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USAID'S
**REINFORCE
BASIC
HEALTH
SERVICES**
PROJECT



**SUCCESS
STORIES**

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Every woman has different needs and lives in a different situation depending on her age, the number of children she has, where she lives, and her health condition.

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1.

Long-Acting Contraception Changes a Woman's Life



With training made possible by JSI, Fatumea Health Center Midwife Vitorina provides family planning counseling for a mother in Covalima Municipality.

Thirty-nine-year-old Rosentina lives in a remote village in Timor-Leste's Covalima Municipality, where she spends her days caring for her seven young children, keeping her house in order, taking care of the family's animals, and working in their nearby fields.

Despite not having much time for rest, Rosentina is fit and happy, with a supportive husband and fulfilling time with her children. However, one year ago, Rosentina suffered a miscarriage during the third month of her eighth pregnancy. Although she lost a lot of blood, Rosentina was treated successfully at the Fatumea Health Center.

Vitorina de Jesus Cardoso, the midwife who took care of Rosentina, changed Rosentina's views about her health and wellbeing. Vitorina is used to seeing women like Rosentina, who work tirelessly day after day to ensure their children thrive, eat well, and attend school.

Recently, with support from USAID's Reinforce Basic Health Services (USAID's Reinforce) project, implemented by JSI, which, among other things, works to improve the quality of family planning services in Covalima, Vitorina attended a family planning training given by the National Institute of Health. At the training, Vitorina learned about the benefits of spacing children: more rest for the mother who can fully

1. LONG-ACTING CONTRACEPTION CHANGES A WOMAN'S LIFE



Health workers participate in a training to learn how to provide long-acting contraceptive methods.

recover from the pregnancy and delivery, more attention for the baby and siblings, and more time for sharing remunerative tasks with husbands. The training also taught Vitorina how to counsel women to space their children and choose the right contraception for spacing.

While Rosentina was recovering from her miscarriage, Vitorina counseled Rosentina and her husband about the benefits of birth spacing. Without hesitation, the couple decided they should not risk getting pregnant too soon

after the miscarriage. “I was lucky to survive after the loss of my baby, but my children and my husband need me more than ever right now and I have to be healthy for them,” said Rosentina.

After further family planning counseling from Vitorina, Rosentina decided the contraceptive injection was the method for her and soon went home to her family. From that day on, she fully enjoyed her life without worrying about being pregnant again.

"I was lucky to survive after the loss of my baby, but my children and my husband need me more than ever right now and I have to be healthy for them."

But Rosentina's village is a long walk from the health center and after returning two times for subsequent injections, which need to be repeated every three months, Vitorina happily informed Rosentina that she was now certified to provide long-acting contraceptive methods. These methods, which include contraceptive implants and intrauterine devices (IUDs), would free Rosentina from having to come back to the health center every three months. After further counseling from Vitorina, Rosentina chose the IUD, which lasts for five years.

Vitorina was certified to provide long-acting methods of contraception by the National Institute of Health in February 2017 thanks to repetitive practice sessions supported

by USAID's Reinforce. Vitorina is now able to counsel mothers on the full range of family planning methods. "Every woman has different needs and lives in a different situation depending on her age, the number of children she has, where she lives, and her health condition," said Vitorina.

This is why USAID's Reinforce supports the National Institute of Health to build the capacity of Covalima Municipality's midwives to address every woman's family planning needs. Since 2016, the USAID's Reinforce project has supported the National Health Institute to train 48 service providers in family planning. These newly-trained service providers work in 24 of Covalima's 25 health facilities, a coverage rate of almost 100 percent.

SINCE 2016

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We often just carry the sick person ourselves through the ways until reaching the point of transport access.

”

2.

Communities Drive Their Own Transportation Solution



Camelia de Jesus hugs her son, Pedro, whose life was saved thanks to her community's emergency transportation solution.

It was midnight and Camelia de Jesus looked down to see her 9-month-old son struggling to breathe. “I was so nervous and desperate to see my baby, Pedro, in a frail condition,” she said.

The nearest health post was four kilometers away, the hospital 16 kilometers more and Camelia and her husband have only a motorbike. Fortunately, Pedro is happy and healthy today because the couple had access to community emergency transportation to the hospital.

Pedro's trip was made possible through "Transporte Kommunitade," a community solution to a pressing need in rural Timor-Leste introduced by USAID's Reinforce Basic Health Services (USAID's Reinforce) project, implemented by JSI, through the Timor-Leste Ministry of Health (MOH). TraKom, as it's known in Timor-Leste's far southwest municipality of Covalima, is a self-financed community solution to addressing home births with no medical attendant and other medical emergencies.

USAID's Reinforce works with village councils to develop community solutions to emergency needs. TraKom started last year in four villages under guidelines developed by a local NGO, which consulted with health professionals and community leaders at every step. That gave local ownership to the solution, a self-reliant move to resolve a major need.

More than half of rural women 15-49 report the distance to health facilities and the need to take a vehicle there are a major barrier to accessing health care, according to the 2016 Timor-Leste Demographic Health Survey.

"There is no transport available in rural areas, particularly up in the hills," said Mateus do N. Mesquita, village chief in Beco, one of the four TraKom communities and the only one that has reported patient use. "We often just carry the sick person ourselves through the ways until reaching the point of transport access."

The leader of the Holbolu neighborhood in Beco, Joaquim Amaral, said communities understand the importance of TraKom, which, he said helps the community get proper medical attention and helps him fulfill his responsibility as a community leader.

Villages pay for TraKom one of two ways, either a community managed fund or by having individual users pay a negotiated fee, which is what Beco did. This community solution requires no funding from USAID's health project.

More than money motivates those who own vehicles and drive at all hours. "As part of being a human being, it is our duty to help each other," said vehicle owner and driver Carlos Mau

"As part of being a human being, it is our duty to help each other...I am willing to support my community by providing my transport (because) we call the ambulance but it often is not able to come to pick up the patient."

USAID's Reinforce is a FIVE-YEAR, \$8.5 MILLION PROJECT focused on turning Covalima Municipality into a model for health care services in Timor-Leste. The project, implemented by JSI, has focused on maternal and child health care and reproductive planning issues.

Martins. "I am willing to support my community by providing my transport (because) we call the ambulance but it often is not able to come to pick up the patient."

Now that TraKom has been launched, USAID's Reinforce will work with the MOH's Health Promotion Department on a communication plan to share the Beco success with other communities and to advocate for them to add a TraKom service of their own.

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”

3.

Saving Lives through Training



During her clinical practice in Dili, Carmen calmly explains the delivery process to a young woman.

M eet Carmen de Jesus Gusmao, a dedicated midwife and head of the maternity ward at the only referral hospital in Covalima, a remote and mountainous municipality in Timor-Leste. Every day, Carmen helps deliver babies, provides antenatal care for pregnant women, ensures newborns get the care they need, provides family planning counseling and services for women, and manages the maternity ward staff.

Because Covalima is a bumpy seven-hour drive from Dili, the capital of Timor-Leste, Carmen has not had many opportunities to update her

midwifery skills since she graduated in 1997. In fact, since she started working, Carmen has never been assessed on her ability to provide any of the clinical services she performs on a daily basis.

Thanks to support from USAID's Reinforce Basic Health Services Project, a maternal, newborn and child health project improving the quality of health services in Covalima, Carmen recently attended two competency-based trainings organized by the National Institute of Health (INS), Timor-Leste's health worker training institution.

“Implementing the standards I learned during theory sessions and at the skills lab under close supervision gave me the confidence to apply them at the referral hospital.”

Clinically competent health workers are able to provide quality services and improve the health outcomes of the people they serve. Attaining clinical competency requires both knowledge and intensive practice in clinical skills labs and the work place, under close coaching and supervision from certified trainers.

Carmen first attended an eight-day INS training on providing family planning counseling and services. She learned about the full range of available contraceptives and improved her communication skills to better counsel mothers and couples. Carmen was certified competent by the INS after she successfully inserted long-acting reversible contraceptives, which require higher clinical skills than other contraceptive methods. She had to practice many times, under the supervision of certified trainers, on both mannequins and real clients.

“Most women in Covalima want to space their children or have only a few so that they can live more comfortably, and for me it is important to be able to share information to help them make their contraceptive choice,” said Carmen.

Attaining clinical competency with real patients took longer (as is the case for all trainees due to the limited number of patients available for practice), but in less than two months, Carmen was certified, along with 14 other midwives and doctors who participated in the training.



While the mother is about to deliver, Carmen methodically prepares her instruments and medicines to be used in the coming hour.

3. SAVING LIVES THROUGH TRAINING



Carmen received her certification as a competent, safe, and clean delivery provider.

“Implementing the standards I learned during theory sessions and at the skills lab under close supervision gave me the confidence to apply them at the referral hospital,” said Carmen.

Carmen is a quick learner with great experience and newly certified clinical skills. The next step is for her to become a trainer in her municipality, Covalima. To fulfill demand for training among health workers, especially those who recently graduated, Timor-Leste needs trainers based in all municipalities. However, until she becomes a certified trainer ¹, Carmen’s new knowledge and skills undoubtedly will benefit many families – and save lives – in Covalima.

A few months later Carmen was given a second training opportunity. Since most of her duties include assisting deliveries at the hospital (which accounts for half of the deliveries in Covalima), Carmen was selected to participate in a ten-day safe and clean delivery course in Dili. She successfully passed the theory with 98%, and under the supervision of certified trainers, she showed excellent skills practicing delivery techniques on mannequins, providing immediate newborn care and newborn resuscitation, and managing immediate complications during and after delivery.

¹ Carmen is now a fully certified trainer in Covalima.

“

There is a very good balance between theory and practice, and a real mentoring relationship is established between the trainers and us.

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4.

Two Midwives Gain Lifesaving Skills and Confidence



Midwife Catarina, a senior midwife from Timor-Leste's Covalima Municipality.

Catarina and Juliana, two senior midwives from Timor-Leste's Covalima Municipality, and 11 other health providers from five municipalities recently completed a 26-day basic emergency obstetric and newborn care (BEmONC) training. They join more than 80 health providers throughout the country who have been trained to manage obstetric complications at the primary health care level.

Catarina and Juliana work in Tilomar and Fohorem Health Centers, respectively, and over the past three years have benefitted from

intensive technical assistance from USAID's Reinforce Project. While their facilities, like others in Covalima, have improved coverage and quality of maternal, newborn, and child health care services, Catarina and Juliana themselves lacked the skills to help women who had obstetric complications. "When women would arrive at the health center with hypertension, a miscarriage, or a prolonged labor, I had to refer them to the hospital because I couldn't manage these cases myself," recalls Juliana. Catarina, who also referred such cases, panicked when she was selected to participate in the training. "I suddenly

“I learned a lot; I’m happy as (the training) improved my skills and increased my knowledge,” said Catarina, who was very active during the discussions.

felt pressure, because I knew the training would be long and demanding, and that afterward I would have the responsibility to treat complications.”

Because so many midwives have similar misgivings, the BEmONC training is designed to build participants’ confidence—as well as skills—by alternating theoretical and practical sessions. During the day, trainees learn the theory behind the seven signal functions of BEmONC and practice them at the skill lab. At night, they practice the skills at the maternity ward, coached by Timorese doctors and senior midwives.

USAID’s Reinforce worked with the National Institute of Health (INS) to introduce the new training methodology, which for the first time includes a practical component. The project funded the creation of two new skills labs for INS – one in the capital, Dili, and one in Covalima – where trainees can hone their skills on mannequins before proceeding to real clients. The project also has made it possible for a cadre of Timorese health providers to become certified as master trainers, ensuring the country can continue to train its own health workforce.



Midwife Catarina pays close attention during the theoretical portion of the 26-day basic emergency obstetric and newborn care (BEmONC) training.

4. TWO MIDWIVES GAIN LIFESAVING SKILLS AND CONFIDENCE



Midwife Juliana, senior midwife from Timor-Leste's Covalima Municipality.

During their month of training, Catarina and Juliana reviewed what they had learned previously about infection prevention and normal labor and childbirth, and learned and practiced how to manage complications, which they had been accustomed to referring to an obstetrician. “[This last week] we learned about managing puerperal sepsis, performing resuscitation and post-partum care, and managing the third-stage of labor,” says Juliana, looking much more relaxed than she had at the outset of the training. She also appreciates the new training approach, which she says was far more helpful than that of trainings she attended in the past.

“There is a very good balance between theory and practice, and a real mentoring relationship is established between the trainers and us.”

Although the main training is over, coaching is ongoing. Jose Antonio, one of the BEmONC trainers, is adamant that communication be maintained. “Even though Catarina and Juliana are back at their health facility, we don’t leave them alone. We will still help them handle cases anytime they need; we will also conduct supportive supervision at their workplace for three months to discuss the complications they have managed since the training.”

Catarina and Juliana continue managing cases in their respective health centers with regular communications between their trainer to maintain the competency and confidence.

“I learned a lot; I’m happy as (the training) improved my skills and increased my knowledge,” said Catarina, who was very active during the discussions.

“

This training was very needed; in Zumalai... we are only three trained midwives, so sometimes we are not able to provide or must re-schedule services, which always presents some risk [of not meeting pregnant women's critical needs].

”

5.

Women Win When Government Invests in Training Health Workers



Certified clinical trainer Ana Maria Bianco (wearing glasses) observes family planning trainees (a nurse and a midwife) providing clinical services to a mother at community health clinic Zumalai. After receiving family planning counseling, the mother chose to receive a contraceptive implant to space the births of her children.

Ana Maria Bianco has been working as a midwife at Zumalai Health Center for more than 20 years. Since 2016, USAID's Reinforce Project, through the National Institute of Health, has provided her with intensive clinical and training skills so that she can provide better care and help other midwives do the same. The project is implemented by JSI.

Now a clinical trainer certified by the National Institute of Health, Ana Maria recently facilitated a family planning training for Covalima municipality health workers.

“This training was very needed; in Zumalai, for example, we are only three trained midwives, so sometimes we are not able to provide or must re-schedule services, which always presents

“We observe and coach the trainees as intensively as necessary. They acquire skills by practicing first on mannequins, and when they are ready, perform them on real clients.”

some risk [of not meeting pregnant women’s critical needs],” explains Ana Maria.

A few weeks after facilitating a training, Ana Maria visits the health centers to see if her trainees are applying the skills she taught them and ensure they are doing so correctly, which is essential for certification.

At Zumalai Health Center, Ana Maria observes Juliana, a nurse, counseling a mother who has been using contraceptive injections for several months. After Juliana tells her about the advantages of various methods, the mother decides to switch to an implant. Juliana is certain that the USAID’s Reinforce-sponsored training has helped her counsel clients more effectively and has improved her professional relationship with her colleague, Diana, a midwife to whom she refers clients. Diana was intensively coached during the training and now inserts implants with complete confidence.

In another room, Sonia, a nurse, uses a flipchart to counsel Dominica, a 27-year old mother who had a baby the month before. Dominica chooses an implant, but after checking her eligibility, Juvita, who is a midwife, prescribes her a three-month injection instead. Juvita is delighted that she now has the capacity to advise women on the contraceptive method that is best suited to their needs at particular times of their lives.

At Tilomar Health Center, Juliana, a mother of seven whose youngest was born recently,

is in consultation with Carlos, a nurse who recommends that Juliana get an implant, advice that she takes. Carlos is proud of his newfound confidence in talking about reproductive health. “Before I was trained, I used to leave this topic to my female colleagues, but now I even have the trust of mothers in the community.” He refers Juliana to Mariana, a midwife who has prepared all the materials and instruments for inserting the implant. After the procedure—closely observed and assessed by Julieta da Costa, another family planning trainer from the National Institute of Health—Mariana gives final instructions to Juliana and sends her home.

At Sanfuk Health Post, Celeste and Ercia collaborate like their colleagues at Zumalai and Tilomar: the nurse provides initial counseling, and the midwife takes care of the clinical procedures for long-acting methods. Celeste and Ercia’s client, a mother of three with a two-month old baby, used to have an implant, removed it to become pregnant, and wants a new one so that she can avoid pregnancy until (and if) she wishes to have another child.

On this particular day, Ana Maria observed two midwives and two nurses inserting implants correctly and listened as trained nurses counseled mothers seeking family planning advice. Ana Maria sees her municipal trainer role as crucial to improve the quality of health services. “We observe and coach the trainees as intensively as necessary. They acquire skills by practicing first on mannequins, and when they



Certified clinical trainer Ana Maria Bianco chats with a family planning client after providing her with a contraceptive implant.

“There are many new graduates who need to be continuously learning and maintaining their skills and competencies for the benefit of the community.”

are ready, perform them on real clients.” Ana Maria insists on client’s rights, too, stating that “when a mother comes for any reproductive health consultation, she deserves comprehensive counseling to ensure she is fully aware of all the services she can receive.” Ana Maria acknowledges that was not a priority in the past, but continuous training and follow-up after training has changed this. She hopes that

the Ministry of Health will continue USAID’s Reinforce efforts in Covalima and replicate it in other municipalities. This is an important investment for the future, she says.

“There are many new graduates who need to be continuously learning and maintaining their skills and competencies for the benefit of the community.”

“

Youth don't openly talk about adolescent reproductive health and most people feel shy or reluctant to talk about it. Our trainings are interactive and we use games, role plays, and even songs to help them feel at ease and comfortable to discuss these topics – and it works.

”

6.

Engaging Young People as Adolescent Reproductive Health Educators



Youth members of a local youth-led NGO worked together on developing an adolescent reproductive health curriculum, which they delivered to high school students in Covalima Municipality with support from USAID's Reinforce project.

By age 20, 33% of women in Timor-Leste have had sex, 31% are married, and 20% have given birth. Yet evidence and experience shows that Timorese youth have little knowledge and understanding of what to expect during puberty, the development of their reproductive system, and the health risks of teenage pregnancies. Young women regularly experience sexual harassment but do not know what it is called or that it is unlawful. Young women and men know little about how to care for their physical and emotional health and how to stay healthy during adolescence.

USAID's Reinforce Basic Health Services Project, implemented by JSI, worked with colleagues in the Ministry of Health and a local youth-led NGO to design and develop an interactive adolescent reproductive health (ARH) curriculum to provide critical information for better, safer reproductive health and gender equity outcomes. Trained youth facilitators, ages 20-23, piloted the curriculum with senior high school students in Covalima Municipality in cooperation with the municipality's health services staff.



JDN Youth Facilitator Elga, 21, works with her peers on creating the ARH curriculum.

The Ministry of Health's strategy of collaborating with young people as co-creators and implementers of the ARH curriculum resulted in a package of creative and relevant materials and tools and an increased potential to improve and sustain adolescent health outcomes.

The sessions focus on relationships; gender and social norms; essential life skills; the human body, puberty, and reproduction; pregnancy and the risks and consequences of teen pregnancy; and sexual and reproductive health including staying healthy in adolescence.

The youth facilitators are undoubtedly a key to the high levels of student engagement due to their creative and fun methodologies and their ability to engage with the students during the educational sessions and in informal discussions. This means that the participants are comfortable asking questions and clarifying issues during and outside the sessions, which is particularly important given the sensitive nature of the materials. healthy in adolescence.



JDN youth facilitators collaborate to develop the adolescent reproductive health curriculum.

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This means that the participants are comfortable asking questions and clarifying issues during and outside the sessions, which is particularly important given the sensitive nature of the materials.

Below, some of the youth facilitators reflect on their experiences.



“The trainings are very empowering, youth-led activities, which give us space to share and learn from each other. I’ve been surprised to learn that many youth do not know about sexual harassment, reproductive health, gender equality, or even nutrition. I am glad to share what I know and increase others’ knowledge.”

—EKA, 21, JUVENTUDE BA DEZENVOLVIMENTU NASIONAL (JDN) YOUTH FACILITATOR



“It is not easy to stand in front of people my age and provide them with information, particularly on adolescent reproductive health. Thankfully we prepare for a few months before we facilitate trainings. We have mentors and we assist at trainings first to be more confident.”

—ELGA, 22, JDN YOUTH FACILITATOR



“I really enjoy working with people my age. Adolescent reproductive health is one of the most important topics nowadays and youth need to know about it. I see sexual harassment everywhere and we should do something about it. I want people my age to know they should not feel shy to ask questions about these topics and that health workers are ready to respond to their concerns.”

—ALDO, 21, JDN YOUTH FACILITATOR



“Youth don’t openly talk about adolescent reproductive health and most people feel shy or reluctant to talk about it. Our trainings are interactive and we use games, role plays, and even songs to help them feel at ease and comfortable to discuss these topics – and it works. ”

—NELFIA, 23, JDN YOUTH FACILITATOR

“

It was an intense experience. At first, I felt panic, but with the BeMONC training and telephone guidance from my mentor, Dr. Zeto, I managed this post-partum hemorrhage case successfully. I feel confident I can do it again.

”

7.

A Midwife Saves a Woman's Life During Childbirth



Midwife Alianca dos Reis Gomes successfully saved a woman's life from postpartum hemorrhage thanks to her BeMONC training and help from her trainer and mentor over the telephone.

It was nighttime when midwife Alianca dos Reis Gomes received an urgent call from a colleague, midwife Rozita dos Santos, who was working at a health clinic in a neighboring village. The clinic needed Alianca's expertise: A mother in labor was experiencing birth complications.

Alianca is a midwife and had recently been certified in basic emergency obstetric and newborn care (BEmONC) by Timor-Leste's national health training institution, the

National Institute of Health (INS). With the clinic's doctor away on other business, Rozita reached out to newly-trained Alianca for assistance with the complications.

Alianca quickly agreed to come to the clinic to help. Given the clinic is two kilometers from Alianca's home, one of the laboring mother's family members came to pick her up on a motorbike to take her to the clinic as quickly as possible.

USAID's Reinforce project worked with the INS to introduce new training methodology for health workers, which for the first time includes a practical component. The project supported the creation of two new skills labs for INS – one in the capital, Dili, and one in Covalima municipality – where trainees can hone their skills on mannequins before proceeding to real clients.

Upon arriving at the clinic, Alianca rushed into the delivery room to find the laboring mother, Baquita, in and out of consciousness and experiencing postpartum hemorrhage.

Baquita's newborn had been safely delivered earlier in the evening. Approximately two hours after giving birth, Baquita began to feel pain in her lower abdomen and experienced abnormal bleeding.

Alianca felt nervous, because this was the first time she would have to manage a postpartum hemorrhage case completely by herself. She calmly explained to Baquita's family what was happening and asked for their cooperation and support while she looked for further assistance.

"I called my BeMONC trainer, Dr. Zeto, and asked for guidance. Dr. Zeto is an obstetrician as well as an BEmONC trainer," said Alianca. Over the telephone, Dr. Zeto talked Alianca through the process of safely stopping the postpartum hemorrhage.

Listening carefully to Dr. Zeto, Alianca provided Baquita with intensive care and treatment, including oxytocin to encourage uterine contractions and stop the bleeding and IV fluids to rehydrate.

After the treatment, Alianca closely observed Baquita's condition. After 45 minutes, the bleeding stopped and her blood pressure returned to normal. After another hour passed, Alianca asked Baquita to eat and then to breastfeed the baby. At 7 AM the next morning, Baquita and her baby were able to go home safely.

After one week, Baquita and her baby returned to the clinic for a checkup and both were healthy.

"It was an intense experience. At first, I felt panic, but with the BEmONC training and telephone guidance from my mentor, Dr. Zeto, I managed this postpartum hemorrhage case successfully. I feel confident I can do it again," said Alianca.

7. A MIDWIFE SAVES A WOMAN'S LIFE DURING CHILDBIRTH



Midwife Alianca smiles with Baquita, whom she successfully saved from postpartum hemorrhage, and Baquita's healthy baby.

USAID's Reinforce project worked with the INS to introduce new training methodology for health workers, which for the first time includes a practical component. The project supported the creation of two new skills labs for INS – one in the capital, Dili, and one in Covalima municipality – where trainees can hone their skills on mannequins before proceeding to real clients. The project also has made it possible for a cadre of Timorese health

providers, like Dr. Zeto, to become certified as advanced trainers, ensuring the country can continue to train its own health workforce.

In addition to BEemONC, midwife Alianca is also certified, through the INS and with USAID's Reinforce support, in family planning, safe and clean delivery, essential newborn care, infection prevention and control, integrated management of childhood illnesses, and infection prevention and control.

“

Because I have
a lot of knowledge
now and new skills,
like public speaking
and leadership,
I feel confident.
I have the courage
and motivation
to show other people
how we can prevent
COVID-19.

”

8.

Peer Education Can Help Prevent the Spread of COVID-19



Sarah (far left) and her friends now understand how to prevent the spread of COVID-19.

“When I first heard about COVID-19, I was told that it kills people and I didn’t know that people could recover. I was afraid and didn’t want to leave my home. My family was also very scared. Other young people were also afraid and sometimes when I went to meet them they said, ‘don’t get close to us’ because they knew I had just come from Dili and they thought maybe I had COVID.”

During the COVID-19 state of emergency in Timor-Leste, Sarah left the capital, Dili, to return to her family in Covalima, where she had lived until the age of 20. She had moved

to Dili in early 2020 to begin her studies as a medical student at the National University.

Sarah heard about COVID-19 from others in her community, but didn’t know where to get information she could trust. She didn’t do any research about COVID-19 on the internet because she didn’t think she would find accurate information and she didn’t want to go to the community health center. “I was scared to go near the hospital or the community health Center to get information because I thought I would be at the greatest risk of catching COVID-19 in those places.”



JDN Youth Educator Sarah

Sarah finally received reliable information about COVID-19 after she was invited to become a COVID-19 educator with the youth organization JDN. JDN youth facilitators had run adolescent reproductive health workshops at Sarah's school in Covalima the previous year with support from JSI's USAID Reinforce Basic Health Services project.

Sarah was thrilled when she was asked to join the JDN COVID-19 education team. "I wanted to learn more about COVID-19 and gain new experience and skills. When I talked to my mother about this project, she encouraged me to join because she said it would be good for my development and would help me gain new skills."

JDN members quickly had realized that there was a lot of confusion and fear about COVID-19 in the community. They were concerned that so many young people did not have the information they needed. They were aware that a lack of information was leading to unnecessary fear and stigmatization among young people ages 15-24, who make up 20 percent of Timor-Leste's population.

Early in the COVID-19 state of emergency, USAID's Reinforce Basic Health Services project again supported JDN to train youth educators – this time about COVID-19 symptoms, transmission, and prevention and how to share this information with other young people, families, and neighbors. JDN trained five team leaders, some of whom had been adolescent reproductive health facilitators. The team leaders then recruited four teams of four youth educators: one team worked in Covalima and three in Dili. One team leader researched and posted COVID-19 messages on JDN's Facebook page.

JDN trained the team leaders on how to conduct pre- and post-tests, how to develop fact sheets to address the misconceptions identified in the pre-test, how to research COVID-19 facts, and how to share this information with others in the community. JDN educators made sure that COVID-19 preventive measures were followed during the small group trainings and workshops as a way of demonstrating how to put them into practice.

A major strength of the approach was that the JDN youth team leaders had full responsibility for training their teams to work in their local communities. Over a period of two months, the team leaders worked to ensure their teams knew the main facts about COVID-19 and understood the importance of sharing accurate information with others through informal channels and workshops.

The youth educators began by conducting a pre-test with 166 young people ages 14-24 to learn about their knowledge of COVID-19 and understand possible discriminatory attitudes.

The results of the pre-test identified the considerable effort that would be required to educate their peers:

81% of respondents thought COVID-19 is a disease by which everyone dies

40% percent thought that only people traveling abroad could get COVID-19

59% percent thought that they had to avoid people who have recovered from COVID-19 to remain safe

almost
30% of respondents did not know the main symptoms of COVID-19

more than
70% stated wrong symptoms.

Most respondents could say that physical distance would keep them safe from COVID-19 but very few could explain the reasons why this distance is important.

“After I learned about COVID-19, I realized it was very important to practice the prevention steps.”

JDN youth educators facilitated three workshops in Covalima and three in Dili. Facilitating was a new experience for Sarah, who said, “When I started training as a COVID-19 youth educator, I felt nervous. But...I started to feel more confident [after] I talked to the team leaders and read all the information to learn the truth about COVID-19. Because I was responsible for educating other young people, I felt it was very important to know more about COVID-19,” said Sarah.

Workshop post-test results indicate considerable shifts in knowledge, attitudes, and practices around COVID-19. Many participants expressed similar views as Sarah, who said, “After I learned about COVID-19, I realized it was very important to practice the prevention steps. I increased the number of times I washed my hands and when I went out I used a mask to protect myself and I did physical distancing.”

Sarah said she feels enthusiastic about doing more peer education with JDN. She wants to continue to use the knowledge and skills she gained from the adolescent reproductive health workshops and as a COVID-19 youth educator.

“

I was so relieved when the aldeia chief helped me arrange emergency transport to the referral hospital. All of my previous children were delivered at home, and everything went fine, so I thought I could deliver this baby at home, too.”

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9.

Village Chiefs Ensure Emergency Transport for Mothers in Labor



Olimpia and her family at home in Covalima.

Olimpia lives with her family in a remote, rural hamlet (aldeia) in Timor-Leste. When Olimpia became pregnant with her fourth child, she planned to give birth at home, just as she had done with her first three children.

However, in the early morning hours of January 5, 2018, Olimpia began to bleed significantly. In a panic, Olimpia's family went to the home of their aldeia chief, who contacted Olimpia's midwife and asked her to send the ambulance right away.

The ambulance arrived an hour later, collected Olimpia, and transported her to the referral hospital in Suai, a trip that took an hour-and-a-half. The midwife, who had been put on alert, was ready to provide Olimpia with emergency care as soon as she arrived at the hospital.

Olimpia delivered her healthy newborn via Caesarean section not long after.

"I was so relieved when the aldeia chief helped me arrange emergency transport to the referral hospital," said Olimpia. "All of my

“I was lucky because the ambulance took me to the hospital in Suai and the health staff were able to take care of me immediately. After the operation, the staff also talked to me about family planning. After hearing about all the methods, I chose the best one for me.”

previous children were delivered at home, and everything went fine, so I thought I could deliver this baby at home, too.”

“Now I realize that the health facility is the best place for me to deliver, because it has medicine, equipment, and health workers can help, especially during an emergency,” said Olimpia. “If there had been no ambulance to take me to the hospital, my baby and I might have been in real danger or even dead,” she said as tears welled up in her eyes.

Olimpia was lucky. If she had given birth three months earlier, there would not have been an ambulance to transport her to the referral hospital in Suai. In October 2017, USAID’s Reinforce Basic Health Services Project (USAID’s Reinforce) worked with the village (suco) closest to Olimpia’s aldeia, called Holipat, to develop an emergency transport plan for the suco and surrounding aldeias.

USAID’s Reinforce is a five-year project (2016-2021) working with Timor-Leste’s Ministry of Health and the National Institute of Health to improve reproductive, maternal, newborn, and child health and the healthy timing and spacing of pregnancies. USAID’s Reinforce works intensively in one remote municipality, Covalima, to model excellence in health service delivery and improved health.

Most of the aldeias near Holipat are far from the nearest health center, and even farther from the

referral hospital in Suai, the municipal capital. Holipat does not have any public transportation options at all, so most people walk everywhere, including to the health center.

To build support for an emergency transport plan, USAID’s Reinforce began conveying information with community members about the importance of birth planning, danger signs to look for during pregnancy, delivery, post-delivery, and during the newborn phase and in children under five.

USAID’s Reinforce worked closely with Holipat’s community leaders, including the suco chief, aldeia chiefs, and administrative post officers, who were committed to developing a solid, workable plan. Once developed, the aldeia chiefs introduced the emergency transport plan to the community with support from health facility providers and USAID’s Reinforce staff. The chiefs reiterated the danger signs and educated the community about how to take action in an emergency situation, including who to call for help.

“I was lucky because the ambulance took me to the hospital in Suai and the health staff were able to take care of me immediately. After the operation, the staff also talked to me about family planning. After hearing about all the methods, I chose the best one for me.”

Olimpia and her newborn are in good health and doing well, thanks to Holipat’s new emergency transport plan.



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