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INTERIM NARRATIVE REPORT 2010

1. DESCRIPTION

1.1 Name of Beneficiary of Contract	Marie Stopes International Australia
1.2 Name of partners in the Action	Main Partner: Name: Marie Stopes International Timor Leste (MSITL) Secondary Partner: Name: Alola Foundation
1.3 Title of the Action	'CHOICE': Family Planning and Reproductive Health Services in Timor Leste
1.4 Funding Order	37913/10
1.5 Contract Start Date & End Date of reporting period	Start Date: 1 January 2010 End Date of Reporting Period: 31 December 2010
1.6 Funding amount	AUD$400,000
1.7 Target Country or Region	Timor Leste
1.8 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).
1.9 Country in which activities take place	Timor Leste: Year 1 - Dili, Baucau, Bobonaro, Ermera; Year 2 - Dili, Baucau, Bobonaro, Ermera, Viqueque, Ainaro[1]; and Year 3 - Dili, Baucau, Bobonaro, Ermera, Viqueque, Ainaro, Manufahi[2], and Lautem

[1] Program expansion in 2010 was originally planned for Viqueque and Cova Lima districts. Following the release of new data (Timor Leste DHS 2009-10) and in consultation with the Ministry of Health (MoH), Cova Lima has been replaced with Ainaro district. In Ainaro there is greater need for SRH education and services and fewer partners providing support to the MoH.

[2] Similarly, the MoH has requested MSITL assistance in Manufahi District in 2011, rather than in Oecusse, due to greater need and lower levels of current support for the health sector.

2. ASSESSMENT OF IMPLEMENTATION OF ACTION ACTIVITIES

2.1 Executive summary of the Action

In 2010 alone, MSITL's clinical health services reached over 33,000 people in Timor-Leste with approximately 20,000 clients choosing a Family Planning (FP) method. These services resulted in 14,242 Couple Years of Protection (CYPs) and will avert an estimated 340 infant deaths, 425 under-5 deaths and 17 maternal deaths.[3] There has been significant growth in the program in year two of implementation.

MSITL has made a major contribution to a significant increase in the Contraceptive Prevalence Rate (CPR) and decrease in the Total Fertility Rate (TFR). MSITL's contribution has been both direct –with an estimated 23% of the CPR resulting from MSITL increasing access to contraception [4] – and also indirect – through education and advocacy activities at all levels. In particular, MSITL has supported the Ministry of Health (MoH) to significantly increase access to family planning and sexual and reproductive healthcare for vulnerable groups, especially poor women living in remote and rural areas of TL and youth. There was a significant increase in the number of young people accessing services in year two, compared with year one.

MSITL's success in 2010 was largely based on well trained, hard-working and effective teams; the development of trust and a good reputation in the community; and increasingly strong partnerships at the district and sub-district levels with the MoH. The latter has partly resulted from the significant support that MSITL provides to the government community health outreach program, SISCA. In many areas SISCA would not proceed without the support of MSITL staff and resources.

Human resources became less of a problem for MSITL as its reputation grew. Midwives and nurses now know about MSITL and perceive the organisation as an attractive place to work. During 2010 a fulltime Clinical Services Manager (CSM) was employed whose role is to strengthen clinical governance; improve clinical monitoring and supervision; and increase the capacity of local health staff (MSITL and government) to provide SRH according to the highest international standards. She also directly provides services especially for long acting and permanent methods (LAPM) of contraception including tubal ligation.

MSITL continued to face difficulties ensuring stable contraceptive supply, particularly of implants, and increasingly has to find stock additional to that provided by the MoH/UNFPA. Implementation also continued to be challenged by the poor infrastructure across Timor Leste, including limited telecommunications and very poor road conditions in most sub-districts. Many communities that MSITL reached are significant distances from district centres and many are not accessible at all by road, requiring staff to walk significant distances in order to provide education and services. These conditions placed a massive strain on human and vehicle resources.

While the vast majority of communities and leaders accept and appreciate MSITL's work in Timor Leste, there remains some opposition to the *Reaching Out* program based on traditional, cultural and religious beliefs. MSITL's official Memorandum of Understanding (MoU) with the MoH was not signed throughout 2010 despite continued partnership with the MoH and ongoing implementation. The MoH approved and signed the MoU in February 2011.

[3] Marie Stopes International Impact Calculator - http://www.mariestopes.org/Publication.aspx?rid=1

[4] Marie Stopes International Reach Calculator, 2009.

To support and strengthen the development of the organisation and program implementation, MSITL conducted their first ever strategic planning process in 2010. All senior management team members were involved in the strategic planning process. The four year plan will not only guide the final year of implementation of the *Reaching Out* program but also provide a solid foundation for the continuing rapid growth of the organisation and support MSITL's vision of expanding to all 13 districts of Timor Leste by 2014.

2.2 Activities and results

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.

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.

Key Activities	Objectively Verifiable Indicators of Achievement	Sources and Means of Verification	Description of Activities Undertaken in the Reporting Period	Comments (i.e reason for modification, quantify results)
Expected Result 1: Increased awareness of SRH issues among vulnerable and marginalized communities.				
1.1	Conduct a needs assessment / baseline survey in each District (including knowledge, actions, beliefs & practices)	Needs assessment / baseline surveys in each District (2 Districts)	A local consultant was contracted and conducted a social mapping exercise in each new District (Ainaro & Viqueque) covering demographics, a health situation analysis and a mapping exercise to identify an appropriate office location.	It was unnecessary to identify an appropriate location for a micro-clinic due to the change (explained after year 1) that MSITL will work through government health clinics in a more integrated approach.
1.2	Review health promotion and BCC strategy	BCC Strategy Review Report (1)	Consultants (a team of 2 Timorese doctors with Masters in Public Health) were contracted to undertake the BCC strategy review in Q4. A comprehensive final report was submitted, which contained many useful recommendations for the improvement of MSITL's health promotion materials and education module. Health promotion staff are currently reviewing MSITLs strategy considering the BCC report and making appropriate changes. A workshop is scheduled for February 2011 to train all health educators in the new health promotion activities and BCC strategy.	This activity was rescheduled from 2009 to 2010.
1.3	Develop health promotion tools and BCC Materials	3 types of BCC materials	In 2010, MSITL continued to regularly participate in the MoH BCC working group for SRH. The group involved other NGOs, UN agencies and the MoH Health Promotion Department. The working group worked on the production of new family planning and contraception (methods) brochures, based on current MSITL and MoH materials. However, working through this group continued to be slow due to the lengthy field testing processes and changes in staff. Thus, these new materials were drafted but not yet finalised. Nevertheless, during 2010, 123,993 MSITL brochures were distributed to women, men and young people of reproductive age at health education sessions in communities across all districts and through workshops and exhibitions. Brochures included the 'puberty' brochure for youth (designed through the BCC working group in 2009), FP, contraceptive methods, STIs and HIV.	

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			Brochures were also available in the Dili clinic and through drop-off points at hotels, restaurants, bars, bus stations etc.	
1.4	Advocacy to local CBOs, promoting SISCA/MSITL services	• SRH promotion / advocacy events (20: 4 per year per district*) **Dili, Baucau, Bobonaro & Ermera = 4, Viqueque & Ainaro = 2 per District)* • SRH Rights consultant engaged and training provided in SRH rights	A total of 33 SRH promotion events were held during 2010 including a large SRH advocacy event held in Laga sub-district, Baucau in March to celebrate MSITL's third year of operations and promote MSITL's expansion into Laga sub-district. The event involved a full-day workshop for 90 health sector staff and community leaders followed by a community celebration involving activities, SRH quiz and live music. Other events included successful workshops to introduce MSITL in Viqueque and Ainaro districts in August and September. In addition, MSITL district teams began showing the MoH health promotion film about Birth Spacing as part of their activities. Events that involve showing films attract large numbers of community members and are very effective in raising discussion about family planning as well as encouraging people to attend government outreach (SISCA) events that tend to be held the following morning. In addition, 5 regional conferences (including one in Dili organised by the Alola Foundation) were held in the lead up to the first ever National Reproductive Health Conference. See more details in 4.4, below. SRHR consultant was contracted to run workshops to build the capacity of MSITL, Alola Foundation and other community organizations on sexual and reproductive health rights (SRHR). Successful workshops were held in three Districts – Bobonaro, Baucau and Dili – with a total of 85 participants. The workshops achieved the following outcomes: • Provided basic training in sexual and reproductive health rights • Built teams' understanding and confidence to consider and	*Breakdown of SRH advocacy events:* Dili (20): 16 CBO activities and 4 film showings Baucau (4): 1 advocacy event, 1 CBO activity, 2 film showings Bobonaro (4): 2 advocacy event, 2 CBO activity Ermera (1): 1 CBO activity Viqueque (3): 1 introductory workshop, 2 film showings Ainaro (1): 1 introductory workshop

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			incorporate where appropriate SRHR into programming and advocacy activities • Encouraged participants to talk confidently and openly about advocating for SRHR • Increased understanding of the SRHR aspects of CEDAW, and the health and equality MDGs (goals 3,4,5 and 6)	
1.5	Implement monthly community SRH discussion groups	• # community SRH discussion groups held (1 per month per District) • Target 29 participants per discussion group per month (4 existing districts * 12 [1,392 participants] and 2 new districts * 6 [348 participants] = total 1,740).	The Alola Foundation held a total of 66 discussion groups across the six implementation districts. The Alola Field Officers ensure that there are approximately 30 community members participating in each discussion group. In total, 1,922 people were involved in the Alola discussions – an average of 29 people per group. MSITL teams at the district level follow-up with the communities after Alola Field Officers have conducted their discussion groups. In total, 38 activities (education and clinical services) were held in communities where Alola had already mobilised the communities through their discussion groups and coordination efforts. There will be continued effort in 2011 to follow-up in Alola communities that MSITL has not yet reached.	*Breakdown of the numbers of participants at the monthly community SRH discussion groups by district:* Ata'uro (Dili) = 18 (656 participants) Baucau = 15 (350 participants) Ermera = 14 (287 participants) Bobonaro = 11 (357 participants) Viqueque = 4 (165 participants) Ainaro = 4 (107 participants)
1.6	Delivery of family health promotion and service referral to local communities (3 districts operational in Year 1; 5 Districts in Year 2; and 8 Districts in Year 3) integrated with the MoH community based SISCA program	• # Districts in which referral services are operational • # people attend family health promotion (including MSI activities & SISCA) (Yr 1 – 24,000) • # MSI private activities and SISCA events (SISCA events 3 per month per district*) * 4 Existing districts = 36/district and new districts	• Communities were mobilized and health promotion education sessions were conducted in 6 districts. • A total of 52,843 people attended family health promotion sessions, well exceeding the target of 40,000 people to attend family health promotion. • These people were reached through 528 MSI mobile clinic activities and 352 activities held directly in collaboration with the government community-based outreach program (SISCA). At SISCA MSITL conducted SRH/FP education sessions and provided clinical support to government staff. MSITL also sets a model example of how FP counselling and clinical services can be provided in a private space at SISCA events, with the use of portable tents and examination couches. In many locations,	*Breakdown of attendance to family health promotion sessions by district:* Females = 33,032 Males = 19,811 Dili: 13,726 (8,152 female/5,574 male) Baucau: 15,166 (8,934 female/6,232 male) Bobonaro: 10,499 (7,417 female/3,082 male) Ermera: 7,623 (4,985 female/2,638 male) Viqueque: 4,069 (2,542 female/1,527 male) Ainaro: 1,760 (1,002 female/758 male) *Breakdown of education events by district:* Dili: 66 SISCA + 288 MSI mobile activities

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		= 18/district → TOTAL target 180 SISCA events.	MSITL transportation and equipment is essential to support successful SISCA implementation.	Baucau: 83 SISCA + 109 MSI mobile activities Bobonaro: 87 SISCA + 53 MSI mobile activities Ermera: 62 SISCA + 52 MSI mobile activities Viqueque: 44 SISCA + 6 MSI mobile activities Ainaro: 10 SISCA + 20 MSI mobile activities
Expected Result 2: Increased utilisation of SRH services and contraceptives.				
2.1	Review the quality of care medical systems	1 Quality Technical Assistance (QTA) audit conducted	The Doctor who joined MSITL in July 2010 is also a representative from the MSI Medical Development Team. Thus, it was decided that she would conduct a QTA audit of MSITL's clinical services (outreach and clinic-based) during the early stages of her employment. The QTA was conducted in September 2010 in Dili and Bobonaro districts.	QTA audit conducted with a 82% quality score achieved. This was a 3% increase from 2009 following the establishment of a Medical Advisory Team, and the improvement of other clinical governance reporting tools as recommended by the previous QTA.
2.2	Develop distance management systems	2 distance management systems established (1 per new District)	• A consistent electronic and hard-copy based management system has been strengthened across the program and expanded to two new districts. The system ensures that project activity information, client data, stock usage and financials are captured in an easy to use on-site system. While confidential client forms are stored at the district level for easy follow-up, hard-copy weekly and monthly reports are physically brought to Dili either through District based staff, a driver or Dili based team member conducting a monitoring visit. • All new staff were briefed during their induction training and provided with further on-the-job support and training from Dili based staff (clinical, finance & program management) to establish, maintain and adhere to these systems.	
2.3	Conduct SRH information & service delivery training (international standards) with Community Outreach Workers	2 SRH training sessions conducted (1 per new District)	• As reported after year 1, MSITL provides centralised induction training to new staff on a needs basis. Three induction trainings were conducted in May, August and October for new staff. Several additional internal trainings were provided as follows: • March – refresher training for health education and use of behaviour change communication (BCC) materials. All MSITL clinicians and educators participated in the training, which was lead by MSITL trainers and health promotion coordinator	Topics covered during the induction training included sex and sexuality, values, conception, family planning, contraception, STIs, counselling, infection prevention, public speaking and reporting. 24 staff participated in these induction trainings.

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	Note: reference to Service Providers removed from this activity as training is provided to both clinicians and educators		• November – Clinical Workshop for all clinicians focused on MSI clinical standards, infection prevention, STI, Vocal Local, medical stock, clinical supervision, and internal auditing. • December – Educators' Clinical Workshop focused on MSI principles, infection prevention and how to assist the clinicians while they are providing services.	
2.4	Source suitable premises and negotiate lease for 7 District based centres to provide SRH counselling to clients, and provide commodity, sterilization & logistics support to the Outreach teams.	2 lease agreements (1 per new District) finalised	• Lease agreement negotiated and signed for in Ainaro • Office space allocated to MSITL in Viqueque by Viqueque District Health Service	
2.5	Refurbish and update premises	2 premises refurbished (1 per new District)	District based centre premises refurbished, painted in MSI colours and branded with EC logos.	
2.6	Procurement: vehicles, medical and general equipment and supplies	1 vehicle purchased 3 sets of medical equipment purchased (1 per new District)	• Sterilisation equipment, outreach medical supplies and initial set-up medication stock purchased for use in each District • A portable gynaecological examination bed and a large two-room tent were purchased as pilot stock in 2010 for use in outreach, particularly for ANC and implant/IUD insertions. They have been used very successfully by the teams and more have been ordered for use in 2011.	
2.7	Recruit new project staff	1 Project Coordinator recruited	N/A	
2.8	Strengthen the SRH Centre in Dili (essential as a training, referral &	• 1 MDT technical assistance visit undertaken and training provided. • Regional MDT training for	• A SRH specialist doctor from within the MSI global partnership was recruited to MSITL as Clinical Services Manager (CSM) to provide long-term and on-going technical assistance. See more information below (Activity 3.4)	

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	SRH facility)	clinical staff undertaken	• Two MSITL midwives attended a MSI Regional Family Planning and Emergency Preparedness training in Cambodia in January. • CSM and Clinical Services Coordinator (CSC) attended MSI training on Client Focus and Vocal Local (July, Sri Lanka). • CSM and CSC attended Male Circumcision training (October, Zambia). Both are now competent in providing this service. • CSM attended Global TOT for Emergency Preparedness and Family Planning in (October, Zambia). • One MSITL midwife attended a regional Reproductive Health Contraceptive Security training course with two MoH staff (December, Indonesia).	
2.9	Raise awareness of MSI services across target groups and community	# Outreach Community Health sessions (not SISCA) (12 per month per district*) *Existing districts = 144; New districts = 72)	Communities were mobilized and 528 MSITL health promotion education sessions were conducted across 6 districts (more information in 1.6). This activity did not reach the target due to the large extent that MSITL is integrating outreach activities with the MoH/DHS. Many activities are implemented with SISCA or in the government's Community Health Centres (CHCs) and Health Posts (HPs).	*Breakdown of education events by district:* Dili: 288 MSI mobile activities Baucau: 109 MSI mobile activities Bobonaro: 53 MSI mobile activities Ermera: 52 MSI mobile activities Viqueque: 6 MSI mobile activities Ainaro: 20 MSI mobile activities
2.10	Launch new District based centres with stakeholders from larger communities	2 launch activities (1 per new District)	Workshop with key stakeholders including local authorities, DHS and CHC staff, local NGOs and Church representatives conducted in Viqueque (25 August) and Ainaro (1 September).	Viqueque = 70 participants Ainaro = >100 participants
2.11	Referrals and appointments to Community Health Centres (CHC)	2 referral systems established (1 per new District)	• A referral system has been established with the local health services in Viqueque (particularly CHCs in sub-districts Viqueque and Ossu) and Ainaro (sub-district Hatubuiliko).	
2.12	Delivery of SRH outreach clinical services	• # clients at Dili RHC and outreach (Yr 2 = 4000 clients) •70% of clients are female • Youth clients •70% clients choose	• Clinical services at the Dili RHC and outreach were delivered to a total of 33,473 clients (63% of all people who received SRH education), including FP, SRH and general health. • 92% of all FP clients were female • A total of 8,649 clients were youth (15-24 years old), which represents 26% of total clients, which is double the percentage	

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		modern contraceptives •80% of clients report satisfaction	figure from 2009. • More than 99% of FP clients chose modern contraceptive methods. • Clients reported very high levels of satisfaction through random client feedback surveys. Out of over 40 random surveys undertaken in outreach, 100% of clients said that MSITL's clinician and consultation was good or excellent. 100% of respondents said that they would like future consultations with MSITL. Some clients said that they still found information about SRH and FP difficult to understand, highlighting the ongoing importance of high quality education and counselling. Of those undertaken in Dili RHC,100% of clients responded good or excellent to all aspects of their service experience with MSITL. 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.	
Expected Result 3: Strengthen capacity of MSITL and establish model of SRH service delivery.				
3.1	RHC clinical services minimal standards model adopted, based on MSI and MOH protocols	1 RH Clinical Services Manual developed	MSITL's medical team developed the RHC Clinical Services minimal standards based on MSI's international clinical service standards and the MoH sexual health and family planning protocols in 2009. This manual is in its first revision phase at the end of 2010 taking into account new updated protocols recommended from 2010 regional technical training.	Revised RH Clinical Services Manual will be provided to all MSITL clinicians in 2011.
3.2	Recruitment and training of outreach teams (Year 1: 15, Year 3: 23; Year 3: 29)	# of staff recruited	11 new staff recruited: CHOICE East = 6 (Viqueque x 5, Baucau x 1 nurse replacement) CHOICE West = 5 (Ainaro x 3, Bobonaro x 1 midwife, Ermera x 1 educator). Final nurse for Ainaro district will be recruited in January 2011. 14 staff already in post. Total staff = 25.	
3.4	Advertise and select a MSI trained Doctor to provide clinical governance and	Staff recruited and in post	International doctor from the MSI global partnership recruited in July 2010 with the objectives of providing long-term technical assistance; training MSITL staff and other Timorese doctors; strengthening clinical services standards; improving clinical	By utilizing an experienced MSI doctor, MSI Timor Leste is able to improve choice by: • Ensuring quality and efficient access to SRH services are available, adhering to MSI global

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	service delivery support.		governance; and providing specialist SRH services, including tubal ligation and male circumcision.	standards • Training local (MSITL and government) clinicians in delivering quality SRH services, in particular tubal ligation and male circumcision • Ensuring compliance with MSI Global Partnership quality clinical standards especially as program expansion occurs and client numbers increase, particular at outreach • Strengthening the Clinical Services Coordinator capacity to build, motivate and maintain effective clinical teams • Supporting the establishment of a Medical Advisory Team (MAT) and other improvements in clinical governance • Providing strategies to improve access to services in hard to reach locations • Strengthening MSITL's capacity to manage a sustainable model of service delivery
3.5	Skills development: Country Director and one senior team member participate in best practice forums, in-country management training delivered	• # staff in leadership roles trained • # of training workshops in the identified key areas attended by staff • # in-country management training and ongoing capacity building of staff carried out	• 12 MSITL team members attended 5 regional trainings and workshops on financial management, marketing, MSI clinical standards, commodity security and global strategy. • MSITL received 5 technical assistance visits to improve capacity in compliance, monitoring & evaluation, sexual and reproductive health rights (SRHR), financial management, organisational development and data collection. • The senior management team developed the first ever MSITL strategic plan (May 2011). All MSITL senior staff were involved in the planning process, which also included several days of leadership and management training. For details of the MSITL Strategic Plan 2011-2014, see below. • 4 MSITL staff attended the MoH Logistics Management and Information Systems training for FP commodity reporting. This training has been used to assist colleagues at the CHC with their	

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			monthly reporting.	
3.6	Develop M&E plan and schedule that is aligned with national development and monitoring plans	# M&E plans developed	M&E consultant hired (March) and worked with the team (participatory approach) to achieve the following outputs: 1. M&E framework developed 2. M&E plan developed 3. New M&E tools drafted where gaps identified 4. Team trained to utilise framework During 2010 the framework and plans have been closely followed by the team.	
3.7	Review and update MIS, administrative and finance systems; train personnel	• All MSITL managers trained in higher level financial accountability processes and systems including strategic planning. • MSI Program Support Team to provide support and mentoring throughout the life of the project. • MSI Regional Finance Manager to train staff in managing and using software systems to enhance MSITL's capacity to receive and communicate information.	• MSITL senior management team trained in forecasting, reading budget vs actual and more closely involved in project-related financial decision making. • MSI Program Support Manager conducted an Organizational Capacity Assessment on the program with participatory involvement of the Senior Management Team. • MSI Regional Finance Manager trained staff (particularly Finance Coordinator) in managing and using software systems (SUN) to better manage financial information.	
3.8	Conduct external end of project review	• External consultant contracted to undertake end of project review	N/A	
3.9	Forum to disseminate findings of external evaluation to all stakeholders and	• Hold a dissemination forum to present and discuss lessons learnt from the external end of project	N/A	

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	interested parties, including government officials, community leaders, church groups, international and local NGOs	evaluation.		
Expected Result 4: Contribute to the development of an enabling environment to promote high quality SRH information and services complementing the Timor Leste health system				
4.1	Letters of Understanding	• LoU signed between MSITL and MoH to govern the nature of engagement and specify how MSITL will work and support SISCA teams • LoU signed between MSITL and Alola Foundation outlining responsibilities of each party to implement this Action	• MSITL's MoU with the MoH: In 2010 some changes were made to the wording in the agreement at the end of the year and the document was signed on 8 Feb 2011 • LoU with the Alola Foundation was signed in June 2009.	
4.2	Analysis of and contribution to national SRH policies	• MSI to facilitate the analysis of SRH situation in Timor Leste and contribute to the assessment and development of national SRH policies. • MSITL will work towards developing capacity for policy analysis and development with assistance by MSI/A PST.	• MSITL was strongly involved in the first ever National Reproductive Health Conference (Theme: Sex Education, Teenage Pregnancy and Family Planning) in July 2010 (see below 4.4 for more information). Regional Conferences held in the lead up to the National conference gave community members and other stakeholders the opportunity to assess national SRH policies and voice concerns regarding their implementation. The impact of the national Conference was significant, as delegates included a large number of Parliamentarians and the conference received substantial media coverage. • MSITL continued to participate actively in various meetings, workshops and working groups with the MoH and other partners,	During 2010 a report titled 'The status of family planning and reproductive health in Timor-Leste' was commissioned by the International Council on Management of Population Programmes (ICOMP) and the Asia and Pacific Regional Office of the United Nations Population Fund (UNFPA) to review the status of family planning in selected countries of Asia and the Pacific, including Timor-Leste. The report concluded that 'Timor-Leste's national FP/RH program is relatively new and it is off to a good start. It enjoys strong political support from the Government and Parliament, and from key

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			which discussed key MCH, SRH and FP issues. Through these channels MSITL was able to contribute to the assessment and development of national policies. The newly established Adolescent Reproductive Health (ARH) Taskforce, in particular, has relied heavily on MSITL to assist with the development of new national standards and guidelines for ARH. • MSITL actively participated in the policy review workshops for both the STI/HIV, and the Family Planning Policy reviews led by the MoH. • MSITL presented the MSI Family Planning Impact Calculator to the National Family Planning Working Group in mid-2010. The Impact Calculator is a user-friendly tool that measures the direct impact that family planning has. It measures the number of infant and maternal deaths that will be averted, unwanted pregnancies that will be averted and the financial savings that family planning will have on the country.	stakeholders including the Catholic Church. The program is unique in the region in the way it was established after ICPD and fully embraces the principles advocated in the 1994 *Programme of Action.* It needs no 'repositioning,' and it is too young to talk of 'revitalization.' The main challenges are expanding the program to meet growing demand and at the same time maintaining the broad public support the program currently enjoys' (Adrian Hayes, 2010). Through the Reaching Out program, MSITL is contributing significantly to these successes and alleviating the ongoing challenges.
4.3	Participate in National FP Working Group	• Support, revitalise and attend the National Family Planning Working Group meetings • Strengthen the Maternal and Child Health section of the MoH to conduct Working Group meetings more regularly	• In 2010 MSITL led the revitalisation of the National FPWG with 4 meetings conducted during the year, all of which MSITL hosted or participated in. • Encouraging the MoH to initiate and organise these meetings is an ongoing challenge, which MSITL will continue to work towards in 2011 by maintaining a close relationship and providing strong support to the Maternal and Child Health Department. • MSITL heavily involved in the establishment and early work of the ARH Working Group and Taskforce in 2010. This group is key to filling a major gap in SRH policy and services in Timor Leste.	The re-invigoration' meeting of the FPWG was hosted by MSITL in March 2010 and was attended by 9 partner organizations including UN agencies, donors and NGO's. It was a vibrant meeting and all in attendance agreed to continue the WG in 2010. Subsequent meetings were held in May, June and December and issues discussed included government and partner activities/results, development of FP tools, contraceptive supplies and BCC materials.
4.4	Support local NGO Alola Foundation to provide advocacy for the needs of women at local, District and	• MSITL to provide information and training sessions to strengthen advocacy (public speaking and community	• A total of three training sessions were held with Alola field officers: 1. SRHR consultant contracted to run workshops on sexual and reproductive health rights (SRHR) and advocacy (see details above in 1.4 – July 2010).	

Key Activities	Objectively Verifiable Indicators of Achievement	Sources and Means of Verification	Description of Activities Undertaken in the Reporting Period	Comments (i.e reason for modification, quantify results)
	government levels	engagement) skills in SRH including FP and STIs to Alola Foundation • SRH Rights consultant will provide three SRH rights workshops in Timor Leste (including staff from Alola) • Bi-monthly progress meetings held between MSITL and Alola Advocacy Program Manager	2. Refreshing training on reproductive health and contraceptive methods (August 2010). 3. Formal training about PF, STIs and HIV including public speaking (October 2010). • The first ever National Reproductive Health Conference (Theme: Sex Education, Teenage Pregnancy and Family Planning) was held on 11-13 July 2010 by the Grupo Das Mulheres Parlamentares de Timor Leste / Timor Leste Women's Parlimentarians Group (GMPTL). MSITL together with Alola Foundation were heavily involved on the conference steering committee. MSITL took on roles as session organiser, note-taker, and significant other tasks. In the lead-up to the National Conference, 5 regional conferences were held. On 9 March 2010 the Dili Regional conference was organised by the Alola foundation and hosted in conjunction with MSITL as the National FP Seminar. Participants involved were from 6 sub-districts and included students from universities, community leaders, local government authorities, national and international NGO staff, Rede Feto members and others. Through the conference 15 representatives were elected to participate in the National Conference. • Bi-monthly progress meetings were held between Alola Advocacy staff and MSITL's Program Manager and Project Coordinators. Discussions included implementation challenges, potential strategies for improvement, monitoring requirements, training needs and finances.	
4.5	Maintain and establish formal links local with district health and non-health organisations (public, private, NGOs) aligned to SRH	• MSITL to identify and confirm referral services for when outreach services commence. • Establish formal links with District health services to secure venue use for	• Introductory and regular coordination meetings conducted with Local Authorities (District, Sub-District, Suco & Aldeia level), MoH, District Health staff and NGO/CBO leaders. • Local authorities involved in initial coordination with MSITL team and Mapping Consultant to identify possible locations for an MSITL office in their District and develop initial strategies for MSITL's activities in that location	*Breakdown of meetings with local authorities by region:* Eastern Region = 44 Western Region = 28 Dili (Marketing and RHC) = 11

Key Activities	Objectively Verifiable Indicators of Achievement	Sources and Means of Verification	Description of Activities Undertaken in the Reporting Period	Comments (i.e reason for modification, quantify results)
		outreach and awareness raising activities. • Design and deliver awareness raising activities based on best practice models to the local government authorities and other SRH organisations.	• Introductory/Advocacy workshop conducted at District level with all key stakeholders to raise awareness and support of MSITL activities once formal relationships had been formed	
4.6	Continue / extend membership on local and national SRH stakeholder meetings / networks	• Alola Foundation and MSITL to participate in key meetings and networks with key stakeholders in Timor Leste and inform stakeholders on issues and needs of the target group and best practice in delivering SRH. • Utilise these forums to disseminate information from client research and resolve policy issues in SRH.	• MSITL attended 4 National FP Working Group meetings • MSITL participated in 2 SRH Behaviour Change Communication Working Group meetings to produce BCC materials • MSITL participated in the first 2 Adolescent Reproductive Health WG meetings in 2010 and helped to establish the ARH Taskforce • MSITL and the Alola Foundation actively involved in the planning meetings for the National Reproductive Health Conference and Regional Consultations • Alola participated monthly in Referral Pathway Meeting • Alola and MSITL participated in the Advocacy Strategy Meeting for Victims of Gender Based Violence, including sexual abuse • Alola represented on the National CEDAW convention action group	

Additional Comments

MSITL IMPACT – 2010

A total of 52,843 people attended SRH education sessions delivered by MSITL teams while clinical health services reached over 33,000 people in Timor-Leste. Approximately 20,000 clients chose a Family Planning (FP) method, resulting in 14,242 Couple Years of Protection (CYPs). According to MSI's Impact Calculator, the FP services conducted by MSITL in 2010 will avert an estimated:

Pregnancies	8,117.71
Births	4,306.06
Infant deaths	339.68
Under-5 deaths	425.54
Maternal deaths	16.71
Abortions	3,747.44
Unsafe abortions	2,259.27
Disability Adjusted Life Years (DALYs)	838.53
Total cost savings to individuals and the healthcare system	AUD 2,624,220
Total cost savings to individuals and the healthcare system	USD 2,630,333

A comparison of MSITL's results from 2007-2010 can be seen below, showing the growth in the program. It is followed by MSITL's full results for 2010 in the table on the following page.

	Clinical Services RH Clinic & CHOICE Outreach in Dili, Baucau, Bobonaro, Ermera, Viqueque, Ainaro	TOTAL 2007	TOTAL 2008	TOTAL 2009	TOTAL 2010
Family Planning Clients	Post Abortion Care	6	24	18	18
	Tubal Ligation	1	-	7	4
	Vasctomy	-	-	-	-
	IUD	36	69	524	813
	Injection -1 month	29	177	275	228
	Injection - 3 month	192	648	2,900	12,378
	Pill	243	359	1,006	8,436
	Male Condom	331	97,322	240,335	71,425
	Female Condom	1	-	9	2
	Emergency Pill	4	20	17	28
	Implant - 3 years	11	16	265	237
	Implant - 5 years	10	33	140	1,545
	Natural FP	60	71	58	19
Sexual Health Clients	Safe Motherhood	163	595	1,000	3,979
	Pregnancy Test	96	172	362	1,064
	STI/HIV services	350	1,155	2,748	2,419
	Other sexual health	278	888	1,310	1,435
	General Health	299	856	2,795	7,072
	TOTAL				**15,969**
Client Overview	*Family Planning Clients*	543	1,309	5,306	18,804
	Non Family Planning Clients	1,155	3,648	7,822	14,668
	TOTAL	**1,698**	**4,957**	**13,128**	**33,472**
COUPLE YEAR PROTECTION:		359.00	1,394.03	5,768.62	**14,241.99**
Participants @ SRH Education Sessions	Male	1,730		7,862	19,811
	Female	3,809		11,454	33,032
	Total	**5,888**	**10,150**	**19,316**	**52,843**

	Description	Klinika Dili / Mktg 2010	Dili Outreach 2010	Baucau Outreach 2010	Bobonaro Outreach 2010	Ermera Outreach 2010	Viqueque Outreach 2010	Ainaro Outreach 2010	TOTAL
Family Planning Services	PAC	15	0	0	2	1	0	0	**18**
	MSL	3	0	1	0	0	0	0	**4**
	MSV	0	0	0	0	0	0	0	**0**
	IUD insertion	107	146	275	171	87	14	13	**813**
	Injectables - 1 month	132	90	0	4	2	0	0	**228**
	Injectables - 3 months	605	6,850	1,870	1,194	1,123	699	37	**12,378**
	Pills - client pays	723	0	0	0	0	0	0	**723**
	Pills - free supplies	33	5,545	1,201	336	492	106	0	**7,713**
	Male Condoms - client pays	2,045	0	0	0	0	0	0	**2,045**
	Male Condoms - free supplies	9,216	17,322	11,885	23,480	2,869	4,176	432	**69,380**
	Female Condoms - client pays	0	0	0	2	0	0	0	**2**
	Female Condoms -free supplies	0	0	0	0	0	0	0	**0**
	Emergency Contraception - client pays	16	0	0	0	0	0	0	**16**
	Emergency Contraception - free supplies	0	0	0	2	0	10	0	**12**
	3 year implant insertion	40	26	6	125	36	0	4	**237**
	5 year implant insertion	126	481	101	355	460	0	22	**1,545**
	TOTAL	13,063	30,460	15,339	25,671	5,070	5,005	508	**95,116**
Services without CYPs	Implant removal	39	13	11	4	0	1	1	**69**
	IUD Removal	40	8	15	1	2	3	0	**69**
	Natural FP	9	7	2	1	0	0	0	**19**
	TOTAL	88	28	28	6	2	4	1	**157**
SH Services	General Safe Motherhood Services	1,041	35	1,866	296	149	561	31	**3,979**
	Pregnancy Tests	455	167	285	2	111	43	1	**1,064**
	STI and HIV Services	1,368	135	124	287	326	150	29	**2,419**
	Other SRH treatment	592	77	142	88	43	478	15	**1,435**
	Other Health Services	559	1,164	799	1,397	2,542	294	317	**7,072**
	TOTAL	4,015	1,578	3,216	2,091	3,171	1,526	393	**15,990**
Overall Client Profile	Female	5,045	10,439	5,368	3,610	3,971	2,047	368	**30,848**
	Male	299	557	342	316	775	241	95	**2,625**
	Youth (15-24y)	1,848	2,936	1,279	848	990	628	120	**8,649**
	Adult (reproductive age: 25-49y)	3,465	7,448	4,233	2,989	3,214	1,627	299	**23,275**
	New client	1,916	3,380	2,626	3,020	1,965	1,577	421	**14,905**
	Existing client	3,428	7,616	3,084	906	2,781	711	42	**18,568**
	Referred by a satisfied client	1,509	0	54	0	14	0	0	**1,577**
	TOTAL (Total Clients)	**5,344**	**10,996**	**5,710**	**3,926**	**4,746**	**2,288**	**463**	**33,473**
FP/PAC Clients									
New FP/PAC Clients	Female	381	2,266	1,031	1,516	727	478	76	**6,475**
	Male	1	2	6	7	1	2	0	**19**
	Sub-total (New FP/PAC Clients)	382	2,268	1,037	1,523	728	480	76	**6,494**
Existing FP/PAC Clients	Female	1,153	7,343	1,852	509	1,162	281	0	**12,300**
	Male	2	3	5	1	0	0	0	**11**
	Sub-total (Existing FP/PAC Clients)	1,155	7,346	1,857	510	1,162	281	0	**12,311**
Post-abortion FP Client	Short term methods	2	0	0	0	1	0	0	**3**
	Long term methods	0	0	1	1	0	0	0	**2**
	Permanent methods	0	0	0	0	0	0	0	**0**
Modern methods	Total # clients using modern methods	1,528	9,607	2,738	1,980	1,857	761	76	**18,547**
Short-term methods	Total # clients using short term methods	1,066	8,930	2,479	1,376	1,329	755	37	**15,972**
First time user	First time FP user	370	1,566	989	315	261	72	12	**3,585**
Youth/Adult FP/PAC Clients	Total FP user < 25	364	2,597	354	343	317	154	12	**4,141**
	Total FP user 25 +	954	5,614	1,596	1,083	1,279	607	64	**11,197**
	TOTAL (FP/PAC Clients)	**1,537**	**9,614**	**2,894**	**2,033**	**1,890**	**761**	**76**	**18,805**
Non-FP/PAC Clients	Female	3,511	761	2,501	1,576	2,071	1,288	292	**12,000**
	Male	296	621	315	317	785	239	95	**2,668**
	TOTAL(Non-FP/PAC Clients)	**3,807**	**1,382**	**2,816**	**1,893**	**2,856**	**1,527**	**387**	**14,668**
Client referral sources	Follow-up visit	3,465	10	7	102	28	0	0	**3,612**
	Friend	648	0	7	0	14	0	0	**669**
	Family	861	0	47	0	0	0	0	**908**
	MSI brochure (BCC)	17	0	27	0	0	0	0	**44**
	MSI information session	3	0	401	159	76	0	0	**639**
	MSI team member	240	672	250	332	322	8	225	**2,049**
	Government Clinic	64	8,524	2,625	1,092	2,497	906	149	**15,857**
	SISCA	-	109	897	1,423	1,124	1,374	89	**5,016**
	Private Clinic	0	0	0	0	0	0	0	**0**
	NGO	14	0	7	0	0	0	0	**21**
	TVTL	17	0	0	0	0	0	0	**17**
	Radio	9	0	0	0	0	0	0	**9**
	Newspaper	6	0	0	0	0	0	0	**6**
	PNTL	0	0	22	54	0	0	0	**76**
	FDTL	0	0	79	19	0	0	0	**98**
Outreach visits undertaken	MSI private activities	-	288	109	53	52	6	20	**528**
	SISCA	-	66	83	87	62	44	10	**352**
	CHC/Hospital/HP	-	301	177	80	72	20	11	**661**
	TOTAL	**0**	**655**	**369**	**220**	**186**	**70**	**41**	**1,541**
Education	Male	415	5,159	6,232	3,082	2,638	1,527	758	**19,811**
	Female	296	7,856	8,934	7,417	4,985	2,542	1,002	**33,032**
	TOTAL	**711**	**13,015**	**15,166**	**10,499**	**7,623**	**4,069**	**1,760**	**52,843**
BCC Distribution	Brochures distributed	5,667	21,099	25,737	12,482	31,271	17,731	10,006	**123,993**
COUPLE YEAR PROTECTION (CYP):		**1502.02**	**4411.36**	**2407.93**	**2975.16**	**2510.18**	**262.73**	**172.61**	**14,241.99**

MSITL STRATEGIC PLAN – 2011-2014

MSITL's senior management team undertook its first ever Strategic Planning process in May 2011. All MSITL senior staff were involved in Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis and Goal, Action, Planning (GAP) processes, which resulted in a renewed Mission, Vision and set of priority goals for the coming three years, as follows:

Mission

Reduce maternal mortality in Timor Leste through *Children by Choice not Chance*

Vision

- Help reduce poverty and improve the prosperity, health and well being of Timor Leste families through the provision of quality sexual and reproductive health (SRH) (particularly family planning) services and education
- In partnership with the Ministry of Health (MoH), improve access to the underserved rural, remote and urban poor throughout the 13 districts of Timor Leste
- Contribute significantly to a reduction in maternal, infant and child deaths in Timor Leste
- Be trusted and well-respected by the community we serve, our team and our key partners: the MoH, district health services (DHS) other government departments, and our valued donors
- Our programs will be designed, developed and delivered to have a positive, lasting impact in the community, and to take issues of sustainability into constant consideration
- We will strive to ensure that all our services adhere to MSI's international quality and good practice standards as demonstrated at MSITL's Reproductive Health Centre (RHC) in Dili.
- Our committed, respectful, and expert team will focused on the needs of our clients and demonstrate a commitment to delivering measurable results
- We will create genuine opportunities for Timorese people to develop capacity in management and leadership, as well as develop specialist expertise in SRH and rights, thereby contributing to long term expert human resources capacity for Timor Leste.

Goal 1 - Improve access to SRH information and services to reach underserved women and couples across 13 districts
Goal 2 - Partner and integrate within the Government of Timor Leste health system
Goal 3 - Continuous improvement of the quality of our services (clinical & health promotion)
Goal 4 - Specifically target young people and men in our SRH program delivery
Goal 5 - Build a robust, capable organization that supports our people and our program

TARGETING YOUNG PEOPLE

It is intended that young people make up a large proportion of the primary beneficiaries of this program and the specific objective is to enable their access to much needed SRH services and information. In Year 2 of the action a large number of young people participated in SRH education sessions in communities, schools, universities, training centres and other venues. Some of these sessions were specifically targeted at young people, while others were general sessions involving people of all reproductive ages. A total of 8,649 clients were youth (15-24 years old), which represents 26% of total clients – a doubling of the percentage figure from 2009.

Nevertheless, MSITL recognises that the family-health focused approach taken through this program is not the ideal way to work with young people in the sensitive area of SRH and has deemed it necessary to take an alternative 'youth-friendly' approach to SRH for young people in Timor Leste. In November 2010 MSITL received confirmation that an application for funding for an ARH pilot project, including the development of a Youth-friendly Counselling Manual, specific education sessions for young people in two districts (Dili and

Bobonaro) and the establishment of a free 24-hour Infoline, had been accepted by the World Bank. The initial pilot project will be implemented in 2011 with the support of the Burnet Institute and in collaboration with ARH WG members.

Many of the activities mentioned above that are related to ARH will be continued through the ARH Project, which will work closely with existing MSITL teams. As stated, MSITL was heavily involved in the establishment and early work of the Adolescent Reproductive Health (ARH) Working Group and the ARH Taskforce in 2010. This small group of important stakeholders, comprising the MoH, Ministry of Education and Secretary of State for Youth and Sport, as well as UNFPA, UNICEF, Red Cross, ChildFund, Saris Haburas Comunidade and MSITL, is key to filling a major gap in SRH policy and services in Timor Leste. This group, particularly MoH and UNFPA, were involved in the proposal development for the ARH Pilot in order to ensure MSITL's strategy for working with young people complements the government's action plan.

2.3 Updated action plan 2011

Dili (D), Baucau (B), Bobonaro (BB), Ermera (E), Viqueque (V), Ainaro (A), Lautem (L), Manufahi (M)

	Q1			*Q2*			*Q3*			*Q4*		
Main Activities	*Jan 2011*	*Feb 2011*	*Mar 2011*	*April 2011*	*May 2011*	*June 2011*	*July 2011*	*Aug 2011*	*Sept 2011*	*Oct 2011*	*Nov 2011*	*Dec 2011*
Output 1:	Increased awareness of SRH issues among vulnerable and marginalized communities											
1.1 Mapping			L, M									
1.2 Review BCC												
1.3 Develop BCC tool												
1.4 Advocacy authorities / CBOs (RH events)	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M
1.5 Monthly SRH discussions (Alola)	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M
1.6 Delivery health promotion/ SISCA	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M
Output 2:	Increased utilization of SRH services and contraceptives											
2.1 Review care system (QTA)												
2.2 Distance mgmt systems					L, M							
2.3 SRH training (education)				L, M								
2.4 Source premises			L, M									
2.5 Refurbish premises				L, M	L, M							
2.6 Procurement				L, M	L, M							
2.7 Recruit Management Team												
2.8 SRH Technical Training (MDT)												
2.9 Raise awareness of MSI (outreach activities)	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M
2.10 Launch of MSITL					L, M							
2.11 Referral to CHC	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M
2.12 Deliver outreach clinical services	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M	D, B, BB, E, V, A, L, M

3. PARTNERS & OTHER COOPERATION

3.1 Relationship with Partners

Local level: Local authorities including local government leaders, village chiefs (chefe suco and chefe aldeia) and youth leaders work very closely with MSITL staff. In most locations strong and effective relationships have been developed with these key local people. In many areas, Family Health Promoters (PSFs) also work closely with MSITL teams to effectively mobilise and engage the community in SRH programs. While MSITL occasionally finds that local Religious institutions are an obstacle to providing SRH education and services to the community, in many more cases the Catholic, Protestant and Muslim leaders welcome MSITL and work together in order to ensure the benefits of SRH and FP reach their communities.

District/Sub-district levels: Aside from very strong working relationships with all District Health Services (see more below in 3.2), MSITL also enjoys strong relationships with other NGOs including Alola Foundation, Childfund, Cafe Clinic Timor, World Vision and Care at the district and sub-district levels.

National level: In addition to the Alola Foundation (see below 3.3), MSITL also has positive working relationships with many other organisations including Health Alliance International (HAI), The Timorese Integrated Health Improvement Project (TAIS), Red Cross Timor Leste (CVTL), Catholic World Services (CWS), Café Clinic Timor (CCT), Save the Children, Caritas, and Catholic Relief Services (CRS). MSITL meets regularly with these partners, which is an opportunity to share experiences and lessons learned and project results. An open forum for sharing has been established through the working groups and good personal relationships.

Internationally: MSITL enjoys strong support from MSI Australia (MSIA) and MSI. Other MSI global partners have also become increasingly important in MSITL's development into a well-recognised, high quality SRH organisation. During 2010 11 MSITL team members have attended 5 MSI trainings and workshops on financial management, marketing, MSI clinical standards and global strategy. Furthermore, MSITL has received 5 technical assistance visits to improve capacity in compliance, monitoring & evaluation, sexual and reproductive health rights (SRHR), financial management, organisational development and data collection.

3.2 Relationship with State Authorities

As explained above, MSITL's MoU with the MoH was still not signed during 2010. With the continuous follow up regarding the MoU, however, MSITL was continually informed that the MoH is very pleased with MSITL's program implementation and clinical service quality. Spot MoH inspections of the RHC also confirmed that the MoH regards MSITL's clinical standards as high. The Institute of Health Science (ICS) and the National University of Timor Leste (UNTL) have also developed a more formal program for their midwifery and medical students to complete their practical placements at MSITL's RHC in Dili. MSITL is often mentioned publically by the MoH as one of the organisations in the health sector that provides excellent essential support to implement the SISCA program. MSITL maintained very good relationships with the Family Planning, Adolescent Reproductive Health, Communicable Diseases and Health Promotion Departments at the national level. At the national MSITL relationship with MoH continues to be strengthen through ongoing cooperation and engagement.

MSITL has also developed relationships with several other state authorities. MSTIL has been active in the working group for gender equality and management of domestic/gender-based violence led by the State Secretariat for the Promotion of Equality (SEPI). As mentioned above, MSITL was a key member of the steering committee for the National Reproductive Health Conference. The conference was convened by the Women's Parliamentary Caucuas of Timor Leste (GMPTL), who also chaired the steering committee. With the increasing focus on adolescent reproductive health, MSITL has built stronger relationships with the MoE and the SSYS. MSITL also maintains its relationship with the police (PNTL) and military (F-FDTL) continuing to provide education and clinical services to their forces. Since the end of the Uniformed Services Project in 2009, the role that MSITL is expected to play in providing sexual healthcare to the PNTL and F-FDTL is somewhat unclear. This relationship requires strengthening and clarification in 2011.

At the District and Sub-District levels, MSITL has excellent relationship with the District Health Service authorities, especially the District Public Health Officers for Maternal and Child Health (DPHO-SMI), who are MSITL's key DHS contacts. Excellent relationships have also been formed at the Community Health Centre (CHC) level, particularly with the Head of the CHCs and midwives. Regular meetings and coordination occur in order to develop work plans together, especially due to MSITL's key role in providing support to the SISCA outreach program.

Establishing good relationships with local authorities is a major component of MSITL's coordination activities to undertake community health education sessions. Without strong relationships at this level, it is very difficult to establish a successful program. In new areas, MSITL always meets with the local leaders before commencing activity implementation. Often, these leaders are provided with SRH education prior to general activities, so that they can have a better understanding of the benefits of MSITL's program.