



Australian Government
AusAID



**MARIE STOPES
INTERNATIONAL**
Timor Leste

2009 PROGRESS REPORT

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“RIGHT CHOICES SAVE LIVES”
“HILI LOS, SALVA MORIS”

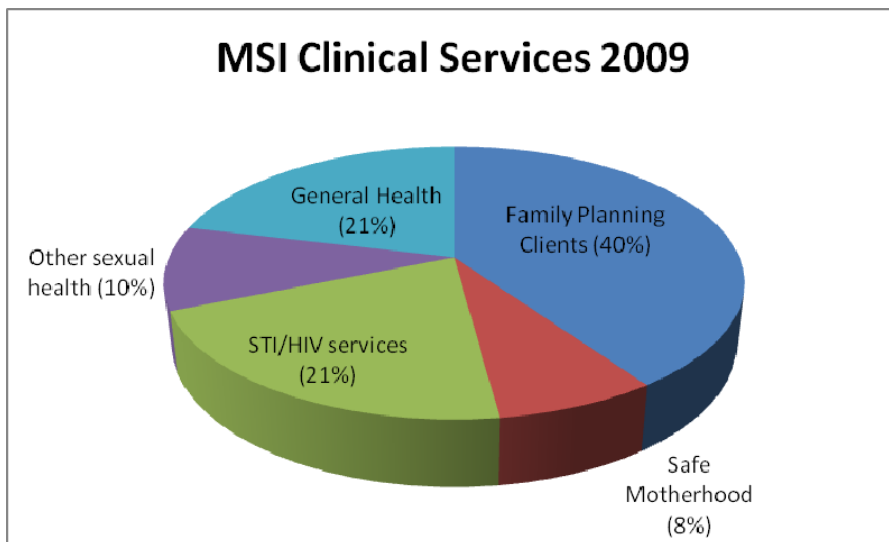
1. DESCRIPTION

Project Title	CHOICE (REACHING OUT): Extending the outreach of comprehensive sexual and reproductive health care to vulnerable communities in rural Timor Leste
Location of project	Year 1 - Dili, Baucau, Bobonaro, Ermera; Year 2 - Dili, Baucau, Bobonaro, Ermera, Viqueque, Cova Lima; and Year 3 - Dili, Baucau, Bobonaro, Ermera, Viqueque, Cova Lima, Oecusse, and Lautem
Project Goal	Overall objective: To contribute to the achievement of the Timor Leste National Vision through innovative sexual and reproductive health (SRH) interventions supporting the overall alleviation of poverty.
Project Objective	Specific objective: Marginalised East Timorese women and young people will be able to access much needed SRH services and information through positive behaviour change and service delivery in eight Districts of Timor Leste.
Final Beneficiaries and/or target groups	Primary beneficiaries: Women of reproductive age (15-49 years: 142,732); and young people of reproductive age (15-25 years old: 117,224). Secondary Beneficiaries: Men of reproductive age (15-49 years: 144,079); and District Health Service Providers (160)
Donors	EUR 907, 120 – European Commission USD 350,000 - American Foundation AUD 150,000 – ANCP / AusAid AUD400,000 – AusAid
Contract Start Date & End Date	Start Date: 1 January 2009 End Date: 31 December 2011

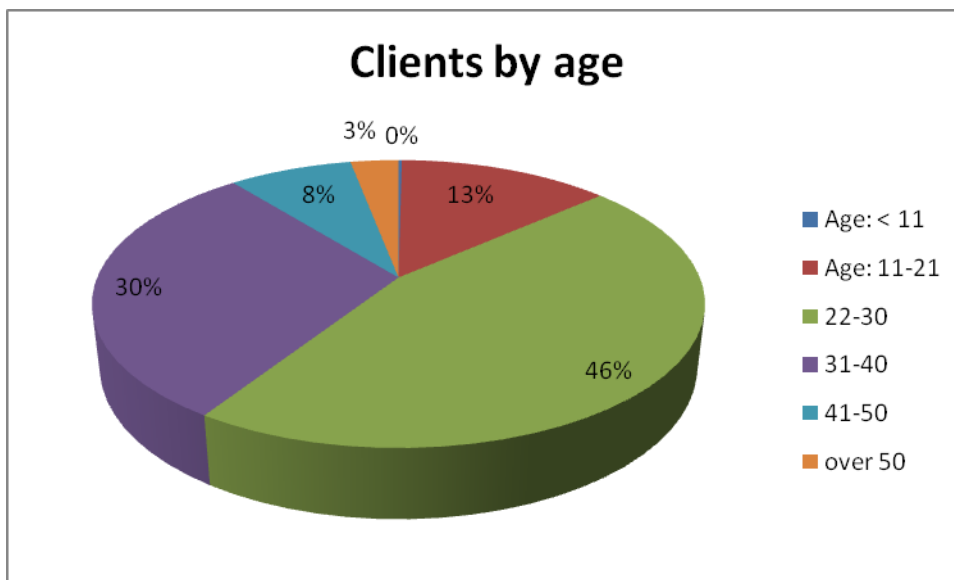
2. **SUMMARY OF 2009 RESULTS**

In 2009 Marie Stopes International Timor Leste (MSITL) successfully implemented, and often exceeded targets for year one of its sexual and reproductive health care outreach program. To improve program efficiency two Project Coordinators were employed allowing MSITL to expand into three rather than two Districts in 2009 – Baucau, Bobonaro and Ermera.

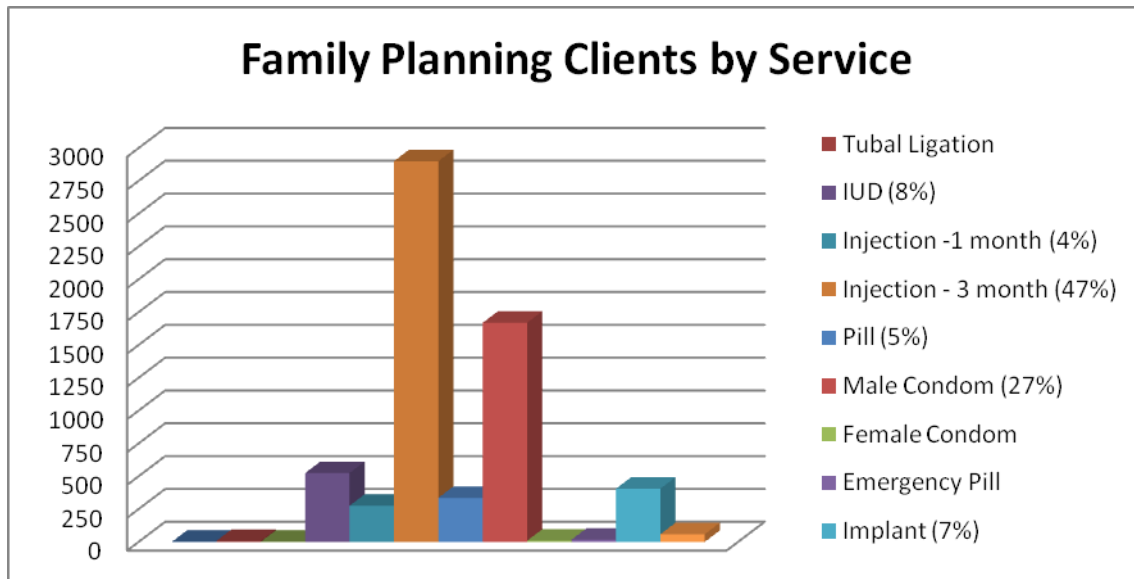
The expansion into three Districts enabled MSITL to exceed service delivery targets by 415% providing SRH clinical services to 9977 men, woman and young people instead of an estimated 2400 clients. Of the 9977 clients served, 40% were family planning clients.



87% of clients were female and a total of 1,323 clients were young people (13% of total clients). The majority of clients (96%) were of the target reproductive age.



5306 clients received family planning services and 99% of which chose modern contraceptive methods. The three month injectable remains the favorite method with 2900 clients choosing Depo Provera. Long term methods such as IUD and implants usage increased significantly from 118 clients in 2008 to 929 in 2009. Access to condoms was also improved in 2009 through MSITL's expansion into the Districts and through its STI and HIV prevention program for the uniformed services (police and military).



Clients reported very high levels of satisfaction through random client feedback surveys conducted in Dili Reproductive Health Centre (RHC) and outreach. Of the random survey undertaken in Dili outreach 99% of clients responded good or excellent to their service experience with MSITL. Almost all clients surveyed said the Dili RHC was clean, most would recommend it to their friends/ family and no one said it was too expensive.

Emakulada Sarmento Tilman, 35 years old said: "I am married with five children. This program provides lots of benefit to all of us because we women can use contraception to give us some time to ourselves. This program helps us, helps us to space our children and helps us to do our work. I have learnt a lot from the Marie Stopes team. The team has given us great information about family planning and contraceptive methods".

Darlau, Dili - September 2009

Upon the request of the Ministry of Health, MSITL amended the design of the project to work more closely with Community Health Centres (CHC's), Health Posts and the Community Integrated Health Assistance program (SISCA) rather than establishing separate reproductive health micro-centres. District offices were still established to support logistics, instrument sterilization, and education and counselling for clients. This change in design allowed for a more sustainable development model to be established considering the special needs and logistical considerations of each District. MSITL supported the Ministry of Health at **69 SISCA events** in 2009 providing both human resource support and logistical support by means of transportation. Through SISCA and private MSITL coordinated community mobilization activities **21,242 people received SRH information at a health promotion education session** and close to 60,000 brochures were distributed to the community.

MSITL formalized its partnership with local NGO Fundasaun Alola to provide sexual and reproductive health (SRH) advocacy to Timorese men and women. **845 people** participated in **SRH discussion groups** in four Districts that Alola District Support Workers (DSW) organized.

Using the Marie Stopes International (MSI) Impact Calculator¹, the impact that family planning services conducted by MSITL, in partnership with the Ministry of Health had on reducing poverty in Timor Leste in 2009 were:

- Maternal deaths (mortalities) averted = 6.78
- Infant deaths (mortalities) averted = 137.78
- Under 5 infant deaths (mortalities) averted = 172.60
- Pregnancies averted = 3275.78
- Births averted = 1783.09
- Abortions averted = 1512.23
- Unsafe abortions averted = 918.14

The economic impact that MSITL contributed to Timor Leste in 2009 was:

- Infant mortality cost savings = GBP473,259
- Maternal mortality cost savings = GBP61,090
- Post abortion care cost savings = GBP130,141

There are a number of contributing factors to the growth in MSITL's service delivery statistics and impact on family planning in 2009. These are; 1) more confidence of MSITL team members to provide education and counseling about contraceptive choice, 2), better understanding of MSITL team members about the impact that family planning can have on reducing infant and maternal mortality, 4) expansion into three new Districts as well as continuing to provide SRH services to the Timor Leste police and military, 5) an increased understanding by the community of the benefits of child spacing and use of contraception, 6) strong partnerships formed with District and local authorities, and 7) increased donor support.

A breakdown of all statistical data per District can be found in the annexes.

3. **CHALLENGES**

The key challenges for MSITL to meet all project outputs in 2009 were;

- **Recruitment of qualified staff into key project roles particularly health staff**

One of the objectives of this project was to create rural employment opportunities for health and non-health staff. A team of three – four people is required at each District level but upon opening vacancies it became extremely difficult to recruit nurses and midwives from within the District. It was also difficult to encourage nurses and midwives from other Districts to work in the three Districts that MSITL had commenced in. As a result the Bobonaro and Ermera teams at the end of 2009 still did not have a full time midwife based there. MSITL's Midwife trainer based in Dili, employed to provide training to new teams at the District level has had to fill these two roles throughout 2009. The positions will again be advertised in early 2010.

¹ The MSI Impact Calculator: methodology and assumptions 2009 at <http://www.mariestopes.org/Publication.aspx?rid=1>

- **Ongoing delay in the approval process for a Memorandum of Understanding (MoU) between MSITL and the Ministry of Health**

Prior to the implementation of this project, the MoH had provided verbal endorsement for this project design after consultation and collaboration during the design phase. In August 2008 a proposal was submitted to the MoH for review. Following the official start of this project (January 2009), MSITL was requested to present the project proposal to the MoH Proposal Review Committee in March 2009. MoH responded to the presentation in June 2009 requesting a number of additional documents. MSITL immediately responded to these requests. A draft MoU was presented to MSITL from the MoH in July 2009. MSITL reviewed and amended the draft MoU in July 2009 and followed up on the MoU in August 2009. The Department of Partnership Management of the MoH advised that it was waiting on input from Department Directors. MSITL followed up again in September 2009 and were informed that the MoU was not yet complete. MSITL has continued to follow up regularly since then through telephone calls, emails and impromptu discussions at MoH events. The National Director of the Department of Partnership Management continues to advise that the official MoU will be ready soon.

During an external monitoring visit by the European Commission in November 2009, the consultant asked the MoH representative being interviewed about the MoU. The MoH representative advised that it was not his responsibility to issue this document however from a technical perspective the relationship between the MoH and MSITL was very strong. The statistics above support this comment.

The ongoing delay in signing an official MoU gives uncertainty to the relationship between MSITL and the MoH. District Health Services staff with whom MSITL has been requested by the MoH to work in close collaboration with frequently ask for a copy of the formal MoU between the two parties. It has not affected forming a partnership but it has caused specific concerns regarding contraceptive commodity distribution at the District level.

MSITL requests that the process to finalize the MoU from within the MoH take place as soon as possible to avoid any further issues. If more documents are required for submission, MSITL will provide as requested.

- **Uncertainty of the status of the midwifery scholarship**

The original design of the project proposed to provide 6 scholarships for midwifery to 3 nurses from Lautem and 3 from Oecusse District as they are the furthest Districts from the capital Dili. The budget allocated was for an 18 month Diploma of Midwifery. Upon project commencement it became evident that there was no such course available in Timor Leste to upgrade nurses to midwives over 18 months. The course available was to upgrade midwives from a Diploma I to a Diploma III. As the objective of the scholarships is to strengthen the human resource capacity of the health sector MSITL thought it was not favorable to take midwives out of their jobs for 18 months to upgrade their skills. The next best option is to support senior high school graduates to undertake a three year Diploma at the National University of Timor Lorosae (UNTL). With the current budget allocated, MSITL proposed to amend this activity to be 12 scholarships – one for a female high school graduate from each District outside of Dili.

Two meetings with the Institute of Health Science (ICS), one meeting with UNTL and one with the National Director of Human Resources from the MoH were conducted to identify how to best award these scholarships. MSITL drafted a scholarship MoU, the scholarship criteria and application form in September 2009 and presented it to the UNTL and the Director of Human Resources at the MoH. They agreed in theory to MSITL providing support to students to study

midwifery in the upcoming academic year which was planned to commence in October 2009. As the Ministry of Education made the decision to change the academic year to January – December from 2010, no further discussions were held with the UNTL until November 2009. The Midwifery Course Coordinator came to MSITL to advise that they were now receiving applications for 2010 and that we could begin to proceed with the scholarship selection process.

MSITL had since met with the Minister of Health informally and the Ministers response to the scholarships was that he did not support MSITL's proposal to provide them. He said that the course at UNTL is running as an initiative of the MoH to improve their human resource capacity. His concern is that he wants to place 100 students into midwifery and 100 students in nursing in 2010. UNTL informed him that they do not have the staffing capacity to accept these numbers. Instead they can accept 50 students only. If MSITL were then to provide scholarships to 12 students that would decrease MoH places to 38. The MoH is planning to bring some Indonesian midwives to Timor Leste to temporarily fill their resource gaps in the Districts; the Minister suggested that MSITL redirect funds to employing a number of Indonesian midwives over the next couple of years.

MSITL informed the Midwifery Course Coordinator from UNTL of the discussion with the Minister. She was unaware of this and said she would ask her Manager, the Director of Human Resources from the MoH to confirm the MoH's position on these scholarships. MSITL expressed that they would prefer to use the money to support Timorese girls with an education and a career opportunity rather than using the money to pay Indonesian midwives as it is more sustainable to the country in the long term. A final decision regarding the scholarships is pending a meeting between MSITL and the Ministry of Health in early 2010.

- **Achieving MSI standards of clinical governance and infection prevention**

As a partner of an international organization, MSITL has strict clinical standards that it must adhere to both in the clinic and during outreach. A Quality Technical Assistance visit in August 2009 rated MSITL 79% out of 100% for meeting MSI clinical standards. MSITL's weaknesses were in clinical governance and to a lesser extent, infection prevention. To achieve the desired 90-100% MSITL will require external technical assistance to improve and maintain clinical governance and infection prevention standards.

- **Limitation of transportation to meet program expansion needs**

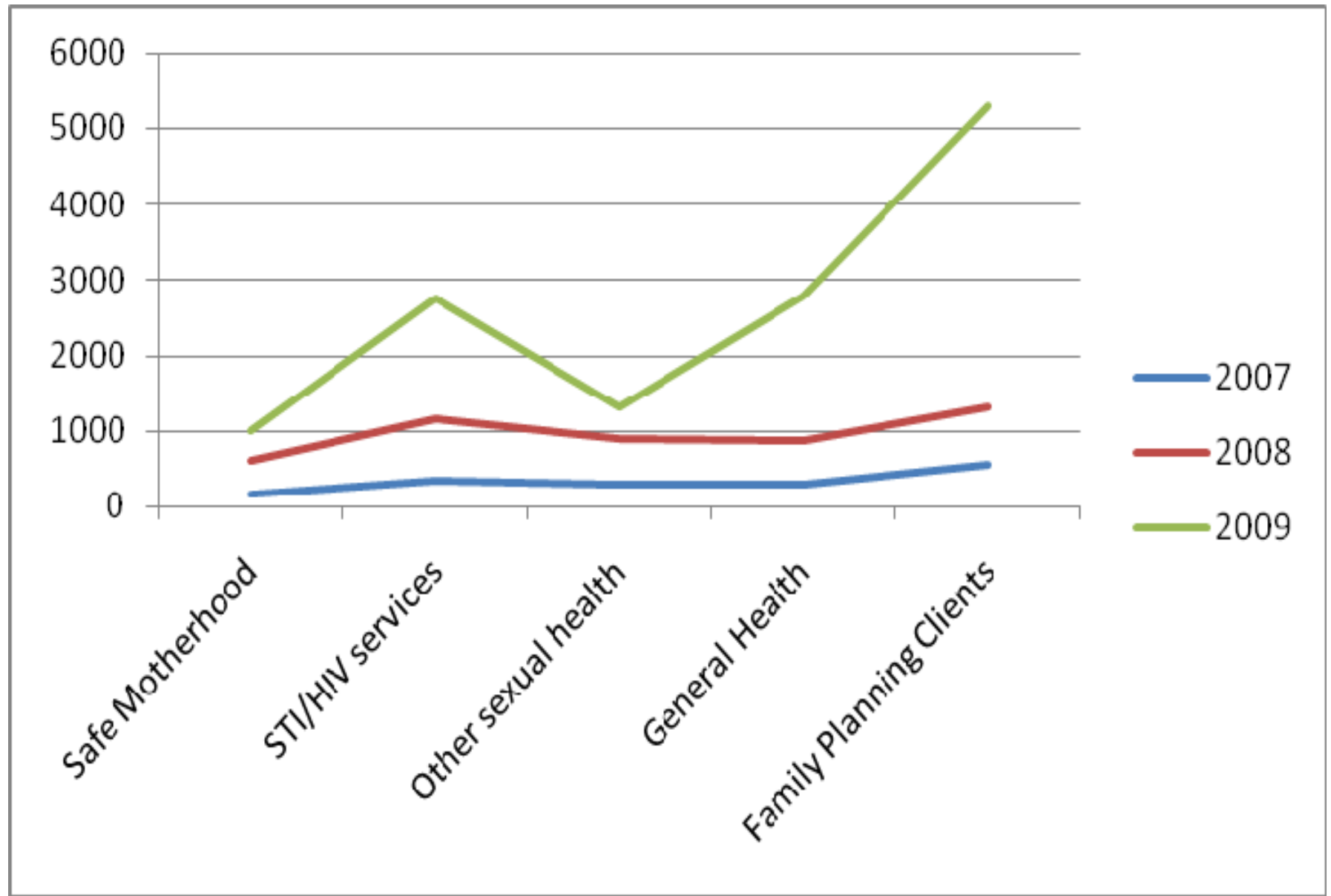
With the expansion into three Districts instead of two in 2009, and the allocation of selected 'hard to reach' Sub Districts by District Health Services, i.e Atsabe – Ermera, Balibo – Bobonaro, Atauro – Dili, MSITL's vehicle resources were stretched to capacity in 2009. On some occasions an extra vehicle was rented to be able to implement scheduled activities at community level. Additional funding was sought and secured by AusAid to support the costs of an additional vehicle for 2010. This will alleviate program needs for the short term but once expansion commences again into Cova Lima and Viqueque MSITL will once again be required to seek further transportation support.

ANNEX 1 – MSITL Client Service Statistics 2007 – 2009

Clinical Services		TOTAL	TOTAL	TOTAL
RH Clinic, Dili Outreach, Uniformed Services, Baucau Outreach, Bobonaro Outreach, Ermera Outreach		2007	2008	2009
Family Planning Clients	Post Abortion Care	6	24	18
	Tubal Ligation	1	0	7
	Vasectomy	0	0	0
	IUD	36	69	524
	Injection -1 month	29	177	275
	Injection - 3 month	192	648	2900
	Pill (strips)	243	359	1006
	Male Condom (pieces)	331	97322	240335
	Female Condom (pieces)	1	0	9
	Emergency Pill	4	20	17
	Implant - 3 years	11	16	265
	Implant - 5 years	10	33	140
	Natural FP	60	71	58
Sexual Health Clients	Safe Motherhood	163	595	1,000
	Pregnancy Test	96	172	362
	STI/HIV services	350	1155	2,748
	Other sexual health	278	888	1,310
	General Health	299	856	2,795
TOTAL				
Client Overview	<i>Family Planning Clients</i>	543	1309	5306
	<i>Non Family Planning Clients</i>	1155	3648	7822
TOTAL		1698	4957	13128
COUPLE YEAR PROTECTION:		359	1394.03	5768.62
Unintended Pregnancies Prevented*:		133	516	2137

* Allen Guttmacher Institute: 2.7 CYPs prevents an unintended pregnancy (1 CYP prevents 0.368 unintended pregnancies)

ANNEX 2 – MSITL Client Services Statistics Graph 2007 – 2009



ANNEX 3 – MSITL Client Services Statistics by District / Project 2009

	Clinical Services 2009	Dili Clinic	Dili Outreach (Jan-Dec 09)	Baucau Outreach (June- Dec 09)	Bobonaro Outreach (Jun-Dec 09)	Ermera Outreach (Aug- Dec 09)	FDTL/PNTL (Jan-Aug 09)	Adolescent (Jan-May 09)	TOTAL
Family Planning Clients	Post Abortion Care	15	0	0	2	1	0	0	18
	Tubal Ligation	1	4	2	0	0	0	0	7
	IUD	159	84	37	176	66	2	0	524
	Injection -1 month (Cyclofem)	198	23	0	30	1	23	0	275
	Injection - 3 month (Depo Provera)	413	711	1060	333	206	176	1	2900
	Pill (# strips)	534	126	261	18	13	53	1	1006
	Male Condom (# pieces)	2942	43981	14688	70,632	7,200	95,040	5,852	240335
	Female Condom	8	1	0	0	0	0	0	9
	Emergency Pill	17	0	0	0	0	0	0	17
	Implant	54	106	27	169	33	16	0	405
	Natural FP	4	8	4	0	0	0	42	58
Sexual Health Clients	Safe Motherhood	921	19	15	20	13	8	4	1,000
	Pregnancy Test	195	160	0	2	0	5	0	362
	STI/HIV services	1100	304	72	35	78	980	179	2,748
	Other sexual health	654	134	41	28	34	0	419	1,310
	General Health	433	526	349	80	111	1248	48	2,795
TOTAL									
Client Overview	<i>Family Planning Clients</i>	1113	1498	1390	710	308	225	62	5306
	<i>Non Family Planning Clients</i>	3214	992	382	149	226	2209	650	7822
	TOTAL	4327	2490	1772	859	534	2434	712	13128
COUPLE YEAR PROTECTION:		1295.6	1152.48	621.18	1790.77	546.67	306.78	12.03	5725.51
Unintended Pregnancies Prevented*:		480	427	230	663	202	114	4	2137

* Allen Guttmacher Institute: 2.7 CYPs prevents an unintended pregnancy (1 CYP prevents 0.368 unintended pregnancies)

Mktg 43.48 **5768.62**

ANNEX 4 – MSITL Client Services Dili RHC 2009

Clinical Services 2009		Dili Clinic
Family Planning Clients	Post Abortion Care	15
	Tubal Ligation	1
	IUD	159
	Injection -1 month (Cyclofem)	198
	Injection - 3 month (Depo Provera)	413
	Pill (# strips)	534
	Male Condom (# pieces)	2942
	Female Condom	8
	Emergency Pill	17
	Implant	54
	Natural FP	4
Sexual Health Clients	Safe Motherhood	921
	Pregnancy Test	195
	STI/HIV services	1100
	Other sexual health	654
	General Health	433
TOTAL		
Client Overview	<i>Family Planning Clients</i>	1113
	<i>Non Family Planning Clients</i>	3214
	TOTAL	4327

COUPLE YEAR PROTECTION:

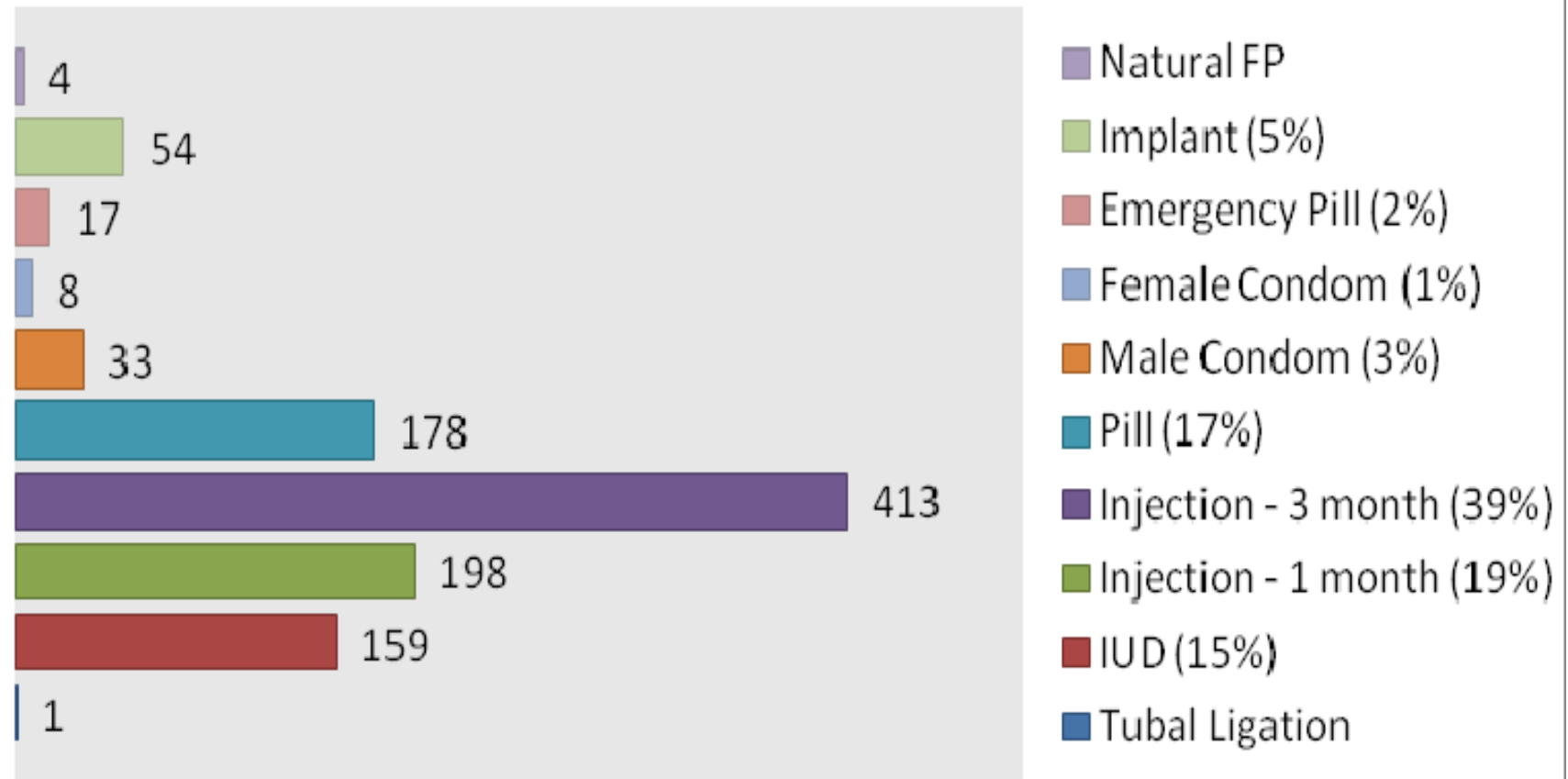
1295.6

Unintended Pregnancies Prevented*:

480

** Allen Guttmacher Institute: 2.7 CYPs prevents an unintended pregnancy (1 CYP prevents 0.368 unintended pregnancies)

MSI Dili Clinic 2009 - FP Services



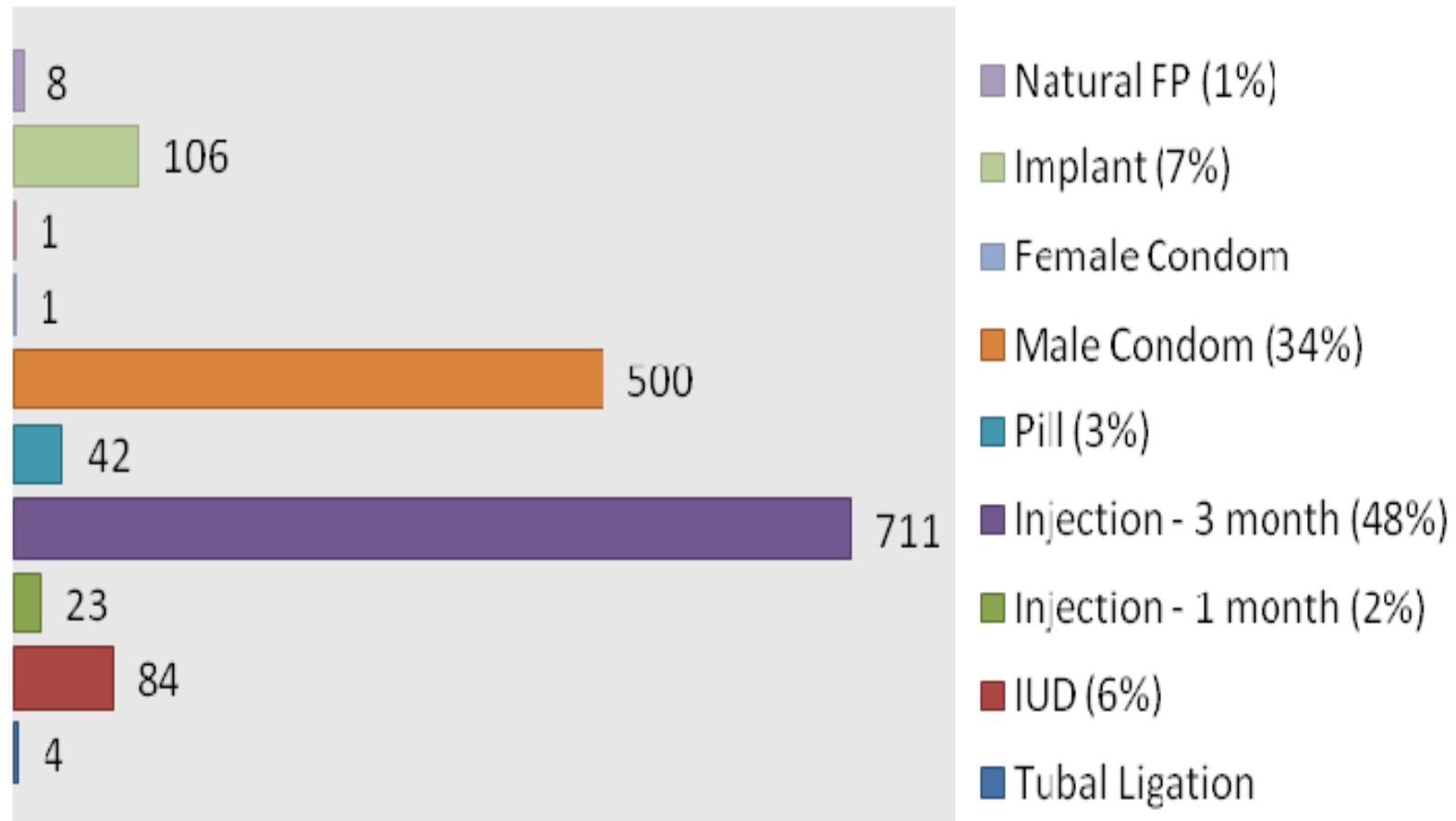
ANNEX 6 – MSITL Client Services Dili Outreach (including Atauro) 2009

Clinical Services 2009		DILI Outreach
Family Planning Clients	Post Abortion Care	0
	Tubal Ligation	4
	IUD	84
	Injection -1 month (Cyclofem)	23
	Injection - 3 month (Depo Provera)	711
	Pill (# strips)	126
	Male Condom (# pieces)	43981
	Female Condom	1
	Emergency Pill	0
	Implant	106
	Natural FP	8
Sexual Health Clients	Safe Motherhood	19
	Pregnancy Test	160
	STI/HIV services	304
	Other sexual health	134
	General Health	526
TOTAL		
Client Overview	<i>Family Planning Clients</i>	1498
	<i>Non Family Planning Clients</i>	992
	TOTAL	2490

COUPLE YEAR PROTECTION: 1152.48
Unintended Pregnancies Prevented*: 427

* Allen Guttmacher Institute: 2.7 CYPs prevents an unintended pregnancy (1 CYP prevents 0.368 unintended pregnancies)

MSI Dili Outreach 2009 - FP Services



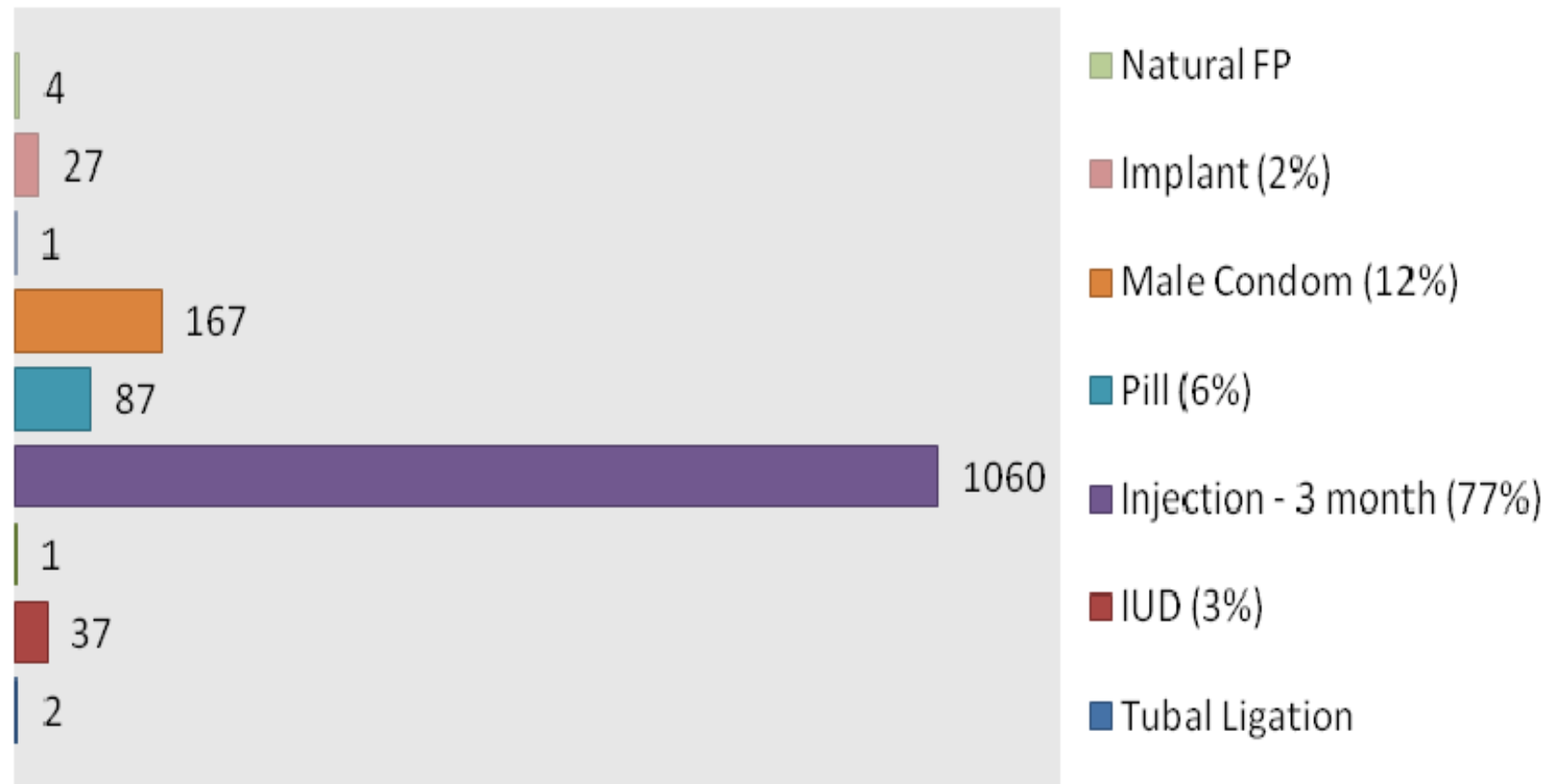
ANNEX 8 – MSITL Client Services Baucau Outreach 2009

Clinical Services July – December 2009		BAUCAU Outreach
Family Planning Clients	Post Abortion Care	0
	Tubal Ligation	2
	IUD	37
	Injection -1 month (Cyclofem)	0
	Injection - 3 month (Depo Provera)	1060
	Pill (# strips)	261
	Male Condom (# pieces)	14688
	Female Condom	0
	Emergency Pill	0
	Implant	27
	Natural FP	4
Sexual Health Clients	Safe Motherhood	15
	Pregnancy Test	0
	STI/HIV services	72
	Other sexual health	41
	General Health	349
TOTAL		
Client Overview	<i>Family Planning Clients</i>	1390
	<i>Non Family Planning Clients</i>	382
	TOTAL	1772

COUPLE YEAR PROTECTION: 621.18
Unintended Pregnancies Prevented*: 230

* Allen Guttmacher Institute: 2.7 CYPs prevents an unintended pregnancy (1 CYP prevents 0.368 unintended pregnancies)

MSI Baucau 2009 - FP Services

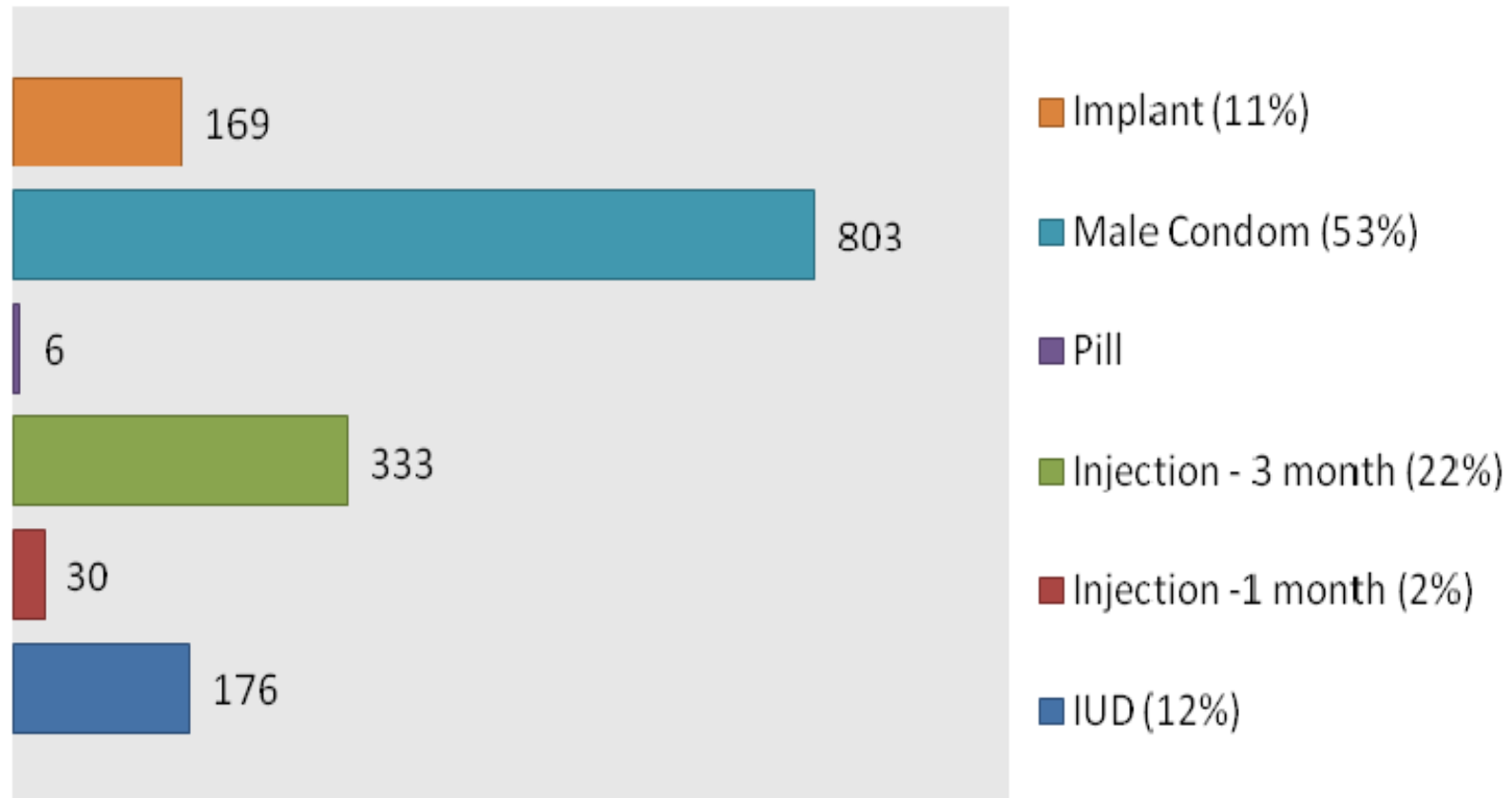


ANNEX 10 – MSITL Client Services Bobonaro Outreach 2009

Clinical Services June – December 2009		BOBONARO Outreach
Family Planning Clients	Post Abortion Care	2
	Tubal Ligation	0
	IUD	176
	Injection -1 month (Cyclofem)	30
	Injection - 3 month (Depo Provera)	333
	Pill (# strips)	18
	Male Condom (# pieces)	70632
	Female Condom	0
	Emergency Pill	0
	Implant	169
	Natural FP	0
Sexual Health Clients	Safe Motherhood	20
	Pregnancy Test	2
	STI/HIV services	35
	Other sexual health	28
	General Health	80
TOTAL		
Client Overview	<i>Family Planning Clients</i>	710
	<i>Non Family Planning Clients</i>	149
TOTAL		859

COUPLE YEAR PROTECTION:	1790.77
Unintended Pregnancies Prevented*:	663

MSI Bobonaro 2009 - FP Services

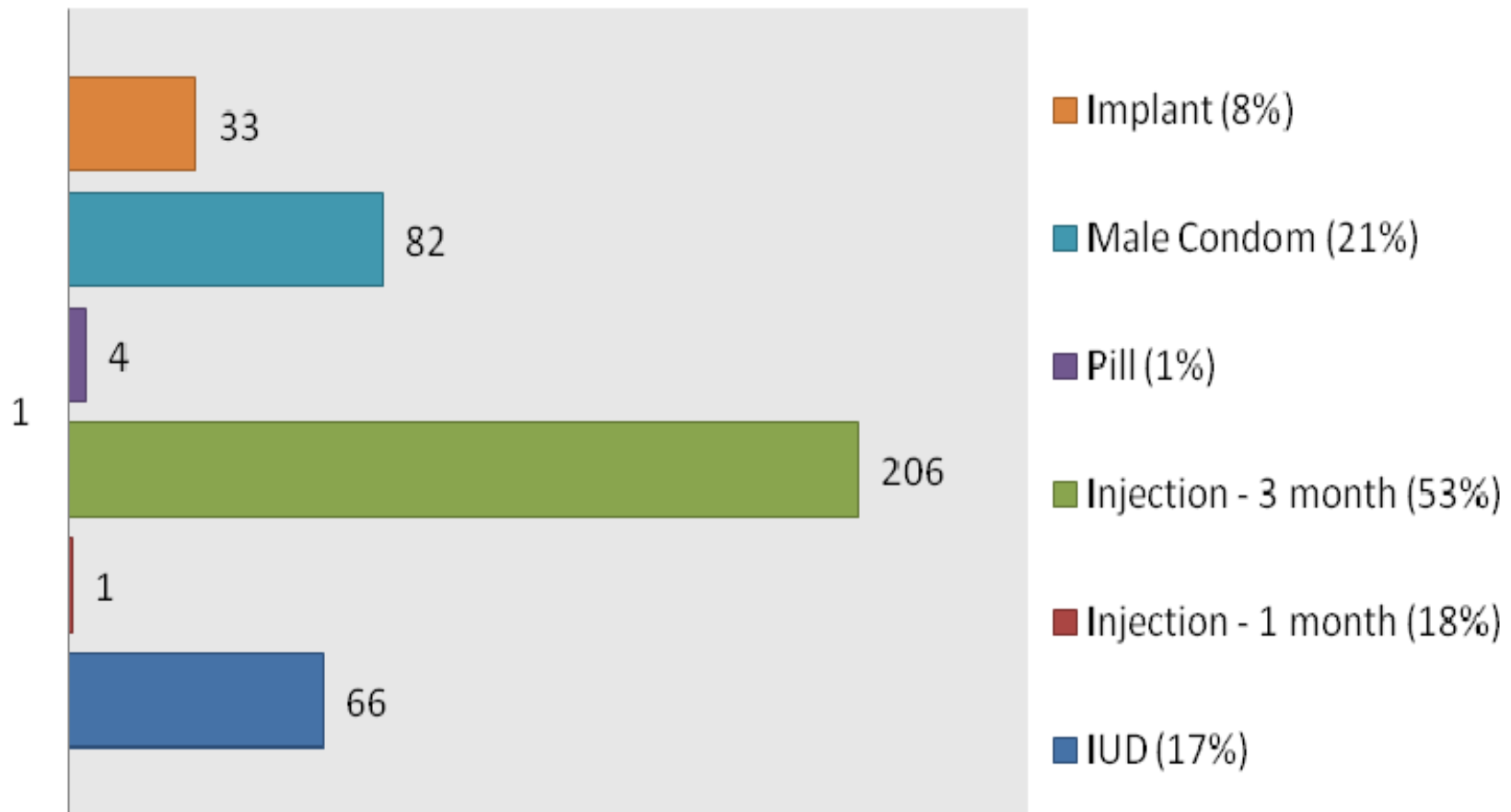


ANNEX 12 – MSITL Client Services Ermera Outreach 2009

Clinical Services August – December 2009		ERMERA Outreach
Family Planning Clients	Post Abortion Care	1
	Tubal Ligation	0
	IUD	66
	Injection -1 month (Cyclofem)	1
	Injection - 3 month (Depo Provera)	206
	Pill (# strips)	13
	Male Condom (# pieces)	7200
	Female Condom	0
	Emergency Pill	0
	Implant	33
	Natural FP	0
Sexual Health Clients	Safe Motherhood	13
	Pregnancy Test	0
	STI/HIV services	78
	Other sexual health	34
	General Health	111
TOTAL		
Client Overview	<i>Family Planning Clients</i>	308
	<i>Non Family Planning Clients</i>	226
TOTAL		534

COUPLE YEAR PROTECTION:	546.67
Unintended Pregnancies Prevented*:	202

MSI Ermera 2009 - FP Services



ANNEX 14 – MSITL Client Services Statistics FDTL / PNTL Jan 2008 - May 2009

Clinical Services Jan 2008 - May 2009		PNTL / FDTL Outreach
Family Planning Clients	Post Abortion Care	0
	Tubal Ligation	0
	IUD	5
	Injection -1 month (Cyclofem)	35
	Injection - 3 month (Depo Provera)	184
	Pill (# strips)	56
	Male Condom (# pieces)	191,292
	Female Condom	0
	Emergency Pill	0
	Implant	16
	Natural FP	0
Sexual Health Clients	Safe Motherhood	15
	Pregnancy Test	6
	STI/HIV services	1080
	Other sexual health	31
	General Health	1362
TOTAL		
Client Overview	<i>Family Planning Clients</i>	262
	<i>Non Family Planning Clients</i>	2462
	TOTAL	2724

COUPLE YEAR PROTECTION:	518.83
Unintended Pregnancies Prevented*:	192

FDTL / PNTL 2008-09 - Clinical Services

