



USAID'S REINFORCE BASIC HEALTH SERVICES PROJECT



Covalima | Becoming a Model Municipality

Project Background

USAID's Reinforce Basic Health Services Project (USAID's Reinforce) was launched in June 2016 to support the Timorese government to improve the quality, availability, and use of maternal, neonatal and child health (MNCH) and family planning (FP) services. The Project focuses on institutional development and technical assistance to the Ministry of Health (MOH) and its National Institute of Health (INS), building their capacity to deliver stronger health services nationally and in one municipality, Covalima.

Covalima is situated in the remote southwest of Timor-Leste, and in some parts of the municipality, the mountainous terrain limits access to services, including health and education. The table below shows key data from Covalima compared with national data.

What Is a Model Municipality?

In a model municipality, well-trained and competent health providers deliver quality FP and MNCH services in fully-equipped and people-friendly health facilities where providers receive consistent, high-quality supervision from MOH and INS experts. Health facilities are easily accessed by community members, who have the knowledge and skills to demand quality, client-centered services. Health providers and the facilities in which they work are supported by a municipal health system that uses data to make informed financial and programmatic decisions. In a model municipality, communities are empowered to work with government and civil society structures to generate innovative solutions to their health challenges. This brief will describe USAID's Reinforce's approach to fostering a model municipality in Covalima.

Key MNCH and FP Indicators Compared between Two Timor-Leste Demographic and Health Surveys (TL-DHS)¹

INDICATOR	National (TL-DHS)		Covalima (TL-DHS)	
	2009-10	2016	2009-10	2016
Pregnant women seeking at least four ANC	55%	77%	-	78%
Pregnant women delivering at a health facility	22%	49%	28%	47%
Women seeking postnatal care (delivery to 2 days)	25%	35%	36%	35%
Children receiving 3 doses of DPT-HepB-Hib vaccine	66%	62%	81%	48%
Total fertility rate	5.7	4.2	4.4	-
Contraception prevalence rate	22%	26%	44%	33%
Long acting reversible contraception methods use	2%	8.2%	2%	5.5%
Unmet needs for FP	31%	25%	17%	20%

- ▶ Covalima maternal health data are consistent with the national average, highlighting the need to increase institutional deliveries.
- ▶ Immunization coverage dropped significantly among children 12-23 months of age.
- ▶ Although higher than the national average, FP outcomes were better seven years ago.

Approach

To improve health outcomes, community members must demand high-quality services and health providers must have the knowledge, skills, and infrastructure to provide those high-quality services. In Covalima, USAID's Reinforce is building a bridge between health services and people by implementing a four-pronged approach (see figure below): 1) generating baseline evidence; 2) improving health service delivery; 3) improving communities' use of health services; and 4) using health data for decision-making.

USAID's Reinforce Approach

1. Generating Baseline Evidence

USAID's Reinforce conducted a baseline assessment in Covalima, which allowed the Project to design interventions specific to Covalima's health sector challenges. The first component of the assessment, a community knowledge, attitudes, and practices (KAP) survey,² provided insight into MNCH and FP interventions and messages that will resonate with the community in Covalima. The second component, a service availability and readiness assessment (SARA),³ provided a snapshot of the status of health services in Covalima's health facilities. The SARA results highlighted gaps in service delivery – including infrastructure, human resources, equipment and supplies, and commodities – and indicated how health facilities should be prioritized for receiving technical assistance from the Project.

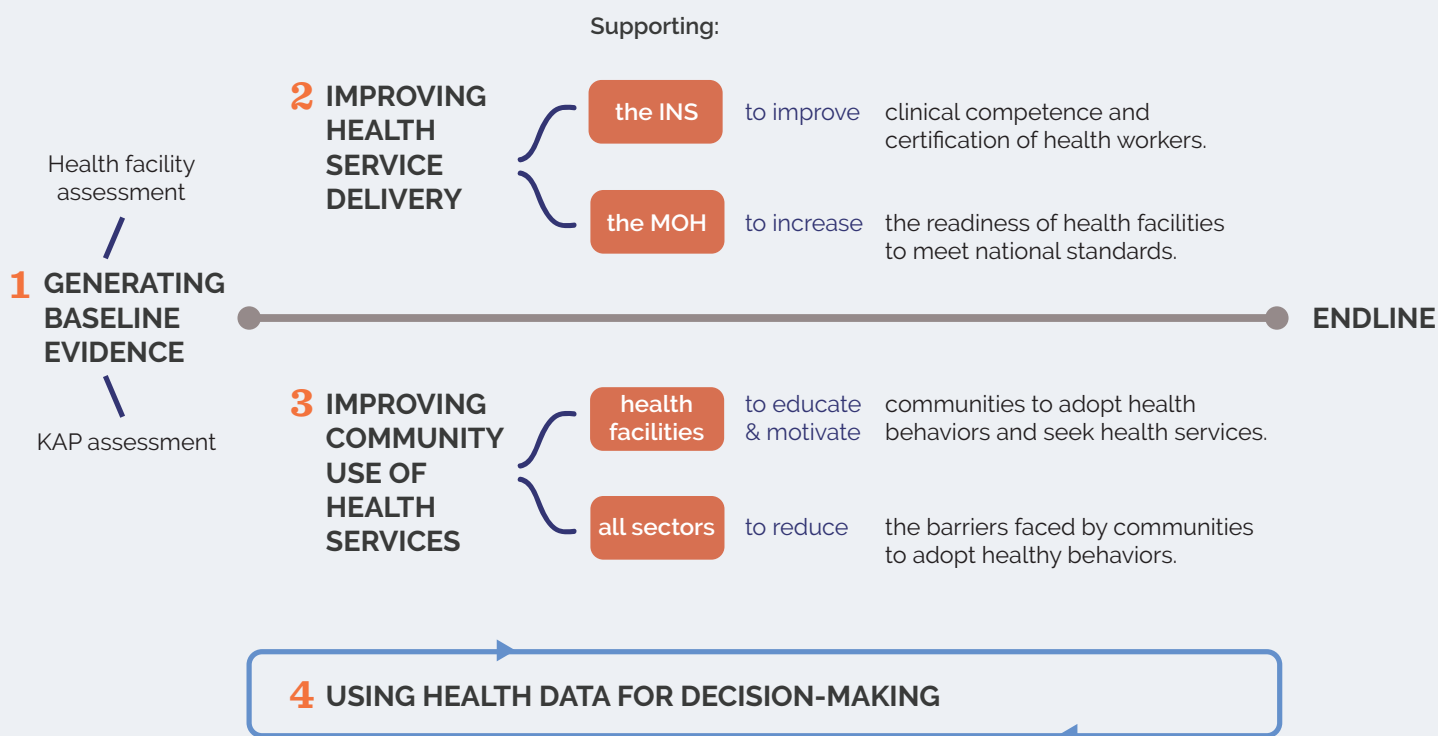
2. Improving Health Service Delivery

Clinical competency and readiness of health facilities are two essential components of a model municipality able to deliver high-quality health services. USAID's Reinforce focuses on improving health provider skills, strengthening supportive supervision for health providers, and equipping health facilities to provide high-quality services. To improve clinical competency, USAID's Reinforce is supporting the INS to become a competency-based training center through updating training materials, training master trainers, and setting up practicum sessions at the INS skills laboratory and clinical practice sites. The Project supports the INS in rolling out competency-based trainings and providing consistent follow-up for health providers working in Covalima.

The Project also works with the MOH and Covalima Municipality Health Services to help Covalima health facilities meet national standards. Supportive supervision is an excellent opportunity to promote quality services and provide on-the-job training and skills-building for health personnel. Supervision also helps to ensure availability of needed medicines and equipment, and enables joint problem-solving.

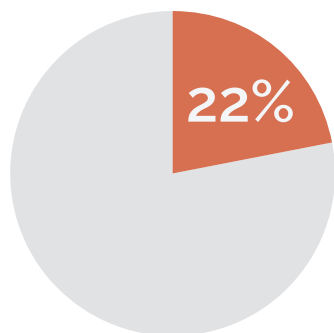
USAID's Reinforce encourages collaboration with partners and other sectors that can contribute to health facility improvements, in particular for infrastructure, water and electricity, emergency transport, equipment procurement, and other key MOH programs not directly supported by the Project.

Four Elements of the Approach



3. Improving Community Use of Health Services

Motivating communities to adopt healthy practices and increasing their use of MNCH and FP services, as well as working on reducing the barriers faced by these communities to access services are essential elements of building a model municipality. To improve the community's use of health services, USAID's Reinforce developed a behavior change communication (BCC) plan based on the KAP findings for each Project indicator,⁴ and discussions with the MOH and national- and municipality-level partners. USAID's Reinforce is helping the MOH develop BCC materials, support health providers to counsel women of reproductive age and their husbands during consultations and during home visits, support health providers to hold group discussions in facilities and during outreach activities, and advocate with community leaders – all with the same message of promoting healthy practices and overcoming any obstacle preventing families to adopt these.



Nearly a quarter of the population is between the age of 15 to 24 years.

USAID's Reinforce reaches out to this population, setting the stage for a lifetime of positive health behaviors.

4. Using Health Data for Decision-making

Model municipalities use data to monitor results and plan improvements. The Project provides technical assistance to the Municipality Health Services to conduct its quarterly review meetings, where coverage rates for all programs and health facility readiness data are presented and discussed with health providers and managers, municipality and administrative post authorities, and partners. At the administrative post level, USAID's Reinforce encourages the use of suco coverage data during micro-planning to plan outreach to areas with low access. In its next phase, USAID's Reinforce will introduce a data infographic to inform health facility staff about achievements and assist health facility managers to interpret the data they collect and track progress.

USAID's Reinforce also models data use for decision-making at the Project level. Using the baseline assessment and health management information system (HMIS) data as the basis of Project decisions, the Project team holds monthly meetings where data is discussed and used to develop work plans. The team also conducts “deep dives” into the data to better inform decision making around key issues, such as the correlation between FP results and commodity stock levels, and discrepancies between skilled birth attendance and postnatal checks for mothers and newborns.



Showcasing a model municipality is ambitious and must be done in concert with government and non-government partners. To improve the readiness of health facilities and increase their utilization, **USAID's Reinforce** uses data to work with the MOH and the Municipality Health Services to build partnerships with other sectors – such as State Administration for the renovation of health facilities and community mobilization – and other development partners including UN agencies, donors, and non-governmental organizations.

2017 Results

In less than two years of implementation, USAID's Reinforce has assisted the Covalima Municipality Health Services to move closer to being a model municipality. Since the beginning of the Project, key MNCH and FP indicators have improved in Covalima, including in antenatal care, skilled birth attendance, postnatal care, immunization, and contraceptive use.

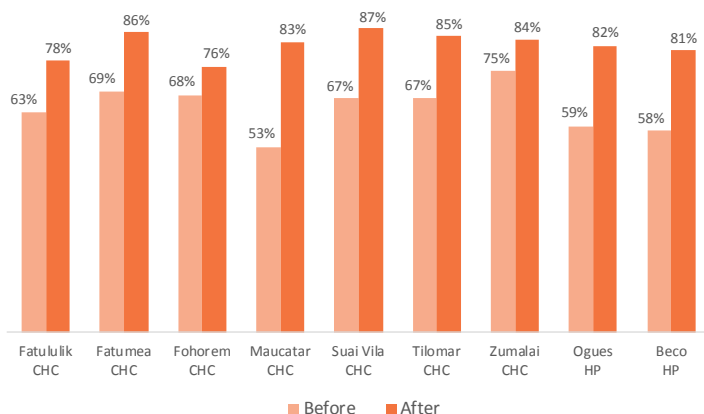
In 2017, almost 280 more women delivered at a health facility than in 2015 in Covalima.



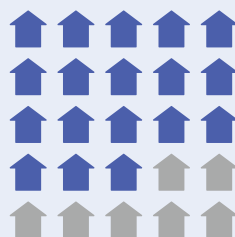
USAID's Reinforce has ensured that, out of the 25 public health facilities in Covalima, 18 are staffed with at least one health provider certified to provide safe and clean delivery, 24 are staffed with at least one health provider certified to provide FP counseling, six are staffed with at least one health provider certified to provide the full range of contraceptive methods, 17 are staffed with at least one FP provider certified to insert contraceptive implants, and 13 are staffed with at least one health provider certified in integrated management of neonatal and childhood illnesses (IMNCI).⁵

Following a year of regular supportive supervision from MOH and subsequent technical assistance, on-the-job training, and orientations to improve readiness and availability of services, all seven community health centers (CHCs) and one health post (HP) in Covalima meet national standards. Only one CHC met national standards at the beginning of the Project.

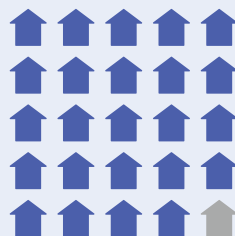
Following intensive technical assistance, 9 health facilities in Covalima reached the MOH readiness standards.



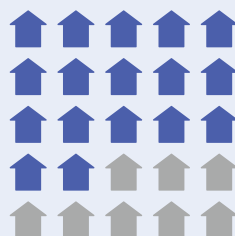
Out of the 25 facilities in Covalima, the number of facilities now staffed with at least one health provider certified to provide specific services:



18 provide safe and clean delivery



24 provide short-acting FP methods and fertility awareness based methods



17 provide long-acting FP methods

Expected Results

As a model municipality, 100 percent of Covalima's health facilities will have the facilities, equipment and certified staff they need to provide the basic package of health services and Covalima's community members will have the skills and knowledge to access those services appropriately. The Municipality Health Services leadership will have the skills to plan for and supervise all facilities, reacting to changing conditions and improving health.

REFERENCES

¹ National Directorate of Statistics, Democratic Republic of Timor-Leste. 2010. Timor-Leste Demographic and Health Survey 2009-2010; and National Directorate of Statistics, Democratic Republic of Timor-Leste. 2017. Timor-Leste Demographic and Health Survey 2016, Key Indicators Report.

² Democratic Republic of Timor-Leste – Ministry of Health and National Institute of Health and JSI Research & Training Institute. 2017. Knowledge, Attitudes and Practices in Covalima Municipality: Baseline Assessment.

³ Democratic Republic of Timor-Leste – Ministry of Health and JSI Research & Training Institute. 2017. Services Availability and Readiness Assessment (SARA) Report.

⁴ USAID's indicators are selected indicators from the MOH M&E guidelines.

⁵ USAID's Reinforce will be supporting additional training in Covalima in the coming months, including newborn care, child care, and emergency obstetric care (EmOC).

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