

Timor-Leste Health Improvement Project

Increasing Quality of ,Access to and Use of Family Planning Services through Engagement Across the Health System and in the Community

The United States Agency for International Development (USAID) supports the **Health Improvement Project, known locally as HADIAK**, as part of the overall United States Government package of assistance to Timor-Leste. HADIAK is a technical assistance project supporting the Ministry of Health (MOH) in the areas of maternal, neonatal and child health (MNCH) and family planning (FP) programming. HADIAK's capacity building assistance is delivered at the national level (MOH), district level (district health services–DHS), sub-district level (community health centers–CHCs), and community level (health posts –HPs and integrated community health services–SISCa) to benefit health workers and communities through mentoring, training, systems support and health promotion. Implementation focuses on the districts of Ermera, Manatuto, and Oecusse.

INTRODUCTION A woman's ability to control the timing and number of pregnancies she will have during her lifetime directly impacts her health and the health of her children, and birth spacing can contribute to reducing maternal mortality by 25-40%. At 5.7 births per woman, Timor-Leste has one of the highest fertility rates in the world. At 557 deaths per 100,000 live births, Timor-Leste also has one of the highest maternal mortality ratios in the Southeast Asia Region. Though contraceptive prevalence in Timor-Leste tripled since 2003, in 2010 only 21% of married women of reproductive age used a modern method of birth control, while 31% had unmet FP needs. Similarly, under-5 mortality at 64 per 1000 live births is comparatively high for the region and an increase of the birth interval from <2 years to 3 years would almost double Timorese children's chances of survival.

Low awareness of modern family planning (FP) methods among women, large desired family size, and low access to FP services contribute to a high number of unplanned pregnancies in Timor-Leste. Overstretched human resources and poor strategic positioning of the existing resources have resulted in a lack of service availability; in 2010, the Ministry of Health (MOH) had only 30 certified FP midwife trainers who were responsible for management of health centers and maternal, newborn and child health (MNCH) services for the whole country. Quality of care is a major deterrent to care seeking, and lack of access to supplies and equipment for FP further discourage FP use. Simultaneously, the 2009-2010 Timor-Leste Demographic and Health Survey (TLDHS) estimated unmet need for FP services to be 31% among married women of reproductive age. In spite of the noted obstacles, the contraceptive prevalence rate (CPR) rose from 7% to 21% in the seven years from 2003-2010 (TLDHS).

APPROACH

The USAID | Health Improvement Project sought to improve a number of key indicators related to FP in targeted districts, including increasing couple years of protection (CYP), increasing new acceptors of modern contraceptive methods, increasing the number of service delivery points (SDPs) that offer FP services including counselling and long-acting methods, improving the quality of offered services, and reducing the number of stock outs of contraceptive commodities at health facilities in three target districts: Ermera, Manatuto, and Oecusse. To achieve these objectives, HIP has supported the MOH to:

- Increase community engagement and demand for FP at the community level;
- Increase the number of health providers qualified to provide FP counseling and clinical services; and
- Build the capacity of health facilities at every level—health posts (HPs), community health centers (CHCs), and hospitals—to provide high quality FP services and contraceptive commodities.

KEY ACTIVITIES

- **Competency-based training:** HIP coordinated training of trainers for National FP Facilitators using the revised MOH and National Training Institute (INS) curriculum. The MOH with HIP identified facilities within target districts that lacked personnel trained in FP counseling and the insertion of intrauterine devices (IUDs) and implants, and coordinated training of doctors, nurses, and midwives with the INS. The six-day training curriculum included three days of classroom training using revised materials and three days of practical training in a clinical setting. HIP coordinated refresher trainings for an additional 26 doctors, nurses, and midwives from the three districts to ensure their competency in insertion of IUDs and implants.
- **Availability of long-acting methods through post-training follow-up:** Completion of training in FP requires trainees to perform IUD and implant insertions on five patients under the supervision of trainers but often, due to lack of patients, trainees did not receive certification within the six-day course and required follow-up after training (FUAT) to ensure competency. At the end of each training course, HIP developed action plans to provide FUAT to trainees at their respective health facilities that had not received certification. HIP supported FP FUATs conducted by INS for 102 midwives using an updated standard tool to assess trainee competency.
- **Site-level supportive supervision as part of ongoing efforts to improve the quality of services in HIP's target districts:** Personnel at facilities were assessed by MOH supervisors in four key services delivery areas, including FP. Based on assessment scores, HIP, MOH supervisors, and facility personnel developed plans to improve low-scoring components. Between March 2012 and August 2015, HIP facilitated 178 FP supportive supervisions with the MOH across the three target districts.
- **Refresher training on Logistics Management Information System (LMIS):** LMIS officers across all three districts were supported by HIP to complete refresher training for 70 health facility personnel to help prevent stock outs of contraceptive commodities. In addition, one Quality Improvement Collaborative on LMIS was supported in Ermera.
- **Directly engaging with communities:** HIP worked with district health services to conduct 24 advocacy events with community leadership at the sub-district and suco (village) levels. Advocacy meetings included presentation of current FP situation, description of FP methods, and the distribution of health promotion materials before an interactive discussion on how to improve FP. Action planning for FP service improvement followed. HIP also organized women-only focus group discussions following Integrated Services for Community Health (ISCa) events and other MOH-facilitated community events to offer women the opportunity to learn about FP methods, share their experiences, and ask reproductive health-related questions. Participants who elected to receive contraceptive methods following the discussion were linked to services by the discussion facilitator.

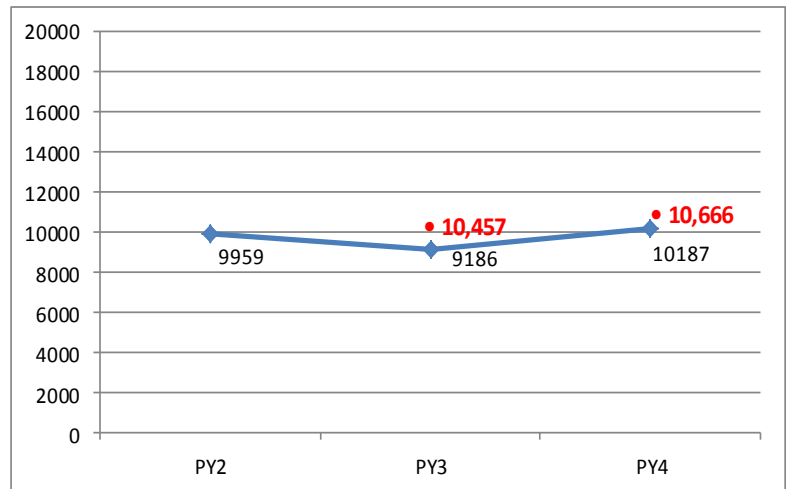
RESULTS

Quality of Services: The average score on the supportive supervision tool increased from 57% to 87%. Areas where most improvements were noted include the availability of FP counseling at the facility, the availability of IEC materials (both posters as well as materials for distribution to clients), the use of a flip chart during FP consultations, the quality of FP records and of the LMIS, the availability of essential commodities, the adherence to infection prevention requirements, and the percentage of clients who are counseled about the recommended birth interval.

Commodity availability is an important aspect of quality as well, and HIP saw impressive gains in contraceptive availability over the course of the last 3 years of the project in Manatuto and Ermera. By the end of the fourth year, the six methods were available in all clinics most of the time. (In Oecusse, contraceptive availability was often compromised and limited to 3 or 4 methods per clinic, partially due to MOH reliance on ferry transport to deliver products.)

Increased use of modern FP methods: Steadily rising use of modern methods as represented in rising CYP from the three HIP districts is shown in Figure 1. HIP support to a variety of elements of the MOH FP program led to these increases; these include the Key Activities described in the prior page as well as intermediate outcomes such as increased provider competency. During the life of the project, 47 MOH staff received FP training and 28 staff received FP refresher training. The average pre- and post-training test results for trained providers rose from 54% to 91%. Annual FP counseling sessions rose from about 17,000 in 2012 to more than 22,000 in 2015.

Figure 1: Increase in CYP between 2013 and 2015 in Three HIP Districts



Focus on Convenient Services: In late 2014, HIP began to provide access to services immediately after women’s focus group discussions or within a few days, instead of assuming that women would be able to access services easily in more rural areas. The results of this convenience were surprising, with acceptance rates among participants of 29% (Manatuto), 43% (Oecusse) and 50% (Ermera). 80% of these women selected long-acting methods.

CHALLENGES

A persistent challenge in increasing the number of practitioners competent in implant and IUD insertion was a lack of clients on whom trainees could practice during training and FUAT in order to earn their certification. This is especially important as demand for each of these methods is growing. In addition to limitations related to provider competency, the need for improved supply chain for contraceptives in Oecusse, and attention to maintaining privacy for both counseling and service delivery remains a challenge as does consistent attention to infection prevention and FP related record-keeping.

NEXT STEPS

While significant progress has been made, much remains to be done to address high and potentially growing unmet demand. To further improve the quality of FP services in Timor-Leste, it is important to make use of available data. Supportive supervision results need to be analyzed and common problems addressed. Problems are commonly identified in the following areas: following infection prevention requirements, availability of all commodities, availability of hand washing facilities, availability of IEC materials for clients, availability of complete FP kit, the quality of the LMIS, and proper screening of clients. These areas would benefit from more attention during FP training and supervisory activities. Supervising staff should also look at the proportion of FP clients who return on time for follow-up. This percentage is commonly low and is often indicative of quality problems in FP services including limited access. The follow-up date or the importance of timely follow-up might not be clear to clients. The importance of timely requests for FP commodities remains a relative weakness at facility level. While stock-outs at the district level are comparatively uncommon, stock-outs at facility level remain all too common. Programmatically, the foundation for a sustainable FP program would include the integration of FP within a suite of MNCH services; this should be considered in MOH planning and program implementation. Finally, the large and growing population of Timorese young people need and deserve access to FP services, and it is essential to plan for the reproductive health needs of this growing segment of the population now.

Improving Services, Expanding Access to Methods

Miranda Da Costa, 23, sits on the examination table, chatting amiably with the midwife. They talk about their families; Miranda smiles broadly as she shares stories about her two-month-old son, the youngest of three children. She has come to the Cribas Health Post to receive a Norplant™ long-acting contraceptive implant because she wants to wait until her youngest is older before adding to her family. It's her first time using a family planning method. In the adjacent room, several women are seated, each cradling an infant, waiting for their turn.

Cribas is a farming community in the steep hills of Manatuto District, Timor Leste. Two days earlier, these women had joined dozens of other families at the monthly SISCa integrated outreach clinic in the village, where the Health Improvement Project (HIP) supports the Ministry of Health to offer basic health services. There, they elected to participate in a discussion organized by the health post about family planning options, led by a certified midwife. The conversation soon became lively as the women began sharing their stories. Four used a monthly injectable for contraception, but often forgot to get it refilled on time; as a result, one woman had gotten pregnant; several had never used modern contraception. Along with health, reproductive, and family issues, the midwife emphasized the importance of mothers having lives beyond caring for young children.

After the discussion, 12 women decided to switch to a long-acting birth control method. The midwife made appointments for them at the health post to get the implant, a contraceptive with up to five years effectiveness at preventing pregnancy. Among them was Luciana, a 25-year-old mother who had never used a modern form of contraception. Luciana has four boys, ages six, four, one, and four months, but has been pregnant seven times; she has had three miscarriages. Because of her difficult pregnancies, she decided, with her husband, parents, and in-laws, not to have any more children.

HIP has worked with Cribas Health Post to improve delivery of services, including FP, by supporting MOH to train midwives, provide supportive supervision to ensure improved and continued quality of services, and oversee improvements to facility infrastructure. Today, Luciana waits patiently with the other women for their implants. As a result of these coordinated efforts at the community and facility levels, these mothers will receive the family planning services they want, from a trained clinician in a clean and well-equipped facility near their homes.

After their procedures, Miranda and Luciana smile, sporting the white bandages that cover their new contraceptive implants, and reassuring the others that the process was quick and painless. They leave the health post together, each carrying a sleeping baby, and make their way up the road, back to their families.



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