



Imunizasaun Proteje Labarik



Quarterly Report: April-June 2012

Date: 16 July 2012

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).

CONTENTS

List of acronyms	2
Introduction.....	2
1. Major accomplishments.....	1
2. Activities Completed	1
3. Major Upcoming Activities.....	3
4. Challenges	5
5. Results, Monitoring/Measurement.....	6
6. Annual Financial Summary:.....	6

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 one-year olds 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, IPL 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

IPL has already organized and facilitated micro-planning at district and community health center (CHC) levels and mobilized community and resources as well as. Although this project is vertically designed, it aims to promote integrated and sustainable activities.

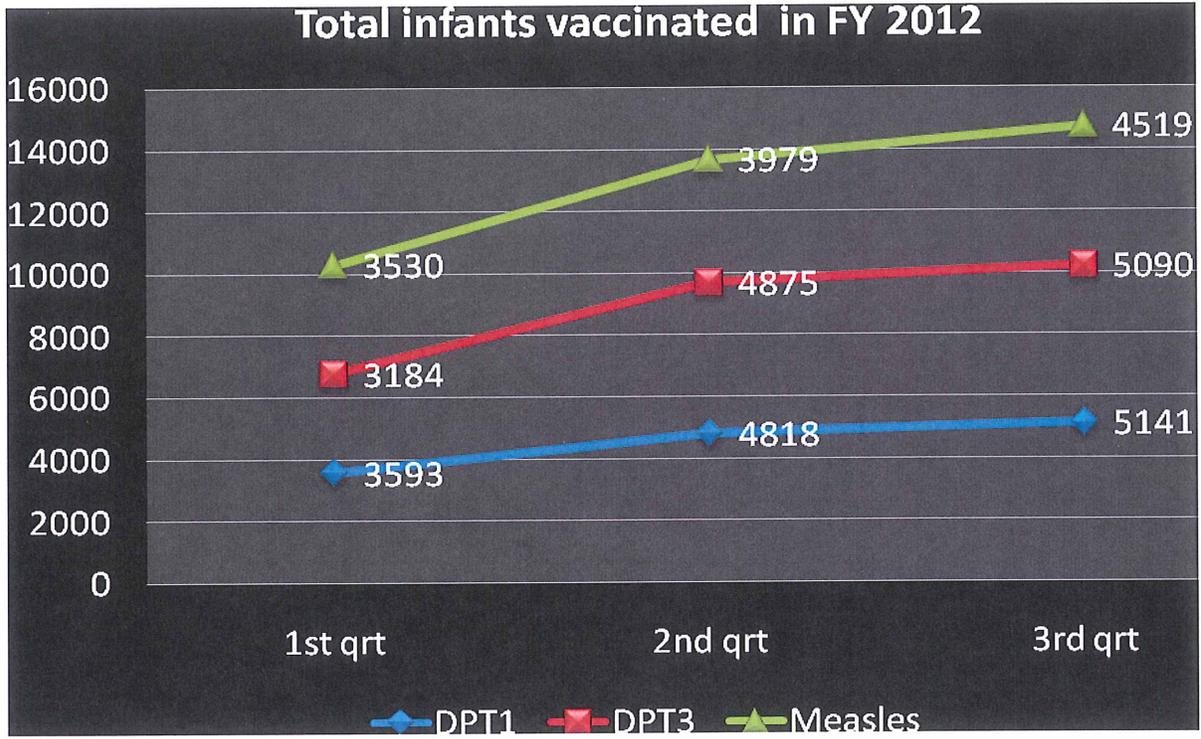
IPL has facilitated micro-planning review meetings in 24 CHCs of 34 focus CHCs during the quarter of April-June 2012. Participating in this exercise were MOH officials and health staff, community leaders, PSFs (community health volunteers), sub-district administrators, and relevant partners. IPL supported 386 outreach sessions and 56 SISCAs. IPL supported the respective District Public Health Officers (DPHOs)/EPI to conduct EPI supportive supervision visits in 34 health facilities in 6 of 7 focus districts. Along with DHS and CHC level staff, IPL oriented 465 community leaders, such as suco council members, PSFs, teachers, religious leaders, and other volunteers in eight orientation sessions. One suco in each of the seven focus districts introduced the Uma Imunizasaun tool, which facilitated the engagement of 214 community leaders in community mobilization and tracking. A national trainers' pool, which included IPL's Technical Officer for Capacity Building and Monitoring, trained 45 managers on Mid-level Management (MLM).

In spite of facing enormous challenges, IPL, along with the MOH and DHS Dili, completed the study titled "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste." The research findings were presented to Ethics Committee and Director of Council of the MOH. At dissemination and planning workshop held on 19 June 2012, each CHC made its action plan. Immediate actions included:

- Each health facility, including private clinics, will offer immunization services daily (during working hours).
- All antigens will be given daily regardless the number of children (BCG and measles vaccines will be given even though one child comes). The MOH and Dili DHS assured a smooth vaccine supply.
- All CHC directors will discuss with their respective vaccinators the need to improve their attitudes and treatment of caregivers and children.

IPL's efforts appear to be resulting in more children getting vaccinated. The HMIS department of MOH has not published its report for January-June 2012 due to questions about the denominator (target population). Therefore, immunization coverage in this reporting quarter cannot be illustrated; however, Figure 1 clearly illustrates a significant increase in the number of children receiving different vaccines in first and third quarters of FY 2012.

FIGURE 1: TOTAL INFANTS VACCINATED IN THE FOUCS DISTRICTS DURING THE FIRST THREE QUARTER IF FY 2012



2. ACTIVITIES COMPLETED

ACTIVITY	DATE	COMMENTS
<ul style="list-style-type: none"> • John Snow Inc. completed Timor-Leste registration with the Ministry of Justice and received an official certificate of registration • The IPL team participated in various management and coordination meetings, for example, of the Overall Aid Advisory Board, COPs, EPI working group, UN-MOH mid-year program review, and partner coordination meetings at the DHS, the HADIAK (HIP) program launching ceremony in Ermera, consultation meetings for the GAVI HSS proposal etc. The COP attended the MOH's Launch of the National Health Sector Strategic Plan 2011-2030 and a briefing session on an AusAID-supported government-led initiative on village-level interventions (Accelerated Community Development), which works closely with the Ministry of State Administration and Territory Management. • IPL recruited three drivers and oriented them accordingly. • The COP visited the US Embassy in Jakarta twice in order to get a visa for the USA. • IPL trained staff from the USAID-funded bilateral project, HADIAK (HIP), on micro-planning tools. • IPL finalized a vehicle policy and shared it with USAID. • IPL finalized its motorcycle policy and signed an MoU with the MOH. It received seven used motorcycles from USAID and processed a purchase order to procure 21 new motorcycles. • IPL briefed Health Alliance International (HAI) on micro-planning tools and planned how to work together in Ainaro and Manufahi districts • Visitors: <ul style="list-style-type: none"> - H.E. Ambassador of USA to Timor-Leste and the USAID mission Director visited Viqueque to see USAID-funded projects, IPL and HADIAK. 	<p>April 2012</p> <p>April-June 2012</p> <p>April 2012</p> <p>May –June 2012</p> <p>April 2012</p> <p>May 2012</p> <p>April-June 2012</p> <p>May 2012</p> <p>May 23, 2012</p>	
Objective 1: Strengthen service delivery to identify and reach unimmunized children at least four times a year		
<p>IPL facilitated program review and micro-planning sessions at CHC level for the quarter of April-June 2012, involving health staff, sub-districts community leaders, PSFs and relevant partners. Micro-planning sessions were carried out in 25 of 34 focus CHCs.</p>	<p>April-June 2012</p>	<p>IPL gave technical support together with the MOH and UNICEF.</p>

ACTIVITY	DATE	COMMENTS
IPL supported 386 mobile clinics and outreach sessions, as per micro-plans, in all focus districts (42 in Ainaro, 28 in Manufahi, 26 in Ermera, 54 in Liquiça, 71 in Dili, , 90 in Baucau and 75 in Viqueque) in order to reach unreached children.	April-June 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 or by boat.
IPL engaged 214 community leaders to update the community-based tracking and mobilization tool, namely Uma Imunizasaun, in seven sucos in focus districts. An interim assessment was conducted to see the implementing process of this tool so far. It has been very well received by the respective communities and DHS's as well.	April-June 2012	The assessment report is not finalized. It will be submitted at the next quarterly meeting.
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 2 HPs with functioning refrigerators in Manufahi, 4 CHCs and 1 HP in Ainaro, 5 CHCs in Ermera, 5 CHCs and 3 HPs in Viqueque and 3 CHC in Liquiça. In spite of observing significant improvements in vaccinator skills, poor cold chain and vaccine management, inadequate counseling, and stock-outs of vaccine, syringes, cotton, and gas were found during SS visits. IPL developed a supportive supervision data entry spreadsheet to monitor the progress of supervision visits over the period and submitted it to the EPI Working Group from final approval.	April-June 2012	Most DPHOs seems reluctant to carry out the SS. Many health facilities ran out of gas because of recent changes in the supply management system, which hinders the routine immunization systems
Forty-five managers from outside the IPL focus districts received training, which was facilitated by a national trainer's pool that included IPL's Technical Officer for Capacity Building and Monitoring.	April-June 2012	UNICEF funded the training, and IPL provided technical support.
Objective 3: Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.		
21 sessions to orient community leaders were organized in suco offices and facilitated by health staff from CHCs and DHS's. 465 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.	April-June 2012	This initiative was highly appreciated by respective community leaders and health staff as well as.
IPL gave up-to-date information related to immunization to 154 students in two schools in Ainaro and two in Manufahi; students were expected to disseminate the information to their families and communities.	May-June 2012	IPL needs to develop an orientation package and related job aids

ACTIVITY	DATE	COMMENTS
The team supported 53 SISCAs in all 7 focus districts (6 in Ainaro, 9 each in Manufahi and Liquiça, 12 in Ermera, 11 in Manufahi, and 11 in Baucau and 6 in Viqueque).	April-June 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		
IPL, along with the MOH, developed a reporting system to track children vaccinated outside of catchment area for the Dili DHS.	April 2012	It should be presented to Dili DHS for finalization
The PMP was modified as per the suggestion of USAID, MCC and MCHIP.	May-June 2012	
IPL completed the study, title "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste". The research findings were presented to Ethics Committee and MOH Director of Council. On 19 June 2012, Mr. Carlito, Deputy Director of National Community Health Services, and the Director of the Dili DHS presided over a dissemination and planning workshop. WHO, UNICEF, University of New South Wales (Australia), MOH, DHS, CHC, and community leaders participated. Each CHC made its action plan. Immediate actions included: <ul style="list-style-type: none"> • Each health facility, including private clinics, will offer immunization services daily (during working hours). • All antigens will be given daily regardless of the number of children (BCG/measles vaccine will be given even though one child comes). The MOH and Dili DHS assured a smooth vaccine supply. • All CHC directors will discuss with their respective vaccinators the need to improve their attitudes and treatment of caregivers and children. 	April-June 2012	The study report is attached in annex A.

3. MAJOR UPCOMING ACTIVITIES

ACTIVITY	DATE	COMMENTS
Staff recruitment: one Field Admin and Finance Officer will be recruited to support field-level administration and finance activities.	August 2012	
The first week of August will be devoted to orienting the Indonesian midwives on various technical and operational aspects of IPL and MOH.	1-7 August 2012	
IPL will review its detailed implementation plan	30-31 July 2012	

ACTIVITY	DATE	COMMENTS
IPL would like to provide technical assistance in planning and developing communication and other materials related to the introduction of pentavalent vaccine in Timor-Leste.	August-September 2012	
The COP will participate in the JSI International Division meeting and present the Dili research and IPL program, July 16-17, 2012, in Washington DC, USA	July 16-17, 2012	
HSS		
Objective 1: Strengthen service delivery to identify and reach unimmunized children at least five times a year		
Explore existing inventory mechanisms	July-September 2012	This has been deferred to this quarter
Participate in quarterly micro-plan reviews at CHCs with partners, community leaders, and PSFs	July-September 2012	IPL drafted a methodology for the micro-plan reviews
Meet quarterly with suco councils of the focus sucos	July-September 2012	
Distribute motorcycles to respective CHC directors following an orientation session on vehicle use policy, including use of a log book and proper maintenance	July-September 2012	A motorcycle use policy was drafted.
Keep updating the Uma Immunization tool in seven selected sucos. Finalize and use the monitoring checklist consisting of a series of questions for different stakeholders that has been developed to assess the use and impact of the tool.	July-September 2012	
Support DHSs and CHCs to execute mobile clinics and EPI outreach planned in the micro-planning sessions at CHC level in order to reach the children of hard-to-reach areas	July-September 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	July-September 2012	Funded by UNICEF
Train relevant MOH and partners' staff on IIP, and CCVM (cold chain and vaccine maintenance)	July-September 2012	
Finalize the training module on cold chain and vaccine repair for the MOH	July-September 2012	
Print and disseminate the supportive supervision checklist and data entry sheet	July-September 2012	
Provide updates and coaching for district and selected CHC staff on effective vaccine supply and cold chain management through SS	July-September 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	July-September 2012	

ACTIVITY	DATE	COMMENTS
Orient community leaders (suco council, PSFs, teachers, catechists, and health workers) on the importance of immunization, communication skills and community mobilization	July-September 2012	
Supervise and support SISCas as per micro-plans	July-September 2012	Project team will coordinate with HADIAC and HAI to share resources for supporting SISCAs.
Develop an orientation package and job aids for schools and share it with the EPI Working Group and the Health Promotion department at MOH for finalization	August 2012	
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	July-September 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	July-September 2012	
Follow up the actions agreed to during the Dili research dissemination meeting	July-September 2012	
Finalize Dili the research report in a publication form and submit it to an international journal for publication.	September 2012	
Establish/strengthen monitoring and reporting systems that improve communication within and between the levels of service and with the community	July-September 2012	
Assist the Dili DHS to develop a reporting and tracking system by suco for those children who receive vaccination outside their home suco	July-September 2012	
Advocate for, and assist in development of, a tracking system to identify unreached and drop-out children and implementation of the family health register to separately list children under one	July-September 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	July-September 2012	

4. CHALLENGES:

- 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 has yet to publish the official denominators for 2012; therefore, the MOH has not yet published its routine reports for the first and second quarters of 2012.

- 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, 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 very difficult 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 the project to defer many activities.
- Two rounds of Presidential elections hampered different project activities. Moreover, the national parliamentary election took place on 7 July 2012. All of these election campaigns potentially threaten activities at different levels, especially any activities with communities.
- Continuous heavy rain resulted in calling off many planned activities and making it difficult or impossible for IPL and health staff to reach many project areas. This 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 them in mobilizing their communities.

5. RESULTS, MONITORING/MEASUREMENT

See Annex B (PMP)

6. ANNUAL FINANCIAL SUMMARY:

See Annex C

