PVO Child Survival and Health Grants Program
USAID/GH/HIDN/NUT

Fourth Annual Report

for

Improving Maternal and Newborn Health in East Timor (Timor-Leste)

Submitted by:
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A. Main accomplishments:

The completion of the first four years of the maternal/newborn care program has concluded with satisfying results from the project's final evaluation and survey. These are briefly summarized below, from the executive summary of the evaluation report:

Highlights

The project has met or exceeded many of its primary objectives and in doing so has earned a widespread reputation for collaboration, flexibility and integrity. It is viewed as a trusted partner of the Ministry of Health and has entwined its technical assistance with the national program, thus ensuring that many of its models will be sustainable. Key improvements over 2003 DHS statistics for the initial four program districts include:

- Women receiving at least one antenatal care visit rose from 50% to 82%
- Women receiving at least two tetanus toxoid injections during their last pregnancy rose from 48% to 69%
- Skilled birth attendance increased from 16% to 37%
- Vitamin A intake post-partum rose from 28% to 49%
- Exclusive breast feeding for children 0-5 months of age rose from 29% to 68%

Most of these final survey findings exceed the original targets outlined in the DIP, indicative of how well overall the program met its objectives while responding to an ever changing set of challenges in Timor-Leste.

HAI's technical assistance in the arena of Maternal and Newborn health is so widespread that they have contributed to every major health initiative that has become a government program. This includes:

- Assisting the MOH in the creation and initiation of the new role and job description of the midwife MCH program officer position at the district level;
- Contributing to the national working group on the development of key maternal health indicators;
- Developing the behavior change messages that were adopted nationally to promote newborn health and better birthing practices;
- Contributing to the revision of the midwifery standards in 2006 and invited participation in the planned revision of the national reproductive health strategy;
- Modeling a Birth Friendly Facility (BFF) contributing to the government's assessment of the various models in use (including maternity waiting homes) which were most suitable for the Timor-Leste setting;
- Developing tools for supervision that are used by the district health staff for supportive supervision and program monitoring;
- Supporting master trainers for the *Promotor Saúde Familiar* (PSF) program. HAI also developed photo-cards promoting good practices which could be used in the PSF training. This is currently under review by the MOH;
- Assisting in the 2006 national assessment of the Safe Motherhood Training;
- Assisting in the 2008 national assessment for Emergency Obstetric Care which will shape district level programs over the next years;

- Contributing to the development of the national Reproductive Health BCC Strategy as well as to the newborn section of the national Child Health BCC Strategy;
- Contributing to the development and introduction of the MOH Basic Service Package;
- Participating in MOH-led Health Sector Review and Planning Workshops at national as well as district level.

B Activity Status for the intervention <u>maternal and newborn care</u>:

Project objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
1. 90% of MOH health facilities in the program districts will have at least one staff member skilled in providing comprehensive antenatal care (specifically including counseling and communication skills)	• Select and train DPOs • Training needs assessment of MOH midwives • Develop training for midwives in antenatal care focusing on communication and counseling skills • Develop training and clinical aids for antenatal care consults • Conduct/evaluate training to all midwives on antenatal care/communication/counseling –*STARTUP DISTRICTS* • Conduct and evaluate training of all midwives on antenatal care / communication/counseling– *EXPANSION DISTRICTS*	Completed Completed ANC training completed by MOH Completed Completed by MOH/Unicef Completed by MOH/Unicef	Because some aspects of Communi-cation and Counseling have been a part of several other trainings to date, a decision was made to further address through supervision as well as district-based workshops. This is ongoing
2. 90% of MOH health facilities in the program districts will have at least one staff member skilled in the key elements of essential postpartum/ newborn care including resuscitation skills	• Participate in national MNCH working group to set standards for postpartum and newborn care • Development of skills-focused training for midwives including a manual outlining national standards for postpartum/newborn care • Conduct and evaluate skills-based training for postpartum and newborn care for all midwives •	Ongoing Completed TOT completed for 8 trainers, first group of 21 MWs trained	Next training planned for Jan 2009

3. 90% of MOH health facilities in the program districts will have effective systems to maintain essential supplies and materials for antenatal care	• Conduct health facility assessment • Participate in national MNCH working group to assist MOH to develop essential supplies and equipment list • Identify sources for funding of supplies / equipment not currently accounted for • Develop MCH DPO supervision tool for health facilities	Completed Ongoing Ongoing Form completed and in use nationally	UNICEF and UNFPA responsible for most equipment purchases, MOH and HAI working closely with them to inform re: needs
4. 90% of MOH health facilities in the program districts will have effective systems to maintain essential supplies and materials for postpartum/ newborn care	• Conduct health facility assessment • Participate in national MNCH working group to assist MOH to identify essential supplies and equipment • Develop MCH DPO supervision tool for health facilities • Identify sources for funding of supplies/equipment not currently accounted for	Completed Ongoing Form completed and in use Ongoing	UNICEF responsible for most equipment purchases, MOH and HAI working closely with them to inform re: needs
5. Percent of women with children age 0-23 months who received one or more antenatal care visits during their last pregnancy in program districts will increase from an estimated 50% to 70%	• Conduct qualitative investigation related to culturally-determined beliefs and practices re: pregnancy • Train community-based groups (including women's groups, NGOs, Peace Corps volunteers) in promoting ANC– *STARTUP DISTRICTS* • Train community-based groups (including women's groups, NGOs, Peace Corps volunteers) in promoting ANC– *EXPANSION DISTRICTS* • Disseminate print materials, develop drama and broadcast programs for community promotion of ANC	Completed Community education in process Community education in process - MNC Film completed, being shown –Photocards and poster have been printed and	Note: Peace Corps closed down in April 2006 TL due to civil unrest Training done on use of photocards and posters for 2 pilot groups of community volunteers as well as for community health facilitators from NGO CCT.

	• Develop community based systems for identification of pregnant women / notification to health facility staff • Increasing accessibility of antenatal care by working with DHMT and facility managers to overcome current obstacles (especially provision of antenatal care at mobile clinics)	are being used. - Radio spots broadcast over 4 months Ongoing	PSF Master trainers training held in Dec. Community health volunteers have started and are being trained to link pregnant women with health staff
6. Percent of women with children age 0-23 months who received at least two tetanus toxoid injections during their last pregnancy in the program districts will increase from 48% to 70%	• Conduct qualitative investigation related to culturally-determined beliefs and practices re: pregnancy • Training of community-based groups (including women's groups, NGOs, Peace Corps volunteers) on need for tetanus immunization as part of ANC– *STARTUP DISTRICTS* • Training of community-based groups (including women's groups, NGOs, Peace Corps volunteers) on need for tetanus immunization as part of ANC– *EXPANSION DISTRICTS* • Disseminate print materials for community promotion of safe delivery practices; develop drama and broadcast programs that includes community promotion of tet tox immuz	Completed Community education in process Community education in process - MNC film completed and being shown throughout the country --Printed photocards and poster have been printed and are being used -Radio spots broadcast over 4 months	

7. Percent of women with children age 0-23 months whose last delivery was assisted by a skilled birth attendant in program districts will increase from 16% to 30%	• Conduct qualitative investigation related to culturally-determined beliefs and practices re: birth • Train community-based groups (including women's groups, NGOs, Peace Corps volunteers) in safe birth promotion–*STARTUP DISTRICTS* • Train community-based groups (including women's groups, NGOs, Peace Corps volunteers) in safe birth promotion–*EXPANSION DISTRICTS* • Disseminate print materials for community promotion of safe delivery practices • Develop 1) drama and 2) broadcast programs for community promotion of safe delivery practices • OR activities to test strategies to increase access to trained birth attendants (birth-friendly health facilities, waiting homes) • Meetings with community leaders to promote and develop birth plans and emergency transport plans • Participate MCH working group	Completed Community education in process Community education in process Ongoing (as above – film photocards, posters and radio spots) 2 BFFs operational/ evaluated and two more under development Ongoing	
8. Percent of women with children age 0-23 months who received a vitamin A dose in the first two months after their last delivery will increase from 28% to 60%	• Training of midwives in program districts in integrated postpartum care, including vitamin A supplementation • Community education on value for mother and newborn of postpartum visit, including Vitamin A supplementation–*START UP DISTRICTS* • Community education on value for mother and newborn of postpartum visit, including Vitamin A supplementation – *EXPANSION DISTRICTS*	Revision of training materials and printing underway Community education in process Community education in process	Significant delays over the past year in the ENBC training schedule. Significant amounts of advocacy done, next class planned for Jan, 2009

	• Disseminate print materials for community promotion of vitamin A as a component of integrated postpartum care • OR to improve postpartum care coverage (e.g. buddy system for accompany mother to HF, promote *face matan* ceremony as opportunity for PPC, train CHW to assist home based delivery of PPC) • Increasing accessibility of postpartum care by working with DHMT and facility managers to overcome current obstacles (eg trial home visits) • Actively participate in MCH working group to lead policy development for national standards of, and for increasing coverage of, comprehensive integrated postpartum care (including vitamin A for postpartum mothers and hepatitis B vaccination for newborns)	In process – as above Awaiting further Postpartum care training but discussions with MoH ongoing Ongoing PPC is now included in national standards for midwives however training of MWs still needs to be completed – focus of the extension year	
9. Percent of infants aged 0-5 months who are exclusively breastfed will increase from 29% to 45%	• Work with existing community-based groups trained in breastfeeding promotion to expand coverage of activities • Dissemination of IEC materials for breastfeeding promotion • See activities for objective #10	Ongoing (as above – film photocards, posters and radio spots)	Coordinate with Alola Foundation One of radio spots is a rap song on the value of Colostrum
10. 50% of mothers of children under one year in the program districts will know at least 3 signs of serious newborn illness	• Conduct qualitative investigation related to culturally-determined beliefs and practices re: postpartum/newborn care including breastfeeding • Together with MCH working group develop a standard set of "danger signs" for newborn illness for use in health	Completed Completed	

	education in Timor-Leste • Develop and disseminate written IEC materials for community-based promotion of newborn care including breastfeeding promotion • Conduct skills-based training for postpartum and newborn care for all midwives in focus districts • Training of community-based groups (including women's groups, NGOs, Peace Corps volunteers) about newborn care and signs of newborn illness	In process In process (See #2) In process	

C. Factors that have impeded progress

The social and political disruptions that were major impediments to field work in the past have been substantially less during the past year. Progress continues to be slower than we would like for other reasons. The change of government in 2007 (and thus major changes in the Minister of Health and MOH staff throughout 2008) led to a slower pace of ministry approval of planned activities, as well as requests from the MOH to take part in new initiatives of the current Minister. Although this has slowed the pace of some planned activities, it has also led to strong buy-in from the highest levels of leadership of the MOH. Because of a number of other trainings being implemented (IMCI refresher, EPI, EMOC), the training for essential newborn care has been delayed by the MOH because it targets the same participants. However, the MOH has indicated that this training will be prioritized in 2009.

D. Technical assistant needs

This final (extension) year of the CS project will focus on the development and deployment of five film modules to be used in both community health promotion and midwife training. For this purpose we will require the assistance of a locally-based filmmaker.

E. Substantial changes since the midterm evaluation

The only substantive changes to the project are based on the revised budget and work plan that was approved as a part of the project's final year no-cost extension.

F. Progress towards sustainability

For some aspects of our sustainability plan, such as the placement of the MCH DPO within the national health infrastructure, the project has exceeded its sustainability goals. The MCH DPO position has been accepted by the MOH and implemented in all 13

districts, not only the six supported by HAI. The Birth Friendly Health Facilities developed during the course of the project are being maintained and staffed entirely by MOH staff, with little or no additional funding needed, so we anticipate that they will be sustained as long as they are found to be useful. The films and other visual materials we have developed are being used in the training and deployment of a new cadre of community health promoters and are to be used as a part of the MOH's new clinical outreach program, SISCa. These materials are also used by partner NGOs throughout the country, including districts where HAI is not currently working. The films have been shown throughout the country by MOH staff and officials as well as other NGOs.

In other areas there are positive sustainability trends, but for example assuring the ability of the districts to take on full supervision and implementation is still in process. Because of our expansion grant for child spacing activities, the project will be able to continue many of the MNC-relevant supervision and support activities as part of the integrated approach to MCH supervision. An emphasis of the last year of this project will be assuring that MOH district staff and volunteers are trained and competent in using the film modules for health promotion at the clinic or community levels.

G. NA

H. See Section F, above

I. Management challenges

HAI has been fortunate to have a country director/program manager who has substantial management experience and a collaborative and supportive management style. As a result, field staff express support and loyalty to the program. Several have been solicited to work in other agencies, particularly the MOH, but they have remained on HAI staff largely because of this sense of support and growth fostered by program management. Human resources issues are dealt with by the administrative team; we anticipate providing additional training in HR policies and procedures early in 2009 to the program administrator.

The financial management system has been essentially unchanged since the beginning of the project, despite changes in personnel when the HAI accountant moved temporarily out of Dili. The HAI headquarters accountant considers the Dili accounting staff to be models for responsiveness and accuracy in their reports.

The management structure of the field team is undergoing some changes as a result of expatriate staff changes and growth in the capacity of national staff. A newly hired coordinator of community health promotion, along with strengthened capacity and increased autonomy of the Timorese program officers, will allow the project director to delegate some of her supervisory responsibilities. The teams that result are a community health promotion team and a health system support team. The new health promotion advisor will also team with the project's information officer to strengthen HAI's monitoring data during the final project year.

As noted above, HAI is considered to be the primary source of technical and managerial support for the MOH and also enjoys strong collaborative relationships with other MCH entities such as the TAIS project of BASICS3; UNFPA; the Alola Foundation; the Café Timor coffee cooperative (CCT); UNICEF; WHO; and other groups. HAI is a 'prime mover' in the MCH-FP working group of the MOH, which brings together governmental and non-governmental staff working on MCH-FP activities.

J. Local Partner Organization Collaboration and Capacity Building

Close and direct collaboration with MOH staff and officials is the primary *modus operandi* of HAI's activities in Timor-Leste. Capacity-building is a key focus of all of our efforts, from supportive supervision of district program officers and midwives to the training of health staff and volunteers to carry out community health promotion using film, posters, and other visual aid materials. The advantage of this approach is the understanding that our activities will continue after HAI is no longer working in Timor-Leste. The challenges are the need for flexibility and patience that comes with joint ownership of new activities and approaches.

We also have become involved with various local NGOs in our efforts to provide locally-made drama and film as health promotion resources. These groups, ranging from community youth groups to professional video producers, have learned how to incorporate health-related messages into their products, increasing their capacity to do so in the future. Other units of government have also been collaborators: when conducting the project's final evaluation survey, we worked with the Timor-Leste national statistics directorate, both gaining from their expertise in a well-developed sampling scheme and augmenting their skills in health–related surveys and survey questions.

K. Mission Collaboration

The USAID mission in Dili and HAI field staff are in close touch whenever relevant issues arise. Mission staff are strong supporters of HAI's approaches, providing us with a $1.24 million extension grant for our child spacing activities. We are close collaborators with the USAID-funded TAIS project of BASICS3, which supports child health activities of the MOH. TAIS and HAI share both resources and strategies, particularly in the area of child spacing, for which TAIS is also funded by the Mission. We are also hoping for similar collaboration with Catholic Relief Services, also recently funded for a natural family planning grant. We anticipate continued support from the Mission in future years.

A. Annex 1 – M&E Table

Objectives	Indicators	Baseline Estimate [1]	Final Estimate First 4 Districts	Final Estimate All 6 Districts	Final Target	Explanation or Reference
90% of MOH health facilities in the program districts will have at least one staff member skilled in providing comprehensive antenatal care (specifically including counseling and communication skills)	• # of MOH staff trained in program districts • % program district MOH facilities with trained staff	Unknown	84.6%	86%	90%	All currently working midwives have had training in ANC, however not all health facilities have a midwife present
90% of MOH health facilities in the program districts will have at least one staff member skilled in the key elements of essential postpartum/newborn care including resuscitation skills	• # MOH staff trained in program districts • % program district MOH facilities with trained staff	0%	8%	11%	90%	Challenges in country to get trainings scheduled for midwives. Only one training conducted to date
90% of MOH health facilities in the program districts will have effective systems to maintain essential supplies and materials for antenatal care	% of program district MOH facilities with 90% of essential supplies and equipment for ANC and safe delivery care 90% of the time	Unknown	79%	79%	90%	
90% of MOH health facilities in the program districts will have effective systems to maintain essential supplies and materials for postpartum/newborn care	% of program district MOH facilities with 90% of the essential supplies and equipment for PPM and NBC 90% of the time	Unknown	79%	79%	90%	

[1] Baseline data reported are for the four startup districts: Aileu, Manatuto, Ermera and Liquica

Objectives	Indicators	Baseline Estimate	Final Estimate First 4 Districts	Final Estimate All 6 Districts	Final Target	Explanation or Reference
Percent of mothers of children age 0-23 months who received one or more antenatal care visits during their last pregnancy in program districts will increase from an estimated **50% to 70%**	% of women with children age 0-23 months who received one or more ANC visits during their last pregnancy in program districts	50%	82%	84%	70%	
Percentage of mothers with children age 0–23 months who received at least two tetanus toxoid injections during their last pregnancy in the program districts will increase from **48% to 70%**	% of women with children age 0-23 months who received at least two tetanus toxoid injections during their last pregnancy in program districts	48%	69%	69%	70%	
Percentage of children age 0–23 months whose last delivery was assisted by a skilled health attendant in program districts will increase from **16% to 30%**	% of women with children age 0-23 months whose last delivery was assisted by a skilled birth attendant in program districts	16%	37%	32%	30%	
Percent of women with children age 0-23 months who received a Vitamin A dose in the first two months after their last delivery will increase from **28% to 60%**	% of women with children age 0-23 months who received a Vitamin A dose in the first two months after their last delivery in program Districts	28%	49%	44%	60%	HAI districts ahead of the national average for Vit A received of 25.9% per 2007 MOH report.

Percentage of children age 0–5 months who were exclusively breastfed during the last 24 hours will increase from **29% to 45%**	% of infants age 0-6 months who are exclusively breasted in program districts	29%	68%	67%	45%	
Percent of mothers of children under one year in program districts who can list at least 3 signs of serious newborn illness will increase to **50%**	% of mothers of children under on year in program districts who can list at least 3 signs of serious newborn illness in program districts	Unknown	2%	2%	50%	We found that 88% of mothers reported 1+ signs and 16% reported 2+ signs.

Annex 2: Workplan

Quarter One (Oct-December 08):

- Finalize the five film maternal and newborn care film modules, with assistance from a local drama/filmmaker. The modules are birth planning, the importance of seeking assistance from a skill birth attendant for deliveries, immediate newborn care; the importance of feeding newborns colostrum; and post-partum care.
- Field test the modules with rural communities, midwives, and volunteers; make revisions as needed.
- Monitor supervisory activities of district program officers
- Continue community volunteer (PSF) support
- Continue to participate in the MOH's MCH working group *MCH WG not scheduled this quarter by MOH*
- Training of PSF Master Trainer on the use of photo card and posters, and training of PSFs in one district.
- Training of a new set of trainers for ENBC training
- Support MOH national tetanus toxoid campaign phase 1 and 2 (logistics and supervision)

Quarter Two (Jan-March 09)

- Training of PSF District Trainers on the use of photo card and posters as well as PSF
- Develop training plans for each target group (health staff at public and private clinics, PSF volunteers, NGOs working in health) *Moved from 1st to 2nd quarter because of delays in finalizing film modules due to staffing shortages (BCC consultant resigned after adopting a baby). Thus training schedule for various groups also adapted.*
- Conduct training in the use of film modules for master trainers for the PSF program and some midwives in program districts
- Monitor the use of the modules in each district
- Monitor supervisory activities of district program officers once during the quarter
- Continue to participate in the MOH's MCH working group
- Training of MWs in ENBC
- Broadcasting of radio spots on community radio
- Transfer radio spots to cassettes and distribute to community health centers so that they can be played during SISCa activities (a comprehensive community-based mobile clinic)

Quarter Three (April-June 09)

- Training of PSF on the use of photo card and posters
- Conduct training for district trainers of the PSF program in the use of film modules in the 6 program districts

- Oversee training in the use of film modules in program districts
- Monitor the use of the modules by health staff in each district
- Monitor skills of PSFs in use of the modules
- Continue to participate in the MOH's MCH working group
- Training of MWs in ENBC
- Support MOH national tetanus toxoid campaign phase 3 (logistics and supervision)

Quarter Four (July-September 09)

- Training of MWs in ENBC
- Training of PSF on the use of photo card and posters
- Conduct a process evaluation of the use of the film modules by both health staff and PSFs
- Continue to participate in the MOH's MCH working group
- Support district MCH program officers to organize and conduct a 1-day workshop in each district to celebrate the efforts of MCH staff and to summarize key MOH priorities for future maternal/newborn care activities in their district
- Make recommendations to MOH and the MCH working group for follow-up of HAI-supported activities

Annex 3: Budget

The budget for the final extension year is attached separately.

Annex 4: Papers or Presentations about Project

A journal article focusing on the project's use of culturally-relevant information to promote 'birth-friendly facilities' is in draft form and will be submitted for publication in 2009. HAI staff plan to develop additional presentations and at least two manuscripts for publication as the fifth year of the project comes to a close. Analysis of data from the KPC survey, illustrating progress made by Timor-Leste in the six years since independence, is the likely focus of one paper. Another that is planned will describe lessons learned from the use of film in promoting maternal and newborn care as well as family planning. The project is also discussed extensively in Dr. Mercer's annual Global Health class, "MCH in Developing Countries." HAI staff feel that the experience of working with the MOH in this young country to assist in the development of new systems of care has the potential for providing extremely valuable information for other global health settings.

Presentations during the past year about the project include:

1. Northern Territory pediatricians Meeting. Darwin, Australia, 2007. Ingrid Bucens, MBBS, FRACP. *"A Woman's War."*
2. USAID Asia Near East Meeting. September 2007. Nadine Hoekman, MPH. "Integrating Child Spacing into Nation-level MCH Programs in Timor-Leste.
3. American Public Health Association, Washington D.C. October 2007. Mary Anne Mercer, Dr PH. *"Imagining life: Using film to improve the health of mothers and newborns in East Timor"*
4. American Public Health Association. Washington D.C. October 2007. Susan Thompson, MPH. *"Making Facilities Birth-Friendly in Timor-Leste."*
5. American Public Health Association. Washington D.C. October 2007. Andrew Bryant MPH. *"Maternal and Newborn Health Promotion through Community Drama in Timor-Leste."*
6. Western Regional International Conference. Vancouver B.C. May 2008. Alison Moore MPH candidate. *"Improving Maternal and Newborn Health in Timor-Leste: Birth-Friendly Facilities Program."*
7. Western Regional International Conference. Vancouver B.C. May 2008. Colleen Osterhaus, MPH candidate. *"Promoting Birth Friendly Facilities in Timor-Leste: A health communication project."*
8. 2008 Global Health Council Annual Conference. May 2008, Susan Thompson, MPH. Panel: Battle Zone: Reproductive Health of Challenged Populations in Conflict and Refugee Settings. *"Increasing Community Demand for Child Spacing In Timor-Leste: The MOH as Partner."*
9. 2008 American Public Health Association Meeting. Mary Anne Mercer, Susan Thompson, *Using Film for Culturally-based child spacing promotion in Timor-Leste.* Poster at San Diego Meeting, October 27, 2008.

Annex 5: Results Highlight

The following results highlight was submitted in the project's 2008 final evaluation report.

Results Highlight: The Role of Video in Behavior Change

HAI's baseline study of maternal health practices in Timor-Leste found a strong preference for home births and lack of appreciation for the need for skilled birth attendants. These were among the behaviors that HAI hoped to change using a vigorous media campaign as its strategy to educate the larger community on good health practices. The innovations arise in how they made the culturally-relevant film as the centerpiece of the campaign, reflecting key messages that also are presented via other modes, and how they made it available to communities through facilitated public screenings.

HAI engaged Max Stahl, a renowned international film maker, to create the film *Feto Nia Funu*, The Women's War. His film team comprised young Timorese and they built a foundation of trust and understanding with the subjects, gaining extraordinary access to shoot scenes of women giving birth. Using a film-maker of such a caliber elevated the interest in the film and provided immediate credibility. HAI engaged a local NGO to screen the film and to provide follow-up discussion groups for the community to clarify the key messages. At present, HAI has shown the film to over 8,000 adults, other adults have also seen the film under the auspices of such groups as UNIFEM. Although explicitly not a target audience, over 3,000 children have seen the film out at the district level.

With this wide distribution, the Minister of Health was concerned about community reaction to some scenes and asked HAI to do an evaluation as to audience reaction and recall. In May, 2008 findings from the evaluation included recommendations to cut some scenes, particularly those relating to the Cesarean birth[2]. The Minister of Health has indicated that he would like to see those changes and HAI agreed as a way to eliminating potential problems in the field. HAI staff also think that a slightly shorter version will engage the community more. The film-maker feels editing will reduce the integrity of the film. For the record, HAI disagrees with him on this issue and intends to go ahead, using another videographer. Counterparts from the local NGO HealthNet, who have been present during most of the screenings, maintain that the reaction to the film has been very positive although they admit there have been isolated incidents of shocked response, particularly from the older generation. HAI will continue to monitor the impact on audiences and also monitor for any backlash from groups that don't benefit from the coordinated group discussions.

[2] The issue was confusion among women in the audience who were frightened that if they also went to a facility, they would end up with a Cesarean birth. This hospital surgical delivery was so far removed from their normative experience they had trouble processing it and understanding the key message, which is that when complications happen, babies lives can be saved by immediate intervention.

The evaluation of April/May 2008 attempted to determine the impact of the film, as did a sub-set sample analysis of the endline survey done in July, 2008. Both instruments admit to significant limitations in the statistical analysis done. Given that data are drawn from a sample of only 77 people surveyed who saw the film (or less than one percent of the people who have viewed the film), the caveats are reasonable. Nonetheless, there are some intriguing ideas. These include:

- Many of the key messages were recalled appropriately, with the exception of not bathing a baby immediately after birth and why unclean tools for cutting the umbilical cord can cause infection.
- Among women who had a baby after seeing the film, the indicators are consistently higher for number of ANC visits, skilled birth attendance, giving birth in a facility, breastfeeding colostrum, no prelacteal feeds, and getting post partum care.

Despite the need to cut some of the scenes to conform to Timorese experience, this film remains a very valuable tool for both education and discussion. Because it is framed within the Timorese context, the audience is left with no doubt about what changes they can make to promote healthier pregnancy and delivery. Like a stone in pond sending out ripples, HAI hopes the impact of this film to be far and wide.