

Country Summary: Timor-Leste

Period: FY 2012



Selected Health and Demographic Data for Timor-Leste	
GDP per capita (USD)	492.24
Total Population	1,133,594
Maternal Mortality Ratio (deaths/100,000 live births)	370
Skilled birth attendant coverage	29.9
Antenatal care, 4+ visits	55.1
Neonatal mortality rate (deaths/1,000 live births)	27
Infant mortality rate (deaths/1,000 live births)	48
Under-five mortality (deaths/1,000 live births)	55 [54]*
Treatment for acute respiratory infection	71
Oral rehydration therapy for treatment of diarrhea	79
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	72
Modern contraceptive prevalence rate	21.1
Total fertility rate	5.7
Total Health Expenditure per capita (USD)	73.24

Sources: World Bank, Timor-Leste 2009 Demographic and Health Survey, WHO, UNICEF
 *UNICEF <5 mortality ranking (1=highest mortality rate)

Major Activities

- Conducted research study to understand low immunization coverage in Dili; data collected and analyzed
- Stimulated community participation in immunization through the Uma Imunizasaun pilot project and training of community leaders
- Contributed to communications, training, and launch plans for introduction of pentavalent vaccine early in FY2013
- Provided tools and procedures and contributed to implementation of supportive supervision on immunization.

Program Dates	February 1, 2011 – September 30, 2013
PY 4 Budget	\$1,017,849
Total Mission (MCC) Funding to Date	\$1,850,787
Geographic Focus	National level policy and coordination, with targeted geographic focus in seven (of 13 total) districts (Ainaro, Baucau, Dili, Ermera, Lliquica, Manufahi and Viqueque)
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Program Year 4: Achievement Highlights

Funded by the Millennium Challenge Corporation (MCC) through USAID, the Imunizasaun Proteje Labarik (IPL, Immunization Protects Children) project assists the Democratic Republic of Timor-Leste in its efforts to increase DPT3 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 unreached Timorese children under the age of one reside. A complementary goal is to strengthen the Expanded Program on Immunization (EPI), so it is able to sustain and expand the gains realized beyond this project.

IPL has built credibility among communities, partners, and the MOH by demonstrating measurable results from implementing evidence-based activities that are strengthening the routine immunization delivery system, while also integrating with other health interventions during outreach sessions. The MOH's health management information systems (HMIS) department has not published coverage reports since January 2012 due to issues with recent census results questioning the denominator (target population). In an effort to monitor and measure IPL's impact, IPL analyzed immunization coverage by numerator only (i.e., number of infants under one year of age being vaccinated) in Timor-Leste between January 2009 to June 2012. This analysis showed an increase of coverage for most antigens in IPL focus districts but a decrease in non-focus districts. As a result of this situation and to deliver services equitably, WHO and UNICEF have decided to transfer the success of IPL and support a similar package of interventions (e.g., microplanning, supportive supervision, outreach, and support to integrated outreach) in the six non-IPL districts where coverage appears to have declined.

Objective 1. Strengthen service delivery to identify and reach unimmunized children at least five times per year.

- **Micro-planning** sessions were completed in all focus districts and sub-districts with health staff, community leaders, PSF's (community volunteers) and relevant partners.
- **Outreach and mobile clinics:** continuing efforts to reach the hard-to-reach children, the IPL team supported 217 mobile clinics and outreach sessions in all focus districts in quarter

one; 280 in quarter two; 386 outreach sessions and 56 SISCAs (integrated outreach) in quarter three; and 232 outreach sessions and 41 SISCAs in quarter four. Priority mobile clinics and outreach sessions are identified through micro-planning.

- **Partnering with communities:** In collaboration with Ministry of Health colleagues, IPL created and implemented community leader training modules on immunization, training over 700 community leaders (including suco council members, community health workers, teachers, religious leaders, and other volunteers). To further facilitate community engagement in childhood immunization, IPL assisted with national and local training and materials to help communities themselves monitor their children's immunizations. The project adapted, printed and distributed the Uma Imunizasaun tool (my village is my home tool) to communities in one sub-district of each focus district. The tool helps community volunteers monitor the immunization status of each infant in the community. An interim assessment showed that the tool has so far been successful in tracking infants and improving coverage and timeliness of vaccinations in the demonstration districts. IPL will seek to expand the use of the tool in additional sucos. In addition, IPL established a partnership with the local NGO Clinic Café Timor (CCT), and provided CCT with tools and training to introduce this tool in 68 communities in three districts and hopefully sustain its use beyond the IPL project life.
- **Implementation of the research study, "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste."** Because Dili has the highest concentration of unimmunized children in Timor-Leste, despite easily accessible immunization services, IPL conducted a study to understand what cultural and health system factors were preventing children from getting immunized. Data were collected via interviews, group discussions and observations, and then analyzed. A final report was prepared; results and recommendations were disseminated to the MOH and partners in June 2012. Immediate actions resulting from study findings include: all health facilities (including private facilities) agreed to offer daily immunization services with all antigens offered, regardless of number of children attending a vaccination session (including BCG and measles); the MOH and Dili district health services committed to ensure a continued supply to support this service delivery change; health facilities have resumed outreach to more rural areas in Dili district; and community health center (CHC) directors agreed to work with vaccinators to improve communication, attitudes and treatment of caregivers. Study recommendations were incorporated in the GAVI Health System Strengthening proposal supporting enhanced community participation and management systems.
- **Recruitment and deployment of Indonesian midwives.** In collaboration with the Ministry of Health, IPL arranged for the recruitment, training, and deployment of 10 Indonesian midwives, who arrived in April 2012 to take up posts in understaffed rural health facilities. These midwives are providing vaccinations, as well as other maternal and child health services.

Objective 2. Strengthen district- and CHC-level program management capacity and technical skills among government health personnel.

- IPL provided technical guidance for communication materials and other preparations for the national introduction of pentavalent vaccine, scheduled for October 2012.
- In quarter one, IPL supported District Public Health Officers (DPHOs) to conduct EPI supportive supervision visits in 32 health facilities in five of seven focus districts; in quarter two, to 26 CHCs and health posts in all focus districts; in quarter three, to 34 health

facilities in six of seven focus districts; and in quarter four, to 22 health facilities in six of the seven focus districts. Significant improvements in vaccinator skills were observed; however, poor cold chain and vaccine management, inadequate counseling, and stock-outs of vaccine, syringes, cotton and gas were found during these visits and require attention.

- IPL co-facilitated and participated in a national level **Mid-level Managers** training to strengthen capacity among EPI managers at all levels.
- To increase immunization coverage and community engagement in immunization programs, IPL supported the District Health Services (DHS) to organize and facilitate six Training of Trainers (TOT) sessions on community leader training and the Uma Imunizasaun tool (my village is my home tool) in all focus districts except Dili DHS. This was followed by another six sessions of orientation training for community leaders, organized in respective suco offices, in which suco council members, community health workers (PSFs), teachers, religious leaders and other volunteers participated actively.

Objective 3. Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.

- In quarter one, IPL provided technical assistance to 217 **outreach sessions** and 44 SISCAs, prioritized through micro-planning in five of seven focus districts; in quarter two, in 33 SISCAs in all seven focus districts; in quarter three, in 53 SISCAs in all seven focus districts; and in quarter four, in 41 SISCAs in six of seven focus districts.
- Eight sessions to orient community leaders were organized in suco offices and facilitated by health staff from CHCs and DHSs. In all, 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 scaled-down version of the Uma Imunizasaun tool to identify dropout and missing infants by aldeia.
- IPL is collaborating with the Ministry of Education to provide technical guidance on a school health program that is being developed and will include immunization-related information.

Objective 4. Strengthen program monitoring and reporting through better collection of routine data, and the routine analysis and use of that data for decision-making and targeted actions.

- IPL participated in monthly **EPI Working Group meetings** with all relevant partners.
- IPL developed a **supportive supervision data entry spreadsheet** that would be used to monitor the progress of supervision visits. It has been submitted to the EPI working group meeting for partner review and approval in October 2012.
- To help improve reporting systems, IPL and the MOH collaborated to modify the HMIS reporting template by suco and will print copies for its seven focus districts. This reporting system has been developed and is being used to track mobile children who get vaccinations in more than one district.

Priorities for FY'2013

- Expand activities to engage and mobilize communities to immunize children, including participating in quarterly suco council meetings.

- Distribute 28 procured motorcycles to CHC directors to assist in activities toward reaching the hard-to-reach areas, continue to support DHSs and CHCs to carry out planned mobile clinics and EPI outreach following the micro-planning sessions at the CHC level.
- Conduct MLM training in December 2012.
- Expand use of the Uma Immunization tool; continue support to CCT in using the tool in its catchment areas; evaluate the impact of community monitoring on coverage and timeliness of vaccinations.
- Provide technical assistance in planning, training, advocacy, and monitoring the activities related to pentavalent introduction, with the launch scheduled for October 2012.
- Continue to participate in quarterly micro-planning reviews at CHCs with partners, community leaders and PSFs to review the micro-planning progress and update plans as needed.
- Continue quarterly meetings with suco councils in focus sucos.
- Train MOH and relevant partner staff on immunization in practice (IIP).
- Provide technical assistance on improving cold chain management: and cold chain vaccine management (CCVM). Finalize, print and disseminate the supportive supervision checklist and data entry sheet. Provide updates and coaching to district and CHC staff on effective vaccine supply and cold chain management through supportive supervision.
- Establish/strengthen monitoring and reporting systems that improve communication within and between the service delivery levels and communities.

