following supportive supervision and quality improvement measurements at Bagaia CHC; supported SISCas in Macalaco, Maluro, Laisorulai de Cima, and Adoquele *Sucos*.
- Ermera: Supported night events in Paramin and Lacau *Sucos*; supported SISCas in Fatubesi, Railaco Leten, Lacro, Paramin, Lacau, and Samalete *Sucos*.
- Manatuto: Accompanied U.S. Navy Seabees to Manatuto CHC and maternity to conduct initial assessment of potential infrastructure improvements; supported SISCas in Ilimano, Hohorai, Maunfahe Kiiik, Sananain, Pualaka, Funar, and Manelima; supported DPHO-MCH to complete follow-up after training to midwife on IUD and Implant insertion in Soibada CHC.
- Oecusse: Facilitated training for PDSS Committee Members during 2 days in Bobometo *Suco* regarding FP, EPI, nutrition, and danger signs; participated in evaluation meeting with DHS.
- Viqueque: Supported DHS and Lacluta CHC to conduct of a FP advocacy meeting in Ahik *Suco*; supported Ossu CHC to conduct a night event on FP in Builale *Suco*; supported SISCa in Dasi Loe and Builale *Sucos*; assisted staff at Lacluta CHC to compile RSF data.



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Timor-Leste Health Improvement Project (HIP) Weekly Update August 23, 2013

National level

- Participated in the 2-day MOH Semi-Annual Review Meeting.
- Attended HMIS coordination meeting for preparation of the HMIS National Conference to be held on August 26-27.
- In collaboration with USAID COR and the MOH Partnership Department, continued preparations for the Basic Life Support (BLS) training to be delivered on August 28-29 by the U.S.S. DENVER medical team.
- Through sub-contractor Menzies School of Health Research, supported the MOH Nutrition Department and INS to facilitate the second “Nutrition and food security approaches to improving the health of women and children in Timor-Leste” pilot training in Manatuto.

District level

- Baucau: Supported DPHO-MCH and IMCI Officer to conduct supportive supervision for MNCH, FP, and IMCI programs in Quelicai, Laga, and Venilale CHCs; supported organization and facilitation of the PSF orientation for Riamare CHC (orientation in Uailili postponed to next week); assisted DPHO-Health Promotion (HP) to prepare PDSS program for Afaloicai *Suco* (Baguia Sub-district) and Uaioli *Suco* (Venilale Sub-district); conducted assessment of PDSS programs in Guruça and Lelalai *Sucos*.
- Ermera: Worked with DPHO-MCH to prepare the MCH review meeting; accompanied U.S. Navy Seabees to Railaco Leten health post to conduct an assessment of the potential infrastructure improvements; assisted DPHO-HMIS to conduct HMIS supportive supervision in Ermera CHC; supported SISCa in Lisapat *Suco*.
- Manatuto: In partnership with IPL, supported Laclo CHC staff to facilitate outreach activities and a night event in Fahilacor *Aldeia* (Uma-Naruk *Suco*); supported SISCa in Baharedok *Suco*; supported the implementation of the second nutrition pilot training.
- Oecusse: Supported DHS to conduct supportive supervision on HMIS, FP, and IMCI in Passabe and Baqui CHCs and Lifau and Sakato health posts; participated in FP advocacy event at Passabe CHC; assisted in IPL-supported Community Leader Training on Immunization in Taiboco, Cunha, and Bobocase *Sucos*; supported Boacnana CHC in the facilitation of night events in Banafi and Beneufe *Sucos*.
- Viqueque: Supported review meeting of the HP program and introduction of the new SISCa funding in Ossu CHC; in collaboration with Marie Stopes International, supported FP advocacy for Ossu Sub-district; assisted DPHO-HMIS to analyze Q2 data and prepare progress report to be presented by the DHS Manager in Dili.



Timor-Leste Health Improvement Project (HIP) Weekly Update August 30, 2013

National level

- Supported two days of Basic Life Support (BLS) training for more than 100 doctors from 12 districts through a collaborative effort between the MOH, the U.S. Embassy, USAID, the U.S.S. DENVER medical team, the National Critical Care and Trauma Response Centre team from Northern Territory (Australia), St. John of God Health Care, and HIP.
- Worked with representatives from Gadjah Mada University, the MOH Planning Department, and UNICEF to review the evidence-based planning/bottleneck analysis modules for facilitators and training participants.
- Through sub-contractor Menzies School of Health Research, continued to support the MOH Nutrition Department and INS to facilitate the second “Nutrition and food security approaches to improving the health of women and children in Timor-Leste” pilot training in Manatuto.
- Met with the MOH Planning Department, IPL, and USAID and agreed on a reduced number of indicators to be included in the integrated micro-planning tool.
- Participated in an HMIS Cabinet workshop to review MOH reporting forms, and to discuss the alignment of forms with the key MOH monitoring and evaluation indicators.

District level

- Baucau: Supported the organization and facilitation of a PSF orientation in Uailili (Baucau Sub-district); worked with the DPHO-MCH and IMCI Officer to compile supportive supervision results for the MNCH, IMCI, and FP programs.
- Ermera: Supported and provided technical assistance during the two-day MNCH Review Meeting and the two-day District Technical Working Group Meeting.
- Manatuto: Coordinated with DPHO-MCH about next month activities (health promotion, supportive supervision and trainings); continued to support the implementation of the second nutrition pilot training.
- Oecusse: Supported SISCa activities in Lifau, Taiboco, and Bobocase *Sucos*; assisted in IPL-supported school orientations at primary and lower secondary schools in Bobocase, Taiboco, and Cunha *Sucos*.
- Viqueque: Supported Uatucarbau CHC for the training of community facilitators for PDSS community assessment; supported a night event on FP and maternal health in Uatucarbau; worked with the DPHO-MCH to develop a tally sheet for use in MNCH programs.



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Timor-Leste Health Improvement Project (HIP) Weekly Update September 6, 2013

National level

- Organized a one-day M&E training (abridged version of the 5-day MOH training) facilitated by the MOH M&E Advisor and attended by all HIP technical staff and four MOH officials (National Director of Public Health, Director of Health Education Services, Head of Environmental Health Department and Public Health Advisor). This training provided all participants with an overview of the MOH M&E Framework.
- With USAID and U.S. Navy Seabees Liaison Officer, met with MOH Director General, National Director for Administration and Human Resources, Public Health Advisor, and the Director of Administration and Logistics and team in order to review the MOH priorities for renovations and new construction, and determine the best possible alignment of HADIAC and Seabees joint support in the priority areas.
- Briefed the MOH Infrastructure Unit Officer on HIP's support to improve health service delivery to meet the Basic Services Package (BSP) standards through simple infrastructure improvements and capacity development efforts at selected HIP-supported health facilities. Provided a summary of the accomplishments in Ermera and Oecusse, and an overview of the work to be started in Manatuto.
- Followed up with Seabees (current and previous battalion) regarding outstanding parts order for Oecusse Referral Hospital and the maintenance plan for all health facilities renovated in Ermera and Oecusse districts.
- Participated in a joint team meeting with IPL in order to outline the schedule for micro-planning meetings in September and October as IPL phases out district-level presence.
- Coordinated with Safe Motherhood (SMH) focal person at MCH Department and DPHOs-MCH in Ermera and Oecusse districts to plan for SMH refresher training for midwives.
- Participated in EPI Working Group at the MOH.

District level

- Baucau: Coordinated with IPL to schedule joint micro-planning in four community health centers (CHCs) by end of September; coordinated with DPHO-HP to realize PDSS program for Afaloicai and Uai-Oly *Sucos*; worked with DPHO-HMIS and Deputy Director to prepare supportive supervision (SS) at Bagueia and Quelicai CHCs.
- Ermera: Worked with Gleno CHC Manager to conduct the BSP assessment in order to track medium-term improvements since the renovations and quality improvement efforts at the facilities, and to identify any maintenance for short-term interventions (the updated score suggests that Gleno CHC continues to maintain BSP standards); compiled a report from the

MNCH Review Meeting, including feedback from SS results; prepared minutes from the DTWG meeting for circulation; supported SISCa in Lacau (Letefoho Sub-district).

- Manatuto: Worked with Manatuto Vila CHC Manager to conduct the BSP assessment of the facility; facilitated a meeting with DHS Deputy Director, Manatuto Vila CHC Manager, maternity midwives trained in SMH last April, and CHC doctor to present results of work in Gleno CHC as an example of meeting BSP standards, and to discuss the next steps for Manatuto Vila maternity ward renovations and quality improvements (the DHS infrastructure focal point was briefed separately and planned for coordination); supported the Seabees to commence small infrastructure fixes at the Manatuto CHC maternity ward (including basic repairs to electricity and water system); supported SISCa in Condar (Manatuto Sub-district); supported DPHO-HMIS to enter data for the HMIS monthly report.
- Oecusse: Assisted DPHO-HMIS to prepare the HMIS monthly report; coordinated with IPL to schedule joint micro-planning in September and October.
- Viqueque: Assist Viqueque CHC staff to compile and analyze HMIS monthly report data.



USAID
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Timor-Leste Health Improvement Project (HIP) Weekly Update September 13, 2013

National level

- With USAID and U.S. Navy Seabees, received the MOH Infrastructure Unit priority list for new constructions and renovations. Met separately with Seabees and selected five health facilities to be renovated in the next two years.
- Accompanied by Seabees and USAID, attended a meeting with Administration, Logistic and Infrastructure Directorate to receive technical specifications/blueprints for MOH health facilities and schedule joint assessment visits in the five selected sites.
- Met with Head of MCH Department to discuss SOPs and STGs for primary health care, BEmOC and ENBC.
- Supported INS in the facilitation of an ENBC training at the National Hospital.
- As part of the MOH reproductive health BCC Strategy evaluation, provided information to UNFPA on HIP's BCC activities and materials used.
- Participated in the MOH Child Health working group meeting.
- Met with the Department of Statistics and Health Information to discuss the RSF evaluation funded by UNICEF and the upcoming implementation of new reporting forms.
- Assisted the MOH M&E Department to revise the Tetun translation of the M&E Framework in order to correctly interpret the technical terminology.
- Visited grantee HealthNet Timor-Leste to monitor compliance of USAID's policy on FP services and prohibition of abortion-related activities.

District level

- Baucau: With IPL, supported the DPHO-EPI to prepare for micro-planning in Riamare, Venilale, and Laga Sub-districts; prepared for next week's PDSS training in Lelalai; supported SISCAs in Maluro, Macalaco and Avo.
- Ermera: Conducted FP/MCH, IMCI and EPI supportive supervision and QI measurements in Gleno CHC; updated the LMIS stock card at Gleno CHC; supported a night event in Paramin (Atsabe Sub-district); supported SISCa in Atura (Gleno), Lacro and Paramin (Atsabe), Goulala (Letefoho), and Fatubessi (Ermera); prepared for the next SMH refresher training.
- Manatuto: Coordinated with Lacro and Laleia CHC managers to schedule integrated micro-planning meetings; supported the DPHO-HMIS in HMIS monthly and quarterly analytical reports; supported SISCa in Aubeon, Maunfahe kiik, Tasi Fatin, Ilimanu, Manelima, Pualaka, and Aitehen; facilitated the assembling of maternity equipment by National Hospital biomedical engineers.

- Oecusse: Coordinated with Boacnana CHC manager to schedule micro-planning and organize the QI introduction workshop; supported SISCa in Usapibele; attended opening ceremony for CCM training at Oecusse DHS.
- Viqueque: Coordinated with IPL staff and DHS to plan for micro-planning activities through October; organized next week's FP, SMH, IMCI and EPI supportive supervision activities with the DPHO-HMIS and MCH; conducted QI measurements in Viqueque and Uatolari Sub-districts.



USAID
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Timor-Leste Health Improvement Project (HIP) Weekly Update September 20, 2013

National level

- Participated in joint infrastructure assessments with U.S. Navy Seabees, MOH Engineering Advisor and DHS. Health facilities assessed: Comoro CHC and Maternity, Becora CHC and Maternity, Manatuto Vila CHC and Maternity, and Ilimano and Railaco Leten health posts.
- Supported MOH National Directorates for Public Health and Planning/M&E Department in the organization and facilitation of the National Program Indicators Revision Workshop. During 3 days, MOH programs identified indicators to monitor their progress. This was the first step of a process leading towards finalization of the new MOH reporting formats.
- Participated in the EPI working group meeting in order to plan the upcoming Polio vaccination campaign.
- Held weekly meeting with COR.
- Continued assisting MOH Planning/M&E Department to revise the Tetun translation of the M&E Framework.
- Supported INS in the facilitation of ENBC training for 15 health workers in Baucau. Participants included doctors and midwives from referral hospital, CHCs and health post.

District level

- Baucau: Supported Quelicai CHC in training Lelalai PDSS Committee members, and in conducting night event and SISCa in Lelalai; supported DPHO-HMIS in the conduct of supportive supervision in Baguia, Laga and Quelicai CHCs.
- Ermera: Supported SISCa in Lacau and Lisapat; supported DPHO-HMIS in monthly reporting and in conducting supportive supervision in Hatulia, Letefoho and Railako CHCs; coordinated with Gleno Infrastructure Department for Railaco Leten health post assessment; supported DPHO-MCH in conducting FP supportive supervision in Hatulia CHC, and Asulau Sare, Coliate and Manulete health posts; prepared for next week's SMH refresher training.
- Manatuto: Supported integrated micro-plan meeting and establishment of the sub-district technical working group (SDTWG) in Laleia CHC; supported DHS in the conduct of SMH, IMCI, FP and EPI supportive supervision in Manatuto Vila CHC; conducted BEmOC assessment in Manatuto Vila CHC; supported Lacló CHC in conducting night event in Ainikulau (Hohorai *suco*); supported Laleia CHC in conducting SISCa in Hohorai and outreach activity in Reahatu (Hohorai *suco*); attended the doctors orientation on RSF.
- Oecusse: Supported SISCa in Cutete, Maunaben and Bausiu-Nipani; supported Boacnana CHC in conducting night event in Citrana on safe delivery, child spacing, FP; supported

Pasabe CHC quarterly review meeting with local leaders; supported DPHO-HP to conduct and facilitate an advocacy FP meeting in Usitasae (Oesilo sub-district); compiled *suco* level data in Passabe CHC.

- Viqueque: Supported DPHO-MCH in the conduct of FP, SMH, IMCI and EPI supportive supervision in Uatucarbau, Uatulari, Lacluta, Ossu and Viqueque CHCs; supported Viqueque CHC to conduct night event and SISCa in Bibileo; conducted QI measurements for IMCI in Uatulari and Uatocarbau CHCs.



Timor-Leste Health Improvement Project (HIP) Weekly Update September 27, 2013

National level

- Presented technology update on use of Non-pneumatic Anti-shock Garment (NASG) to manage postpartum hemorrhage (PPH) to the MOH Vice Minister, USAID COR, and MOH midwife. HIP suggested that this device be incorporated as part of Timor-Leste's continuum of care for managing PPH. The Vice Minister approved that HIP proceed to support a consultant to assist with planning for implementation of the NASG.
- Participated in a joint infrastructure assessment of Dili former U.N. Clinic with U.S. Navy Seabees, MOH Administration, Logistics and Infrastructure Directorate, and Dili DHS Director.
- Supported INS in the facilitation of the Essential Newborn Care (ENBC) training at the Guido Valadares National Hospital.
- Assisted Health Promotion (HP) Department and partners to develop the agenda and prepare for the National HP working group next week.
- Continued to assist the MOH M&E Department to revise the M&E Framework translation.
- Held weekly meeting with COR.

District level

- Baucau: In collaboration with IPL, organized and facilitated micro-planning meetings in Venilale, Uailili and Riamare CHCs; harmonized October plans with DPHOs.
- Ermera: Supported DPHO-MCH to conduct a three-day refresher training on "Safe and Clean Delivery" including Active Management of the Third Stage of Labor (AMTSL) and use of the partograph for 16 midwives and one new doctor working in CHCs and health posts; in collaboration with IPL, supported micro-planning meetings in Ermera Vila and Hatolia CHCs.
- Manatuto: Supported district-level HP working group meeting; supported night event and outreach activities in Camedar (Natarbora Sub-district); attended follow-up meeting on "My Village is My Home" tool in Laclo CHC.
- Oecusse: In coordination with IPL, supported integrated micro-planning meeting in Passabe CHC; introduced the terms of reference for a Sub-District Technical Working Group in Passabe CHC and assisted with plans to form this group next month; supported QI follow-up measurement exercises in Baqui and Oesilo CHCs; conducted FP advocacy in Lifau, Taiboco, and Pante Makassar *Sucos*; supported SISCa in Lifau *Suco*.
- Viqueque: Organized and supported micro-planning meetings at Ossu and Lacluta CHCs with assistance from IPL; participated in district-level HP working group meeting; coordinated with staff at Uatucarbau CHC for micro-planning activity (rescheduled to take place next

month); conducted QI measurements with focus on immunization and supported SISCa in Uaimori Tula *Suco* (Viqueque Sub-district).

Annex 3
Success Story

Strategic Partnership Improves Health Infrastructure and Quality of Care in Oecusse, Timor-Leste

When a pregnant woman visits a community health clinic or hospital, she has a right to expect the clinic or hospital to have electricity, running water, any drugs she might need, and well-trained medical staff on hand. In Timor-Leste, one of the world's newest countries, such a clear-cut scenario is unfortunately not always the case. It is not uncommon for Timorese women about to give birth to arrive at health clinics without running water, electricity, or essential medicines. But thanks to serious commitment on behalf of the Ministry of Health and a successful partnership among a group of international and local organizations, things are beginning to change.

In 2007, the Timor-Leste Ministry of Health developed the Basic Services Package for Primary Health Care and Hospitals, which provides a detailed description of the minimum level of services that must be delivered at each health service delivery point. The basic services package is the guide for every manager and every health worker in the national health system. It defines the continuum of care, which starts in the community with the primary health care system and is supported and complemented by the hospital and referral system.

In Timor-Leste, there are 67 health centers, five referral hospitals, and one national hospital. To ensure each one of these meets the basic services package standards, the Ministry of Health developed policies, strategies and guidelines, standard operating procedures, training curricula, and health promotion materials. However, achieving the standards set out in the basic services package is not an easy task. Whether community health clinics or hospitals, all health facilities must have the following components in place to meet the standards:

- functioning infrastructure with running water, electricity, and waste management;
- availability of services and skilled health workers;
- availability of drugs, equipment, and materials;
- functioning referral system;
- functioning management system; and finally,
- full participation from the community.

To achieve each one of these components in all Timorese health facilities, the Ministry of Health coordinates support from its development partners. A recent collaboration in Oecusse District showcases the impact that development partners can have when working closely with the government.

A group of organizations worked together to improve both the infrastructure and quality of services in four health facilities in Oecusse, which together represent the three levels of the health system: the Oecusse referral hospital, the outpatient and maternity wards in the Boacnana community health center (CHC), and the Usitaco and Bebo health posts.

Before the collaboration began, the Oecusse referral hospital, Boacnana CHC, and Usitaco and Bebo health posts did not have reliable running water systems. This made it nearly impossible for health workers to maintain hygiene standards and prevent the spread of infections. In addition, the referral hospital was operating with only two hours of electricity per day. This meant that critical equipment such as operating lights, the x-ray machine, laboratory equipment, incubators, IV infusion pumps, and electrocardiograph machines were unusable.

In June 2013, a team of professionals from the USAID-funded HADIAC project (“to improve” in the local language) accompanied staff from the four health facilities to conduct initial assessments of the conditions at each facility. Using the basic services package checklist, the teams were easily able to identify what steps needed to be taken to improve the standards of care at each facility.

As a result, key functions at the four Oecusse health facilities have been added or repaired and each facility is well on its way to approaching the basic services package standards. Infrastructure repairs were provided by the U.S. Navy Seabees and the Timor-Leste Defense Forces and technical assistance was provided by the USAID HADIAC project, *Imunizasaun Proteje Labarik* (Millennium Challenge Corporation Threshold Project on Immunization), St. John of God Health Care, and biomedical engineers from the National Hospital Guido Valadares.



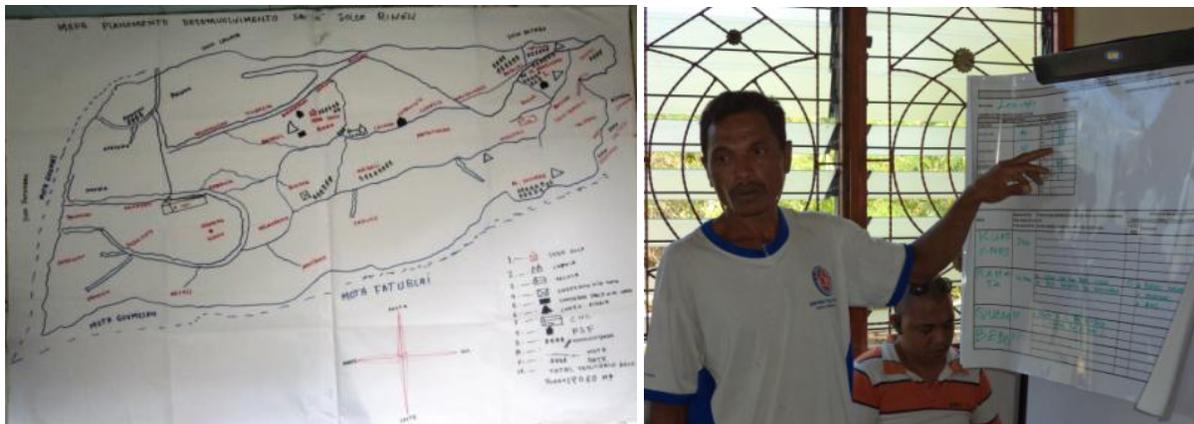
Damaged tiles at Boacnana CHC (left); all tiles repaired by community members (right).



Leaking water tank at Boacnana CHC (left); new water tank installed by U.S. Navy Seabees (right).

Infrastructure work included fixing leaks and damaged wires in the Usitaco and Bebo health posts and in the Boacnana CHC. The referral hospital's electricity system was improved by connecting it to the town's electricity network and installing solar panels on the emergency department roof as back-up. Fixing the hospital's electricity problems solved the running water problem, as well, since the water supply runs on an electrical pump.

HADIAK provided refresher trainings in basic lifesaving skills and infection control for all health staff at the hospital, health center, and health posts. The project also conducted technical orientations for hospital staff on how to operate critical equipment that had previously gone unused, such as incubators and x-ray machines. HADIAK also helped the citizens of Oecusse develop a community action plan to improve their use of health services. The collaboration has showcased, among other things, that infrastructure renovations, technical assistance, and community involvement are all necessary for improving the quality of services.



Community mapping as part of developing community action plan (left); planning meeting to discuss increasing maternal and child health coverage in remote areas surrounding the facilities (right).

More than 70,000 people living in Oecusse will directly benefit from the improved quality of services at the four health facilities, including 3,255 pregnant women, 13,023 children under five-years old, and 2,742 children under one-year old.

The work in Oecusse builds on the successful renovation of a health center in Ermera District earlier in 2013. Due to the promising results of the collaborations in Ermera and Oecusse, HADIAK, the Ministry of Health, U.S. Navy Seabees and other involved partners will continue to work together to replicate the approach at other health facilities in HADIAK-supported districts with the aim of a roll out as part of a national program.

Annex 4

Annual Monitoring Report

Annual Monitoring Report: October 2012 – September 2013

ID	Indicator	2013 Target	Number Achieved Oct 2012 – Sept 2013	% of Target Achieved	Baucau	Ermera	Manatuto	Oecusse	Viqueque
Cross Cutting									
2	Percent of health facilities in HIP-supported districts meeting Basic Service Package standards (MNCH and FP). ⁵	NA	-	-	-	-	-	-	-
3	Percent of <i>SISCa</i> functioning according to the national standards. ⁶	NA	-	-	-	-	-	-	-
4	Number of supervision visits conducted to service delivery points (SDP). ⁷	289	246	85%	46	57	51	45	47
5	Number of people trained in monitoring and evaluation with USG assistance.	500	499	100%	193	57	58	116	75
	<i>Number of women</i>	205	193		85	16	41	32	19
	<i>Number of men</i>	295	306		108	41	17	84	56
6	Number of people trained in strategic information management with USG assistance.	1,500	1,517	101%	356	133	552	305	171
	<i>Number of women</i>	570	578		156	34	244	92	119
	<i>Number of men</i>	930	939		200	99	308	213	52
7	Percent of USG-assisted service delivery points (SDP) experiencing a stock out at any time during the reporting period of a contraceptive method, vaccine, and oxytocin. ⁸	NA	-	-	-	-	-	-	-
8	Number of suco councils in USAID-supported areas involved in the management of <i>SISCa</i> in the reporting period.	56	55	98%	16	10	10	11	8

⁵ Data was to be collected through the National Health Facility Survey (NHFS), with planned implementation in 2013. The NHFS was/will not be implemented.

⁶ Data was to be collected through the National Health Facility Survey (NHFS), with planned implementation in 2013. The NHFS was/will not be implemented.

⁷ During the reporting period, total supportive supervision provided was 429 (148% of target achieved), which includes SS to TB, malaria, MNCH, FP, *SISCa*, and Basic Services Package (BSP). Indicator data provided represents SS to the MNCH, FP, and HMIS focal program areas of HADIAC, and includes: (1) safe motherhood; (2) expanded program on immunizations; (3) family planning; (4) nutrition; (5) integrated management of childhood illnesses; (6) HMIS; and (7) MOH BSP.

⁸ Data was to be collected through the National Health Facility Survey (NHFS), with planned implementation in 2013. The NHFS was/will not be implemented.

ID	Indicator	2013 Target	Number Achieved Oct 2012 – Sept 2013	% of Target Achieved	Baucau	Ermera	Manatuto	Oecusse	Viqueque
Maternal and Child Health									
15	Number of women receiving AMTSL through USG- supported program. ⁹	NA	-	-	-	-	-	-	-
16	Number of people trained in maternal/newborn health through USG-supported health care programs.	4,000	4,021	101%	938	667	739	921	756
	<i>Number of women</i>	1,930	1,703		377	250	364	479	233
	<i>Number of men</i>	2,070	2,318		561	417	375	442	523
17	Number of people trained in child health and nutrition through USG-supported health care programs	4,000	3,995	100%	938	667	739	895	756
	<i>Number of women</i>	1,640	1,690		377	250	364	466	233
	<i>Number of men</i>	2,360	2,305		561	417	375	429	523
18	Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers (CHW) in HIP-supported districts. ¹⁰	6,500	5,980	92%	2,239	1,179	362	503	1,697
19	Number of children less than 12 months of age receiving DPT3 in HIP-supported districts.	12,596	11,750	93%	3,093	3,906	1,124	1,619	2,008
20	Number of child diarrhea cases treated in HIP-supported districts. ¹¹	5,500	5,908	107%	2,029	574	702	1,228	1,375
21	Number of children under-5 years of age who received Vitamin A in HIP targeted districts during reporting period. ¹²	50,000	70,596	141%	21,119	16,781	4,009	15,503	13,184

⁹ Data was to be collected through the National Health Facility Survey (NHFS), with planned implementation in 2013. The NHFS was/will not be implemented.

¹⁰ The indicator data includes cases of pneumonia, severe pneumonia, and very severe pneumonia cases treated at the health facilities and collected by the HMIS.

¹¹ This indicator data includes diarrhea cases only treated at the health facilities to maintain consistency with project year 1 reporting. There were 6,662 combined diarrhea and dysentery cases in project year 2 (representing 121% achievement of project target).

¹² There were significant increases in Vitamin A distribution in February and August across all districts due to immunization campaigns.

ID	Indicator	2013 Target	Number Achieved Oct 2012 – Sept 2013	% of Target Achieved	Baucau	Ermera	Manatuto	Oecusse	Viqueque
22	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines with HIP support.	700	708	101%	310	21	63	278	36
	<i>Number of women</i>	306	282		135	18	42	221	10
	<i>Number of men</i>	394	426		175	3	21	57	26
23	Percent of births attended by a skilled provider in HIP targeted districts. ¹³	7,500	41% (n=6,709)	89%	1,757	2,202	735	671	1,344
Family Planning & Reproductive Health									
27	Couple Years of Protection (CYP) in USG-supported programs. ¹⁴	20,000	14,934	75%	2,271	5,455	1,602	2,902	2,704
28	Number of people trained in FP/RH with USG funds.	2,000	2,052	103%	520	213	415	680	224
	<i>Number of women</i>	840	1,031		228	84	229	347	143
	<i>Number of men</i>	1,160	1,021		292	129	186	333	81
29	Number of counseling visits for FP/RH as a result of USG assistance. ¹⁵	30,500	29,081	95%	3,487	7,150	4,310	9,183	4,951
30	Number of people that have seen or heard a specific USG-supported FP/RH message. ¹⁶	35,000	35,146	100%	2,735	15,565	2,275	11,658	2,913

¹³ Refers to skilled birth attendants present for institutional and home deliveries. Percentage derived using 16,198 for the number of live births in all project districts for the denominator from 2013 Census Projections.

¹⁴ Target for project year 2 was high due to project year 1 erroneously recording vasectomies not in the HMIS database (inflating project year 1 CYP achievement) and providing higher than actual estimates of HMIS data for the first 3 months the project was not collecting data. This inflated the actual achieved, creating a higher target.

¹⁵ The HMIS adjusted the criteria for counting FP/RH visits between project year (PY) 1 and 2. In PY1, the HMIS considered all participants present at group talks as having received a FP/RH counseling visit. In PY2, the HMIS adjusted the criteria to more accurately reflect true counseling visits, excluding those present at group talks. As the project target set was based on an inflated representation of the counseling visits, the target was adjusted accordingly.

¹⁶ Data includes attendees at *SISCa*, evening, and other health promotion events.

ID	Indicator	2013 Target	Number Achieved Oct 2012 – Sept 2013	% of Target Achieved	Baucau	Ermera	Manatuto	Oecusse	Viqueque
31	Number of USG-assisted service delivery points (SDP) providing FP counseling or services.	179	178	99%	47	34	33	29	35
32	Number of trained providers who have completed competency checks for all modern family planning methods. ¹⁷	200	-	-	-	-	-	-	-

¹⁷ The related tools and guidelines were being updated in project year 1 with intention to implement and begin data collection in project year 2. However, the MOH did not implement and operationalize the planned system of competency checks, and therefore data could not be collected on this indicator.

Annex 5

Child Health Working Group Draft Terms of Reference

TERM OF REFERENCE

NEWBORN AND CHILD HEALTH WORKING GROUP

Background

Timor-Leste is considered an early achiever in the overall reduction of under-5 mortality (MDG 4), marking 64 per 1000 live births in 2009. However, the present analysis found large disparities between the highest achieving districts (Baucau and Dili) and the rest of the country when the data was disaggregated for further analysis. The under-five mortality for all districts except the two were higher than the national average of 64 per 1000 live births. Furthermore, 4 districts - Ermera, Liquica, Lautem, and Ainaro- were higher than the MDG 4 goal in 2015 (96 per 1000 live birth). The disparities were also identified between urban and rural populations as well as the richest and poorest wealth quintiles. The fertility rate in Timor-Leste is among the highest in the world with a woman giving birth to almost 5 children in her life time. The preference for many children with short intervals in between heightens the risk of maternal and infant deaths.

The Government of Timor-Leste (GoTL) through its Ministry of Health is committed to improve, expand, and maintain the quality and coverage of preventive and curative services to newborn, infants and children in order to reduce infant and child mortality. The commitment by the GoTL to reduction of neonatal and child mortality is reflected in the National Development Plan (NDP) and National Health Sector Strategic Plan (NHSSP) 2011-2030. The GoTL has, therefore, along with its partners identified improvement of child health status as one of the key priority areas for policies, programming and interventions.

Despite efforts in improving child health status has already been in place, they still need strengthening. At the strategy level, the process for the revision of National Reproductive Health (NRH) into Integrated Reproductive Maternal Newborn and Child Health (IRMNCH) 2013-2018 is currently undergoing will incorporate recent technical, programmatic, strategic and political development, as well as issues and context of Timor-Leste. As such the revision of the NRH will focus to integrate the newborn and child health. At the implementation level service delivery has already in place with the technical and financial from the government but also with support from donor and partners including USAID, AUSAID, UN Agencies,

National and Internal NGOs, Professional Associations (such as East Timor Medical Association and East Timor Midwife Association) and Church Based Organization.

In recognition that there are many partners supporting MOH to implement activities, there is need to establish Newborn and Child Health Working Group (NCHWG). The CHWG will be used as a forum for providing technical supports and for a better synergy and coordination of activities related to newborn and child health.

Overall Aim

The overall aim of the Child Health Working Group is to provide technical support and coordination on the planning, implementation, and monitoring of Newborn and Child Health related activities, in line with the NHSSP and the draft Integrated RMNCH Strategy 2013-2018.

Specific Objectives

1. NCHWG will provide systematic and coordinated activities related to Integrated RMNCH strategy focus on newborn and child health.
2. NCHWG will provide technical supports and advice on the planning, implementation, and monitoring of newborn and child health related activities
3. NCHWG will discuss and share the lessons learned on the current implementation and strategy of Integrated RMNCH
4. NCHWG will identify knowledge gaps and updated priority strategies on newborn and child health according to the Global Standards.
5. NCHWG will serve as focal point and secretariat for all newborn and child health activities at national and international level
6. ????

Chair and Secretariat

The Chief of Maternal and Child Health (MCH) Department, Ministry of Health will serve as the Chairperson, and the Child Health Officer, MCH Department, MoH will serve as the Deputy.

The MCH Department of MoH will also serve as the Secretariat for NCHWG. Each organization is expected to provide technical and financial support to the secretariat for the

meeting arrangement. The organization that provides support for the meeting arrangement may change overtime.

Members

Members include representation from related department within the MoH, development partners, non-governmental organizations, the private sector and civil society organizations as listed below.

Government Ministries and Institutions

- Ministry of Health, Maternal and Child Health Department
- Ministry of Health, Nutrition Department
- Ministry of Health, Health Promotion Department
- National Institute of Health

Development Partners

- UNICEF
- WHO
- WFP

Non-Governmental Organization/Church Based Organization

- ALOLA Foundation
- HAI
- HADIAK
- Child Fund
- Care International
- World Vision
- HIAM Health
- IPL
- Pastoral da Crianca
- Clinic Café Timor
- MDM

Upon the establishment of the Newborn and Child Health Working Group, the EPI working group which already exist and conducted regularly meeting will be acted as sub group for the NCHWG and report to the NCHWG

Professional Association

- AMTL (ETMA)
- APTL (Midwife Association)

Meetings

NCHWG will meet **once a month** (to be organized prior to the MCH Quarterly Review meeting) preferably, within the first week of the month.

Meeting agenda, minutes and relevant documents will be circulated by the Secretariat preferably three working days beforehand the meeting. Members are encouraged to contribute agenda items four working days before scheduled meetings.

Planning, reporting and information sharing

The NCHWG will discuss and share the progress and bottlenecks at the MCH review meeting, and propose recommendations for improved the implementation.