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TIMOR-LESTE HEALTH IMPROVEMENT PROJECT

QUARTERLY / ANNUAL REPORT



Project Year Four and Quarter Four Report October 2014 – September 2015

Submitted to USAID by John Snow, Inc.
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Cover photo: Manatuto municipality health workers vaccinating school children during the Ministry of Health Measles-Rubella immunization campaign. HIP provided intensive support to the campaign in all three municipalities/region during July and August 2015.

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Acronym List

<i>Aldeia</i>	Hamlet
AIP	Annual Implementation Plan
ANC	Antenatal Care
<i>Bairro</i>	Neighborhood
BCC	Behavior Change Communication
BP/CR	Birth Preparedness / Complication Readiness
BSP	Basic Services Package
CCT	<i>Cooperativa Café Timor</i> (Café Timor Cooperative)
CHC	Community Health Center
COR	Contracting Officer Representative
CYP	Couple Years Protection
DIV	Development Innovation Ventures
DPT	Diphtheria, Pertussis, Tetanus
EmONC	Basic Emergency Obstetric and Neonatal Care
ENBC	Essential Newborn Care
EPI	Expanded Program on Immunization
FP	Family Planning
FUAT	Follow Up After Training
FRF	Facility Readiness Format
HIP	Health Improvement Project
HMIS	Health Management Information System
HNGV	<i>Hospital Nacional Guido Valadares</i> (National Hospital Guido Valadares)
HP	Health Post
IMCI	Integrated Management of Childhood Illnesses
INS	<i>Instituto Nacional de Saúde</i> (National Health Institute)
IUD	Intrauterine Device
JSI	John Snow, Inc.
LAM	Local Area Monitoring
LISIO	<i>Livrinho Saúde Inan no Oan</i> (Mother and Child Health Booklet)
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MHS	Municipality Health Service
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
MPHO	Municipality Public Health Officer
MR	Measles-Rubella
NASG	Non-Pneumatic Anti-Shock Garment
NGO	Nongovernmental Organization
PHC	Primary Health Care
PNC	Postnatal Care
PPH	Postpartum Hemorrhage
PSF	<i>Promotor Saúde Família</i> (Family Health Promoter)
PY	Project Year
QI	Quality Improvement

SDP	Service Delivery Point
SISCa	<i>Serviço Integrado da Saúde Comunitária</i> (Integrated Services of Community Health)
<i>Suco</i>	Village
TA	Technical Assistance
TAIS	<i>Timor-Leste Asistencia Integrada Saúde</i> (Timor-Leste Integrated Health Assistance)
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCCM	Vaccine and Cold Chain Management
WB	World Bank
WHO	World Health Organization

SECTION I: INTRODUCTION AND SUMMARY

This document serves as the Project Year (PY) 4 fourth quarterly progress report covering the period from July 1 through September 30, 2015, as well as the fourth Annual Report covering October 1, 2014 – September 30, 2015.

1.1 TL-HIP OVERVIEW

This 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, Modification No. AID-486-C-11-00003 #09¹ for the implementation of the Health Improvement Project (HIP) in Ermera and Manatuto municipalities and Oecusse region. The project objectives are:

1. Improved Maternal, Newborn and Child Health (MNCH) behaviors and outcomes.
2. Improved health service delivery through Ministry of Health (MOH) service delivery sites.
3. Increased community engagement around key MNCH and Family Planning (FP) issues.

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

HIP activities were focused on the following technical areas during PY4: MNCH (50%) and FP (50%). The project focuses on the following population segments: health providers at the municipality, administrative post, 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's strategies and activities:

- Gender equity.
- Promotion and support of Timorese organizations.
- Coordination and collaboration with the MOH.
- Youth involvement.
- Male involvement.
- Sector leadership.
- Partnerships and integration.

The implementation process instituted by JSI ensures integrated planning with the full collaboration and buy-in from the MOH at its national, municipality, and community levels. HIP provides Technical Assistance (TA) by helping to increase the capacity of the MOH and by promoting coordination and collaboration within the health sector among the MOH and donors. HIP utilizes the MOH National Health Sector Strategic Plan 2011-2030, as well as best practices

¹ The last contract modification was issued by USAID on April 30, 2015 to extend the contract completion date from September 30, 2015 to November 30, 2015, at no additional cost and to realign the contract budget.

and evidence-based interventions from USAID and the World Health Organization (WHO), to inform strategic programming. HIP's implementation process includes the sharing and dissemination of health information and lessons learned from MNCH and FP programming. HIP's 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.

This progress report is structured in line with HIP's PY4 work plan (2015) and emphasizes the four approaches of HIP's capacity-building efforts (Section II): 1) Quality Improvement (QI); 2) Planning and Monitoring and Evaluation (M&E); 3) Community Engagement on Health and Communication Activities; and 4) Human Capacity Development.

Initially, HIP planned to close its municipality/region offices in June 2015; however the two-month extension obtained through Contract Modification No. AID-486-C-11-00003 #09 allowed the project to continue municipality/region activity implementation through August 2015, with the main goal of ensuring HIP's TA is integrated into MOH 2016 annual plans (see Section II B for more details). In addition, the extension enabled completion of the Non-Pneumatic Anti-Shock Garment (NASG) Phase 2 activities in September.

1.2 SUMMARY OF QUARTERLY ACHIEVEMENTS

During this quarter, the Health Improvement Project (HIP) continued to provide Technical Assistance (TA) to the Ministry of Health (MOH) at the national and municipality/region level in the areas of Quality Improvement (QI), Planning and Monitoring and Evaluation (M&E), and Community Engagement and Communication. Achievements for this quarter as well as Project Year (PY) 4 are summarized below.

As partner to the MOH and per their request, HIP intensified its support to the Measles-Rubella (MR)-Polio immunization campaign. HIP personnel based in the three municipalities/regions were instrumental to reaching and exceeded campaign coverage target of 90%. Support included: micro-planning, distribution of equipment and supplies, Vaccine and Cold Chain Management (VCCM) technical orientation, organization/conduct of vaccination sessions, and data management and analysis at the municipality and national levels.

QI

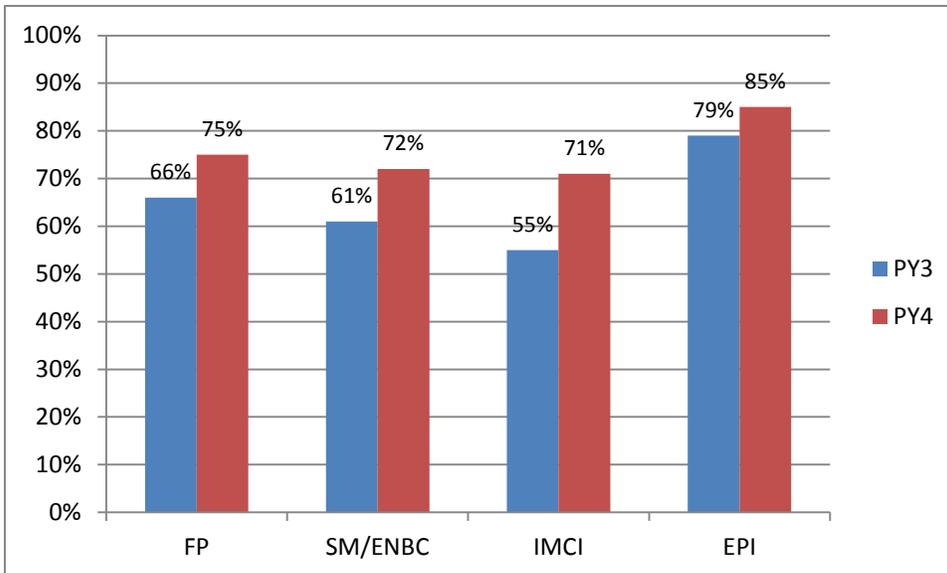
TA for QI continued to focus on assisting the implementation of the MOH's supportive supervision system including the roll out of the Facility Readiness Format (FRF) to enable facilities to meet 'readiness' standards to provide quality care; the conduct of training and follow up after training (FUAT); and the implementation of the Non-Pneumatic Anti-Shock Garment (NASG). A summary of achievements is listed below.

- This quarter the project supported 36 supportive supervisions for Family Planning (FP), facility readiness, and NASG.

During PY4, HIP supported visits to each health facility at least once with a total of 220 visits. Topics for supportive supervision included: FP, safe motherhood/Essential Newborn

Care (ENBC), Integrated Management of Childhood Illnesses (IMCI) and facility readiness, plus 20 more for supportive supervision of the Expanded Program on Immunization (EPI) and an additional 38 for specific supervision of NASG sites. Scores for all programs increased from PY3 to PY4 (Figure 1). In addition, through supportive supervision and ongoing TA, availability of most contraceptives was ensured at all times across all the facilities.

Figure 1: Maternal and Child Health (MCH) supportive supervision results, comparison PY3-PY4



- In close coordination with the MOH MCH Department and the *Instituto Nacional de Saúde* (INS—National Institute of Health), HIP supported the NASG training for 412 health personnel from Ermera, Manatuto, Baucau, Covalima, and Bobonaro municipalities during this quarter.

During PY4, a total of 470 health workers were trained or received orientation/refresher training with HIP’s support in the three focus municipalities/regions (plus more than 450 in other municipalities). Training focused on FP, safe and clean delivery, and NASG.

- HIP continued its TA efforts for improving the readiness of health facilities to provide quality services, using the Facility Readiness Format (FRF) as the main MOH tool for measurement and provision of supportive supervision. This quarter, HIP assisted the Primary Health Care (PHC) Cabinet in identifying the basic equipment to compose the domiciliary visit kit for Health Post (HP) teams. With HIP’s assistance, the PHC Cabinet ordered the equipment via the World Health Organization (WHO) for nationwide implementation.

During PY4, the project supported 104 supportive supervision visits with MOH staff using the FRF and three multi-sectoral FRF workshops. The three workshops resulted in health facility improvement plans based upon data from the Health Management Information System (HMIS), supportive supervision and the study *Reducing the Impact of the Three Delays on Maternal Health in Timor-Leste*.

- HIP completed Phase 2 of NASG during the quarter. TA included training of 412 personnel, distribution of remaining Postpartum Hemorrhage (PPH) kits, conduct of 28 supportive supervision visits, piloting of the Birth Preparedness / Complication Readiness (BP/CR) planning package, and data collection and compilation for the continuing operations research.

Phase 2 was implemented throughout all of PY4 with additional funding from the USAID Development Innovation Ventures (DIV). It entailed the scale up of interventions from the 15 Phase 1 facilities to all CHCs and all HPs conducting deliveries in Ermera, Manatuto and Oecusse in addition to the five referral hospitals. In Baucau, Covalima, and Bobonaro where there are referral hospitals, the health facilities located in these municipalities/regions were included in the Phase 2 scale up as well as some selected facilities in Dili and the Dili ambulance services. The operations research analysis showed a total of 40 women suffering from PPH have been managed with the NASG during PY4.

Planning and M&E

TA for planning and M&E focused on supporting the implementation of the FRF (see above), the close out meetings for each field office, and the MOH work planning and budgeting exercise for 2016. Achievements are listed below.

- This quarter, HIP intensively supported the MR-Polio immunization campaign, which included the development of 16 immunization micro-plans.

During PY4, the project assisted the 16 CHCs on the organization, facilitation, and implementation of 47 micro-planning meetings.

- HIP organized three municipality/regions close out meetings, with the objective of presenting the results of HIP's technical support in each municipality/region and identifying ways in which HIP activities and methods would be integrated into ongoing activities in the municipality/regions through specific recommendations in the MOH 2016 Annual Implementation Plan (AIP).
- The project continued its support to the Planning and M&E Department's 2016 planning and budgeting exercises, which was started in the previous quarter.

Community Engagement and Communication

TA for community engagement and communication activities focused on supporting CHCs in the implementation of their micro-plans and in the implementation of selected *suco* (village) annual health plans. Achievements are listed below:

- During this quarter, HIP supported five *Servisu Integradu Saúde Comunitaria* (SISCa—Integrated Community Health Services), one outreach session and 11 group discussions. Group discussions focused on BP/CR and FP. Seven group discussions were held in Ermera, three in Oecusse and one in Manatuto, engaging a total of 181 participants. The outreach session and SISCAs provided Antenatal Care (ANC), Postnatal Care (PNC), immunization, and nutrition services to 398 beneficiaries.

These results, consistently repeated every quarter since the beginning of PY4, have significantly contributed to reaching and often exceeding most of HIP's coverage targets, e.g., for ANC, institutional delivery, immunization, and FP.

- During this quarter the number of pregnant women and children under one was updated in all five *sucos* in Oecusse (Taiboco, Costa, Beneufe, Naimeco, and Bobometo) where the safe motherhood orientation and training has taken place during the past 18 months. In addition, 13 PSFs and 24 health staff received orientation and training in the use of the community monitoring and tracking tools to increase safe motherhood and childhood immunization. Discussions were held with *suco* leaders and health staff in each municipality about maintaining the monitoring of pregnant women and children under one in *sucos* where data had already been collected (10 in Ermera, 10 in Manatuto, and five in Oecusse).
- HIP continued support to the USAID funded Ba Distrito project for the production of a short film on Bobometo *suco*'s health achievements and provided feedback on the first edit. The short films will be launched in Dili and Oecusse during the month of October 2015.
- HIP supported group discussions on FP with couples ensuring that provision of services was available directly afterwards for those who choose to use them. 11 sessions were held, reaching 181 participants. The activity resulted in 10 participants receiving implants and four deciding to use contraceptive injections.

Other highlights

- During the quarter, HIP finalized the Maternal Health Study (*Reducing the Impact of the Three Delays on Maternal Health in Timor-Leste*), including recommendations from the Council of Directors and results from the action planning workshops held at the municipalities/regions. The report was submitted to the Minister of Health for approval before the results dissemination takes place, and is awaiting signature.
- Routine activities regarding FP compliance, as well as weekly, monthly and quarterly reporting were implemented following USAID and HIP's guidelines throughout the year.
- Essential technical documentation was a focus during this quarter, with several Technical Briefs drafted and sent for outside review.
- HIP completed extensive planning and preparations for administrative, financial, and technical close-out, and many of the required activities were started or completed per JSI or USAID requirements during this quarter.

SECTION II: BUILDING HEALTH SYSTEM CAPACITY IN TIMOR-LESTE

During PY4 and this quarter, the Health Improvement Project (HIP) continued to consistently support to all four approaches to health systems capacity development: quality improvement, planning and M&E, community engagement on health and communication activities, and human capacity development. Principal work and results are outlined below per each approach, followed by a comprehensive description of the assistance provided to the Ministry of Health (MOH) Measles-Rubella (MR)-Polio immunization campaign which took place during this quarter.

A. APPROACH 1: QUALITY IMPROVEMENT

Task 1 – Support the MOH and Municipality Health Services (MHS) in the revision and implementation of the supportive supervision system

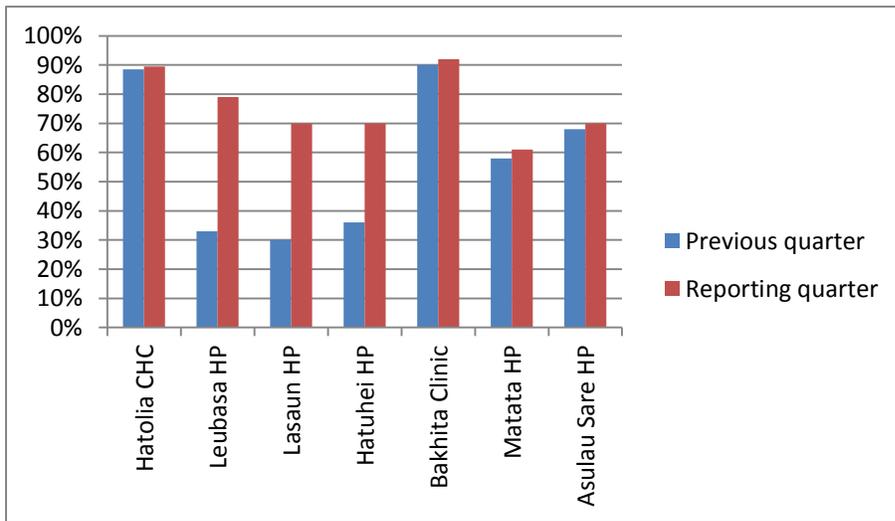
Support to supportive supervision in the focus municipalities/regions

HIP supported Municipality Public Health Officers (MPHOs) in conducting supportive supervision for family planning (FP), non-pneumatic anti-shock garment (NASG), and health facility readiness. In total, 36 supportive supervision visits were conducted in the three municipalities/regions. This was less than the previous quarters due to close out of field offices and the immunization campaign, which mobilized all MOH and MHS personnel. Facilities visited for FP (1) and readiness (7) took place in Ermera municipality: Atsabe and Hatolia community health centers (CHCs), Leubasa, Hatuhei, Lasaun, Matata, and Asulau Sare health posts (HPs), and Bakhita Clinic. 28 NASG supportive supervision visits took place during the quarter in Bobonaro (referral hospital), Ermera (three facilities), and Manatuto (10 facilities) municipalities and in Oecusse region (12 facilities). Results of NASG supportive supervision are described in Task 4.

Results

All seven health facilities visited for readiness increased their score. Four increased by a few percentage points, showing the expected slight improvements planned during the March intersectoral workshop. Leubasa, Lasaun, and Hatuhei HPs significantly increased their readiness scores by 46%, 40%, and 34% respectively (see Figure 2). These results can be attributed to the fact that both Lasaun and Hatuhei HPs did complete renovations and received basic equipment from the World Bank (WB). Leubasa HP also received the WB-donated equipment, including items listed on the Facility Readiness Format (FRF) (baby weighing machine, blood pressure machine, stethoscope, resuscitation materials, head light, Doppler, thermometer, delivery bed, and oxygen). Health personnel also thoroughly implemented several actions planned during the March intersectoral workshop.

Figure 2: Readiness supportive supervision results during reporting period



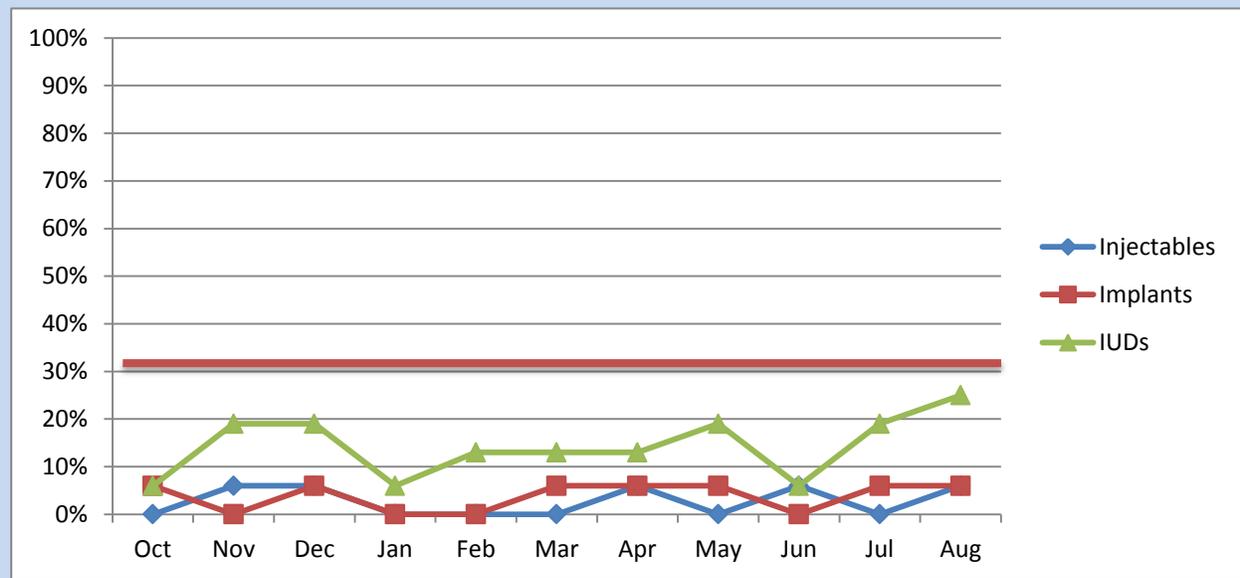
FP supportive supervision was conducted in Atsabe CHC. The health facility obtained a score of 87%, an increase of 2% from the previous visit.

Indicator #9: Number of supportive supervision visits conducted to Service Delivery Points (SDPs). As indicated in Annex A, the project exceeded its annual target and supported a total of 220 supportive supervision visits.

Indicator #10: Percent of SDPs experiencing a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide. As indicated in Annex A, the project achieved its annual target, monitored by month and by contraceptive method per the indicator definition. An aggregate of only 11% of all SDPs and contraceptives reported experiencing a stock out during PY4.

Figure 3 illustrates stock out levels for three of the most popular contraceptives – injectables, implants, and Intrauterine Devices (IUDs). Less than 30% of SDPs reported experiencing a stock out of these methods each month. As noted in the chart, there were no stocks out of injectables for 6 of the 11 months of data, including a three month period of no stock outs during January through March 2014. In addition, while both IUDs and implants experienced stock outs, stock out levels did not exceed 25% during the full reporting period.

Figure 3: Stock out levels for injectables, IUDs, and implants by month



Task 2 – Support the MOH and the *Instituto Nacional de Saúde* (INS—National Health Institute) in the rollout of in-service and refresher training and Follow Up After Training (FUAT) for doctors, nurses and midwives

Coordination with partners

During the month of September, the Maternal and Child Health (MCH) Department of the MOH, with support from the United Nations Population Fund (UNFPA), conducted a national assessment of the Emergency Obstetric and Neonatal Care (EmONC) program. The MOH requested additional partner personnel with adequate skills in safe and clean delivery, EmONC,

and supportive supervision to be members of the core technical group, provide inputs during the four preparation meetings, and conduct the assessment. HIP allocated two experienced midwives as data collectors. The data collectors training took place early in September and covered the following assessment components: facility case summary; facility's infrastructure condition; human resources; essential medicines, equipment and supplies; signal functions of EmONC and other essential services; partograph review; health personnel knowledge about caring for mothers and newborns; training and confidence in performing EmONC services; deliveries and caesarian review; and maternal death review.

HIP midwives were assigned to collect data and conduct interviews in Gleno, Atsabe, Letefoho, Hatulia, Railaco, and Ermera Vila CHCs (Ermera municipality); in Laclubar, Lacleo, Laleia, Soibada and Natarbora CHCs (Manatuto municipality); in Atabae, Balibo, Bobonaro, Cailaco, Lolotoe, and Maliana Vila CHCs (Bobonaro municipality); in the *Hospital National Guido Valadares* (HNGV—National Hospital Guido Valadares); and in Fatumeta maternity.

The assessment results will be shared by UNFPA in November 2015.

Training supported during the quarter

In close coordination with the MOH and the INS, HIP supported NASG training in *Cooperativa Café Timor* (CCT—Café Timor Cooperative) Clinic (Ermera municipality), in Laleia CHC, Laclubar CHC, and Ilimano HP (Manatuto municipality), and all CHCs in Covalima, Bobonaro and Baucau municipalities (where referral hospitals' staff had already been trained). In total, 412 health workers were trained. Details are included in Table 1.

Table 1: NASG training organized during the period July-September 2015

No.	Training	Place	Participants	Knowledge (%)		Competency
				Pre-test	Post-test	
1	NASG training	CCT Clinic	47 (4 doctors, 11 midwives, 14 nurses, 18 others)	68%	93%	100%
3	NASG training	Laleia CHC	20 (9 doctors, 4 midwives, 3 nurses, 4 others)	59%	91%	100%
4	NASG training	Bobonaro MHS (all CHCs)	55 (24 doctors, 16 midwives, 13 nurses, 2 others)	55%	93%	100%
5	NASG training	Covalima MHS (all CHCs)	68 (18 doctors, 16 midwives, 23 nurses, 11 others)	56%	93%	100%
6	NASG training	Baucau MHS (all CHCs)	203 (67 doctors, 38 midwives, 66 nurses, 32 others)	51%	88%	97%
7	NASG training	Laclubar CHC, Manatuto	14 (6 doctors, 1 midwife, 6 nurses, 1 other)	55%	87%	100%
8	NASG training	Ilimanu HP, Manatuto	5 (2 doctors, 1 midwife, 2 nurses)	72%	88%	100%

Indicator #13: Number of medical and paramedical practitioners trained in evidence-based clinical guidelines. As indicated in Annex A, the project exceeded its annual target of 246 and supported training for a total of 470 health workers from the three municipalities/regions as detailed below²:

- FP training, 15 participants
- Safe and clean delivery training, 54 participants
- NASG training, 401 participants³



NASG simulation during training in Baucau municipality.

FUAT

The project supported the INS in the conduct of a series of FUAT activities for FP in Ermera and Manatuto municipalities. In total, 14 midwives were assessed for competency in long-lasting contraceptive methods:

- Ten midwives achieved competency for implant insertion.
- Three midwives achieved competency for IUD insertion.

Additional FUAT activities will be necessary to ensure these midwives are competent in the skills they have not yet mastered.

² These numbers have been calculated based on a final review of all training activities supported by HIP for health medical and paramedical personnel working in the three focus municipalities/regions.

³ Municipalities outside of HIP-focus locations are not included.

Indicator #12: Number of trainees of MOH training who have been contacted for follow up. As indicated in Annex A, the project exceeded its annual target of 34 and supported FUAT activities for a total of 73 health workers.

Task 3 – Support selected health facilities to achieve and maintain MOH Basic Services Package (BSP) standards

Collaboration with key partners

During the previous quarter HIP collaborated with WHO to support the Primary Health Care (PHC) Cabinet in equipping health facilities with missing items as identified in the FRF results during the three intersectoral workshops. HIP worked with the PHC Cabinet to order equipment for the three municipalities/regions through the WHO procurement system. Given the domiciliary visit activities were to be launched this quarter, the PHC Cabinet also requested additional support from HIP and WHO for ordering the domiciliary visit kits. HIP assisted the PHC Cabinet in determining the items required by HP teams to assess families' health—thermometers, sphygmomanometers, stethoscopes, torches, infant and adult scales, auriscopes, and laryngoscopes—and in developing a proposal to WHO. Equipment will be delivered before the end of 2015.

TA to selected health facilities to ensure BSP standards are achieved and maintained

Since the beginning of the municipalities/regions facility readiness workshops, 26 health facilities have been or are being renovated with funding from various sources. Last quarter, renovations in 4 facilities were still on-going. This quarter, four remain unfinished (Mau-ubu and Sananain HPs and Manatuto Vila and Railaco CHCs).

Indicator #7: Percent of health facilities that achieve or maintain at least 75% of BSP standards according to the MOH checklist. As indicated in Annex A, the project achieved its annual target of 17 facilities achieving and/or maintaining 75% of the standards, through renovation and TA or through TA only, as detailed below:

- Through renovation and TA: 1) Oecusse Referral Hospital; 2) Boacnana CHC; 3) Gleno CHC; 4) Bebo HP; 5) Usitaco HP; 6) RailacoLeten HP; and 7) Manatuto Vila CHC.
- Through TA only: 1) Atsabe CHC; 2) Hatolia CHC; 3) Laleia CHC; 4) Ermera Vila CHC; 5) Laclubar CHC; 6) Oesilo CHC; 7) Letefofo CHC; 8) Cairui HP; 9) Lodudu HP; and 10) Bakhita Clinic.

Task 4 – Support the MOH in the implementation of the NASG as part of the continuum of care for managing Post-Partum Hemorrhage (PPH) in selected health facilities

During this reporting period, the MOH with support from HIP completed its expansion of the NASG program through the implementation of Phase 2, including training of health staff (with simulations, competency checks, and distribution of PPH kits) in remaining facilities, supportive supervision, community engagement around Birth Preparedness/Complication Readiness (BP/CR), and the last 3 months of data collection for the operations research.

Training and supportive supervision

As described in Task 2, HIP supported the MCH Department of the MOH in conducting NASG training for a total of 412 personnel from Ermera, Baucau, Covalima, Bobonaro, and Manatuto municipalities.

To ensure appropriate implementation of NASG interventions, HIP supported MPHOs-MCH in the conduct of supportive supervision for NASG. Supportive supervision for NASG is composed of five sections: (1) a review with health personnel of the latest PPH cases and their management (with or without NASG); (2) a review of human resources trained and key human resources conducting regular competency checks; (3) a check of the completeness of the PPH kits in stock and their good maintenance; and (4) a check on key personnel's competency on NASG application. As mentioned in Task 1, the project supported a total of 28 NASG supportive supervision visits (two referral hospitals, eight CHCs, and 18 HPs) which resulted in an average score of 86%. No major differences were observed between CHCs and HPs. The supportive supervision checklist assessed five parts of the interventions:

- 1) The adequate use of NASG in PPH cases encountered in the facility. Results showed that NASG was applied adequately in 100% of the cases.
- 2) The percentage of personnel trained in each facility. Seventy-one percent of the supervised facilities had trained at least two thirds of its entire key medical staff (doctors, midwives, and nurses) in NASG application (89% of facilities had at least half of the key staff trained).
- 3) The completeness and maintenance of the PPH kits. Ninety-three percent of the facilities had complete PPH kits, and for the ones which did not, supportive supervision provided the opportunity to reinforce the need to keep the kits complete, well-placed, and well-maintained in order to respond adequately to emergencies. The main problem observed was unfilled stock cards.
- 4) The competency of personnel in applying NASG according to the protocol. In total, 59 health personnel from the 28 facilities were tested for competency during supportive supervision (all of them tested as competent at the time of the training). Ninety-three percent of them were still fully competent in applying NASG and 100% of the supervised facilities had at least one competent staff. Personnel who did not achieve 100% on the test usually missed a maximum of two steps of the process. On-the-job training was directly provided by supervisors.

PPH kits distribution

HIP supported the MOH in the distribution of PPH kits in health facilities where health personnel were trained this quarter as well as in other facilities requiring additional kits.

Behavior Change Communication (BCC) interventions

The Community Monitoring and Tracking Tools for Safe Motherhood and Childhood Immunization, which were developed during PY4 to assist pregnant women and their families prepare for safe delivery by recognizing the danger signs and making the decision to seek care (to overcome the first delay) and reach the closest health facility (to overcome the second delay),

were tested at the national and municipality level during this quarter. A two day workshop was held for 12 HIP technical advisors and technical officers to review all modules and draft presentations for training delivery. In addition, Module 1 (*Orientation of Community Monitoring and Tracking Tools for Safe Motherhood*) was tested with a group of 29 doctors in Manatuto and revisions made as appropriate. In Riheu *suco* in Ermera, Module 5 (*Developing a Community Transport Plan for Maternal and Neonatal Health*) was piloted with 29 community leaders, health staff and *promoter saúde familiar* (PSFs—family health promoters). Amendments were made to the tools based on the results of the pilot.

In early August, HIP met with the MOH MCH and health promotion departments to finalize plans for implementation of the training and tools in conjunction with the family health domiciliary visits program. It was noted that when domiciliary visits commence later in the quarter, pregnant women and children under one will be enumerated. Pregnant women will receive an antenatal care (ANC) consultation and be advised to have the second ANC visit at the nearest health facility. Pregnant women who do not yet have a *Livrinho Saúde Inan no Oan* (LISIO—Mother and Child Health Booklet) could receive one from the Domiciliary Visit team. Secondly, it was agreed that as the birth preparedness plan, drafted with HIP's TA and included in the new LISIO, would now be part of the systematic approach for preparing for safe motherhood. The LISIO and the domiciliary visit register can now be used by the midwife to monitor services received by pregnant and postpartum women and children under one. The review of the new LISIO later in the quarter by the MOH and partners provided an additional opportunity to recognize links between the family health program domiciliary visits and the safe motherhood tools and training materials.

Since the Community Monitoring and Tracking Tools for Safe Motherhood and Childhood Immunization are designed to support the objectives of the family health program, it was agreed at the meeting that training in the use of domiciliary visit tools could use the modules in the Community Monitoring and Tracking Tools for Safe Motherhood and Childhood Immunization training program.

Monitoring (Operations Research)

Operations research for NASG continued throughout the quarter. The first component included structured interviews with trained providers such as ambulance personnel, doctors, nurses, midwives, and assistant nurses to learn about the perceptions of NASG after training but before using NASG (first level interviews) and after using NASG (second level interviews). As described in Table 2, during the final quarter of July through September, 377 additional first level interviews were completed for a total of 780 interviews throughout the course of the project. Additionally, 19 second level interviews were completed with providers after NASG had been applied for a total of 63 interviews.

Table 2: Number of first and second level provider interviews completed by municipality/region

Municipality/region	First Level Interviews	Second Level Interviews
Dili	5	2
Oecusse	12	2
Ermera	38	9
Manatuto	32	2
Baucau	165	0
Covalima	68	2
Bobonaro	55	2
Ainaro	2	0
Total	377	19
Project Total	780	63

Preliminary results continue to show positive experiences among providers using the garment in cases of managing PPH. All providers interviewed at second level expressed confidence during NASG application and 98% of providers felt comfortable using NASG after their experience. Approximately 16% saw improvements in the woman’s condition within 5 minutes of applying NASG and 49% saw improvements within 10 minutes. Increasing experiences applying NASG also seemed to reduce any feelings of nervousness or apprehension regarding provider application skills.

The second component included case documentation of all cases of PPH presenting at facilities and the use of NASG.

Table 3: Number of case documentation interviews completed by municipality/region

Municipality / region	Case Documentation from Sending Facilities	Case Documentation from Receiving Facilities
Dili	0	7
Oecusse	3	4
Ermera	4	0
Manatuto	1	0
Baucau	0	0
Covalima	3	0
Bobonaro	0	0
Ainaro	0	0
Total	11	11

During the full course of the implementation period, a total of 86 post-partum hemorrhage cases have presented at sending or receiving facilities. In 40 of those cases (or approximately 47% of those cases), the case was evaluated to be severe enough to warrant the application of NASG. All women who received application of the NASG to treat PPH survived as did their newborns. See Box 1 below for one success story.

Box 1: Story from Oecusse Referral Hospital

In August, one 20-year-old woman with one previous pregnancy and one previous birth delivered her baby at home. She began bleeding shortly after her delivery. Her family immediately brought her to the nearest health facility, Pune HP. At the health facility, health personnel evaluated her situation. She was diagnosed with retained placenta and lost an estimated 600 mL of blood. The NASG was then applied to stabilize her condition and she was immediately transferred to Oecusse Referral Hospital where she received uterine compression and sutures. The woman survived with no complications and returned home shortly thereafter to care for her newborn baby girl.

At the close of the quarter, all of the provider interviews and case documentation databases for NASG will be cleaned and analyzed for final project reports.

B. APPROACH 2: PLANNING AND M&E

Task 5 – Support the MOH Planning and M&E Department in implementing an evidence-based planning methodology

Quarterly micro-planning meetings

As HIP and MOH personnel normally involved in planning and implementing quarterly micro-plan meetings were fully engaged with the MR/Polio immunization campaign during July and August, no additional micro planning meetings were held during this quarter.



Micro-planning exercise health in Gleno, Ermera municipality, for the planning of MR-Polio immunization campaign's logistics and human resources.

Indicator #8: Number of sub-national entities receiving USG assistance that improve their performance. As indicated in Annex A, the project exceeded its annual target (40 meeting) and supported a total of 47 micro-plan meetings as detailed below:

- Ermera, 18 meetings
- Manatuto, 18 meetings
- Oecusse, 11 meetings

MOH 2016 planning

During the previous two quarters, HIP provided intensive TA to the MOH and three municipalities/regions for the 2016 annual plans development. Through the three intersectoral workshops, existing health management information system (HMIS) data, supportive supervision data, and survey data (i.e., data from the recently conducted Maternal Health Study, *Reducing the Impact of the Three Delays on Maternal Health in Timor-Leste*) were analyzed and actions were determined for improving health outcomes. The presence of the Planning and M&E departments at the three workshops was key to ensuring the actions plans are included in the MOH 2016 annual plans being developed in all municipalities at that time.

To reinforce this, close-out meetings were held in HIP's three focus municipalities/regions to coincide with the closure of the project in each field site, including releasing all field staff and closing all field offices. The objective of the meetings was to:

- Present the results of HIP's technical support in each municipality/region.
- Identify ways in which this support would be integrated into ongoing activities in the municipalities/regions through specific recommendations in the MOH 2016 Annual Implementation Plan (AIP).

Each close-out meeting was attended by representatives from the municipality/region administration, MHS, health personnel from CHCs and HPs, *suco* chiefs and other community leaders, and a representative from USAID. Representatives of the MOH from the PHC Cabinet and Protocol Departments attended the Manatuto close-out meeting. In Ermera, the meeting was organized to coincide with the quarterly municipality working group meeting; therefore, the partners who participate in the municipality meetings also attended the close-out meeting.

The opening ceremony included speeches from USAID as well as representatives from the MHS and the municipality/region administration. The USAID representative spoke of the pride USAID has taken in the achievements made by HIP in improving outcomes for women and children in the municipalities/regions, including supporting the INS to deliver training in FP, safe and clean delivery, and essential newborn care (ENBC); coordinating the renovation of health facilities; assisting communities to have a better understanding of their health needs; and supporting improvements in the municipality/region's planning processes. It was acknowledged that the introduction and use of the NASG had contributed to saving the lives of more than 26 women across the three focus areas (at that time).

USAID commended the innovation, resilience, and expertise of the lead implementer, JSI, and its personnel at all levels. Congratulations were extended to the municipality/region for all efforts - past, present, and future—to support healthy citizens, families, and communities.

A common theme in all speeches made by representatives from the municipality/region administration and health services was that enormous benefits had resulted during the four years of HIP's support and ongoing TA to improve MCH would continue to be needed.



Manatuto Municipality Administrator giving appreciation to USAID and HIP for the four years of support the municipality.



HIP's Team Leader from Manatuto presenting the project's four years of support to the MHS, CHCs, HPs and community leaders.

Presentations outlining the achievements during the four years of the project were presented by each Team Leader, according to the technical areas of QI, health promotion, planning, M&E, MCH, and NASG. The presentations noted the sustainability of interventions that were included in the MOH 2016 AIP. For example, the AIP included interventions to address factors causing delays in seeking/reaching care in cases of obstetric emergency as well as continuing to conduct supportive supervision visits. It was noted that together with the implementation of the PHC program, these activities will continue to provide a holistic and sustainable approach to MNCH care.

Task 6 – Support the roll-out of the MOH M&E Framework at the municipality/region level

HIP continued to provide TA to the three MHS in the compilation of CHC coverage data on the Municipalities' Progress Card (M&E Framework). As mentioned previously, during the immunization campaign the need for timely and complete submission of daily coverage data was emphasized.

As part of its on-going support at the national level, HIP participated in the meetings listed below.

MOH WG meetings

- MOH Joint Health Sector Semester Review Meeting: HIP assisted the MOH M&E Department in the preparation (development of key documents, reports, group discussion templates and presentations), organization and facilitation of the four-day meeting and presented HIP results for the first semester of calendar year 2015.
- MOH M&E working group meeting.

Other Meetings

- Opening Ceremony and one-week meeting of the Sixty-Eighth Session of the WHO Regional Committee for South-East Asia.
- Inauguration of INS computer lab: in coordination with WHO, assisted the INS in collecting and compiling key MOH documents (including policies, strategies, training modules, standard treatment guidelines, etc.), and in downloading them in the 29 desktops donated by WHO.
- MOH MR-Polio immunization campaign launch in Hera *suco*, Dili municipality.
- MR-Polio immunization campaign evaluation meeting held at the MOH.
- MOH PHC program launch in Akadiruhun *suco*, Dili municipality.

C. APPROACH 3: COMMUNITY ENGAGEMENT ON HEALTH AND COMMUNICATION ACTIVITIES

Task 7 – Support CHCs and HPs in the Implementation of the micro-plans

Support to CHCs in the implementation of the micro-plans

During this quarter, HIP supported five *Servisu Integradu Saúde Comunitaria* (SISCa—Integrated Community Health Services), one outreach session and 11 group discussions (see Table 4 for details). Group discussions focused on BP/CR and FP. Seven group discussions were held in Ermera, three in Oecusse, and one in Manatuto, engaging a total of 181 participants.

Table 4: Activities planned under micro-plans supported by HIP

Locations	Activities		
	SISCas	Outreach sessions	Group discussions
Ermera	2	0	7
Manatuto	2	0	1
Oecusse	1	1	3
Total	5	1	11

The outreach session and SISCas provided ANC, postnatal care (PNC), immunization, and nutrition services to 398 beneficiaries as detailed in Table 5 below.

Table 5: Services received by pregnant and post-partum women and children

Activity	ANC	Penta 1	Penta 2	Penta 3	TT2+	Weighing
SISCa	61	20	20	16	8	188
Outreach	0	0	1	0	0	0

Conduct of group discussions focusing on birth preparedness/complication readiness

To improve MCH, HIP worked with health personnel in focus municipalities/regions to promote safe motherhood by conducting group discussions on BP/CR planning. Five group discussions were held to educate participants about the danger signs during pregnancy, delivery, and after

delivery. Pregnant women were encouraged to plan to deliver with a skilled birth attendant and to make preparations with their family about what to do in case of an obstetric emergency. A total of 90 people, including 63 pregnant women, attended these activities (Table 6).

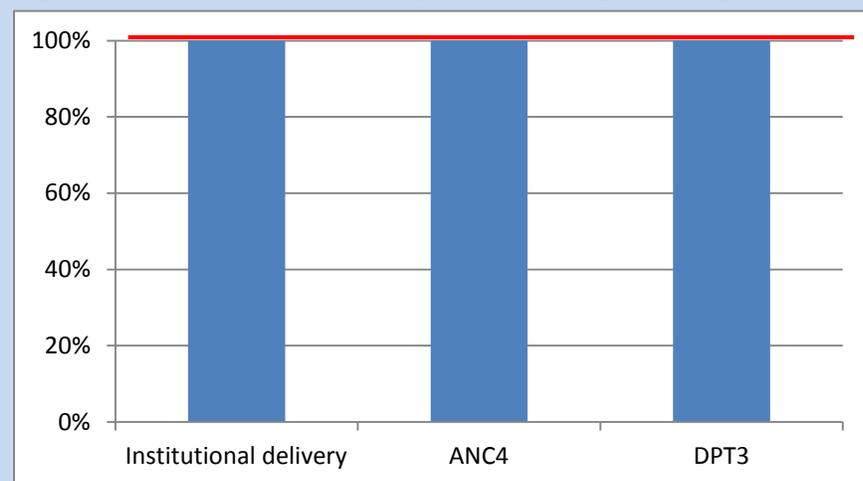
Table 6: BP/CR group discussions, number, places and number of participants

Municipality/ region	Number and locations of group discussions on BP/CR		Number of participants
	July	August	
Ermera	Riheu (3x) Ponilala	0	70
Oecusse	0	Taiboco	20
Total	4	1	90

Indicators #1 to 3: Percent of skilled deliveries at health facilities; percent of pregnant women receiving at least four ANC checks; number of children who received Diphtheria, Pertussis, Tetanus (DPT) 3 by 12 months of age. As indicated in Annex A, the project achieved the three indicators listed above, as detailed below and illustrated in Figure 4:

- Institutional delivery: 100%, exceeded project target by 45%
- ANC4: 100%, exceeded project target by 19%
- DPT3: 100%, exceeded project target by 3%

Figure 4: Achievement of coverage indicators against targets



Task 8 – Support selected *Suco* Councils in improving the health of their population, especially for mothers and children

Assistance to *sucos* in enumerating and tracking target populations and developing, implementing, and reviewing responsive action plans

During this quarter the number of pregnant women and children under 1 was updated in all five *sucos* in Oecusse where the safe motherhood orientation and training had taken place during the past 18 months. These *sucos* are Taiboco, Costa, Beneufe, Naimeco, and Bobometo. Data that was previously collected was updated and cross-checked with midwives’ Local Area Monitoring

(LAM) registers and information available at the community level from PSFs and *aldeia* and *suco* chiefs. In addition, 13 PSFs and 24 health staff received orientation and training in the use of the community monitoring and tracking tools to increase safe motherhood and childhood immunization.

During this quarter discussions were held with *suco* leaders and health staff in each municipality about maintaining the monitoring of pregnant women and children under one in *sucos* where data had already been collected (10 in Ermera, 10 in Manatuto, and five in Oecusse). MHS were reminded about the connection between this enumeration and monitoring process and the implementation of domiciliary visits through the family health program. In Manatuto, the MPH0-MCH committed to monitoring the enumeration and follow-up process in the ten *sucos*.

Assistance to *sucos* for implementing health plans

All *sucos* with health action plans supported the MR-Polio immunization campaign by providing *suco* level data, assisting in enumerating all those eligible for vaccinations, and mobilizing their communities to ensure all those under 14 were immunized.

During this quarter, HIP met with *suco* chiefs in 6 *sucos* where health action plans have been implemented, including three in Manatuto (Carui, Aubeon and Cribas), two in Ermera (Railaco Leten and Riheu), and one in Oecusse (Bobometo). The purpose of the meetings was to discuss the sustainability of interventions included in the health action plans following the close out of HIP, as well as the need for ongoing support and monitoring from the MHS and CHC.

Suco leaders committed to continuing the implementation of interventions prioritized during the recent review of health action plans. Examples of these priorities include:

- Enumeration of pregnant women and children under one and monitoring the services they are receiving.
- Promotion and support for pregnant women and their families to develop BP/CR plans.
- Mobilizing people to attend SISCa.
- Raising funds so that cash is available in cases of obstetric emergencies.
- Organizing micro credit services for people living in the *suco* who borrow money and repay with interest, which is saved in a cumulative fund by the *suco*.
- Continued implementation of self-funding schemes including *tais* making, *pomada* (cream), home stay, and rain water dam for gardens.

During the quarter, HIP continued support to USAID funded project “Ba Distrito” for the making of a short film on Bobometo *suco*’s health achievements and provided feedback on the first edit. The short films will be launched in Dili and Oecusse during the month of October 2015.

Indicator #11: Number of annual health *suco* level implementation plans developed using data. As indicated in Annex A, the project exceeded its annual target (6) and supported a total of 7 plans of action in the following *sucos*: Riheu, RailacoLeten, Ducurai, Aubeon, Cribas, Cairui, Bobometo and Costa.

Task 9 – Support FP Advocacy events with community leaders

Conduct of group discussions focusing on FP

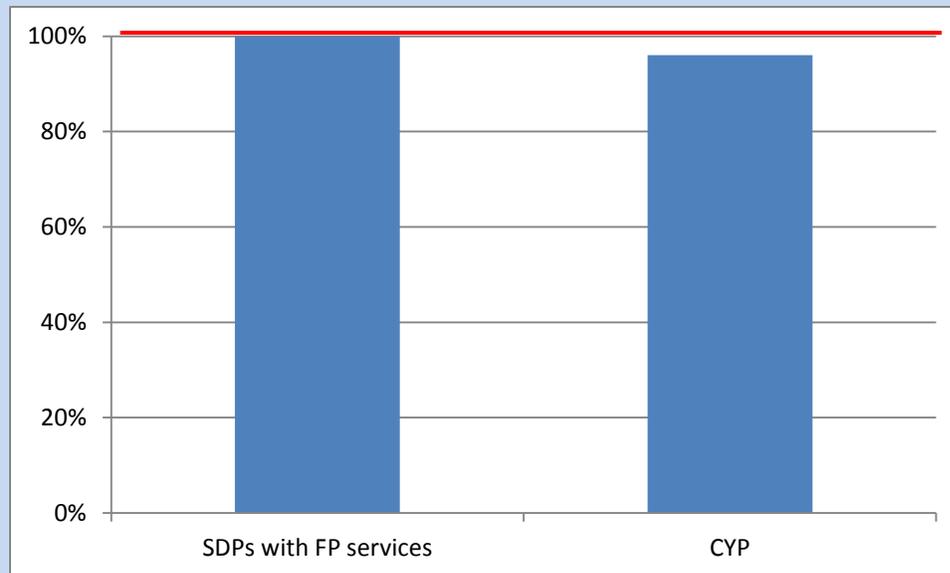
Following FP advocacy events that the MOH has conducted with community leaders (with HIP support) in previous years/quarters, HIP’s health promotion technical officers and midwives focused on one of the sub-tasks of Task 9. This sub-task aims to support group discussions on FP with couples and ensure that FP services are available directly after the end of the discussions for those who choose to use them.

During this quarter HIP’s health promotion technical officers continued to support midwives focusing on reaching more mothers of children under one and couples in order to provide information about FP. A particular effort was made to link participants who attended group discussions to the services that might be most suitable to them in order to reduce the time and effort involved in travelling to and from services. 11 sessions were held, reaching 181 participants. The activity resulted in 10 participants receiving an implant and 4 deciding to use injections.

Indicators #4 to 6: Number/percent of SDPs providing FP counseling and/or services; Couple Years Protection (CYP); number of acceptors to modern contraception. As indicated in Annex A, the project achieved two out of the three indicators listed above; the third indicator does not have a target. Results are detailed below and illustrated in Figure 5.

- SDPs providing FP counseling and/or services: 100%
- CYP: 96%
- FP Acceptors to modern methods: no target

Figure 5: Achievement of coverage indicators against targets



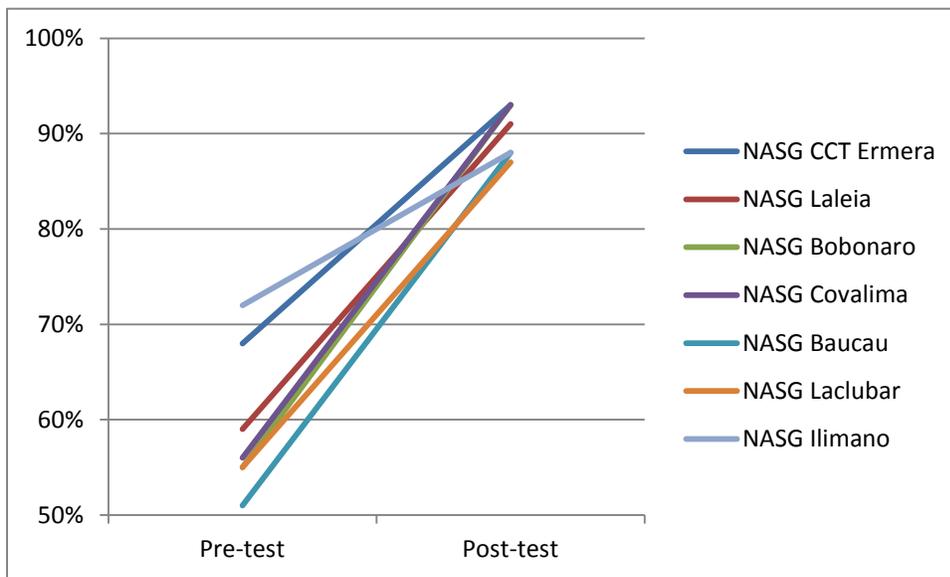
D. APPROACH 4: HUMAN CAPACITY DEVELOPMENT

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 improve the system, HIP is able to encourage ownership and further the impact of the program. As detailed throughout the sections about on the three other approaches above, there are many opportunities for developing the capacity of health staff:

Training opportunities for MOH staff and service providers (doctors, midwives and nurses)

The HIP team supported NASG training opportunities throughout the quarter for 412 health workers. Figure 6 shows the increase of knowledge from pre to post-tests.

Figure 6: Increase in knowledge from pre to post-tests in training supported by HIP



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 1, a total of 29 supportive supervision visits were conducted to improve quality of services in the technical areas of FP and NASG. Following each visit, HIP’s technical team supports the relevant MPHOs 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.

Improving readiness of facilities and planning capacity

During the quarter, HIP continued its support to the MOH M&E Department, especially for the FRF implementation in the three municipalities/regions. As described in Task 1, HIP supported MPHOs in assessing seven facilities’ readiness to provide quality services and planning improvement actions to increase their scores. HIP is helping all CHCs in reviewing their coverage in each *suco* and planning activities to achieve targets (Task 6).

E. ASSISTANCE TO THE MR-POLIO IMMUNIZATION CAMPAIGN

During this quarter, the HIP intensified its support to the MOH MR-Polio immunization campaign. Support started during the previous reporting period through several socialization, training, and enumeration activities. HIP personnel based in the municipalities/region were instrumental in exceeding the campaign coverage target of 90% (see Figure 7).

Planning vaccination sessions – The project provided TA at the three municipalities/regions for the facilitation of micro-plan meetings. The micro-plans—one document per CHC—detailed all sessions per hamlet (*aldeia*) and neighborhood (*bairro*) with dates, target populations, vaccine logistics, vaccinators, and community responsible persons using the standard templates from the WHO templates.

Ensuring logistics – Since the beginning of the campaign’s preparations (quarter 3 of PY4), HIP advocated to WHO and the MOH for the need to distribute the campaign equipment and materials (refrigerators and supplies) to the health facility level. The MOH delivered these items to the CHCs and requested HIP’s assistance for their distribution to HPs as well as installation assistance of refrigerators in HPs with electricity. Additional vehicles were allocated in all three municipalities/regions to provide the requested distribution and installation assistance.

Ensuring adequate cold chain management – The former USAID-funded project⁴ supported Vaccine and Cold Chain Management (VCCM) training in the three municipalities/regions; however, several newly graduate doctors and midwives had not yet been trained. Although this activity was not planned by partners supporting the campaign, HIP managed to support VCCM orientations to personnel involved in the campaign as well as transport and handling of vaccines despite time limitations.

Sending coverage data to MCH Department – The MOH requested complete coverage results on a daily basis. HIP personnel worked with MHS to ensure CHC data was complete, compiled, and sent to the MOH daily.

Ensuring reach to all targeted children – HIP supported health facilities in reaching defaulting enumerated children in various remote areas after the campaign.

⁴*Timor-Leste Asistencia Integrada Saúde* (TAIS – Timor-Leste Integrated Health Assistance) project, implemented by JSI.



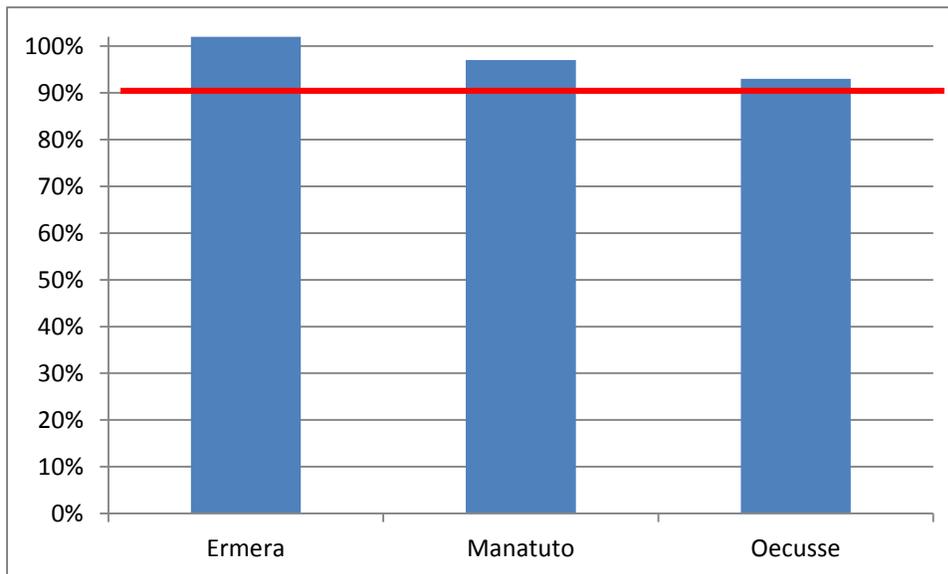
HIP's assistance in the distribution of MR-Polio campaign equipment and supplies to HPs.



Health workers from Manatuto Vila CHC vaccinating school children.

Early in the campaign, the MOH MCH Department became overloaded with data from the 13 municipalities/regions, and realized the need to strengthen its team at the national level to compile data and provide feedback to each municipality/region on data missing or data requiring additional work. MOH requested HIP to provide one high level personnel to take the responsibility of this task and assist the WHO Advisor in the close monitoring of coverage. At national level too, HIP was instrumental in ensuring completeness and timeliness of data, which was achieved through daily compilation and analysis of data and provision of on-the-job coaching to municipalities/regions through phone calls.

Figure 7: MOH MR-Polio immunization campaign results in HIP-focused municipality/regions



This intensive support to the MOH for the MR-Polio immunization campaign impacted HIP's regular activities, resulting in reduced assistance to supportive supervision and health promotion at the community for the duration of the campaign.

SECTION III: COMPLIANCE WITH FAMILY PLANNING POLICIES

During this quarter, HIP continued to routinely monitor the project's compliance with USAID guidelines and legislative and policy requirements that govern the use of U.S. FP assistance. Regular supportive supervision visits to MOH health facilities in HIP's three focus municipalities/regions continued through the use of the MOH-approved structured checklists. No violation of USAID policies was reported during the last three months.

There was no FP compliance violation identified during PY4.

SECTION IV: MONITORING AND EVALUATION

Throughout PY4 including this quarter, HIP continued its long-running emphasis on M&E. Monitoring included monthly review meetings are an integral part of HIP work, and have become expected parts of the work of program staff.

Facilitate integrated data use and planning among project staff

The M&E team regularly collects, analyzes, and updates project data and the project activity Gantt chart. These data are presented and discussed at structured monthly review meetings among national and municipality/region-based project staff. This is part of a broader project initiative to support greater data use for decision making among project staff and the integration of HMIS, data use, and planning processes within the project. The M&E team also conducted quality reviews of the project monitoring database and associated documentation to ensure accuracy for annual report.

Reporting

During the quarter, HIP submitted one quarterly progress report for the period April-June 2015 to USAID Contract Officer Representative (COR), as well as 13 weekly reports.

Maternal Health Study (*Reducing the Impact of the Three Delays on Maternal Health in Timor-Leste*)

HIP finalized the Maternal Health Study (*Reducing the Impact of the Three Delays on Maternal Health in Timor-Leste*), including recommendations from the Council of Directors and results from the action planning workshops held at the municipalities/regions. The report was submitted to the Minister of Health for approval and is awaiting her signature.

ANNEXES

Annex A: Annual Monitoring Report: October 2014 – September 2015

Table 7: Annual indicators, targets and achievements for PY4 (October 2014-September 2015)

ID #	Indicator	Target ⁵	Achieved	% of Target Achieved	Ermera	Manatuto	Oecusse	Dili
MATERNAL AND CHILD HEALTH								
1	Percent of skilled deliveries at health facilities in targeted areas.	15% (n = 1,337)	22% (n = 1,938)	100% ⁶	981	420	537	N/A
2	Percent of pregnant women receiving at least 4 ANC checks.	44% (n = 3,954)	53% (n = 4,722)	100% ⁷	2,319	801	1,602	N/A
3	Number of children who received DPT3 by 12 months of age in USG-assisted programs (3.1.6-61).	6,718	6,909	100% ⁸	4,178	1,021	1,710	N/A
	<i>Males</i>		3,434	-	2,124	545	765	N/A
	<i>Females</i>		3,475	-	2,054	476	945	N/A
FAMILY PLANNING								
4	Number of USG assisted service delivery points providing family planning counseling and/or services.	100% (16/16)	100% (16/16)	100% (16/16)				N/A
5	Couple Years of Protection (CYPs) in USG-supported programs (3.1.7.1-1).	9,777	9,338	96%	4,459	1,966	2,913	N/A
6	Number of acceptors to modern contraception in target districts.	-	3,845	-	2,072	800	973	N/A
INSTITUTIONAL STRENGTHENING								
7	Percent of health facilities that achieve	80% ⁹	17 ¹⁰	100%	9	4	4	N/A

⁵ All coverage targets have been adjusted to reflect 11 months of operational activities with the no-cost extension; numerators and denominators in percentages adjusted accordingly. The no-cost extension did not require an extended work plan; therefore targets for non-coverage based project indicators were retained.

⁶ Exceeded target by 45%.

⁷ Exceeded target by 19%.

⁸ Exceeded target by 3%.

⁹ Target was to that at least 80% of targeted facilities would achieve a score of 75% or greater on the Facility Readiness Format checklist to achieve BSP standards.

ID #	Indicator	Target ⁵	Achieved	% of Target Achieved	Ermera	Manatuto	Oecusse	Dili
	or maintain at least 75% of Basic Service Package (BSP) standards according to MOH checklist.							
8	Number of sub-national entities receiving USG assistance that improves their performance (using microplans). ¹¹	40	47	100% ¹²	18	18	11	N/A
9	Number of supervision visits conducted to service delivery points (SDPs).	212	220	100% ¹³	68	94	58	N/A
	<i>Safe Motherhood/Newborn Care</i>		46		8	23	15	-
	<i>Family Planning</i>		46		9	23	14	-
	<i>IMCI</i>		15		7	6	2	-
	<i>BSP</i>		113		44	42	27	-
10	Percent of USG-Assisted service delivery points (SDPs) experiencing a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide.	45% or less of facilities reporting a stock out ¹⁴	11% ¹⁵	100%	-	-	-	-

¹⁰ Seventeen facilities were targeted this past year with rehabilitation and/or technical assistance to achieve and/or maintain BSP standards. All targeted facilities achieved a rating of 75% or higher on the last implemented Facility Readiness Format checklist.

¹¹ Target is measured by the microplans, which are only developed on a quarterly basis. As the available time does not represent a full fourth quarter, the target stayed the same.

¹² Exceeded target by 17%.

¹³ Exceeded target by 4%.

¹⁴ An additional chart of stock out levels by method and month is provided below as a supplemental chart; the result provided here is the aggregate average.

¹⁵ Note that this is an aggregate, with several caveats. The HMIS currently reports aggregated data from community health centers (CHCs) and health posts (HPs) reporting to that CHC. This dilutes the information on stock outs and inhibits the project's ability to disaggregate by type of facility. In addition, this aggregate represents the combined stock situation for all methods provided at the facility. Also note that the project is not directly involvement in contraceptive procurement and central supply chain activities.

ID #	Indicator	Target ⁵	Achieved	% of Target Achieved	Ermera	Manatuto	Oecusse	Dili
11	Number of annual health suco level implementation plans developed using data.	6	7	100% ¹⁶	2	3	2	N/A
12	Number of trainees of MOH training who have been contacted for follow-up through supportive supervision.	34	73	100% ¹⁷	19	28	26	N/A
	<i>Safe Motherhood</i>		10		4	6	0	-
	<i>Family Planning</i>		63		15	22	26	-
13	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines.	246	470	100% ¹⁸	153	68	127	122
	<i>Safe Motherhood</i>		54		6	29	0	19
	<i>Family Planning</i>		15		0	0	15	0
	<i>NASG</i> ¹⁹		401		147	39	112	103

¹⁶ Exceeded target by 17%.

¹⁷ Exceeded target by 115%.

¹⁸ Exceeded target by 91%.

¹⁹ For consistency of the Annual Report, data reflected here represent 11 months of project activities. NASG activities only were extended an additional month.

Table 8: 45% or Less of Facilities Report Stock Outs by Contraceptive Method

ID#	Indicator	% of facilities stocked out of a contraceptive method										
		Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014
10	Percent of USG-assisted service delivery points experiencing a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide.											
	POPs	0%	13%	13%	6%	6%	6%	13%	6%	6%	13%	13%
	COPc	6%	13%	13%	0%	0%	6%	13%	6%	6%	6%	6%
	Injectables	0%	6%	6%	0%	0%	0%	6%	0%	6%	0%	6%
	Implants	6%	0%	6%	0%	0%	6%	6%	6%	0%	6%	6%
	IUDs	6%	19%	19%	6%	13%	13%	13%	19%	6%	19%	25%
	Condoms	25%	25%	31%	25%	31%	31%	31%	31%	31%	38%	56%