Making Facilities Birth Friendly in Timor-Leste

Health Alliance International

APHA Annual Meeting
November 3 – 7, 2007

Timor-Leste
(formerly East Timor)
May 2002: Newest Nation

Predominately rural

Largely a subsistence agriculture economy

Health Statistics
(for 2003)

- Maternal Mortality Rate = 660/100,000 †
- Infant Mortality Rate = 84/1,000††
- Neonatal Mortality Rate = 43/1,000 ††
- Total Fertility rate = 7.8 ††
- 90% of women give birth at home ††
- ANC: 50% ††
- Skilled Birth Attendant: 18% ††

† *Maternal Mortality 2000:* Estimates developed by WHO, UNICEF, UNDPA
†† Data Source: Timor-Leste DHS 2003

HAI Child Survival Grant 2004 – 2008

Improving maternal and newborn health in Timor-Leste

Overall Program Goal

To work in close collaboration with Ministry of Health to improve health and reduce morbidity and mortality of mothers and their newborns

Two strategic arms

- Health services improvement
- Community-based health promotion

What do communities want?

What did communities tell us?

Community perceptions: skilled birth attendant and facility-based delivery

- Expected access difficulties
- Common understanding that a midwife should be called only if problems arise
- Traditional practices during delivery important to families

Community perceptions: skilled birth attendant and facility-based delivery

- Many negatives associated with a facility delivery
  - Lack of privacy
  - Family members cannot attend
  - No hot water
  - No traditional bamboo bed
  - No rope hanging from the ceiling

Birth-Friendly Facilities: Key Elements

- A burned out Timorese house close to a health center restored
- Strong community socialization and mobilization process resulting in strong community buy-in
- Strong health center support
- Traditional practices and preferences respected and incorporated
- Local community leader as BFF ‘champion’

Birth-Friendly Facilities

Strong Community Mobilization = Strong Community Support

Community dialogue regarding local needs

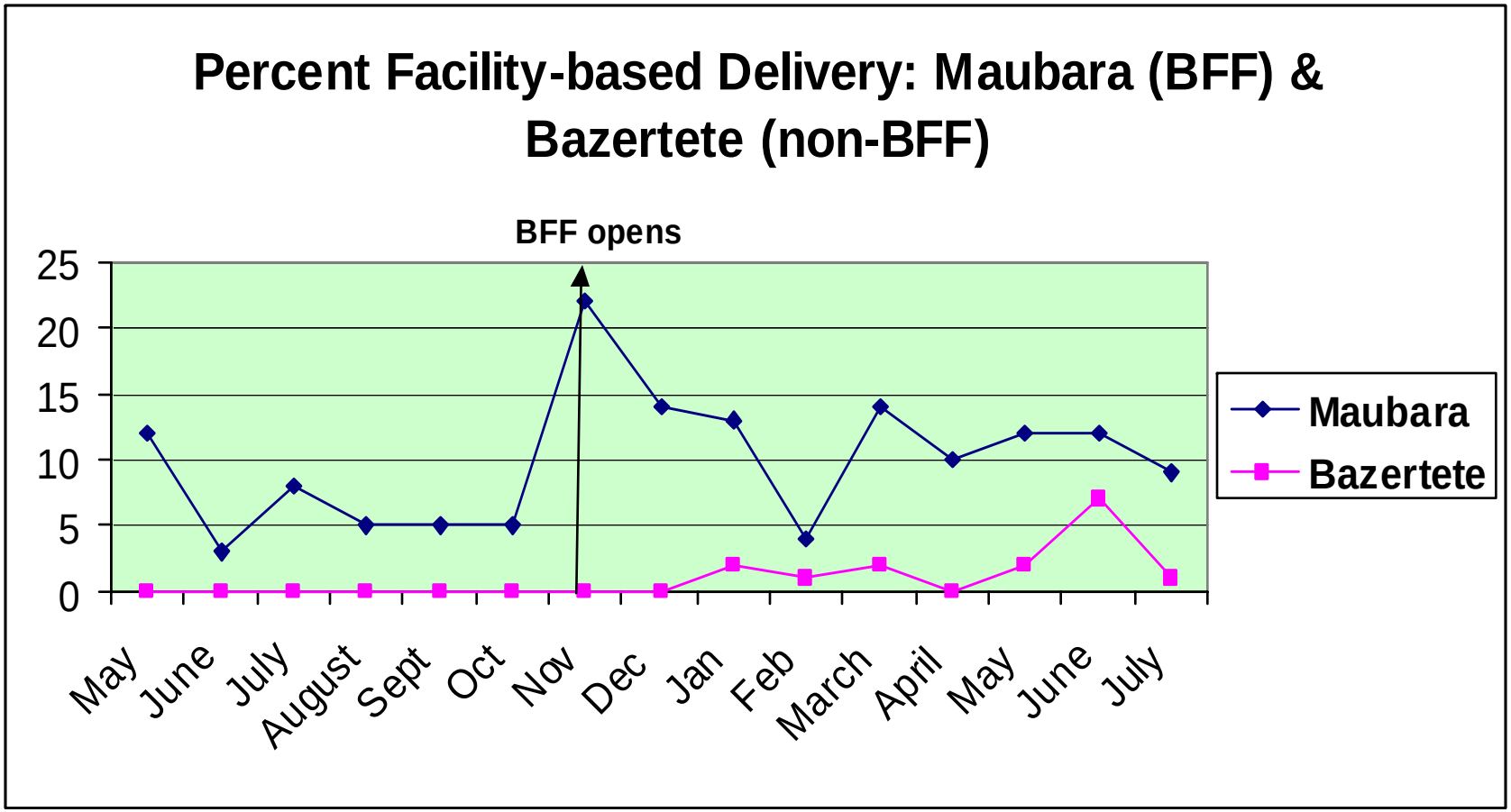
Working with community leaders and village heads

A conduit to connect the health facilities to communities

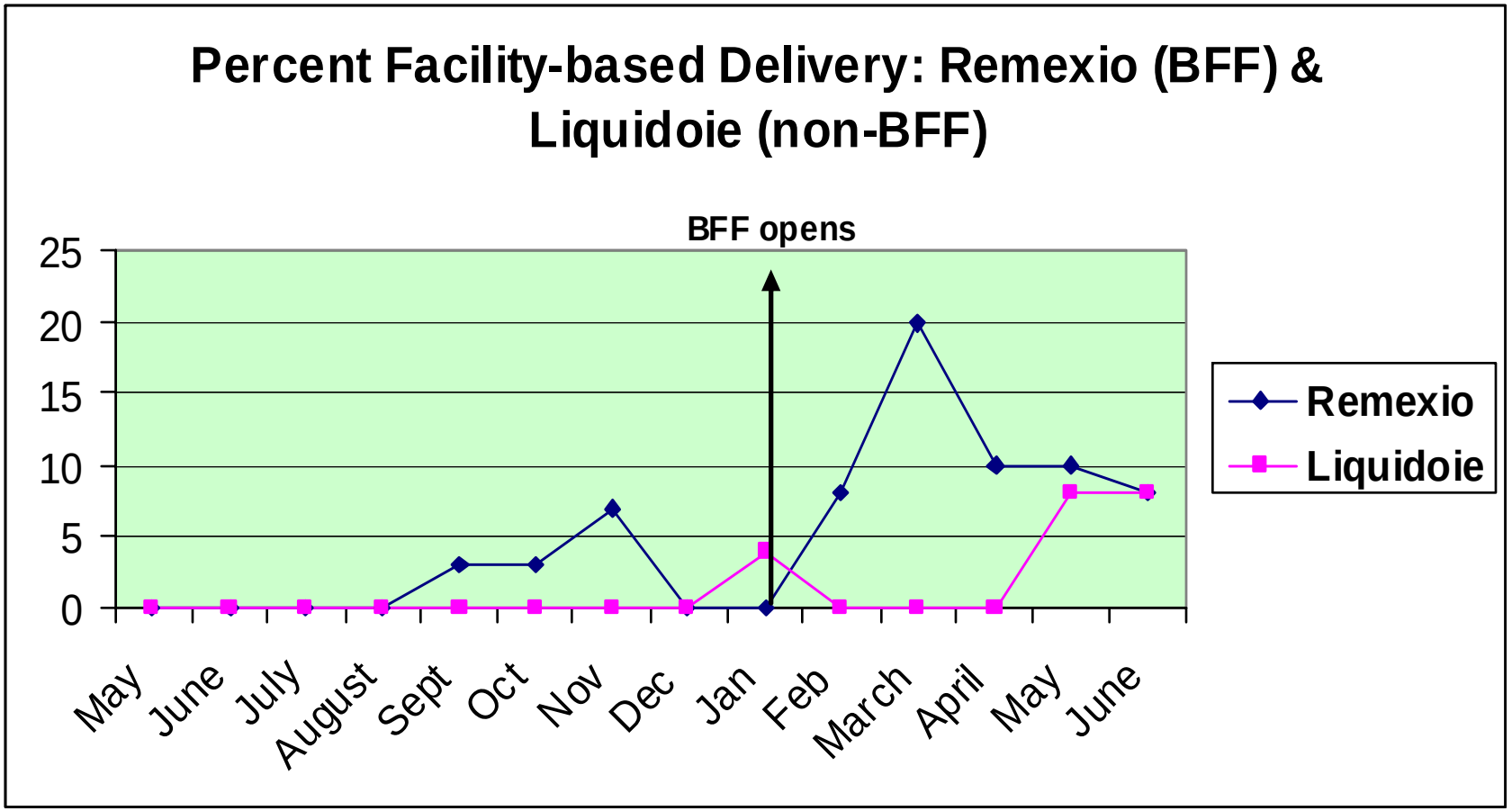
Use local labor and materials to build

Evaluating Effectiveness
Preliminary Findings

Facility-based Deliveries



Facility-based Delivery



Charactoristics of mothers that used and did not use BFF

Non-users

- None had ever had a facility-based birth in the past
- Labor progressed quickly and/or at night
- Complained of lack of communication system to call MW or transportation if quick progression of labor or at night
- Lack of family support for BFF delivery

Users

- Half the women had a facility-based birth in the past and more SBA in the past than non-users
- Tended to have longer, slower labor so getting to BFF less problematic
- Family supported BFF delivery

What woman told us

Important factors in decision to use BFF

- Over and over women and families stated the comfort they felt knowing that a midwife would be available quickly at the BFF

- Women appreciated having family members present

- Traditional elements and comfortable surroundings: bamboo bed, hot water, rope for the ceiling, pictures on the wall, a kitchen to cook food and boil water

"When delivering at home, many people come to the house and want to give different kinds of traditional medicine. I liked that in the BFF there is only the midwife helping…the midwife knows how to deliver a baby, while the family does not know."

Florensia's story

"The Ita Nia Uma Partu (BFF) and the home are the same, but at the BFF the midwife is there to help and was always beside me."

Thank you!