

Health Alliance International Proposal for Support of Integrated Maternal and Newborn Care and Family Planning in Timor-Leste in Partnership with the Timor-Leste Ministry of Health

November 30, 2012



Australian Government

AusAID



Summary

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). This proposal will build on those activities, adapting them to current policy and evaluation findings, and seek to meaningfully link with other AusAID-funded health work in Timor-Leste and also HAI's USAID-funded Mobile Moms project.

HAI requests AUD \$1,965,315 to continue to strengthen maternal and newborn care (MNC) and family planning (FP) services and carry out community health promotion activities in five districts in Timor-Leste: Dili, Aileu, Liquica, Manufahi and Ainaro (see Annex A for a map). The overarching goal of the program is to improve health and reduce morbidity and mortality for mothers and their infants in Timor-Leste, thus contributing to MDGs Four and Five. Intermediate objectives at the national, district, facility and community levels are as follows:

National Level

- To provide advocacy for maternal/neonatal health, family planning and EmOC issues, influence policy and programming in those areas using an evidence-based approach, and strengthen national capacity to conduct MNH and FP programs.

District Level

- To provide advocacy, strengthen planning capacity, and strengthen district staff capability in issues relevant to MNBC and FP including monitoring, supervision and operations research.

Facility Level

- To provide quality improvement and skills-based training to midwives and other health staff, and to provide follow-up and monitoring of specific services.

Community Level

- To conduct community health promotion activities that will motivate behaviour change to improve home care and care-seeking for maternal/newborn and reproductive health.

Budget Overview	
Annual breakdown:	Year 1 (2013/14): AUD \$800,000
	Year 2 (2014/15): AUD \$1,165,315
Total:	AUD \$1,965,315
Coverage Areas	
District coverage Year 1	Dili, Liquica, Aileu, Ainaro, Manufahi
District coverage Year 2	Dili, Liquica, Aileu, Ainaro, Manufahi
Target Groups: Women of reproductive age (15-49 years); young people of reproductive age (15-25 years); Men; District Health Service Providers; Community Health Workers and Community Leaders	

Contact Information	
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Background

Maternal and newborn mortality continue to be major problems in Timor-Leste: MMR is 557 per 100,000 births and neonatal mortality is 22/1000 live births, as of the Timor-Leste Demographic and Health Survey 2009/10 (TLDHS 2009/10).¹ Community understanding of optimal health behaviors during pregnancy and delivery, such as danger signs, benefits of a skilled birth attendant and associated care-seeking behaviors, is limited. Although there has been progress in increasing the rates of skilled birth attendance since independence in 2002, several problems continue to affect the capacity of the current health system to provide women with high quality skilled care at the time of delivery, particularly when complications arise. Additionally, there are significant disparities in accessing maternal services for the poorest women with low education levels that live largely in the rural areas of Timor-Leste: only 21% of rural women utilize a skilled birth attendant (SBA) compared to 59% of women living in urban environments; 11% of women at the lowest education levels have an SBA compared to 47% of women who have a secondary education, and 88% of women with more than a secondary education; and similarly fewer of the poorest Timorese women have a SBA (11%) compared to those at middle income levels (22%) and the highest income (69%).²

Access to family planning (FP) is one of the most cost effective approaches to reducing maternal and child mortality.³ Increased access to quality FP services can have a development impact that goes beyond health outcomes alone. It is critical that women and their families 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.

The TLDHS 2009/10 identified that 53 per cent of married women either want to delay the birth of their next child by at least two years or want no more children; it also revealed that that two-thirds of female non-users of FP who had visited a health facility in the past twelve months did not discuss reproductive

¹ National Statistics Directorate [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro.

² Ibid.

³ AusAID (2009), Family Planning and the Aid Program: Guiding Principles

health or FP with a health worker.⁴ In addition, the DHS revealed that Timor-Leste has some of the poorest reproductive health indicators in the world, including:

- the highest total fertility rate (TFR) in Asia, at **5.7**
- a low contraceptive prevalence rate (CPR), with only **22%** of currently married women reporting that they are currently using contraception.
- a high unmet need for access to comprehensive family planning (FP) services in Timor-Leste, with **31%** of currently married women who report a desire to space or limit births not currently using any contraception.⁵

Strategic Relevance

HAI will partner with the Timor-Leste Ministry of Health (MoH) to implement this project. The government of Timor-Leste is committed at the highest levels to improving maternal and child health outcomes and achieving MDGs 4 and 5, as evidenced by the key outcomes targeted in the MoH's five-year strategic plan for reducing infant and maternal mortality. The Timor-Leste National Reproductive Health Strategy (NRHS) included a four strategy approach to make pregnancy safer. These Safe Motherhood approaches included: **1) increase the knowledge level in the general population on issues related to pregnancy and childbirth; 2) improve the quality and coverage of prenatal, delivery, postnatal, and perinatal health care; 3) improve emergency obstetric care through recognition, early detection, and management or referral of complications of pregnancy and delivery; and 4) integrate effective detection and management of STIs into maternal and perinatal care.**⁶

Partners in Health Improvement

The primary partner is the **Timor-Leste Ministry of Health**. An organizational core value of HAI is support to the public health system and alignment with MoH policies and priorities. The workplan embodied in this proposal has been discussed with and approved by the Head of the MNCH Department and the Head of the Family Planning Department (14 Nov 2012).

In addition to the MoH, HAI will work closely with **Marie Stopes International (MSI)**, also funded by AusAID to amplify our efforts in our shared program districts (Dili, Ainaro and Manufahi). We have met with MSI and developed some synergistic approaches to link and amplify our collective efforts which include:

- HAI will provide training to MSI's Adolescence Reproductive Health Trainers to show HAI's new child spacing film and facilitate a post-film discussion. The film has been approved by the MoH and Church for all age groups and the post-film discussion for age groups 15 years and above.
- HAI will provide training to MSI's health educators in the Mai Ita Kota (MIK) curriculum so they can use in their community health promotion activities

⁴National Statistics Directorate [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro. 2010. *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro.

⁵Ibid

⁶Ministry of Health [Timor-Leste]. 2004. *National Reproductive Health Strategy 2004 – 2015*. Dili, Timor-Leste: Ministry of Health.

- The MoH has agreed that HAI and the national Family Planning Officer can travel to Kupang, Indonesia for training to become a certified FP master trainer. By going to Kupang it will provide the training cohort sufficient access to prospective clients in order to have competency checks to complete the master training certificate. Expanding the cohort of master trainers in Timor-Leste who can conduct and sign off on FP competency skills checks for district –based midwives and nurses will expedite the process of assuring access to the full complement of FP services in Timor-Leste.

HAI will continue its relationship with the local NGO, **HealthNet** to conduct community film screenings of a series of education film developed by HAI covering topics of child spacing, safe motherhood, postpartum and newborn care. In addition, HAI will work with HealthNet to expand their current audience base to include youth groups to view the new child spacing film, with a focus on Dili district.

In November 2012 HAI commenced working with the **Cabinet for Health Research and Development (CHRD)** to train a cadre of district-based research focal points in principles of operations research (OR). This work began in 2010 when HAI conducted a five-day OR workshop in Dili for teams of district-based health staff. The OR initiative will be an ongoing body of work for HAI in partnership with the CHRD and will offer opportunities to increase district capacity to conduct OR with an orientation toward local problem identification, solution generation, protocol development, implementation and evaluation with the goal of quality improvement. This proposal will link with this scope of work in HAI's five program districts.

Program Approaches

HAI program efforts are based on a Continuum of Care framework. This approach includes integrated service delivery for mothers and their infants from pre-pregnancy, which includes family planning; the pregnancy period; delivery; the immediate postpartum and newborn periods; and continued family planning. HAI supports the MOH to strengthen clinical services at both outpatient and inpatient levels as well as to provide community health promotion activities. The continuum of care recognizes that optimal birth spacing and safe pregnancy and childbirth are critical to the health of both the woman and the newborn —and that a healthy start in life is an essential step towards a sound childhood and a productive life.

Figure 1: Connecting Care across the Continuum for Maternal and Newborn Health



HAI has been supporting MNC and FP under AusAID funding since March 2010 in five districts in central Timor-Leste: Ainaro, Aileu, Dili, Liquica, and Manufahi. 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. Some of the project activities are district wide, such as supportive supervision, while many have been focused in a particular sub-district, such as supporting the comprehensive mobile clinics for rural areas known as SISCa. This strategy has allowed for focused capacity building activities and demonstrates HAI's commitment to generating sustainable results.

Below we describe strategies and activities under each technical area that will be carried out at the national, district/facility and the community levels. Some are activities that have been carried out under current AusAID funding (March 2010 – Dec 2012) award that will be continued in the new grant period, others are expanded or modified approaches. Many of the new and modified approaches developed respond to the Independent Completion Report conducted by Ms. Liz Ollier in October 2012 which provided helpful assessment and feedback on HAI's work to date and recommendations to strengthen our approach.

Technical Areas

Emergency Obstetric Care (EmOC)

Support to the MoH to conduct a first ever EmOC Training of the Trainer (TOT). HAI will support the capacity building of MoH health staff (which includes midwives, doctors) to deliver Emergency Obstetric Care (EmOC) as part of new AusAID-supported funding so that when women arrive at the subdistrict CHC they will be met by a prepared provider ready to deliver high quality EmOC services and to provide appropriate referrals to a higher level facility when needed. This effort will complement and link with HAI's work under USAID funding in the Mobile Moms project in Manufahi and Ainaro districts. HAI will coordinate closely with the government and liaise with other partners supporting the strengthening of EmOC in Timor-Leste, for example UNFPA and Hadiak.

National The Ministry of Health has sent a group of 10 health professionals in Surabaya receiving an intensive refresher in EmOC standards and practice. This is preparation for them to attend a Training of Trainers (ToT) course in Timor-Leste in early 2013. Although this is a very positive step towards strengthening EmOC nationally, because of concerns about the burden on these 10 individuals to deliver training in 13 districts, HAI successfully advocated for this national pool of EmOC trainers to increase from 10 to 20 persons. Therefore a second group of 10 health professionals will attend the intensive training in Surabaya, enabling the subsequent TOT to be delivered to the team of 20 proposed trainers, which will include HAI staff. This effort will enable doctors and midwives from national and referral hospitals, as well as midwives from CHCs and implementing partners to become national trainers in EmOC and subsequently support the national training plan.

HAI will continue to support existing technical working groups, such as the Family Planning Working Group, the Maternal and Child Health Working Group, but will also advocate for the creation of and/or re-establishment of others, namely for EmOC, Safe Motherhood, ENBC and BCC materials. Our

advocacy role and objective is consistent across each working group, therefore we have included a specific section to explain in more detail rather than under each technical area heading.

District/Facility	Discussion regarding the national plan for EmOC continues and HAI supports a training plan that ensures at least 2 health staff per CHC are trained on EmOC. The national training will include FUAT (Follow-up After Training) and HAI learning labs on priority EmOC skills.
Community	HAI works at the community level to increase knowledge about important maternal behaviors so that families are aware of the dangers signs of pregnancy and childbirth and know when to seek appropriate medical care through the government health system. Over the past few years HAI has developed culturally-responsive, multimedia Behavior Change Communication (BCC) tools to facilitate this work that include films, photo cards and posters. HAI trains, and provides materials and follow up to a cadre of community health workers, locally known as Promotores Saude Familia (PSFs), who conduct home visits for pregnant women and their families to educate about appropriate care seeking practices in a program we call Mai Ita Koko (MIK) or Come Let's Try! (See Annex B for the PSF Training Plan). Additionally, HAI will expand the MIK training for community leaders such as Chefe Suco and their wives, religious leaders, and traditional leaders. The community level work is complemented by the national and district/facility EmOC effort to assure that women are met at a health facility by well trained health staff prepared to respond to an obstetric emergency.

Essential Newborn Care (ENBC)

Restarting Essential Newborn Care Training. The MoH has expressed a desire to revitalize ENBC in the country. Two years ago ENBC was carried out for health staff in two districts, and HAI currently has one national ENBC master trainer on staff. The MoH would like to begin refresher training for the current master trainers of ENBC. Given that it has been two years since this team has conducted training this is an important opportunity to ensure the quality of training delivered is high.

National	In coordination with the MoH and the National Health Institute (INS), a team of Master Trainers will conduct refresher training of existing ENBC trainers. The MOH recognizes the additional support HAI can provide if more of our technical team are national trainers and have agreed this refresher training will include 3 HAI midwives and be partly financially supported by HAI through AusAID funding.
District/Facility	HAI will coordinate and implement with MoH & INS the 8-day ENBC training in 5 HAI supported districts to improve the ENBC skills of district-based midwives.

Training will be followed by FUAT and HAI learning labs (including skills such as newborn resuscitation, immediate care of newborns, Kangaroo care, etc.)

Community	Complementing the ENBC training for health staff, HAI will carry out community level skills and knowledge labs providing synergy with health staff training and working to achieve a maximum positive impact. For example, HAI has piloted neonatal infection prevention with pregnant women to increase knowledge and healthy practices in the community and increase the number of women delivering at a facility. HAI's health promotion team and contracted local NGO partner, HealthNet, will link with existing community opportunities (Alola women's groups, SISCa) as points of access for skills and knowledge labs in addition to working through CHC midwives to convene pregnant women under their care.
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Safe Motherhood

Support for Safe Motherhood training. The Head of Safe Motherhood at the MoH has requested HAI's support to continue to roll out updated standards in the Safe Motherhood training for district-based midwives.

National	HAI will provide financial support and technical assistance for the planned 10-day Safe Motherhood training in five HAI-supported districts.
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District/Facility	HAI will coordinate and implement with MoH & INS the 10-day Safe Motherhood training in 5 HAI supported districts.
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Training will be followed by FUAT and HAI learning labs (partograph, estimated due dates, measuring fundal height, active management of third stage of labor etc).

Community	In addition to the training and follow up with PSFs who will conduct home visits with pregnant women and their families to improve care seeking practices in the community, HAI will engage communities directly in micro planning sessions to identify local problems and local solutions. For example, HAI data from a recent large household survey revealed that in many subdistricts in Manufahi and Ainaro districts women who live within 30 minutes and 60 minutes of a health facility did not have a skilled attendant at delivery. HAI will work with community members to map out solutions to these types of problems that put pregnant women at risk for poor outcomes.
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Family Planning (FP)

Increasing health staff competencies to deliver family planning services. Many midwives and nurses have received family planning training in Timor-Leste; however, current capacity to conduct post training competency checks is limited resulting in health staff who lack confidence in their skills. HAI will collaborate with and provide support to the MoH to

increase the number of trained health staff certified to carry out competency skills checks.

National	In collaboration with MSI, HAI will provide financial support for all of HAI's technical team (5 midwives/2 nurses), MSI midwives, and MoH midwives, including the Head of Family Planning to attend FP certification training. This will enable all HAI technical staff to conduct FP competency checks and support the increase in skills of government midwives to deliver quality family planning services.
District/Facility	HAI will provide partial financial support for a team of midwives and nurses to attend FP certification training in Kupang, West Timor. Training in Kupang will allow sufficient access to a high volume of clients in order to gain the necessary certification. Expanding the number of health staff who are able to perform post-training FP competency skills checks will assure a district based health staff prepared to deliver the full complement of family planning methods. Training will be followed by FUAT and HAI learning labs (IUD and implant insertion and FP counselling skills, etc).
Community	HAI will contract with HealthNet, a local NGO, to expand the reach of health education using HAI's package of BCC tools. HealthNet has been trained to engage communities in health education by showing HAI's child spacing film and providing post film discussion that seeks to debunk popular myths around some contraceptive options and expand community knowledge of contraception choice. HealthNet enjoys strong relationships with district MoH staff in HAI program districts. HAI will work with HealthNet to expand the audiences for the new child spacing film rolled out in 2012 and approved by the MoH and Church for all age groups. This expansion will include popular night events that draw both young people and men, pre-marital counseling in collaboration with the Church, and youth groups with a focus on Dili district.

Improved Evidence-based Programming and Behaviour Change Communication

District Technical Working Groups (TWG)

Sub-district TWG

Portfolio of community level activities:

- micro planning sessions
- MIK training for local leaders
- film screenings
- small group meetings,
- men's advocacy meetings,

One of the Safe Motherhood approaches is to increase the knowledge level in the general population on issues related to pregnancy and childbirth and herewith to increase the demand for maternal newborn care and family planning by community members.

One of the strategies that HAI will conduct with the CHC is a mapping exercise to analyze maternal/ newborn and family planning key indicator data to identify *sucos* (villages) within subdistricts that require more attention. This information will be used to plan specific health activities designed to increase community level involvement to address maternal and newborn health problems. HAI will develop different BCC strategies and use existing health education materials and tools to increase community knowledge on pregnancy and delivery.

National	Beginning in June 2012 the government of Timor-Leste established the National Overall Aid Advisory Board to coordinate implementation of district level activities by the MoH and all development partners supporting the Primary Health Care program and Basic Service Packages at health facilities and SISCa. Parallel to this Advisory Board, Technical Working Groups (TWGs) were expected to be established and functioning at district and sub-district levels. HAI acknowledges the importance of these TWGs and will provide support to establish the TWG and play an active coordination role.
District & Sub district level	<p>HAI will support the TWG at the sub-district level to review health data, identify and discuss priority issues through a process of mapping and designing a local health plan.</p> <ul style="list-style-type: none">Sub-district level Micro-planning HAI will support the facilitation of micro-planning sessions in sub-districts where a TWG is established, as per the . Where a TWG is not yet established, HAI will demonstrate the benefit of micro-planning by illustrating how to use local data to identify a problem, then design and implement a simple action. <p><i>For example:</i> Results from a survey implemented in two other HAI districts suggests that a high proportion of woman do not deliver at the facility or with a skilled birth attendant (SBA) at home despite living half an hour or less from a health facility. Given that each sub-district has one Community Health Centre (CHC) and each CHC is located within one <i>suco</i>, HAI proposes to focus on these <i>sucos</i> to conduct further analysis using our portfolio of community levels activities, detailed below, to improve skilled birth attendance and facility births. This is designed to generate positive change in coverage in a relatively short period of time and motivate local health staff that it is in their power to bring about change.</p>
Portfolio of community levels activities implemented	<ul style="list-style-type: none">Suco level Mapping and micro-analysis Based on the content of the sub-district micro-plan, a <i>suco</i> level mapping exercise may also be necessary to reveal more detail about an identified problem, such as exploring why some families in the same <i>suco</i> are successful (positive deviants) in seeking recommended health services

**according to
local health
needs**

while others families face barriers to that same care. Following this further analysis to reveal the potential root causes of an issue, various appropriate activities will be agreed and implemented from a portfolio of HAI health promotion and BCC interventions, such as film screenings, infection prevention for pregnant women, and men's advocacy meetings. These health promotion activities could take place through existing structures such as the Church and community meetings, but also importantly at SISCa events where the community already gathers around issues of health.

• Mai Ita Koko (Come Let's Try) BCC Communication package

Mai Ita Koko (MIK) was developed by HAI in collaboration with the MoH and consists of ten photo cards depicting Timorese women, men and health staff portraying recommended maternal and newborn care behaviors, and three posters representing danger signs during pregnancy, delivery, and in newborns. HAI has provided training for the PSFs (community health volunteers) to use the photo cards and posters as an educational tool during home visits and at SISCa events to encourage women and families to adopt one or more behavior.

• Mai Ita Koko Orientation for Local Leaders

HAI intends to conduct an orientation specifically targeted at local leaders (Chefe Suco and their wives, Chefe Aldei, religious leaders) in the use of the photo cards and posters in order to maximize their access to community members to deliver important health messages. In addition, this will give them insight into the role of their local PSFs in supporting the community so they can provide support and encouragement and assist in raising important issues that need to be discussed at the village council meetings or with local health staff. The hope is that through acquiring knowledge themselves about healthy maternal behaviours community leaders will become an engaged champion of those behaviours in their own community.

• Mai Ita Koko Follow Up after Refresher (MIK-FUAR)

HAI will continue to conduct home visits with PSFs as part of the standard 3-month, post-training follow up. In addition, PSF workshops will be held biannually in each sub-district, where PSFs, local leaders and health staff will meet together to celebrate achievements, discuss any issues faced during home visits, refresh knowledge through quizzes and games and discuss next steps to support the health of the local community.

• Film screenings for general population

HAI contracts HealthNet, a local NGO, to conduct film screenings at various sites including health facilities and aldeias. HAI produced a new child spacing film that began showing in 2012. The new film emphasizes the importance that every family should be able to make its own choice regarding the number of children they have and which method they use

to delay or limit childbearing. The new film was made with wide stakeholder involvement of the MoH and Church and is approved for viewing by all age groups. The post film discussion groups that are conducted by HealthNet, where more detail on specific contraceptive methods is provided, is recommended for participants age 15 and above. Prior to the film screening, subdistrict level meetings are conducted with local leaders in order to obtain support and to develop a plan for screening in every aldeia.

Based on lessons learned in 2012, holding smaller post-film discussion groups, perhaps even separate groups for men and women, fosters more engagement and less inhibition to ask sensitive questions regarding family planning methods. A new approach in 2013 will be employed of showing the film to a larger community audience during a popular night event, but organizing smaller discussion groups in the days following the screening.

- **Men's Advocacy Meetings**

As the name implies, men's advocacy meetings are for male members of the community and facilitated by male members of HAI's program staff. Implicit in the creation of men's advocacy discussion is that husbands are key decision makers in the family, including whether a pregnant wife attends prenatal care, delivers with a skilled birth attendant, delivers at a facility or uses a contraceptive method. Accessing these key family-level decision makers to create a safe zone and explore male attitudes regarding maternal and newborn health and family planning is the main objective of these meetings. The meetings are quite organic in nature and stem from local interest flowing from micro planning sessions at sub-district or community level, following a MIK training for local leaders or film screenings for the public.

- **Community Health Education**

The goal of community health education meetings is to create 'knowledge synergy' between HAI's focused Learning Labs conducted for a health staff audience and the community – the end user and beneficiary of improved health staff skills. The community meetings will be held with specific groups of women (pregnant or with young children) or men from the community to talk about a topic that relates to the focused skill of the Learning Lab being held at the CHC. For example, if the Learning Lab is training health staff on immediate care of the newborn, including cord care and immediate breastfeeding, the community training could focus on prevention of newborn infection and focus on the simple, but important message of hand washing before breastfeeding and after changing nappies. Community meetings will be organized at a range of sites from CHC, or SISCa, Chefe Aldeia's house or the local Church.

National level Technical Working Groups

The Ministry of Health currently has a number of national level working groups that meet at various frequencies during a year. HAI will continue to support these existing groups, such as the Family Planning Working Group and the Maternal and Child Health Working Group. By helping the MOH strengthen and have ownership over these groups we aim to streamline communication in respective technical areas, create better networks between partners and a forum to discuss local issues as well as global best practices. Therefore we are proposing to compile and distribute quarterly summaries of key MCH findings to the MOH and partners. At each respective technical working group one selected article from the summaries will be on the meeting agenda and discussed in more detail with a view to increasing knowledge and policy dialogue around current practices and alternative practices that may have merit in Timor.

Tactical Innovations

TACTICAL INNOVATION # 1

Learning Labs

What is a Learning Lab?

Learning labs are short one-day refresher trainings conducted by HAI's Technical Team at the facility level consisting of 1-3 priority topics from the national EmOC, ENBC, SM, and FP curriculum. Training style centers on the principle of practical learning so participants will rotate through skill stations and become competent as an individual and mutually supportive as a team.

Who are the participants?

The target audience for the learning labs are CHC and HP level midwives, doctors and where possible and appropriate, nurses (some health posts only have nurses on staff).

How are they implemented?

Learning labs are linked to, and complement the relevant national training in each of the technical areas. Where possible HAI will coordinate and support implementation of the formal national training. In this scenario the learning labs will be used as a component of the follow-up after training. However, where delays occur in the scheduling and delivery of national training, the learning labs can be used as a method of ensuring priority focused skills continue to be delivered to health staff and therefore, will build-in efficiency to the work plan.

Sustainability, replication and scale

Through conducting robust M&E of the learning labs and establishing their effectiveness as a teaching method, HAI will build a sound base of evidence through the provision of best practices. We have received MoH support from the Head of MNCH for the learning lab approach and hope that if proven

successful learning labs will be integrated into the national training scheme as an integral part of follow-up after training.

TACTICAL INNOVATION # 2

Operations Research

Operational research (OR) encompasses a wide range of problem-solving techniques and methods applied in the pursuit of improved decision-making and efficiency. By integrating research methods into program implementation, OR is an important tool to help managers and health staff develop and test new service delivery approaches, improve program effectiveness, and inform policy decisions.

HAI's history of OR in Timor-Leste

In November 2010, HAI conducted a first OR workshop in Dili, Timor-Leste. HAI approached the Cabinet of Health Research and Development (CHRD) to design a 5-day workshop for health managers in Timor-Leste. This partnership led to a successfully implemented workshop with enthusiastic participation from health managers and staff from five districts and a wide variety of Timorese and international supporters, speakers, and facilitators.

OR for the future

Two years later, this initial effort to expand knowledge and skills in OR among health staff in Timor-Leste has led the CHRD to develop a plan to embed and institutionalize an OR approach within the District Health Management Team. The CHRD is mapping out a plan to improve competencies in OR among health staff in Timor-Leste and has asked HAI for technical support. A research focal point has been placed at the sub-district level and HAI will provide support (technical and financial) to train this cadre of research focal points. HAI's M&E Manager has been working with the CHRD on the presentations to be delivered at the initial 3-day training workshop to be held in Dili. This initial workshop is scheduled for December 2012 and will be supported by HAI, with a plan to conduct more regional workshops during the first half of 2013. Based on our own learning, we have encouraged the CHRD to conduct appropriate follow up of the focal points and their research projects. The work HAI plans to conduct at the sub-district TWGs and suco level micro-planning offers a good opportunity for us to provide some ongoing coaching to the focal points and continue our support of the CHRD.

Under AusAID and USAID grants HAI will link with this national effort in program districts to develop, implement and test quality improvement protocols.

TACTICAL INNOVATION # 3

Pilot: Patient Case Presentations

The rationale

Shared learning among peers to either celebrate a success or seek opinions from valued peers on challenging cases are a standard practice among health providers in developed countries. These can

take the form of Grand Rounds presentations or routine case presentations within a clinical practice setting.

The proposed activity

The Quality Improvement Learning Labs will train in and initiate the use of log books to record practice experiences (positive or negative), such as an emergency obstetric cases or a neonatal deaths to facilitate the sharing of case presentations and discussion during a QI follow-up competency check. HAI will pilot the presentation of patient case studies in Dili before potentially expanding out to other districts. Conducting a pilot in Dili will enable us to bring together the community, hospital and MOH level more easily and the high number of births will mean a wide variety of events to discuss. It is hoped that creating shared learning environments will enhance a collaborative workplace and creative problem solving among peers.

Project Management

The main HQ technical backstop is Ms. Susan Thompson, the HAI Director for Timor-Leste Programs/Operations, who has 14 years experience in planning, carrying out, evaluating, and providing technical support to domestic and international public health programs and has worked on HAI's Timor-Leste programs since 2001. She is assisted by Dr. Mary Anne Mercer, who is HAI's Senior Technical Advisor for MNCH/FP at HAI headquarters, who has over 30 years of experience working on international public health programs.

The Country Director for HAI's Timor-Leste health programs, Ms. Beth Elson has worked on HAI's MNC and family planning programs in Timor-Leste for four years, first as Program Manager before assuming the role of Country Director in 2011. Ms. Elson brings excellent leadership to HAI's health program in Timor-Leste and enjoys strong relationships with key MoH personnel at the central and district levels. Ms. Petra Wisse is overall Program Manager for HAI's MNC and FP program under AusAID funding and she is ably assisted by Ms. Teresinha Sarmento, Senior MNC Program Coordinator, and Mr. Salvador Torrezao, Health Promotion Coordinator, who oversee all key functions of the project and supervise the HAI staff implementing activities in all five program districts. The Country Director will also supervise the Monitoring and Evaluation/Operations Research Coordinator, Ms. Marisa Harrison. Administrative staff who support the program at the central level are an accountant; an administrator/office manager; and various support staff. Administrative staff report to the administrator/office manager, who reports to the Country Director.

Ms. Elson reports directly to the Director of Timor-Leste Programs/Operations in Seattle. As HAI has no regional offices, the Seattle headquarters staff provides direct support to country field staff by means of two to three annual field visits; regular telephone/Skype and email contact; drafting and review of program reports; sending technical materials and documents; data analysis; and assistance with the selection, orientation, and supervision of staff and consultants as needed.

Monitoring and Evaluation Plan

This program will operate at a variety of levels, with the goals of:

1. Increasing the technical capacity of midwives to deliver quality services
2. Increasing capacity at all levels to improve maternal health through problem identification and solution testing
3. Improving community knowledge and uptake of healthy behaviors during pregnancy through the postpartum period

EVALUATION QUESTIONS

1. Do focused follow-up after training (FUAT) modules improve technical skills of midwives for key MCH and FP services?
2. Do subdistrict-level Technical Working Groups (TWG) lead to improved evidence-based decision making in health staff?
3. Do community-tailored health promotion efforts improve service uptake?

INDICATORS AND METHODS OF MEASUREMENT

Program indicators and methods of measurement specific to each component of this program are outlined in the project logframes (Annex C).

Tactical Innovation 1: Technical Training & QI Learning Labs for EmOC, ENBC, SMH and FP

Each of the Technical Trainings (EmOC, ENBC, FP and SMH) and the more focused Learning Labs will be evaluated through a post-training exam or relevant pre-post test, and each will require performance indicators appropriate for assessing application of these skills subsequent to training. These indicators will be developed by Technical Consultant in the first quarter of this program and will take into consideration existing supportive supervision (SS) checklists or other MOH developed methods to evaluate skills. Where available, baseline performance indicators will be drawn from these SS reports or post-training exams.

Improved Evidence-based Programming

This project will seek to improve evidence-based programming through focused, quality-improvement-based meetings at district, subdistrict, and community levels. Implementation will be monitored through meeting minutes and action plans developed, and progress will be measured against the follow-through of these action plans and outcomes observed based on objectives set in the meetings.

Additionally, interviews will be conducted at the end of this project to capture the impact of support given to these quality improvement cycles on familiarity with data sources, problem identification, objective and indicator setting, data collection and analysis, and sharing lessons learned with other partners.

These meetings will rely on having accurate service delivery data for the relevant coverage area. We will be using all available data sources, including the national Health Management Information System (HMIS) data, maternal health indicators from Local Area Monitoring, and at times work with health staff

to utilize the maternal health registers to answer relevant questions regarding service delivery. Key indicators to be monitored include: first ANC visit, 4 or more ANC visits on a schedule, skilled birth attendance, facility births, post-partum visit within 1 week, postnatal visit within 1 week. HAI staff will monitor suco-level indicators for those suco that are selected for microplanning sessions.

Community-level Intervention: MIK FUAT and Biannual Meetings

The objective of follow-up after training (FUAT) with PSF is to ensure that they demonstrate accurate knowledge of the key health messages associated with the Mai Ita Koko tool as well as to strengthen their interpersonal and promotion delivery skills when conducting health promotion in homes and at health outreach events (SISCa). HAI has already developed and uses an observation-based format to capture PSF skills during supervised home-visits. This format is then used to provide constructive feedback to PSF. HAI staff will continue to provide FUAT to at least one PSF per suco in the subdistricts that have already received training (in late 2012).

Knowledge of key health messages will be reassessed in a short pre-test during the biannual meetings. This pre-test will also include questions on number of home visits and SISCas attended during the previous 6 months. This questionnaire will be developed in conjunction with the Health Promotion department in the Ministry of Health to ensure that HAI is able to give feedback of PSF activities to the National level.

Community-level Intervention: Film Screenings of Child Spacing Film

Regular screenings of the “Child Spacing” film will be conducted in communities and with community groups in order to increase the level of knowledge of the benefits of family planning. Screenings of this film to-date have demonstrated that community members often have questions regarding FP and questions and topics raised during post-screening discussions will be captured in summary reports. These reports will be delivered via subdistrict level TWG. Utilization of FP methods after film screenings in each subdistrict will be tracked through HMIS data, and, if available, survey data will be used to demonstrate an increase in knowledge of family planning benefits and methods.

Community-level intervention: Men’s Advocacy Meetings and Community-level Education Sessions

Each of these interventions will be implemented as appropriate and requested from subdistrict or community-level TWG and microplanning sessions. Post-event interviews or short surveys will be developed by the Quality Improvement Specialist and the M&E Manager to determine whether key messages were understood. Because they will form part of ongoing Quality Improvement cycles, key MCH or FP indicators will be monitored after implementation according to the focus of the events and success determined based on the results of the action plan.

Tactical Innovation 2: Operations Research

This training and support program is being conducted in partnership with the Cabinet for Health Research and Development (CHRD) and all monitoring and evaluation efforts will be established together at the outset of the training program. Key questions to be addressed are whether the training is sufficient to increase knowledge in data utilization and prompt subdistrict-level research focal points

to conduct simple quality improvement (QI) cycles in their health facilities, and whether ongoing coaching and opportunities to share findings are successful in motivating the focal points to continue. Knowledge levels will be assessed after training and progress will be monitored through meeting minutes and successfully completed QI cycles.

Tactical Innovation 3: Pilot case studies

This project will be piloted in Dili and seeks to use case-based learning to improve critical thinking skills and familiarity with key technical skills. This specific evaluation will be conducted in partnership by a member of HAI's technical team and an MPH student from the University of Washington, as part of their degree. A Technical Advisor and one of HAI's existing Clinical Supervisors will support the research design and analysis.

DATA SOURCES AND SCHEDULE

Indicator	Data Source	Responsible	Frequency
Staff activities	Staff monthly activities	Program Manager	Monthly, 5 th of month
Training results	Post-test results and training summary	HAI technical staff responsible for training	Within 2 weeks of training
TWG, microplanning, and OR meeting results	TWG minutes including action plans	HAI district staff in attendance	Within 2 weeks of event
PSF knowledge of key health messages	Short questionnaires at biannual, subdistrict-level PSF meetings	M&E Manager, HAI HP staff	Within 2 weeks of meeting
PSF conduct health promotion in the community	Short questionnaires at biannual, subdistrict-level PSF meetings	M&E Manager, HAI HP staff	Within 2 weeks of meeting
Coverage of key MCH and FP services	HMIS data collected from the district-level Health Information System Officers	M&E Officer	Monthly

UTILIZATION AND DISSEMINATION OF RESULTS

This program has been designed to support national policies and planned trainings. Monitoring and evaluation of the strategies we will implement, including follow-up sessions on key skills and support to the MOH initiated district and subdistrict-level Technical Working Groups, will contribute to the success of these programs into the future. As such, we are committed to ensuring that the following reports are made to the MOH and other partners.

Report	Content	Responsible	Frequency	Recipient
Microplanning Reports	Minutes, including action plans, from microplanning sessions	Program Manager	Quarterly—30 th of April, July, October, January	Subdistrict-level MOH staff
TWG Reports	Minutes, including action plans, from TWG sessions	Program Manager	Quarterly—30 th of April, July, October, January	District and National-level MOH staff
Biannual Technical Progress Report	Results of technical trainings and FUAT/FUAR	M&E Manager, Technical Consultant, QI Specialist	15 th July 2013 15 th January 2014 15 th July 2014 15 th January 2015	MOH (subdistrict, district, and national level), AusAID
Annual reports	Progress toward implementation and relevant lessons learned	M&E Manager, Country Director HQ TL Director	15 th January 2014	AusAID
Activity Completion Report	Program implementation, outcomes and impacts	M&E Manager, Country Director HQ TL Director	31 th March 2015	AusAID

M&E RESOURCES

HAI has two staff dedicated to monitoring and evaluating programs: the Monitoring and Evaluation (M&E) Manager and M&E Officer. Marisa Harrison, the M&E Manager (0.7 FTE), has been with HAI in Timor-Leste for over 2 years and conducted the M&E on both AusAID and USAID projects. Manuel da Silva, the M&E Officer (1.0 FTE), will be responsible for ongoing data collection from the national system as well as processing activity-based reports. This will enable HAI to conduct continuous monitoring and evaluation of our work plan, both from our main office in Dili and at our two satellite offices in the districts, and allow Ms. Harrison to continue her coaching role with the Research Cabinet on Operations Research. Additionally, a technical consultant will assist with designing key performance-based indicators and the health staff baseline-and-final assessment for the Learning Labs and technical skills components.

HAI currently has three full time national staff taking course work to complete their Bachelors of Public Health degree and it is anticipated that they will work on HAI projects to complete their senior project conducting a focused evaluation of some aspect of HAI's work under AusAID funding. In addition, through HAI's affiliation with the University of Washington it is anticipated that each year a Masters of Public Health student will travel to Timor-Leste to conduct their thesis research on some aspect of HAI's program.

Building Sustainability through Strengthening the Health System

Health Alliance International's primary mission is to promote policies and support programs that strengthen government primary health care systems, and promote decision making by national MoH staff. Over the more than 10 years that Health Alliance International has been active in Timor-Leste it has built strong relationships with MoH counterparts at the central, district and sub-district levels and implemented programs in close consultation with the MoH. 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.

Professional Development

HAI has a strong commitment to professional development of our staff. Part of our plan for building sustainability is to ensure we have highly skilled Timorese staff who are part of the health system strengthening and are potential leaders of the future in Timor-Leste. Much of our internal professional development occurs in country through regular trainings and ongoing mentoring by senior managers. We have also identified a small pool of highly qualified consultants who bring with them specialized knowledge who can ensure continual professional development.

This two-year work plan contains formal accredited training resulting in every member of our technical team becoming a national trainer in at least one technical area (SM, ENBC, FP, EmOC) and many will become trainers in more than one. This supports the national health system by increasing the pool of national trainers, offers staff advanced professional development and ensures HAI can provide the highest quality support to the MOH.

HAI's Office Manager has been accepted on an AusAID sponsored Leadership Program (ALAF) through the University of Sydney, which will consist of a three month bespoke placement to further develop leadership skills. Another member of staff has been waitlisted for the ALAF.

HAI has identified a management training course close by in Indonesia that offers a five day workshop with a project management focus. We have sent one of our Senior Timorese Managers to this course in November 2012 and plan to send others in 2013 and 2014.

We recognize the need for staff to sometimes attend workshops and conferences overseas to gain exposure to the international health community and work being carried out in similar low-resource settings. In 2013 the Women Deliver Conference, held once every three years, is being held in Malaysia. This is an opportunity for us to support some of our national staff to attend a highly respected international conference and network with other health professionals and learn about global best practices in maternal health.

Budget

A detailed budget is attached.