

ANNEX 07 – NTT DISTRICT SELECTION

This annex describes the process and criteria in selecting the districts in NTT. Considering that AIPMNH, AIPD and AIPHSS have all been working in a number of districts in NTT, district selection has taken into consideration the history of commitment and capacity of each district.

AIPMNH has been working in NTT from 2008 starting with three districts and covering a total of 14 districts since 2010. AIPD started in 2011 in four districts. AIPHSS started implementation in the same four districts as AIPD in 2013.

PERMATA district selection criteria are:

1. Working where AIPD and AIPHSS are already working. This is in recognition that to achieve the outcomes that PERMATA is designed to achieve will require inputs from a governance program and that PERMATA will continue the sub-national activities currently under AIPHSS.
2. Capacity and commitment of elected representatives (Bupati, DPRD)
3. Capacity of potential government partners
4. Population size
5. Health status (particularly of mothers and newborns)
6. Poverty levels
7. Financial resources available through APBD, APBN, or other special funds.

Based on the above and particularly the consideration around government commitment and availability of other financial resources through APBD, APBN or other special funds, DFAT has graduated 4 of the 14 districts of AIPMNH and therefore from July 2014 there are only 10 districts of AIPMNH. While the 4 districts have graduated this does not mean that their MNH services are now optimal or that there is equality of access. It is judged that these districts are most able to continue to improve their services without the assistance of AIPMNH. Some districts have also been discontinued due to ongoing lack of commitment and engagement. Need for improved MNH services remains in such districts and they should be assessed again in the future as conditions may change.

The list of the districts in NTT and Australia's supported programs is in table below.

	Districts	AIPMNH	AIPD	AIPHSS	PNPM GSC/MCC	Population	% of poor people ¹
1	Sumba Timur	2008			2013	238,241	30.35
2	Ende	2008				267,262	20.71
3	Sikka	2008				309,074	12.83
4	Sumba Barat	2009				116,621	29.61
5	Manggarai	2009			2013	307,140	21.52
6	Manggarai Barat	2009				236,604	18.9
7	Ngada	2009	2011	2013		148,969	11.35
8	Kota Kupang	2009				362,104	9.41
9	Lembata	2009			2013	124,912	24.78
10	Kab Kupang	2010			2013	321,384	20.13
11	TTS	2010				453,386	27.53
12	TTU	2010	2011	2013	2013	238,426	21.56
13	Belu	2010			2013	370,770	14.54

¹ BPS NTT: <http://ntt.bps.go.id/index.php/en/poverty2/40-data/kemiskinan/428-poverty-line-number-and-percentage-of-poor-people-by-regency-municipality-july-2012.html> accessed in October 2014

	Districts	AIPMNH	AIPD	AIPHSS	PNPM GSC/MCC	Population	% of poor people ¹
14	Flores Timur	2010	2011	2013	2013	241,053	9.14
15	Sumba Barat Daya		2011	2013		302,241	27.71
16	Manggarai Timur				2013	263,786	24.59
17	Rote Ndao				2013	125,035	29.11

Based on the above considerations, the following table lists the Districts that are graduated from AIPMNH, the rationale and the ongoing needs of the Sister Hospital program.

District	Rationale for graduation	Sister Hospital Program
Kota Kupang	Good performance and the most able to continue to improve MNH services independently.	N/A
Kabupaten Kupang	Poor commitment and engagement and the population has access to Kota Kupang MNH facilities.	N/A
Sikka	Reasonable performance and the second most able to improve MNH services independently.	Continue support for billing system
Belu	Despite low AIPMNH input and engagement with the project, Belu has performed well and receives special funding as it is a national border area.	Discontinue

Based on the process of assessing the context, achievements, and commitments of each district, it is proposed that PERMATA should work in the following districts:

No	Districts	AIPMNH	AIPD	AIPHSS	PNPM GSC/MCC	Notes
1	Sumba Timur	2008			2013	
2	Ende	2008				Ende can be considered for graduation in 2015 although there are good practices that can be shared with other districts
3	Sumba Barat	2009				Sumba Barat hospital is also serving Sumba Barat Daya; therefore we need to keep this district if we work in SBD
4	Manggarai	2009			2013	
5	Manggarai Barat	2009				
6	Ngada	2009	2011	2013		
7	Lembata	2009			2013	
8	TTS	2010				
9	TTU	2010	2011	2013	2013	While this district has been supported by many DFAT programs, there has been no engagement by the political leadership for a number of years. PERMATA MC will need to coordinate with DFAT, AIPD, and PNPM during inception whether to continue in this district
10	Flores Timur	2010	2011	2013	2013	
11	Sumba Barat Daya		2011	2013		