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**Access, equity and uptake:
A whole of system approach to achieve national goals
for improving maternal health outcomes
in Timor-Leste**

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Summary

This paper proposes a whole of system approach to support the Ministry of Health (MOH) to achieve national maternal health goals. The approach is based on three key activities – **strengthening health systems, increasing access and improving equity** – to lead directly to improved maternal health outcomes amongst Timorese women. As a prelude to these, this whole of system approach notes that an **enabling environment** characterised by strong **partnerships** and robust **evidence** must first be in place.

Marie Stopes International Timor-Leste (MSITL) has been delivering family planning and sexual and reproductive health (SRH) services in close collaboration with the MOH since 2007. It is well placed to continue to support the MOH to realise its maternal health and family planning goals. Through collaboration with the MOH at every stage of the whole of system approach, SRH service delivery can be expanded and streamlined in Timor-Leste.

MSITL can report on several of the MOH identified maternal health priority indicators. This would ensure that all work is aimed towards **progress** against national maternal health targets. Most importantly, the approach has the potential to support immediate health benefits for women, men and young people in Timor-Leste.

National Maternal Health Goals

The Government of Timor-Leste recognises the importance and value of birth spacing *as a means of reaching its goals in eradicating poverty, reducing the country's high levels of maternal, infant and child mortality and improving the health of mothers and children*¹. This directly aligns with globally ratified United Nations Millennium Development Goals (MDGs) for improving health and livelihoods.

The policy is articulated in a number of key country-level strategies to improve the lives of Timorese people. Notably, the *Timor-Leste Strategic Development Plan 2011-2030*, states that “[b]y 2030, Timor-Leste will have a healthier population as a result of comprehensive, high quality health services accessible to all Timorese people.”² In achieving its objective, the Government of Timor-Leste has identified **health services delivery** as one of three key areas for action. Within this, **ensuring quality primary health care services are universally accessible in Timor-Leste and focusing upon the needs of children, women and other vulnerable groups** are priority actions.

This vision is incorporated into the *National Health Sector Strategic Plan 2011-2030* (NHSSP), which specifically focuses on the necessity to **reduce maternal mortality** and **increase health service utilisation through accessibility, quality and demand**. To achieve better maternal health, the NHSSP highlights **the need to increase family planning access and demand**³.

Furthermore, the *National Reproductive Health Strategy, 2004-2015*⁴ specifies the contribution that good reproductive health can have for improved maternal health outcomes. It identifies four key focus areas: **young people's sexual and reproductive health (SRH); reproductive choice (family planning); safe motherhood; and general reproductive health**.

¹ Policy Statement I. Extracted from *National Family Planning Policy 2004*

² *Timor-Leste Strategic Development Plan 2011-2030*, April 2010, p. 36

³ *Timor-Leste National Health Sector Strategy 2011 – 2030* p.46

⁴ *Timor-Leste National Reproductive Health Strategy 2004-2015*, p. 8

A recent UN Commissioner's Report has identified family planning products as three of 13 life-saving commodities for women and children⁵. As such, all of the Government of Timor-Leste's plans to improve the health of Timorese women and children recognise international best-practice in improving maternal and child health and reducing mortality.

A concerted effort by the Ministry of Health (MOH) and its partners over the past ten years has resulted in a number of significant improvements to the health of Timorese people. The implementation of the MOH Serviso Integrado da Saude Communitaria (SISCa) program has increased health care service delivery. National level working groups have worked to streamline SRH activities nationally. As a result the MDG 4 targets for infant and under five mortality rates have been met. Eighty-six per cent of mothers now receive some degree of antenatal care, and the total fertility rate has fallen from 7.8 in 2003 to 5.7 in 2009⁶. Most notably, the modern contraceptive prevalence rate (CPR) among married women has more than trebled from 7% in 2003⁷ to 26.1% in 2011⁸.

While much progress has been made towards improving the lives of women and children in Timor-Leste, work still remains to meet the MDG 5 targets and achieve the goals outlined in the national health plans. In particular, the NHSSP indicators for improving maternal health include a target to increase CPR to 40% by 2015, and to 70% by 2030. To achieve this, this paper proposes a whole of system approach to improving maternal health outcomes in Timor-Leste.

Whole of System Approach

The holistic approach to health systems improvement proposed here identifies **three key activities** to support the achievement of improving maternal health outcomes through better birth spacing in Timor-Leste. These are:

1. **Strengthening health systems** to ensure integrated and efficient delivery of comprehensive, high quality, and client-centred safe motherhood and family planning services;
2. **Increasing access** to safe motherhood and SRH information and services to reach underserved Timorese people;
3. **Improving health equity** through engagement of men, as SRH influencers and as family planning users; and young people in safe motherhood programming;

This approach also recognises that for these activities to be achieved, an **enabling environment** must first be in place. The foundations to create this environment are: the ongoing development of solid **partnerships** between SRH stakeholders⁹, and the continuous building of a robust **evidence base** to inform best-practice.

The whole of system approach is presented below.

⁵ UN Commission on Life-Saving Commodities for Women and Children, *Commissioner's Report*. September 2012. p.8

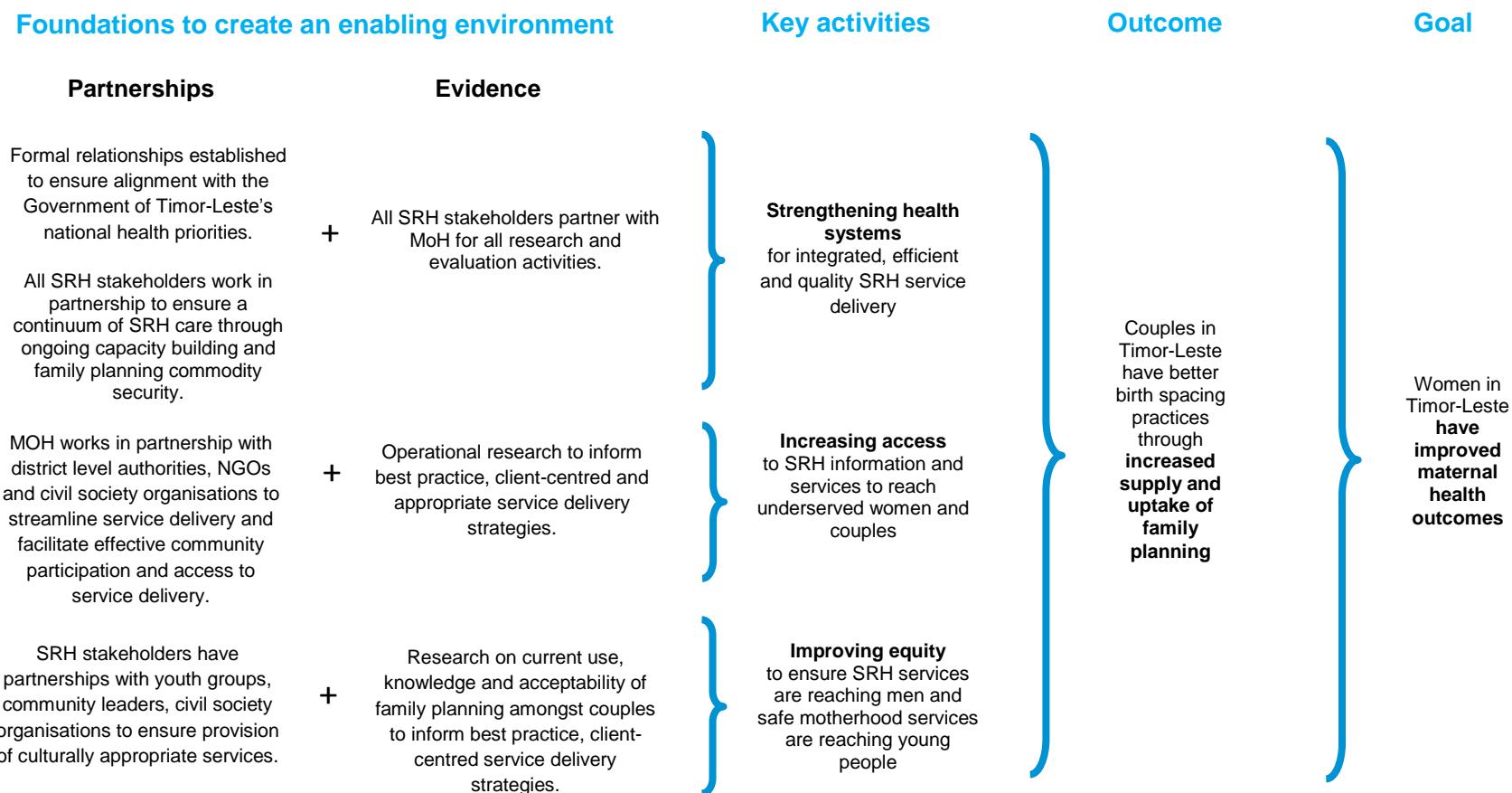
⁶ Timor-Leste Strategic Development Plan 2011-2030, April 2010, p. 35

⁷ Timor-Leste Demographic and Health Survey 2003

⁸ Timor-Leste Relatorio Estatistica Saude 2011, p. 3

⁹ In this context, SRH stakeholders refer to any organisation, group or community that has an active interest or involvement in SRH activities in Timor-Leste.

A Whole of System Approach for Improving Maternal Health Outcomes through Family Planning in Timor-Leste



Marie Stopes International

While the MOH works toward providing family planning services through the public sector, it recognises that to achieve its immediate maternal health goals, *the private sector will be an integral part of the national health system*¹⁰. This is articulated in the NHSSP objective to *strengthen public private partnerships in the districts*¹¹ for the provision of quality services.

Marie Stopes International Timor-Leste (MSITL) has been delivering family planning and SRH services in close collaboration with the MOH since 2007. Its mission – *Hili Los, Salva Moris (Right Choices Saves Lives)* – supports the MOH goal of improving maternal health through birth spacing in Timor-Leste.

Going forward, MSITL proposes continued support to the MOH to realise its maternal health and family planning goals through contribution and collaboration at every stage of this whole of system approach. This would ensure that while the MOH is building a robust public sector health system, Timorese women, men and young people are able to access the SRH services they need without interruption.

Key Activities

To support the MOH to realise national maternal health goals, MSITL can make a significant contribution to three key activity areas – **strengthening health systems, increasing access, and improving equity**.

Strengthening health systems

In partnership with the MOH, MSITL works to deliver safe motherhood, family planning and SRH services to hard to reach communities. This outreach model is integrated with the health system, with clinical services provided through SISCa, community health centres, health posts, hospitals and through village level mobile clinics. Under this proposal, the expansion of this partnership model for service delivery would be explored.

MSITL has demonstrated organisational strength, with robust systems for performance management, monitoring and evaluation (M&E), and continuing professional development for team members¹². Working alongside government health service providers, this organisational capacity enables MSITL to provide informal on-the-job mentoring to district health teams on SRH services and counselling. The Dili RHC also has the potential to provide clinical placements for UNTL and INS students. This would build the capacity of graduating midwives to undertake safe motherhood, family planning and SRH service delivery.

Marie Stopes International (MSI) has been delivering contraception and mother and baby care for over thirty years and works in 42 countries around the world. By providing high quality services where they are needed the most, MSI prevents unnecessary deaths and make a sustainable impact on the lives of millions of people every year.

Beginning in 2007 in one district of Timor-Leste, MSI now offers safe motherhood and SRH services to communities in eight districts through clinical outreach services delivered by staff trained to international family planning and SRH standards. MSI's reproductive health care clinic in the capital, Dili remains the only specialist SRH clinic in Timor-Leste.

The MSI program in Timor-Leste focuses on provision of information, education and services for:

- Safe motherhood
- Family planning/ birth spacing
- Contraception
- Sexually Transmitted Infections including HIV/AIDS
- Antenatal and postnatal care
- Infertility treatment
- Other reproductive health issues

In 2013, the program aims to expand the range of reproductive health services provided, with the introduction of cervical screening and Provider Initiated Counselling and Testing (PICT) for HIV/AIDS, to be delivered in partnership with MOH and other relevant organisations in the sector.

¹⁰ Program of the Fifth Constitutional Government 2012-2017, August 2012, p. 11

¹¹ Timor-Leste National Health Sector Strategy 2011 – 2030 p.89

¹² AusAID East Timor Family Planning and Reproductive Health Services Support, Independent Completion Report, 2012, p. 18

Going forward, support for MOH capacity building in identified in-need areas would be provided by MSITL as requested. MSITL's strong clinical standards and professional resources can assist in meeting these identified needs. In the long term, this capacity strengthening can support the MOH to build a public sector health service delivery in Timor-Leste. In the medium term, on behalf of the MOH, MSITL would ensure that family planning and SRH services continue to be available to Timorese women, men and young people without interruption.

Increasing access

Increasing access to SRH information and services is a priority in Timor-Leste. One in three married women has an unmet need for family planning¹³, and 70% of the population live in rural and remote areas¹⁴. In collaboration with the MOH SISCa program and district health facilities, MSITL offers a comprehensive range of SRH services to rural and remote populations through mobile clinical outreach. Outreach currently covers eight out of 13 districts nationally, and in 2010 represented 84% of MSITL services. The urban population, especially young people, also face challenges in realising their SRH needs. To meet these, MSITL offers a broad range of SRH services through its Dili Reproductive Health Clinic (RHC). It also operates a dedicated free telephone hotline. The KISS Infoline provides youth friendly SRH information and service referrals. These activities have contributed to increased community awareness, and a significant rise in the number of families able to access their choice of method of birth spacing¹⁵.

To support the MOH to meet the needs of hard to reach populations, MSITL proposes to expand its mobile clinical outreach to provide services in 11 out of 13 districts of Timor-Leste by 2014. To ensure clients are always able to choose the family planning method that best suits their needs, a broad mix of family methods would be offered in partnership with the MOH. In addition, the free telephone hotline – the KISS Infoline – is to be scaled up. This would enable young couples from across the country, in particular those from urban areas, to access the SRH information and services they require.

To complement these services, demand generation activities would be undertaken to ensure women, men, and young people are aware of the SRH services available to them. All activities would be coordinated with the MOH and other SRH stakeholders as appropriate to ensure a streamlined, continuum of SRH care for couples in Timor-Leste.

Improving equity

The MOH has prioritised male involvement in SRH activities¹⁶. To support this and in line with the MOH approach, men would be targeted both as potential service users and as gatekeepers to women's use of SRH and family planning services by MSITL. Community discussion would be undertaken with male groups to promote increased male engagement in SRH activities.

Over 65% of Timor-Leste's population is under the age of 25¹⁷. Many of these young women and men face geographical and social barriers to accessing SRH information and services. To address this unmet need, the MOH has prioritised adolescent SRH^{18,19}. To support this focus, MSITL's dedicated youth SRH team conducts education sessions for young people in schools, youth centres and youth friendly counselling spaces (YFCSSs). YFCSSs have recently been established in partnership with other

¹³ *Timor-Leste Demographic and Health Survey 2009-2010*, December 2010

¹⁴ *Timor-Leste Demographic and Health Survey 2009-2010*, December 2010

¹⁵ AusAID East Timor Family Planning and Reproductive Health Services Support, Independent Completion Report, 2012, p. 29

¹⁶ *Timor-Leste National Reproductive Health Strategy 2004-2015*, p. 23

¹⁷ *Timor-Leste Demographic and Health Survey 2009-2010*, December 2010

¹⁸ *Timor-Leste National Reproductive Health Strategy 2004-2015*, p. 8;

¹⁹ *Timor-Leste National Health Sector Strategy 2011 – 2030*, p.46

adolescent-oriented local organisations. This team also manages the KISS Infoline, to provide SRH information and service referrals to this population.

To continue to support the MOH prioritisation of adolescent SRH, MSITL proposes to increase participation in the national Adolescent Reproductive Health Working Group and Task Force and target behaviour change communication (BCC) and awareness raising activities amongst young people. Partnerships with youth groups, youth focused organisations, community leaders and the Church would be leveraged to ensure that services are delivered in a culturally appropriate way.

These activities would contribute towards the MOH identified strategic approaches to broadening male involvement in SRH activities and improving adolescent SRH.

Enabling Environment

Under this proposal, MSITL would also work to strengthen the foundations of an enabling environment necessary for these activities to be achieved.

Partnerships

Through ongoing collaboration with the MOH, MSITL proposes continued provision of family planning outreach through SISCa facilities. This would ensure that access to SRH information and services continues to be available for hard to reach populations in Timor-Leste. Collaboration with other local and international organisations would also be fostered to promote complementarities between programs. This would enhance impact and ensure a continuum of high quality and accessible SRH, family planning and maternal and child health care for the population.

Strengthened engagement with government, community leaders, youth-focused organisations and the Church would be explored to build understanding of the importance of family planning and birth spacing in improving the health of women and families in Timor-Leste. This approach would also ensure activities are continued to be designed and delivered in a culturally appropriate way.

MSITL aims to continue strong involvement in national level working groups, and continue to encourage the use of these groups as mechanisms for joint planning and coordination. In addition, MSITL and Health Alliance International (HAI) may also explore opportunities to partner to strengthen demand generation and service delivery activities in two pilot subdistricts. This organisational complementarity would result in better health services for couples in these areas.

Evidence

In collaboration with the MOH, MSITL proposes the following operational research: an **evaluation of implant services**, including client feedback on the adequacy of counselling services, reported side effects, quality of information and follow-up support provided; **assessing barriers** to the uptake of family planning services through focus group discussions, client satisfaction and community surveys; **monitoring the quality** of SRH services by mystery clients, complication reporting and clinical quality audits alongside subsequent follow-up by clinical trainers; and **determining current use and acceptability** of family planning amongst men and young people.

All research activities would be undertaken in accordance with the requirements of the MOH research facility. Independent experts within Timor-Leste, qualified regional consultants and the Marie Stopes International Global Partnership would conduct research. The findings would be utilised to inform best-practice service delivery in the Timor-Leste context.

Measuring Success

Comprehensive monitoring and evaluation

MSITL conducts regular data collection and monitoring of its clinical service provision through the Marie Stopes International Management Information System (MIS). This is regularly reported to the MOH to ensure all MSITL data is **fed directly into the MOH's own monitoring and Health Management Information System**. The focus of MSITL's data is to demonstrate beneficiary reach through analysis of family planning and SRH service delivery (numbers of clients, client characteristics, types of services delivered), SRH education sessions (sessions conducted, numbers of participants, participant characteristics and feedback), and information distribution to target groups (type and amount/ items of information distributed, location of distribution).

MSITL obtains specialist technical advice to maintain the quality and relevance of collected data. It seeks regular feedback from national and district level government service providers concerning service delivery and capacity building activities conducted by the MSITL team. Continuous improvements to MSITL information systems ensure that the highest quality of client data is consistently collected.

Other relevant, standardised tools are commonly utilised such as client exit interviews, mystery clients, clinical quality technical audits (QTAs) and organisation development assessments (ODAs). MSITL proposes also to explore innovative ways of collecting data, including use of a Global Positioning System (GPS) to map and maximise efficiencies in outreach operations. Analyses from this data would help inform considerations on sustainable, cost-efficient best practice.

Contribution to NHSSP Maternal Health Indicators

Under this proposal, MSITL would integrate into its program level M&E framework a number of the NHSSP identified maternal health priority indicators. This would ensure MSITL activities, as part of the Timorese health system, contribute directly to the MOH targets outlined in the NHSSP.

Specifically MSITL would report to the MOH on the following NHSSP maternal health priority indicators:

- % of pregnant women receiving at least 4 antenatal care visits;
- % of postnatal women receiving postnatal care in the first 6 days after delivery;
- % of male participants in SISCa activities;
- Number of facilities providing youth friendly services;

This has the potential to contribute towards national outcome level targets in the NHSSP for:

- % increase in CPR (to 40% by 2015; and 70% by 2030);
- % reduction in maternal mortality (by 2015)

By supporting the MOH to reach its NHSSP targets through an integrated, whole of system approach, women, men and young people in Timor-Leste will be better able to space their families and maternal and child health outcomes in Timor-Leste will be improved.