

IMOG UPDATE MARCH 2010

General

A good months work in March despite a few set backs. Ben had to take quite a bit of time off with Dengue and Sally with a bad chest infection. Between this and a car emergency and a dental emergency we managed to continue with most of our planned activities.

We have heard from Afzal that a delegation of Rotarians may be visiting later in the year. This will be a fantastic opportunity for whoever comes to learn a little more about Timor Leste and to see first hand how your support has contributed here in Bobonaro. We look forward to hearing more about your plans.

Right - Sally with some of the Bobonaro district health staff after the monthly meeting. This month meeting was at Cailaco CHC.



1. Supporting SISCa (Servisu Integraduda Saúde Comunitária) (Integrated Community Health Services)

We have managed to have discussions with the community leaders about the access to health and maternal child health in particular. The purpose of these discussions is for us to learn a bit about the areas we are working in but also to open up a dialogue with them and introduce our project. In Saburai (Maliana Subdistrict) for example we spoke to the community health volunteers who said they have a lot of difficulty coordinating with and getting support from the local Xefe's (village leaders) about health activities. Together we looked at some simple inputs which IMOG may be able to provide this year to support these volunteers.

We hope over the next few months to be able to plan with the teams and the communities for changes that will improve the quality of the SISCa clinics. One of the things we are particularly looking at is appropriate referral for antenatal problems and child nutrition problems.



Maliana

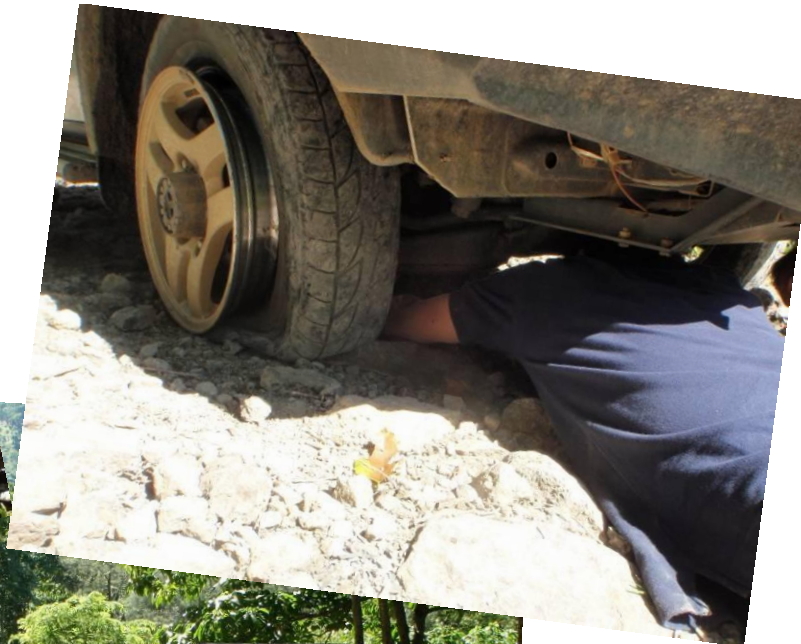
This month we were able to assist with and provide transport for each of the three SISCa clinics in Maliana. This team which we initially found very resistant to the idea of us working with them are now starting to open up and look at possibilities for how we can help them. This could be a matter of seeing that we are willing to turn up every month (even when it is difficult) and put in long hours at SISCa clinics just as they do. *Left - SISCa clinic in Silogolo, Lolotoe Sub-district*

Lolotoe

A eventful week in Lolotoe this month. The road to Lolotoe has improved a lot but the local roads are some of the worst we have to travel. We had a flat tyre on a steep rocky incline on the way to SISCa in Silagolo. It took a few hours to fix as we had to manoeuvre the car into a position where we could fit the jack. This involved carefully propping the car with rocks to both lift the flat tyre and to stop the car from moving down the hill. In the scorching sun it was probably not the best thing for Ben to be doing post Dengue but he did a remarkable job in the circumstances. The SISCa itself went quite well though everyone was pretty exhausted after the tyre ordeal. As we no longer had a spare we had to drive back to Maliana that evening to try and get another tyre fitted.

After our second 0500 start in one week, the Dilai SISCa was one of the best I have been to. The team were enthusiastic as were the community. We managed to cover all the 6 areas of health treatment and prevention that are required at SISCa clinics (this is the first time I have seen this outside of a demonstration event) despite only having 1 PSF (local community health worker) and 5 staff including the three of us from IMO. Referrals to the Lolotoe CHC and Maliana hospital were appropriate and community involvement was genuine. Afterwards we completed an evaluation tool together. We discussed areas we could improve and why this SISCa worked so well.

The SISCa at Amez the next day was not quite as brilliant as we were faced with the challenge of a community who obviously had something else on their minds. As mentioned earlier, appropriate referrals are something that needs a lot of work. A child with severe, prolonged malnutrition was picked up and we were able to give an example of a referral in which the family were supported rather than just told that they needed to go to Maliana. The young mother was worried about her child but concerned about transport and the fact that her husband was out in the field and she could not contact him. Together with the health team we were able to discuss the situation with her family/community and eventually it was decided that she would come to Maliana with us and when the child was discharged the ambulance would take her back to her home. The doctors were very concerned about the child when he arrived so it was worth the effort of village, health team and IMO getting together to solve the problem. It was the mother's first time in Maliana so Silda will check in on her over the weekend and make sure she is OK. If we had merely told her that she had to take him to hospital and left the rest up to her there is little chance he would have made it.



Nearly 3 hours spent changing punctured tyre on rocky decline en-route to Silagolo.



2. Supporting Refurbishment of Maternal Child Health Facilities

Cailaco

On Friday the 19th of March Ben and his team completed work on the Cailaco site. This is a great credit to him and his team. They now have a lovely new clean/sterile room, a renovated bathroom with a shower and hot water connection (although no electricity yet!), a spacious tiled Birth Room and running water to all sinks (when electricity is available). They should be able to start using this in the next couple of weeks but we are holding off on the community opening ceremony because we hope to complete at the very least a simple kitchen also.



We are aware that funds and time commitments may not stretch to a whole building for the family room and kitchen though this would be ideal solution. The staff at Cailaco are also very aware of this and very understanding. The most simple and workable compromise we have come up with so far is to build a simple kitchen on to the side of one of the other buildings. This should cost less than \$2000, take about a month to complete, would provide an adequate area for families to cook in and would be acceptable to the staff at the CHC. It would then be possible to convert the old birth room into a family room very easily.

Atabai –“Uma hein tuur ahi” (Waiting House)

All the connections for lighting in the Atabai “Uma Hien Tuur Ahi” need to be replaced as it has come to our attention that the light bulbs for these fittings are not available in Timor. On the 26th Silda and Sally will attend a monthly DHS meeting at the Atabai CHC and Ben will use this time to install the new fittings.

3. Rotary / IMOG Health Library

This month in the Library we have:

- Purchased a new lot of health texts in Bahasa Indonesian through a friend travelling in Surabaya
- Welcomed the new first year medical students. There are now 39 medical students in Maliana from all over Timor Leste.
- Conducted a successful workshop on Saturday 27th in which Sally, Kika and Aka started putting together statistics and preparing plans for the future.

Kika and Aka's report – translated to English

The library has been opened approximately 408 hours from the 16th of October to the 27th of March. In those hours we have had over 70 books borrowed (all returned) and over one hundred visits for study, reading for fun and using the computer or printer. The most popular books are those in Tetun and Bahasa Indonesian. We have many requests for health books in Indonesian and Spanish. Our most regular users are the medical students so we would like to encourage other health staff to use the library more.

4. Supporting the Midwives in Maliana Hospital

On the 22nd of March we were finally able to meet with the midwives from the Maliana Hospital to discuss plans for this year. The head midwife is back at work now after having her baby last year. Another of the senior midwives has also returned from leave after a long period of illness last year. 5 out of the 9 midwives made it to the meeting. We discussed the history and future of the IMOG



project in Bobonaro. Once they understood the situation they were quite understanding of the fact that Sally would no longer be working there and were happy that we still wanted to be involved with them. Together we developed some plans for supporting and working with each other.

Left and above – Sally in planning meeting with Maliana Hospital midwives.

The main ideas were:

- Helping them to purchase some much needed new birth sets
- Helping with some further equipment (coming in the container)
- Twice monthly study groups on maternal child health topic including EmOG
- Basic English classes combined with information literacy (using the library and computers to access health information and address clinical problems)
- Providing them with information about PALMS Australia as they had expressed interest in having a volunteer work with them in the future.

5. Weekly Health Promotion Program on Community Radio

This month the programs were focused on respiratory illness. We had one program about pneumonia and other respiratory infections and another about Tuberculosis. We also had a couple of programs in which Silda invited experts for the health sector to answer some of the questions people had asked regarding previous programs. This was pretty successful. Unfortunately phone calls in Timor are too expensive for the average Timorese person that talk back radio is very difficult.

In April we will start with some maternity related topics.

Right – Silda doing a hand washing demonstration at Dilai SISCa clinic (Lolotoe sub-district). Health promotion is an important component of SISCa clinics

