TIMOR-LESTE
HEALTH IMPROVEMENT PROJECT

QUARTERLY / ANNUAL REPORT

Project Year Three and Quarter Four Report
October 2013 – September 2014

Submitted to USAID by John Snow, Inc.
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Cover photo: USAID Mission Director symbolically handing over a Postpartum Hemorrhage (PPH) Kit to the Vice Minister of Health for Ethics and Services Delivery during the Non-Pneumatic Anti-Shock Garment (NASG) program launch.

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Acronym List

Aldeia	Hamlet
ANC	Antenatal Care
BCC	Behavior Change Communication
BSP	Basic Services Package
CCT	*Cooperativa Café Timor* (Café Timor Cooperative)
CHC	Community Health Center
CYP	Couple Years Protection
DHS	District Health Service
DOI	Diffusion of Innovations
DPHO	District Public Health Officer
DPT	Diphtheria, Pertussis, Tetanus
ENBC	Essential Newborn Care
EPI	Expanded Program on Immunization
FGD	Focus Group Discussion
FP	Family Planning
FUAT	Follow Up After Training
FRF	Facility Readiness Format
HAI	Health Alliance International
HIP	Health Improvement Project
HMIS	Health Management Information System
HNGV	*Hospital Nacional Guido Valadares* (National Hospital Guido Valadares)
HNTL	HealthNet Timor-Leste
HP	Health Post
IDI	In-depth Interviews
IMCI	Integrated Management of Childhood Illness
INS	*Instituto Nacional de Saúde* (National Health Institute)
IUD	Intrauterine Device
IU	International Unit
JSI	John Snow, Inc.
KAP	Knowledge, Attitude, Practices
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
MSI	Marie Stopes International
NASG	Non-Pneumatic Anti-Shock Garment
PNDS	*Planu Nasional Dezenvolvimentu Suco* (National *Suco* Development Plan)
PPH	Postpartum Hemorrhage
PSF	*Promotor Saúde Familia* (Family Health Promoter)
PY	Project Year
QC	Quality Control
QI	Quality Improvement
SAMES	*Serviço Autonomo de Medicamentos e Equipamentos de Saúde* (Medicine and Health Equipment Autonomous Service)
SDP	Services Delivery Point
SGP	Small Grant Program

SISCa	*Serviço Integrado da Saúde Communitária* (Integrated Services of Community Health)
SMH	Safe Motherhood
SOW	Scope of Work
Suco	Village
TA	Technical Assistance
TOT	Training of Trainers
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WG	Working Group
WHO	World Health Organization

SECTION I: INTRODUCTION AND SUMMARY

This document serves as the fourth quarterly progress report covering the period from July 1 through September 30, 2014 as well as the Project Year (PY) Three Annual Report covering October 1, 2013 – September 30, 2014.

1.1 TL-HIP OVERVIEW

This 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. During this period, Modification No. AID-486-C-11-00003 #07 was issued and signed by JSI on September 24, 2014. This modification expanded the Scope of Work and added additional funds to enable continued implementation of the four-year (October 2011-September 2015) Timor-Leste Health Improvement Project (HIP). 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 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: MNCH (50%) and FP (50%). 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'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, 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. HIP utilizes the MOH National Health Sector Strategic Plan 2011-2030, as well as best practices and evidence-based interventions from USAID and the World Health Organization (WHO), as a part of the 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 quarterly progress report is structured in line with HIP's PY3 work plan (January-December 2014) and provides emphasis on the four approaches of HIP's capacity-building efforts (Section II): 1) Quality Improvement; 2) Planning and Monitoring and Evaluation; 3) Community Engagement on Health and Communication Activities; and 4) Human Capacity Development. As this report also serves as HIP's PY3 report, it provides information on the completion of the 13 indicators included in Annex A as well as in the narrative under the activities they measure.

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 district 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) 3 are summarized below.

Quality Improvement

TA for QI focused on supporting the implementation of the MOH's supportive supervision system; the conduct of training; the roll out of the Facility Readiness Format (FRF) toward meeting basic service package standards or the facilities' 'readiness' to provide quality care; and the implementation of the Non-pneumatic Anti-Shock Garment (NASG). A summary of achievements is listed below.

- This quarter the project supported more programmatic supportive supervisions than during previous quarters. In total 62 supportive supervisions for Family Planning (FP), Safe Motherhood (SMH)/Essential Newborn Care (ENBC), immunization, and Integrated Management of Childhood Illnesses (IMCI) were conducted in the three districts. For PY3, HIP supported visits in all health facilities at least once. Through supportive supervision and ongoing TA, availability of most contraceptives was ensured at all times across the facilities.
- In close coordination with the MOH Maternal and Child Health (MCH) Department and the National Institute of Health (*Instituto Nacional de Saúde* – INS), HIP supported the following three FP trainings (and refresher training): one refresher for midwives in Manatuto (9 participants in Manatuto); one refresher training for midwives identified as future national facilitator candidates (19 participants in Dili from the 13 districts, including two HIP staff); and standardization training for midwives (5 participants in Dili from the three districts, including two HIP staff). These three trainings were the last ones of a series of five FP training, six safe and clean delivery training, five ENBC training, and 11 NASG training conducted with HIP support during PY3, for a total of 376 health workers.
- HIP played an active role among partners, MOH and INS in the revision of the FP training curriculum and the training of trainers for 19 new national facilitators.
- HIP supported Quarter 4 supportive supervision using the FRF in 25 health facilities: 3 Community Health Centers (CHCs) and 22 Health Posts (HPs). Since the first implementation in January 2014, HIP supported readiness supervision visits (a total of 140 visits) in all health facilities and 92% of them were visited at least two times. In addition, HIP supported the expansion of the program and trained District Health Services personnel and partners in two additional districts (Lautem and Manufahi).

- The FRF was used to assess the improvements achieved in Railaco Leten HP, where intensive TA was provided after the U.S. Navy Seabees complete important renovations. Through the combined support from Seabees and HIP, the HP score for readiness increased from 39 to 84%. This result was presented to the community at the Ribbon Cutting ceremony, in the presence of the U.S. Embassy Deputy Chief of Mission and the Vice Minister of Health for Ethics and Services Delivery.
- HIP continued support to the implementation of NASG Phase 1, including the production of 'Postpartum Hemorrhage (PPH) Kits' and the official launch of the program with USAID and MOH. While the PPH Kits will be distributed early PY4, the project supported MOH and INS in the training of 117 personnel from the 15 pilot facilities during PY3.

Planning and M&E

TA for planning and M&E focused on supporting the implementation and expansion of the FRF (see above), the micro-planning meetings and the work planning and budgeting exercise for 2015. Achievements are listed below:

- HIP supported the CHCs in preparing and conducting 15 micro-planning meetings to plan outreach, SISCa (*Servisus Integradi Saúde Comunitaria* – Integrated Community Health Services) and night event activities to be implemented during the quarter. In total the project assisted the 16 CHCs in the organization, facilitation and implementation of 57 meetings during PY3.
- The project continued its support to the Planning and M&E Department's 2015 planning and budgeting exercises, 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 development of selected *suco* (village) annual health plans. Achievements are listed below:

- All districts included, HIP supported 9 night events, 24 SISCas, 24 group discussions and 7 outreach sessions. The outreach session and SISCas provided services to 1,434 beneficiaries. Approximately 800 community members attended the night events and watched health promotion films (with an average of 89 community members per event). These results, consistently repeated every quarter since the beginning of PY3, have highly contributed to reach and often exceed most of HIP's coverage targets, e.g., for Antenatal Care (ANC), institutional delivery, immunization, and FP.
- During this quarter HIP assisted Letefoho CHCs (Ermera district) in the development of a new annual *suco* health plan in Ducurai, reaching the annual target of eight annual *suco* health plans developed throughout PY3. This quarter, the project also supported the revision of five *suco* plans in order to include nutrition activities and support HIP's focus *sucos* in competing for the Presidential Nutrition Award. In addition, the project supported the implementation of the eight current plans including: 1) the enumeration and tracking of target population (pregnant women and children under one) in five *sucos* (Taiboco, Costa, Aubeon, Cairui and Manelima); 2) community mobilization for SISCa and regular health services; and 3) advocacy for improvement of health facilities' infrastructure through available *suco* level funding. Renovations started at Oesilo CHC and Tumin HP with the recently obtained

funding from the National *Suco* Development Plan (*Planu Nasional Dezenvolvimentu Suco* – PNDS) in Bobometo *suco*, as planned under the annual *suco* health plan supported by HIP.

Others

- During the quarter, HIP supported the MOH and INS in the implementation of the Maternal and Newborn Health Community Study. The quantitative component of the study was implemented among a total of 592 households in all three districts. In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) were conducted among key community leaders and members to gain a more in-depth understanding of the factors affecting first and second delays.
- Routine activities regarding FP compliance and the small grant program, as well as weekly, monthly and quarterly reporting were implemented following USAID and HIP's guidelines.

SECTION II: BUILDING HEALTH SYSTEM CAPACITY IN TIMOR-LESTE

A. APPROACH 1: QUALITY IMPROVEMENT

Task 1 – Support the Ministry of Health (MOH) and District Health Services (DHS) in the revision and implementation of the supportive supervision system

Support to the MOH Quality Control (QC) Department

During this quarter, HIP continued its support to the QC Department, as listed below:

- Provided additional input to the Quality Management Plan that links the QC Department's *Diploma Ministerial* (legal statutes) to its annual work plan. The QC Department will discuss and further develop this document with the international Quality Improvement (QI) Advisor that arrived in September.
- The two-hour orientation on QI for newly recruited doctors that was developed during the previous quarter was presented to over 400 new doctors during the training prior to their assignment to their duty stations.
- Provided information and documentation on evidence-based medicine, critical events audits, complaints hotlines, and logistics routine checklists as requested by the QC Department.

Support to supportive supervision in the focus districts

As displayed in Table 1, HIP supported District Public Health Officers (DPHOs) for Maternal and Child Health (MCH) in conducting supportive supervision for Family Planning (FP), Safe Motherhood (SMH)/Essential Newborn Care (ENBC), Integrated Management of Childhood Illnesses (IMCI) and Expanded Program on Immunization (EPI) in the Community Health Centers (CHCs) and Health Posts (HPs)[1]. All programs included, HIP supported a total of 62 supportive supervision visits in the three districts.

Table 1. Number of supportive supervision visits supported, July-September 2014

Technical area	Number of health facilities supervised per district			Total
	Ermera	Manatuto	Oecusse	
FP	6	12	6	24
SMH/ENBC	8	12	6	26
IMCI	5	1	1	7
EPI	-	1	4	5
Total	**19**	**26**	**17**	**62**

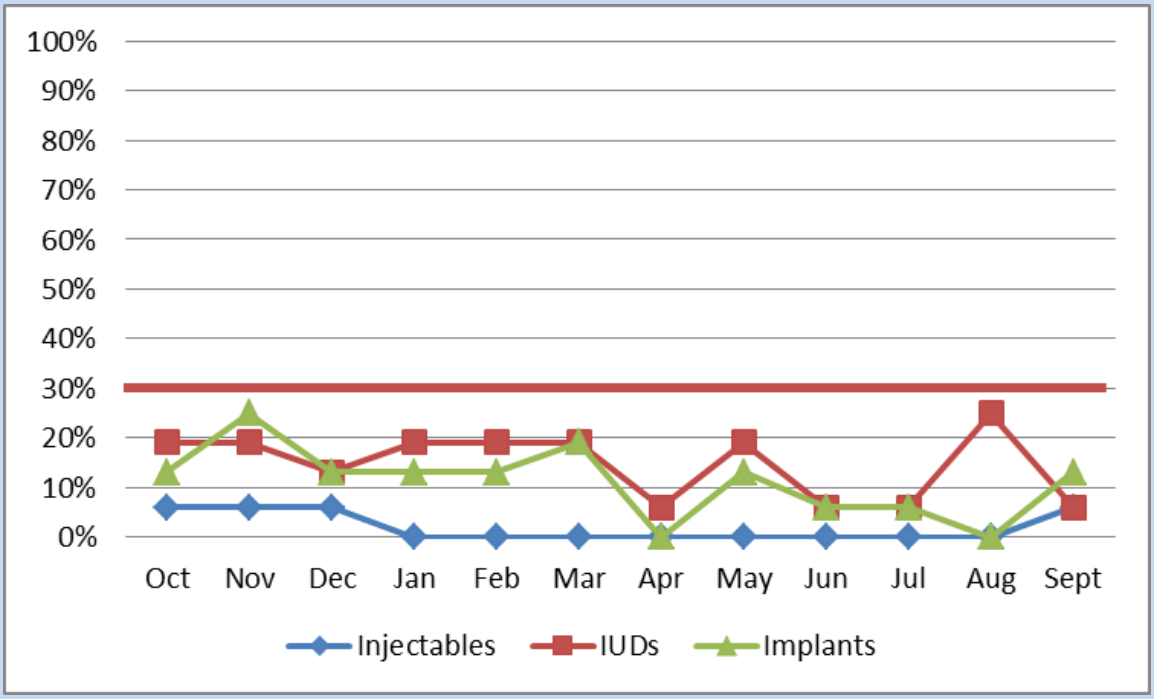
[1] In Ermera, visits were conducted in Fatubesi, Matata, Railaco Leten, Manu Leten, Raeraga, Asulau Sare and Bakhita HPs, and in Railaco, Atsabe and Hatolia CHCs. In Manatuto, visits were conducted in Iliheu, Lei, Manelmia, Funar, Sananain, Hatukonan, Ilimano, Hohorai and Salao HPs, and in Laclubar, Laclo and Soibada CHCs. In Oecusse, visits were conducted in Bebo and Usitaco HPs, in Pasabe, Baqui, Oesilo and Boacnana CHCs, and in the Referral Hospital.

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 291 supportive supervision visits (including for facility readiness as described in Task 3 below).

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. During PY3, less than 30% of SDPs reported experiencing a stock out during each month for any contraceptive method the SDP was expected to provide.

The following chart illustrates stock out levels for three contraceptives, including injectables as the most popular method. As noted in the chart, there were no stock outs of injectables from Jan to August 2014 in any of the project facilities. Also note that while both Intrauterine Devices (IUDs) and implants experienced stock outs, stock out levels did not exceed 25% during the full reporting period.

Graph 1. Stock out levels at less than 30% for injectables, IUDs, and implants by month



Results

All supportive supervision visits include time for agreeing on actions to be taken by supervisors and supervisees to improve the quality of care provided for a specific program. However, often the time spent at the facilities does not allow both supervisor and supervisee to look in detail at the data and/or compare with other facilities. Building on the successful results obtained during the district workshops around facility readiness (see progress reports for Quarters 2 and 3), HIP supported Manatuto DHS in organizing a one-day workshop, using programmatic supportive supervision results from the past quarters, with the objective of developing improvement plans per facilities.

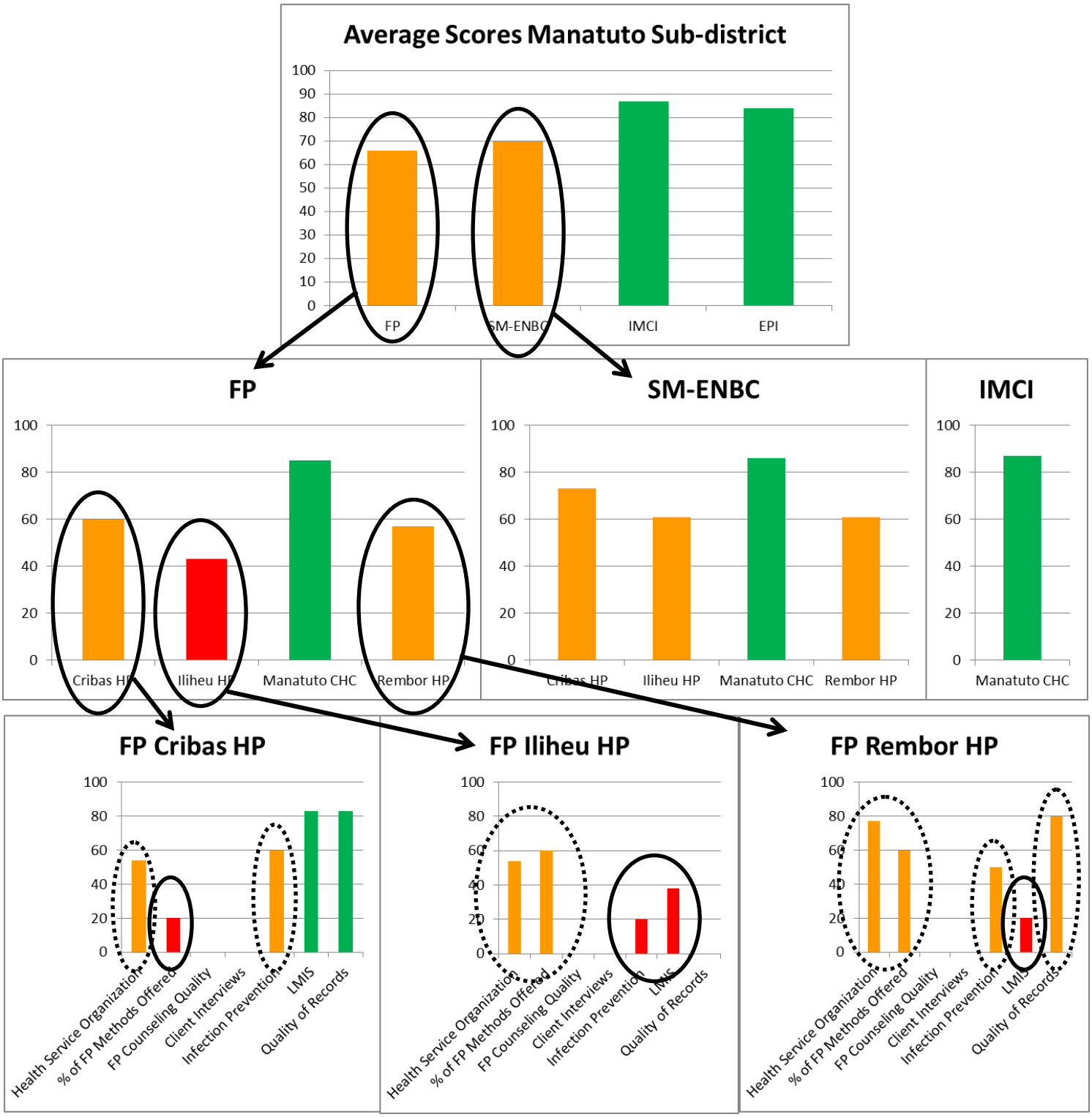
Manatuto DPHO-MCH conducting supportive supervision in Laclubar CHC.

Manatuto DPHO-MCH presenting supportive supervision results to CHC Managers and HP representatives.

During the workshop the 2014 supportive supervision results were presented and discussed. HIP supported the DHS in summarizing the results by sub-district. A color code was used to identify weak and strong technical areas for each sub-district (> 80% in green; 50-80% in orange; < 50% in red). Staff were provided with graphs presenting the scores of individual facilities in the sub-district (see example in Figure 1 below). The sub-district teams then analyzed the data. They were encouraged to focus on those technical areas (FP, SMH/ENBC, IMCI and/or EPI), facilities, and technical sub-sections (e.g., infection prevention, documentation, skills, etc.) with red and orange scores.

This format of presenting the data helped the sub-district teams to identify priority technical areas and priority facilities for improvement. During the sub-district group work, teams were provided the original supportive supervision formats to help them identify which aspects of service caused the poor scores. With the help of these tools the sub-district teams drafted improvement plans (one per facility) and their implementation will be monitored after three months.

Figure 1. Sub-district level scores by technical area, facility, and technical sub-sections (Manatuto)



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

Coordination with partners

1) Family Planning

During this quarter, HIP closely worked with the INS and MOH, as well as with partners United Nations Population Fund (UNFPA), Maries Stopes International (MSI) and Health Alliance International (HAI) on the revision of the FP training curriculum and development of trainer's guide, participants' guide and standards book. A team of UNFPA-supported Indonesian FP master trainers facilitated the process through a three-week visit. Following the revision, MOH and INS requested that more FP national facilitators be trained in order to roll out the new training curriculum to all districts. The process included a series of training outlined in Table 2 and described in detail below.

Table 2. Family Planning training organized by INS and supported by partners

No	Training	Objective	Support Partner
1	Three-day refresher training for new FP national facilitators	Ensure that the new FP national facilitators are competent in counseling and implant and Intrauterine Device (IUD) insertion	HIP
2	Five-day Training of Trainer (TOT) for new FP national facilitators	Increase the pool of FP national facilitators across the country	HAI
3	Seven-day standardization training, batch 1	a) Provide practice opportunities for the new FP national facilitators b) Increase number of trained health providers on FP	UNFPA
4	Seven-day standardization training, batch 2		HIP/MSI

2) ENBC

Along with other partners, HIP was also involved in three Working Group (WG) meetings led by INS on the ENBC training curriculum revision for training of all junior doctors in the country.

Training supported during the quarter

Refresher training on FP in Manatuto, August 2014

Manatuto DPHO-MCH requested HIP to support the organization and co-facilitation of a three-day refresher training for nine midwives from CHCs and HPs. By the end of the training, the participants' knowledge and skills had improved from 55.6% (pre-test) to 64.3% (post-test). This refresher training was necessary because most midwives had not been trained since 2008 or 2009. In addition, most participants were not yet competent in inserting long-term methods, so this initiative was directly followed by FUAT visits. Out of the nine participants, eight are now competent in inserting implants. In the next quarter FUAT will focus on IUD insertions.

Refresher training on Family Planning in Dili, September 2014

INS recommended that the future FP national facilitators receive refresher training before attending the TOT, with the objective of ensuring they are competent in counseling and implant and IUD insertion. HIP supported the training which included 19 participants from 13 districts (including DPHOs-MCH, health facility senior staff and partners, and among them three from the focus districts).

Standardization training on Family Planning in Dili, September 2014

Following the TOT, which increased the pool of FP national facilitators, HIP supported INS (jointly with UNFPA and MSI) in the organization of the first batch of standardization training using the new curriculum for five participants from Ermera, Manatuto and Oecusse (MSI supported the ones coming from other districts). The training was facilitated by the newly trained facilitators (including two of HIP's midwives) with supervision from Indonesian master trainers and Timor-Leste advanced trainers (including one of HIP's midwives). Average knowledge increased from 64.3% (pre-test) to 87.5% (post-test).

Participants from the FP standardization training during practice sessions, using mannequins for implant insertions.

Participants from the FP standardization training during practice sessions, being checked by national facilitator.

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 and supported training for a total of 376 health workers from the three districts as detailed below[2]:

- FP training, 55 participants
- Safe and clean delivery training, 124 participants
- ENBC training, 80 participants
- NASG training, 117 participants

FUAT

The project supported INS in the conduct of a series of FUAT activities for FP[3]. In total for the three districts, 20 midwives were assessed for Implant and IUD insertions (See Table 3). Among them, 14 gained competency in Implant insertions and three in IUD insertions.

Table 3. Number of health workers who received a FUAT visit for competency checks

Activity	Manatuto	Oecusse
No. of midwives assessed for FP	**12**	**8**
No. of midwives competent for Implants	11	3
No. of midwives competent for IUD	1	2
No. of doctors assessed for safe and clean delivery	**0**	**1**
No. of doctors competent for safe and clean delivery	0	1

Indicator #12: Number of trainees of MOH training who have been contacted for follow up. As indicated in Annex A, the project achieved its annual target and supported FUAT activities for a total of 44 health workers.

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

Collaborate with key partners to improve health facility' readiness

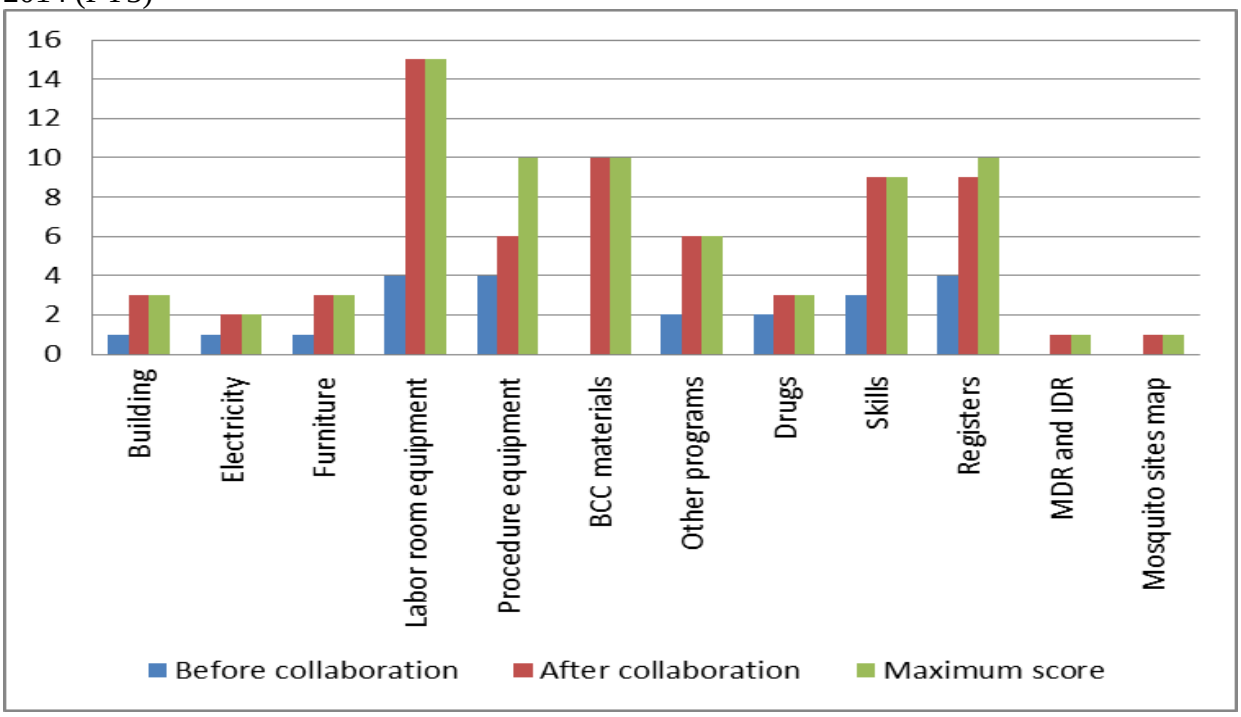
1) Railaco Leten HP

As described in April-June 2014 quarterly progress report, HIP collaborated with the U.S. Navy Seabees to assist Railaco Leten HP in improving its readiness to provide quality services. The improvements made on the infrastructure (roof, ceiling, floor, doors, windows, electricity and water repairs, benches, addition of a store room and painting) and on the quality of services (various formal and on-the-job training, new equipment installation, assistance in filling registers, health promotion and community mobilization, materials, re-organization of the rooms and cleaning) were assessed in July by the DHS, using the Facility Readiness Format (FRF). The readiness score increased from 39% (January 2014) to 84%. As illustrated in Graph 2, most of

[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 districts.
[3] FUATs are conducted following a checklist assessing whether the insertion is done according to the MOH/INS standards.

the FRF components which increased though renovations and Technical Assistance (TA) reached their maximum.

Graph 2. Components of Railaco Leten HP FRF that increased from Quarter 3 to Quarter 4, 2014 (PY3)



U.S. Embassy Deputy Chief of Mission, Vice Minister of Health for Ethics and Services Delivery and U.S. Navy Seabees Representative for the renovated HP's benediction.

Vice-Minister of Health for Ethics and Services Delivery delivering opening remarks on the QI efforts provided by the partners at Railaco Leten HP.

2) Manatuto Vila CHC

In the previous quarterly progress report, we documented a readiness improvement of 11% at Manatuto Vila CHC and maternity, obtained through TA. However, key infrastructure components were still below standards. During the months of August and September HIP assisted the U.S. Navy Seabees in liaising with Manatuto DHS and Manatuto Vila CHC for the repair of the electricity and water infrastructure at the health facility. As of the end of the quarter,

the U.S. Navy Seabees had completed part of the CHC's Scope of Work (SOW) agreed with the MOH in October 2013, such as the full rewiring of the electricity, replacement of light bulbs, fans and switches, replacement of the street water line above the sewage, replacement of broken faucets, and repair of damaged ceiling. The CHC's renovation will resume in November, however, the Maternity's SOW developed a year ago by the U.S. Navy Seabees and agreed by MOH will not be implemented before additional funding is obtained.

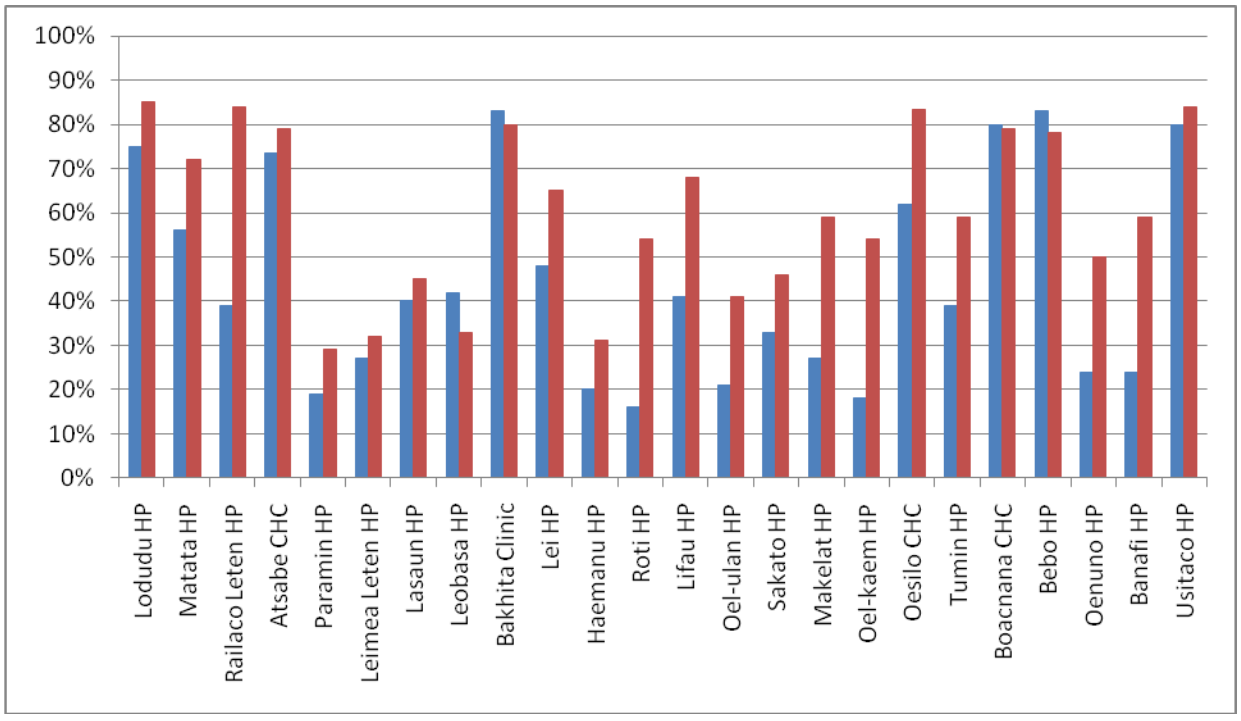
TA to selected health facilities to ensure BSP standards are achieved and maintained (standards measured by the FRF)

During this quarter, HIP continued its support to the MOH Planning and Monitoring and Evaluation (M&E) Department and DHS in supportive supervision for facility readiness. In total 25 visits were conducted (see Table 4 for details). Out of the visited facilities, 24 had previously been supervised (during Quarter 2 and/or 3). Out of the 24 facilities visited at least two times, 83% had improved their score compared to the previous visit (see Graph 3) and nine of them have been visited three times (once per quarter).

Table 4. Number of existing and supervised health facilities in three districts

Districts	Referral hospital		CHCs		HPs		Total facilities	
	Total	Achieved	Total	Achieved	Total	Achieved	Total	Achieved
Ermera	-	-	6	1	20	9	26	10
Manatuto	-	-	6	-	19	1	25	1
Oecusse	1	-	4	2	17	12	22	14
Total	**1**	**-**	**16**	**3**	**56**	**22**	**73**	**25**

Graph 3. Comparison of health facilities scores on the FRF between Quarter 4 (red) and the previous visit (blue) in 24 facilities from the three districts



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 exceeded its annual target of 8 facilities and assisted 15 health facilities to achieve and maintain 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) Railaco Leten HP.
- Through TA only: 1) Atsabe CHC; 2) Hatolia CHC; 3) Manatuto Vila CHC; 4) Ermera Vila CHC; 5) Laclubar CHC; 6) Oesilo CHC; 7) Cairui HP; 8) Lodudu HP; and 9) Bakhita Clinic.

TA to MOH for the roll out of the FRF to other districts

Requested by the MOH Planning and M&E Department, HIP provided TA to two districts outside HIP's focus districts: Lautem and Manufahi. In both districts, HIP co-facilitated the orientation to DHS and partners – MSI, HealthNet Timor-Leste (HNTL), Child Fund, HAI and Alola Foundation – on the use of the FRF for supportive supervision. Using the experience from the three districts, HIP assisted Lautem and Manufahi in scheduling visits in all health facilities and provided guidance on the tools used for the district workshops (which will be organized during the next quarter).

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

Implementation of Phase 1

Post-Partum Hemorrhage kits

The PPH kits designed and approved last quarter by the MOH were manufactured by a local tailor during the beginning of this reporting period. While the NASG and the bags were supported by the project, the kits' content – four liters of ringers lactate or normal saline, IV giving sets with a large bore cannula, 20 International Units (IU) of Oxytocin, syringe, needles and sutures for repair of lacerations (catgut 1-0) – were MOH's contribution and provided to the MCH Department by the Medicine and Health Equipment Autonomous Service (*Serviço Autonomo de Medicamentos e Equipamentos de Saúde* – SAMES).

Handover ceremony and launch of NASG

On September 11, HIP worked with the MOH MCH Department to organize the ceremony for the handover of 50 NASGs and PPH kits to the MOH. The ceremony was attended by the Vice Minister of Health for Ethics and Services Delivery, USAID Mission Director, Directors from the INS and Manatuto and Ermera DHS, representative from the National Hospital Guido Valadares (HNGV), and main MCH partners. In her opening speech, the Vice Minister reinforced the appropriateness of NASG in the Timor-Leste context.

The program included the presentation of the training video, a presentation on NASG background and adaptation to Timor-Leste, and finally the handover of the PPH kits to the MOH by USAID, and the subsequent handover of the kits to the HNGV representative, the INS Executive Director and Manatuto and Ermera DHS Directors, by the Vice Minister.

In her opening speech, the Vice Minister stated that: *"NASG couldn't fit better into the Timor-Leste context. It has the potential to decrease the impact of the second delay: with NASG, health personnel will have more time to stabilize the woman before she's referred, and ambulances will have more time to bring women where adequate health care can be provided."*

Interim Head of MOH MCH Department and SMH Officer presenting the PPH kit to the audience at the NASG Launch.

Monitoring of Phase 1 implementation (Operation Research)

As a component of the monitoring system development for the NASG implementation, formative research was conducted among 23 providers (five in Dili, 15 in Manatuto, and three in Ermera district) in Phase 1 program facilities who had received the NASG training but not yet used the device in their facility practice. The formative research included semi-structured qualitative interviews to learn of pre-intervention management practices and experiences with obstetric hemorrhage, ascertain aspects of providers' level of device acceptability, perceptions of the usefulness of the NASG given their context and constraints, and anticipated challenges to use. Preliminary review of responses indicated that providers have a positive response to the garment as a useful life-saving tool to address obstetric hemorrhage in their facility practice, were highly motivated to use the tool, and supportive of the garment's introduction as part of the protocol for managing obstetric hemorrhage. Results from the formative research were used to inform and finalize the design of the tools and process for monitoring Phase 2 of the NASG intervention implementation.

The NASG program monitoring system is designed to develop a comprehensive understanding of the implementation and effect of use of the device on maternal health outcomes in targeted MOH facilities. The three components of the monitoring system are designed to document use of the device and related case management of PPH; capture the adoption and diffusion of the NASG innovation among trained health providers; and identify any effect on trends over time of associated health and service statistics. These components include:

1) Case documentation to collect management and outcome information on cases of PPH presenting at program and non-program facilities.
2) Structured interviews to develop an understanding of the acceptance and adoption of NASG as a new technology for managing obstetric hemorrhage as part of the standard of care among providers in the Timor-Leste context using the Diffusion of Innovations (DOI) theory as a framework.
3) Monitoring service statistic trends available through the MOH's HMIS to better monitor trends over time and possible implications of NASG use/training on maternal health service use and outcomes.

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

HIP continued its support to all CHCs for the preparation (*suco* level data compilation) and conduct of 15 micro-planning meetings (see Table 5). The meetings took place in the months of July, August, and September and planned activities such as SISCa (*Servisu Integradu Saúde Comunitaria*, or Integrated Community Health Services), outreach, and night events. Implementation of the micro-plans is described below under Task 7.

Table 5. Number of micro-planning meetings conducted during the reporting quarter

District	Tool Used	July meetings	August meetings	September Meetings
Oecusse	Integrated MCH	1	2	0
Ermera	Integrated MCH	1	3	2
Manatuto	Integrated MCH	2	4	0
Total		**4**	**9**	**2**

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 (52 meeting) and supported a total of 57 micro-plan meeting as detailed below:

- Ermera, 22 meetings
- Manatuto, 23 meetings
- Oecusse, 12 meetings

MOH 2015 planning exercises

During the previous reporting period, HIP provided intensive support to the MOH Planning and M&E Department to develop and finalize the 2015 planning and budgeting for districts, departments and linked services (e.g., INS, HNGV, etc.) through a series of several meetings. During this quarter HIP continued its assistance and contributed to the revision of all plans.

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

As part of HIP's on-going support at the national level, HIP participated in the MOH Working Group (WG) meetings and workshops which took place this quarter, as listed below.

- MCH WG meeting (July)
- Nutrition WG meeting (July)
- Behavior Change Communication (BCC) WG meeting (August)
- Participated in the three-day MOH biannual review meeting held in Covalima District (September)

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

HIP supported some of the outreach and SISCa sessions planned under the micro-plans, as agreed between HIP and the CHCs during the quarterly micro-planning meetings. All districts included, HIP supported nine night events, 24 SISCas, 24 group discussions and seven outreach sessions (see Table 6 for details). The outreach session and SISCas provided services – Antenatal Care (ANC), FP, immunization and nutrition – to 1,434 beneficiaries. Approximately 800 community members attended the night events and watched health promotional films (average of 89 attendees per event), such as *Bondia Antonio!* ("Good morning Antonio!"), *Espasu Oan* ("Child Spacing") and *Imunizasaun* ("Immunization"). The films focus on the main behaviors targeted by HIP: seeking at least four ANC visits to a trained provider; planning birth preparedness, especially venue and trained assistance; knowing and using an appropriate FP method to space births; seeking immunization services five times before the age of one; and involving men in women's and children's health issues.

Table 6. Activities planned under micro-plans supported by HIP during the reporting quarter

Districts	**Activities**			
	Night events	**SISCas**	**Outreach sessions**	**Group discussions**
Ermera	7	8	0	14
Manatuto	2	14	1	6
Oecusse	0	2	6	4
Total	**9**	**24**	**7**	**24**

Intensification of health promotion to increase coverage

1) Internal planning for coverage increase

Using the monthly technical staff meeting, HIP team used micro-planning *suco* data to focus its efforts in selected activities which would benefit a maximum of population and increase the coverage for key indicators: completion of four ANC visits; institutional delivery; completion of three Diphtheria, Pertussis, Tetanus (DPT) vaccinations; and Couple Years Protection (CYP). During the meetings, HIP district teams identified how HIP's support could be most effective to achieve the targeted coverage.

2) Facilitation of group discussions focusing on FP followed by opportunity for services

During this quarter, while night events continued to be organized across the *sucos* in order to reach big groups of community, HIP's health promotion technical officers and midwives focused on conducting group discussions with mothers of children under one and couples in order to facilitate information exchange on FP. These sessions (24 conducted in three months, attended by 620 participants) were organized at SISCas or near the health facilities so that women could access the services directly after having made the decision to follow FP.

3) Enumeration and tracking of target populations

During Quarters 2 and 3, the enumeration tool for pregnant women and children under the age of one had been piloted in Bobometo *suco* and subsequently implemented in other *sucos* where an action plan for health had been developed: Railaco Leten, Riheu and Cribas. This quarter the lists from these *sucos* were updated and continued to be cross-checked with midwives' Local Area Monitoring (LAM) registers, in order to ensure that all pregnant women access services, receive the appropriate information for safe delivery, make a plan to deliver at the health facility, and make a complication readiness plan in the event of an emergency. The tool was implemented in five new *sucos*: Taiboco, Costa, Aubeon, Cairui and Manelima, bringing the total number of *sucos* covered to nine.

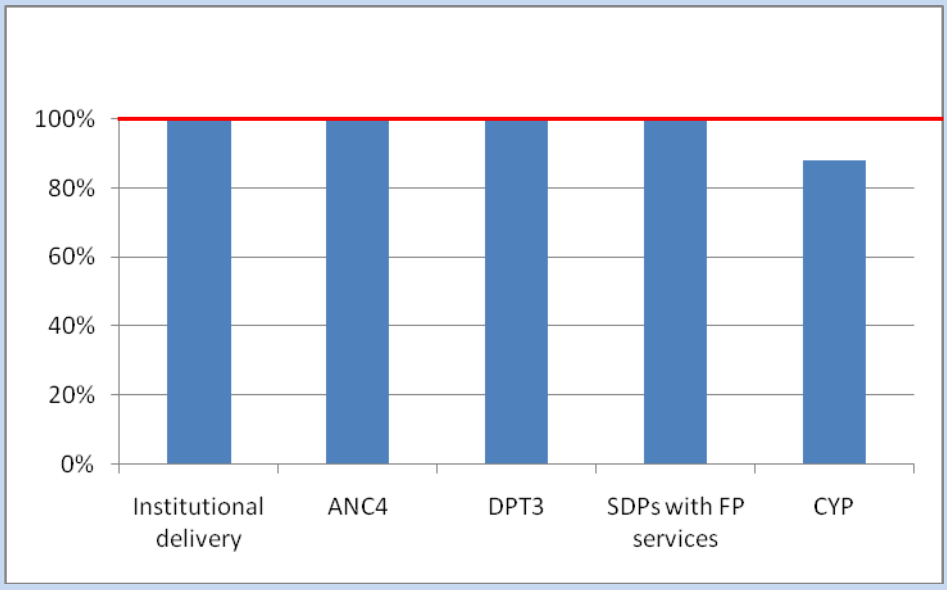
Couple bringing 9-month old baby for measles vaccination at SISCa in Aubeon *suco* (Natarbora sub-district).

Community members waiting at SISCa in Hohorai *suco* (Laclo sub-district).

Indicators #1 to 6: Percent of skilled deliveries at health facilities; percent of pregnant women receiving at least four ANC checks; number of children who received DPT3 by 12 months of age; number/percent of SDPs providing FP counseling and/or services; CYP; number of acceptors to modern contraception. As indicated in Annex A, the project achieved five out of the six indicators, as detailed below and illustrated in Graph 4:

- Institutional delivery: 100%, exceeding project target by 16% (see also Annex B: Success Story)
- ANC4: 100%, exceeding project target by 10%
- DPT3: 109%, exceeding project target by 9%
- SDPs providing FP counseling and/or services: 100%
- CYP: 88%
- FP Acceptors to modern methods: no target

Graph 4. Achievement of coverage indicators against targets



Health promotion conducted at community level by Small Grant Program (SGP) recipients

The final quarter of *Cooperativa Café Timor* (Café Timor Cooperative – CCT)'s 12-month Men's Health Project saw the final two of seven program topics being delivered to the target communities. Men's health groups meeting were organized in all 14 target *sucos*. The report on the pre-intervention baseline community Knowledge, Attitude and Practices (KAP) survey was completed (the second community post-project KAP survey was conducted in September 2014 with a report due first half of 2015). The fully revised Men's Health manual was printed and distributed to interested external organizations, including MOH, at the public presentation of the project results in September 2014.

The main focus of project activity in the fourth project quarter was to deliver modules 6 and 7 to community men's health groups. In September 2014, a revisions session of modules 4, 5, 6 and 7 was delivered. During this quarter 19 Men's Health Peer Educators were active in running

men's health meetings within the 93 *aldeias* (hamlets) of the 14 *sucos*. As a scheduled activity within the program, evening film nights covering birthing planning/FP and MCH topics were run in July and August 2014.

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

Assistance to *sucos* in reviewing existing plans

During the quarter, HIP assisted five *Suco* Councils in slight revisions to their health action plans so that they comply with some of the criteria defined for *sucos* to win the President Nutrition Award for Community Leadership. Concretely, the following actions were added to the plans:

- Promote home gardening to the community
- Support cooking demonstration at SISCa
- Continue to promote immediate and exclusive breastfeeding

By the end of October these *sucos* may be selected by the sub-district level in order to be able to compete for the award.

Assistance to *sucos* for developing health plans

For PY3 HIP had targeted the development of health action plans in eight *sucos*. The last one to be completed was Ducurai, a *suco* of 5,195 inhabitants located in Letefoho sub-district. The process, fully implemented during this quarter, included the usual steps for developing an evidence-based action plan for health: advocacy meeting with the *Suco* Council; assessment of the health situation in the *suco*; and the development of the *suco* health plan. The health assessment used the following data:

- MCH coverage data from the micro-planning templates, where Ducurai lagged behind other *sucos* from the sub-district.
- Community health seeking behavior practices assessment which looked at the barriers faced by mothers to access health services.
- Health facility readiness assessment for the facility located in Ducurai: Hatuhei HP, which showed important infrastructure issues on the FRF results.

To improve these identified problems, the developed plan focuses on enumerating and mobilizing target communities to use health services. With the assistance of Family Health Promoters (*Promotor Saúde Familia* – PSF), the following main interventions will be implemented:

- Enumerate pregnant women and children under the age of one
- Build latrines in selected *aldeias*
- Mobilize communities to attend SISCa and use the Hatuhei HP services
- Look for funding for renovating key infrastructure issues at the HP

Indicator #11: Number of annual health *suco* level implementation plans developed using data. As indicated in Annex A, the project achieved its annual target and supported a total of 8 plans of action in the following *sucos*: Riheu, Railaco Leten, Ducurai, Aubeon, Cribas, Cairui, Bobometo and Costa.

Assistance to *sucos* for implementing health plans

In PY3 quarters 2 and 3 reports, we described how Bobometo's health action plan had contributed to MCH coverage increase and how the *Suco* Chief had successfully advocated for increase infrastructure funding for health through the National Program for *Suco* Development (*Programa Nasional Dezenvolvimentu Suco* – PNDS). During this quarter the renovation of Tumin HP (the addition of a maternal health consultation room and a toilet) started with the obtained PNDS resources. During the next quarter HIP provide intensive TA to the HP, so that it increases its current readiness score (60%) to the minimum standard of 80%.

In other *sucos*, HIP continued supporting part of the plans according to the needs of the *Suco* Councils and agreements reached between *sucos* and health facilities during the micro-planning meetings.

Task 9 – Support FP Advocacy events with community leaders

HIP supported Ermera Vila CHC and the FP Unit of MOH in the conduct of a FP advocacy meeting in Fatubesi *suco*. The meeting was attended by community leaders, church representatives, and reached 80 community members. The pre and post-tests conducted with five community members showed the following knowledge increases:

- Respondent 1 increased his knowledge from 40 to 46%
- Respondent 2 increased his knowledge from 26 to 68%
- Respondent 3 increased her knowledge from 32 to 62%
- Respondent 4 increased her knowledge from 32 to 52%
- Respondent 5 increased his knowledge from 26 to 76%

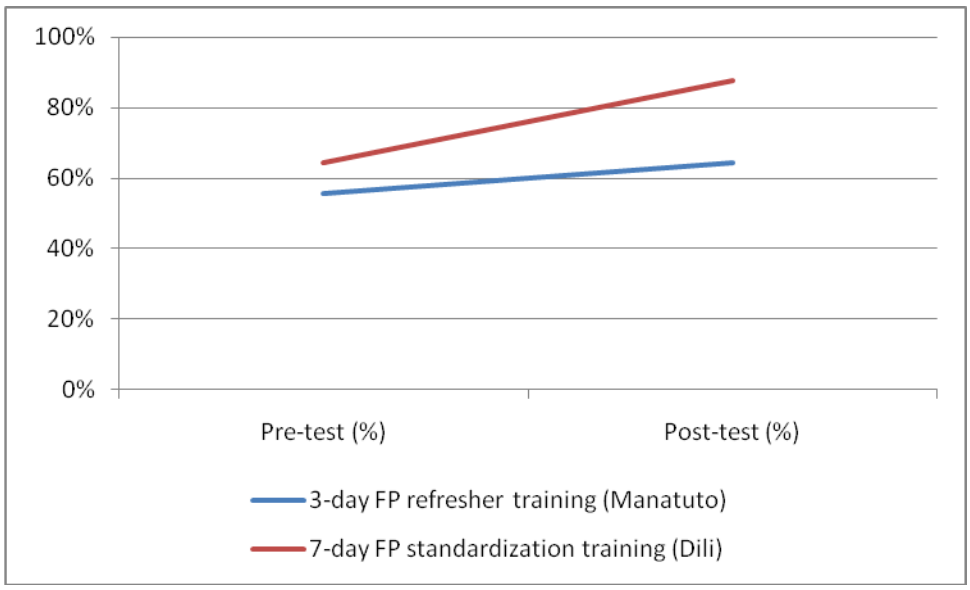
D. APPROACH 4: HUMAN CAPACITY DEVELOPMENT

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 provide leadership and motivation for staff working in 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 MOH staff and service providers (doctors, midwives and nurses

The HIP team supported training opportunities throughout the quarter, including two FP refresher training and one standardization training for FP (for a total of 33 participants as described in Task 2). Graph 5 shows the increase of knowledge from pre to post-tests. In addition, HIP supported the FUAT for a total of 21 health workers (see Task 2).

Graph 5. 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 62 supportive supervision visits were conducted to improve quality of services in the technical areas of FP, SMH, ENBC and IMCI. Following each visit, 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.

Improving readiness of facilities and planning capacity

During the quarter, HIP continued its support to the MOH Planning and M&E Department for the implementation of the FRF in three districts. As described in Task 3, HIP supported 25 facilities in assessing their readiness to provide quality services and planning improvement actions to increase their scores. HIP assisted 15 CHCs in reviewing their coverage in each *suco* and planning activities to achieve targets (Task 5).

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 districts continued through the use of the MOH-approved structured checklists. Monitoring also included HIP's remaining SGP recipient. No violation of USAID policies was reported during the last three months.

All new staff hired during the period were trained on FP compliance and completed the on-line FP compliance training module and HIP/JSI guidelines.

The quarterly field inspection conducted at HIP's last remaining local grantee CCT, which was found to be in compliance with our FP policies.

SECTION IV: THE SMALL GRANTS PROGRAM

No new grant applications were solicited or pursued during the period, given that HIP's Small Grants Program will end on September 30, 2014.

Quarterly field inspections were conducted for HIP's current grantee, namely *Cooperativa Café Timor* (CCT) with no significant findings or observations. CCT successfully completed all planned grant activities in Ermera in accordance with its scope of work and fulfilled all contractual deliverables within its approved budget. CCT's grant activities were successfully concluded with completion of their grant agreement September 30, 2014. All targets for the technical areas defined in CCT's work plan were successfully achieved in the focus district over the duration of their one-year grant.

Although no further grant funding is possible for CCT under HIP's Small Grants Program, CCT has successfully secured alternative funding from other sources (Australian DFAT) to sustain continued men's health initiatives in Ermera.

M&E support to small grant projects

The M&E Team reviewed the content of CCT's final quarterly report and participated in the final quarterly inspection visit to CCT providing the necessary technical support in the review of CCT's grant achievements against targets and related project documentation.

SECTION V: MONITORING AND EVALUATION

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 district-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 July-September 2014 to USAID Contract Officer Representative (COR), as well as 13 weekly reports.

Research

During the past quarter, the project implemented the Maternal and Newborn Health Community Study among men and women in the three project districts of Oecusse, Manatuto, and Ermera. The mixed methods research was designed to capture community-level birth preparedness and complication readiness information from the project districts. The aim of the study was to develop a better understanding of the factors affecting delays in deciding to obtain care and reaching care during obstetric emergencies as part of the project's commitment to addressing delays in the full continuum of maternal care. The study was co-implemented with the MOH MCH Department and the INS.

Thirteen quantitative and two qualitative data collectors were recruited and trained on the tools, study protocols, field procedures, and quality control issues. Two student research interns from the School of Public Health, University of California at Los Angeles were also recruited to provide field management support. On the first day of data collection, one-day socializations were held in Ermera and Manatuto districts in order to orient local *Suco* and *Aldeia* Chiefs and other key health staff about the study and to request their support (in the Oecusse district the DHS Head sought the full support of all *Suco* and *Aldeia* Chiefs prior to the commencement of data collection in their *sucos*). Data collection took place in Oecusse district July 20–August 2, 2014 and simultaneously in Ermera and Manatuto districts August 12–30, 2014.

The quantitative component of the study was implemented among a total of 592 households in all three districts. The final dataset included a matched dataset of the following:

	Women	*Men*	*Total Interviews*
Oecusse	199	199	398
Manatuto	196	196	392
Ermera	197	197	394
Total	**592**	**592**	**1,184**

In addition, In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) were conducted among key community leaders and members to gain a more in-depth understanding of the factors affecting first and second delays. The following qualitative interviews were completed:

Interview	*Oecusse*	*Manatuto*	*Ermera*	*Total*
In-Depth Interviews				
Near Miss Women	4	4	4	12
Near Miss Husband	4	4	4	12
Near Miss Relative	4	4	4	12
Midwives	4	4	4	12
Focus Group Discussions				
Male Community Leaders	3	2	2	7
Female Community Leaders	4	2	2	8
Traditional Birth Attendants	4	4	4	12
Total	**27**	**24**	**24**	**75**

Results from the qualitative and quantitative components will be analyzed over the upcoming quarter. Preliminary results will be discussed with partners and community members to gain their input in shaping recommendations, prior to dissemination at the national and district level early in 2015.

Official opening of the research at HIP office, attended by MOH National Director for Public Health.

Enumerators reviewing data inputs into the tablets in Oecusse district.

ANNEXES

Annex A: Annual Monitoring Report: October 2013 – September 2014

ID #	Indicator	Annual Project Target	Percent/ Number Achieved	Percent of Project Target Achieved	Number Achieved by District		
					Ermera (n)	Manatuto (n)	Oecusse (n)
Maternal and Child Health							
1	Percent of skilled deliveries at health facilities in targeted areas	14% of deliveries (n=1,386)	16% (n=1,604)[4]	100%[5]	748	482	374
2	Percent of pregnant women receiving at least 4 ANC checks	42% of pregnant women (n=4,455)	46% of pregnant women (n=4,889)[6]	100%[7]	2,381	829	1,679
3	Number of children who received DPT3 by 12 months of age in USG-assisted programs	6,980 children <12 months receiving DPT3	n=7,583	100%[8]	4,247	1,154	2,182
	Males		3,783		2,162	624	997
	Females		3,800		2,085	530	1,185
Family Planning							
4	Percent of USG-assisted service delivery points (SDPs) providing family planning counseling and/or services[9]	100% (n=16)	100% (n=16)	100%	6	6	4

[4] Calculation: # of births attended by skilled health personnel at health facilities (institutions)/Total # of live births occurring within the reference period (x100); denominator is 9,736 based on the last available MOH Census Projections of the number of live births projected for the 3 project districts during the reporting period.
[5] Exceeded project target by 16%
[6] Calculation: # of pregnant women receiving at least 4 ANC visits during the reference period/Total # of pregnant women during the reference period (x100); denominator is 10,612 based on the last available MOH Census Projections of the number of pregnant women projected for the 3 project districts during the reporting period.
[7] Exceeded project target by 10%
[8] Exceeded project target by 9%
[9] Represented by the number of CHCs providing FP counseling and/or services (measured by any FP stock availability) each month during the year

ID #	Indicator	Annual Project Target	Percent/ Number Achieved	Percent of Project Target Achieved	Number Achieved by District		
					Ermera (n)	Manatuto (n)	Oecusse (n)
5	Couple Years of Protection (CYPs) in USG-supported programs	10,457	9,186	88%	4,547	1,694	2,945
6	Number of acceptors to modern contraception in target districts	N/A	4,028	N/A	2,337	659	1,032
Institutional Strengthening							
7	Percent of health facilities that achieve or maintain at least 75% of BSP standards according to MOH checklist[10]	80%[11] (8 of 10 facilities)	100%[12] (15 of 15 facilities)	N/A	7	3	5
8	Number of sub-national entities receiving USG assistance that improves their performance[13]	52	57	100%[14]	22	23	12
9	Number of supervision visits to service delivery points[15]	270	291	100%[16]	100	103	88
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	50% or less of facilities	*				
11	Number of annual *suco* level implementation plans developed using data	8	8	100%	3	3	2
12	Number of trainees of MOH training who have been contacted for follow-up through supportive supervision[17]	43	44	100%[18]	7	18	19

[10] MOH Checklist refers to the Facility Readiness Format developed by the MOH
[11] At least 8 of 10 facilities targeted for technical assistance and/or renovations to achieve 75% or higher score based on the MOH checklist
[12] 15 facilities were targeted for technical assistance and/or renovations; 15 of 15 achieved 75% or higher score based on the MOH checklist
[13] Measured by the microplan and microplan meeting process held by Community Health Centers (CHCs)
[14] Exceeded project target by 10%
[15] Supervision visits include: (1) Safe Motherhood/Newborn Care; (2) Family Planning; (3) Integrated Management of Childhood Illnesses (IMCI); (4) Basic Emergency Obstetric Care (BEmOC); (4) Basic Service Package (BSP) checklist (referred to as the MOH *Facility Readiness Format* checklist)
[16] Exceeded project target by 8%
[17] Trainees consider include those attending a MOH training in the following: Safe Motherhood, Essential Newborn Care, Family Planning, Basic Emergency Obstetric Care

ID #	Indicator	Annual Project Target	Percent/ Number Achieved	Percent of Project Target Achieved	Number Achieved by District		
					Ermera (n)	Manatuto (n)	Oecusse (n)
13	Number of medical and paramedical practitioners trained in evidence-based guidelines[19]	312	376[20]	100%[21]	113	144	72
*As this indicator is to be presented on a monthly basis by contraceptive method, please refer to supplemental chart below							

Supplemental Chart: 50% or Less of Facilities Reporting Experiencing a Stock Out by Contraceptive Method[22]

ID#	Indicator	% of facilities stocked out of a contraceptive method											
		Oct 2013	Nov 2013	Dec 2013	Jan 2104	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 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	13%	13%	13%	6%	0%	6%	6%	13%	0%	0%	0%	6%
	COPc	19%	19%	19%	19%	19%	6%	6%	6%	0%	0%	6%	6%
	Injectables	6%	6%	6%	0%	0%	0%	0%	0%	0%	0%	0%	6%
	Implant	13%	25%	13%	13%	13%	19%	0%	13%	6%	6%	0%	13%
	IUDs	19%	19%	13%	19%	19%	19%	6%	19%	6%	6%	25%	6%
	Condoms	13%	19%	25%	19%	19%	38%	13%	25%	19%	31%	19%	31%

[18] Exceeded project target by 2%
[19] Trainings include Safe Motherhood, Essential Newborn Care, Basic Emergency Obstetric Care, Family Planning, and Non-Pneumatic Anti-Shock Garment (NASG)
[20] Note that this indicator also included training for Dili-based staff due to the NASG intervention at the National Hospital; the total of 376 also includes 47 staff from Dili (National Hospital), including 1 for FP training and 46 for NASG training.
[21] Exceeded project target by 21%
[22] The Health Management Information System (HMIS) reports aggregated health post (HP) and community health center (CHC) at the CHC level only. It is not possible to distinguish between facility levels. A stock out indicates that the CHC and all its associated HPs were out of stock of the contraceptive method indicated that month. The indicator represents the percent of facilities that reported they had stock outs.

Annex B: Success Story

Saving Mothers' Lives through Birth Preparedness and Facility Readiness

In Timor-Leste, pregnant women face a number of challenges in safely delivering, including anemia and malnutrition during pregnancy, miscarriages, and bleeding after delivery. Over 78% of deliveries occur outside a health facility and less than 30% of births are delivered by a skilled provider. The consequence of these combined factors is that Timor-Leste has one of the highest maternal mortality ratios in the region, at 557 deaths per 100,000 live births. Infant mortality rates are also high, with 45 deaths per 1,000 live births.

Pregnant women who have access to a skilled birth attendant at the time of childbirth have increased opportunities for reaching emergency obstetric care to address complications, and are therefore at lower risk for maternal mortality. Increasing the rate of skilled birth attendance in Timor-Leste requires both an increase in facility readiness and increased community awareness of the importance of skilled birth attendance and institutional delivery.

Joana, a woman between the age of 36 and 43, lives in Oena, Bobometo *suco*, in the district of Oecusse. She described her fifth pregnancy as "normal," as she did not observe any of the danger signs that she had learned about during her antenatal care visits to the Oesilo health center where she was informed by the midwife of the danger signs during pregnancy, during delivery and after delivery. At her first antenatal consultation, Joana told the midwife that she planned to deliver at home but after some discussion she agreed that she would call the midwife to assist her delivery. In this first consultation Joana developed a birth preparedness and complication readiness plan, in which she identified where she would go in case of an obstetric emergency, how she would get there and how the family would pay for the transport. The family then began saving to pay for emergency transport in the event of complications.

During her pregnancy, Joana also attended a group discussion organized as one of the interventions in the Bobometo *suco* health plan. This discussion focused on the importance of delivering in a health facility and for a skilled birth attendant to be available if delivering in the facility is not possible.

Joana had delivered her four previous children at home, as is very common in Oecusse, where only 9.8% of deliveries occur with a skilled birth attendant. There are strong traditional, cultural, gender, and practical reasons why this is the case, including misinformation or lack of information about the role that the health system can play in facilitating a safe delivery and the belief that giving birth is part of everyday life so can readily happen in the home unless problems arise. In some cases, a woman may first decide to take the advice of the health staff and deliver at a health facility, but her family will ultimately decide that she will follow the same practice as previous generations and as a result, she will deliver at home. Some women are concerned that they do not have any clothes for themselves or their children to wear at a health facility and they are a long distance from their family who they rely on for food, water, and support. As Joana's family lives a 45 minute walk or 15 minute drive to the health center, they needed to save the money to pay for transport in case of emergency.

Prior to her due delivery date, Joana experienced abdominal pain and dizziness so she and her husband decided that she would go to the Oesilo health center as soon as possible, as they were not prepared to put her health at risk. Joana had placed her birth preparedness and complication readiness plan, which included the number of the health center midwife, in a prominent place in the kitchen. As previously agreed, her husband called the midwife, who arranged for the multi-function car from the health center take her to Joana's house and drive them both back to the health center.

When Joana arrived at the health center, the midwives, doctor, and other health staff provided her with the medicine and medical care she needed. As she describes: *"I felt very comfortable at the health facility because during pregnancy I always went there for consultation and received a lot of information regarding pregnancy, safe delivery, and how to care for a newborn baby*."

The staff at Oesilo were well prepared to assist her, as three of them, including two doctors and a midwife, had received training in safe and clean delivery earlier in that year with the assistance of USAID's HIP. The health center itself is currently under-going major repairs including installation of a new water system, new doors and windows, and complete repainting. This was possible because the *Suco* Council was successful in obtaining funds from the National Program for *Suco* Development after prioritizing the renovation *suco* health plan.

For the past three years, antenatal consultations and delivery with a skilled birth attendant have increased in the three districts. With the introduction of the Non-Pneumatic Anti-Shock Garment, the potential to save the lives of women who experience post-partum hemorrhage will be greatly increased.