

AAI-OILEX Health Project

Timor-Leste - Atauro Sub-District

ACTIVITIES REPORT TO THE MINISTRY OF HEALTH (MoH) (July 08)



Project Name: AAI-OILEX Partners in Health Project

Location: Atauro Island, Dili District, Timor-Leste

Report prepared by: Australian Aid International, Timor-Leste

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1.0 OPERATIONS

Australian Aid International (AAI) conducted operations in partnership with the Ministry of Health of the Democratic Republic of Timor-Leste (MoH) in the Sub-District of Atauro during the month July 2008.

AAI provide healthcare projects in support of the MoH and District Health Services (DHS) as and where the major needs arise. Atauro Island is an area of current focus and AAI plan to continue operations on Atauro for a further 2 – 5 year period.

Atauro Island has been assessed as one of the most remote and needy communities in Timor-Leste. AAI have established the foundations of a long-term healthcare project on Atauro that aims at providing support and supervision for the DHS. This is being achieved by developing the capabilities of local healthcare staff so that they can provide sustainable healthcare management within the community minimising the need for outside intervention.

AAI Objectives

1. Mobile outreach healthcare clinic support
2. Health promotion activities
3. Capacity building of local healthcare staff

This report covers the period of July 2008 in which AAI conducted operations on Atauro from 19 -26 July 2008. For this reporting period, one clinic week is included in the report.

AAI Field Personnel

Penny Sizer	Health Coordinator
Kellie O'laughlin	Volunteer Doctor
Nairana Da Silva	Project Nurse
Caesar Conceicao	Project Nurse
Eduardo Soares	Project Nurse
Nuno Rui	Project Officer

2.0 OBJECTIVES

Objective 1 – Mobile Outreach Healthcare Clinic Support

AAI conducted four mobile and outreach healthcare clinics utilising the OEX/AAI vehicle and two mobile and outreach healthcare clinics by local outrigger boat. A total of 518 patients received consultations.



AAI doctor and nurse providing patient consultation at Macadade village

AAI local nurse administering medications at Bequili village

Beloi village – 19 July 08

- A total of 66 patients received consultation at these clinics. Transportation to the clinic was by OEX/AAI vehicle.

The number of consultations includes 11 patients who received medical treatment at AAI's accommodation in Beloi. As this is not a standard clinic in accordance with the Community Health Centre (CHC) schedule AAI are working with the community to reduce the number of patients attending for consultation and referring most patients to the normal clinic held at the CHC. AAI will see all children and unwell adults until which time the community returns to using the CHC for all of their healthcare needs.

One very unwell patient was escorted by AAI by ferry to Dili National Hospital for further assessment and treatment.

- A emergency visit conducted by the AAI Physician and Local Nurse to a child suffering asthma patient last month has resulted in a change in patient management which will reduced the number of asthma attacks the child contracts with less severity.

Bequili village – 21 July

- A total of 81 patients received consultation at this clinic. Transportation to the clinic was by OEX/AAI vehicle.

One patient was referred to CHC for further investigations for suspected TB while another patient was discussed with Health Coordinator of Atauro for possible treatment at Dili National Hospital.

AAI Health Coordinator and local nurse conducted a home visit to a patient with a previous history of leprosy and partial amputations of his foot. Family members were educated to provide wound care. A review of the wound was conducted by

AAI and patient education was again conducted to the patient and family as to the importance of wearing shoes.

One patient who had been seen at Beloi clinic on Saturday 26^t July represented to AAI as his condition had deteriorated. He was transported to CHC Vila for further in-patient treatment and was escorted by AAI by ferry for transfer to Dili National Hospital for further investigations and treatment.

Atekru village – 22 July

- AAI was able to attend clinic at Atekru for the first time since 27 May 2008 due to weather conditions and damage to the CHC outrigger boat.
- A total of 64 patients were seen at the clinic. Transportation to the clinic included using the OILEX/AAI vehicle to Bequili where AAI then used the CHC outrigger boat to Atekru.

One patient who had already been referred to Dili National Hospital requires further assessment which the Health Coordinator will arrange at Dili National Hospital.

Macadade village – 23 and 25 July 08

- A total of 64 patients received consultation at this clinic. Transportation to the clinic was by the OEX/AAI vehicle.

One patient was transported to family in Beloi so that the patient could be escorted by AAI by ferry to Dili National Hospital on Saturday 26 July.

Barauana village – 24 July 08

- A total of 49 patients received consultation at this clinic. Transportation to the clinic was by CHC outrigger boat.

Maquili village – 25 July

- No clinic was conducted due to the unseaworthiness of the CHC outrigger boat.

AAI was only able to provide one week of clinics this month to the community of Atauro. This was a result of the weekly ferry service to Atauro being cancelled as the ferry had broken down in Oecusse and could not provide a service to Atauro that week. As there are no other means for transporting vehicles to Atauro, the trip to Atauro had to be cancelled.

In total, 14 people have been referred to CHC Villa for further investigation and treatment either at the CHC or Dili National Hospital and or for specialist services when available in Dili. Four of these patients were referred to the Atauro Sub district Health Coordinator for possible referral to a Cardiology specialist services which were available at Dili National Hospital this month. All referrals are coordinated in collaboration with the Atauro Sub District Health Coordinator. As previously discussed with the CHC, AAI will provide a weekly list of patients who require referral. Patients who require immediate referral to the CHC or Dili are provided with a referral letter from AAI.

A list of 16 patients was provided to the Atauro Sub- district Coordinator for referral to the US Mercy Ship for minor surgical procedures. Details regarding services provided on the ship had been given to the Atauro Health Coordinator to facilitate the coordination of possible referrals to the ship. The Atauro Sub-district Coordinator was concerned that not all referred patients would be guaranteed surgery and this would place undue hardship on the patients financially as they had made the trip to Dili for no outcome.

This concern proved to be unnecessary as the patients were required to travel to Dili on the Saturday the ferry could not go to Atauro. Therefore, none of the patient that AAI had referred to the USS Mercy could be seen as there was no other transport available. AAI found this to be very frustrating and disheartening as a lot of work had been put into referring patients and establishing contact with the USS Mercy Ship.

Quick reference Charts have been revised and a copy developed for utilisation at the CHC in Villa, Atauro. Content is drawn from current Standard Treatment Guidelines and assist to reduce consultation times and aid in patient education.

Bahasa Indonesian and English copies of the Integrated Management of Childhood Illnesses (IMCI) were printed for use at mobile and outreach clinics. These reference materials assisted AAI to provide standardized care according to National guidelines and protocols which have been developed by the MoH.

AAI have been liaising with the World Health Organization (WHO) to obtain funding for a nurse to be placed at one of the remote past clinic locations on Atauro. This funding has been granted for the nurse to work in the village of Adara. The previously selected nurse is now un-contactable. The Atauro Sub-district Health Coordinator has been informed and there have been numerous attempts to contact the potential nurse without avail. A meeting was held with the Atauro Sub district Coordinator and it was decided that he would look for another potential staff member to fill this position there.

A meeting was held between AAI's Health Coordinator and WHO to organize the financial contract between the organizations. Also discussed at this meeting was the malaria study AAI is undertaking on Atauro and a copy of the report will be given to WHO.

WHO will discuss with UNICEF if a feeding centre could be established, with participation from AAI, on Atauro as UNICEF has established feeding centres in two other districts. WHO will keep AAI informed on any progress on this matter.

Two hand held computers (PDAs) were donated to AAI from Australia. These devices will be useful in AAI's epidemiological data collection on Atauro by reducing time allocated to writing data by hand. They will also be utilised to keep an updated database of referred patients to the CHC, Dili National Hospital or other specialist services. It is planned that Medical information database will be uploaded to minimise the need for taking printed literature and enhance access to updated medical research and literature whilst in clinic.

Research into current medical and dental services in Dili was conducted this month. Compiling this information will allow AAI to provide appropriate recommendations and referrals for patients and staff to tertiary services. AAI's Physician attended a meeting with the Medical Coordinator of Dili National Hospital and information gathered about medical and surgical services available at the hospital. In addition, AAI's physician also assessed and learned about facilities and services available at Bairo Pite Clinic, Marie Stopes International, Foho Oscan Mean Clinic and Cafe Timor Clinic.

AAI's physician provided assistance to Bairo Pite Clinic (BPC) this month and provided assistance at their mobile and outreach clinics in Aileu while AAI was unable to travel to Atauro. In addition, she met with TAIS and obtained a data of the families on Atauro who received bed nets during the distribution in December of 2007. The physician also met with the Head of Programs for the Catholic Relief Services (CRS) to confirm the Atauro bed net data received from TAIS. CRS was subcontracted by TAIS to assist with the December 2007 bed net distribution project on Atauro.

AAI has been conducting rural health clinics on Atauro Island for eleven months and data collected during this time suggests a high incidence and prevalence of malaria among people living on the island. This has also been the case at the CHC as per information provided by the Atauro Sub district Health Coordinator. Cases of

plasmodium falciparum and *plasmodium vivax* have been confirmed with thick smear microscopy by the CHC laboratory in Vila. Many more cases have been diagnosed and treated using clinical presentation and case definition.

As per recommendations by the MoH Vector Control Department to potentially obtain more bed nets for distribution, AAI conducted a survey in six villages where clinics are conducted to assess current knowledge, attitudes and practices of community members regarding malaria. This information has also been collected to gather information on the last bed net distribution that occurred in December of 2007 by CRS and TAIS. This information will be analysed by AAI and results forwarded to the MoH when finalised.

Objective 2 – Health Promotion Activities

New health promotion materials were not developed this month as staff have been revising presenting current materials on 'How to Recognise a Sick Child' and Hypertension.

AAI utilised a Hypertension drama skit to provide health education. Positive feedback was received from the community and a suggestion was made by the Chefe de Aleia in Bequeli to possibly provide this education session elsewhere in the community to target other groups. Hypertension messages concentrated on diet and lifestyle modifications and the importance of continuing drug therapy once diagnosis has been made.

In July there was two health promotion sessions conducted to a total of 110 people.

- **Bequeili:** A drama on Hypertension provided to 50 outreach clinic patients.
- **Atekru:** Recognising a seriously sick child health education provided to 40 mobile clinic patients.



Health education at Bquili on hypertension.

AAI staff conducting surveys with regard to malaria.

Objective 3 – Capacity Building of Local staff

AAI is currently focusing on improving the clinical, health promotional and organizational skills of local healthcare staff. The key areas of capacity building include;

- **Clinical skills/knowledge:** Teaching and mentoring is being conducted during consultations. Standard disease definitions are being emphasized and reference is made to the MoH Standard Treatment Guidelines and IMCI. Local staff are conducting patient consultations under the supervision of the AAI Physician and Health Coordinator.

In line with training needs developed by staff last month, the AAI physician provided education sessions on diabetes, hypertension and pregnancy. These education sessions were clinical based and interactive to facilitate learning.

Other priority training areas such as Tuberculosis, Helminthic infections, eye assessments and Health Assessment (head to toe) will be provided by the incoming Volunteer Doctor.

The USS Mercy Ship has been providing medical and surgical services in Timor Leste this month. As part of their capacity building services, they also provided training sessions to Dili National Hospital staff, civil societies, NGO's and the general public. AAI Medical staff attended training on topics such as Basic Nutrition and Paediatric Nursing care and non medical staff also attended training on Basic First Aid.

AAI local staff also volunteered to translate at the USS Mercy mobile clinics at the Chinese school. Paediatric, Adult, Dental, Optometry, Physiotherapy, Laboratory and Pharmaceutical services were available to patients. This provided an opportunity for AAI local nursing staff to work alongside a trained physician or pharmacist to learn new skills as well as up skill in medical translations.

- IT skills: Local staff is being up skilled in IT skills. Staff is learning basic skills in using Microsoft Word and Excel. Daily teaching sessions whilst the team is in Dili are provided with revision of previous days learning.
- Local staff continue to be trained in pharmacy education with staff practising drug calculations. AAI plans to develop a pharmacy education quick reference chart to utilise in pharmacy so that all staff members are providing the same information to patients at clinics when dispensing medications. This will also be a good reference tool for any new staff members and community volunteers.
- AAI continues to work closely with Community health volunteers to increase their capacity in 4 clinics. Community health volunteers assist with patient registration, clinical observations and translation. Often patients only speak their local dialect and therefore require translation from their local dialect to Tetun.

AAI also met the community midwife from Macadade, who has been recently trained at Bario Pite Clinic. There are currently two community midwives based in Macadade who will be able to provide assistance to AAI during clinics. This will also provide an opportunity for education and support for the two midwives.

- AAI continues to collect medication data for the MoH and the Atauro CHC so that they are aware of AAI's current drug usage. This will provide a clear picture of AAI's drug usage at mobile clinics and potentially aim to improve the system for ordering so that that the CHC is supplied with adequate amounts of drugs for their clinics as well as the mobile and outreach clinics (Refer to Attachment 1)

A meeting between CHC staff member responsible for drug ordering and AAI local staff has clarified the system which AAI needs to use in order to obtain drugs. A recurrent monthly drug order had previously been submitted to the Health Coordinator Sub District Atauro however, this order has never been actioned and consequently AAI drug supply is very low.

- A meeting was held with the AAI Health Coordinator and the Health Coordinator of Atauro to discuss:
 - 1) Drug supply for AAI
 - 2) Requirements for extra clinic on 1 August
 - 3) Data requirements for the CHC

The meeting discussed drug requirement for AAI in order to function its operations on the island. A solution to the drug supply was not forthcoming however AAI will resubmit a further drug order.

An extra clinic will be held at Bequili on 1 August and this was discussed and operational plans organised so that the clinic will be a success.

As AAI is submitting data for the CHC monthly report, the issue was raised if the data needed to be rewritten on another form however, the data are required to be written into a book with patient's details. No change to CHC data collection will be made.

- A meeting was held between AAI Project Nurse and Health Coordinator Sub District Atauro with the new Health Coordinator Dili District to introduce AAI to him and to formalise procedures for resolving issues.



USS Mercy in Dili Harbour



The AAI team on the USS Mercy

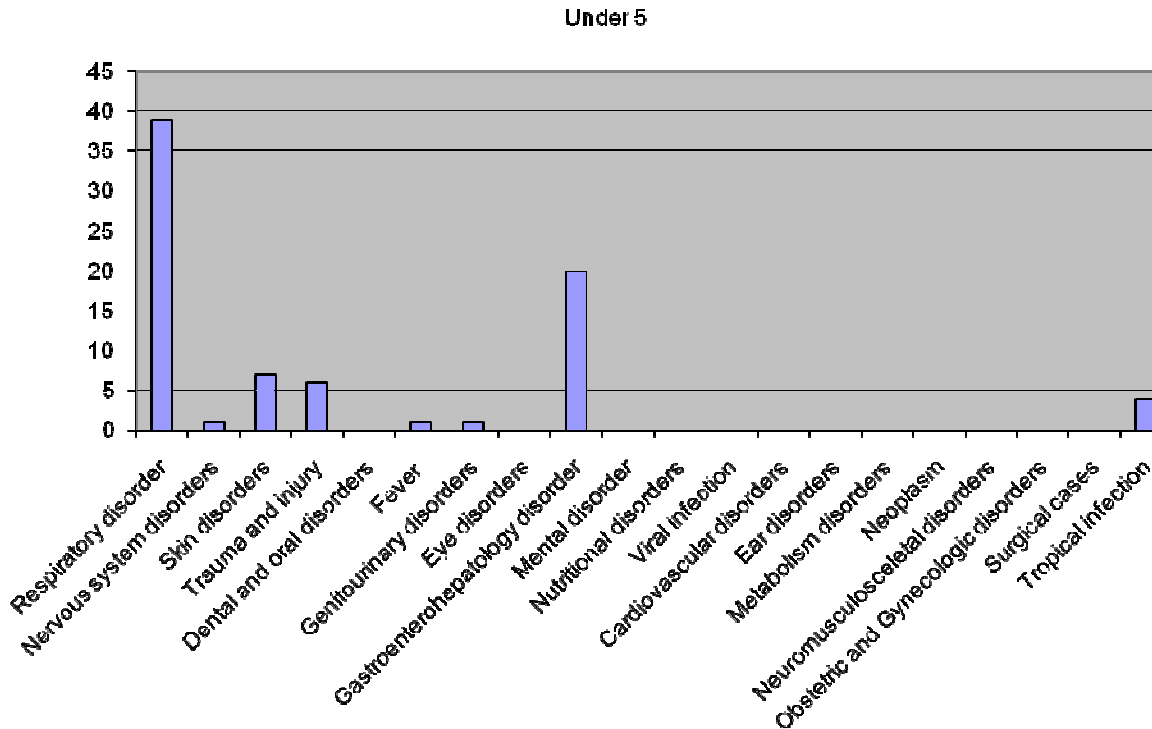
3.0 EVALUATION

Health Data from Mobile Outreach Healthcare Clinics

A total of 79 presentations in the 0-5 age group were seen at AAI clinics in the month of July. Respiratory tract infections, gastroenteritis, skin conditions and malaria continued to make up the majority of the diagnoses in young children. Respiratory tract infections accounted for a total of 49.3% (39 cases) of clinical presentations in this age group. Gastroenterohepatology disorders accounted to a total of 25.3% (20 cases), skin condition accounted to 8.8% (7 cases) of presentations and tropical infections including malaria accounted for 5.0% (4 cases).

It is useful to verify suspected cases of malaria with laboratory testing, however, AAI currently prescribe anti-malarial medications based on clinical presentation because clinics are held in rural villages and the slides must be transported to Vila at the end of each day for analysis. Until AAI have access to rapid laboratory testing for malaria, we will continue to treat based on clinical presentation and will continue to study malaria slides as available, to confirm suspected cases and enhance the clinic acumen of our health care providers.

Figure 1. Mobile Clinic Diagnoses in July at Atuario, **Under 5 years** (n= 79)



A total of 52 presentations in the 5-15 age group were seen at the AAI clinics in July.

Respiratory tract infections, gastroenterohepatology, trauma and injury and clinical presentations of malaria made up the majority of the diagnoses in this age group. Respiratory disorders account for the majority of presentations in this age group with 36.5% (19 cases) of presentations, trauma and injury account for 19.2% (10 cases) of presentations, gastroenterohepatology account for 23.0% (12 cases) of presentations, and tropical infections including malaria account for 11.5% of presentations (6 cases).

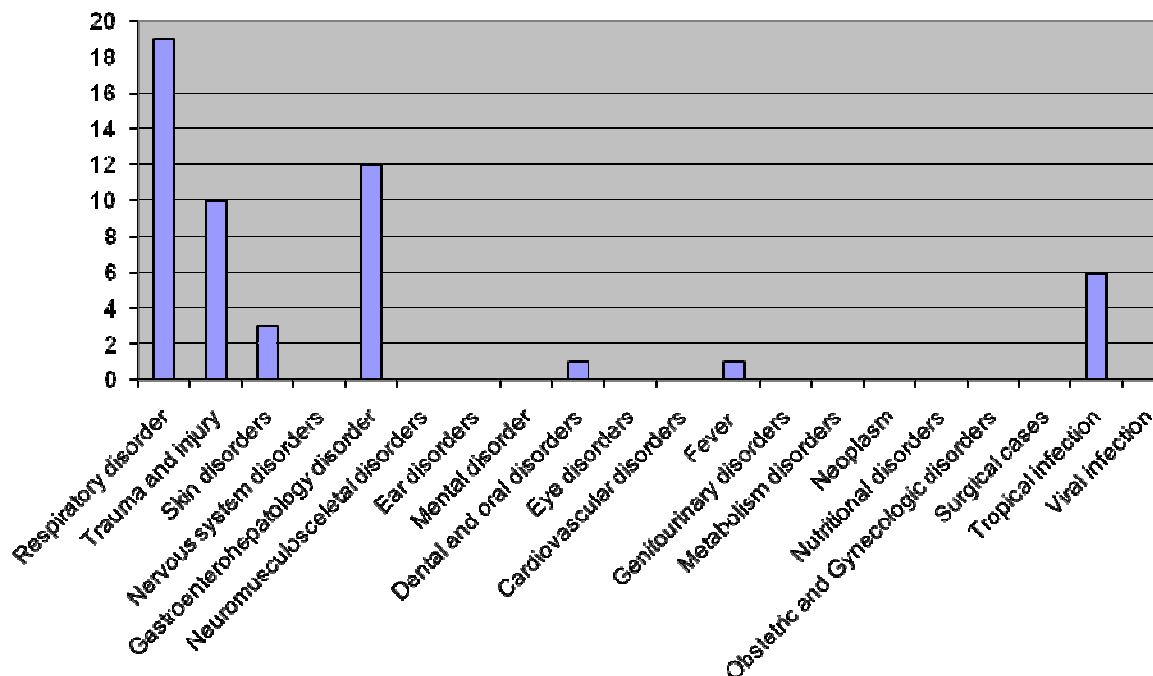


Figure 2. Mobile Clinic Diagnoses in July at Atuaro, **Age 5-15 years** (n=52)

There were a total of 387 patients over fifteen years of age presenting to AAI mobile clinics on Atauro in July. Neuromusculoskeletal presentations accounted for 28.6% (111 cases) of presentations in this age group. Nervous system, respiratory, gastroenterohepatology and cardiovascular disorders including hypertension were also common clinical presentations in adults. Nervous system disorders accounted for 17.8% (69 cases) of presentations, respiratory disorders accounted for 12.9% (50 cases), gastroenteroheptology disorders accounted for 9.8% (38 cases) and cardiovascular disorders accounted for 6.7% (26 cases) of presentations in this age group.

AAI continued to screen all adult patients at registration recording both their blood pressure and their weight. In July there were no new cases of hypertension based on diagnoses made in accordance with the MoH Standard Treatment Guidelines for Primary Health Care Facilities in Timor-Leste. Tropical illnesses including malaria accounted for 1.8% (7 cases) of presentations in this age group.

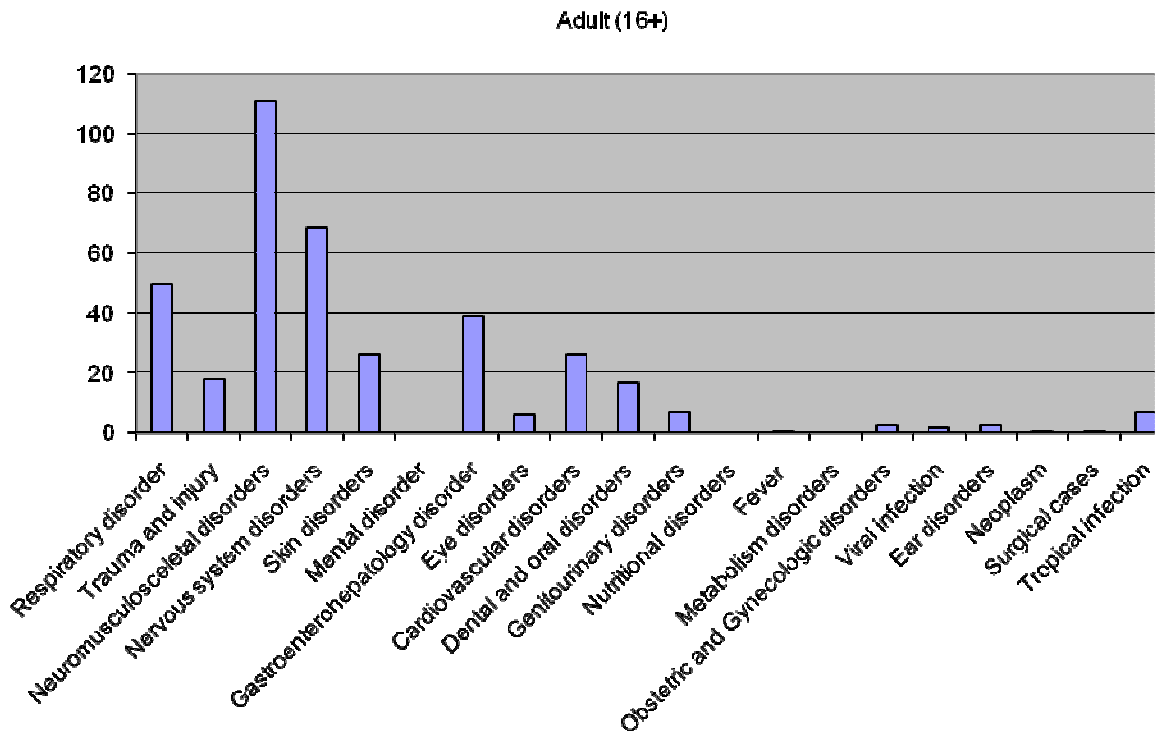


Figure 3. Adult Mobile Clinic Diagnoses in June at Atuario, **Age over 15 years** (n=387)

In total there were 518 presentations this month for all age groups. Respiratory disorders accounted for 20.8% (108 cases) of presentations, neuromusculoskeletal disorders accounted for 28.6% (111 cases) of presentations, nervous system disorders accounted for 13.5% (70 cases) of presentations, cardiovascular disorders accounted for 6.7% (26 cases) of presentations and tropical infections accounted for 3.2% (17 cases) of total presentations.

Pharmacy & Medical Supply

AAI drug supply remains seriously low. The MoH has changed the way in which NGO's obtain their pharmacy and medical supplies and therefore, AAI must rely on drugs supplied by the CHC. The three month regular order has been supplied to the CHC and AAI has been supplied with drugs however, the quantity is greatly inadequate. Stock levels at the CHC and AAI are already at low levels. Emergency drug orders have been placed to obtain essential drugs so that AAI can continue to deliver quality care to patients. The drug problem was raised with the Atauro Health Coordinator and a further drug order has been completed and will be given to Snr Lucas upon return to Atauro.

Water Supply

Atauro Island has one main water supply which provides water to the eastern side of the island only. During July this water supply was problematic and was only available for several days during July. During the week that AAI was on the island, no water was available via the pipeline. This requires the team to take extra bottled water for their own consumption. AAI helped the community to carry water from the well at Beloi.

The community usually repairs the water pipeline using the CHC outrigger boat as transport but as the boat is leaking such a large amount of water, it was not used to repair the pipeline for the month of July.

As per UNDESA, a contract has been signed by DNAS and a contractor to redo the Berau water intake system. They have been contracted by DNAS for three months to fix the intake system but will not be responsible for repairing any piping.

Logistics & Transport

The OILEX/AAI vehicle was used to transport ill patients from AAI outreach healthcare clinics to the CHC at Vila for further assessment and treatment.

The CHC road ambulance was in working order but is unable to travel to the mountain which places a burden on AAI for transportation of ill patients to the CHC.

The clinic outrigger boat had not been tested for sea worthiness since repairs were conducted by the ADF last month. This was very disappointing as AAI were unsure if they could use the boat for clinics. AAI transported the outboard motor from Bequli to Vila so that the team could use the boat. The boat leaks large amounts of water and constant bailing was required. The boat was not able to be used to transport the team to one clinic as the boat requires being out of the water when clinic is in progress. The landing is difficult and the boat can not be taken out of the water easily, so a decision was made for safety reasons not to go to the clinic. The boat will be repaired during the week AAI were in Dili.

4.0 RECOMMENDATIONS TO THE MOH

- The priority areas of health remain mosquito borne disease (dengue and malaria), acute respiratory infection, diarrhoeal disease and hygiene/sanitation related diseases, such as skin disease.
- Malaria diagnostic testing is urgently required to be provided for mobile clinics to:
 - reduce unnecessary treatment with Coartemether
 - focus on treatment of cases
 - better describe the epidemiology of the disease
 - Enable specific treatment of vivax and falciparum disease.
- Transportation remains a priority issue on the Island. This extends beyond the provision of transportation to the need for ongoing management and maintenance plans. However, currently Atauro Sub-District desperately needs an ambulance boat which could transport seriously ill patients to Dili within a much shorter time frame than it takes to organise and obtain approval for helicopter evacuation with the United Nations.

A replacement road ambulance is desperately needed on Atauro as the present ambulance is unable to travel to mountain area and requires constant maintenance. It is unavailable more times than it is working. During the week that AAI was on the island, the unavailability of the ambulance places an extra workload on the team especially the transport officer.

- There needs to be a high priority placed on the review of pharmacy contracts with the MoH so that appropriate companies are monitored in order to maintain appropriate drug levels, quality and continuity of supply for all medications on the essential drug list. It is recommended that the MoH review the contract and the project management process so that an adequate supply of drugs is available to treat patients according to the standard treatment guidelines of Timor-Leste.
- The water supply remains problematic and requires constant monitoring for quality and consistency to the eastern side of the island. The water supply requires urgent maintenance from DINAS so that the communities have a consistent regular supply.

End Statement

31st July 2008

AAI Medical team

Timor-Leste

ATTACHMENT 1 – Monthly Medicine Usage

ANTIBIOTICS	Number Used
Amoxicillin 250 mgs caps	0
Amoxicillin 500mgs caps	182
Amoxicillin Suspension bottles	6 bottle
Ciprofloxacin 250mg tabs	42 tabs
Chloramphenicol	0
Cloxacillin 250mgs caps	488 caps
Cloxacillin Suspension bottle	6 bottle
Cotrimoxazole 480mg tabs	99 tabs
Cotimoxazole Suspension bottle	(nil further stock)
Doxycycline 100mg tabs	14 tab
Erythromycin 250mg tabs	0
Erythromycin Suspension	0
Metronidazole 250 mg tabs	0
Metronidazole Suspension	0
Nystatin Tabs	0
Nystatin drops	0
Ofloxacin	0
Ofloxacin	0
Penicillin	28 tab
Chloramphenicol Drops	2
Chloramphenicol Ointment	4
Tetracycline Ointment	4
ANTI-MALARIALS	NUMBER USED
COARTEM 5-15 KGS	10 strip
COARTEM 15-25KGS	11 strip
COARTEM 25-35KGS	Nil Stock
COARTEM 35KGS –ADULT	Nil Stock
CHOLOROQUINE	-
QUININE	-
ANALGESICS	NUMBER USED
ALUMINIUM 500mg tabs	572 tabs
ASPIRIN 300mg	-
BUSCOPAN	9 tabs
DICLOFENAC	-
IBUPROFEN 200mgs	530 tabs
IBUPROFEN 400mgs	- (nil further stock)
PARACETAMOL 500mg tabs	3802 tabs
PARACETAMOL Suspension bottle	14 bottle
RANATIDINE 150 mg tabs	84 tab
METOCLOPRAMIDE 10 mg	-
ORAL REHYDRATION SOLUTION	15 packet
PROMETHAZINE 50 mg	45 tab
GRISEOFLUVIN 500 mg	222 tabs
MULTIVITAMINS	518 tab
Allopurinol 100mg tab	84 tabs
Multivitamin syrup bottle	-
Linctus 10 mg	-
Prednisone 5mg tab	-
VITAMIN A caps	-
BISACODYL tabs	-
NAME OF DRUG	NUMBER USED
ALBENDAZOLE 400 mg tabs	87 tabs
MEBENBAZOLE 500mg	-
PYRANTEL PAMOATE	-

ANTI-HYPERTENSIVES	
ATENOLOL 100mg tabs	83 tabs
HCT 50 mg tabs	183 tabs
CAPTOPRIL	42 tab
NIFEDIPINE	42 tab
IRON TABLETS	
FERROUS SULPHATE tabs	123 tabs
FERROUS SULPHATE + FOLIC ACID tabs	14 tabs
FOLIC ACID 5mg tabs	-
TOPICAL	NUMBER USED
BENZOIC ACID +SALICYCLIC ACID (WHITFIELDS)	13
BENZYL BENZOATE	1
CLOTRIMAZOLE CREAM	-
HYDROCORTISONE CREAM	-
PERMETHRIM CREAM	25
PERMETHRIM SHAMPOO	-
VENTOLIN TABS	7 tab
VENTOLIN AEROSOL	4