



NATIONAL FAMILY PLANNING POLICY

MINISTRY OF HEALTH
DEMOCRATIC REPUBLIC
OF TIMOR-LESTE

10 MARCH 2004



United Nations
Population Fund



MINISTÉRIO
DA SAÚDE

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FOREWORD

The results of the Demographic Health Survey (DHS) conducted in 2003 and the recent National Census showed that Timor-Leste, as the newest country of the world, has very high fertility rate (7.8 per cent). In addition, poverty, poor health conditions and high rate of illiteracy are the leading causes for high percentage of infant and maternal mortality rates, which are also health and social economic burden for the country. In line with this and by endorsing the recommendations of the International Conference on Population and Development Programme of Action, the Government of Timor-Leste envisages family planning as one of determinant factors to the reproductive health interventions to reduce the infant and maternal mortality rates by improving the health of the mothers and spacing the births.

Since this was the first time the family planning programme was being thought of in the country after independence, the Ministry of Health, with support from UNFPA, took the initiative to organize the first Consultation meeting with different stakeholders in early 2003. The conclusions arrived at the Consultation pointed out that majority of the people, including the Catholic Church leaders of Timor-Leste, have expressed their support for implementation of family planning programme.

Following the encouraging response given at the Consultation meeting, a draft policy document was developed by the Ministry of Health and was brought to

public debate through several workshops. These dialogues aimed at making recommendations and receiving additional

inputs to the draft document from different sectors of the government, non-governmental organizations (NGOs), religious leaders, women's groups and district health management teams (DHMT). All inputs and recommendations received/made were adapted prior to the official approval of this National Family Planning Policy document by the Council of Ministers on 10 March 2004.

We hope that this policy document will serve as a useful tool or guide for family planning and reproductive health managers and planners for the implementation of family planning programme in Timor-Leste.

Our thanks and appreciation go to various national and international NGOs, UN Agencies, religious groups, voluntary associations, government planners, who provided their valuable inputs to the development of this National Family Planning Policy document. Our special thanks go to UNFPA for providing financial and technical support for this Policy document.

Dr Rui Maria de Araujo, MP
Minister for Health
Democratic Republic of TimorLeste
Dili, February 2005

1.BACKGRUND

Family planning is an important development effort that can help to bring about improvements in the well-being of individuals and societies. Family planning should not be viewed as only providing contraception to women and men, but also as a way to 'PLAN A FAMILY' and therefore a means to contribute to the health and social well-being of Timor-Leste as stated in national constitution, section 57 that "everyone has the right to health and medical care, and the duty to protect and promote them".

The Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2002 estimated that total fertility rate (TFR) of Timor-Leste was about 7.5, which is currently among the highest in the world. This means that if current patterns of childbearing were sustained, on average each woman would bear more than 7 children during her reproductive lifetime. Current patterns also mean that roughly a third of all women aged 20-34 are bearing a child each year. (MICS, 2003 UNICEF Dili, East Timor). At the same time, the contraceptive prevalence rate is very low. The same survey found that only 7% of non-pregnant married women used any form of contraception. It is therefore crucial to provide individuals and couples with information on family planning and the means de

termine the size and spacing of their families.

The family planning policy enunciated in this document reflects not only a vision of 'Responsible Parenthood' for families in the society, but also the consensus reached at the International Conference on Population and Development (ICPD) held in Cairo in 1994, which shifted the population debate away from a demographic framework, with its focus on population control, to a reproductive health framework, with a focus on meeting the needs of individuals and couples. In this, reproductive health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (ICPD, 1994).

2. POLICY OBJECTIVE

The objective of this policy is to provide guidance on the development and implementation of family planning programs and activities in Timor-Leste. The policy will serve as the basis of developing family planning standard procedures and further multi-year and short-term plans.

3. GUIDING PRINCIPLE



Family Planning in Timor-Leste should be guided by the principle of 'planning a family' within the context of **RESPONSIBLE PARENTHOOD**.

4. POLICY STATEMENT

i). The Government of the Democratic Republic of Timor-Leste recognizes the importance of reducing the country's high population growth rate and of spacing births as a means of reaching its goals of eradicating poverty, reducing the country's high levels of maternal and infant and child mortality, and improving the health of mothers and children in line with the goals and targets set out in the United Nations Millennium Declaration.

ii). The Government subscribes to the principles enunciated in the Programme of Action agreed upon by the countries of the world at the International Conference on Population and Development (ICPD) held in Cairo from 5-13 September 1994, and in the Key Actions for the Further Implementation of the ICPD Programme of Action adopted by the twenty-first special session of the United Nations General Assembly held in New York from 30 June-2 July 1999

iii). In particular, the Government endorses Principle 8 of the ICPD Programme of Action, which states: "Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to repro

ductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

iv). In order to ensure that all couples and individuals in Timor-Leste have the means and information needed to make informed and free choices about the number and spacing of their





children, the Government undertakes to make accessible at all levels of the public health system, with technical and financial assistance from the international community if necessary, family planning, including natural family planning, information, counseling and services.

To ensure that such information, counseling and services are client-centred and adhere to the highest professional standards, the Government undertakes to provide ongoing training and information to relevant health-care professionals.

v). The Government undertakes to provide through the public health system, with technical and financial assistance from the international community if necessary, a secure supply and effective distribution of the widest possible range of contraceptives in order to ensure that the choices and needs of couples and individuals in Timor-Leste are met.

vi). Public promotion of family planning will be carried out within the context of safeguarding family health and of promoting overall reproductive health and will stress the freedom of choice available to all couples and individuals. Such promotion will encourage accessing family planning information, counseling and services through trained professionals.

5. MAJOR POLICY COMPONENTS

Component 1: Service Delivery

Family planning services should be integrated into the delivery of reproductive health services and should be universally accessible, acceptable, convenient and available in effective way at every health facility. Planning in



relation to routine services should be part of the long-term plan and a resource management system must be in place to cover recurring budgets, human resources, supplies and facilities. Types of routine services can be organized through:

a. HEALTH CENTER-BASED DELIVERY

All health facilities i.e. national and referral hospitals, Community Health Centers (level 3 and 2) must provide FP services and counseling daily or regularly in case of health posts. To ensure quality family planning services, referral hospitals should be strengthened to ensure proper response to the clients demand, Their need must be assessed, appropriate range of methods need to be provided and adequate logistics system to ensure a continuity of supplies. Complete and accurate information about all methods is offered, thus ensuring informed choices.

b. OUTREACH ACTIVITIES

Midwife at Community Health Centers (CHCs) and Health Posts (HPs) will be as the focal point of FP services, which is an integrated part of RH services in the basic health package at the community level.

Strengthening communities to enhance participation of all couples and individuals in family planning activities is important. By involving community volunteers, relevant private sectors, religious groups, women organizations in disseminating FP information will be helpful to increase the coverage, particularly in remote areas.

Men must be involved in FP programs to increase recognition and acceptance within community. Activities might include couples and not only wives or women. Men's participation will enable them to share the responsibility of family planning with their family members including adoption of male specific contraceptives.

COMPONENT 2: HUMAN RESOURCES



All health professionals engaged in the provision of services should have the capacity to offer family planning services to the community. Particular emphasis should be given to the capacity of midwives as the major providers of reproductive health. FP providers should have the necessary

technical skills to offer the methods safely (i.e. providers screen women for medical contraindications, assess the risks and can medically manage side effects). Additionally, they should also be trained in technically accurate and culturally appropriate counseling techniques and use them effectively.

COMPONENT 3: INFORMATION, EDUCATION AND COMMUNICATION



Information, Education and Communication activities related to family planning should be cultural-religious sensitive, shouspect people's individual choices and should be devised in the context of 'Responsible Parenthood'.

reproductive health providers, to present information related to advantages and disadvantages of all available contraceptive methods and *let individuals make informed choices.*

6. INSTITUTIONAL APPROACH

The Ministry of Health will work with all stakeholders, such as the private sector, Non Governmental Organizations (NGOs), international agencies and other development partners involved in the provision or support of population and family planning activities in Timor-Leste. At the same



time, the Ministry of Health will actively involve communities and other relevant government departments in the implementation of services.

7. COORDINATION MECHANISM

The Maternal and Child Health (MCH) Sub-division of the Ministry of Health has the overall responsibility for family planning. At the national level, an ad hoc steering/working group will be convened during the development and review of family planning policies and strategies. This working group will be consisted of health promotion,



adolescent reproductive health and HIV/AIDS units and together will develop and disseminate information, provide technical assistance, produce and disseminate national guidelines, build capacity, providing the resources and advocate FP

strategy to all policy makers.

At the district level, delivery of family planning services will be integrated with other activities and the District Health Management Team will be responsible for supervision and coordination of all the family planning services in the district. Intersectoral co-ordination and collaboration will be strengthened. A mechanism for advocacy and joint action will be supported at the district level with the active involvement of other sectors and the District Administration.

8. MONITORING AND EVALUATION

Monitoring and evaluation mechanisms on family planning activities will be created using objectively verifiable indicators (OVIs) and the corresponding means of verification (MoV) at the national level. In addition, quality/utilization management indicators will be developed to effectively measure and monitor the family planning services. The timing and the responsible person for data collection will be identified during the development of program implementation.

Indicators

- Total fertility rate
- Contraceptive prevalence rate
- Unmet need for spacing and limiting births (DHS data)
- % of clients satisfied with birth spacing services provided
- Proportion of contraceptive methods available and offered by all midwives
- % of couples and individuals with receiving information and education on family planning

Annexes

All implementation tools associated to this policy will be developed in line with this official policy and will become annexes to this document.