

## Timor-Leste Health Improvement Project

## Engaging Communities to Improve Health

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), municipality level (municipality health services–MHS), administrative post 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 and training. Implementation focuses on the municipalities of Ermera, Manatuto, and Oecusse.

### INTRODUCTION

Increasing community involvement in addressing maternal, neonatal and child health (MNCH) and family planning (FP) is a central objective of the USAID-funded Health Improvement Project (HIP) in Timor-Leste. Since October 2011, HIP has worked with the Ministry of Health (MOH) to engage community leaders in a systematic process of promoting healthy behaviors in their *sucos* (towns) and *aldeias* (communities) in order to improve maternal, neonatal and child health outcomes. The key to this process is health education of *suco* and *aldeia* leaders so that they are motivated and equipped to mobilize their communities to assess, understand, and plan to address health needs.

Community mobilization efforts were introduced in eight *sucos* to facilitate the development of *suco* action plans for health, which include evidence-based interventions for improving MNCH at the community and household level. The plans incorporate activities that focus on helping pregnant women and their families prepare for safe deliveries, newborn health, breast-feeding, nutrition, childhood immunization, and family planning education.

### APPROACH

HIP worked with MOH staff at the municipality level to involve members of households, *aldeias*, and *sucos*, plus staff from health posts (HP) and community health centers (CHCs) in promoting, reinforcing, and practicing healthy behaviors. The objective was to empower community leaders to make informed decisions about the health needs of their communities and maximize available resources to increase demand for and provision of health services. This process included the following steps:

1. Advocacy at administrative posts in *sucos* where community engagement in health planning would be introduced;
2. Assessment of health needs;
3. Formulation of a *suco* action plan for health;
4. Implementation of the *suco* action plan for health.



**Municipality Health Services (MHS) staff interact with community members to explain a new birth preparedness tool which is now in use nationwide.**

## KEY ACTIVITIES

The bottom-up planning process includes four stages:

**1) Selection of focus *sucos*:** The MOH's health management information system (HMIS) registers provide important information on the health status of *suco* populations. This data was used as the evidence base for identifying *sucos* where community engagement in health action planning would be prioritized. *Sucos* were selected according to the following criteria:

- Large target population with low rates of MNCH and FP coverage;
- Receptivity of community leaders to prioritize and implement interventions that would improve MNCH outcomes;
- Health facilities which would benefit from infrastructure improvements recommended during facility readiness assessments and supportive supervision; and
- Potential to obtain resources for infrastructure improvements.

**2) Assessment of health needs:** HIP coordinated the training of community facilitators to conduct community health assessments using Participatory Rural Appraisal Tools. The results of the health assessments revealed challenges and opportunities for increasing coverage of Antenatal Care (ANC), Postnatal Care (PNC), Skilled Birth Attendance (SBA) and immunization of children under one; these results were presented to *Suco* Councils and presented to members of the community at special events to inform them of the health action planning process.

**3) Development of *suco* action plans for health:** HIP worked with municipality health service (MHS), *suco* chiefs, and health personnel at facilities to develop the evidence-based action plans for health using:

- HMIS data showing the percentage of pregnant women and children under one accessing the health facility;
- The results of care-seeking assessments which identified the main barriers faced by the community in accessing health services; and
- The results of facility readiness supportive supervision which detailed the condition of the *suco*'s health facilities, especially in terms of infrastructure.

HIP engaged *suco* chiefs to participate in supportive supervision visits to health facilities in their communities, which are conducted on a quarterly basis by the MHS, to inform them of infrastructure needs. Using the *Facility Readiness Format* (FRF), *suco* chiefs and health personnel agree on actions to be taken by the facility and/or the MHS. These actions are prioritized in the health action plan along with interventions to address the health needs of the community, as illustrated below in the Carui *Suco* (Manatuto Municipality) Action Plan.

**4) Implementation of *suco* action plans for health:** Health Action plans commonly include interventions to increase coverage of essential maternal and neonatal services and improvements to health facilities. *Suco* councils

**Carui *Suco* Action Plan for Health (April 2015)**

No.	Priority	Intervention	Persons Responsible	Timeline
1	MNCH Services	Continue to mobilize the community to attend SISCa, ANC consultation & immunization of newborn children	Families, <i>Suco</i> Council, PSF	Monthly
2	Preparation for Safe Motherhood	Enumerate, update, & track pregnant women to ensure they complete 4 ANC & plan to deliver with a skilled birth attendant	Midwife, PSF, <i>Suco</i> Council	Monthly
3	Preparation for Safe Motherhood	Organize group discussions in each <i>aldeia</i> for pregnant couples to provide birth preparedness & complication readiness planning	Midwife, Doctor, <i>Suco</i> Council	Monthly
4	Health Facility Repairs	Obtain funding from PNDS to repair the Health Post solar panel	<i>Suco</i> Head, <i>Suco</i> Council, PNDS	April 2015

monitor the implementation of their plans, ensuring that key messages are delivered through *SISCa*, outreach events, focus group discussions, FP advocacy meetings, and other health promotion events.

All *sucos* with health action plans focus on improving preparation for safe motherhood using new tools developed with HIP's support to identify pregnant women and children under one and record information about the delivery date, ANC, whether they plan to deliver with a skilled birth attendant, if they have a birth preparedness and complication readiness plan, and where there are unimmunized children.

This data, which are collected by trained Family Health Promoters (PSFs), monitored by midwives and PSFs, and presented by *suco* chiefs to *Suco* Council meetings to identify gaps and priority areas for intervention. *Suco* chiefs subsequently report this information to the quarterly meetings held at the CHC level (also called microplan meetings).

*Suco* chiefs play a critical role in obtaining the resources necessary for health infrastructure improvements. By witnessing infrastructure conditions at facilities during supportive supervision visits, *Suco* chiefs are motivated to obtain the funding required for renovation, construction, and new equipment. HIP assisted *suco* councils to identify and advocate for funding available through the Ministry of State Administration (MSA) such as the National *Suco* Development Program (PNDS) that was established specifically for infrastructure improvements at the *suco* level, the Decentralized Development Package (PDD) or the Integrated District Development Plan (PDID).

## **RESULTS**

During HIP's four-year project lifecycle, the process for developing *suco* action plans for health was implemented in twelve *sucos*. Action plans were developed and revised annually. The implementation of *suco* action plans for health led to increases in the use of health services, a systematic process for increasing safe motherhood tracking at the household, community, and administrative post levels, and major improvements to health infrastructure.

### **Increased Use of Health Services as a Result of Community Engagement in Health Planning**

Coverage of antenatal care, post-natal care, skilled birth attendance, and immunization of children under one increased in *sucos* that had implemented action plans for health compared with the municipality average.

Community leaders have gained increased awareness and knowledge of the health needs of their community through developing and implementing health action plans; they have used this knowledge to promote healthy behavior and utilization of health services, and advocate for investment in health services and infrastructure improvements. Attitudes and awareness among community leaders surrounding their role in improving health outcomes in their communities were captured in a mixed methods maternal and neonatal



**HIP, MHS, and facility staff meet with community leaders during a supportive supervision visit at a health post to review the FRF and discuss priorities for improving the facilities in the *suco*.**

*“As chief of community I have responsibility for advocacy and socialization of women to visit the health facility to reduce maternal and child mortality in our village” (Male Community Leader).*

*“Community leaders need to work together with health staff and the community to give information to pregnant women that they can pass on to other women so they know that if there is a bleeding case they must bring the woman to hospital. If we don't take this action then the mother and baby will die” (Female Community Leader).*

## Tracking Safe Motherhood Preparation at the Household, Community and Administrative Post Level

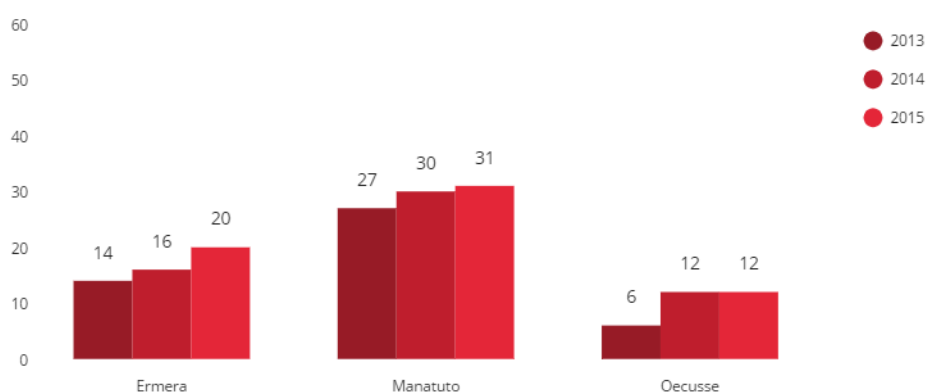
A systematic process for supporting pregnant women and their families to prepare for safe motherhood was introduced by the MOH with the assistance of HIP. Between March 2014 and July 2015, 247 community leaders, 165 PSFs, and 35 health facility staff received orientation on the *Community Tracking Tools for Safe Motherhood* and used them in their *sucos* and health facilities to track the services being received by pregnant women and children under one. The *suco* leaders who participated in this process recommended that it be expanded to all other *sucos*.

A birth preparedness and complication readiness plan template developed by HIP was incorporated into the LISIO (*Livrinhu Saúde Inan ho Oan* or Mother and Child Health Book) by MOH.

### Increase in Institutional Deliveries

Infrastructure improvements became an integral part of the implementation of health action plans. In a number of documented cases, *suco* councils decided to prioritize improvements to the health facilities in order to increase the usage and benefits of health services. Facility improvements and increased demand have led to steady growth in institutional delivery.

Percentage of Deliveries in Health Institutions in HIP-Supported Regions



## CHALLENGES

As *suco* chiefs are responsible for providing leadership across all levels of community life, the demands on their time are many and they tend to prioritize investment in activities that return immediate benefits. Their role in the health action planning process is critical but many activities designed to increase coverage remain unfunded, therefore the most significant challenge is securing resources to match demand. The MOH is responding to this challenge by developing guidelines that align inter-sectoral planning and funding processes from the MOH and MSA from the national to the administrative post levels. This will ensure that *sucos* are in the best position to obtain and use funding from all available sources.

## NEXT STEPS

Collaboration between national, municipality, CHC, and *suco* councils served as a critical building block for planning and obtaining health improvement results, both in terms of community mobilization (an increase in access and coverage) and quality improvement (through renovations and extensions to health facilities). Moving forward, implementation of health action plans with community leaders is essential to ensure that underserved communities have evidence-based arguments to maximize their share of limited resources. Continued implementation of health action plans is a sustainable means of providing health education to *suco* leaders and in turn to their communities. The tools and education materials that HIP developed and used to support the MOH in the training of community leaders and health staff will continue to be essential for building individual and institutional capacity.

### For More Information:

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