MOH collaboration to improve maternal and newborn care in Timor-Leste

Health Alliance International

APHA Annual Meeting

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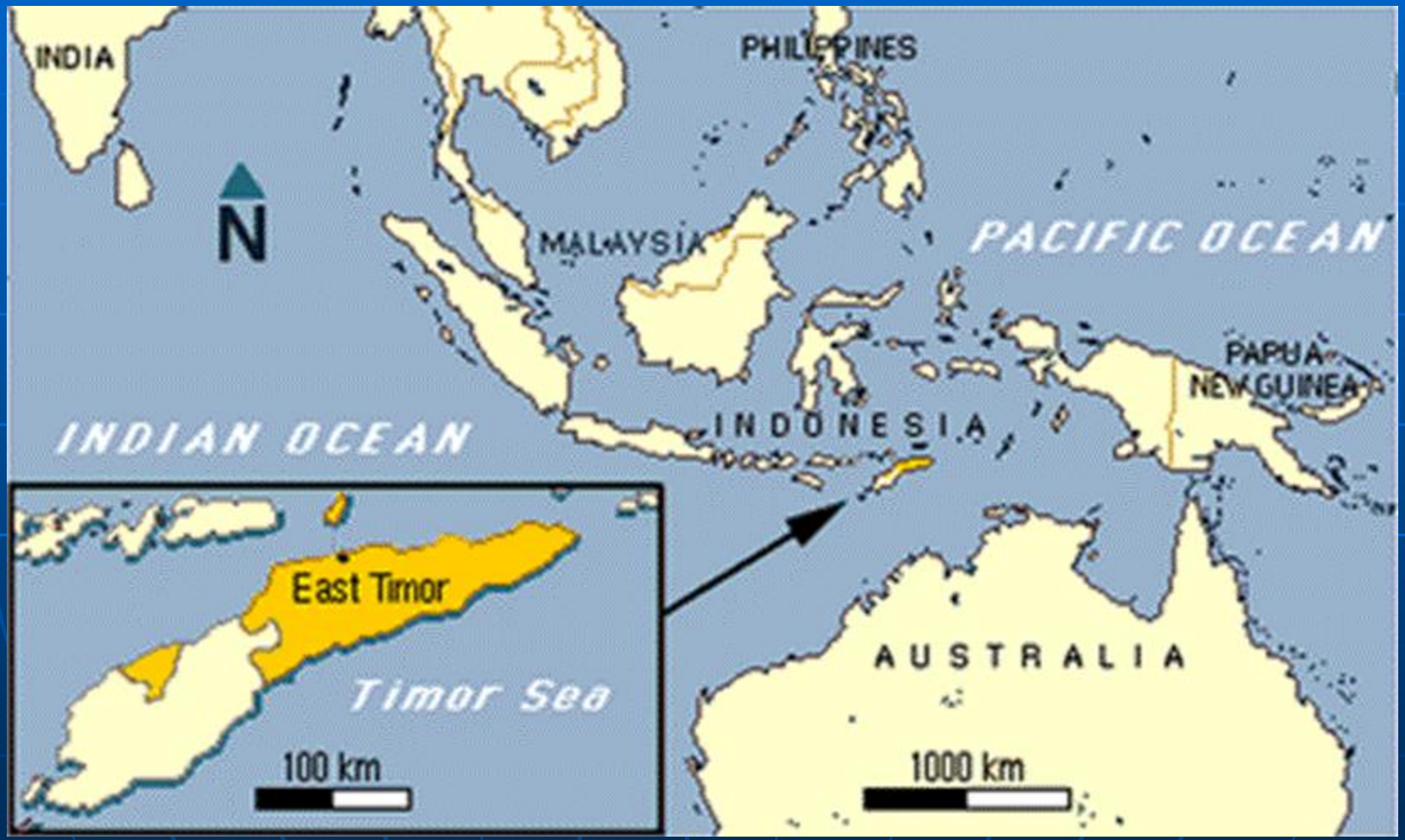
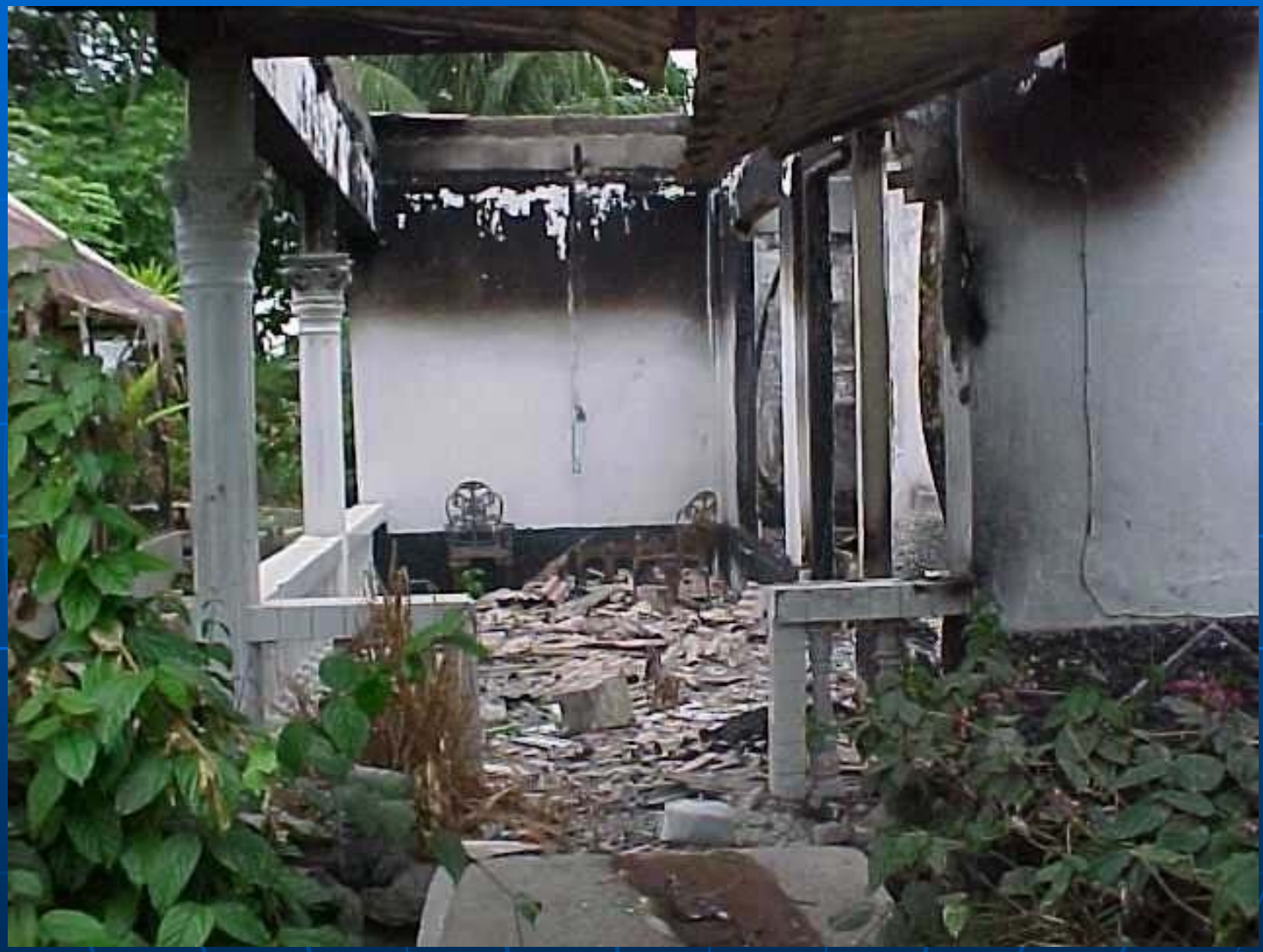
Timor-Leste (formerly East Timor)

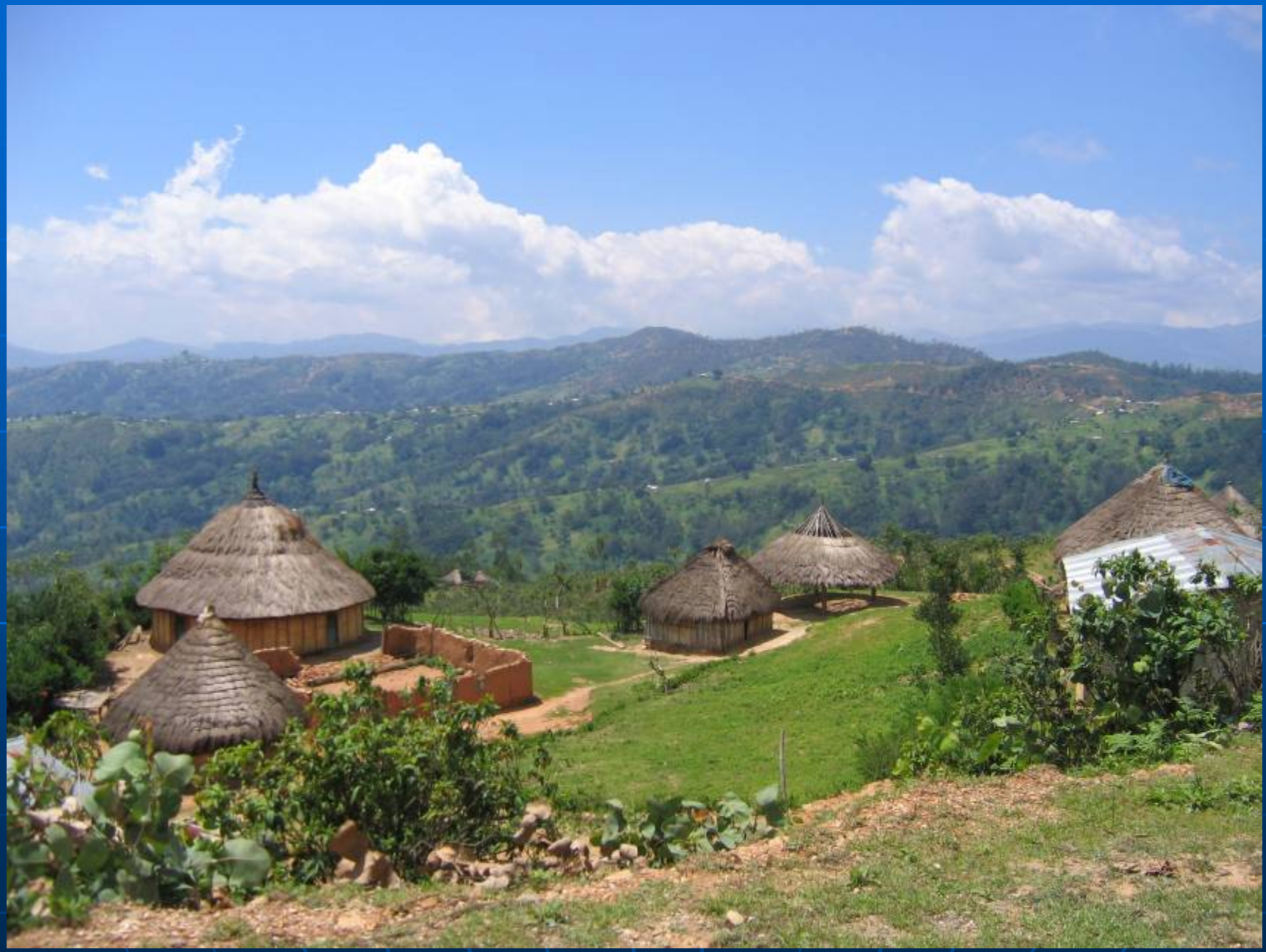


A brief history of East Timor

- Colonized by the Portuguese 1515-1974
- Illegally invaded and brutally occupied by Indonesia for 24 years -- 1975-1999
- 78% vote for independence from Indonesia -- 1999
- In May 2002 East Timor became the world's newest nation, Timor-Leste

Indonesian military left with a campaign of well-orchestrated violence, destroying 75-80% of the country's infrastructure.





HAI in Timor-Leste

- Supported human rights delegation and maternal care before the vote (1999)
- Returned after post-referendum violence in supportive role
- Responded to emerging Timorese health system needs
- In 2004, USAID grant for maternal/ newborn care; 2005 for child spacing

Basic Health Statistics - 2003

- Maternal Mortality Rate = 600-800/100,000†
- Infant Mortality Rate = 84/1,000††
- Neonatal Mortality Rate = 43/1,000 ††
- Under 5 Mortality Rate = 109/1,000 ††
- Total Fertility rate = 7.8 ††
- Very low health services utilization

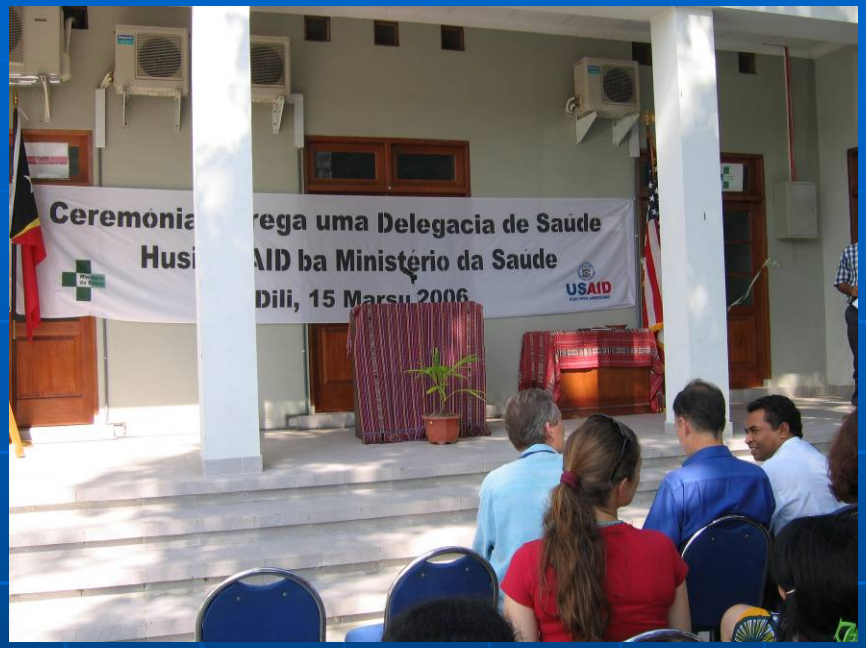
† Data Source: Health Profile: Democratic Republic of Timor-Leste
†† Data Source: TL DHS 2003
†††Data Source: The World Bank Group, Timor-Leste Data Profile

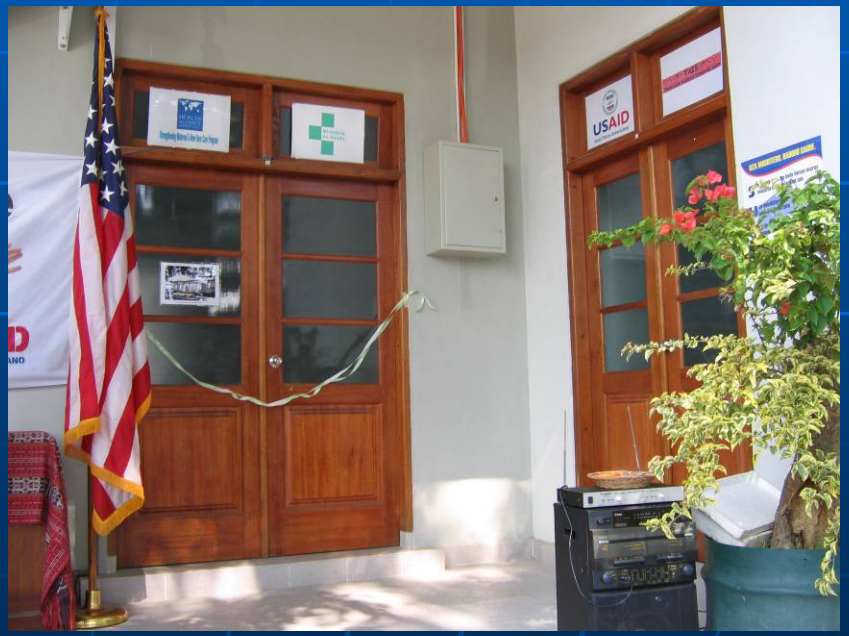
Aims of the grants

- Primary partner: Ministry of Health
- Primary goal: to assist the MOH to strengthen services – both clinical and community health activities
- Approach:
  - Develop office space to be shared with MCH unit of MOH
  - All strategies to be implemented with MOH staff
  - Worked at both district and national levels of MOH

Rebuilding….from this:

To this:

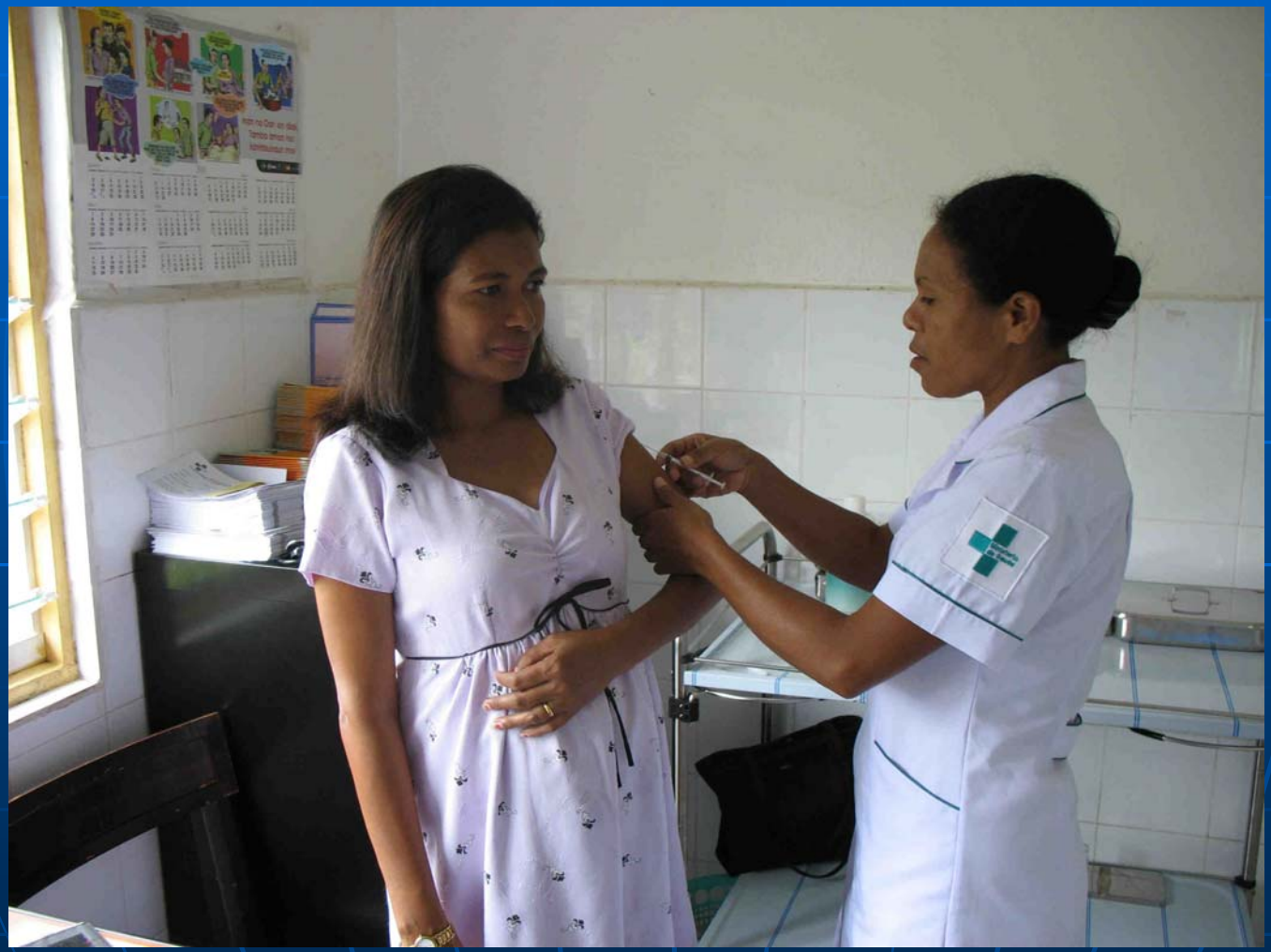




MOH/HAI activities – Health system strengthening:

- Developed position of MOH district program officer (DPO) for MCH
- Reinstated MOH MCH-RH working group; promoted development of clinical standards, RH strategy, etc.
- Supported supervision of district midwives by DPOs
- Developed/conducted training in client communication, newborn care for MOH midwives

Strengthening care standards and performance is a gradual, ongoing process



Community Health Promotion

- Little systematic information available about traditional beliefs and practices around child spacing, maternal care, newborn care
- Both programs began with an in-depth study of traditional beliefs and practices, other current attitudes
- Results of the studies informed our community efforts

Community health promotion:
Supported development/evaluation of dramas on maternal/newborn care

Documentary/teaching films to acknowledge traditional practices, promote safer childbearing, essential newborn care and child spacing

Developed ‘Birth-friendly’ facilities to promote skilled birth attendance

Strengths of MOH-centered approach

- Mixed interventions at national, district and community levels
- Opportunity to influence MOH policy, with potentially broad impact
- Can provide capacity building at all levels
- Scalability is built-in to program design
- Enhanced potential for sustainability

Challenges of the approach:

- Dependent on involvement of very busy, overstretched MOH staff
- Requires significant coordination with all agencies and partner groups
- Less control over the pace of activities
- Monitoring of health system performance relies on weak MOH HMIS
- Demands lower PVO profile than typical
- Requires flexibility in responding to MOH initiatives

Flexibility is the key….

- Important that donor and MOH priorities be mutually consistent
- New MOH initiatives may involve HAI staff (current examples: health promoter training, family planning training and competency checks for midwives)
- Change of government may bring new priorities

Key results

- HAI is known as the main source of technical support for maternal/ newborn care for the MOH
- MOH has adopted many HAI-initiated activities to strengthen services
- Quality health promotion at the community level is ongoing
- Outcomes???? As yet unknown

Thank you!