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Building better community behaviors:

A review of social and behavior change interventions in local communities in Timor-Leste

LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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Contents

Acronyms

ANC	antenatal care
CHC	community health center
CSO	civil society organization
CVC	Community Voice Citizenship
HAI	Health Alliance International
IEC	information, education, communication
INS	*Instituto Nacional de Saúde* (National Institute of Health)
IPC	interpersonal communication
LHSS	Local Health System Sustainability Project
MCH	maternal and child health
MNCH	maternal, neonatal, and child health
MoH	Ministry of Health
MUAC	mid-upper arm circumference
NSA	nutrition-sensitive agriculture
PLW	pregnant and lactating women
PSF	*Promotor Saúde Fámilia* (Family Health Promoter)
RMNCAHN	reproductive, maternal, neonatal, child, and adolescent health and nutrition
SAR	Special Administrative Region
SBA	Skilled birth attendant
SBC	social and behavior change
SHIO	*Suku Hadomi Inan no Oan* (Village Loves Mothers and Babies)
SISCa	*Serviço Integrado de Saúde Comunitária* (Integrated Community Health Services)
UNICEF	United Nations Children's Fund
VSLA	Village Saving and Loan Association
WHO	World Health Organization
WRA	women of reproductive age

Executive Summary

The USAID Health System Sustainability Activity in Timor-Leste is part of USAID's Local Health System Sustainability Project (LHSS), a global initiative to help countries achieve sustainable, self-financed health systems and support access to universal health coverage and improve health and well-being.

This summary review of social and behavior change (SBC) interventions was conducted to understand barriers to healthy behaviors in inclusive reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAHN).

The document presents findings from the review of existing SBC interventions on the RMNCAHN continuum of care, and on gender and disability mainstreaming in health services, including recommendations to support effective SBC activities. Findings from the review will be used for the following purposes:

- Design and implement SBC interventions that identify and target the right audiences and reference groups.
- Identify key messaging and delivery channels.
- Engage community members in developing solutions to improve RMNCAHN outcomes.

The Activity conducted a desk review of relevant documents including the National Health Sector Strategic Plan and studies and reviews of RMNCAHN activities in Timor-Leste. This review was supplemented by consultations with civil society organizations (CSOs) working in the health sector and with key Ministry of Health (MoH) staff.

Over the last two decades, the health sector in Timor-Leste has achieved good progress in reducing maternal and child mortality, in part through SBC interventions delivered by the MoH in collaboration with CSOs and development partners. During this time the MOH established community health programs such as *Serviço Integrado da Saúde Comunitária* (SISCa, Integrated Community Health Services) and *Promotor Saúde Fámilia* (PSFs, Family Health Promoters). As of today, 459 SISCa posts and 3,800 PSFs operate across 12 municipalities and the Special Administrative Region (SAR) of Oecusse. These community health programs aim to bring health services closer to communities, particularly those that are hard to reach, and improve knowledge, attitudes, and practices related to healthy behaviors. Such programs increase access to antenatal care (ANC), use of skilled birth attendants (SBA), and immunization rates. However, the SISCa and PSF programs have an insufficient number of staff, have difficulty transporting workers to community health centers (CHCs) and have inadequate budgets. In addition, COVID-19 has disrupted the programs' activities—for example, by making it unsafe for people to gather in groups for service delivery.

Attempts to improve health-related behaviors are hampered by a lack of knowledge and problematic social norms and cultural practices. The MoH's supportive supervision in 2019, which was part of monitoring and evaluation, also found that facilities in the community health system including CHCs and Health Posts need more help to deliver timely and quality care. Community health workers did not feel that they were being adequately supported by the MoH, noting that they needed more supportive supervision, monitoring and evaluation, capacity-building activities, and support for SBC interventions. The MoH also identified stigmatization and discrimination against some health care clientele as well as inconsistencies in the availability of health services (e.g., due to health worker absenteeism during working hours) that limit communities' confidence in standards of care. Further research on the health sector (including the MoH, NGOs, CSOs, and academia) is needed to ensure better understanding of needs, gaps in services, and challenges to health care delivery, and to identify appropriate SBC interventions for sustainable improvements in health behaviors.

Timor-Leste needs a strategic MoH SBC plan to systematically guide the MOH, the *Instituto Nacional de Saúde* (INS, National Institute of Health), and key stakeholders, including CSOs, in their efforts to improve RMCAHN.

1. Introduction

Even before its independence Timor-Leste struggled with serious health problems. These included, and still include, high levels of infant and under-five mortality, teenage pregnancy and marriage, undernutrition among children under five, gender-based violence, cultural beliefs that say to avoid health care, and a lack of effective handwashing. These are all obstacles to Timor-Leste's work to achieve the United Nations' Sustainable Development Goals, particularly Goal 3: "Good Health and Well-Being."

However, over the last 20 years, Timor-Leste has made great strides: for example, it is one of nine countries worldwide estimated to have reduced its maternal mortality rate by over 75 percent since 1990.[1] The Government of Timor-Leste, with support from development partners and CSOs, has increased early initiation of breastfeeding, exclusive breastfeeding, and complementary feeding practices.[2] It has also seen improvements in sexual and reproductive health, such as increased use of modern family planning, an increased contraceptive prevalence rate, and reduced unmet need for family planning.[3]

Increased use of SBC interventions is one of many reasons for these improvements. This includes interpersonal communication and health promotion trainings by the National Institute of Health; the work of SISCas and PSFs; community-based monitoring of health; outreach campaigns; and social mobilization's efforts (e.g., through PSFs, mothers' support groups, male engagement forums, school and teacher groups, cooking demonstrations, and training of nurses and midwives.)[4] to improve healthy behaviors. These are among the most effective ways to change attitudes and behaviors.[5] Access to a coordinated set of SBC interventions, including harmonized messaging through different communication channels, will contribute to improved knowledge and changed attitudes, and will encourage people to adopt desired health behaviors.[6] For sustained behavior change, these health behaviors must become community norms adopted and consistently practiced by the community. Studies have shown that strong SBC interventions have contributed to greater use of family planning services,[7] increases in

1. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* GDS and ICF.
2. Timor-Leste National Nutrition and Food Security Survey 2021.
3. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey*
4. UNICEF Timor-Leste (2016), Strategic note, A social and Behavior Change Communication Plan to Accelerate the Adoption of Key MNCHN Practices through the PHC Network in Timor-Leste.
5. Rahman, A; Leppard, M; Rashid, S; Jahan, N; & Nashreen, HE (2016). Community perceptions of behavior change communication interventions of the maternal neonatal and child health program in rural Bangladesh: an exploratory study. *BMC Health Services Research,* 16 (389). Available at: hsttps://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1632-y. Accessed: 20 March 2021.
6. UNICEF (2005). *Strategic Communication for Behavior and Social Change in South Asia*, *Working Paper*. Available at: https://www.comminit.com/early-child/content/strategic-communication-behaviour-and-social-change-south-asia. Accessed: 20 March 2021.
7. John Hopkins Center for Communication Program and Camber Collective (2018). Social and Behavior Change in Family Planning Global Influence Strategy (2018).

maternal knowledge of danger signs during pregnancy, in delivery, and in the postnatal period,[8] and positive change in nutritional behavior,[9] vaccination uptake, and child health.[10]

As Timor-Leste seeks to continue improving health behaviors, the objective of this summary review is to understand behavior change interventions for inclusive RMNCAHN and identify factors affecting healthy behaviors of individuals, families, and communities, and in the society more broadly. The review explores the distribution of SBC interventions across the country to different target groups and organizations, to identify any gaps or particularly concentrated efforts. The recommendations will be used as the basis for the development of an action plan for SBC intervention for inclusive RMNCAHN in Timor-Leste.

2. Methods and Limitations

To conduct the analysis, the team mapped current SBC interventions by CSOs, and conducted informational interviews with stakeholders working in health and nutrition to gather information on their current SBC activities, identify key priority behaviors, and identify challenges and lessons learned. The team also conducted a literature review of the available documents on SBC interventions in Timor-Leste centered on identified priority behaviors. This included a review of published and unpublished literature to examine knowledge, attitudes, and practices of women of reproductive age (WRA), pregnant and lactating women (PLW), and caregivers of children under five years of age in family planning, maternal and child health (MCH), immunization, and nutrition.

Information collected through the listed above may have bias due to sensitivities—for example, CSOs may be concerned about how their responses may influence future funding—or due to biases, such as limited ability to compare different municipalities. Consequently, the conclusions and recommendations should be considered with caution.

3. Findings

3.1 Distribution of interventions across municipalities

The Health System Sustainability Activity team's analysis, supported by *the Forum Organizasaun Naun Govermentál Timor-Leste* (FONGTIL, The Timorese NGO Forum) data, found that 230 organizations are registered as NGOs (201 of which are national and 29 of which are international). Of that total, 34 are registered as CSOs working in health-related programs, but only 17 of these CSOs are active. The team's consultations found that financial challenges are the most common reason for CSOs to stop their activities. The mapping exercise also

8. Saaka, M., Aryee, P., kuganab-lem, R. et al (2017). The effect of social behavior change communication package on maternal knowledge in obstetric danger signs among mothers in East Mamprusi District of Ghana. *Global Health* **13,** 19. https://doi.org/10.1186/s12992-017-0243-7. Available at: https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0243-7#citeas. Accessed: 24 August 2021s.

9. Swanson, V.; Hart, J.; Byrne-Davis, L.; Merritt, R.; Maltinsky, W (2021). Enhancing Behavior Change Skills in Health Extension Workers in Ethiopia: Evaluation of an Intervention to Improve Maternal and Infant Nutrition. *Nutrients*, **13** (6), 1995. https://doi.org/10.3390/ nu13061995. Available at: https://www.mdpi.com/2072-6643/13/6/1995/htm. Accessed: 24 August 2021.

10. Mira, J. et al (2020). Social and Behavior Change Communication Interventions Delivered Face-to-Face and by a Mobile Phone to Strengthen Vaccination Uptake and Improve Child Health in Rural India: Randomized Pilot Study. *JMIR Mhealth Uhealth,* **8** (9): e20356. doi: 0.2196/20356. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7546625/. Accessed: 24 August 2021

showed that three municipalities do not have any active CSOs working on health: Suai, Ainaro, and Manufahi.

A full mapping of existing SBC interventions is included in Annex A (by municipality) and Annex B (by partner). The review highlighted approaches that address barriers to inclusive RMCAHN at the individual, relational, community, and societal levels.

3.2 Noteworthy approach

Advocacy-focused interventions help connect municipal and national stakeholders

Many different partners have been working closely with the MOH to improve health behaviors through advocacy-focused interventions on MCH, family planning, male engagement in reproductive health, nutrition, immunization, agriculture, and education.

One such intervention is using advocacy through Community Voice Citizenship (CVC), established by World Vision Timor-Leste in one administrative post at four municipalities: Aileu, (Aileu Vila Administrative Post), Baucau (Baucau Villa Administrative Post), Covalima (Zumalai Administrative Post), and Bobonaro (Balibo Administrative Post). CVC provides opportunities for communities to voice their opinions at the village level on issues such as health services, human rights, access to resources, and health system functioning. These issues are then raised during municipal workshops, where line ministries listen to communities' concerns and provide feedback. Frequently, they can identify solutions to the problems that communities raise, but they will also escalate problems to the national-level workshops as warranted for further review and resolution if solutions cannot be identified at the municipal level.

During the start of the COVID-19 pandemic, the MOH and partners established advocacy and social mobilization mechanisms at the national, municipal, and sub-municipal levels. The advocacy involves both national and community leaders to ensure consistency of messaging for behavior change, and is intended to reach a wide audience.

Community mobilization helps to engage local leaders and family decision-makers

Engaging community members, parents, local leaders, and stakeholders to promote their participation is often an effective way to improve health behavior in their own communities. It also can serve as a platform for the community to come together to learn about different health topics. The Alola Foundation, the Child Fund, and *Hamutuk Ita Ajuda Malu* (HIAM, "Together, we help each other") Health organizations have been using this approach to increase community knowledge and practices concerning nutrition through cooking demonstrations and community farming. They also work with members of *Suku Hadomi Inan no Oan* (SHIO, Village Loves Mothers and Babies) to measure mid-upper arm circumference (MUAC) for children under five and PLW. Children or mothers identified as undernourished or with moderate acute malnutrition are referred to higher-level CHCs, and SHIO members follow up each month to check on the children's nutrition status. The aforementioned health organizations also use *Grupu Suporta Inan* (Mother Support Groups) to conduct health promotion activities to communities on different health topics. Data show that using such community mobilization groups increases the number of pregnant women who receive tetanus toxoid injections and ANC visits during pregnancy and increases exclusive breastfeeding of children aged 0–5 months after birth.[11]

11. HAI (2008). Improving Maternal and Newborn in Timor-Leste. Final evaluation report. Available at: https://binged.it/3t16ilZ. Accessed: 31 August 2021.

Health Alliance International (HAI) has been conducting community mobilization activities with community leaders and members on topics related to family planning and MCH care. The Child Fund has been using male engagement forum activities each quarter to discuss nutrition, MCH, and engagement of males in health. Community mobilization activities also exist outside the health sector, as evidenced by farmers' groups (organized by Mercy Corps and *To'os ba Moris Di'ak* (TOMAK, Farming for Prosperity)), community nutrition groups, and Village Saving and Loan Associations (VSLAs).

Often, community mobilization activities are linked to specific events, such as conducting film screenings followed by community group discussions. The night before SISCa day, for example, some NGOs will screen films on nutrition, for example those related to how to prepare and cook food; personal hygiene; safe motherhood; clean and safe child delivery; immunization; and other relevant topics. Parent clubs within the community serve as a platform for parents to share and jointly discuss health issues that they can later bring to health staff attention, such as their children not having been vaccinated. Parent clubs also encourage families to seek out health care for their mothers, newborns, and older children.[12]

Effective Training Requires Interpersonal Communications

The Health Promotion department of the MOH has been working closely with the INS and other partners to develop training, and provide it to health staff and community health volunteers (PSFs), on how to execute effective interpersonal communication (IPC). Existing IPC training includes topics such as how to conduct a counseling session with different target audiences in a friendly manner and how to listen actively. The INS promotes refresher training at least once a year, but the MOH does not cover all expenses of the training and must depend in part on external funding.

Some partners have been engaging the INS to provide IPC training to both health staff and PSFs. This includes training to volunteers on early childhood stimulation for children's development using songs and local materials. TOMAK also trains PSFs on how to discuss the nutritional needs of children under five with mothers. HAI has been providing IPC training to their midwives on how to counsel mothers who come for family planning services, ANC, and postpartum care.

IPC training has been shown to improve midwives' communications skills.[13] It is also associated with significant and positive results; HIAM Health found that in which 94 percent of malnourished children did not return to hospital after discharge from the malnutrition rehabilitation center.[14] It also increases birth preparedness by the family, ANC uptake, use of family planning, and knowledge of danger signs in newborn babies.[47]

The value of IPC can also be seen in the fact that local health workers such as nurses, midwives, PSFs, and local leaders (*xefe aldeia*, and *xefe Suku*) are the primary sources of information that communities trust when it comes to general health, MNCH, nutrition, and other

12. UNICEF (2020). Community-based actions improve maternal, newborn and child health across Timor-Leste's largest municipality. Available at: Community-based actions improve maternal, newborn and child health across Timor-Leste's largest muni | UNICEF Timor-Leste. Accessed: 31 August 2021
13. JSI Research and Training Institute Inc (2020). USAID's Reinforce Basic Health Services Project BASELINE – ENDLINE RESULTS.
14. Consultation meeting with HIAM Health in July 2021.

health-related issues. Other sources of information in whom people have confidence are religious leaders, teachers, government, and NGOs staff.[15,16]

Centralizing development of Information, Education, and Communication materials ensures consistent, appropriate SBC messaging

All development, design, printing, distribution, and socialization of information, education, and communication (IEC) materials is led by the Health Promotion department of the MOH in partnership with NGOs and CSOs who are conducting community sensitization activities. It is important to involve the Health Promotion department in all processes related to coordinating, designing, finalizing, and approving any IEC materials to ensure that different target audiences in different locations get consistent messages, and to prevent (rather than create) confusion in communities.

The team's analysis revealed one example in which an NGO developed a training module on nutrition for PSFs without consulting the Health Promotion department. The department had to pull the module back because its content did not align with that of other modules on nutrition topics. In another instance, an NGO developed a module for PSFs but the contents were not contextualized and were too complicated for PSFs to easily understand. However, most CSOs and NGOs consulted for this analysis stated that they use existing IEC materials developed and approved by the MOH, and that if there is a need to improve or revise the content, they are willing to coordinate accordingly with the Health Promotion department through the Health Promotion working group.

The Health Promotion department has developed and distributed specific Communication for Development (C4D) materials, titled *Familia Saudavel Familia Kontenteor* ("Healthy Family Happy Family"), supported by UNICEF. The C4D materials consist of films, flipcharts, flyer, games, book stories, videos, memory cards on different health messages. Materials are finalized and approved for printing by the Health Promotion department, which also organizes the distribution process to all health facilities (from hospitals to health posts), and follows up with instruction on how best to use the materials. UNICEF has also distributed media devices (laptops, DVDs, and TVs) to all 13 Health Promotion Officers. Health facilities use these devices to set up 'Health Promotion Corners' that display health messages and promote healthy behaviors.

SISCa

In 2008 the government of Timor-Leste, through the Health Promotion department, established the SISCa program. Each sub-district CHC delivers the program monthly in every suco (village) in an outdoor meeting area, a local resident's home, or some other such area. The program has the following aims:

- Address the shortage of health care services and lack of access to primary health care services.
- Improve community awareness through health promotion and education.
- Improve the nutritional status of communities.
- Advance the condition of the environment.

15. UNICEF (2017). Baseline Study of Knowledge, Attitudes and Practices towards Ten Key Focus Areas of Parenting in Timor-Leste, 2015. Available at: https://www.unicef.org/timorleste/media/416/file/UNICEF-TL2018.pdf. Accessed: 20 March 2021.
16. JSI Research and Training Institute Inc (2020). USAID's Reinforce Basic Health Services Project BASELINE – ENDLINE RESULTS.

- Improve community members' engagement in addressing their health status.

The program has six facets: 1) registration, 2) nutrition, 3) ANC, 4) environmental health, 5) general consultation, and 6) health promotion via monthly rotating topics.

Each SISCa event team includes a doctor, midwife, health promotion officer, nurse, and/or lab technician, depending on the available health workforce in each CHC. Each CHC is equipped with PSFs to conduct community mobilization activities the day before and to support health promotion and other activities required during the event. The government allocates $35–$50 per SISCa event in its state budget every month to compensate the PSFs for these services and help cover the costs of food and transportation. Each PSF receives $5 for each SISCa event conducted.

The Government of Timor-Leste has established 459 SISCa posts, of which 423 (92 percent) are active across 12 municipalities and the SAR of Oecusse. However, the proportion of SISCas functioning has varied from one post to another across the country in the last 12 years.[17]

Since the establishment of SISCa, 41 percent of the population has accessed health services through the program.[18] Water, sanitation, and hygiene has improved at the community level.[19] Coverage for ANC and postnatal care has increased, as has the number of deliveries with a SBA present, and the number of family planning counseling sessions conducted.[20] But challenges to sustainable and equitable community services remain: limited and fluctuating MOH budget resources to support SISCa activities; lack of health providers at the village level, with those who are operating there having limited knowledge and skills of the type needed to run community-based health services; and lack of community participation in the program.[21] Furthermore, PSFs have been getting their incentives ($5 per event) late because the SISCas have been getting their $35–$50 allocations late. This discourages PSFs from participating, and that means fewer households can be linked to the facilities and their services. In 2020 there were fewer people (78,656) visiting the facilities than in 2019 (88,654).

PSFs

In 2007, the MOH rolled out a national cadre of PSFs to work on MCH, nutrition, immunization, environmental health, and other health-related topics. PSFs often focus on behavior change. The program has had extensive support from the Government of Timor-Leste, CSOs, United Nations agencies, development partners, and international and national NGOs.

PSFs are community members selected by village leaders to engage in health promotion activities, receiving training on health promotion before they begin working. The training covers the various health topics mentioned in the paragraph above, and also addresses how to use different IEC materials, such as posters, photocards, and brochures. The PSFs are responsible for conducting home visits and for assisting health staff when they provide community outreach services, such as conducting health promotion activities during SISCa or other health campaigns.

Research has not been conducted to assess the direct impact of PSFs' presence on health service utilization, though MCH has seen improvements in the timeframe that the PSF scheme

17. Ministério da Saúde Timor-Leste (2020). Relatóriu Estatistika Saúde
18. Department of Health Promotion (2010). *National Priorities for Health. – Strengthening SISCA Implementation*. Ministry of Health
19. Moran, H (n.d). *Volunteering for water, sanitation and hygiene behavior improvements*
20. HAI (2011). Activity completion report.
21. Martins, N; & Trevena, LJ (2014). Implementing what works: a case study of integrated primary health care revitalization in Timor-Leste. *Asia Pacific Family Medicine Journal,* **13** (Suppl 5): 1-11

was implemented. There were increases in assisted deliveries and facility-based deliveries in the years following the introduction of the PSF program. The proportion of women with four or more ANC visits increased from 55 percent in 2010 to 77 percent in 2016.[22,23] The maternal mortality rate decreased from 660 per 100,000 live births in 2003 to 195 per 100,000 live births in 2016.[24] PSFs also promote social norms that prevent violence. To date, there are 3,800 PSFs throughout the country.[25]

3.3 Additional factors to consider in SBC interventions

Monitoring and evaluation of SBC interventions is decentralized and indirect

The MOH's Health Promotion department and its partners in health-focused areas have implemented different SBC interventions, in line with the MOH's Health Promotion Strategy 2015–2019. Based on consultations with organizational representatives, each CSO and NGO applies its own monitoring and evaluation mechanism to measure the impact of its interventions. Frequently this includes monthly, quarterly, or annual progress reports to monitor changes in access to health services in certain health areas, such as an increase in immunization uptake by children under two, an increase in Vitamin A receipt by children under five, and/or an increase in citizens' access to family planning. Findings from these monitoring and evaluation efforts are then shared with the MOH or donors in order to form improvement action plans. However, these mechanisms are not aligned with one another.

No direct or comprehensive evaluation has measured the impact of SBC interventions in Timor-Leste, and there are no mechanisms for incorporation of community feedback in existing progress monitoring efforts.

Media in Timor-Leste are largely publicly owned and consumed by male audiences

It is important to understand the media institutions in Timor-Leste when designing any communication strategy for changing behaviors on important health topics. Timor-Leste has 50 media outlets: 10 print media, 36 broadcasting media (radio/TV), and 4 online media.[26] These outlets obtain their broadcasting licenses from the *Autoridade Regulador Comunicação* (Communication Regulatory Authority), and their licenses are valid for only a year at a time.[27] Two private radio and TV companies have also grown in Timor-Leste: Grupu Media Nasionál (National Media Group), and Televizaun Edukasaun. These are under the leadership and management of the Secretary of State for Social Communication, which is responsible for coordinating information dissemination on government programs to the public.

A 2011 report on media in Timor-Leste found that community radio has the potential to be a significant source of information for those households within range of such stations.[28] There are 33 radios stations in Timor-Leste (2 public radios, 19 community radios, and 12 private

22. National Statistic Directorate (2010). *Timor-Leste Demographic and Health Survey 2009-2010: Preliminary Report.* Ministry of Finance, Timor-Leste
23. Vasconcelos, P (2009). Supporting the Promotor Saude Familiar (Community Health Worker) Program in Timor-Leste. Conference: 12th World Congress on Public Health World Health Organization
24. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* Rockville, Maryland, USA: GDS and ICF.
25. Ministério da Saúde Timor-Leste (2020). Relatóriu Estatistika Saúde
26. Conselho de Impressa Timor-Leste (2017). Relatóriu Rezultadu Levantamentu Nasionál: "Instituisaun Mídia Profisionál no Rekursu Jornalista iha Timor-Leste. Available at: www.conselhoimpressa.tl. Accessed: 31 August 2021.
27. RDTL. (2005, Setembru 21). License of Operate Radio communication Equipment. Sertifikadu RPV
28. UNMIT (2011). Timor-Leste media and communication survey. Available at: https://unmit.unmissions.org/sites/default/files/old_dnn/Media_Survey_Report_CPIO_FINAL_ENG.pdfAccessed: 19 March 2021.

radios).[29] These radio stations broadcast programs related to education, health, politics, gender-based violence, human rights, and other topics daily (up to three times a day depending on the budget). During the COVID-19 pandemic, 11 radio spots were broadcast more than 6,000 times using different local dialects to improve community awareness on COVID-19 prevention measures, vaccine uptake, and routine health services.[30] Although the prevalence of community radio stations has increased dramatically, not all villages have a community radio station. Eighty-two percent of people still prefer to listen to easily accessible government radio (RTL).[31] RTL is subsidized by the Government of Timor-Leste and has wider coverage to hamlet levels.

The 2016 TLDHS shows that consumption of all forms of major media is higher for men than for women: television (41 percent vs. 38 percent), radio (25 percent vs. 14 percent), newspapers (15 percent vs. 7 percent), and all three (11 percent vs. 3 percent).

4. Conclusions and Recommendations

Over the past 20 years, Timor-Leste has made demonstrable progress in some areas—for example, more WRA are using modern contraceptive methods, more mothers are receiving ANC, and more mothers are breastfeeding exclusively.[32] However, progress on other health outcomes remains negligible: stunting cases remain high among children under five, early initiation of breastfeeding has decreased slightly, and just half of children under five consume foods rich in Vitamin A.

However, progress on other health outcomes remains negligible: stunting cases remain high among children under five, early initiation of breastfeeding has decreased slightly, and just half of children under five consume foods rich in Vitamin A.

Television is the most preferred communication channel, followed by IPC, advocacy, and community mobilization. It is also important to note that community leaders, PSFs, and health workers are the most trusted source of information at the community level.

However, the analysis also identified gaps and challenges associated with SBC intervention delivery. These include:

- A lack of research by the MOH and partners to measure the impact of the current SBC interventions on different health behaviors. Although several health outcomes have improved, ostensibly at least in part because of SBC interventions, there is no data available to see the direct effectiveness of each SBC intervention, or how to sustain the interventions over the long term.
- Some NGOs receive grants, but only for the short term (less than three years). As such they cannot continue their work despite high demand by communities for health services and health products.
- The MOH has a strong existing community health program, but budgeting and capacity-building issues undermine the program's success and risk further decreases in use of services.

29. Ibid
30. UNICEF (2020). Community radio joins the fight against COVID-19 in Timor-Leste. Available at: Community radio joins the fight against COVID-19 in Timor-Leste | UNICEF Timor-Leste. Accessed: 31 August 2021.
31. UNICEF (2017). Baseline Study of Knowledge, Attitudes and Practices towards Ten Key Focus Areas of Parenting in Timor-Leste, 2015. Available at: https://www.unicef.org/timorleste/media/416/file/UNICEF-TL2018.pdf. Accessed: 20 March 2021.
32. MoH - Health Information System Report 2020

- Although the MOH and partners conduct regular monitoring and evaluation, there is a lack of feedback to communities about its findings and therefore difficult for communities to form improvement plans through existing platforms, such as the village council.
- The MOH and its partners have used different interventions to improve selected behaviors, including advocacy, IPC training for health workers, and community mobilization approaches. Moving forward, they need to ensure that interventions and SBC materials (posters, brochures, flipcharts, films, etc.) target the right priority groups.

The Activity has formulated some potential recommendations based on stakeholder interviews, analysis, and assessment. The next step is to share these key findings with the MOH, NGO and CSO stakeholders who participated in this research, and to prioritize and identify practical, actionable, attributable solutions through a collaborative co-design workshop. This will help identify existing resources as well as additional technical and financial requirements needed to take an SBC action plan forward. This process will develop a co-created implementation plan and identify key stakeholders to take programmatic implementation forward. Below is a table of potential strategies for exploration during the sessions.

Table 1. Recommendations based on stakeholder interviews, analysis, and assessment.

Recommendations	Stakeholders
Policies and programs	
Advocate for policies, legislation, and regulations that help to create an enabling environment for inclusive RMNCAHN interventions for the communities, including for promoting and facilitating positive health-seeking behaviors.	MOH, CSOs, and communities
Establish costed National SBC Strategy for Health that guides the development of SBC intervention to targeted behaviors along the continuum of care and life course in inclusive RMNCAHN.	MOH Health Promotion department
Promote participation of all sectors in inclusive RMNCAHN SBC interventions, including communities, CSOs, faith-based organizations, the private sector, and all other relevant government ministries in addition to the MOH.	MOH Health Promotion department
Improve mechanism for timely budget transfers that support effective functioning of community health system including SISCa and PSFs.	MOH Finance Directorate
Advocate for state budget allocation for the SBC strategy implementation at all levels.	CSOs, communities, MOH Program and Finance Directorate
Review and promote evidence-based approach to strengthening community health system for SBC including SISCa, PSFs, MSG, community-based monitoring for health, etc.	MOH
Establish a monitoring system that includes formal and informal mechanisms to receive ongoing feedback from communities on the appropriateness of health care services approaches.	MOH

Recommendations	Stakeholders
Capacity-Building	
Assess need for training on SBC activities across the inclusive RMNCAHN to inform capacity-building plan for an effective SBC intervention.	MOH, INS, CSOs
Establish a systematic capacity-building program for inclusive RMNCAHN SBC interventions that contributes to improved quality of health services delivery and increases demand for and use of the services. This includes training of PSF and MSG members.	MOH, INS, CSOs
Establish integrated trainings, orientations, and awareness-raising activities for adolescents and youth in and out of schools in community health system's regular health promotion activities.	MOH Health Promotion department
Mobilize resources to implement, monitor, and evaluate SBC capacity-building plan.	MOH, INS, CSOs
Partnerships and media	
Establish appropriate age, gender, and culture-specific SBC interventions. This includes the use of innovative tools, social media, and technologies; and development of IEC materials to address the need for sustainable behavior change for inclusive RMNCAHN.	MOH, CSOs
Strengthen partnerships with media and community norms about discussing inclusive RMCAHN issues and service needs.	MOH, CSOs, media
Establish partnership with communities through community-based monitoring for health, SISCa, MSG, PSFs, etc. to promote communities' accountability for their own health program activities and for health outcomes.	MOH, CSOs
Evidence-based policy advocacy, program planning, and implementation	
Conduct formative research, and capacity-building of health managers, CSOs, and relevant actors in the use of data to inform evidenced-based policy and program planning for effective and sustainable RMNCAHN SBC interventions in Timor-Leste.	MOH, CSOs
Establish a monitoring and evaluation framework for SBC activities, and systems for reporting and knowledge sharing among the key actors in inclusive RMNCAHN. These actors include communities, CSOs, women's groups, youth and adolescents' group, faith-based organizations, government institutions, and partners.	MOH, CSOs

5. Health-Specific Context

This section provides a brief background on the context surrounding RMNCAHN-related health practices and behaviors, access, and knowledge. Consideration of the context is critical to development of effective SBC interventions and identification of their primary and secondary audiences. The primary audience includes those people whose behavior we want to see change, while the secondary audience includes people that can influence the primary audience to make these changes.

The review found that PLW, WRA, mothers with children under two, and mothers with children under five are primary (and sometimes overlapping) audiences. The secondary audiences include husbands, parents, parents-in-law, traditional leaders, health staff, and community leaders such as the Administrator, Sub-Administrator, Head of Village, Head of Hamlet, and members of the Village Council.

Priority behaviors

The team found that the same areas of concern appeared repeatedly throughout the mapping, literature review, and consultations with relevant NGOs: reproductive, maternal, neonatal, child, and adolescent health and nutrition. These are detailed below.

Reproductive Health and Family Planning

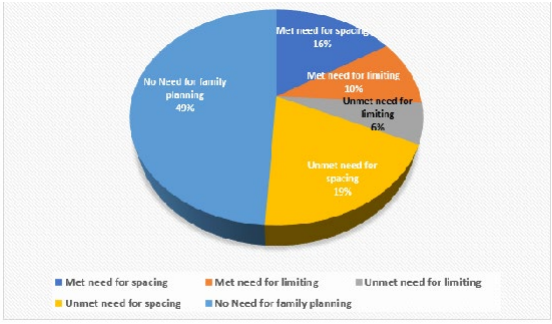
Reproductive health is a lifetime concern for both women and men, from infancy to old age. The Timor-Leste National Reproductive Health Strategy 2004 was designed for a lifecycle approach, consisting of family planning, sex education, safe motherhood, and protection against sexually transmitted infections including HIV/AIDS. However, implementation of this strategy is very challenging, due to lack of financial resources, health facilities without enough skilled providers to provide SRH and family planning services at CHCs, lack of equipment and infrastructure for community outreach involving family planning and SRH counseling and services, and cultural barriers within the community.

Use of modern contraception by currently married women increased from 21 percent in 2010 to just under 25 percent in 2016. Similarly, unmet need for family planning decreased from 32 percent in 2010 to 25 percent in 2016. Despite this, almost a third of women (28–31percent) 20–24 years of age have unmet family planning needs. A significant improvement was noted in the fertility rate, which went from 5.7 in 2010 to 4.7 in 2016. Despite these improvements, consistently short birth intervals have been identified as one of the persistent causes of maternal and child morbidity and mortality.[33]

The MOH family planning policy is outdated, and development of a new policy has been stalled by religious and cultural barriers and by lack of data for use in advocacy to influence the decision-making process.

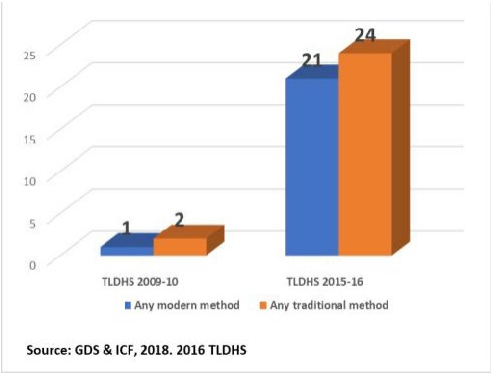
33. General Directorate of Statistics (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* GDS and ICF.

Figure 1. Distribution of currently married women age 15–49 by need for family planning



Source: GDS & ICF, 2018. 2016 TLDHS

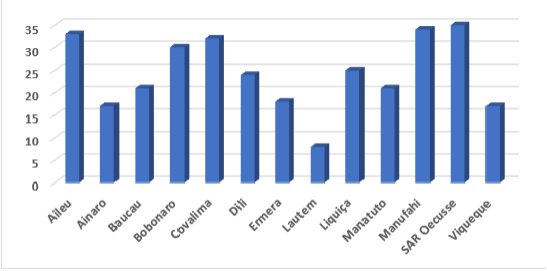
Figure 2. Percentage of currently married women using a contraceptive method



Source: GDS & ICF, 2018. 2016 TLDHS

From the Demographic Health Survey 2016, the team found that knowledge of contraceptive methods is generally high, though it varies slightly by age group: 86 percent of women 30–34 years old have heard of at least one family planning method, compared to 72 percent of women 15–19 years old. In general, modern contraceptive prevalence rates were higher in regions that represent the higher economic quintiles of the country. For instance, Lautem has the lowest coverage (8 percent), compared to Special Region Oecusse, which has the highest coverage (35 percent).

Figure 3. Contraceptive use by municipality among married women age 15–49 years old



Source: GDS & ICF, 2018. 2016 TLDHS

Maternal Health

Timor-Leste is one of nine countries worldwide estimated to have reduced its maternal mortality rate by over 75 percent since 1990.[34] Still, its maternal mortality rate continues as the highest in the Southeast Asia region, at 195 per 100,000 live births in 2016.[35]

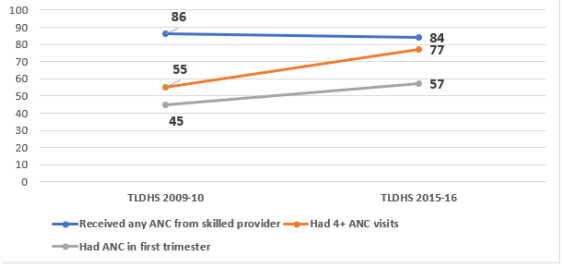
34. Alkema, L, PhD et al (2015). Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group.
35. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* GDS and ICF.

Uptake of at least four ANC visits

Approximately 295,000 women died during and following pregnancy and childbirth in 2017.[36] ANC visits with skilled providers are an opportunity to prevent, detect, and treat many health problems that pregnant women experience. Furthermore, ANC visits offer an opportunity for health care workers to promote and encourage the use of skilled birth attendants at a health facility during delivery, which in combination with hygienic conditions reduces the risk of complications during labor and delivery. Such complications can include fatal bleeding, infection, and obstructed labor.

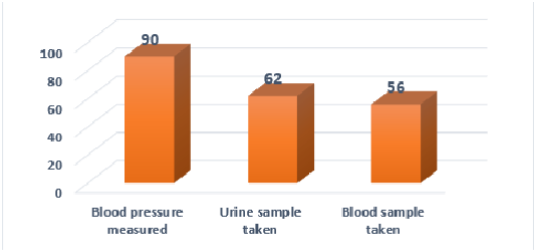
In Timor-Leste, 84 percent of women 15–49 years of age received ANC from a skilled provider for their most recent birth (Figure 4), of which 77 percent had four or more ANC visits.

Figure 4. Trends in ANC over time (in percentages)



Source: GDS & ICF, 2018. 2016 TLDHS

Figure 5. Components of ANC (in percentages)



Source: GDS & ICF, 2018. 2016 TLDHS

Almost half of women in Timor-Leste attend their first ANC visit late in pregnancy, with 23 percent initiating ANC during the fourth to fifth month, and 6 percent delaying until the six month or later. Many women fail to return for any follow-up care: the coverage for the first ANC visit is higher (99 percent) than for the fourth ANC (58 percent).[37] The drop-out rate between the first ANC visit and fourth ANC visit varies between municipalities, ranging from 4 percent in Manufahi to 71 percent in Covalima.[38]

The TLDHS 2016 shows that the most significant factors associated with underuse of ANC included low-income status, low education level, and having difficulty obtaining needed family permission to visit a health facility.[39] Additional factors that discouraged women from getting health care during pregnancy include lack of knowledge about pregnancy and ANC services,[40]

36. WHO (2019). Maternal mortality: fact sheet. Geneva: World Health Organization. Available at: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality. Accessed: 20 March 2021.
37. Ministério da Saúde Timor-Leste (2020). Relatóriu Estatistika Saúde.
38. Ibid
39. Khanal, V., Lee, A.H., da Cruz, J.L.N.B. *et al* (2014). Factors associated with non-utilisation of health service for childbirth in Timor-Leste: evidence from the 2009-2010 Demographic and Health Survey. *BMC Int Health Hum Rights* **14,** 14. Available at: https://doi.org/10.1186/1472-698X-14-14. Accessed: 13 March 2020.
40. Ewunetie, A.S., Mune, A.M., Meselu, B.T., Simeneh, M.M., & Meteku, B.T. (2018). Delay on first antenatal care visit and its associated factors among pregnant women in public health of Debre Markos Town, North West Ethiopia. *BMC Pregnancy and Childbirth,* 18(173).

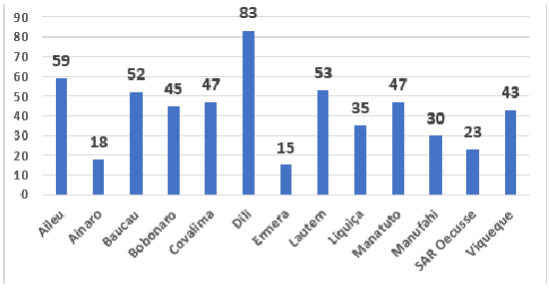
lack of male involvement in MCH care and decisions about family planning, unsafe social norms, and economic burden.[41]

Conversely, factors that encouraged ANC visits included having a trusted caregiver, having accessible and affordable transportation,[42,43] availability of services, ability of men to take their wife to the ANC visit, health professionals' advice, and family influence.[44]

Births at Health Facilities

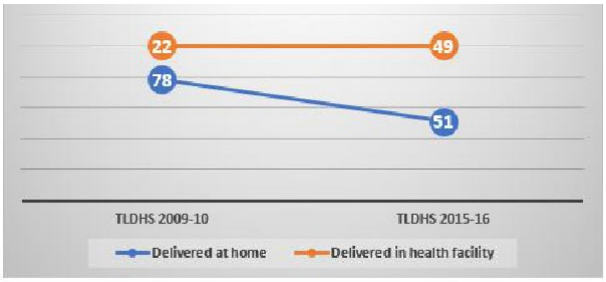
An essential aspect of reducing maternal mortality is for women to deliver at a health facility. In Timor-Leste, the team found that 49 percent of deliveries take place at a health facility and 51 percent at home. This trend is an improvement over the past five years (Figure 7). The biggest determinant appears to be education level, with 91 percent of women with more than a secondary education preferring to deliver at a facility, compared to just 26 percent of women with no education. Women who live in urban areas (84 percent) or are new mothers (63 percent) are also more likely to prefer delivering in a health facility compared to women who live in rural areas (36 percent) or mothers delivering their sixth (or later) baby (36 percent). Differences also exist across municipalities: Ermera has the lowest coverage of delivery in a health facility (15 percent), compared to Dili, with the highest (83 percent; Figure 6, 8).

Figure 6. Births at a facility, by municipality



Source: GDS & ICF, 2018. 2016 TLDHS

Figure 7. Trends in place of births (in percentages)



Source: GDS & ICF, 2018. 2016 TLDHS

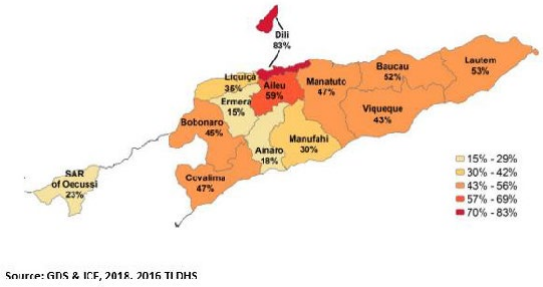
Deliveries attended by skilled health personnel

Ensuring that every birth occurs with the assistance of skilled health personnel (medical doctor, nurse, or midwife) is key to reducing maternal morbidity and mortality in Timor-Leste.[45]

41. UNICEF (2017). Baseline Study of Knowledge, Attitudes and Practices towards Ten Key Focus Areas of Parenting in Timor-Leste, 2015. Available at: https://www.unicef.org/timorleste/media/416/file/UNICEF-TL2018.pdf. Accesed: 20 March 2021.
42. CBM-Nossal Partnership for Disability Inclusive Development & Ra'es Hadomi Timor Oan (2016). Access to maternal and newborn health services for women with disabilities in Timor- Leste. Available at: https://www.did4all.com.au/Resources/2016percent20CBMpercent20Accesspercent20ofpercent20womenpercent20withpercent20disabilitiespercent20topercent20MNHpercent20Timor-Leste.pdf. Accessed: 13 March 2020
43. Harrison, S (2017). A qualitative inquiry into the perspective of men on maternal & newborn child health in Timor-Leste. Available at: https://catalpa.io/documents/1/Engaging_Men_in_Maternal_and_Child_Health_-_Online.pdf. Accessed: 15 March 2021.
44. Wallace, H.J. et al (2016). Reproductive Health Decision-Making in Municipio Viqueque, Baucau, Ermera and Dili, Marie Stopes Timor-Leste. Available at: https://www.mariestopes.tl/media/2025/eng-reproductive-health-decision-making-in-municipio-viqueque-baucau-ermera-dili-timor-leste.pdf. Accessed: 13 March 2021.
45. Ministry of Health (2011). *National Health Strategic Plan 2011-2030.*

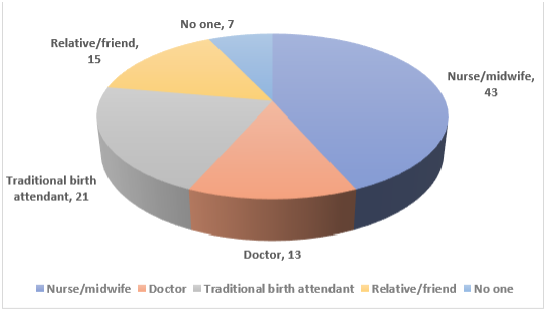
However, the most recent TLDHS indicates that just 56 percent of babies are delivered with the assistance of a skilled provider (Figure 9). Although this proportion nearly doubled from 30 percent in 2009–2010, skilled assistance during delivery is more common in urban than rural areas, among women who have more than secondary education, and in the highest wealth quintile.[46]

Figure 8. Delivery in health facility by municipality (in percentages)



Source: GDS & ICF, 2018. 2016 TLDHS

Figure 9. Delivery assistance (in percentages)



Source: GDS & ICF, 2018. 2016 TLDHS

Postnatal care

The postnatal period is a critical phase in the lives of mothers and newborn babies. The first four weeks after birth are when most maternal and infant deaths occur. Yet, according to the World Health Organization (WHO), this is the most neglected period in the provision of quality care.[47] The WHO recommends at least four postnatal visits: the first within 24 hours; the second within 72 hours; the third between days 7 and 14; and the fourth up to six weeks after the birth. However, the majority of mothers in Timor-Leste do not receive professional postnatal care and, among those who do, many do not receive it early enough to prevent maternal and neonatal deaths.

Thirty-five percent of mothers and 31 percent[48] of newborns receive the recommended postnatal checkup within the first two days after birth. Women who deliver in a health facility are more likely to receive a postnatal check-up than those who deliver elsewhere. Also, women from urban areas are more likely to receive postnatal care than women who live in rural areas.[49]

Barriers reported to postnatal care include the non-availability of a health care provider, especially one who is female, non-availability of drugs, and difficult access to the health facility due to distance or lack of transport; women and girls in remote areas have significant challenges in reaching services.

46. Khanal, V., Lee, A.H., da Cruz, J.L.N.B. *et al* (2014). Factors associated with non-utilisation of health service for childbirth in Timor-Leste: evidence from the 2009-2010 Demographic and Health Survey. *BMC Int Health Hum Rights* **14,** 14. Available at: https://doi.org/10.1186/1472-698X-14-14. Accessed: 13 March 2020.
47. WHO (2013: WHO. Postnatal care of the mother and newborn 2013. World Heal Organ. 2013:1-72 Available at:https://apps.who.int/iris/bitstream/handle/10665/97603/9789241506649_eng.pdf;jsessionid=086DD01D7B5CADFFC143C5C264EDA0E3?sequence=1. Accessed: 13 March 2021.
48. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* Rockville, Maryland, USA: GDS and ICF
49. Ibid

Sixty-two percent of mothers of newborns practice skin-to-skin contact. Sixty-two percent of mothers giving birth also have their child's umbilical cord cut with a sterilized blade; mothers aged 20–34 are more likely than those aged 35–45 to do this. Place of delivery, urban versus rural residence, education level, and wealth status among women are also contributing factors to the practice of using a new blade to cut the cord when the baby is born.

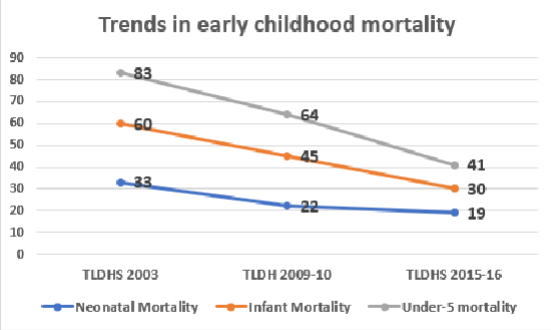
Twenty percent of women put betadine on their umbilical cord stump, 9 percent use a traditional medicine, and 7 percent use oil. Counterintuitively, use of traditional medicine for this purpose is more common in women who have high wealth status and levels of education and live in urban areas.

Some women (29 percent) also follow a traditional practice of sleeping with their newborn babies near the household fire for some days; 33.2 percent of the women who do this are less than 20 years old. The practice is more common among women who deliver outside a health facility (50 percent), those with a low level of education (48 percent) and women of the lowest economic status (58 percent).

Child Health

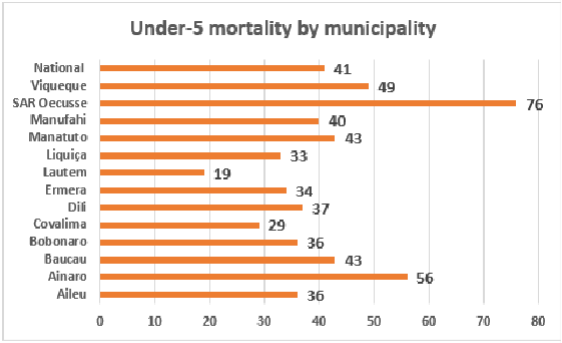
Since its independence Timor-Leste has made progress in its early childhood mortality rate; trends show a decline by over 50 percent in childhood mortality (neonatal, infant, and under-five) since 2003 (Figure 10). Improvement in women's education and household wealth has contributed significantly to this decline. However, child mortality rates remain high among women with short birth intervals (less than two years), and women younger than 18 years old. Under-five mortality also varies substantively across municipalities (e.g., 19 deaths in Lautem and 76 deaths in SAR Oecusse).

Figure 10. Trends in early childhood mortality



Source: NSD, MFTL, & ICF, 2003. 2003 TLDHS; NSD, MFTL, & ICF, 2010. 2009-10 TLDHS; GDS & ICF, 2018. 2016 TLDHS

Figure 11. Under-five mortality by municipality



Source: GDS & ICF, 2018. 2016 TLDHS

Immunization rates in Timor-Leste are relatively low, with just 49 percent of children aged 12–23 months receiving all basic immunizations. Immunization rates are lowest (37 percent) among households in the lowest income group, and highest (56 percent) among households in the highest income group. Across municipalities, Ermera has the lowest coverage, at just 31 percent.

Adolescent Health

Twenty percent of Timor-Leste's total population is made up of youth aged 10–19.[50] However, knowledge about reproductive health is very low among this age group.

Twenty percent of youth have experienced an illness in their lives that lasted more than six months, including malnutrition and anemia among adolescent girls. Many youth aged 13–15 have started sexual intercourse (22% male and 16% female). Seven percent of women aged 15–19 have already had a birth or are pregnant with their first child, and girls in this age group have also experienced sexual and physical violence. Teenage pregnancy is higher among women with little or no education (13 to 16 percent) than among women with secondary or higher levels of education.[51] The main causes of early marriage in Timor-Leste are pregnancy, arranged marriage, marriages pushed by parents because the young people were in a relationship, and that the young people wanted to escape a dire situation at home.

The responses to these issues over the past 20 years have been limited by lack of evidence-based planning, health facilities' lack of readiness for adolescents and youth, unsupportive environments with lack of confidentiality, young people's limited knowledge about services, unhealthy social norms, and emerging technology.[52]

The review recommended that SBC interventions for youth and adolescent health consider factors around policies that enable provision of rights-based, quality SRH services to adolescents and youth, ensuring health facilities have services that are accessible, equitable, confidential, effective, and efficient for them to use. The approach also needs to consider adolescent and youth empowerment, including partnerships in collaboration with them to enhance their ownership of their own health.

Nutrition

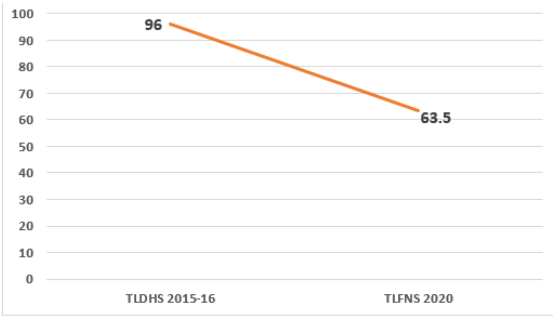
Early initiation of breastfeeding and exclusive breastfeeding for at least six months

Early initiation, or timely breastfeeding specifically within the first hour of birth, is a nutritional best practice recommended by WHO.[53] It promotes child survival, and health, brain, and motor development.[54,55.] Further, it stimulates breast milk production and provides the baby with the first milk colostrum, which contains high levels of nutrients for children's growth and development. Of children who are breastfed, 74 percent receive early initiation within the first hour of birth and 93 percent begin breastfeeding within one day of birth.[56] Trends for breastfeeding within the first hour of birth are somewhat counterintuitive: rates have reduced from 96 percent in 2016 to 63.5 percent in 2020 (Figure 12),[57] and women who have no assistance during delivery are more likely to breastfeed their child within the first hour of the birth (87 percent) than women who deliver with health personnel (76 percent) or a traditional

50. Timor-Leste Census (2015).
51. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic.*
52. UNFPA (2017) Teenage Pregnancy Report
53. WHO (n.d). Early initiation of breastfeeding to promote exclusive breastfeeding. Available at: https://www.who.int/elena/titles/early_breastfeeding/en/. Accessed: 21 March 2021
54. Edmond, K.M. et al (2006). Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics*, 117 (3), 80-386. Available at: https://pubmed.ncbi.nlm.nih.gov/16510618/. Accessed: 16 March 2021.
55. Horta, B.L. et al (2007). Evidence on the long-term effects of breastfeeding. Systematic reviews and meta-analysis. Geneva, World Health Organization. Available at: https://apps.who.int/iris/handle/10665/43623. Accessed: 16 March 2021.
56. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* Rockville, Maryland, USA: GDS and ICF.
57. Ministry of Health (2020). Timor-Leste: National Food and Nutrition Survey. Preliminary report.

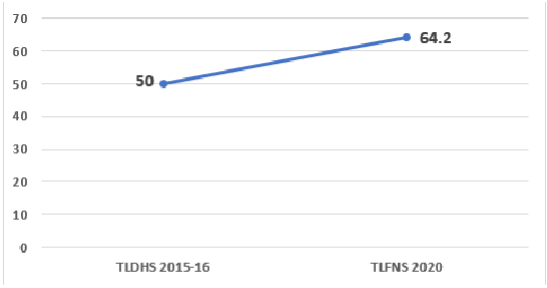
birth attendant (71 percent). Similarly, women with secondary education or less are slightly more likely to breastfeed their baby immediately (75–78 percent) than women with higher than secondary education (68 percent).[58]

Figure 12. Early initiation of breastfeeding (0–23 months)



Source: GDS & ICF, 2018. 2016 TLDHS

Figure 13. Exclusive breastfeeding (0–5 months)



Source: GDS & ICF, 2018. 2016 TLDHS

Exclusive breastfeeding up to six months is known to have nutritional benefits. It also provides protection against infections such as diarrhea and acute respiratory illness. In Timor-Leste, 64 percent of children under six months old are exclusively breastfed (Figure 13).[59] However, the prevalence rate declines with increasing infant age, from 64 percent at less than one month to 35 percent at 4–5 months. Mothers with higher education and with access to health services tend to deliver with an SBA and breastfeed exclusively, compared to mothers with lower education, less access to health services, and whose decisions are heavily influenced by others (including husbands and mothers-in-law).[60]

There was also an increase in unhealthy practices related to exclusive breastfeeding from 2010 to 2017: the percentage of children who were not breastfeeding increased from 2 to 7 percent; the percentage of children using a bottle with a nipple increased from 7 to 18 percent; and the median duration for breastfeeding declined from 17.5 months to 16.2 months. These declines were more prevalent among children in higher-income households. Similarly, more-educated women have a shorter breastfeeding duration (12 months) than women with low to no education (19 months).

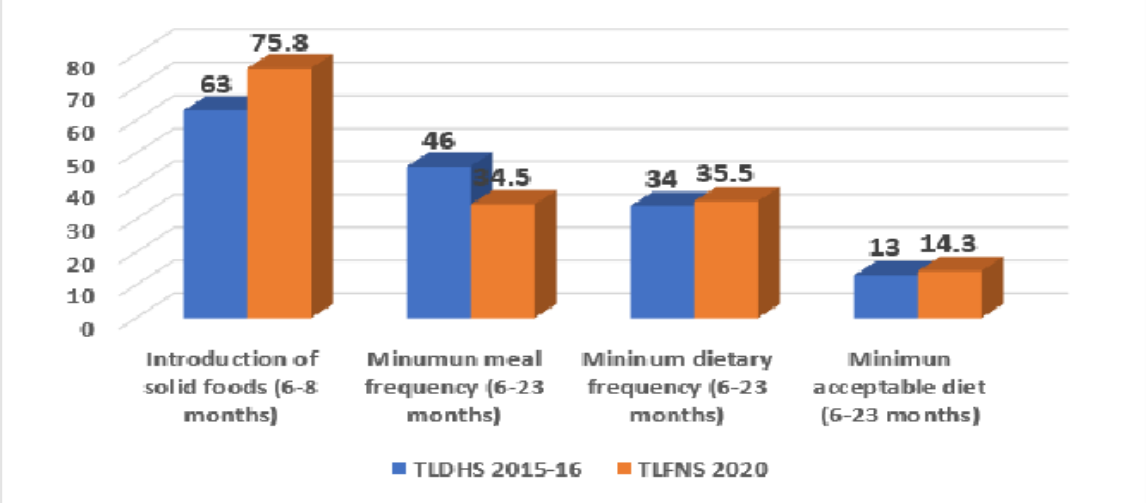
Complementary Feeding

After the age of sixth months, the energy and nutrient content of breast milk alone is not enough to meet the nutritional demands of a growing infant.[61] Therefore, initiation of complementary feeding, defined as starting additional foods and liquids along with breast milk, is essential to

58. General Directorate of Statistic (GDS) and ICF (2018). *2016 Timor-Leste Demographic and Healthy Survey Key Findings.* Rockville, Maryland, USA: GDS and ICF.
59. Ministry of Health (2020). Timor-Leste: National Food and Nutrition Survey. Preliminary report.
60. National Statistic Directorate and ICF Macro (2010). *Timor-Leste Demographic and Health Survey 2009-10,* Dili, Timor-Leste: NSD and ICF Macro. Available at: https://www.statistics.gov.tl/wp-content/uploads/2013/12/Final_20Report_20TLDHS_202010.pdf. Accessed: 16 March 2021.
61. World Health Organization. Sixty-fifth World Health Assembly. Provisional agenda item 13.16 (2014). Progress reports. Washington, DC: WHO. Available at: https://apps.who.int/gb/DGNP/pdf_files/A65_REC1-en.pdf. Accessed: 16 March 2021.

ensure optimal growth.[62] The WHO recommends initiating nutritionally adequate, safe, and appropriate complementary food at the age of six months.[63] In Timor-Leste, the percentage of children aged 6–23 months who had been introduced to solid and semi-solid foods increased from 63 percent in 2016 to 75.8 percent in 2020.[64] This was accompanied by an increase in dietary diversity (34 to 35.5 percent) and of consuming the minimum acceptable diet (13 to 14.3 percent). However, the percentage of children receiving the WHO-recommended minimum meal frequency decreased between 2016 and 2020, from 46 to 34.5 percent.

Figure 14. Complementary feeding among children (6–23 months)



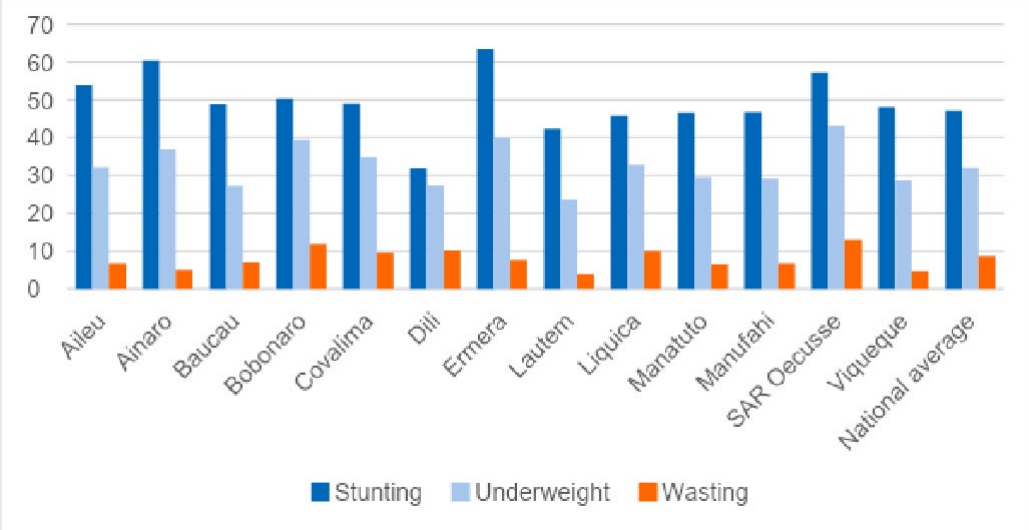
Source: GDS & ICF, 2018. 2016 TLDHS & MoH, 2020: TLFNS 2020

Malnutrition in children

The most recent data on nutrition status of children is available from the National Food and Nutrition Survey 2020. The survey includes three indicators—height-for-age (stunting), weight-for-height (wasting), and weight-for-age (underweight)—to describe the nutritional status of children. Figure 15 demonstrates that SAR Oecusse had some of the highest prevalence in all three measures of malnutrition, followed closely by Ermera and Bobonaro. Dili and Lautem had the lowest prevalence overall.

62. WHO (2003). Guiding principles for complementary feeding of the breastfed child. Available at: https://www.who.int/maternal_child_adolescent/documents/a85622/en/. Accessed: 16 March 2021.
63. WHO. Indicators for assessing infant and young child feeding practices: part 1. Conclusions of a consensus meeting held in Washington D.C., USA; 2008. Available at: https://www.who.int/nutrition/publications/iycf_indicators_for_peer_review.pdf. Accessed: 16 March 2021.
64. Ministry of Health (2020). Timor-Leste: National Food and Nutrition Survey. Preliminary report.

Figure 15. Prevalence of stunting, underweight, and wasting by municipality (in percentages)



Source: MOH, 2020: TLFNS 2020

Stunting and underweight are more prevalent in boys than in girls, in rural areas than in urban areas, among lower-income households than among higher-income households, and in households with lower educational background than in those with higher educational background. Overall, Timor-Leste has the highest level of malnutrition among all countries in the Asia-Pacific region,[65] and is still far from achieving Sustainable Development Goal 2: to end all forms of malnutrition by 2030.

High Prevalence of Micronutrients Deficiencies

Iron deficiency anemia is the most common nutritional problem in Timor-Leste. The 2016 TLDHS reported that 40 percent of children aged 6–59 months, and 23 percent of women aged 15–49, are anemic. Anemia happens in children and women across all education and income levels and varies across municipalities. The highest prevalence of anemia in children is in Liquiça (61 percent), while for women it is in SAR Oecusse (46 percent). Sixty-nine percent of women take iron supplements, an increase from what previous research found (40 percent).

Micronutrient intake and supplementation among children

Supplementation is important for a child's growth and development. Current TLDHS data show that 69 percent of children aged 6–23 months had consumed foods rich in Vitamin A during the 24 hours before the survey. This is an improvement over the last five years: the 2010 TLDH reported that 52 percent of children had consumed foods rich in Vitamin A. The lowest Vitamin A intake is in Ermera (31 percent) and the highest is in Manatuto (88 percent). Forty-six percent of children consumed foods rich in iron. Seven percent of children aged 6–23 months received micronutrient powder. Of those, half were given deworming medication in the six months before the survey: the range was from 16 percent among children aged 6–8 months to 56 percent among children aged 48–59 months year old.

65. FAO. 2018. *Asia and the Pacific Regional Overview of Food Security and Nutrition 2018 – Accelerating progress towards the SDGs*. Bangkok. License: CC BY-NC-SA 3.0 IGO. Available at: http://www.fao.org/3/CA0950EN/CA0950EN.pdf. Accessed: 16 March 2021.

Use of Iodized Salt

Among micronutrients, iodine is important: lack of iodine in the diet may lead to iodine deficiency disorder, which can cause miscarriages, stillbirths, brain disorders, retarded psychomotor development, speech and hearing impairments, and depleted levels of energy in children.[66]Almost all households surveyed consumed iodized salt (85 percent). Manatuto (76 percent), Covalima (74 percent), and Bobonaro (35 percent) have the lower percentage of iodized salt consumption.

Gender Equality and Social Inclusion

Gender

Gender-based violence is not uncommon in Timor-Leste. Intimate partner violence against women is a significant issue, which affects more than half of Timorese women multiple times throughout their lives, including in their access to health care services (for family planning and sexual reproductive health). Three in five (59%) women aged 15–49 years who have ever been in a relationship reported having experienced some form of physical or sexual partner violence, or both, by a male partner in their lifetime. [67]

Timor-Leste adopted a national Law against Domestic Violence in 2010.[68] The National Health Sector Strategic Plan (NHSSP) 2020–2030 recognized the importance of integrating gender equality and social inclusion into health care services to the community as a strategy to achieve universal health coverage and sustainable development goals. However, implementation of the laws and strategies remains a challenge across all health system levels and in the community. Awareness of gender mainstreaming and social inclusion is low within the health sector.

The review recommended that to achieve gender equality in health, SBC interventions need to focus on addressing the root causes of violence, especially on shifting the social norms and social acceptance of violence against women and children in Timor-Leste.

Disability

People with disabilities in Timor-Leste experience significant barriers in accessing health care services across the country. The key barriers identified were cultural beliefs or attitudinal barriers, communication, and physical barriers. It is particularly challenging for women with disabilities to access family planning and MNCH services.[69]

The rights of people with disabilities are established in the national constitution (Art. 21)[70] and in the NHSSP 2020–2030, which ensure non-discrimination and equal treatment for all people regardless of gender and regardless of mental or physical disabilities. The right to inclusive health care services is more specifically defined in the Disability National Action Plan (DNAP) 2020–2025 for the Health Sector. However, implementation of the policy and action plan face many challenges in ensuring facility readiness and access to health care services for people with disabilities. At the health facilities, people with disabilities experience stigma and discrimination from health providers. One woman with a disability reported, “I think they (midwives) were rude because they said, ‘You know how to make a baby, you know how to get pregnant. Therefore, you have to know how to get up on the bed.’ ... I was sad.” On the other

66. WHO (2004). Iodine status worldwide. WHO Global Database on Iodine Deficiency. Available at: https://apps.who.int/iris/bitstream/handle/10665/43010/9241592001.pdf?sequence=1. Accessed: 17 March 2021.
67. The Nabilan Health and Life Experience Study 2015
68. MoH - Draft RMNACAH Strategy 2015-2019
69. Christian Blind Mission - Australia and Raes Hadomi Timor Oan (2016), Access of women with disabilities to maternal and neonatal health services Report.
70. Sections 6 and 21 of the Constitution of the Democratic Republic of Timor-Leste (2002)

hand, service providers believe communities and families are not supportive of people with disabilities' access to health services.[71]

To address this issue, the review recommends an inclusive and person-centered approach to SBC in RMNCAHN that prioritizes the rights and value of people with disabilities in the health system, including their right to better access to health services.

71. Christian Blind Mission - Australia and Raes Hadomi Timor Oan (2016), Access of women with disabilities to maternal and neonatal health services Report.

Annex A: Matrix of SBC Interventions by Municipality

No	Organization (s)	Maternal and Child Heath												Nutrition												Water and Sanitation												Others (Education/Women Economic Empowerment/Human Rights/child protection/Gender/Disaster Risk Reduction/Eyes											
		Ail	Ain	Bcu	Bob	Cov	Dil	Erm	Liq	Mtl	Maf	Lau	Oec	Vqq	Ail	Ain	Bcu	Bob	Cov	Dil	Erm	Liq	Mtl	Maf	Lau	Oec	Vqq	Ail	Ain	Bcu	Bob	Cov	Dil	Erm	Liq	Mtl	Maf	Lau	Oec	Vqq	Ail	Ain	Bcu	Bob	Cov	Dil	Erm	Liq	Mtl	Maf	Lau	Oec	Vqq
I	**NGOs**																																																		
1	Child Fund								X																	X																										
2	Mahk Timor						X																																												
3	Marie Stopes Timor-Leste (MSTL)	X	X	X	X		X	X	X	X	X	X	X	X																																						
4	Mercy Corps		X					X	X																																										
5	World Vision in Timor-Leste	X		X	X	X																																													
6	TOMAK																X	X									X																									
III	**USAID's funded NGOs**																																																	
7	Health Alliance International (HAI)*	X	X	X	X	X	X	X	X	X	X	X	X	X																																		X	X			
III	**CSOs**																																																	
8	Associacao Haburas Capasidade Agricultor de Ekonomia (AHCAE)																																								X											
9	Assosiasaun Funan Alekot - Atoni Oecusse (FUNLEKO)												X																																						
10	Centru Edukasaun Civica Enclave Oe-Cosse (CECEO)												X																																				X			
11	Fo Naroman Timor Leste (FNTL)																																																	X	
12	Fundasaun Hamnuk Ita Ajuda Malu (HIAM Health)	X	X		X			X	X	X	X				X	X		X			X	X	X	X																											
13	Fundasaun Alola	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																		X	X	X	X	X	X	X	X	X	X	X	X
14	Fundasaun Fuan Sudavel Timor Leste (FFSTL)																																																X						
15	Fundasaun Moris Hamutuk (FMH)				X													X														X																				
16	Fundasaun Sosial Naroman (FUSONA)						X		X			X	X		X		X			X	X																																	
17	Rural Youth Action (RYA)																											X																									
18	Sentru Juventude Munisipiu Ermera (SJME)																																																X			
19	Sharik Haburas Comunidade (SHC)	X	X			X	X	X	X		X																		X	X			X	X	X	X		X						X	X			X	X	X	X		X			
20	Timor-Leste Coalition for Diversity and Action (TL-CODIVA)																																																X						

Obs: 1) Aileu; 2) Ainaro; 3) Baucau; 4) Bobonaro; 5) Covalima; 6) Dili; 7) Ermera; 8) Liquiça; 9) Lautem; 10) Manatuto; 11) Manufahi; 12) Special Region Oecusse; 13) Viqueque

Annex B: Existing SBC Interventions by Org.

Child Fund	
Key themes addressed	MCH, Nutrition
Coverage area	Lautem (Nutrition), Liquiça (MCH)
SBC activities	MCH program.; Monthly community mobilization. The Child Fund project officer works with SHIO members in Child Fund's focus village. On a monthly basis, coordinate with SHIO members on health promotion, using government flipchart on MCH, with other additional IEC materials from the Child Fund. Biweekly cooking demonstration targeting mothers with children under five, including discussing nutrition-related topics, and performing MUAC for children under five and PLW. During MUAC and when they identify children or mothers who are undernourished or have moderate acute malnutrition, they refer them to nearby health facilities. SHIO members follow up monthly to check on nutrition status. Provide capacity-building to volunteers during the health promotion session. Volunteers lead the session on health topics and the project staff support them when needed. Introduce male engagement forum for activity session on a quarterly basis.; Introduce different types of nutrition and health topics with intent to engage father to take part in MCH. Nutrition program operates only in Lautem. Work with PSFs at village level.; Nurse holds nutrition education rehabilitation session over a three-month period with parents of children under five.; Children with malnutrition are enrolled in a group where nurses monitor them.; Nutrition education to parents is based on MOH's guidance. Volunteers recently trained on early childhood stimulation play with children using songs, local materials, etc., and parents can play with their children while waiting for food from the cooking demonstration to be ready. Thirty-six mothers participate in a support group in Lautem and Iliomar. Male engagement was introduced in Lautem in July of 2021.
Types of IEC materials used/produced	Flipcharts from MOH on MCH, brochures from Child Fund. Parenting education manual: Child Fund, World Vision, Plan International, MOH, and Ministry of Education, Youth, and Sports have been involved in developing it.
Notes	Models and manuals on male engagement should be expanded

Maluk Timor	
Key themes addressed	Most of their programs include some degree of community engagement and health promotion, e.g., TB, HIV, RHD, oral health, women's health, and social care
Coverage area	Dili, Atauro Nationally, for training- related work
SBC activities	They mostly interact with this type of activity through the Family Medicine Program, and they train health care workers in their other vertical programs, on topics such as nursing, COVID-19, HIV, TB, RHD, oral health, and nutrition; and they provide decision support. Currently developing manual for PSFs. Training of nurses and midwives; COVID-19 training for health workers; weekly site-by-site training workshop at CHCs, supporting immunization campaign; counseling.
Types of IEC materials used/produced	Brochures, posters, etc.

Marie Stopes Timor-Leste (MSTL)	
Key themes addressed	SRHR/family planning, Youths and adolescents, Gender-based violence
Coverage area	All municipalities except Covalima
Primary and secondary audiences	Married couples, young married and unmarried males and females; High school students and teachers; Demand-generator educator; Other international NGOs; Wider community; Youth and adolescents, women's group; Youth and parents in Dili; MSTL team
SBC activities	Education focus group session: facilitate the SRH+R sessions with different target groups Menstrual health and hygiene at the community and high school level Training to their own providers as mechanism for them to recognize gender-based violence issues and make referrals One-on-one discussion around family planning and SRH including menstruation, healthy relationships, and sexually transmitted infections (including HIV and AIDS) Men's engagement training Parent and youth corner activities Community night events Campaign around Largo Licidere, and using the opportunity to share hotline information with the youth who are present National and international days commemoration where MSTL is invited to provide any SRH information through tents provided by the organizing committee Youth and parent corners (3–4 hrs. a day) in the outreach Community radio to share SRH information and hotlines
Types of IEC materials used/produced	Contraception Board; MOH Family Planning Manual; MOE/MOH flyers about menstrual health and hygiene; MOH training manual and guidelines; SRH videos for future (BA Futuru); Brochures on puberty and knowledge of SRH; Menstrual calendar; MSTL poster and business cards; MOH-produced film presenting national leaders talking about SRH; Guidelines are being developed for DGE to implement the youth and parent corners in the outreach.; Audiovisual SRH information *Most of the materials MSTL uses are produced or developed in collaboration with the MOH.

Mercy Corps	
Key themes addressed	MCH, Nutrition, Adolescent Health
Coverage area	Ainaro, Ermera, Liquiça (Maubara), Manatuto
Primary and secondary audiences	**MCH:** Existing Mother Support Group under MCH; Community health volunteers formed under HATUTAN; VSLAs **Nutrition:** School administrators, Parent Teacher Association members, school cooks; Agriculture extension workers; VSLA members/farmers groups **Adolescent Health**: Primary school students (preschool–class 6)
SBC activities	**MCH**: Facilitated discussion on breastfeeding/complementary feeding, healthy family meals/dietary diversity/household decision-making, resource allocation with focus on high-protein foods; WASH (various hygiene topics) **Nutrition:** Training on nutrition, hygiene, and gender. Content focus on the role of schools to improve nutrition and health indicators; Dietary diversity through lifecycle; Hygiene (various aspects); Gender (violence against children, workload); School health fairs; Hygiene-nudging activities to increase handwashing after latrine use; School gardens linked to nutrition; Three-day nutrition-sensitive agriculture (NSA) training for agriculture extensionist; NSA training to VSLA/farmers **Adolescent Health**: Support to school to establish school health clubs and school health promotors
Types of IEC materials used/produced	**MCH**: Flipbooks to facilitate discussion **Nutrition:** Training manuals, flipbooks, poster (nutrition hygiene, extracurricular activities lesson plans, cooking sessions) at school-level; Manual for extensionists, NSA flipbook for extensionists to use with VSLAs/farmers, nutrition crops tools (TOMAK) **Adolescent Health:** School health manual, extracurricular activity guideline, and lesson plans
Notes	**MCH:** Health fairs not yet implemented; Interactive participatory activities were well received.

WVI	
Key themes addressed	MCH (nutrition)
Coverage area	Aileu, Baicai, Covalima, and Bobonaro
Primary and secondary audiences	Mothers with children under five
SBC activities	Training to PSF on health and nutrition; Established parents' clubs to share and discuss health issues; Developed parenting curriculum on nutrition; Established CVC
Types of IEC materials used/produced	Flipchart by MOH; Lesson plans that the WVI developed to make it easy for PSFs to use when they share information with parents in parents' clubs
Notes	If possible, expand to other administrative posts because the current Health Program, "Better Food, Better Health," is implemented in only one of the administrative posts of its focus municipality. Parent clubs' are good platforms for parents with children under five to get and ask for health information when they cannot come to monthly SISCa events. CVC is a good platform for health advocacy where it involves various line ministries.

TOMAK	
Key themes addressed	Nutrition, Aquaculture for nutrition, COVID-19 prevention
Coverage area	Bobonaro, Baucau, Viqueque (covers only some administrative posts)
Primary and secondary audiences	**Nutrition**: Agriculture extension workers, Health providers, WRA, Mothers of children under two, Fathers of children under two, Grandmothers of children under two **Aquaculture for nutrition:** WRA, Mothers of children under two, Fathers of children under two **COVID-19 prevention**: WRA, Mothers of children under two, Fathers of children under two
SBC activities	**Nutrition:** Three-day NSA for agriculture extensionist, One-day NSA training for health providers, Community nutrition groups, VSLA groups, farmers groups, Film screening and discussion in community groups, Magazine dissemination and facilitated discussion in schools **Aquaculture for nutrition:** Aquaculture groups
Types of IEC materials used/produced	**Nutrition:** Facilitator guide, participant guide, training PowerPoint for NSA for extensionist, Nutrition Crops Tools; Facilitator guide, participant guide, training PowerPoint for NSA for health providers, seasonal calendar job aid for health providers; Community group curriculum, household decision-making film, household decision-making modules; LAFAEK special edition on adolescents' nutrition, adolescent nutrition posters **Aquaculture for nutrition:** Training guide, hanging banner, participant handouts **COVID-19 prevention:** COVID-19 prevention flipbook training film and guide, handwashing with soap sticker (all developed with HATUTAN)

Annex C: SBC Interventions by CSOs

Haburas Capasidade Agrikultor, and Ekonomia (AHCAE)	
Key themes addressed	WASH
Coverage area	Oecuse
SBC activities	Program focuses on supporting community to have hygienic habits through promotion, training, and discussion activities with community.
Funan Alekot Atoni Oecusse (FUNLEKO)	
Key themes addressed	HIV & AIDS
Coverage area	Oecuse
SBC activities	Program focuses on agriculture, horticulture sustainable livelihoods, education, health (HIV and AIDS), infrastructure, advocacy for human right, peace building, gender
Edukasaun Civica Enclave Oe-Cosse (CECEO)	
Key themes addressed	WASH; HIV and AIDs
Coverage area	Oecuse
SBC activities	Program focuses on supporting communities to access clean water and promote hygiene activities in the community. The program is also active in raising community awareness regarding prevention of HIV and AIDS and work on monitoring and advocacy. Support materials to build the toilet for five villages. (Passabe 2 Wasilo 1, Netibe 1, PanteMakasar 2). Advocacy through REINE, discuss together and transmit the letter or invite municipality health authority to conduct dialogue on health issues. Monitoring and disseminating information related to the COVID-19 prevention.

Fo Naroman Timor-Leste (FNTL)	
Key themes addressed	Health for eyes
Coverage area	Nationwide
SBC activities	FNTL focuses on Saúde Matan. The program covers 13 Municipalities aiming to raise awareness of Saúde Matan in Timor-Leste and work to improve quality care of eyes.
Fundasaun HIAM Health	
Key themes addressed	MCH-Nutrition and Agriculture
Coverage area	Aileu, Ainaro, Bobonaro, Ermera, Liquiça, Manatuto, Manufahi
SBC activities	Cooking demonstration, community farming, center for malnoursihed children
Fundasaun Alola	
Key themes addressed	MCH, nutrition, GBV
Coverage area	12 municipalities and SAR Oecusse
SBC activities	Work with Mother Support Group and volunteer on MCH and breastfeeding Advocate for Infant and Young Child Feeding (IYCF) practice Home visits Provide training of trainers to health staff on women cancer Advocacy IYCF practices Serve as technical advisor for nutrition program to the MOH nutrition Department Education and literacy Women's economic empowerment

Fundasaun Fuan Saudavel Timor-Leste (FFSTL)	
Key themes addressed	Noncommunicable disease
Coverage area	Baucau
SBC activities	The program approach involves information-sharing, hosting the activities that promote a healthy lifestyle at schools, and raising awareness of the negative impact from alcohol and cigarettes on health.
Fundasaun Sosial Naroman (FUSONA)	
Key themes addressed	MCH & Nutrition
Coverage area	Dili, Oecose, Liquiça, and Lospalos
SBC activities	Focuses on the health activities training program to the clinic staff in Dili and Oecuse and Liquiça. For the advocacy activities on community health in Lospalos and Manufahi.
Rural Youth Action (RYA)	
Key themes addressed	WASH
Coverage area	Aileu
SBC activities	Program offers capacity building opportunities to target groups (Schools and community), conduct monitoring in the field and mobilize community for advocacy in all sectors. Capacity building focus on the WASH, monitoring to the health services in the villages then use the findings to discuss with municipality health authority on health service issues and prepared recommendations. The advocacy through writing letter and dialogue. Provide monitoring and disseminating information related to the COVID-19 prevention
Sentru Juventude Munisipiu Ermera (SJME)	
Key themes addressed	Youth reproductive health
Coverage area	Ermera
SBC activities	The program linking sport to health and sharing the information to youth on the prevention, healthy lifestyle. Provide monitoring and disseminating information related to the COVID-19 prevention

Sentru Juventude Munisipiu Ermera (SJME)	
Key themes addressed	Youth reproductive health
Coverage area	Ermera
SBC activities	The program linking sport to health and sharing the information to youth on the prevention, healthy lifestyle. Provide monitoring and disseminating information related to the COVID-19 prevention
Sharis Haburas Comunidade (SHC)	
Key themes addressed	Promote Healthy Life Program (Youth Reproductive Health, HIV Prevention, primary health care)* *Currently on hold, waiting for approval for funding
Coverage area	Aileu, Ainaro, Manufahi
SBC activities	Training to farmers Work with community leaders to promote health care seeking behaviors and create healthy environment.
Timor-Leste Coalition for Diversity and Action (TL-CODIVA)	
Key themes addressed	Lesbian, Gay, Bisexual, and Transgender community health care
Coverage area	Dili
SBC activities	CODIVA as an organization work against stigma, discrimination, and violence against marginalized group (Lesbian, Gay, Bisexual, and Transgender community). Advocacy activities through dissemination of information to generate the awareness of Health Professional on the sex orientation, gender, expression and characteristic of services to the marginalized people in order to decrease the stigma to lesbian, gay, bisexual, and transgender people in accessing the public health facility.