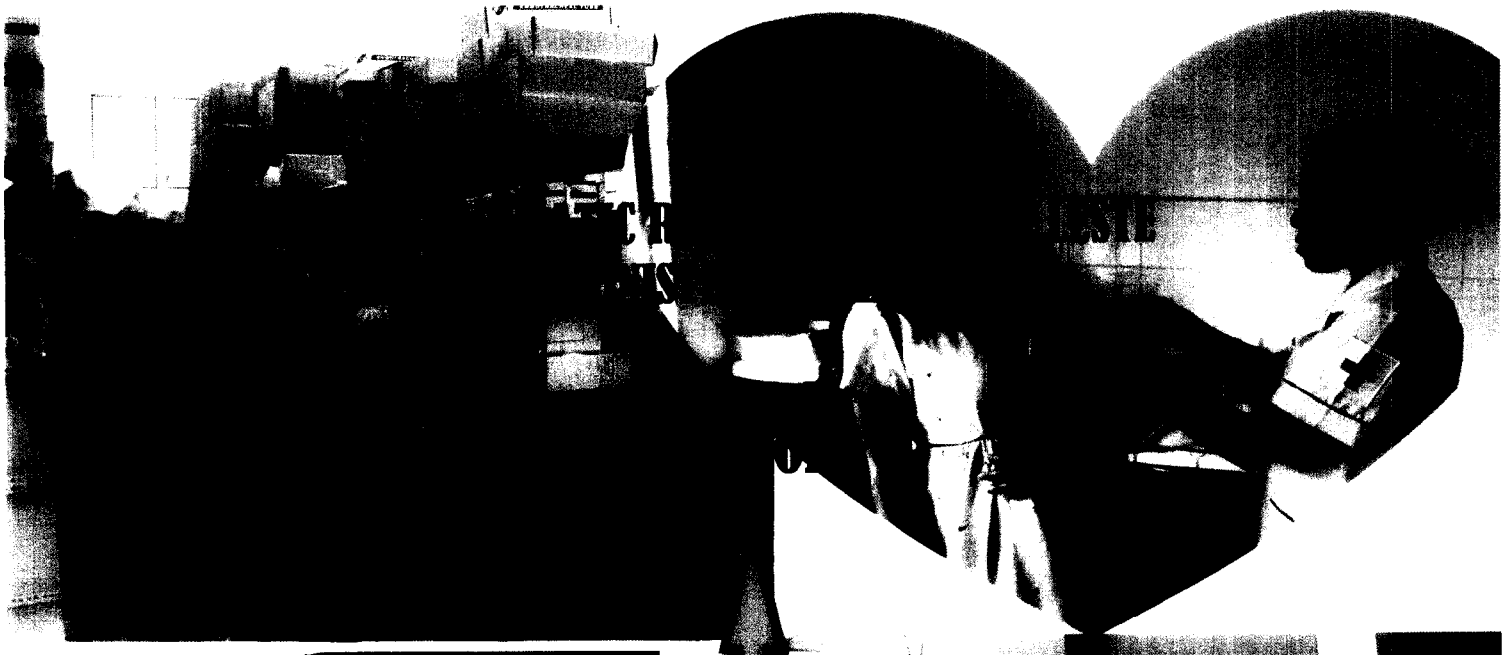

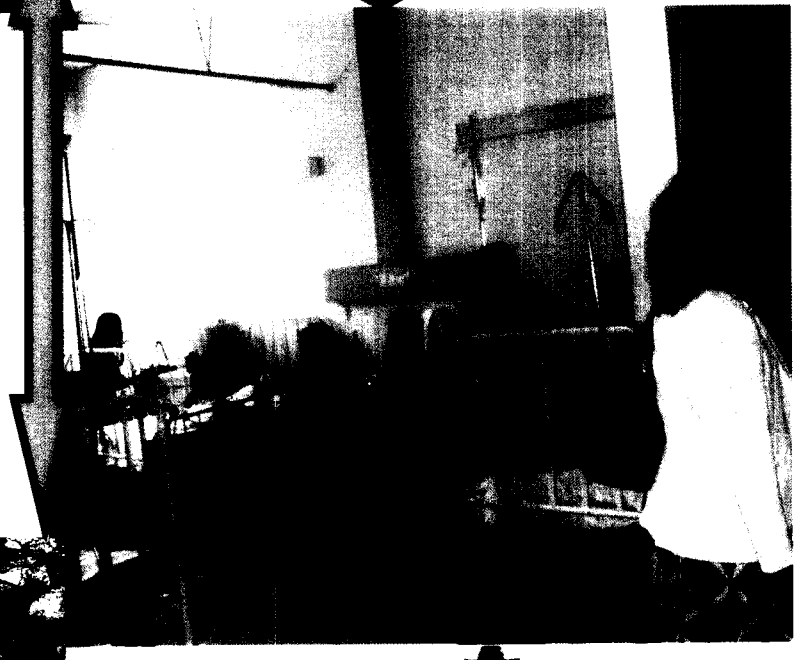

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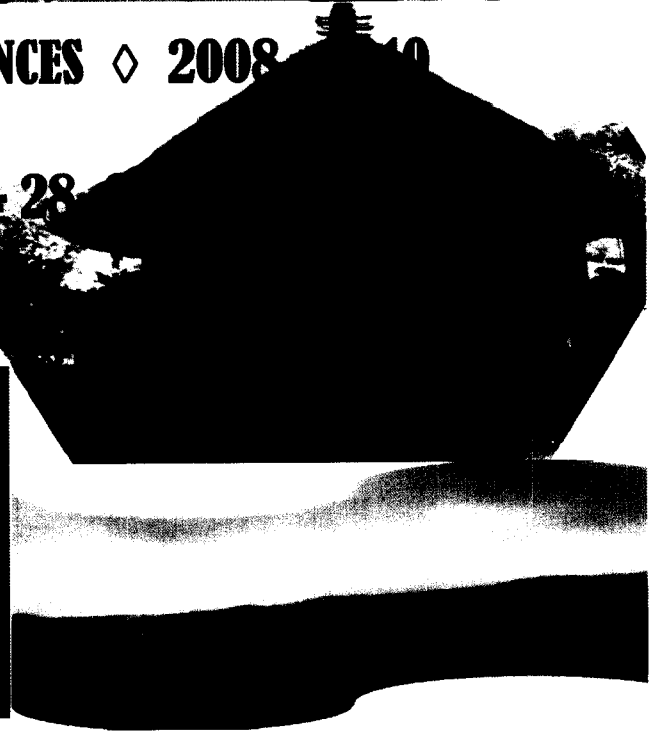
26 - 28

Prepared by:
João Olivio da Silva
Short Term Consultant, MoH, Timor Leste



FOREWORD

Ministry of Health Timor Leste wishes to thank every one involved and contributed in the Health Sector Mid Term Review 2010 (HSMTR). This year, the MoH and all development partners passed one important event, where all MoH entities from Central Services, Personalized Institutions, Referral Hospitals and District Health Directors, Development Partners (European Commission, AusAid and World Bank), UN agencies (WHO, UNICEF and UNFPA) and International and National NGOs sat together and put thoughts collectively to look back for what we have done in past two and half years.

It's obvious that achievements made so far resulted from this mutual understanding between MoH and all developments partners. Despite of what we have achieved, we all know that there are huge of demands for good and high quality of health services to be provided for our communities, especially those living in the remote areas. It's all about our responsibility to play our role in different aspects as health performers and innovators and we all know that " Timor Leste stood from dashes after the referendum in 1999", where most of health infrastructures were devastated, health professionals disordered and many more.

What we expect from this 10 years evolution in the Health Sector? We all know about " Plan for Reconstruction for an Independent Timor Leste" from UNTAET Administration handed over to the First Constitutional Government till to date the IV Constitutional Government of the Democratic Republic of Timor Leste. What had and hasn't changed yet?

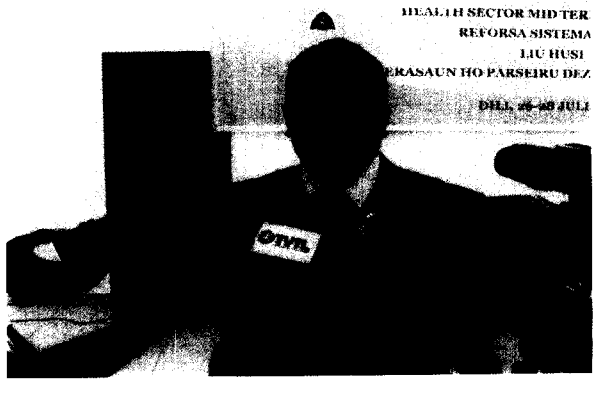
Health Sector and all its programs remain as priorities in the National Development Priorities (NDP), however there are priorities over priorities and Ministry of Health realizes and acknowledges that Politic and security, Food, Safety, Utilities (clean water, electricity..etc), are issues that actual government even previous ones had encouraged to struggled and resolved.

We all proud of what we have achieved, meanwhile issues and obstacles emerged from every corner and what would we expect from this " Reconstruction Period " which we assume and expect that it still to incur in the coming 5 to 10 years.

We hope that, our efforts and cooperation will continue to grow even confronting with all these health issues and constraints, we believe that with the spirit as performers and innovators in the health sector will bring outstanding results with specific focus for our people living in the remote areas.

DR. Nelson Martins, MD, MHM, PhD

Minister for Health, RDTL



EXECUTIVE SUMMARY

Under the Constitution and Law of the Democratic Republic of Timor Leste (RDTL) Ministry of Health (MoH) Timor Leste is the entity responsible for the implementation and coordination of Health Sector Programs and projects. The agreed road map with clear objectives and priorities were established as a guide for MoH and stakeholders to implement accordingly. The implementation of Health Sector Strategic Plan (HSSP) published in 2008, has been given signs for changes and the mentioned HSSP is now under review process.

The Mid Term Review (MTR) 2010 is essential part of the Health Sector development processes providing opportunities for MoH, development partners and all other entities for reviewing the progress made so far. This is to measure and compare the plans against the approved HSSP 2008 - 2013.

The MTR 2010 was agreed and implemented together by MoH and all development partners, National and International NGOs, including UN Agencies. Participation and contribution from all agencies at this Health Sector MTR 2010, reflected high enthusiasm in a way for improvements of the MoH and stakeholders performances in delivering health services throughout the country.

This report is empirically part of the Ministry of Health's information policy, providing guidance for all entities, contributing for the development of the Health Sector to look back for what we have done and what we have achieved. The way ahead and recommendations in this report, would be assumed as the most important part that everyone whether individual, group and institution which is directly or indirectly involved in its implementation may be used as lessons learned and corrections that need to be addressed or fixed for the benefit and interest of all parties.

TABLE OF CONTENTS

Abbreviations

AA	Accra Agenda
AAP	Annual Action Plan
AP	Action Plan
AusAid	Australian Agency for International Development
CCT	Clinic Café Timor
CD/MoH	Council of Directors / Ministry of Health
CDC/MoH	Communicable Disease and Control/ Ministry of Health
CFTL	Child Fund Timor Leste
CHC	Community Health Center
CHW	Community Health Workers
CI	Care International
DoF	Department of Finance
DHS	District Health Services
DHS	Demographic Health Survey
DPHO	District Public Health Officer
DPM	Department of Partnership Management
DPM&E	Department of Planning, Monitoring and Evaluation
DP&F	Directorate of Planning and Finance
DWASH	District Water Supply, Sanitation and Hygiene
EC	European Commission
HACG	Health Aid Coordination Group
HCS	Health Costing Study
HCSBS	Health Care Seeking Behavior Study
HMIS	Health Management Information System
HNI	Health Net International
HP	Health Post
HP-MoH	Health Promotion-Ministry of Health
HS	Health Sector
HS MTR	Health Sector Mid Term Review
HSSP	Health Sector Strategic Plan
HSSP-SP	Health Sector Strategic Plan – Support Project
ICS	Instituto Ciencias da Saude
IDA	International Development Association
IHS	Institute of Health Science
IEC	Information Education and Communication
INGO	International Non-Governmental Organization
LHC	Local Health Committee
MDM	Medicos do Mundo
MoF	Ministry of Finance
MoH	Ministry of Health
MoU	Memorandum of Understanding
MoC	Memorandum of Cooperation
MTEF	Medium Term Expenditure Framework
MTF	Multi Trust Fund
MTR	Mid Term Review
NDCH	National Directorate of Community Health
NDALP	National Directorate for Administration, Logistic and Procurement
NDHR	National Directorate for Human Resources
NDH&R	National Directorate for Hospitals and Referrals
NL	National Laboratory
NHGV	National Hospital Guido Valadares
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
NT	Northern Territory
OI	Oxfam International
PM	Pasta Mutin (White Pouch)
PAD	Project Appraisal Documents
POM	Project Operational Manual
PP	Procurement Plan
PRC	Proposal Review Committee
RDTL	Republica Democratica de Timor Leste
SAMES	Servicos Autonomos de Medicamentos e Equipamentos da Saude
SISCa	Sistema Integradu Saude Cumunitaria
ToR	Terms of Reference
WB	World Bank
WHO	World Health Organization

PART 1

INTRODUCTION

The Ministry of Health is the leading sector for all health programs and projects implemented through out the country. Since the independence of this country, the Ministry of Health moved from the ground as all the health infrastructure was devastated in 1999. The MoH recognizes the existences of development partners during the reconstruction stages and contributions from all development partners have indicated substantial changes for the re-establishment of the Health System including its infrastructure. Significant contributions were made to improve health services in various areas and in reality the Health Systems have moved along with provisional efforts supported by all counterparts from national and international agencies.

Now, the Ministry of Health Timor Leste at the age of 10 years is in line with other sectors to continue improve the existing health systems in delivering better services to serve its people, with provision of enough and adequate health facilities, better access and affordable health services for the Timor Leste population.

The MTR 2010 as part of MOH policy is to open up opportunities to all stakeholders participating in the development of Health Sector for review the past and current programs implementation. The MTR 2010 was also an instrument to evaluate the current MoH situation under the efforts and strategies of IV Constitutional Government in implementing the Health Sector Strategic Plan (HSSP) as a road map for the whole Health Sector and stakeholders to implement accordingly. Coincide with this performance review, the MTR 2010 was also an instrument to evaluate the implementation of programs and project externally funded by donors, for instance the European Commission Grants since its implementation from 2002 - 2010 (Phase 1 and Phase 2) and the Health Sector Strategic Plan-Support Project (HSSP-SP) which is running for half way, started from 2008 till to 2013. The HSSP-SP is financed through Multi-Donor Trust Fund (MDTF) to which AusAID is the main contributor with a grant of AUD 19.3 Million supplemented by US$1 million from International Development Agency (IDA) / World Bank grant.

Based on this review the MTR 2010 evaluated the relevancies of programs and projects and in line with the current priorities of the health sector. It assessed the progress to date on the implementation of the SWAp and analyzed the push and pull factors that have facilitated the SWAp or constrained its performances.

Purpose of Health Sector Mid Term Review (MTR) 2010

MTR 2010 for Health Sector of Timor Leste was to share and measure information about MoH and stakeholder's performances in delivering health programs and projects

under the actual MoH leadership and governance/IV Constitutional Government, including an evaluation review for the implementation of donors funded programs and projects.

Objective

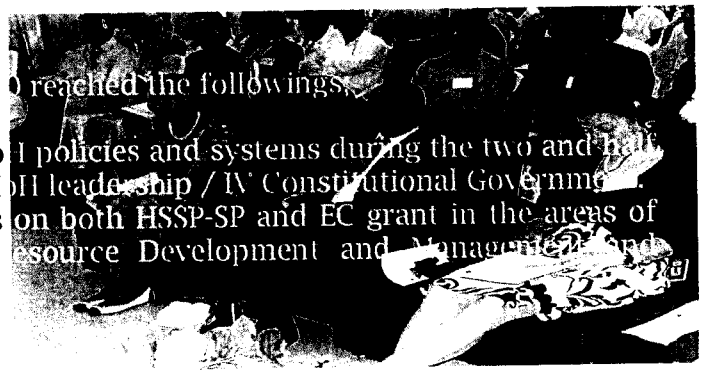
To the extent of improving and strengthening the health policies and strategies this MTR 2010 was designed to solute the existing barriers and the realization of the sector objectives and targets. For all the purposes the Health Sector MTR 2010 aimed to achieve the followings;

1) Evaluated the MoH and stakeholder's performances during the period of two and half years of MoH / IV Constitutional Government governance in delivering health policies and the implementation of health programs and projects through out the country.
2) Alignment of MoH priorities based on the HSSP
3) Shared of information about recent studies

Output from Health Sector MTR 2010

The results from Health Sector MTR 2

(1) Reviewed the implementation of Mo
years under the role of the actual M
(2) Reviewed papers covering progress
Health Service Delivery, Human
Pharmacy.



(3) Analyzed of which factors and constraints that had influenced the implementation of programs and projects, including technical, managerial, organizational, institutional, and socioeconomic policy issues, in addition to other external factors.
(4) Adjustments or additional acivities of HSSP-SP components based of MOH priorities in order to increase its effectiveness in reaching target groups.

PART 2

Rationale and Legalities

The implementation of Mid Term Review (MTR) 2010 for the Health Sector Timor Leste based on MoH Circular No; 01/VI/2010/IVGC/MS, dated June 7, 2010 and the Terms of References (TOR), signed by His Excellency DR Nelson Martins/ Minister for Health, Timor Leste. The Circular and the TOR for MTR 2010 were consulted during the preparation with all MoH senior officials and development partners. Members from various MoH and Autonomous Institutions officials, Developments Partners, representatives from National and International NGOs, UN Agencies, were assigned and involved in the main committee / secretariat and the steering committee to implement the MTR 2010.

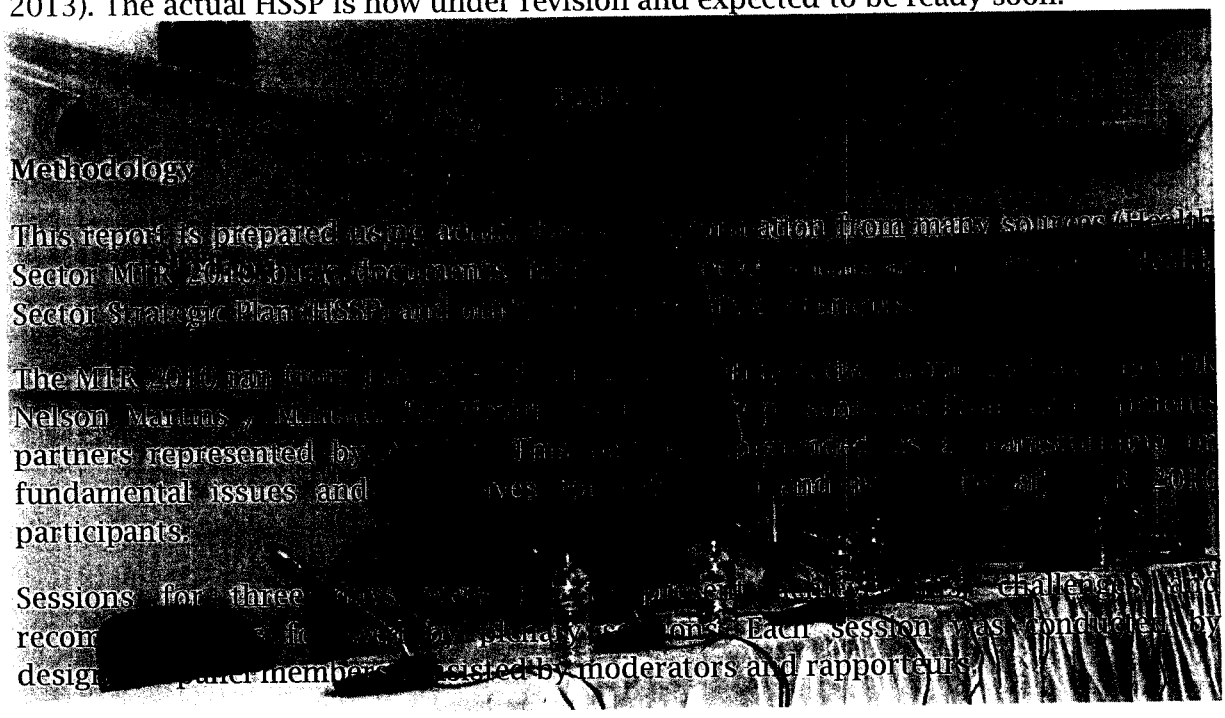
Health Sector Strategic Plan as a Road Map for the Health Sector and Stakeholders

Three main goals identified in the HSSP 2008 - 2012 and that are; a) Improved Accessibility to, and demand for quality health services; b) Strengthened management and support systems; c) strengthened coordination, planning and monitoring.

Provision of good quality services, basic and essential health services required further attention as there are demands for increasing of health service providers and adequate health and non health equipments for these health facilities.

However, Health Sector is constrained by both internal and external deficiencies. As mentioned earlier that Ministry of Health has moved along with all development partners breaking the barriers impeding its efforts to reach its objectives. Again, there are external factors that need to take it into account as prerequisite conditions. These external conditions are highly considered to be improved as these conditions are also determinants for the successfulness of the Health Sector. For instances; Fair Political will, effectiveness and good leadership role from all relevant sectors within government sectors, private sectors, NGOs and national / international agencies; good coordination, rational and integrated planning. Health status is influenced by a variety of determinants; e.g education, income, housing, food, water and sanitation. These preconditions are aspects influencing health policies and systems which may require the Ministry of Health and stakeholders to work under pressure with much more efforts and patient to achieve "Healthy Timorese in a Healthy Timor Leste".

The Health Sector Strategic Plan is the development framework articulating national priorities for health sector. The HSSP is at the middle of project implementation (2008-2013). The actual HSSP is now under revision and expected to be ready soon.



Methodology

This report is prepared using ... information from many sources (Health Sector MTR 2010 ... documents ... Sector Strategic Plan (HSSP) and ...

The MTR 2010 ran ... Nelson Martins , ... partners represented by ... fundamental issues and ... participants.

Sessions for three ... challenges and recom... ... Each session was conducted by desig... panel members assisted by moderators and rapporteurs.

Program Schedule / Agenda MTR 2010

The Health Sector MTR 2010 held at the Institute of Health Science Comorro, Dili Timor Leste attended by around 250 participants from Central Cervices (MoH) Personalized Services, National Hospital Guido Valadares (NHGV), Referral Hospitals, Districts Health Directors, World Bank officials, AusAid and European Commission representatives, National and International NGOs, UN Agencies (WHO, UNFPA, UNICEF).
The Health Sector MTR 2010 opening ceremony initiated with speeches from His Excellency Dr. Nelson Martins, Minister for Health RDTL, followed by speech from donor's representatives Mrs. Jemal Sarah from AusAid.
The structure of MTR 2010 program was planned as follow;
The opening ceremony led by His Excellency Dr Nelson Martins / Minister for Health RDTL, the meeting started with presentations from 3 (three) main presenters with different topics. The Health Care Seeking Behavior Study (HCSBS) presented by Professor Anthony Zwi from the University of New South Wales (UNSW) Australia, followed by presentation from Mr. Firdaus Hafidiz on Health Costing Study (HCS) and last with presentation from Demographic Health Survey (DHS) presented by DR Fredric Otiene from UNFPA.
The first day (morning session) was conducted by panel led by 2 (two) moderators and 2 (tow) rapporteurs (Mr Duarte Ximenes, Mr Lorenco Camanahas, Mr. Valente da Silva and Mr. Brett Sulton.

Afternoon sessions were designated for districts to present districts achievements, challenges and recommendations followed by plenary sessions.

The second day sessions started with review of day one issues and recommendations presented by moderators of the second day (Mr. Marcelo Amaral, Mrs. Norberta Belo, Mrs. Armandina Amaral and Mrs. Marianne). Day two morning sessions with the Director General presented the MoH achievements on program and projects in regard to State Budget, followed by the HSSP-SP implementation and the global Fund funded programs/projects.

In the afternoon sessions designated for UN agencies and the Department of Partnership Management (DPM), MoH presented DPM role and responsibilities followed by National and International NGOs on Nutrition, Child Health, SISCa and Family Planning.

The third day session started with review and follow up with day two issues and recommendations by Dr Odete F Belo, Mrs. Natalia de Araujo, Jeremias Gomes and Ms Shima Roy. Issues related to Project implementation and bottlenecks were presented by World Bank representative DR. Sarbani Chacarborthy and DR. Jim Tulloch from AusAid.

Content of this report

This report is intended to inform all MoH and development partners participated in the Health Sector MTR 2010 and any other entity interested and involved in the health sector development processes, information and lessons learnt, challenges and way ahead for the improvements of health policy and systems.

In the first part of this report is introducing the MoH's role and responsibilities to implement health projects and programs, describing about the needs for organizing the MTR 2010. In this part also describes the intention and the main objectives of the Health Sector Mid Term Review 2010. The last section of the first part outlined key points to be achieved in the Health Sector MTR 2010.

The second part of this report is presenting about rationalities and legalities of Health Sector MTR 2010 implementation under the MoH stewardship. This section is intended to inform that the MTR 2010 is a joint effort from all MoH officials and Developments partners. In the second paragraph of this part in intended to explain about Health Sector Strategic Plan (HSSP) conditions and perhaps the MTR 2010 is tasked for reviewing whether the key objectives and targets are still relevant with the existing HSSP 2008 - 2012.

The third part of this report is intended to explain the methods and procedures of MTR 2010 meetings. This section aims to inform ways of compiling information and meeting procedures. The second paragraph explains about the MTR 2010 program agenda for 3 (three) days meeting at Institute of Health Science, Comorro, Dili, Timor Leste. The last section of this part is intentionally provided for readers to better understanding and choices for interesting part of this report.

The fourth part of this report is breaking into 6 (six) sections. This part has the most interesting issues presented by all presenters of MTR 2010. It covered some of the background context and program achievements.

The fifth part consist of two sessions and the first session is describing issues, challenges and the second session is describing about recommendations recorded during the Health MTR 2010. As lessons learnt is this part will inform the most exciting solutions to break the existing barriers, impeding program and projects performances.

The last part which is part 6 consists of 2 (two) sections. The first section contains the ideas and views about Health Sector MTR 2010 organization and ways for improvements. This evaluation test was an idea to explore ways of organizing the next Health Sector Mid Term Review. The last section of part 6 provides an overall conclusion with views and feelings regarding Health Sector MTR 2010 organization and implementation.

This report is accompanied with attachments serving as substantial information to complete the whole history of the Health Sector MTR 2010.

Attachment 1; MoH Circular for the implementation of Health Sector MTR 2010 and the Terms of References (ToR).

Attachment 2; Program Agenda for Health Sector MTR 2010

Attachment 3; Speech from Chairman of the Committee for MTR 2010, Mr. Agapito Soares da Silva / Director General, MoH

Attachment 4; Speech from His Excellency DR Nelson Martins/ Minister for Health

Attachment 5; Copies of presentations from all presenters

Attachment 6; Copies of Evaluation Test results (randomly picked from 10 (ten) participants participated in the evaluation test).

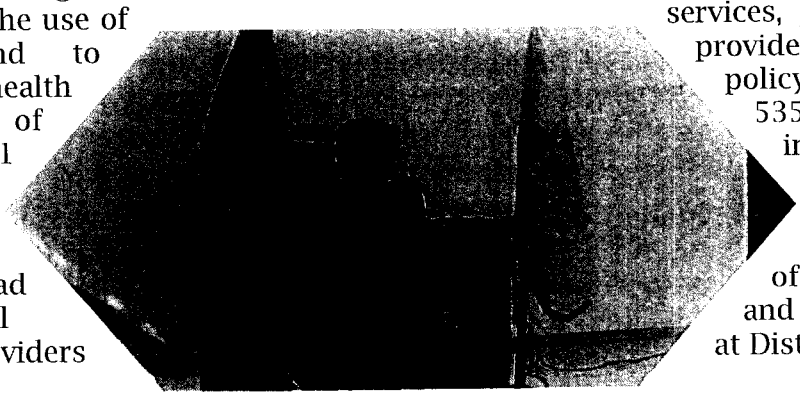
PART 4

SECTION 1

Session 1

Health Care Seeking Behavior Study (HCSBS)

HSBS was designed to improve the understanding of the underline issues and factors affecting the use of services, particular in rural areas and to provide evidence base for future health policy and planning. A total of 535 household heads and 771 individuals (404 women and 367 men) were interviewed including deep interview with Head of Villages, biomedical and traditional health care providers at District levels.



The result of Health Seeking Behavior Study is the release of the HSBS book in two languages (English and Tetun) by His Excellency DR Nelson Martins, Minister for Health RDTL.

Session 2

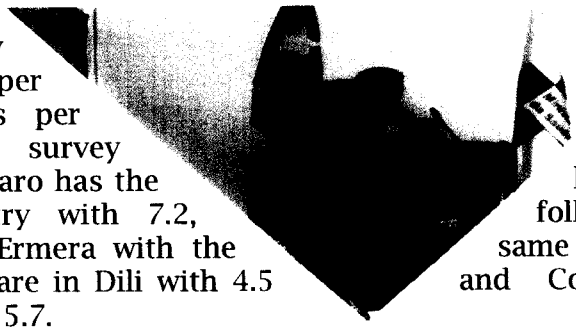
Demographic Health Survey (DHS)

The main objective of the DHS is to provide reliable information to further develop and improve health policies and systems. Therefore, some of the objectives drawn here are as follows;

- To generate timely and reliable information,
- National health program indicators,
- To measure progress in MDG goals,
- To disseminate the results to influence policies and programs.

Achievements

Around 12.128 households were selected and only 11.463 were available for interview (98.2%) of the total targeted households.



Key findings indicated that trend fertility has declined from 7.8 births per woman in 2000-2002 to 5-7 births per woman in 2007-2008 and 2009. Form survey results indicated that District of Ainaro has the highest number of fertility rate in the country with 7.2, followed by Lautem 6.7 and Oecusse and Ermera with the same number (6.6). The lowest fertility rates are in Dili with 4.5 and Covalima with 4.4. National fertility rate is 5.7.

Contraceptive Prevalence rate is around 22% with 21% of current married women and men using modern methods.

Child birth attended by health professionals are high in Dili (69%(, followed by Covalima 41% and Manatuto 37%). The lowest are in Oecusse (10%) Ainaro (11%) and Ermera 12%).

Percentage of Children fully immunized achieved in the district of Aileu, Lautem and Covalima with the following percentages 79%, 75% and 62%. Manufahi, Dili and Liquica were the lowest achieved targets with 43%, 43% and 44%. The average national percentage is 53%.

Infant mortality rate range from the highest in Ainaro 77/1000, Covalima 76/1000 and Ermera 70/1000 and the lowest mortality rate incur in Baucau 30/1000 and Dili 39/1000. Nationally IMR is 44/1000.

Substantial achievements

- Marked decline in total fertility rate,
- Dramatic increase in contraceptive use,
- More than 70% of women want to delay their next birth or want no more children,
- Noticeable increase in the percentage of children fully immunized,
- Dramatic decline in under five mortality over the past 15 years,

- Prevalence of anemia among women and children is relatively lower in Timor-Leste than in neighboring countries.

Session 3

Health Costing Study (HCS)

The objective of HCS is to provide reliable information about health costing for Basic Service Package (BSP) for Primary Health Care in Timor Leste.

The main purpose to do the research is to explore the real and actual cost / normative cost for health services. Initial steps undertook the work from identification of specific clinical and preventions conditions covered by BSP, development of questionnaires for data collection.

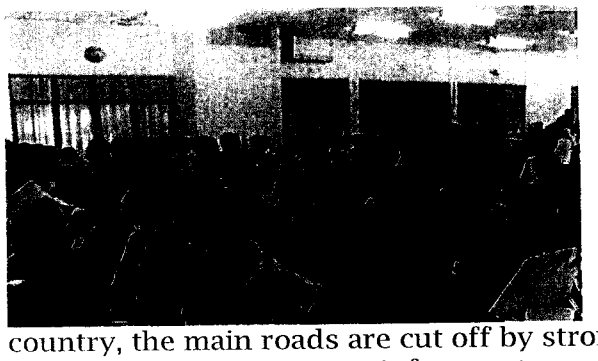
SECTION 2

(Presentations from 13 (thirteen) Districts Health Directors)

District backgrounds

Geographical context

As we all know that administratively Timor Leste is divided into 13 (thirteen) districts, 65 (sixty five) Sub-Districts and 442 (four hundred forty two) Villages / Sukus. Geographically all districts are connected with the Capital City which is Dili, only through the national main road. This national main road lies from Viqueque and Lospalos through Baucau passing Manatuto main road (Eastern side) Same, Suai, Ainaro through Aileu main road and Maliana, Ermera (Western side), including Districts from South side may also access to the Liquica main road. Connection between districts are major infrastructure problems and there are difficulties between districts connections in another word there aren't District roads (means alternative district roads connecting to adjacent districts. These difficulties are found more in the Sub Districts and Villages/Sukus where there are limited accesses and in most cases there aren't connections at all. Connections between districts are through the national main road which is also in bad conditions, specially in raining seasons in some parts of the country, the main roads are cut off by strong rains, occasional water flows and rivers. Roads are main transport infrastructure or instrument for connections, accessibilities which can facilitate movements between populations from one area to another area, therefore road is one of the Timor Leste Government priorities since the establishment



of this country (from the first Constitutional Government till to the actual government).

What is the importance about the description of districts geographical issues?
What can we anchored from districts presentations about challenges that health services providers are confronted with and what is the reality of districts surviving with these actual conditions? One important issue that we might take into consideration is that "Roads are major infrastructure support and achievements of other sectors in programs and projects are likely depending to accessibilities between one another to facilitate and support concerned programs.

Demographical status

The population of Timor Leste is around 1.1 Million population based on latest population projection 2009 from National Statistics Directorate.
Heterogeneity and ethnicity of Timor Leste inhabitants become much more complex and challenged for health sector to complement with greater efforts from MoH and partners to continuing provide reliable and adequate health services through out the country.
What is the importance about the description of Timor Leste demographic issues. The main objective of the Health Sector, population is the end target that we all aim to make changes in relation to the unfavorable health status. Timorese culture and other traditional factors may become as pull factors that has greater negative impact for the achievement of health programs.

All 13 districts were given opportunities to present their program implementations from 2008 to 2010, achievements, challenges and priorities.

Program achievements

Immunization

Achievements made from all district indicated good progresses with immunization activities. Till to December 2009, BGC immunization reached 69.6%, DPT3-HPB-3 reached 71.3% Polio 76.8 %, TT 36.7% and Measles about 68.7%. Compared with 2008 achievements which were higher that 2009 (for instance; Measles reached 73.3% and DPT-3-HPB3 79.1%), the reason is that; the targets were set based on 2008 targets groups, meanwhile in 2009 with the expansion and coverage of immunization activities through the implementation of SISCa, achievements in 2009 declined.

Nutrition Program

Nutrition remain has major population's health problem in the country. In 2008 total of 21 % of population with malnutrition and in 2009 this number was reduced to 20.2%. District with major nutrition problem is Oecusse 43.1% following by Aileu, Manufahi and Bobonaro with 32,3%, 27% and 25%.

Family Planning

There has been increasing number of families using more contraception according to the data gather at all health facilities (CHCs and HPs). From 15% targeted groups in 2008 this number double up to 30% in 2009.

Ante Natal Care

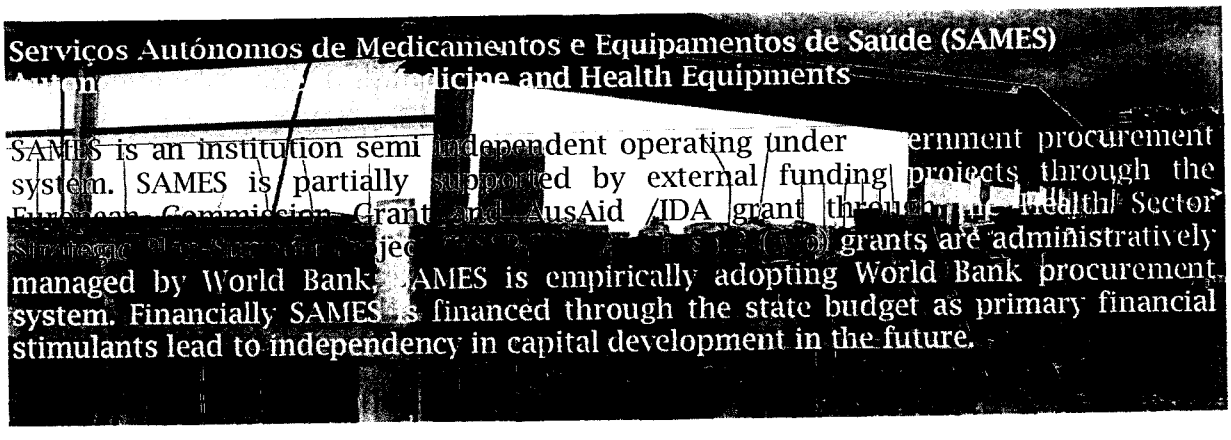
Around 43.4% pregnant women undertook the first to fourth visit at Health facilities. In comparison with other health facilities in the country, Dili districts had made very good progress with 70%, followed by Viqueque 59.4% and Baucau 49.1%. Districts with very low achievements were Aileu 25.1%, Lautem 28.4 and Ainaro 30.9%)

SECTION 3

Presentations from Personalized Institutions

Instituto Ciencias da Saude (ICS) – The Institute of Health Science (IHS)

Progress has been made for producing qualified health staff to fulfill human resources gaps at Hospitals, CHCs and HPs. Upgrading course to D1 from Nurses to Midwives around 94 persons, D1 Anesthetists 21 persons, D1 Laboratory Analysts 77 persons, D1 Radio diagnostic 19 persons, D1 Pharmacy 54 persons, D1 Ophtomology 6 persons and DIII Midwives 21 persons. Around 295 health staff upgraded their qualifications through this institution.
Training in management for Head of CHCs were completed with a total of 36 in 2007, 323 in 2008 , 520 in 2009 and 105 in 2010 concluded for health services providers (Hospitals, Districts , CHCs and HPs). This achievements have been made with full attention form MoH and developments partners and specific technical support from the following institutions and agencies; Fundacao Calauste Gulbenkian from Portugal, Fred Hollows Foundation from New Zealand, WHO, UNFPA, UNICEF, Child Fund, World Vision TAIS, Marie Stopes, UNTL, UNSW-Australia, IMHT-UNL – Portugal, EC and AusAid through Multi Donor Trust Fund (MDTF).
Budget allocation in 2007 was USD 391,000 with slightly increased to USD 616,000 in 2008 and USD 821,000 in 2009 and declined in 2010 for about USD 653,711.



Achievements

Through its financial support, SAMES achieved substantial infrastructure and system changes. Warehouse Management System (WMS) has been improved with the support from European Commission grant. Expansion of Warehouse had significantly made positive changes to accommodate drug storages at SAMES and through the HSSP-SP, again this Warehouse is now expanded to resolve the issues of drug and consumable storages.
SAMES policies, regulations and systems which are; Quality Assurance System (QAS), Financial Management Systems, Procurement Policy and procedures including human resources development program have been developed and implemented.
Drugs and consumables distribution to all health facilities through out the country have been fulfilled with the provision of transport facilities (Four Wheel Truck) provided through GF Grant and more Four Wheel Drives Trucks supported by EC Grant will be ready to complement drugs and consumables distributions.

National Laboratory

National Laboratory is one of MoH technical institution for laboratory activities. With all the limitations in various aspects National Laboratory is making progress in terms of services to be provided for districts laboratory. Under the MoH leadership and through the Institute of Health Science around 77 laboratory analysts were graduated in 2007 and 2008. This specialized staffs are now working at Hospitals and CHCs in the country. With the increasing of Laboratory Analysts spread out in the country, National Laboratory has being reaching and involved in more supplementary activities to maintain and sustain these graduates with real learning on practical issues encountered in their work places. Therefore, National Laboratory had established a supervision team to monitor districts laboratory staffs, to ensure that qualities of services provided by these new graduates are relevant and trusted. Capacity building programs for CHCs staff in the areas of TB, Malaria and Dengue had also performed by National Laboratory. Normal and routine check up around 19.200 per year, OPD around 14.400 per year and other activities are continuing as usual for instance cooperation with International References Laboratory. Up to date around 120 samples have been sent for cross checked.

National Hospital Guido Valadares (NHGV)
Apologized

Baucau Referral Hospital

Baucau Referral Hospital is one of many hospitals in the country constructed during the Indonesia occupation and this hospital is continuing providing health services.
Baucau Referral Hospital is one of five referrals Hospitals covering three districts of Lospalos, Viqueque and Baucau. This referral hospital is the second largest hospital with 114 beds after the National Hospital Guido Valadares with 266 beds based on HSP, meanwhile with actual inpatient flow at NHGV,Dili this increased to around 320 beds. Baucau Referral Hospital is providing a wide range of health services such as internal medicine, Pediatric/Neonatology, surgical/ orthopedic, obstetric /gynecology, including laboratory, radiology, pharmacy, etc. Frequency of visits to Baucau Referral

Hospital reached at 65489 for OPD in 2007 indicated the most highest number till to 2009, inpatient record showed a number of 4685 patients in 2007, 3610 patients in 2009 but dropped to 2412 in 2008, for emergency visits a total of 12666 in 2009 consisted of surgical, non surgical and traffic accidents were the highest number incurred. Surgery / operations were categorized as follow; electives, emergencies were high in 2007 and 2009, meanwhile section operations were 107 cases in 2008 and 129 cases in 2009.
The main financial source for administration and operationalization of this hospital is from MoH/State budget. Baucau Referral Hospital is also supported with health equipments by Royal Australian College of Surgeons (RACS), Australia and Fred hollows foundation from New Zealand.

Referral Hospital Maliana

Similar to other Referral Hospitals in the country, Maliana Referral Hospital is facing human resources issues. Shortages of qualified health professionals to fulfill human resources gaps to comply with Hospital Service Package (HSP). Bed Occupancy Rate (BOR) slightly increased from 106.72 in 2008 and reached 116.39 in June 2010. As other MoH institutions, Maliana Referral Hospital found difficulties to perform routine activities because of late disbursements. Referral systems worked well with existing transport facilities 2 ambulances and 1 Multifunction vehicle, however maintenance for this vehicles remain as major issues.

SECTION 4

Presentation on implementation of Donors funded programs and projects
Global Fund.

Global Fund is a semi finance agency (Government, Private and Civil Society) established in 2002, universally supporting countries to fight against three main diseases that are: Tuberculosis, Malaria and HIV/AIDS.
Timor Leste is one between 159 countries receiving grants from Global Fund for Round 2 Malaria Program started from September 2003, followed by TB program in March 2005 and HIV/AIDS in June 2007.

Till to March 2010, Global Fund had disbursed USD 11,318.540 to Timor Leste to finance these three programs. This financial support for the Ministry of Health Timor Leste had obviously made substantial changes to the health status for Timor Leste since its existence. Global Fund program is currently managed by MoH, division of

Global Fund which is one division under the Department of Partnership Management (DPM), Directorate of Planning and Finance, Ministry of Health Timor Leste.

Program achievements for HIV/AIDS grants indicated with slight increase of budget execution in 2010 from total budget allocated USD$4,919,390 (90%) and the programs was rated B1 (Adequate) compared with 2007 rated in B2 (Inadequate but potential demonstrated).
Tuberculosis program USD$1,429,654 (Phase 1) in 2009 rated A2 (meeting expectations) and 2010 rated B1(Adequate) with 88% Budget executions. Malaria Grant rated A2 and B1 as well in 2009 and 2010 with 56 % budget execution for a total of USD4,059,557.

Health Sector Strategic Plan-Support Project (HSSP-SP) and Timor Leste Health Support Program (TLHSP)

The TLHSP – Project Background

The purpose of the project is to improve health status of the population of Timor Leste through greater availability, accessibility and affordability of Health Services within an integrated and sustainable policy framework.

The overall TLHSP objective is to improve and strengthen of SAMES management systems, Human resources Development and to provide technical Assistances for MoH and other relevant units to deliver specialized Health Services.

Project coverage

Five major components were agreed through this project:

a. Strengthen SAMES through Technical Assistances, training in Medical Supplies Management and Finance Management including supply an improvement of Warehouse Management systems.

b. Technical Assistances to MoH to developed National Standard Treatment Guidelines including drafting of laws and regulations for pharmaceuticals control and research studies.

c. Support for development of Human Resources through the provision of scholarship

d. Support for rehabilitation/renovation of Institute of health Science and construction of new Community Health centers in selected Districts.

e. Support and facilitate the project implementation through the provision of Technical Staff for the Project Management unit of the MoH.

The TLHSP is supported by the European Commission grant started from October 2005 and will be closed in August 30, 2010 (this month). The total amount for the entire

project is Euro €3,411.707 equivalent to USD$4,059.862.51 with exchange average rate of 1:1.33. The project has 4 components agreed: Works, Goods, Consultant Services and Capacity Building program. Most of the project activities are now completed 100%. Indicative progress has been made through this financial support in terms of infrastructure and training program for MoH staff (National and Districts). SAMES and Institute of Health Sciences are two main MoH personalized institutions targeted for improvements for infrastructure improvements and so far renovation and additional rooms built for ICS and SAMES Warehouse including its computerization systems have been supported through this program. There are two Community Health Centers built in Letefoho, Ermera District and Baguia, Baucau District. Three Health Posts constructed in two in Viqueque and one in Oecusse.
Support for National Hospital Guido Valadaress (NHGV) was constructed through this project for Maintenance and Repair Workshop. All these constructions are all completed 100% and now ready for utilization.
Capacity building program implemented through long term scholarship and short term training. Long term scholarships are shifted to HSSP-SP and short term trainings consisted of in-house training and outside the country were successfully conducted.
These short term trainings were: Quality Assurance Training for SAMES staff, Finance Districts Management, Finance and Procurement training for MoH and District staff, training on Standard Treatment Guideline for MoH, CHCs and Hospitals staff, medical equipment training for Hospitals and District staff. Long term scholarship was provided by the project to upgrade qualification for MoH and Districts managers capacity according to the approved training plan.

The Health Sector Strategic Plan -Support Project (HSSP-SP) Background

Under the Grant Agreement Dated March 25, 2008, Multi Donor Trust Fund no. TF 091653, between the Timor Leste Government / Ministry of Finance and the International Development Association (IDA)/World Bank, the Ministry of Health Timor Leste was given the opportunity and responsibility to implement the HSSP-SP for a period of 5 (five) years. The HSSP-SP will be end in June 30, 2013, according to the mentioned grant agreement.

Objectives of the project

The overall HSSP-SP objective is to improve the quality and coverage of preventive and curative health services, especially for women and children. The HSSP-SP has two parts; a) Direct financial support using the Health Sector Strategic Plan and MTEF framework and; b) Addressing challenges and innovations needed for the health sector.

The Project has 4 (four) components:

1. Health Service Delivery (Total allocated funds for this components is around $12 Millions)
2. Support Services, Human Resources, and Management (Total allocated funds for this components is around $4 Millions)
3. Coordination, Planning and Monitoring (Total allocated funds for this components is around $2 Millions)

4. Innovation and Program Development (Total allocated funds for this components is around $2.3 Millions)

Project Implementation

Health Sector Strategic Plan-Support Project (HSSP-SP) passed the two and half years project implementation from June 2008-June 2010 (24 months), however the HSSP-SP obviously, started in March 2009 in relation with the late approval of Procurement Plan Document by the World Bank. Project achievements were low. Numbers of targeted activities per quarter was delayed, however at the end of June 2010, significant changes have been made and some projects activities were completed while other remain in processes. More specific and details on HSSP-SP implementations up to the date of this review were;

The latest procurement plan approved by World Bank is around USD$ 17,544,155.22. Project implementation has made good performances till to date of this Health Sector MTR 2010, with a total of disbursed and committed amount of USD$ 9,259,866.90-

Around 53 % of the total funds (USD$ 17,544,155.22.) for the half of project life (2008-1013) has been spend. This expenditure covered all of the components and categories of the projects, consisted of Works USD$ 701,434.59 (52.4%), Goods USD$ 619,178,5 (88.3%), Capacity Building Development USD$ 3,329,405.44 (0.4%), Consultancy-Firms USD$ 470,891.27 (58.3%), Consultancy Individual USD$ 3,672,460.41 (25.5), Operational Costs USD$ 300,866.85 (53.6%) and Innovations grants USD$ 165,540. (76.6%).

State Budget Allocation and Execution

State budget planning processes initiate from consultation meetings between all MoH components (Central Services and Districts). This consultation meeting lead by MoH every year complementing government planning cycle which are Joint Annual Health Sector Review (JAHSR) in June / July and Joint Planning Summit (JAPS) in September / October). This year MoH and Districts performed its regular planning consultation in first and second weeks of July 2010. Based on these planning processes and consultations the MoH consolidated the entire MoH plan and budget for submission to the parliament through the Ministry of Finance. MoH consolidated plan consisted of District Implementation Plans (DIPs), Personalized institutions (National Hospital Guido Valadares (NHGV) and Referrals Hospitals, Institute of Health Science, National Laboratory and SAMES including MoH directorates and Departments.

Budget allocation decreased from the original MoH budget proposed every year. It's indicated that there were slightly increase from USD$30.8 Millions in 2008, USD$32.9 in 2009 and USD$ 35.7 in 2010, however this year the IV Constitutional Government proposed for budget ratification and that has been approved (USD$ 6.6 Millions. Initial budget ratification, MoH proposed around USD$ 10.6 Millions, which means that the discrepancies is around USD$ 4 Millions.

SECTION 5

Presentation from UN Agencies, DPM/MoH and National/International NGOs

Representative from UN agencies

All in one presentation form UN Agencies presented by Mr. Monsur form UNICEF. Generally, UN Agencies participating in the health Sector are: WHO, UNICEF, UNFPA (main contributors aside of some other UN Agencies in small scale support).

General UN Agencies objective is to improve access to basic services throughout the country include health and nutrition, education, water and sanitation and social protection and social welfare.

UNDAF in committed to achieve the following in the period between 2009 - 2013: Children and young people and men have improved quality of life through reduced malnutrition mortality and morbidity, strengthened learning achievements and enhanced social protection.

Different areas and priorities to support the health sector from UN Agencies, however the end target of these different ways of support will lead and focus for improve and sustain healthy Timorese population.

WHO is strongly support the MoH through its cooperation and traced strategies on how to improve health policies and systems, Disease Prevention and Control, Maternal Child health through immunization, Disease Surveillance, Midwifery trainings, Emergency Preparedness and other human resource trainings. UNICEF is providing support in the area of Maternal, New born ad Child health with covering Expanded Program on Immunization, (EPI) Integrated management Childhood Illness, Essential New born Care (ENC) Maternal health, Nutrition, HIV/AIDS and other related programs such as: H-MIS, Health Promotion, SISCa/PSF and Nutrition Surveillance. UNFPA supports in Family planning, Safe Motherhood/EMOC, Reproductive Health BCC-IEC and advocacies, and also support for HIV/AIDS focus for MARG's and in prison.

Models of support from UN Agencies (WHO,UNICEF and UNFPA) vary from direct financial support (cash), provision of drugs and other logistical support, domestics and international travels and consultancy services (TAs) seconded to MoH.

A total of USD$ 1,924,244 is planned to support MoH and other related entities for 2008 - 2011 in programs as mentioned earlier, UNICEF is supporting the MoH and related agencies in the health sector with a total of USD$ 6,225,783 from 2007-2010 and UNFPA supported around USD$ 4,258,147 in the area of its intervention in cooperation of MoH and other related agencies.

Presentation from DPM /MoH

Background

The Decree-Law No. 7/2007, of the 5th September, 2007

related to the Organic Law composition of the 4TH Constitutional Government of the Democratic Republic of Timor-Leste determines the establishment of services and bodies which integrates the different Ministries of the Democratic Republic of Timor Leste. The Ministry of Health is to ensure its capacity in policy design, execution, coordination and evaluation of health and pharmaceutical activities within the health sector.
The Organic law of the Ministry of Health became to force upon approval of the Government Decree No. 5/2003, on the 31st December 2003, which established the structures and competences of the respective integrating services.
Based on these terms and in order to enhance access and quality in health services delivery, through the devolution of operational interventions and delegation to healthcare delivery institutions, becomes essential to redesign the organizational structure for the Ministry of Health, defining at the same time the respective competencies in an integrated, evolving and functional manner.
Hence, the Government decrees according to the dispositions of the Article 1, No.1, section h and Article 13 of the Constitution, along with the explained in the Law for the Health System No. 10/2004, of the 24th November and the Article 37 of the Decree-Law No. N°7/2007, of the 5th September was prevail as law and became to force.

The Department of Partnership Management (DPM) was established to construct and shaped up MoH structure for creating better communication and relationship and acts as a vocal point performing its linkages with all external partners. This exercise has been running for around 3 years. The DPM is under the Directorate of Planning and Finance, MoH and complemented by 5 divisions: Division of Multilateral, UN Agencies and NGOs, TAs, Global Fund, Infrastructure and Bilateral Cooperation.

DPM from 2008 to date

Specific and important events performed in the past two and half years; Held the Joint Annual Health Sector Review Meeting (JAHSR) and the Joint Annual Planning Summit (JAPS) every year which are two planning mechanisms for MoH to oversee the implementation of all programs and projects implemented by the MoH and partners / stakeholders. The MoH / DPM has other instrument for monitoring and control of program implementation and that is the Health Aid Coordination Group (HACG) established in January 2009. The existence of DPM is bringing attention for all parties, that the heavy workload needs more improvements to ensure that all divisions are fulfilled and functioning well.

The DPM remain in shortages of staff to fully implement DPM responsibilities. As we all know that there are 5 Divisions under the DPM (Division for NGOs, UN agencies and TAs Management, Bilateral Cooperation, Multilateral Project/Program Management, Global Fund and Infrastructure). To ensure the implementation and coverage of tasks for all divisions that covers administration, operational and organizational activities are implemented directly by the Head and the National Consultant of the DPM, however the shortfall of this human resource gaps and the importance of strengthening the DPM role and responsibilities the Gabinet of the Minister of Health established one office called " Office of Cooperation and Management of External Funds ".

Support for International and National NGOs

Through the Health Sector Strategic Plan - Support project (HSSP-SP) the Ministry of Health Timor Leste enterd into agreement with 5 NGOs namely; Care International, Child Fund, Oxfam International, HealthNet and Medicos do Mundu (MDM). Each NGOs signed contract with the MoH in February 2010. Areas of interventions are in Nutrition and support for the implementation of SISCa.

NGO Mapping

The Ministry of Health is moving towards in expanding its sector through collaboration with International and National NGOs. In reality new NGOs are coming on board working together with MoH and other stakeholders in delivering health services through out the country. Aside of the existing ones, new NGOs are joining the mission and around 6 (Six) Memorandum of Understanding (MoU) signed; The Leprosy Mission in Timor Leste (TLMTL), Fundacao Mater Timor (FMT), Frontline, Associacao Medicos Esperanca (AME), District Water Supply, Sanitation and Hygiene (DWASH), Catholic Relief Service (CRS) and Clinica Nossa Senhora de Fatima. These NGOs are implementing health activities in different areas such as; MCH, Leprosy, Health Services including SISCa, provision of clean water and sanitation. Many of these NGOs are continuing implementing their activities according to their proposals submitted and approved by the Proposal Review Committee (PRC), MoH. Memorandum of Understandings (MoU) with NGOs are bounded with timeframe or validity period and normally MoH agree for implementation in one year and the following year is subject to review and recommendations from responsible health officer at the district levels. To date 21 NGOs (International and National) have signed MoU with MoH and around 8 MOU are still in the process and another 17 NGOs are working in the country without MoU with the MoH.

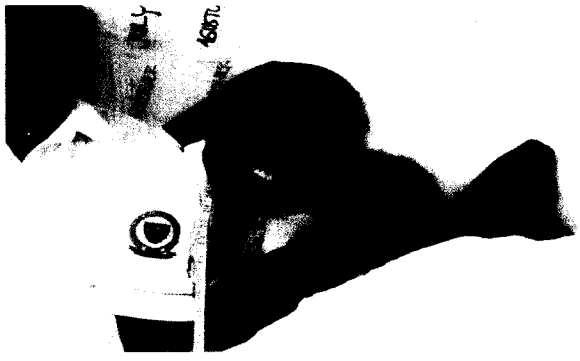
A total of 56 NGOs (International and National) is now registered at DPM. As far as our understanding this number is quite high and there are complexities for MoH to monitor all these NGOs. Many of these NGOs haven't transparently provided information to MoH about their program activities. However, the MoH acknowledge their existences and realize their efforts in providing health services in cooperation with districts and sub-districts health staff. These NGOs are intensively implementing their activities in their catchment areas according to their respective program approved by MoH. Support at the national level and coordination at the Districts levels are continuing to grow and the MoH is given more opportunities for all NGOs in expanding their programs and projects for other districts as well.

NGO program coverage

Areas of interventions are different according to NGOs policy and experiences. Most of these NGOs (International and National) are complementing MoH programs in the areas of; Nutrition, Mother and Child health, Family Planning, Health promotion including SISCa, Leprosy, mental Health including Psychology, Epilepsy, Eye Care and supporting in capacity building incentives. These NGOs are located almost in all districts, however there are disparity in some districts with very rare NGO involvement. Numbers of NGOs per district vary between 16 NGOs the highest number which is in Dili, 15 NGOs in Ermera and 13 NGOs in Aileu district and 3 Districts with very limit NGOs which is Lautem district and 4 NGOs in Covalima District.

Presentation from National and International NGOs

Maternal Health



As part of the MoH program Maternal Health is one of the programs implemented by all Health facilities including NGOs. Based on the data compiled by DPM, there are around 10 (ten) NGOs (Alola Foundation, CCT, Timor Aid, World Vision, IMOG, HAI, TAIS, MDM Portugal, AME-TL and Frontline) implementing Maternal Health. All the districts have more then two NGOs implementing MCH program, however disparities incurred in districts of Covalima and Lautem with ONLY one NGO (Timor Aid in Covalima and MDM Portugal in Lautem).

Complications of pregnancy and childbirth are the leading cause of death among Timorese women of reproductive age.
NGO success in monitoring and report back to MOH areas of good practice & improvement needs
Improvements in behavior change: 45.7% of pregnant women now sleep under a net

Maternal Nutrition ;

Maternal Nutrition has improved but still a long way to go for some improvements. About 22% cases of anemia correlated with Malaria. Alola Foundation is one of the NGOs covering almost 9 Districts except for Bobonaro, Covalima, Lauten and Manufahi, TAIS covering 6 Districts, Timor Aid 7 Districts and other NGOs in 2 - 6 Districts.

Maternal Health Promotion

- NGO's involved for Maternal promotion are supporting health promotion with capacity building for health staff.
- There were support given from NGOs for health facilities for Health promotion activities for instance; BCC materials and other multimedia health promotion materials.

Training pre service and in-service

There were training conducted by NGOs for health staff in the area of ANC, ENC, FP, EMOC, BCC, etc.

To further follow up with these trainings there is a need for monitoring and measure the outputs.

Child Health

The Department of Mother and Child Health under the Ministry of Health is one of the department in charge for child health programs in the country. With the recent increasing of interests from NGOs (national and International) participating in this program, there are coordination issues and monitoring activities which are two aspects that seems important to be performed by this respective MoH department (MCH).
Alola Foundation is one of the NGOs covering almost 9 Districts except for Bobonaro, Covalima, Lauten and Manufahi, TAIS, timor Aid, CCT, World Vision, HAI, MDM, ME-TL and Frontline.

Contribution for Child Health

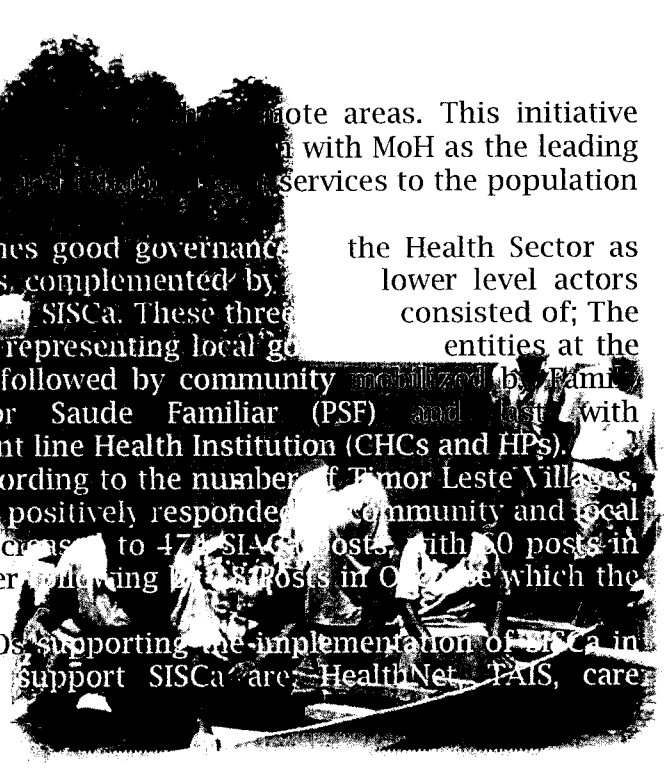
- Improve skills of providers and quality of child health care -IMCI, Nutrition, EPI through mainstreaming of supportive supervision system
- Assist in formulating strategies, guidelines, training modules, job aids etc.
- Support for logistics, planning, implementation and coordination
- Support for conducting training and mentorship
- BCC through different health promotional interventions
- School Health Programs

Servisu Integradu de Saude Communitaria (SISCa) or Integrated Community Health Services (ICHS).

for Community ".

ote areas. This initiative
with MoH as the leading
ervices to the population

Good governance in SISCa will determines good governance the Health Sector as
How this can be judged? SISCa is complemented by lower level actors
forming three pillars to move and org SISCa. These three consisted of; The
Chief of the Village and its components representing local go entities at the
lower government administrative level, followed by community mobilized by Fami
health promoters (FHP) / Promotor Saude Familiar (PSF) and last with
technical/specialized personnel from front line Health Institution (CHCs and HPs).
Initially, 442 SISCa posts established according to the number of Timor Leste Villages,
this initiative has been positively responded community and local
authorities and now this number had increas to 47 SISCa posts, with 50 posts in
Baucau district which the highest number following by 48 posts in Oecusse which the
lowest SISCa posts in the country.
More then 5 International and local NGOs supporting the implementation of SISCa in
Timor Leste. NGOs with program to support SISCa are: HealthNet, TAIS, care
International , SHARE and OXFAM.



Achievements

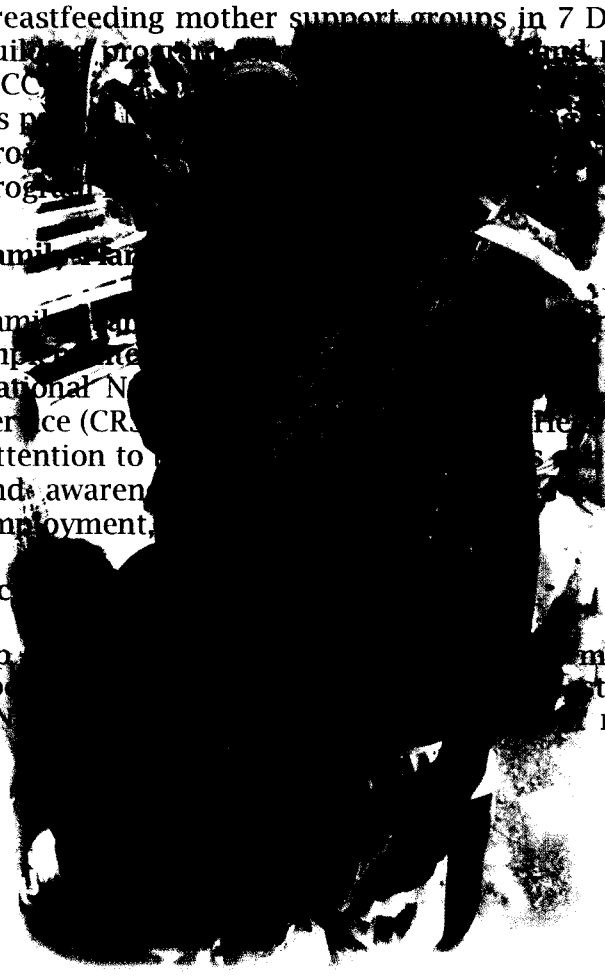
Many of NGOs supporting and facilitating SISCa program performed the followings:
- Meeting with Concelho Saude Distrital -CDS to improve coordination mechanisms,
- Training for Health workers and Volunteers,
- Community meeting at Suco and Aldeias (Villages and Hamlets),
- Monthly SISCa implementation,
- Distribution of CSB at SISCa,
- Monthly meetings and progress reporting to the DPHOs and Head of CHCs.

Nutrition

Most of the districts in the country are covered by NGOs activities in the area of Nutrition. Alola Foundation is one of the NGOs covering almost 9 Districts except for Bobonaro, Covalima, Lauten and Manufahi,TAIS with Nutrition Prgram in 6 Districts, and other NGOs with 2 to 3 districts coverage.

Program support to DHS and SISCa programs are implemented by 5 (five) NGOs; HealthNet, Oxfam, Child Fund, MDM and Care International contracted through the HSSP-SP aside of other NGOs such as; World Vision, Save the children, Concern...etc. Alola Foundation is implementing breastfeeding mother support groups in 7 Districts and some other NGOs in capacity buil[illegible] and PSF and Behavior Change Communication (BCC[illegible]

As p[illegible]utrition program its important that better pro[illegible]rammes and MoH services in nutrition prog[illegible]



Fam[illegible]

Fami[illegible]n's Life in Timor Leste. This Program is imp[illegible] and complemented by International and Nat[illegible]Clinic Café Timor (CCT), Catholic Relief Ser[illegible]ce (CR[illegible]n Alliance International and others.
Attention to [illegible]tinuing growing as there are huge interest and awaren[illegible]milies conditions in relation to health, emp[illegible]oyment,

Ac[illegible]

Up[illegible]made with the improvement in program co[illegible]takeholders (MoH and NGOS, WHO and UN[illegible] revitalization of the Family Planning and

Working Groups, Family Planning supportive supervision checklist. Through these NGOs family planning program were increased in the dissemination of Family Planning and Reproductive Health messages at community level. These messages were communicated through; Community Health Education sessions such as:

- Child Spacing film
- Suco Hadomi Inan C... SHIC
- District level Family ...ning
- 1st National Family ...

Other achievements;

- Establishment of SRH B...
- Increased access to Fa... ...ser...
  - strengthening capa... ...es providers
  - Family Planning at ...
  - Family Planning i... ...functioning...

Atauro

- Increased demand for Fam...
- Improved advocacy for FP ... ...of all MDGs
  - National RH Conference

SECTION 6

Presentation from Supervision Mission Team

As per March 2010 Aid Memoire recommendations from Joint Supervision Mission Team led by World Bank suggested for preparations of Mid Term Review in July 2010. This was agreed to further discuss the progresses of Projects financed by European Commission Grants and the Health Sector strategic Plan-Support project (HSSP-SP) financed by AusAid and IDA. This year, the Ministry of Health in cooperation with all development partners held this Health Sector Mid Term Review 2010 to review the overall Ministry of Health and stakeholders performances during the two and half years programs and projects implementations.

Aside of this particular Health Sector Mid Term Review 2010, as usual developments partners conducted an independent review to see progresses and to inform further directions for project solutions. During the Health Sector Mid Term Review 2010, held at ICS, Comoro, Dili, the Joint Supervision Mission team was given the opportunity to present findings and solutions.

Supervision Mission Team represented by two members Dr. Jim Tulloch from AusAid and Mrs. Sarbani Chakraborty from World Bank presented findings and way for solutions.

Three main issues recorded; Service delivery, Human Resources and Pharmacy;
The Supervision Team assessed project components using input and output model to see the whole implementation processes till to how project are delivered and what

would be the impact of projects being implemented in such period of time. The model drove to define the objective on how " To improve health status of the population of Timor Leste ", and this may empirically required inputs which are; Money, Staff and Supply.

These are the resources needed to start up the engine (means projects or programs). We may have very comprehensive plan but money and other resources are also determinants for project successfulness.
How these inputs can be managed? Organizational arrangements, good coordination and management including monitoring controlling are essentials for best target achievements. It's also important that these arrangements are in place and implemented based on rule and regulations as a guide to where the project will be conducted.
What we expect from our efforts and hard work is to have people accessing health facilities, programs covered and people could understand about life and health. The end result would be one single goal we reached and that is: Change in health status.

The World Bank and the concept of " ONE PLAN " ONE BUDGET"
One of the most interesting issues presented by DR. Sarbani was the concept of One Plan and One Budget. It's obvious that this concept is one of the models that promote transparency and effectiveness. It's much more effective for programs and projects monitoring and control as there is only one monitoring system using one basic monitoring data. In short, this model could be mentioned also as;

" All in One and One for ALL ".

With the existing issues related to project effectiveness, there might be further discussions for HSSP-SP directions and taking the idea of Performance Based Funding as an exercise for all parties to explore possibilities for its implementations. This financial support system may have advantages and weaknesses.
The advantages would be the implementers will have an agreed plan with initial financial support for certain period of time. Administrator of the project will have regular assessment and verifications against results and expenditures and recommendations from these processes will allow (Yes or No) for further disbursement for the following period or quarters. The system of Performance Based Funding provides an amount of money based of Quarter Action Plan (QAP) or Annual Action Plan (AAP) and it may be agreed for semester disbursement period to allow implementers to implement the agreed activities and time to submit quarter reports.

The weakness of this system is that; Not compliances with; a) **Timely Submission** of quarterly reports for timely assessments and late submission of reports will incur late assessment made by the administrator. B) **Accuracy** of data and information on the report and; c) Data and information reported must be **completed** which means that all the agreed targets must be achieved (the measurement on this point is " Yes or NO" (for example; The process indicators determined to achieve 75 SISCa post implementing full SISCa guideline, but District A report it achievements on this indicator with 73% ONLY; that will be fall into category NO, which means that this indicator is not achieved (hard work But not achieved). The overall of this performance will be affected by ONLY one single activity (means; all the agreed targets must be achieved, in case of fail even only one target the program fails).
These are the advantages and weaknesses of this Performance Based Funding System and it may be highlighted that this model is useful, consistent, beneficial and fair for

those hard workers, discipline and reliable persons and it might be a big disaster for those without efforts and irresponsible persons.

The World Bank assumptions for 2011 project implementations are to ensure that there will be better regulation and assurance for implementation of policies and promotion of good governance in the health sector including implementation of Basic Service Package through health facilities to achieve the MDGs and improvements of HSP and Laboratory services.
The World Bank identified issues related to human resources and need for further actions to support and fulfill these gaps. Planning, budgeting and finance were found weak which impacted to implementation processes. More attention need to be given for matters related to partnership management.

Programs and achievements

Progresses being made with last review for projects and programs implemented during two and half years. Infant Mortality Rate (IMR) dropped from 83 to 64, Fertility rate declined from 7.8 to 5.7, Malaria incidence decrease from (216:1000 in 2006 to 113:1000 in 2009). According to the supervision team that there isn't too much change with the nutrition program being implemented so far and there wasn't data and information available for Maternal Mortality ratio.
Based on DHS Health Information System 2003 - 2009, there were progresses made with immunization (increased), breast feedings (increased), demand for contraception increased and good progresses made for Integrated Management and Childhood Illnesses IMCI) and Tuberculosis Control.

Pharmacy

Through external funding projects, Pharmacy Department including SAMES have made changes as well. New graduates from ICS had increased the health workforce. Additional staff to strengthened Pharmacy Departments at Hospitals and Districts had increased quite significant (4 Pharmacists, 39 Graduate Pharmacy Technicians, 65 Enrolled). The project completed physical buildings to improve the provision of health services; for instance the extension of SAMES Warehouse (Phase one and Phase Two which is under progress), new construction for CHCs and Health Posts.

Aside of infrastructure improvements the EC and HSSP-SP brought substantial changes for SAMES in terms of management and administration (fiduciary) issues including improvements in stock out levels similar to 2007 (approx. 17%) despite of high commodities demand and the minimum budget allocation. SAMES is one of the major focus for support through the European Commission Grant had improved its delivery / distribution activities in the country. This can be assured that distribution of drugs and consumables to districts pharmacies will be fulfilled with the provision of 3 (three) new Four Wheel Drive Trucks which will arrive soon. However, all these achievements may require further attention from Pharmacy Department, MoH and SAMES itself to explore further options in controlling and monitoring issues.

PART 5

Section 1

DETAIL ISSUES AND CHALLENGES

Synthesis of issues and challenges

Most of the presenters at MTR 2010; the three studies, District Health Directors, Directors General for Personalized Institutions, Director for National and International NGOs, including Supervision Mission Team presented interesting and similar issues, however these issues were found from different ways for instance implementers found issues while they are implementing activities in the field (Issues with experiences) and observers in their interviews and monitoring felt that there are real gaps in human resources, lack of supported infrastructures and many more (issues with feelings). At this Health Sector MTR 2010 all these issues and challenges have been brought for discussions and to find better solutions for improvements. From presentations at MTR 2010, detail of issues and challenges are described as follows;

Health Care Seeking Behavior Study (HCSBS)

The survey accomplished with fundamental reasons, why population not using health facilities? Distances between health facilities are discouraging the population. This condition may be worst in the raining season and for those nearby also encountered difficulties reaching health facilities.
Economic factors are also complicating and adding to the unfavorable health expectations. Most of Health facilities are providing free services, however various costs are associated with health care seeking, for instances'; traditional providers may negotiate such a kind of charge for what so call " Kasu " for positive outcomes. In relation to government health services no charges are admitted, nevertheless practices outside of normal working hours may incur charges and normally it depends on negotiations between both parties. Extra cost for example transport cost may incur for referral of patients from lower level to other health facilities.
Attitude from health services providers are including characteristics in discouraging population from seeking health care. Most of the cases happened when health workers are anger and blaming patients and families and sometime with demonstrations of empathy.
Timorese people as other society around the World, might have similar attitude in seeking health services through health professionals. Normally, patients expect to have a conversation during the examination about the history, explore possible causes and how to prevent it, however this type of attitude is very rare to be found in the health environment.
In parallel with external demand for improving health services, health services providers are constrained with organizational, logistical and human resources issues. A range of issues in the field are inevitable for instance; Health facility itself (old buildings, no rooms for health workers to provide services, drugs and consumable supply, roads conditions and electricity supply....and much more.

Demographic Health Survey (DHS)

- Women are much more likely to seek antenatal care but skilled birth attendance and facility births are comparatively low
- Percentage of children with fever taken to a facility/provider is high but very low percentage are given antimalarial treatment
- Only half of children under 6 months are exclusively breastfed
- Nutritional status of Timorese children is relatively poor with more half of children under five stunted and a third severely stunted
- Knowledge of HIV/AIDS is relatively low in Timor-Leste

Health Costing Study (HCS)

The researchers found limitations in references to the study conducted and reveal the following for improvements;

- Implementation of BSP, excluding STI and growth in monitoring aspects.
- Exclusion of Non-communicable diseases, although an approximate measure of non-BSP is included to ensure accurate apportionment of overhead
- Most of the data used in districts are using national baseline data but not using district data
- Resources needed for districts many are not available at districts
- Insufficient budget allocated for districts with specific focus for non-medical costs.
- The Model used for the study is only examined the health costs and it does not examined the model of cost-effectiveness.

Common challenges and uniformity of issues presented by Districts

- Human resources issues. Shortages of Health Service Providers (Doctors, Nurses and Midwives) at CHCs and Health Posts. Most of Districts Health Directors had raised the issue of human resources in terms of quantity and quality.
- Logistical and infrastructure support (transport falities, health and non-health Equipments, buildings including room constidions not suitable to perform services and accomodations for health staff close to the health facilities); no public transport available for community to reach health facilities and Communication issues (radio, Telephone, Internet).

- **Limitted financial support (budget allocation and late disbursements)**

  Execution of budget are normaly based on the District Impelemnattion Plan (DIP). State budget allocated are less then the total budget proposed by districts. DIPs are consistents and based on the reality, however less budget allocated have impacted to the achievements and demand for immplementing of the whole DIP have incurred reallocation of budget (what usualy called " Transferensias "). This has caused direct impact to the program achievments as there are demands for the entire DIPs to be implemented in paralel (e.g door-to-door visits may require

transport, meanwhile there aren't enough budget allocated for vehile maintenances).

- **Correlations between budget and DIPs**

  As mentioned in the above point that allocation of budget didn't reflect the initial proposed plan by districts. Inconsistencies of recurrent budget imposed substantial realocations and switch of budget lines caused unpredictable outputs during and at the end of program implemenations.

- **Incentives for health services providers for those serving at the remote areas, including Family Health Promoters (FHP) supporting and facilitating SISCa.**

  Most of the districts proposed essential attention to be given to community supporting and facilitating program implemenattion. Family Health Promoters (FHP) are community mobilzators. This is need to ensure that Community volunteers are given attention to prevent low and passive response from our community to gain free and adequate health services.

- **Geograpfical areas**

  One of the aspects deficulting access for community to health facilities and health services providers to community is a major problem. This is caused by lack of transport facilities at CHCs and HPs, road conditions and other aspects as well.

- **Climate (Rain and dry seasons)**

  Rain season is major impediment for program implementation. This is in relation to accessibilities between community and health workers. At the same time dry and rain seasons had always impacted to population health. For instance dry season affecting crops which economically doesn't support community income for sustainable health care and dry season had always caused respiratory and other infections diseases becasue of dusty and windi espetaculus. For country like Timor Leste with two seasons, the rain season is fortunate becasue its allowing community to plant and normaly population are busy with cultivation activities on one hand and rain season is also a desaster because of unfortunates caused by waters (e.g. cut off roads, flooding..etc). in short dray and rain seasons are both conditions that directly impacted to population health.

- **Traditions and culture**

  Every where in the world and most in developing countries tradition and culture remain as part of health problems. Health Seeking Behabior Study may suggest huge recomendations on this issue. Timor Leste with strong traditional and cultural actions are predominant that affect health status.

- **Employment, Education and Economy**

  Health efforts to achieve better outcomes may be part of efforts for other sectors as well. Sustainable systems must be required by all sectors to move in paralel in

this develeopment processes. Health status is constratined with poor efforts or discrepancies of targets from employment, education, agriculture and economy issues. These are variants and measurements to conclude a better system as this will automatically reconstruct health status.

The institute of Health Science

Aside of excellent achievements the ICS had faced with many learning process issues and that encompasses lecturers to respond the actual learning needs for instance Course 5 which require around 12 lecturers for 1 (one) curriculum.
Lectures with DIII and undergraduates need to upgrade their qualifications in the educational areas I terms of transport, ICS is not moving too much because it has only one operational vehicle and there is also problems with practical activities for laboratory. There is a need to increase the capacity for lectures in the coming years

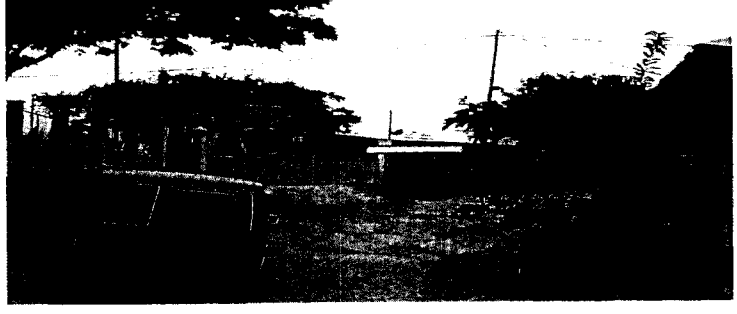
SAMES

Three main issues encountered by SAMES to implement its activities in the provision of drugs and consumables for all health facilities in the country.

- Financial gaps in terms of ceiling and uncertainty of amounts allocated for SAMES were less then expected and caused discrepancies in the provision, supply of drugs and consumables for health facilities.
- Another issue is that SAMES has been supported in the improvement of Warehouse Management System (WMS), however this system still week to explore exact tricks that could fully operationalize the system.
- Training plan for further strengthening staff capacity is under progress and expected to be fully implemented with support from MoH and development partners.

National Laboratory

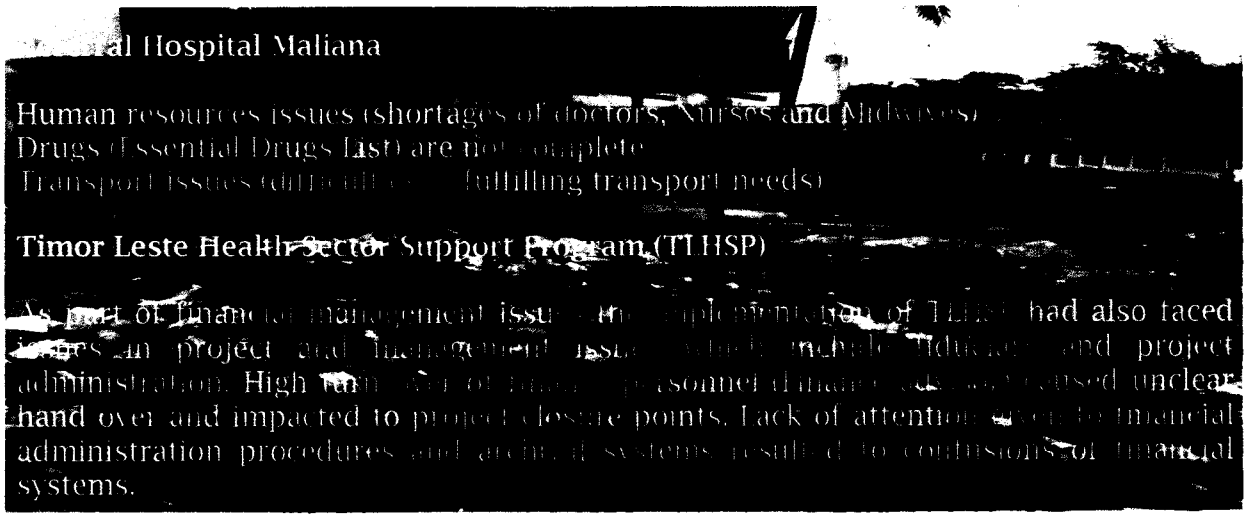
It's acknowledgeable that MoH/ICS are produced a huge number of Laboratory Analysts, however human resources issues remain as part of our challenges at National Laboratory.
Infrastructure and other resources remain in shortages at National Laboratory for instance; storages for reagents and laboratory equipments, room for administration and specific room for specialized services. These issues are faced also by CHCs (Districts) and hospitals and this may cause inefficiencies and impact of services to be provided. Provision of routine equipments and consumables are our major problems in terms of budget allocation and procurement. Lastly, the National Laboratory is in need for transport facility (vehicle) to perform regular monitoring and supervision to referral Hospitals and CHCs (Districts).



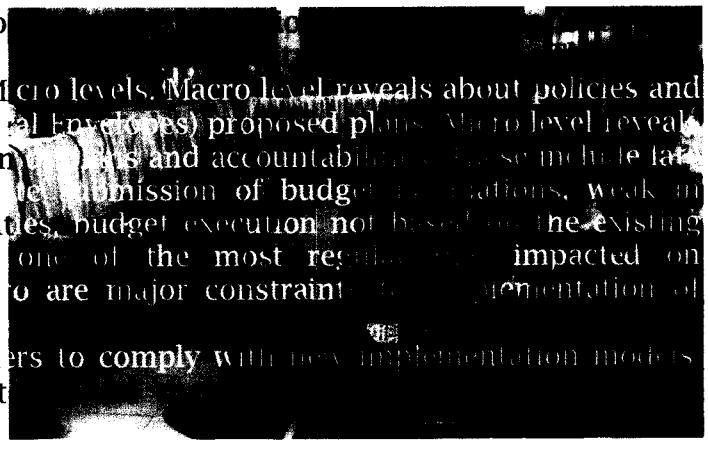
Referral Hospital Baucau

Financial constraint is the major problem for Baucau Referral

Hospital to fulfill all the gaps (all aspects). Detached buildings with are not safe for health workers and patients. Contour of land and roads conditions are not suitable for staff and public access. These two main issues are directly affected the services provided by Baucau Referral Hospital.



MoH - State Budget



UNDAF

In general the issues presented by collective UN Agencies are:

- Maternal mortality, malnutrition and HIV/AIDS
- District disparities to achieve goals by equity
- Limited staff at MoH (study leave) and decentralized capacity to deliver services
- Effective functioning of SISCa and reaching services beyond SISCa points
- Distribution of local non-public service providers to improve equitable access
- District level monitoring and reporting (H-MIS)
- Limited fund flow to UN agencies due to changing funding landscape & policies.

Department of Partnership Management (DPM)

One of the issues related to NGOs is " How to monitor NGOs activities or program and projects ". There aren't mechanisms designed specifically to oversee the implementation of programs and project implemented by NGOs at the Districts and Sub-district levels. Another concern to be questioned is that " When and to whom the NGO, must report to? These questions may become such an exercise for MoH to discuss with all NGOs to develop one specific monitoring program with support from NGO itself. Some specific issues are;

- NGOs to coordinate their coverage areas and proportional number in one district.
- NGOs without MoUs
- Limited Human Resources
- Limited Capacity issues for the existing staff.
- Limited capacity in the area of management to manage complex program
- Limited capacity to perform external technical coordination

NGO - **Maternal Health**

- Women's distance from health services: transportation/costs
- Midwives are not well distributed/managed
- Multiple demands on staff time thus NGOs need to coordinate better & districts need to use NGOs support
- Women's lack of decision-making power within the family
- Understanding the MOH guidelines

NGO - **Child Health**

- Joint action plan with MOH
- Poor coordination between UN agencies and other MOH partners
- Understanding other partners' strengths and weaknesses in order to complement each other
- Limited budget for training, printings, and purchasing

NGO - SISCA

- Geographical issues
- Mapping of SISCa by locations, Human Resources and logistical support
- Weak of complementary food supply to run the program
- SISCa implementation in some locations were unable to implement
- Many community members are not willing to participate in SISCa because they do not have enough time.
- There isn't monitoring system that could monitor and supervise NGOs activities

NGO Nutrition

Learning from each other

- Few opportunities for NGOs/districts to share lessons/successes as most technical staff cannot attend NWG in Dili
- Limited systematic compilation of field based evidence across districts to enable joint analysis
- Counselling skills require adaptation and reinforcement for more promotion of good nutrition for the prevention of malnutrition
- Limited operation of the inter-ministerial National Food Security Policy Committee
- Limited critical dialogue as some Nutrition NGOs are reliant on MoH for funding

Health Staff, PSF and Suco Councils

- Low PSFs motivation due to confusing incentive payment procedures,
- Unclear management lines of PSF (CHC or suco)
- NGO staff often have to run table 2 as there are not enough health staff.
- On-going need to repeat PSF nutrition training as many resign.
- Suco councils do not fully understand to carry out their role in health management

Funding and sustainability

- NGO/DHS integrated projects of one year do not allow for continuity or sustainable outcomes for PSF skills/health staff/community
- DHS funding gaps (due to delays in national/district transfers) NGOs sometimes cover costs to enable planned activities to take place

Data and Logistics

- Inconsistent supply of CSB to CHCs
- Data recording and analysis processes of nutritional statistics from SISCA to district level need more support.
- NGOs are called upon to fill transport gaps - particularly in accessing remote area SISCA locations
- Difficulties in motivating CHC to run SISCA when there is heavy rain

Increasing coverage of nutrition services and knowledge of staff and PSF

- Remapping of SISCA with DHS in some districts for maximum SISCA access
- Operationalization of meza (table) 2 at SISCA in 8 districts with PSF and health staff
- Support to health staff managing admissions, data recording and providing counselling of children and mothers into SFP and JMAK
- Coverage for U2s up to 85% when CSB supply is reliable (but down by half when no CSB)
- Training/refresher training alongside MoH/DHS to more than1000 PSF
- Secondment of experienced nutrition staff to MoH

Logistics and Data

- CSB storage construction at local level in Manufahi, Bobonaro, Oecussi
- Transportation of CSB to SISCA locations
- Vehicles

Food Security and Nutrition

- 100+ home gardens across the country with training in preservation, local production, nutritious recipes .
- 900+ community cooking demonstrations
- PSF competitions in 3 districts
- Innovation in approaches to nutrition education, games, eating different coloured foods, clean water

NGO - Family Planning

- Need improved distribution of logistic/ contraceptive supplies (all methods)
  - increase in demand / not enough supply at CHC / HP level
  - still confusion about how to calculate current and projected needs
- Need for scale-up of trained providers in all methods, but especially in longer-term and permanent methods
  - very few doctors trained in permanent methods
  - only midwives trained in IUD and implant insertion (limited # midwives)

DONOR's Representative from AUSAID

Same as other health institutions Pharmacy Department especially SAMES which is an Autonomous Institution is still dependent to government and partners support. Budget allocation in budget in 2004 was over $5 million, in 2010 the allocation for drugs and consumable drastically decreased $2.5 million from the state budget, and $1.5 Million from HSSP-SP, with over $1m on outstanding debts). Despite of these budget discrepancies, the demand for quantity of commodities and quality of services provided are continuing increased. Aside of these classic issues other factors that may results for high demand are; rapid expansion of services because of practitioner's prescriptions, implementation and expansion of SISCa initiatives, the existence of new health facilities. It's not easy that all these issues became such waives of disaster where markets are always alert for more and more benefits. The US Dollars deflation had greater impact for international businesses, which Timor Leste is one of the biggest drugs and consumables consumer with no specific drugs manufacture in the country.

Other relevant issues encountered at SAMES;

- Inadequate Warehouse Management System
- This is related to the observation that SAMES in 5 years operation till not able to provide meaningful drug and financial reports.
- Uncertainty of 'autonomous' status which may affect planning and management of resources (including staff development and training)
- Large stocks of [illegible] with short expiry dates (20% of stock)

Infrastructure and Equipments

- No prioritized master plan for buildings?
- Some maternity centers not utilized
- Inadequate vehicle maintenance

- Inadequate medical equipment/computer/
- Radio maintenance

Policies and Guidelines
- Some existing documents long and complex
- Lack of standard operating procedures in many areas (clinical and managerial)

Planning and Finance
- Availability and management of funds at central, district (and lower) levels
- Expenditure not clearly linked to plans (e.g. BSP and District Plans)
- Not strong emphasis on results
- Ensure health budget allocation and use as planned

Human Resources
- Variable workloads: some high, some very low
- Lack of management skills
- Shortage of nurses/midwives
- Integration of large number of new doctors
- Lack of technical and specialist staff
- External assistance (technical and other) not always well targeted and managed

The MoH Timor Leste work force consisted of a number of health professionals from various categories and entities; MoH (Civil Servants Specialized Doctors, General Doctors, Public Health, Nurses, Midwives, Health Allied,...etc), NGOs (Doctors, Public Health, Nurses and Midwives), Cuban Medical Brigade, UN Agencies, International TAs and practitioners practicing after hours.

Organization and Management
- Roles and coordination among MoH departments supporting service delivery
- Limited training of district and clinic managers in management
- SISCa require coordinated inputs (works best when different partners collaborate)
- Supportive supervision needs to be extended

Information Management
- HMIS broad (4000+ data points) and inconsistent
- Not as useful as could be/ data quality?
- SISCa monitoring not yet at full potential

Section 2

RECOMMENDATIONS

Health Care Seeking Behavior Study (HCSBS)

All major obstacles discouraging population to use health facilities need to breached (provision of adequate infrastructure, Human Resources and health costs/allocation of Budget for program implementations).

Home treatment by traditional and modern medicines may limit population accessing health facilities;
There are specific recommendations for institutions and agencies within the health structure and affecting health policies in determining best practices based on this survey (Please refer to Timor Leste " Health Seeking Behavior Study" 2009)

Way ahead for improvements and recommendations for Districts issues

Most of the districts proposed way out for improvement of health services. Basic and common issues presented during the health Sector MTR 2010 and collectively proposed for improvements and strengthened health policy implementations.

- Plan and budget harmonization (Health Costing Study as references)
- Additional staff for District Offices, CHSs and HPs, (Medical Docters, Nurses, Midwives and other health professionals)
- Human Resources Managemnent and Development (Capacity buidling Program for health staff including FHP)
- Logistical support (Transport facilities -Four Wheel Drive for CHCs and Motorbikes for Health Posts to reach remoteness), Health and non-health equipments for CHS and HPs - Old and new buildings), Communication equipments - Radio and suportive equipment such as Solar Cell;
- Infrastructure support (CHCs and HPs for new areas, residence for Health Staff at Sub Districts and Villages - proposed to build as a conpound);
- Incentives for health Services Providers at the remote areas and communiy supporting / facilitating health programs (e.g. SISCa).
- Maintenances (Infrastructure, Transpotrt facilities, health and Non - Health equipments, ...etc)

Way ahead and Recommendations for the Institute of Health Science

- Demand for qualified additional lecturers
- Training for senior lectures at ICS to upgrade their qualifications to Masters and Doctoral Degrees
- Infrastructure support (proposed for new building for laboratory practical studies, teaching rooms and Library.
- Ministry of Health and Developement Partners to deviate Government proposal for merging of ICS and UNTL.

Way ahead and recommendations for SAMES

- Implement a fully integrated Pharmaceutical Management Information System (web-based system)
- Develop an efficient procurement and inventory management operational systems
- Integrate pharmaceutical management system into financial management system
- Implement development-driven capacity building and training program
- Strengthen SAMES business within the guiding principles of transparency and accountability

- ❖ Develop Business Plan 2012-2014 and implement capitalization plan of SAMES
- ❖ Develop SAMES as an autonomous entity within the current legal framework

Way ahead and recommendations for National laboratory

- ➢ Technical Assistance is in need to support the National Laboratory. This in line with capacity building program, for coaching, mentoring and regular on the job trainings for national and Districts staff.
- ➢ Contracting out of services that are not able to perform by internal professionals such as; maintenance of Cell Dyn, Vitros, Hitachi National Lab, Hospital National Guido Valadares (HNGV), Referral Hospitals.
- ➢ Provision of additional Lab Equipments (Microspcope) for hospitals and CHCs
- ➢ Additional infrastructure support for Nagtional Laboratory and CHCs to ensure the quality of work.
- ➢ Adequate financial support for National, Hospitals and CHCs Laboratories

Way ahead and recommendations for Baucau Referral Hospital

Baucau Referral Hospital proposed one single statement. To this extent the statement is to handle all these issues with adequate financial support from government and development partners.
"Your support is our hope to tackle (resolve) these constraints and make this Hospital safe and friendly place to community"
It may assume that financial support based on the existing plan / priorities to improve Baucau Referral Hospital is essential part to achieve best results.

Way ahead and recommendations for Maliana Referral Hospital

- ❖ Additional Health staff for Maliana Referral Hospital (Doctors, Nurses and Midwives)
- ❖ Additional in-Patient wards for Pediatric, Internal Medicines and Isolation.
- ❖ Medical Equipments
- ❖ Cash Advances
- ❖ New Multi Function Ambulance
- ❖ Maintenances (infrastructure , Vehicles and Power Generators

Way ahead and recommendations for Global Fund

Despite of success during the implementation of the Global Fund granted programs for the Ministry of Health Timor Leste, areas for further improvement are;

- ➢ Succession planning for senior and mid level managers,
- ➢ Acquittal and financial management at district levels;
- ➢ Sub Recipient management
- ➢ Internal control of financial management system
- ➢ Direct recruitment and management of TAs,
- ➢ Procurement of Health and Non health equipments,

Way ahead and recommendations for TLHSP

No specific suggestions presented however issues and challenges presented may become major inputs for improvements of financial management.

Way ahead and recommendations for State Budget implementation

- To develop a model or guideline for budget execution for all MoH directorates, Hospitals and Districts.
- Develop guidelines for training and intensive monitoring activities from national to districts.
- The new budget model to adopt the components of Sector Wide Approach (SWAP) in which can be used to develop and harmonize planning and budget for MoH including programs supported by donors and NGOs.
- Develop a monitoring and reporting format that can be easily used by the entire MoH staff (National, Hospitals and Districts).

Way ahead and recommendations for UNDAF (UN Agencies)

- Focused support to UN priority districts with a comprehensive package (BSP) linked to SISCa;
- Continue to support SISCa through improved incentive provisions for PSF to address the district disparities;
- Support outreach activities at Aldeia that could not reach by regular SISCa;
- Expand support to H-MIS to strengthen district & sub-district level data analysis, management and reporting;
- Strengthen partnerships with NGOs and Churches for continuity of care at household & family level;
- Improved partnerships and coordination to avoid competing priorities.

Way ahead and recommendations for DPM - MoH

- Areas of interventions needed according to MoH priorities that are; continue support to the existing areas of NGOs interventions
- Degenerative Diseases, Elders/ Age Friendly Care, Oral health including treatments, Referrals Systems, Mental Health including Psychosocial, Laboratory Services, Eye Care...etc.
- For all these purposes the DPM is planning to develop guidelines for NGOs, in which it can be used to provide guidance to comply with MoH policies/strategies.
- Additional and adequate staff to handle specific areas of cooperation and program mangement

Way ahead Recommendations for NGO with Nutrition Programs

- Focus on RURAL areas,
- Prioritize birthing homes & incentives in low-access areas (no staff+ no patients= no service).
- Don't just train, monitor & evaluate results.

- Ensure that all maternal health partners coordinate with each other.
- Ensure NGO support is in real partnership with the MOH & Reproductive Health Strategy.

Way ahead and recommendations for NGOs with Child Health Programs

- Facilitate partners to formulate a national child health plan- sharing resources and tasks
- Integrated supportive supervision system
- Increase finance for IMCI, Newborn trainings
- Reinforce the child health working group meeting for improving coordination
- Identify the 'Best Practices' and begin to standardize the approach across organizations and districts
- A Standard Operating Procedure to support the improvement of quality of care through supervision
- Reinforce community based care e.g. CCM for better family level behavior changes

Way ahead and recommendations for NGOs supporting SISCa

- Creation of better coordination with NGOs and health staff
- NGOs mapping and sharing information between NGOs.
- Need comprehensive database of SISCa and PSFs to be updated and maintained at District levels and linked to actions through the CDS.
- Develop an integrated monitoring and supervision tools for SISCa implementation
- Need frequent refreshing training for PSF
- SISCa Socialization for communities
- Good cooperation with Community Leaders to strengthen SISCa activities
- Not to impede SISCa program as scheduled with other activities
- Need more attention to be given to NGOs
- Long term financial support for NGOs
- MoH to allow NGOS having access to Health Information at District and CHCs
- Indentify best approaches across organizations based on what works and what doesn't to solute best practices
- DHS to provide a board at DHS office for NGOs to view NGOs monthly workplan
- Motivation initiatives for PSFs to increase responsibilities

Way ahead and recommendations for NGOs with Nutrition Program

- Operational research of nutrition across districts for policy strengthening and effective strategies for community mobilisation
- Learning from each other's successes - encourage standardisation of approaches
- Integrated food security & nutrition model & approach – integrating agriculture, nutrition, livelihoods and water – Food Security Committee
- Longer term NGO support to DHS for nutrition (and SISCA) to allow relationship building and consistency in support (requires longer-term funding)
- Review of PSF incentive and selection arrangements
- Increased activities to motivate PSFs (non-financial incentives) eg PSF competitions and supportive supervision

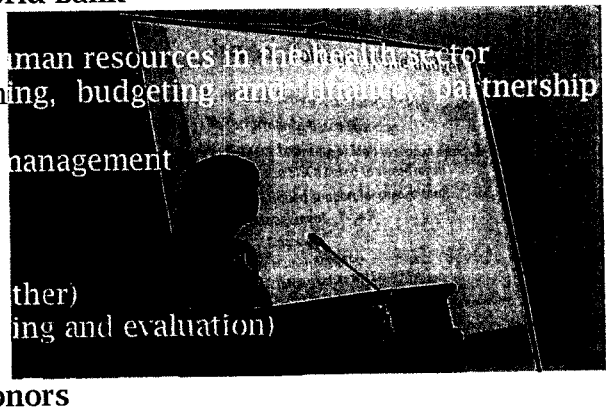
- Sharing district data, analysing jointly, promoting information boards
- Remapping of SISCA to maximise access from remote areas
- Ensure consistent supply of CSB to SISCA

Way ahead and recommendations for NGOs with family Planning program

- Multi-agency supervision and reporting of logistic/commodity management with review of gaps and action plan to respond.
- Coordinated action planning for scale-up of competencies in FP methods. i.e mentorship, training nurses in implant insertions, training doctors in permanent methods
- Train cadre of volunteers (PSF's) in FP education
- Ensure improved access to FP services continues i.e FP services available at all SISCA posts (in a private location)
- Consider training TBA's FP counselling & contraceptive methods

Way ahead and recommendations from World Bank

- Strengthening and development of
- Strengthening the system of planning, budgeting and financial partnership management in the health sector
  Continued support for strengthene
  - Financial
  - Human Resources
  - Infrastructure and Equipment
  - Supplies (pharmaceutical and
  - Information (including monit



Way ahead and recommendations from Donors

Solutions for the issues and challenges mentioned above are described as follow;

- Urgently address budget issues with Ministry of Planning and Finance and MoH
- Purchase/use tablets (rather than capsules) to maximize flexibility under new EDL
- Explore options for new WMS appropriate to the operating context for Timor Leste
- Proceed with capitalization.
  - Other management options? E.g. contract out management of SAMES.

Infrastructure and Equipments

- Prioritized plan for buildings with rationale
- Assess needs for opening maternity centers
- Outsource vehicle maintenance
  - Continue excellent start on medical equipment maintenance
- Reassess radio network vs mobile phones

Policies and Guidelines

- Key all documents as short and simple as possible
- Emphasize wall charts and pocket books

Planning and Finance

- Extend work on Public Financial Management to MoH
- Evaluate new planning process against aims
- Consider results-based financing
- Start long-term institutionalized training in health systems management

Human Resources

- Rationalize distribution of existing staff while integrating new doctors (look at incentives)
- Training in health system management
- Increase nurse/midwife output - emphasis on quality
- Detailed study of needs/impact of new doctors
- Diploma courses in technology/medical specialties
- Have more coordinated and performance based approach to external assistance

Organization and Management

- Support reorganization of MoH for success
- Training in health system management
- More systematic coordination of partners for SISCa
- Extend supportive supervision models

Information management

- Assess potential for streamlining HMIS
- Focus on key indicators
- Use HMIS more actively for management
- Use SISCa for innovative data collection

CONSOLIDATED HEALTH SECTOR MTR 2010 RECOMMENDATIONS

The Health Sector MTR 2010, was organized in a such way to allow all interested parties (MoH and stakeholders) to present program and projects achievements, issues/ challenges and better solutions to improve programs and projects status. All the issues, challenges and recommendations presented each day (from 28-28 July 2010) were recorded and reviewed by rapporteurs team in the following day of meeting. On the third day meeting, which was also the last day of the meeting (July 28, 2010), before all the sessions ended, the rapporteurs team presented meeting proceedings, which is consolidated into the following diagram;

ISSUES AND CHALLENGES	DETAILS	SHORT-TERM	MEDIUM & LONG-TERM
		RECOMMENDATIONS	
Care-seeking and utilization rates / Quality of service delivery	• Service utilization is low • Individuals act as members of households and communities and therefore are subject to influences of history, language and culture • Decision making processes - up to 20% see traditional healers or private services but majority see governmental services. This is subject, however, to the trust in health providers and satisfaction with service quality • When trust in services is low due to poor quality and poor attitudes of health staff, clients do not return for care	• Set-up small group of key personnel to help apply the overall recommendations of the HCSBS for all levels, linked to 2009 DHS results, National Priorities and 20-year strategic plan	• Incorporate recommendations of HCSBS into developing curricula in UNTL and ICS, as well as BCC and Health Promotion Strategy development
		• Incorporate key quality improvement recommendations into management and leadership training for DHS and CHC management staff	• Scale-up of KJPS and strengthen role of suco council in strengthening care-seeking and community-led positive health behaviours
		• Provide guidelines on communication and counselling best practices for staff and reinforce through supportive supervision	• Prioritize infrastructure investment and support to most remote and under-served areas
		• Improve links between health providers and community through SISCa, establishment of KJPS and *suco* council functioning	• Consider incentive mechanisms to improve access to fixed health facilities (through performance-based financing for health staff and/or payments to mothers/clients to access facilities)
		• Finalise a curriculum on management and leadership with all stakeholders, including MoH INAP, ICS, UNTL and WHO	•
Budgeting and health prioritization by program, intervention and district/hospital	• The ideal and actual costs of implementation of the BSP were not clearly known • There is a need to understand these normative and actual costs in order to inform rational allocation of funding to and within the health sector, according to targets for BSP implementation and based on expert inputs related to expected work hours, and	• Completion of the BSP costing model	• Training on use of the model and feedback on results of study following training
		• Reporting on the model	
		• Actual costing study to provide guidance on cross-country differences in practice and service efficiency	

ISSUES AND CHALLENGES	DETAILS	SHORT-TERM	MEDIUM & LONG-TERM
		RECOMMENDATIONS	
	level of effort, and various staff numbers		
Unmet targets for various programs based on 2009 DHS and large district differences in achievement of various DHS indicators	• Completion of the detailed report of DHS 2009 (due November) • Full-day workshop/summit of MoH and development partners in health to analyse results and define program priorities • Follow-up district level reviews of data to define district/sub-district priorities and plans	• Strengthen routine data management (HMIS and LAM) to allow tracking of progress of districts and sub-districts against key indicators	
Human resources	• Limitations in numbers of staff at district level, especially midwives • Insufficient housing, security and infrastructure support to staff in remote and rural areas	• Review World Bank report on HR and consider mechanisms to apply recommendations of this report, including incentives for remote work, logistic and infrastructure support, recruitment processes and career pathway development	• Consider recruitment of staff from outside TL once issues of mal-distribution, caseload and retention have been addressed
		• Map HR to sub-district level and establish mechanisms for maintenance and updating of HR database	• Incorporate expected return of Timorese graduates from Cuba into HR planning, focused on district needs and with appropriate budget planning/projection
		• Review WHO report on building health staff in remote areas and apply feasible recommendations for TL	• Fully project HR needs for various staff qualifications to 2015 and beyond and allocate adequate resources for training to ICS and UNTL to meet needs
		• Map infrastructure support for staff in remote areas and allocate budget for maintenance and construction or rehabilitation of housing for midwives, nurses and returning Timorese doctors	• Scale-up training outputs to maintain requirements for staffing
		• Move clinical staff from management roles back into clinical services and place staff with management experience and qualifications into CHC and DHS management roles	•

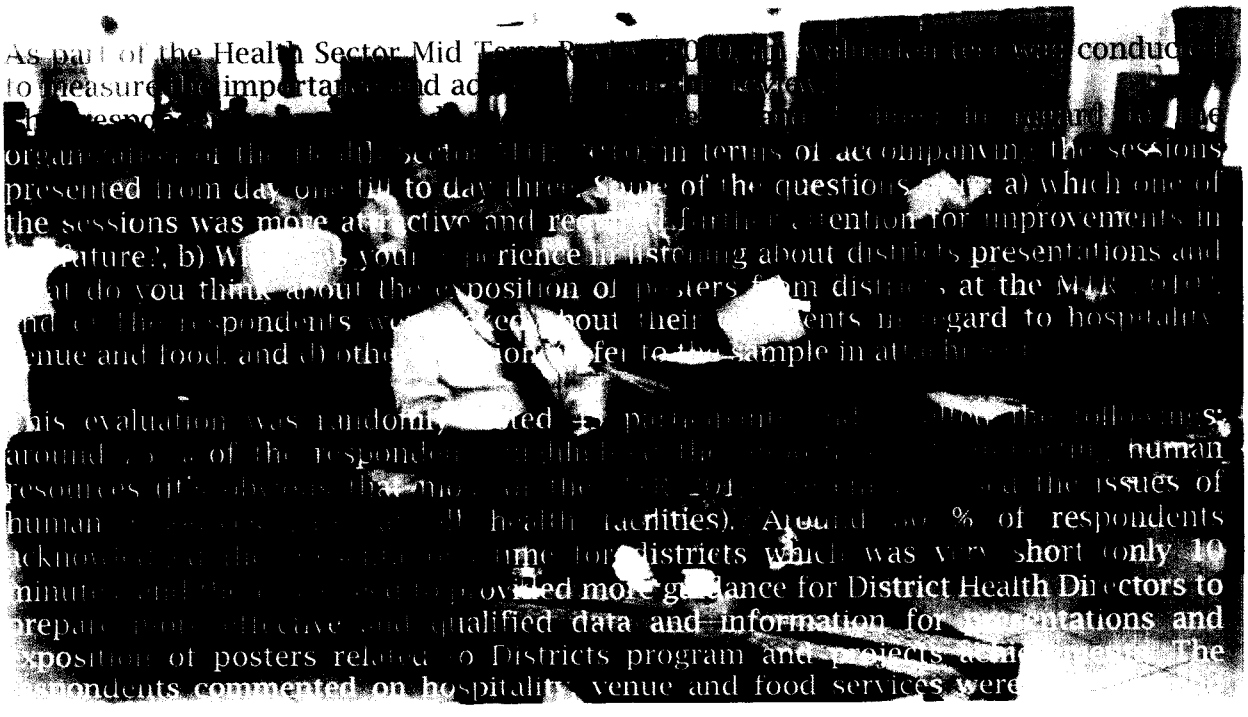
ISSUES AND CHALLENGES	DETAILS	SHORT-TERM	MEDIUM & LONG-TERM
		RECOMMENDATIONS	
Logistics (cars)	• Insufficient numbers of vehicles (multi-function, cars and motorbikes) to adequately implement services, especially related to emergency referrals and SISCa services	• Review and apply where feasible the recommendations of the World Bank transport review, possibly including:	• Scale-up / complete decentralization of vehicle management
		• Decentralized mechanism (district and sub-district level) of vehicle management, including vehicle pooling, tracking/logging, spare parts warehousing, local repair and preventive maintenance	• Increase new purchases of vehicles when district level management targets for functioning and maintenance are met.
Logistics (medicines)	• Inaccurate or inefficient (late) provision of essential medicines to district and sub-district level, leading to limited service efficiency and reduced quality and coverage	• Compile and review the field-level experiences of logistic issues for medicine through supportive supervision reports, HMIS data, CHC and DHS reports, together with the internal review and recommendations of SAMES	
		• Establish and regular review of medical logistic management between SAMES, DHS representative and stakeholders organisations, including World Bank and UNFPA	
Health promotion and education and PSF functioning at community level	• Gross delays in payment of incentives for PSFs • Insufficient IEC materials and insufficient BCC/ HPE activities at community levels	• Review mechanisms for payments of PSFs	• Increase focus on Health Promotion and Education in strategy development
		• Review incentive amounts for PSF	
		• Consider updating of PSF and SISCa guidelines to reflect developments in home visits, community-case management and greater focus on community-led behaviour change and community-level provision of preventive and curative services	
Financial disbursement to DHS level	• Delays in payments to DHS level of general budget on a quarterly basis	• Institutionalise joint review of disbursement of *pasta mutin* between DHS and Department of Finance on a quarterly basis	• Develop operational guidelines and establish a legal foundation for decentralized financial management

ISSUES AND CHALLENGES	DETAILS	SHORT-TERM	MEDIUM & LONG-TERM
		RECOMMENDATIONS	
		• Introduce a new budgeting plan linked to general and specific objectives and activities	• Incorporate financial management training and mentorship into district and SD leadership and management curricula and supervision mechanisms
		• Establish a taskforce to apply the recommendations of the Finance Department with respect to financial reporting obligations	• Move percentage of MoH share of overall State Budget closer to 10% from current 5% level
		• Link MoH funding more strongly to external funding under a single budgeting and implementation plan	• Give authority to financial managers and program heads to control funds
		• Establish auditing department within the MoH to improve transparency and accountability	

PART 6

Section 1

Health Sector MTR 2010 Evaluation Test

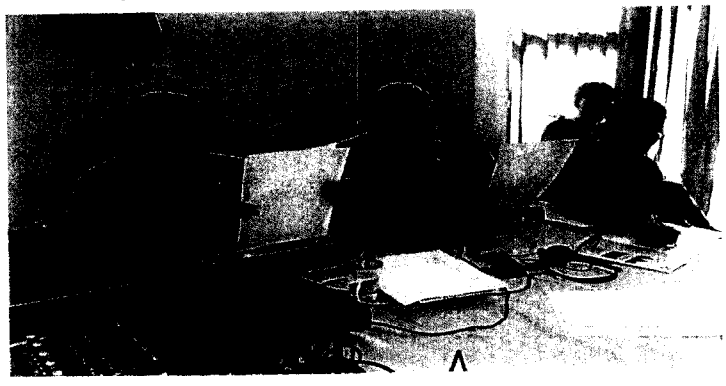


well done by the organizers. Overall, the respondents rated the organization of Health Sector MTR 2010 " Good ".
Around 3 % of the respondents were commented about the MTR agenda for the improvements in the following years and that are;

- The meeting and sessions should start on time (Follow the MTR 2010 Agenda);
- For organizers specially the Rapporteurs to spend less time presenting the summary of the discussions;
- To provide more time for districts to present and discussions
- The organizers should provide large space suitable for exposition of posters
- The participants wanted to hear more about financial information from partners and government (MoH);
- The organizers should provide enough time for plenary sessions.

The respondents rated the overall meeting as follows:

- ~~Excellent : 6 people~~
- Diak/ Good : 31 people
- ~~Nato'on / ok : 7 People~~
- Menus/ Poor: 1 person



Section 2

Conclusions

In general the Health Sector MTR 2010 was conducted in a sense that all Stakeholders involving and participating in the development of the Health Sector generate best ideas and bring up for discussions all the issues impending the development of health programs and projects, whether it is financed by state budget or supported by development partners.

There is a statement in some parts of this report about "All in One and One for all" and it's true that the three days of meetings according to the MTR 2010 agenda were tight, however most of the participants were enthusiastically attended the meetings from the beginning to the end and the important input was the agenda allocated for all stakeholders to present their program implementation including NGOs and donors to provide their views and feelings for the ongoing project status, however there might be a bit of frustrations because of limited time provided for each presenter, indeed.

Issues and challenges in terms of human resources gaps at all health facilities were presented by all presenters, followed by infrastructure issues and budget allocation for districts. These issues are commons and require further actions.

What would be the expectations from the MTR 2010 proceedings? The most interesting part of the MTR 2010 presentations was presented by the representatives from donors and the World Bank. Issues presented by both presenters were similar as those issues presented by Districts Health Directors and Director Generals from Personalized Health Services including from NGOs. Expectations from these points and looking back to what was initially agreed at the commencement of the projects, the recommendations presented by donors and the World Bank are categorized as " Way Out or Best Solutions " for improvements and alignment of donors interest and national (MoH) priorities.

It's concluded that the Health Sector MTR 2010, with donors recommendations had provided substantial inputs for revitalizing the processes through compilation of statements and recommendation described in part 5 for future directions for the improvements of the whole health programs and projects.

For effectiveness and worthiness of our time and money spent for this special event in order to improve what we need to be improved, it would be fair to further established; " Small and Smart Team " called " SST " by MoH to analyze and take immediate actions in sequence to the recommendations described in part 5 section 2.

REFERENCES

MoH circular Ref: No; 01/VI/2010/IVGC/MS, dated June 7, 2010

Terms of References (ToR)

Amendments of MoH Circular

Health Sector Strategic Plan (HSSP) 2008 - 2012

MTR 2010 presentations

MoH Annual Health Statistic Report 2009