



Australian Government

AusAID

Activity Completion Report

Support for Improved Maternal and Newborn Care in Timor-Leste

AusAID Agreement 54456, Timor-Leste

Health Alliance International

November 2011

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General information

Conversion rate

AUD \$1 = \$1.01 USD (currently, but varied over the course of the grant)

List of Acronyms Used

Acronym	Definition
BCC	Behaviour Change Communications
BFF	Birth Friendly Facility
CHC	Community Health Centre
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DHS	Demographic and Health Survey
DPHO	District Program Health Officer
FP	Family Planning
FPWG	The Family Planning Working Group
HAI	Health Alliance International
HMIS	Health Management Information System
HP	Health Post
IEC	Information, Education, Communication
INGO	International Non-governmental Organisation
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MNCH	Maternal, Newborn, and Child Health
MMR	Maternal Mortality Rate
MoH	Ministry of Health
PSF	Promotor Saude Familia (Family Health Promoters)
PPC	Postpartum Care
SISCa	Serviso Integradu da Saude Comunitaria (Integrated Community Health Services)

Guidelines for completion of the Activity Completion Report were followed in accordance with the available guidelines.

Executive Summary

Health Alliance International (HAI) has received support from the Australian International Development Agency (AusAID) since March 2010 to improve maternal and newborn care and family planning, in partnership with the Timor-Leste Ministry of Health (MoH). The project includes activities in the districts of Manatuto, Liquica, Aileu, Ermera, Manufahi, Ainaro and Dili.

The overarching goal of the program is to improve health and reduce mortality and morbidity for mothers and their infants in Timor-Leste. The objectives are to: 1) improve the national health policy environment and ensure national policies reflect the most up-to-date research in antenatal, delivery, postpartum and newborn care and family planning; 2) support the MoH in cross-cutting areas such as information collection skills development of MOH staff; 3) expand the capacity of the district health facilities to deliver MNC services to strengthen quality of care and safe delivery practices; and 4) improve selected behaviours among the community with a focus on increases in the completion of four antenatal clinic visits for pregnant women; deliveries with a skilled birth attendant; deliveries at a health facility; the provision of postpartum/newborn care visits; and couple-years of protection with contraception.

HAI supports the MOH's maternal, newborn and family planning services at the national, district, and health facility levels. We worked to successfully re-establish the national MCH and FP Working Groups and support District Health Management Team members to conduct supportive supervision visits and utilize the national health information system. Several HAI staff are MOH master trainers for national Safe Motherhood, Family Planning and Essential Newborn Care trainings. HAI staff also support health care and health education outreach to the communities by supporting SISCa (*Serviso Integradu da Saude Comunitaria*, or Integrated Community Health Services) events in six subdistricts. Other direct community level support includes efforts to spark demand for improved services; training and support of community based family health promoters (PSFs); developing and deploying culturally-responsive, multimedia Behaviour Change Communication (BCC) tools including films, radio spots, songs, photo cards and posters.

Activities have been carried out as planned. HAI continues to be the primary source of maternal and newborn care technical support to the MOH. Although most program indicators have increased, district level data have not shown the levels of improvement that were initially targeted. Constraints to the program include inadequate numbers of service providers and lack of transportation for women. Future efforts will include measurement of service indicators such as quality of observed counselling visits or client's knowledge of key health messages, and efforts assure that pregnant women have improved access to quality care.

To date AUD\$1,250,000 has been disbursed for the project. HAI will submit a cost extension request for approval to add an additional funding tranche of AUD\$ 950,232 to extend the project from January to December, 2012.

Activity summary

1. Summary data

Beginning in March 2010 the Australian Agency for International Development (AusAid) provided Health Alliance International (HAI) funding to improve maternal and newborn care and family planning in partnership with the Timor-Leste Ministry of Health (MoH). **The overarching goal of the program is to improve health and reduce mortality and morbidity for mothers and their infants in Timor-Leste thus contributing to the MDG goals four and five.** The original funding period was March 2010 through December 2011. At the request of AusAID, HAI is submitting a proposal in November 2011 in support of a one-year cost-extension to extend this program through December 2012. Approval of the cost extension is pending.

Activity location

To achieve project objectives a variety of activities have been carried out in the following seven districts: Manatuto, Liquica, Aileu, Ermera, Manufahi, Ainaro and Dili.



Key dates

Health Alliance International began design of the *Support for Improved Maternal and Newborn Care in Timor-Leste* program in December 2009. It was approved for funding and activities commenced in March 2010. Routine monitoring systems are in place to track progress and an annual data review is conducted to assess progress toward identified targets. In November 2011 a cost extension proposal was submitted to AusAID for consideration of extending the program through December 2012.

Activity Governance

As a non-profit 501(c) organization, Health Alliance International has a Board of Directors that oversees all projects in all country programs where HAI works. Project management (both programmatic and fiscal) for *Support of Improved and Maternal and Newborn Care in Timor-Leste* is carried out through HAI management systems in place at both the Headquarters office in Seattle, WA and in the field office in Dili, Timor-Leste. A Project Management Committee was not established to provide oversight for this project. With our primary partner, the Timor-Leste Ministry of Health, HAI participates in consultative, coordination and planning mechanisms such as the Family Planning Working Group and the Maternal and Child Health Working Group. Participation in these MoH governing and policy bodies assures that the project is aligned with the MoH strategic plan for maternal and newborn care and family planning.

AusAID Agreement

Please see Annex A for the AusAID Agreement 54456 covering this project.

Regarding the aid modality used by this project:

Were any of the activity funds channelled through partner government systems?

No.

Were any funds channelled through partner government procurement systems?

No.

Were any funds pooled with other donor or partner government funds?

No, AusAID funds under this agreement were not pooled with other funds but were implemented in tandem with two grants funded by USAID, also in partnership with the MoH in support of improved maternal and newborn care and family planning. The first was a grant working to improve the quality of health services delivered through the MoH system for maternal and newborn care, and health promotion in communities to increase the demand for those services. This grant commenced October 1, 2004 and ended September 30, 2010, seven months after the AusAID-funded project commenced. The second grant from USAID was focused exclusively on child spacing/family planning and working on the supply side to improve the quality of the family planning services delivered, and on the demand side to increase community awareness of the benefits of child spacing and contraceptive methods. This grant commenced December 20, 2005 and closed on August 31, 2011, 19 months after the beginning of the AusAID-supported project. Both of the USAID grants were carried out in the same seven districts covered under the AusAID Agreement and were very complementary to the AusAID funding in terms of activities and focus.

2. Activity Description

Background and rationale

Poverty and low literacy in Timor-Leste are widespread and despite achievements since gaining independence over a decade ago, maternal and child health remains among the worst in the region as evidenced by a maternal mortality ratio of 557 per 100,000¹ live births. Thus, while in Australia a woman dying in childbirth would be very rare, one in almost 12,000 births, in Timor-Leste, that number is one in 180 women who will die. This makes having a baby the number one risk of death for Timorese women. Infant mortality is estimated at 44 per 1,000 per live births, of which one-half occurs in the neonatal period². According to the Timor-Leste Demographic and Health Survey 2009-2010, 64 per 1,000 children in Timor-Leste die before reaching age five. Utilization of critical maternal health services is low. While pregnant women receiving at least one prenatal care visit is common in Timor (86%), only 55% of women receive the WHO recommended four visits during pregnancy to assure that their pregnancy is being adequately monitored. The vast majority of deliveries (78%) still occur in the home and only 30% are assisted by a skilled attendant. Nearly one fifth of deliveries are carried out by a traditional birth attendant (18%) and nearly half are assisted by only a family member or friend.³ As with many health indicators in Timor-Leste, there is wide disparity between urban and rural areas with 59% of urban births assisted by a skilled attendant compared to only 21% in rural areas.⁴

Overall budget and project duration

The initial overall budget for the project to date is AUD\$1,250,000 that has been disbursed in three tranches of AUD\$600,000, AUD\$250,000 and AUD\$400,000. In November 2011 a cost extension was submitted for approval to add an additional funding tranche of AUD\$950,232 to extend the project from January – December 2012. Approval of this request is pending.

Goals and objectives

The overarching goal of the program is to improve health and reduce mortality and morbidity for mothers and their infants in Timor-Leste, thus contributing to Millennium Development Goals Four and Five. The specific objectives of this program are:

- Improve the health policy environment and ensure national policies reflect the most up-to-date research in antenatal, delivery, postpartum and newborn care and family planning.
- Support the MoH in cross-cutting areas such as information collection/use and supervision tools, and improving skills in program evaluation and operations research.
- Expand the capacity of the district health facilities to deliver MNC services with the goals of:
 - Improving quality of care delivered by district midwives through supportive supervision.

¹ Timor-Leste Demographic and Health Survey. 2009-2010

² Ibid.

³ Ibid.

⁴ Ibid.

- Supporting safe delivery through Birth Friendly Facilities in selected subdistricts.
- Improve selected behaviours among the community with a focus on the following goals:
 - Percent of pregnant women who receive the recommended four antenatal care visits (according to the MoH definition of K4) will increase from by 5 percentage points in HAI districts between 2009 and 2011.
 - Percent of women who deliver with a skilled birth attendant (SBA) will increase by 5 percentage points in HAI districts between 2009 and 2011.
 - Percent of annual deliveries that occur at a health facility will increase by 5 percentage points in HAI districts between 2009 and 2011.
 - Percent of annual postpartum and newborn visits within the first week will increase by 5 percentage points in HAI districts between 2009 and 2011.
 - Couple Years Protection will increase by 4% each year for HAI districts between 2009 and 2011.

Program overview

HAI works in close partnership with the MoH to improve maternal, newborn and family planning services that are delivered through the government-run health system. HAI supports health system strengthening activities at the national, district, and health facility levels. At the national level we participate in the Maternal and Child Health Working Group and the Family Planning Working Group and support the Department of Maternal and Child Health in the MoH to conduct national activities. We provide to the District Health Management Teams, specifically the MNC and Health Promotion Program Officers, to conduct supportive supervision and utilize program and national health systems data to direct programs. Our trained midwives conduct on-the-spot mentoring when gaps are identified during facility checks. HAI staff also support health care and health education outreach to the communities by supporting SISCa (*Serviso Integradu da Saude Comunitaria*, or Integrated Community Health Services) events in six subdistricts.

An important complement to working to assure that high quality MNC and FP services are delivered at health facilities and through SISCa is to also work at the community level to spark demand for these services. Over the past few years HAI has developed culturally-responsive, multimedia Behaviour Change Communication (BCC) tools to facilitate this work. These resources include films, radio spots, songs, photo cards and posters. AusAID funding has supported HAI to make these tools more widely available for MoH staff, community health workers, and other partners.

Please see **Approach Adopted and Key Outputs** (p 10) and the workplan in Annex B for a more detailed description of HAI's activities and outputs.

3. Expenditure/Inputs

Inputs to the program have included a full complement of staff time and expertise, both expatriate and Timorese. Funds from other sources, including USAID and UNFPA, have complemented HAI's AusAID-funded efforts. Support for improved services by Ministry of Health staff are the key to realization of HAI's larger goals of strengthening the as-yet developing health system in Timor-Leste. For this reason, an extension of funding will focus on an even closer monitoring and evaluation of health system efforts and assuring access to high-quality care.

Funds received/actual expenditure/pending cost extension request

USD Dollars					
				IN USD	IN AUS \$
Budget Line Items	(a) Approved Budget	Total Funds Received to Date	Estimated Balance of current funding at Dec 31, 2011	Estimated Expenditure Jan thru Dec 2012	Additional Funding Requested \$1.00805 Aus = \$1 USD
Staff Costs	722,635	722,634		476,527	480,363
Direct Activity Costs	190,998	190,998		171,430	172,810
Other Direct Expenses	122,643	122,643		137,580	138,688
Indirect Cost	166,115	166,115		157,107	158,372
Total	1,202,391	1,202,390	(0)	942,644	950,233

4. Approach/Strategy Adopted and Key Outputs

The following approaches have been carried out under this AusAID Agreement. Please see Annex B for a detailed workplan that outlines specific activities and output indicators under each of the following program approaches.

Maternal and newborn care and family planning technical support to the MoH

HAI works in close partnership with the MoH to improve maternal, newborn and family planning services that are delivered through the government-run health system. To achieve this goal HAI implements a variety of activities in multiple settings.

Participation in key MoH strategic planning

As a key partner with the MoH in the area of maternal and newborn care and family planning, HAI is invited to participate in many policy bodies at the MoH. HAI senior staff attended the annual Health Sector Review which reviews the past year's work and prioritizes activities in the year ahead. In fact, HAI was asked to be the NGO representative to the organizing committee and asked to make the national presentation on Maternal Health Services in Timor-Leste.

The Family Planning Working Group (FPWG) was re-established in March 2010. This marks a major accomplishment for the program. HAI has attempted without success since 2006 to facilitate regular meetings of this body of key stakeholders in family planning in Timor-Leste. Therefore we feel it is a success that these meetings are now not only held regularly but HAI works closely with the Head of Family Planning to assist her in planning these meetings and encouraging NGO partner organizations to share their workplans with the MoH.

HAI, as a leading health organization in Timor-Leste, was chosen to meet with the Minister of Health, Dr. Nelson Martins, for what will be monthly feedback sessions with organisations

and agencies working in the health field. HAI's senior staff used this important opportunity to discuss issues such as data management strengthening, district leadership capacity, persistent maternal mortality, etc. The Minister requested further support from HAI to examine the causes of maternal mortality and to improve quality and impact of health services in the districts.

Key outputs

- 2 MCH Working Group meetings were held in 2011, with a large gap due to staffing shifts at the MoH
- 3 FPWG meetings attended in 2011, with discussion of PSF role regarding counselling on the agenda in each meeting
- 2 MCH/FP research projects were conducted with approval from the Health Research Cabinet (see **Documentation Produced by this Activity**, p 31)
- HAI participated in HMIS Think Tank meetings in 2010 when these meetings were held regularly
- Thirty-three health professionals attended the Operations Workshop in November 2010

Supportive supervision for district-based midwives

In the understanding that health workers benefit most from on-site, on-the-job training and follow-up coaching to ensure that new skills are understood and applied correctly, supportive supervision (SS) is a key function of HAI's maternal, newborn care and family planning programs in Timor-Leste. HAI conducted a review of all aspects of conducting SS and as a result have made changes to our approach which we believe reflect a more tailored and effective means of providing support to the MNCH District Program Health Officers (DPHO) and midwives. Utilization of health facilities is still low in Timor-Leste and on conducting an informal analysis of SS, we discovered that often SS visits take place without a patient in attendance therefore only focuses on reviewing registers. While continuing dialogue with the MoH about how to improve the quality of SS nationally, HAI has committed to its own policies regarding SS and is working with DPHOs to build their capacity and understanding of SS. In order to direct HAI's support to those midwives most in need, we organise our SS schedule to include those midwives in more remote health facilities and those who have not received a SS visit for some time. Additionally we shifted some of the focus of SS to include SISCa posts and not just fixed facility sites in order to monitor and build the quality of services delivered at this important part of the health system.

Key outputs

- Between March 2010 and September 2011, HAI has assisted DPHO to conduct more than 170 supportive supervision visits to over 73 delivery sites
- HAI has developed role-plays to be used during supportive supervision visits that target ANC and FP counseling skills

Safe Motherhood, Essential Newborn Care and Family Planning Training in Timor-Leste

HAI's experienced midwives are master trainers in Safe Motherhood, Essential Newborn Care (ENBC) and Family Planning. HAI has assisted the MoH and the Institute for Health Science in facilitating training to national midwives throughout the country. This activity has

also included reviewing the training materials prior to delivering the training and revising to ensure it is of the highest quality.

Furthermore, HAI midwives regularly use the “Baby Annie” mannequin for refreshing skills in newborn resuscitation when in the district. This has enabled us to train the wider health team at the sub-district level, including doctors and nurses as well as midwives, on this potentially life-saving skill. Taking such teaching aids to the district and exploring technical skills in a more informal setting is a key part of HAI’s broad approach to building skills.

The standards in midwifery have recently been updated to include globally recognized advancements and approaches in Safe Motherhood. This was a significant step for Timor-Leste as this is was first update of standards in ten years. Led by a UNICEF consultant, a refreshing of the national master trainers, which includes one of HAI’s experienced midwives, was conducted. Following this, the master trainers conducted three rounds of training on Safe Motherhood, both theoretical and practical components, to national midwives. Because HAI is such a close supporting partner of the MoH and a key resource in delivering training, three newer members of HAI’s technical team attended the training as participants. This enables HAI to increase the quality of technical support we can provide in the districts at a time when a fraction of the national midwives have been through this training. This Safe Motherhood training is an ongoing MoH priority to ensure all national midwives are up-to-date with their skills and is an activity that HAI has been requested to continue supporting.

Key outputs

- HAI has co-facilitated ENBC training in Dili, Maliana, Baucau and Oecussi, with a total of 53 midwives and nurses trained
- HAI conducted Safe Motherhood training for the 18 newly returned Timorese doctors returning from Cuba
- HAI staff consistently utilize Baby Annie mannequins to refresh skills of district midwives in essential newborn care and breastfeeding positioning
- HAI Master Trainer received certification in the new Safe Motherhood standards and subsequently helped train 23 midwives to receive their certification

Support for Servisu Integradu Saude Comunitaria (SISCa)

HAI staff provides support for the MoH-initiated SISCa events at the community health center level, assisting with SISCa coordination, supportive supervision of medical services provided, and monitoring and supervision of the cadre of community health workers, PSFs, tasked with staffing the registration table and conducting health promotion activities at SISCa events. Our team also builds the capacity of district health leadership staff by working with team members specifically charged with overseeing the events.

HAI has developed a SISCa evaluation tool that is used by staff monthly to assess the functionality of HAI-supported SISCa events, particularly SISCa table 3 (MNCH) and table 6 (health promotion). HAI uses this tool to track progress and allocated HAI staff resources in support of SISCa. Please see key SISCa indicators in Table 2 of Key Outcomes (p15), and Annex C for HAI’s detailed SISCa report for January – June 2011.

Key outputs

- Since March 2010, HAI has supported 344 SISCa events that served an estimated 38,727 community members

- The occurrence of health promotion activities has risen from 69% of HAI-supported SISCa posts in Q1 2011 to 96% of HAI-supported SISCa posts in Q3 2011
- Sixty-seven percent of HAI-supported SISCa posts have complete equipment necessary to provide ANC and FP services. The deficit is due to an ongoing stockout of iron supplements.

Birth Friendly Facilities (BFF)

The concept for the Birth Friendly Facilities (BFF) were developed in response to community feedback regarding their birthing preferences and what would motivate them to come to a facility for delivery. They are designed as a Timorese house located next door to a health facility and are meant to provide a comfortable, culturally acceptable place for women to come to deliver their babies with a skilled birth attendant. There are four BFFs in the districts of Aileu, Liquica, Ainaro and Manufahi. The BFFs are fully integrated into and staffed by the MoH, and in fact HAI was told directly by the Minister of Health that the expanded national maternity houses are based on these BFFs.

In the summer of 2010, a MPH student from the University of Washington spent two months conducting a situational analysis to provide HAI with a base of knowledge on how BFFs are currently used, what obstacles the community faces in using them, and what opportunities exist in expanding programming. The report has been disseminated to our partners and donors. HAI is in process of implementing some of the recommendations from the report with the goal to increase rates of utilization, primarily through sub-district level meetings at the BFFs to feedback the results of the research, recognize the valuable contribution of the community and collectively discuss ways to bring about positive change.

Key outputs

- During 2010 and through July 2011 a total of 613 babies have been born in HAI-supported BFFs
- HAI staff facilitated strategic planning meetings at 2 BFFs in 2011 to help health staff identify barriers and solutions to utilization of BFFs
- Report on the use of BFFs published in March 2011: "Expanding the Use of Birth Friendly Facilities: A Situation Analysis in Fatuberliu, Maubara, and Remexio" (see **Documentation produced by activity**, p31)

Provide technical support to District Program Health Officers

One priority of HAI teams is to assist the District Program Health Officers (DPHO) for Maternal and Child Health (SMI) and for Health Promotion (HP) to learn more about their programs and utilize their own data to make decisions. Support to DPHO-SMI will cover results of supportive supervision visits, data from the local area monitoring system, and national health systems data, and includes support of data analysis and presentation of results at district health council meetings. Support to DPHO-HP includes SISCa data analysis and presentation. All DPHO are invited to come to SISCa events in order to supervise and trouble-shoot problems.

Key outputs

- Improved Powerpoint presentations have been seen at district health council meetings in Liquica, Manufahi, and Ermera.

- Two DPHO-SMI and five DPHO-HP have observed HAI-supported SISCa events in 2011

Community-level health promotion

Community-based health promotion is a core function of HAI's strategic approach. Under this program, HAI has continued to make previously developed tools more widely available to health staff, community health volunteers (*Promotores Saude Famailar*, or PSF), and communities. Midwives have been trained in using health posters or films to complement their regular counselling visits. PSF have received training in easy-to-use flip charts and posters regarding key maternal health messages. And both HAI staff and our local subcontractor, Health Net, have continued to show films on healthy behaviours during pregnancy and birth.

Mai Ita Koko (Come Let's Try!)

HAI developed a BCC communication package that we call *Mai Ita Koko* or "Come Let's Try", which consists of ten photo cards depicting relevant Timorese images and portraying recommended maternal health behaviours. HAI provides training for the MoH cadre of PSFs to use the photo cards as an educational tool during home visits and to encourage women and families to adopt one or more behaviour, such as having a skilled birth attendant, giving birth at a facility or choosing a family planning method. The chosen behaviour(s) is checked off on a colourful poster that contains each of the photos and the poster is left with the family to remind them of their selection. HAI completed the planned training of 210 PSFs on the *Mai Ita Koko* behaviour change materials in each of our six target sub-districts.

As part of this project with AusAID, HAI Health Promotion staff have conducted ongoing monitoring and supervision visits with PSFs during home visits to coach and provide feedback on their skills in delivering health promotion messages.

Key outputs

- HAI has provided 64 PSF with follow-up support in the *Mai Ita Koko* health promotion tool since March 2010
- In the last three months, PSF at 76% of HAI-supported SISCAs used the *Mai Ita Koko* tool to provide health promotion to community members

Maternal and newborn health films

Over the past few years, HAI has developed a number of films used for promoting key maternal health behaviours: *Feto Nia Funu* (The Women's War), *Hakur Ba* (To Go Across/It Is My Idea), and *Hakat Ba Naroman* (Step Towards the Light). *Feto Nia Funu* is a two-part, documentary style, educational video created in 2006. Part one follows pregnant women, their families, and health professionals as they discuss behaviours related to pregnancy. Part two is about birth and postpartum care. *Hakur Ba* is a simple drama designed to convey key health messages to all audiences. *Hakat Ba Naroman* consists of five 10-minute educational segments covering the importance of birth planning and prenatal care, having a skilled birth attendant assist with delivery, the importance of postpartum and newborn care and early and exclusive breast feeding. During 2010 and 2011, HAI staff have facilitated community viewing of these films, followed by question and answer periods with local health staff or HAI's trained midwives. Our local contractor, Health Net, has also shown

these films to a few key *sucos* (villages) identified as areas of low coverage through discussions with local community health centres. Finally, a combination of these films were shown at all night events conducted by HAI and Health Net (see below).

Key outputs

- A total of 661 community members have attended events where one or more of the MCH films were shown by HAI staff (does not include night events, see below)
- Targeted health promotion campaigns supported by our local subcontractor, Health Net, reached 114 community members in Maubaralisa, Liquica and 321 community members in Remexio, Aileu.

Community night events

In 2011, HAI implemented a new approach to increase community attendance at SISCa. In the late afternoon or evening, HAI conducts night events in the community where a SISCa is planned for the following day. This enables us to help the local health staff and local leaders to engage the local community in health issues, conduct health promotion to a wider audience and help mobilize the community and it has resulted in better attendance at SISCa, thus enabling more people to access health services. Frequently attended by local health staff and local leaders, and always by PSF, these events usually draw more community members than the average film screening. Another benefit is that they often draw more men than women and thus facilitate connecting with a demographic that is typically harder to reach and important in the making decisions around women's access to care. In the future we hope to conduct an analysis of whether these events are followed by increases in attendance at SISCa posts, but it is still too early to conduct a strong analysis of the data.

Key outputs

- HAI has conducted 27 events so far in 2011, reaching 1,365 men and 1,271 women

Creative use of radio

In 2010 radio spots containing maternal and family planning messages and tailored songs were aired on national and local radio stations. Although monitoring the listenership numbers is difficult, given the low cost of \$115 per month for a four-minute airing every day, the initiative was well worthwhile and the feedback has been very positive. Responses revealed that the radio messages were catchy and memorable. HAI has produced one song that lists the danger signs that can occur during a woman's pregnancy. Another song features the importance of colostrum for newborns in an effort to dispel the popular Timorese myth that this milk is 'bad' or 'dirty'. These radio spots will run again in the second half of 2011.

5. Key outcomes

HAI uses national Health Management Information System data, collected from the districts, to monitor progress toward our key indicators. These indicators included facility births, skilled birth attendance, and post partum and newborn care (see Table 1). At the district level, these indicators showed only slight improvements since 2009, except in the case of Couple Years Protection, which is on track to show considerable increase by the end of 2011. Further analysis, however clearly displays an impact on the sub-district level.

Table 1: Key Health and Family Planning Indicators for HAI Districts

Key maternal and newborn health and family planning indicators for HAI districts	2009	2010	Jan-Aug 2011
Percent of pregnant women who receive the recommended four antenatal care visits (according to the MOH definition of K4) will increase by 5 percentage points in HAI districts between 2009 and 2011	30%	29%	31%
Percent of women who deliver with a skilled birth attendant (SBA) will increase by 5 percentage points in HAI districts between 2009 and 2011	30%	33%	30%
Percent of annual deliveries that occur at a health facility will increase by 5 percentage points in HAI districts between 2009 and 2011	11%	14%	13%
Percent of annual postpartum and newborn visits within the first week will increase by 5 percentage points in HAI districts between 2009 and 2011	30%	33%	31%
Couple Years Protection will increase by 4% each year for HAI districts between 2009 and 2011	18,858*	15,202	15,041

*Formerly number of methods or cycles provided was unavailable and in 2009 CYP had to be estimated according to number of users, not the amount of a method received. This was not as accurate a measurement as current calculations and had potential for exaggeration.

Many of HAI's activities, such as SISCa and PSF support, occur at the sub-district rather than the district-level. Because of this, it is important to look at improvements at the level of the sub-district in addition to the district level or entire program area. Table 2 on the following page shows that we met almost all of our objectives when viewed at the sub-district level.

Coverage of antenatal care has increased across all of our sub-districts. The overall number of ANC visits provided by midwives rose by 120%. Without any notable increases to staffing levels in these sub-districts, this represents an increase in counseling sessions per midwife. This increase in the provision of ANC visits led all sub-districts, except Remexio, to meet HAI's target of increasing the percent of women who received four or more antenatal care visits by 5 percentage points. Fatuberliu was notable among the sub-districts, rising from 29% coverage of 4+ ANC visits in 2009 to 70% coverage to date in 2011. Hatu-Udo and Laclubar each rose by more than 10 percentage points.

While the number of deliveries with a skilled birth attendant present appears to have stayed constant or rose only slightly in three of our sub-districts, coverage rose by over 9 percentage points in Laclubar, Maubara, and Remexio. The number of facility births, however, almost doubled across all sub-districts except for Maubara. In late 2009 and early 2010, new birthing facilities opened in three sub-districts: Fatuberliu, Hatu-Udo, and Remexio. The first two were HAI-supported Birth Friendly Facilities. The increased number and quality of facilities, as well as the community consultations involved in their development, likely led to this increase. Interestingly, the increase in facility births did not always correspond to an increase in overall skilled birth attendance, and Maubara, which did not see a high increase in facility births, still saw a large increase in overall attendance.

Table 2: Key Health and Family Planning Indicators for HAI Sub-districts

Key maternal and newborn health and family planning indicators for HAI districts	Focus sub-districts	2009	2010	Jan-most recent data* 2011
Percent of pregnant women who receive the recommended four antenatal care visits (according to the MOH definition of K4) will increase by 5 percentage points in HAI districts between 2009 and 2011	Fatuberliu	29%	36%	70%
	Hatu-Udo	45%	54%	58%
	Laclubar	34%	47%	48%
	Letefoho	21%	18%	30%
	Maubara	28%	30%	33%
	Remexio	29%	34%	32%
Percent of women who deliver with a skilled birth attendant (SBA) will increase by 5 percentage points in HAI districts between 2009 and 2011	Fatuberliu	29%	32%	33%
	Hatu-Udo	50%	51%	52%
	Laclubar	43%	60%	52%
	Letefoho	22%	19%	21%
	Maubara	26%	37%	36%
	Remexio	30%	43%	43%
Percent of annual deliveries that occur at a health facility will increase by 5 percentage points in HAI districts between 2009 and 2011	Fatuberliu	5%	23%	31%
	Hatu-Udo	15%	27%	25%
	Laclubar	18%	40%	26%
	Letefoho	2%	5%	9%
	Maubara	12%	15%	13%
	Remexio	12%	36%	38%
Percent of annual postpartum and newborn visits within the first week will increase by 5 percentage points in HAI districts between 2009 and 2011	Fatuberliu	33%	32%	33%
	Hatu-Udo	48%	51%	51%
	Laclubar	46%	68%	59%
	Letefoho	22%	17%	22%
	Maubara	26%	37%	36%
	Remexio	39%	43%	45%
Couple Years Protection will increase by 4% each year for HAI districts between 2009 and 2011 (Displayed is average CYP per quarter for ease in comparison)	Fatuberliu	70.41	94.86	138.6
	Hatu-Udo**	93.18	92.19	115.6
	Laclubar	50.05	79.26	68.8
	Letefoho	132.47	155.26	137.40
	Maubara	1452.84	153.26	319.24
	Remexio	35.89	137.00	114.54

*The most recent available data for some sub-districts was September (Maubara, Laclubar), but some were missing 1 (Letefoho, Fatuberliu) or 2 months (Remexio, Hatu-Udo) of data. Only 3 months of family planning data was available for Hatu-Udo.

**We had only 3 months of family planning data for Hatu-Udo.

Postpartum care (PPC) often follows birth with a skilled birth attendant as women often receive a check while the midwife is still present, so it is not surprising that where coverage of SBA increased, PPC increased. Laclubar, however, has a notably higher coverage rate of PPC (59%) than SBA (52%), meaning that women who did not receive midwife assistance during delivery were seen by a health professional after birth. It will be very useful to investigate Laclubar as a “positive deviant” and share their experience and lessons with our other sub-districts and nationwide.

Family planning uptake, as represented by Couple Years Protection, has increased in all sub-districts. This represents either an increase in number of family planning users or an increase in uptake of long-term methods such as IUDs and implants. Table 3 displays the average CYP per quarter to make it easier to compare 2009 and 2010 with available data for 2011. The greatest increases were seen in Fatuberliu and Remexio, and Maubara if you compare between 2010 and 2011 (calculation of CYP in 2009 was based on number of users, not family planning supplies distributed).

Given the focused activities and resources allocated to support SISCa in the AusAID work plan, in 2011 HAI developed and implemented tools to collect monitoring data to track progress towards SISCa related program objectives. The status of these for the first half of 2011 is included in the report in Annex C. Table 3 below shows the results for the third quarter in 2011, with improvements in almost every indicator.

Table 3: SISCa-Related Indicators for HAI-Supported Districts

AusAID indicator	Status of indicator for Q3 2011
80% CHC health staff who go to SISCa are trained on how to use the SISCa tools	100% of CHC staff are trained in SISCa tools.
24 SISCa posts are supported by HAI each month	An average of 26 SISCa posts were supported each month.
3 HP activities held each month the night before SISCa	19 night events were held, averaging 6 per month.
HAI technical staff observe and assess at least one consultation or counselling session at every SISCa attended	HAI technical staff conducted supportive supervision of consultations at 100% of the 38 SISCas attended.
PSFs conduct at least one health promotion activity on MNH at SISCa posts supported by HAI	PSF conducted MNH-related activities at 76% of SISCa posts.
DPHO HP & DPHO SMI in every HAI target sub-district attends at least 1 SISCa posts every quarter	The DPHO SMI Liquica and DPHO HP from 5:6 of the districts (all but Manatuto) attended HAI-supported SISCa .
% SISCa posts with complete (full set of 15 items) equipment and drugs for table 3	69% of HAI-supported SISCAs had complete equipment.
% SISCa posts with a score of 6+ for table 6	96% of HAI-supported SISCa posts received a score of 6 or more.

In addition to the above indicators, our data show that 440 antenatal care visits and 220 postpartum/postnatal care visits were provided through the SISCa events that HAI supported. An additional 109 women received family planning counseling and methods. In some of our sub-districts, such as Letefoho, Ermera, we know that SISCa may not or cannot run without outside support or transportation.

Expected outcomes

Expected outcome	Outcome achieved	Evidence <i>From M&E or performance assessment framework</i>
Improve the health policy environment and ensure national policies reflect the most up-to-date research in antenatal, delivery, postpartum, and newborn care and family planning	HAI has activity contributed to every Maternal and Child Health Working Group and every Family Planning Working Group held during the course of this program.	Working group participation is monitored through monthly HAI staff activity records as well as meeting minutes.
Support the MoH in cross-cutting areas such as information collection and use and supervision tools, and improving skills in program evaluation and operations research	HAI has successfully conducted a 5-day operations research workshop for 33 district-based Ministry of Health staff, and provided follow-up to 4 district teams in conducting their research.	At the end of the 5-day workshop, all participants were invited to take a post-test to gauge their level of comprehension of course material. The results show that participants can now identify the steps in the Plan-Do-Study-Act cycle, identify a common study design used in Operations Research, recognize the importance of including a variety of health professionals when performing the PDSA cycle, define the characteristics of a strong indicator for measuring outcomes, and appreciate the utility of routinely collected data.
Improve quality of care delivered by district midwives through supportive supervision	HAI has conducted over 170 supportive supervision visits for Safe Motherhood and Family Planning, with on-the-spot refresher trainings on use of partographs, danger signs during pregnancy, essential new born care, and proper breastfeeding positioning.	HAI technical team members fill out the Ministry of Health Checklists for Safe Motherhood and for Family Planning alongside the District Health Program Officer for Maternal and Child Health at each site visited. Copies of these checklist, or more recently key indicators taken from these checklists, are used to monitor improvements in the quality of health service delivery.
Support safe deliveries at Birth Friendly Facilities (BFF)	A total of 613 births have occurred at the 4 BFFs in 2010 and 2011. The number of births per month has been consistent at 3 of the sites. The BFF in Remexio	The number of BFF users comes from a list we receive from the facilities each month. This information includes the name and residence of the woman, her

	has seen a notable increase in the average number of births per quarter since 2009: 13 per quarter in 2009, 23 per quarter in 2010, and 27 per quarter in 2011.	reproductive history, number of ANC visits she received, if there are any complications or referrals during delivery, and her method(s) of transport.
Percent of pregnant women who receive the recommended four antenatal care visits (according to the MoH definition of K4) will increase by 5 percentage points in HAI districts between 2009 and 2011	At the district-level, the percentage of pregnant women who received the recommended four antenatal care visits increased by one percentage point, from 30% to 31%, in HAI districts. The total number of ANC visits received by women in our 6 focus subdistricts rose by 120% during this period, and almost every sub-district increased by 5 or more percentage points.	These numbers are taken from the national Health Information System, and projected numbers of pregnancies and live births per subdistrict are provided by the National Statistics Directorate within the Ministry of Finance.
Percent of women who deliver with a skilled birth attendant (SBA) will increase by 5 percentage points in HAI districts between 2009 and 2011	At the district-level, the percent of women who delivered with a skilled birth attendant (SBA) did not increase from 30% in HAI districts. SBA rose by more than 5 percentage points in 5 out of 6 HAI-supported sub-districts.	These numbers are taken from the national Health Information System, and projected numbers of pregnancies and live births per subdistrict are provided by the National Statistics Directorate within the Ministry of Finance.
Percent of annual deliveries that occur at a health facility will increase by 5 percentage points in HAI districts between 2009 and 2011	At the district-level, the percent of deliveries that occur at a health facility increased by 2 percentage points, from 11% to 13%, in HAI districts. Facility births in our 6 key subdistricts have increased from 6% to 10% overall, and rose by more than 10 percentage points in 3 sub-districts.	These numbers are taken from the national Health Information System, and projected numbers of pregnancies and live births per subdistrict are provided by the National Statistics Directorate within the Ministry of Finance. Three of our six focus subdistricts received improved birthing facilities (Birth Friendly Facilities) in the last quarter of 2009—two of which were renovated by HAI in partnership with local communities.
Percent of annual postpartum and newborn visits within the first week will increase by 5 percentage points in HAI districts between 2009 and	At the district-level, the percentage of pregnant women who received a postpartum care visits increased by one percentage point, from 30% to 31%, between 2009 and the first half of 2011 in HAI districts.	These numbers are taken from the national Health Information System, and projected numbers of pregnancies and live births per subdistrict are provided by the National Statistics Directorate within the

2011	Coverage of postpartum care rose notably in 3 sub-districts.	Ministry of Finance.
Couple Years Protection (CYP) will increase by 4% each year for HAI districts between 2009 and 2011	CYP attained through August in 2011 has already surpassed the 2010 totals, estimating a 148% increase over the previous year.	It is difficult to compare CYP between the years 2009 and 2010. In 2010, the MoH began collecting data on the number of contraceptive methods distributed in addition to number of users of each method, increasing the accuracy of the CYP estimates.

Unexpected outcomes

There were no unexpected outcomes to this project, though there was a large, unexpected barrier that we encountered to showing our child spacing film, *Espasu Oan*, that is discussed in the **Implementation Issues** section (see p25).

6. Expected Long-term Benefits and Sustainability

Many of the activities under this Agreement have been aimed at capacity building to ensure long-term impact. Activities such as supportive supervision, facility-based stakeholder meetings, and direct mentoring to DPHOs are meant to improve decision-making abilities of district health leadership. In these visits, improvements have been seen in counseling skills of district midwives, the problem-solving skills of district health staff, their conceptualization of data, and their use of tools such as Microsoft Excel and Powerpoint. The impacts of these activities will be sustained into the future.

In addition, our BCC materials, such as our films and *Mai Ita Koko*, can continue to be used by our own staff as well as PSF and midwives in the districts. We would expect to continue to see an increase in the number of men and women in rural communities that are exposed to messages regarding healthy maternal behaviours; an increase the number of health staff and community health workers that are trained in how to use HAI's BBC materials to effectively conduct community-level health promotion; a wide dissemination of HAI's BCC materials; and improved functionality of the MoH-led SISCa initiative and the outreach services it provides to rural communities.

There continue to be issues with the dispersal of funds from the central MoH to the district-level, and with adequate management of funds at the district-level, that could pose a barrier to the continuation of some of the activities that HAI supports. Some activities, such as supportive supervision trips and SISCa events, require working vehicles and available fuel. District health management teams have often reported these to be lacking and these activities sometimes do not operate without HAI support. The MoH is well aware of these problems, and the World Bank is currently poised to assist with fuel costs to ensure SISCa events continue to run. However the MoH will need to find funding in the coming years to continue these supervision and outreach events.

There are some inherent risks in working in a post conflict setting and in direct partnership with the MoH and thus, the Government of Timor-Leste. In HAI's past experience in Timor-Leste, the 2007 elections resulted in a marked change of leadership in the MoH from the Minister to the heads of most departments. Relationships with the new leaders took time to develop and activity progress was somewhat slowed as a result. Given there are planned elections in 2012 it is possible that change of leadership again could be disruptive to the scheduled workplan. There is also the possibility in this post-conflict setting that elections could cause political and civil instability that may disrupt project activities. HAI will closely monitor the election environment as 2012 approaches.

HAI sincerely hopes that the pending request for a cost extension on this agreement will be granted in order to continue the project into the future. While progress has been made there is still much work needed to improve the health outcomes for pregnant women and their newborns in Timor-Leste. HAI's primary mission is to promote policies and support programs that strengthen government primary health care systems, and promote decision making by national Ministry of Health staff. HAI has built strong relationships with MoH

counterparts and implemented programs in consultation with the MoH at every stage. HAI supports the MoH staff to strengthen public sector services for maternal care, newborn care, and family planning and in doing so believes it makes the best case for long-term sustainability and good stewardship of donor funding.

Overall assessment

7. Relevance

The problems of poor maternal and newborn health statistics, high fertility, low contraceptive coverage and low utilization of health services in Timor-Leste are complex and multifaceted. They require a multi-pronged strategic approach encompassing many layers of linked activities that work on both the supply side of the equation (health service delivery) and the demand side (health service utilization) in order to achieve meaningful progress. HAI has been working with and often at the request of the MoH in Timor-Leste since 2004 to help strengthen the delivery of health services as well as increase the demand.

HAI's aims are fully aligned with AusAID's strategic aim for Timor-Leste: strengthening basic health and education service delivery, including a special focus on maternal and child health. AusAID's experience has led it to emphasize that institutional capacity building is a long-term effort that does not necessarily focus only on technical expertise, an approach that is consistent with HAI's philosophy and experience. HAI shares other priorities in programming with AusAID, such as our efforts to fully engage both men and women in our community events.

Improving service delivery through training and supervision of midwives Timor-Leste

There has been, and continues to be resources allocated to improve the skills of midwives in Timor-Leste through FP, ENMB, and Safe Motherhood training carried out by the MoH in collaboration with UN agencies. Many HAI staff are also national master trainers. They are often called to duty by the MoH to train district midwives in ENBC, FP and Safe Motherhood.

Less attention, however, has been given to follow-up once the midwife returns to her home district where she often lacks the confidence to immediately use her newly acquired skills. HAI has found that midwives benefit from on-site, on-the-job training and follow-up coaching to ensure that new skills are understood and applied correctly. Additionally, a health facility and skills assessment carried out by HAI revealed that MoH midwives possessed on the whole, very poor communication skills critical in the provision of family planning counseling for example. Many studies globally and in Timor-Leste indicate that when women are treated poorly by health staff they do not come in for services. Through Supportive Supervision HAI works to enhance the midwife-to-client relationship and improve the quality of services delivered.

Support for Servisu Integradu Saude Comunitaria (SISCa)

The MoH created SISCa in 2007, aiming to take services out of the fixed facility and bring them closer to where people live that service utilization will improve through the SISCa initiative. However, there is work that needs to be done to assure that monthly SISCa events occur, that they are properly staffed and equipped with needed supplies and that community members attend. Support for SISCa in HAI program districts was requested by

our partner the MoH. HAI has responded by including SISCa support in our monthly workplan.

Supporting the MoH to increase demand

Improving the availability and quality of health service delivery alone will not increase the coverage of services unless community demand for the services does not also increase. The MoH does not currently have a large budget for health promotion activities and there remain gaps in available IEC tools. HAI has been working to supply the MoH with tools for maternal and newborn and family planning health promotion for the past seven years. HAI has developed a range of BCC tools, including photo cards, posters, and films for MNC and FP health promotion.

Films are an ideal method for engaging a target population that lives in very rural and very remote areas. Where literacy rates are low and televisions rare, films can be novel and a treat. All HAI's films have received approval by the MoH. Furthermore, film screenings are in accordance with the health promotion strategies surrounding SISCa events: the guidelines for SISCAs state that health promotion by PSF may be conducted the night before the SISCa event instead of at the event if this is appropriate.

Beginning in 2007, the MoH trained a national cadre of community health volunteers or PSFs. There are approximately 2-3 PSFs in every village who are tasked with some basic health promotion duties including staffing their locally held SISCa event. HAI saw potential in this cadre of volunteers to be on the ground at the village level delivering health promotion to pregnant women and their families in their homes, but recognized that not only would they need additional training, but also health promotion tools and support and supportive follow-up. The Mai Ita Koko program is a result of the process of problem identification, analysis and solution brainstorming in which HAI is continuously engaged.

Finally, the expansion of access to community radio stations, radios and electricity, particularly in district centers over the past few years motivated HAI to develop radio spots and songs on topics related to healthy maternal behaviors. It is difficult to assess or evaluate success of this approach short of exposure to the messages themselves, but given it is a very affordable activity it was deemed worthwhile and cost efficient.

Learning from experience

HAI believes in evidence-based programming and learning from our own experiences. Every year beginning in 2006 HAI, through its affiliation with the University of Washington, has greatly benefitted from 1 -3 MPH students per year who have conducted their thesis research on some aspect of HAI's programming in Timor-Leste. The research is typically an assessment or evaluation of one of our activity components. These assessments and evaluations have fostered continued retooling of our approaches and activities in order to achieve community acceptability and improved outcomes. Therefore, within the context of this continuous fine tuning of activities, developing and implementing monitoring and evaluation tools, and HAI's commitment to align with MoH strategies, we work very hard to respond to the local context and needs with clear links between our activities and country program strategies. We believe fully that HAI's activities have contributed to increased community awareness regarding the benefits of healthy maternal behaviours, including child spacing/family planning; has contributed to increased utilization of critically important MNC and FP services; and has improved the quality of the MNC and FP services delivered through the government-run health system.

8. Appropriateness of Objectives and Design

The objectives of this program were in line with national strategic plans and efforts. We felt the objectives were attainable given previous progress. Our efforts were in place to simultaneously strengthen services delivered, assist in service delivery via SISCa events, and also increase demand for services through film and message campaigns. However, many of the service coverage indicators did not improve significantly from 2009 to 2011 (see **Key outcomes**, p 15).

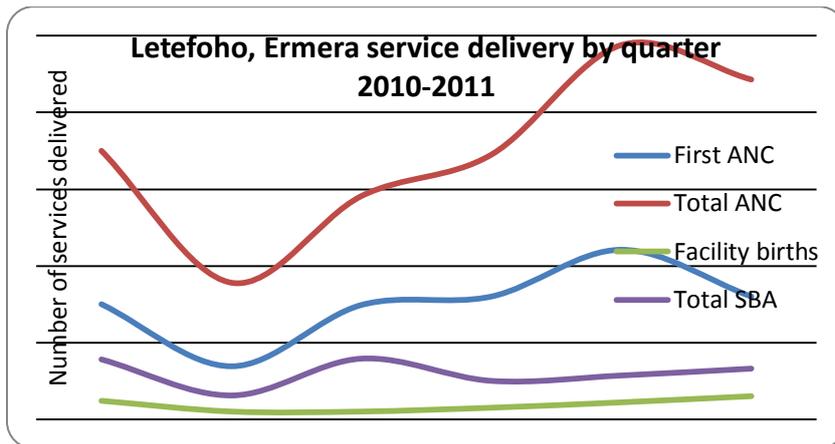
It now seems clear that initial information gathered at the outset of the program was not sufficient to allow us to accurately estimate the potential of our programs to impact overall service coverage. Many barriers stand between women and access to care, such as low numbers of service providers and lack of transportation. A few indicators should have been established to measure quality of services provided and improvements in health staff skills. We are currently improving the way we monitor our supportive supervision program and hope that in the future, indicators measured through this system, such as quality of observed counselling visits or client's knowledge of key health messages, will be able to help us be better able to measure the impact of our efforts. Supporting increased management capacity of our MOH district counterparts has been an explicit activity of the program, but also was not measured in ways that would allow us to demonstrate directly the progress made (or lack of progress).

The next stages of the project will require retooling of some of our approaches and renewed efforts to address the barriers to health and access to health care that are faced by families and communities in Timor-Leste.

9. Implementation issues

Contextual issues that affected implementation

HAI supports the existing MoH structures in Timor-Leste, helping to improve the quality of services provided, and at the community level to increase demand. However it is sometimes very clear that there are barriers beyond our control that affect the uptake of health services in our sub-districts. The overall number and distribution of midwives throughout our districts is an ongoing challenge to increasing antenatal and postpartum care and skilled birth attendance. In some districts, this can be seen in a concentration of midwives in the "urban" area or district capital. At other times, longer absences due to midwives returning for schooling or going on maternity leave will leave a noticeable gap in whether women receive care. In the graph below, there is a clear dip in antenatal care and skilled birth attendance in the second quarter of 2010 when one of the three midwives working in the sub-district of Letefoho went on maternity leave.



One of the approaches that HAI expected would strengthen the response to our family planning activities was to engage the Catholic Church in emphasizing the need for child spacing, whether by ‘natural’ or other methods, specifically in premarital counseling. A Catholic bishop of Timor-Leste has been supportive in that regard, and we were able to use our child spacing film, *Espasu Oan*, which has already been widely disseminated throughout the country, during a few early premarital courses in Dili. In mid-2011 however, a small number of clerics began vocally objecting to this film to the MoH. This surprising barrier led the Head of Family Planning to prohibit us from continuing to show this film. We have been unable to continue with our planned support to premarital counseling to date. We were fortunate, however, to receive support from UNFPA to create a new child spacing film by the end of 2011, and have received support from the MoH and Catholic Church at all steps thus far in the film development process. We hope to get this activity back on track in 2012.

Participation by all stakeholders

The Ministry of Health in Timor-Leste is a key partner for HAI, and every two years they review all of their key positions, with all department heads reapplying to their own positions or allowing them to seek other positions. A few of our national-level activities, such as helping organize and participate in the maternal and child health and family planning working groups, were delayed for a few months in 2011 while the Head of the Maternal and Child Health Department was vacant. This had implications for other aspects of our program as well, such as gaining approval for some activities.

Financial management and fund flows

HAI Timor-Leste operates as an imprest petty cash system. The petty cash limit is \$500. AusAID funding was received by HAI headquarters based in Seattle Washington, USA and disbursed as needed to the field office in Timor-Leste in a bank account in the name of the organization. Both the headquarters and Filed bank accounts are reconciled monthly. Receipts for all expenses are retained, copies in the field and originals in headquarters. A register of all assets purchased under the grant (if any) is maintained. The field-based financial team is supported by headquarters accountants.

Was this an effective/appropriate?

Yes, we have found the above described financial management system effective and have had no significant irregularities.

Were funds expended according to the proposal/budget/plan?

Yes, HAI received one cost extension (additional tranche of funds) to the originally approved two tranches. All expenditures were in line with the activities proposed in the original and extension proposals. The field team is attentive to closely monitoring activities against the approved work plan.

Were variances recorded and explained appropriately?

All variances have been recorded and reported to AusAID in the invoicing phase of reporting.

Were required audits/spot checks undertaken according to contract/plans?

Section 12.2 (e) in the agreement states that AusAID may request an independent audit of activity expenditure by an auditor nominated by AusAID. To date AusAID have not requested this audit. Section 14.3 states that upon acquittal of final funds HAI must undergo an independent audit. As the project is continuing HAI has not engaged an auditor yet, but will comply with the audit requirement at the end of the program. HAI as an organization undergoes a detailed annual audit of all programs; HAI will send AusAID the 2011 audit once it is final.

Detail any remaining funds that are to be returned

The program has not concluded, and in fact is going through a cost extension process, so no funds are to be returned at this time.

Were funds expended in the most efficient, effective and ethical way?

Yes.

Did AusAID achieve value for money?

Yes, HAI as an organization has a reputation in Timor-Leste as well as globally as being a very good value for the investment.

Have unspent funds been returned to AusAID?

No, the program is ongoing.

Monitoring and Evaluation

HAI relies on a few different monitoring systems, including staff activity records, internal SISCa reports, national SISCa reports, national health system data, BFF delivery data, and supportive supervision forms. Data were collected monthly within each of these data systems, and progress toward our workplan was conducted quarterly. The SISCa data system, established early in 2011, was especially robust in providing quick feedback to our teams and we were subsequently able to focus attention on supporting PSF to conduct health promotion at SISCa and ensure that follow-up meetings were held with health staff, PSF, and local leaders after all SISCa events. This system also allowed for the mid-year report in 2011. The data system for monitoring supportive supervision visits has taken longer to put in place and thus has not yielded as strong of results. Early data input has already pointed at some interesting areas for improvement in the supportive supervision program, however, and we are confident this monitoring system will prove highly useful in the future. This system will allow us to provide feedback to DPHO and the central MoH on quality of midwife counselling, presence of essential drugs and equipment, and training or review requirements at the district-level.

Gender

Women are critical to reducing poverty, boosting economic growth, agricultural productivity, managing households and raising healthy and educated children. In order for their families and communities to prosper it is critical that women survive pregnancy and childbirth and are provided with the information and services that allow them to make decisions about the size of their families and the spacing of their pregnancies. HAI's work under this AusAID Agreement focuses on improving the health of Timorese women as they navigate their childbearing years and thus, by definition addresses gender issues. Additionally, HAI recognizes that males are important decision makers with regards to household care seeking behaviour in Timor-Leste and so targeting men with health promotion activities is an important design element embodied in HAI's approach.

10. Lessons Learned

HAI has been implementing the current AusAID project in seven districts through a team of ten committed and experienced program staff. Some of the project activities are district wide, for example supportive supervision, while many are focused in a particular sub-district, such as supporting SISCa, one-to-one skills training and mentoring. This variation of coverage is due to the intense nature of capacity building activities and HAI's commitment to generating sustainable results. However, as demonstrated in some of the results, this can lead to HAI's target sub-districts experiencing positive results but not always the wider district.

Over the course of the project the challenges of trying to implement such an extensive workplan in seven districts with ten implementers became clear. Although our support has been greatly appreciated by the MoH and the respective districts, we believe we could have achieved better results had we been able to support activities in more sub-districts.

Therefore, HAI is requesting to implement the one-year cost extension in five districts. This will enable HAI to increase our support in these project districts and allow us to increase activities that previously focused in one sub-district to expand. A key lesson learned is that through the work we do, it is better to deepen support in areas we work than expand more thinly. Consequently, HAI also plans to recruit more program staff to enable us to deepen this support.

A further argument for HAI's concentration of resources is the recent announcement of the new MCH & FP project jointed funded by USAID and AusAID, Health Improvement Plan (HIP). Jon Snow International will implement the HIP in five districts and HAI will be working closely with this project and providing a number of trainings on the use of various IEC materials. However, to maximize the support that can be provided by HAI and to avoid unnecessary overlap, the Ministry of Health has requested that we hand over responsibility for support in Ermera and Manatuto to the HIP.

We feel confident that the AusAID cost-extension offers us an opportunity to operationalize lessons learned from this project and demonstrate HAI's commitment to flexibility and continuous improvement.

In addition to lessons learned that arose from program implementation as well as our ongoing monitoring and evaluation efforts, we have supported two Public Health graduate students from the University of Washington to conduct research on topics relevant to our work. The first conducted an analysis of where community women and midwives preferred to receive/conduct family planning services. She found that both women and midwives would like family planning services to continue to be available to health facilities, at SISCa events, and, if possible, through home visits like were conducted during Indonesian times. The second conducted a series of interviews with community members and midwives around the Birth Friendly Facilities to identify ongoing barriers to their utilization as well as provide guidance for types of health promotion or education activities they would like to conduct and receive. These two reports were presented at the Timor-Leste Studies Association's Communicating New Research Conference in Dili in June 2011, as well as disseminated to the MoH, donors, and other partners. These reports have been previously submitted to AusAID. (See also **Documentation Produced by Activity**, p31.)

11. Recommendations for Further Engagement

As discussed in previous sections, HAI has been requested by AusAID to submit a cost extension under this agreement to continue activities as described in this report through December 2012. This request is pending. HAI and our partner, the Timor-Leste MoH consider it to be highly beneficial to continue the scope of work under this current agreement.

12. Handover/Exit Arrangements

People involved

It is anticipated that all staff who have worked under this AusAID Agreement will continue in their positions at HAI. The FTE in the table below represent the current FTE by HAI staff starting on October 1st, 2011. Until August 31st, 2011, all HAI staff were 0.7 FTE on AusAID, and all staff were 1.0 FTE for the month of September 2011.

Name of person	Type of employee	Role	Time engaged <i>% FTE, start date if after start of Agreement</i>	Contact details	Position post-activity
Agucao Fernandes	HAI staff	M & E Assistant	1.0 FTE, started 8/11	782 4078	Continue with HAI
Alvaro da Silva	HAI staff	Admin Assistant	1.0 FTE, started 7/10	757 0750	Continue with HAI
Antonia Mesquita	HAI staff	MNC & FP Training Coordinator	1.0 FTE	723 6725	Continue with HAI
Austroberto Ferreira	HAI staff	Driver	1.0 FTE	724 7586	Continue with HAI
Beth Elson	HAI staff	Country Director	0.7 FTE	744 3516	Continue with HAI
Bernardo Bosco	HAI staff	Driver	1.0 FTE	764 7005	Continue with HAI
Filomena	HAI staff	MNC & FP Officer	1.0 FTE	725 8591	Continue with

Name of person	Type of employee	Role	Time engaged % FTE, start date if after start of Agreement	Contact details	Position post-activity
Mendoza					HAI
Graciana de Carvalho	HAI staff	Facility and Program Aide	1.0 FTE	No number	Continue with HAI
Henrique Bere	HAI staff	Office Manager	0.75 FTE, started 2/11	742 8513	Continue with HAI
Joao Moniz	HAI staff	Driver	1.0 FTE	No number	Continue with HAI
Juliao Soares	HAI staff	HP Officer	1.0 FTE	736 8836	Continue with HAI
Julio Sequeira	HAI staff	Operation Manager	1.0 FTE	772 8697	Continue with HAI
Maria Chang	HAI staff	MNC & FP Officer	0.7 FTE	725 6489	Continue with HAI
Marisa Harrison	HAI staff	M&E Manager	0.7 FTE	726 7698	Continue with HAI
Mary Anne Mercer	HAI staff	Senior Technical Advisor	0.29 FTE		Continue with HAI
Melania Madeira	HAI staff	MNC & FP Officer	1.0 FTE, started 5/10	732 0947	Continue with HAI
Olinda Baptista	HAI staff	HP Officer	1.0 FTE, started 8/10	742 3636	Continue with HAI
Paul Vasconcelos	HAI staff	HP Community Coordinator	1.0 FTE	724 3764	Continue with HAI
Paulino Salsinha	HAI staff	HP Officer	0.85 FTE	738 15 87	Continue with HAI
Rui Nheu	HAI staff	Driver	1.0 FTE	727 9071	Continue with HAI
Salvador Torrezao	HAI staff	HP Officer	0.85 FTE	751 3114	Continue with HAI
Sergio da silva	HAI staff	Driver	1.0 FTE , started 6/10	733 2564	Continue with HAI
Susan Thompson	HAI staff	Director Timor-Leste Operations	0.40 FTE		Continue with HAI
Suzie Alves	HAI staff	Accountant	0.70 FTE	726 3924	Continue with HAI
Terezinha Sarmiento	HAI staff	MNC & FP Program Coordinator	1.0 FTE	726 1277	Continue with HAI
Victoria das Neves	HAI staff	MNC & FP Officer	1.0 FTE, started 6/11	731 4518	Continue with HAI
Yovita Abuk Bere	HAI staff	MNC & FP Officer	1.0 FTE, started 6/11	725 9034	Continue with HAI

Documentation produced by activity

Name of document	Type of document	Document owner	Date produced	Location/s of document
Support for Improved Maternal and Newborn Care in Timor-Leste HAI Annual Report 2010	Report	HAI/AusAID	January 2011	HAI AusAID
Expanding the Use of Birth Friendly Facilities: A Situation Analysis in Fatuberliu, Maubara, and Remexio	Analysis	HAI	March 2011	HAI
An Assessment of Community-based Delivery of Family Planning Services in Timor-Leste	Analysis	HAI	March 2011	HAI
Program Results for HAI-Supported SISCa January – June 2011	Report	HAI	August 2011	HAI

Note: include documents where the Intellectual Property belongs to AusAID, as well as those related to the activity but the property of other parties

Physical assets purchased with activity funds

HAI policies identify goods over \$5,000 as assets. HAI had not purchased any assets with AusAID funding.

Contractual obligations/terms and status at end of activity

Name of contract	Contract number	Contractual obligations/terms	Status at the end of activity
Health Net	n/a	See the Contract Agreement with Health Net in Annex D	If HAI receives a cost extension, Health Net will continue with HAI. If not, their film screening activities will stop.

Continuation of components of activity

As discussed in previous sections, HAI has been requested by AusAID to submit a cost extension under this agreement to continue activities as described in this report through December 2012. This request is pending. HAI and our partner, the Timor-Leste MoH, consider it to be highly beneficial to continue the scope of work under this current agreement.

Annexes

- A. AusAID Agreement**
- B. Detailed Workplan**
- C. SISCa Report**
- D. Health Net Contract**