



Imunizasaun Proteje Labarik

Quarterly Report: January-March 2012

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The Threshold Project on Immunization supports the Democratic Republic of Timor-Leste and its Ministry of Health to immunize all infants from vaccine preventable diseases. The project is made possible by the generous support of the American people through the Millennium Challenge Corporation (MCC) and the United States Agency for International Development (USAID).

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LIST OF ACRONYMS

CCVM	: Cold Chain and Vaccine Management
CHC	: Community Health Center
DHS	: District Health Services
DPHO	: District Public Health Officer
DPT3	: Third dose of Diphtheria, Pertussis and Tetanus Vaccine
EPI	: Expanded Program on Immunization
GAVI	: Global Alliance for Vaccines and Immunization
HAI	: Health Alliance International
HMIS	: Health Management Information System
IIP	: Immunization In Practice
JSI	: John Snow Inc.
MCC	: Millennium Challenge Corporation
MCHIP	: Maternal and Child Health Integrated Program
MLM	: Mid-Level Management
MoF	: Ministry of Finance
MOH	: Ministry of Health
MoU	: Memorandum of Understanding
NGO	: Nongovernmental Organization
PRA	: Participatory Rural Appraisal
PSF	: <i>Promotor Saúde Família</i> (Community Health Volunteer)
SISCa	: <i>Serviço Integrado da Saúde Comunitária</i>
SS	: Supportive Supervision
TAIS	: <i>Timor-Leste Assistência Integrada Saúde</i>
ToR	: Terms of References
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
WHO	: World Health Organization

INTRODUCTION

Since the Democratic Republic of Timor-Leste (RDTL) emerged from decades of turmoil in 2000, its Expanded Program on Immunization (EPI) has made significant progress. Nonetheless, it continues to report the lowest administrative and official immunization coverage in the WHO South East Asia Region. The Timor-Leste Demographic and Health Survey (TLDHS) 2009-2010 showed immunization coverage for infants in Timor-Leste at 66.7% for completed diphtheria, tetanus and pertussis (DTP3) and 68.2% for measles. This puts the DTP3/measles average at 67.5%. A particularly alarming finding from the TLDHS 2009-2010 was that 22.7% of one-year-olds had never received a vaccination. This means that many infants and young children are seriously exposed to risks of preventable disease and death.

Funded by the Millennium Challenge Corporation (MCC) through USAID, the *Imunizasaun Proteje Labarik* (Immunization Protects Children) project intends to assist the RDTL in its efforts to increase DTP3 and measles immunization coverage rates nationally to 81.5%. The project targets seven districts (Ainaro, Baucau, Dili, Ermera, Liquiça, Manufahi, and Viqueque) where more than 75% of Timorese unreached children under the age of one reside. A complementary goal is to strengthen the EPI so it is able to sustain and expand the gains realized beyond this project.

Imunizasaun Proteje Labarik (IPL) assists the Ministry of Health (MOH) improve its ability to achieve the medium-term priorities set out in the Comprehensive Multi-Year Plan (cMYP) for Immunization 2009-2013, and in turn to reduce child morbidity and mortality associated with vaccine-preventable diseases. To achieve the project's ambitious goals, *Imunizasaun Proteje Labarik* collaborates with the MOH to:

- Strengthen service delivery to identify and reach unimmunized children at least five times a year,
- Strengthen district and CHC-level program management capacity and technical skills among government health personnel,
- Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services, and
- Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action.

The sustainable approaches that IPL promotes to reach the desired immunization coverage for infants and children will:

- Build on the existing Ministry policies, plans and delivery system, especially the SISCa;
- Rely on community-level identification and mobilization of families to bring children for immunization; and
- Improve health workers' ability to manage and monitor the immunization delivery system through use of coverage data.

1. MAJOR ACCOMPLISHMENTS

On January 5 and 6, 2012, IPL held an annual retreat at the Hotel Central, Dili where all technical, admin, and finance team members, including drivers, actively shared their experiences and challenges. Last year's plan was reviewed, team performance was analyzed (using SWOT), subsequently, a Detailed Implementation Plan (DIP) with budget for 2012 for each district was developed.

IPL has facilitated micro-planning review meetings in 33 Community Health Centers (CHCs) of 34 focus CHCs for the quarter of January-March. Participating in this exercise were MOH officials and health staff, community leaders, PSFs (community health volunteers), sub-district administrators, and relevant partners. IPL supported 280 outreach sessions and 33 SISCAs that were identified through micro-planning. IPL's baseline report shows that in the focus districts, about 60% of all SISCAs are located within 5 km of a health facility. The SISCAs in Lauhata suco of Liquiça district have been shifted to a hard-to-reach community from its usual location (the suco council office) as a result of IPL's persistent efforts.

IPL supported respective District Public Health Officers (DPHOs)/EPI to conduct EPI supportive supervision visits in 28 health facilities in 5 of 7 focus districts. IPL, along with DHS and CHC level staff, oriented 205 community leaders, such as suco council members, PSFs, teachers, religious leaders, and other volunteers in eight orientation sessions. Seven sucos in all focus districts introduced the Uma Imunizasaun tool, through which 206 community leaders were engaged and ignited for community mobilization and tracking. Forty-two managers received Mid-level Management (MLM) training through three sessions which were facilitated by a national trainers pool that included IPL's Technical Officer for Capacity Building and Monitoring.

In spite of facing enormous challenges, IPL, along with the MOH and DHS Dili, completed data collection for the study titled "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste."

With the MOH, IPL recruited 10 midwives from Indonesia who are already deployed to the different CHCs after a one-week orientation in Dili. There was a ceremony on handing over of these 10 midwives to the MOH and DHS on 23rd February 2012, with participation by the MOH, USAID, Indonesian Embassy and other partners, such as WHO, UNFPA, UNICEF, CCT, and HADIAK. The DG-Health presided over the event and all directors of DHS came to get their midwives.

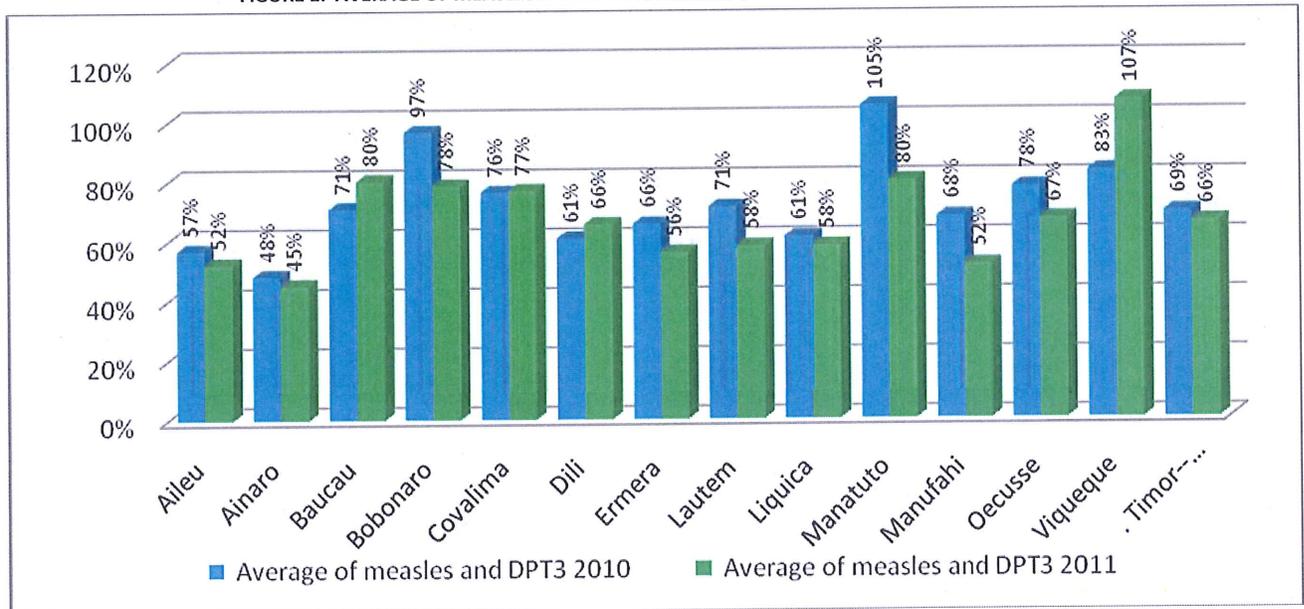
IPL had several visitors from different organizations namely, Patricia Taylor (MCHIP Country Support Team Leader), Kelli Cappelier (MCHIP Immunization Program Officer), Mike Favin (Senior Technical Officer) from JSI; Ms. Sofia Sahaf and Mr. Malik Chaka from MCC/Washington; and Mr. Luke A. Ney, USAID/Washington.

On 19 January IPL's office was moved to a newly rented building that accommodates both IPL and HADIAK nicely. These two projects will operate from this new office which will facilitate better

coordination and collaboration. IPL received 3 cars and 7 motorcycles from another USAID-funded project, which had already phased out.

The MOH's HMIS annual reports of 2011 and 2012 were analyzed and provided the basis for Figure 1, which compares the average immunization coverage of measles and DPT-HepB 3 of 2010 and 2011 by district. A downward trend (69% in 2010 to 66% in 2011) is seen at national level, with significant variation by district. Only four out of total 13 districts improved their coverage in 2011 from 2010; three out of those four districts with increased coverage, are IPL focus districts, namely, Baucau, Dili, and Viqueque.

FIGURE 1: AVERAGE OF MEASLES AND DPT3 COVERAGE OF 2010 AND 2011 BY DISTRICT



2. ACTIVITIES COMPLETED

ACTIVITY	DATE	COMMENTS
<p>Staff recruitment: One Technical Officer for Baucau and Viqueque districts, one Admin Officer and 10 midwives from Indonesia have been recruited.</p>	<p>February-March 2012</p>	
<p>Meetings: IPL team participated in various management and coordination meetings, for example, an extraordinary CoPs meeting, regular CoPs meeting, health CoPs meeting, EPI working group meeting, and partner coordination meeting at the DHS etc.</p>	<p>January-March 2012</p>	
<p>Staff orientation:</p> <ul style="list-style-type: none"> - A two-day training for IPL and HADIAC staff on the JSI Operations Manual and the JSI Local Hire Manual was facilitated. - Lisa Rogers, Development Outreach & Communications Officer and Mauricio Borges, Development Outreach and Communication Specialist from USAID Timor-Leste, facilitated an orientation session for IPL staff on writing success stories and photography. 	<p>1-2 February 2012 3 February 2012</p>	
<p>USAID expo: IPL participated actively in the USAID expo at Timor Plaza on the occasion of the 10th Year celebration of USAID in Timor-Leste.</p>	<p>2-3 March 2012</p>	
<p>Visitors:</p> <ul style="list-style-type: none"> - IPL received a visit from the MCC/Washington Director of Threshold Countries, Malik Chaka, and the USAID/Washington MCC Program Analyst, Luke A. Ney - Ms. Sofia Sahaf, MCC/Washington met IPL staff and discussed program monitoring plan. - Patricia Taylor, MCHIP Country Support Team Leader visited Timor-Leste to assess IPL progress, facilitate collaboration between IPL and HADIAC, and provide management guidance and on-going support to the IPL Chief of Party. - Kelli Cappelier, MCHIP Immunization Program Officer visited to provide management support to IPL, specifically with staff training, finalizing project policies and manuals, review the work plan and PMP; in addition to participating in planning on the research study on low immunization in Dili. - Mike Favin, Senior Technical Officer, visited to provide technical support to the IPL project, particularly on the community monitoring tool and the planned study on reasons for low immunization coverage in Dili. 	<p>February 2012 8 February 2012 12 – 21 January 2012 18 Jan – 8 Feb 2012 26 Jan- 8 Feb 2012</p>	<p>Annex A: trip report Annex B: trip report Annex C: trip report</p>

ACTIVITY	DATE	COMMENTS
Objective 1: Strengthen service delivery to identify and reach unimmunized children at least four times a year		
Finalized the baseline assessment report	March 2012	Annex D
Facilitated program review and micro-planning sessions at CHC level for the quarter of January-March 2012, involving health staff, sub-districts community leaders, PSFs and relevant partners. Micro-planning sessions were carried out in 33 CHCs of 34 focus CHCs.	January-March 2012	IPL has given technical support together with MOH and UNICEF.
IPL supported 280 mobile clinics and outreach, as per micro-plans, in all focus districts except for Ermera (38 in Ainaro, 28 in Manufahi, 42 in Liquica, 7 in Dili, 60 in Ermera, 55 in Baucau and 50 in Viqueque) in order to reach unreached children.	January-March 2012	A few districts reduced the number of outreach sessions. A few outreach locations were identified that can be reached only on foot or horseback.
Seven sucos in focus districts introduced the Uma Imunizasaun tool, which engaged 206 community leaders and ignited community mobilization and tracking. A scaling-up map has been developed for this tool.	January-March 2012	It has been very well received by the respective communities and DHS's as well.
Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.		
IPL and the respective DPHOs/EPI conducted EPI Supportive Supervision (SS) in all 6 CHCs in Baucau, 4 CHCs and 1 HP with functioning refrigerators in Manufahi, 4 CHCs in Ainaro, 6 CHCs in Ermera, 4 CHCs in Viqueque and 1 CHC in Dili. In spite of observing significant improvement of vaccinator skills, poor cold chain and vaccine management, inadequate counseling, stock-outs of vaccine, syringes, cotton, and gas were found during SS visits.	January-March 2012	Most DPHOs seems reluctant to carry out the SS. Many chronic problems exist and minimum attention has been given to address these.
Forty-two managers received training, which was facilitated by a national trainer's pool that included IPL's Technical Officer for Capacity Building and Monitoring.	January-March 2012	UNICEF funded the training, and IPL provided technical support.
Objective 3: Strengthen SISCas as an effectively functioning community-based outreach mechanism for providing immunization and other health services.		
8 sessions to orient community leaders were organized in suco offices and facilitated by health staff from CHCs and DHS's. 205 community leaders, including suco council members, PSFs, teachers, religious leaders, and other volunteers, participated actively. Some sessions were facilitated in local languages. At the end of the training, facilitators provided PSFs with a small version of the Uma Imunizasaun tool to identify dropout and missing infants by Aldeia.	January-March 2012	This initiative is highly appreciated by respective community leaders and health staff as well as.
33 SISCAs in all 7 focus districts were supported by the team (7 in Ainaro, 6 each in Manufahi and Ermera, 9 in Liquica, 11 in Manufahi, and 2 each in Baucau and Viqueque and 1 in Dili).	January-March 2012	Many SISCAs did not take place as per micro-plans due to heavy rain and lack of budget from MOH.
Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action		

ACTIVITY	DATE	COMMENTS
IPL, along with the MOH, modified the HMIS reporting template by suco and is printing copies for its seven focus districts.	March 2012	
<p>Research: Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste</p> <ul style="list-style-type: none"> - IPL held a joint meeting with Dili DHS and CHC staff regarding the upcoming study. Dr. Amin summarized the study plans, including guarantees that individual staff and facilities were not being evaluated. The participants discussed how the upcoming elections, which start in mid-March, might affect the study. Although the MOH staff felt that the study could proceed during the election months, everyone agreed that it would be best to try to complete the home visits and interviews with community leaders before the first elections. The Director of the Dili DHS agreed to send a letter regarding the study to all CHC directors and to provide another letter for the interviewers screening mothers for FGDs to explain the study and ask for collaboration. - IPL recruited one research team leader and 6 data collectors. The team completed data collection in spite of facing enormous challenges, including heavy rainfall and campaigning for the first round of the presidential election. 	<p>2 February 2012</p> <p>February-March 2012</p>	The draft report will be submitted in the first week of April 2012.

3. MAJOR UPCOMING ACTIVITIES

ACTIVITY	DATE	COMMENTS
Staff recruitment: 3 drivers	April	
Orient the HADIAK team on micro-planning, the Uma Immunization tool, community leader training module, and the Supportive Supervision checklist.	April-June 2012	
Participate in the MCHIP Immunization Program Learning meeting which will be held April 20-22, 2012, in Addis Ababa, Ethiopia	April 17-26, 2012	Chief of Party, one TO and one Field Coordinator will join
The PMP will be modified as per the suggestion of USAID, MCC and MCHIP	April 2012	
Objective 1: Strengthen service delivery to identify and reach unimmunized children at least five times a year		
Explore the existing inventory mechanism	April-June 2012	This has been deferred to this quarter
Participate in quarterly micro-plan reviews at CHCs with partners, community leaders, and PSF to review the progress of micro-planning	April-June 2012	IPL drafted a methodology for the micro-plan reviews
Meet quarterly with suco councils of the focus sucos	April-June 2012	

ACTIVITY	DATE	COMMENTS
Procure motorcycles for vaccinators and project staff and develop vehicle use policy, log book for efficient use and proper maintenance	April-June 2012	A motorcycle use policy was drafted.
Keep updating Uma Immunization tool in seven selected sucos. Finalize and use the monitoring checklist consists of a series of questionnaires for different stakeholders that has been developed to assess the progress of this Uma Immunization tool.	April-June 2012	
Support DHSs and CHCs to execute the planned mobile clinics and EPI outreach centers following the micro-planning sessions at CHC level in order to reach the children of hard-to-reach areas	April-June 2012	
Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.		
Train DHS and CHC staff and partners on MLM	April-June 2012	Funded by UNICEF
Train relevant MOH and partners' staff on IIP, and CCVM (cold chain and vaccine maintenance)	April-June 2012	
Work with the EPI Working Group to develop a training module on cold chain and vaccine repair for the MOH	June 2012	
Finalize, print and disseminate the supportive supervision checklist and data entry sheet	April-June 2012	
Provide updates and coaching for district and selected CHC staff on effective vaccine supply and cold chain management through SS	April-June 2012	
Objective 3: Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.		
Facilitate inter-sectoral group/meetings at district and sub-district levels	April-June 2012	
Orient community leaders (sucu council, PSFs, teachers, catechists, and health workers) on the importance of immunization, communication skills and community mobilization	April-June 2012	
Supervise and support SISCa allocated as per micro-plans	April-June 2012	Project team will coordinate with HADIAK and HAI to share resources for supporting SISCa.
Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action		
Assist respective DPHOs to conduct quarterly supervision visits to CHCs to improve the accuracy and timeliness of monthly HMIS, EPI and SISCa reports in all focus districts	April-June 2012	
Orient and assist respective CHCs to fill in the EPI registers and LISIOs correctly and report monthly on EPI by suco in all focus districts	April-June 2012	

ACTIVITY	DATE	COMMENTS
Finalize the research report, disseminate the findings, and facilitate group work to take corrective measures based on the findings	May 2012	
Establish/strengthen monitoring and reporting systems that improve communication within and between the levels of service and with the community	April-June 2012	
Assist Dili DHS to develop a reporting and tracking system by suco for those children received vaccines from outside catchment area	April-May 2012	
Advocate for, and assist in development of tracking system to reach unreached and drop-out children and implementation of the family health register to separately list children under one	April-June 2012	Use it as a basis for tracking, follow-up and <i>suco</i> -level coverage of all target children for EPI.
Advocate to the MOH HMIS department to review and rationalize EPI-relevant data-collection tools and processes to be as efficient and useful as possible	April-June 2012	

4. CHALLENGES:

- Executing the micro-plans and Detailed Implementation Plan (DIP) of IPL properly will require more human resources than originally proposed. Moreover, inadequate logistical support, due mainly to a delay in procuring motorcycles and inadequate four wheel vehicles, is hindering the smooth implementation of plans.
- USAID has yet to negotiate with the MOH and Government an agreement on the MOH-imposed increased per-diem for its staff. It is hardly possible to organize any event at the national level involving government health staff. Moreover, most of the DHSs have recently increased transport and food allowances for participants of any meeting or training organized at DHS level, which is compelling this project to defer many activities.
- The second round of the 2012 Presidential elections will be held on 16 April 2012. Moreover, the national parliamentary election will take place in June 2012. All of these election campaigns potentially threaten activities at different levels, especially any activities with communities.
- The rainy season has already started, and many project areas are becoming unreachable by IPL and health staff, which could threaten routine immunization coverage during this period.
- The project has an ambitious goal that requires a huge community mobilization for childhood immunization. The PSFs are the frontline health workers who are supposed to play the most significant role in mobilizing community; however, they are not getting their incentive regularly, so it has been challenging to engage PSFs in mobilizing their communities.
- Knowing what denominator to use remains a problem; neither the population projection based on population census of 2004 nor the population census of 2010 represents actual populations, according to most of the chefe sucos and CHC managers. The national statistics department intends

to publish the official denominators in May 2012; and simultaneously, the MOH has taken initiative to strengthen the RSF (*Register Saude Familiar*).

5. RESULTS, MONITORING/MEASUREMENT

See Annex E (PMP)

6. ANNUAL FINANCIAL SUMMARY:

See Annex F

