Rotarians Against Malaria (RAM) Australia

Findings from Visit to West Timor February 2020







Meeting with West Timor, Provincial Health Office, NTT province, Indonesia



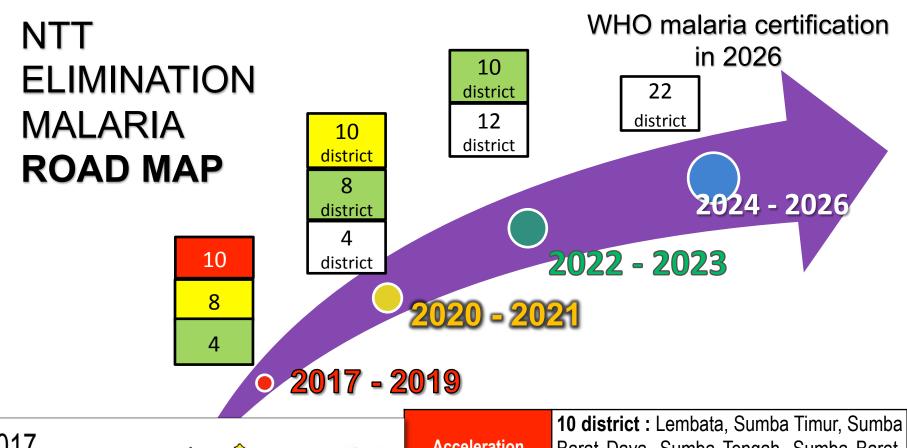
Malaria in NTT Province annual parasite incidence (API) per 1,000 at risks population

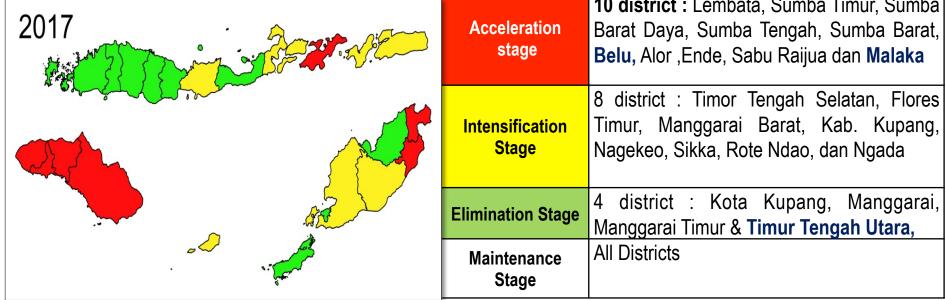
ISLAND	NO. DISTRICT	POPULATION	CASE	% OF TOTAL	API
Sumba	4	831,006	13,809	76	16.62
Alor	1	189,866	907	5.02	4.78
Timor	6	1,422 ,295	1,703	9.43	1.20
Sabu	1	82,867	146	0.81	1.76
Flores	8	2,486,401	841	4.66	0.34
Rote	1	136,106	62	0.34	0.46
Lembata	1	129,854	585	3.24	4.51
Total	22	5,278,395	18,053	100	3.42



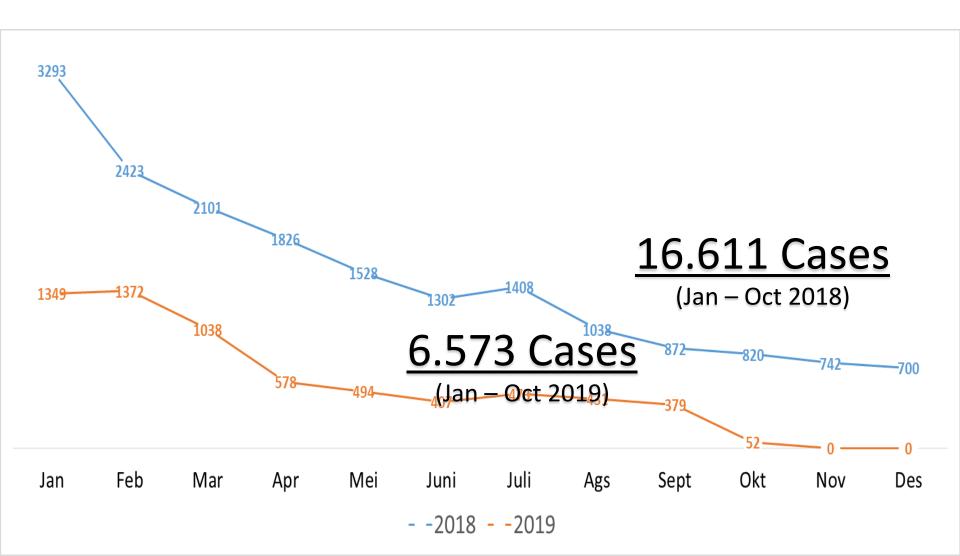








Decrease in Malaria cases 2018 and 2019



Malaria Cases in West Timor, 2019

- Pop 2 Million
- 5 Districts and 1 capital city
- 93 imported cases (mostly Papua

Positive cases	Annual Parasite incidence	Indigenous	Imported	
1,600	0.8 per 1,000	1,507	93	





Locations of Community Assessments Districts Malaka & Belu Wetar islan

Two villages per District



Community Assessment

- A pre-requisite for a Rotary Global Grant Application
- Goal: to eliminate malaria at border districts in West Timor, to protect West and East Timor.
- Purpose of visit: to identify the communities' needs for participation in malaria elimination at the border districts.
- Two districts (Malaka and Belu) in West Timor
- Dates: 6 and 13 February 2020.
- RAM team: 5 Rotarians (4 Australians & 1 local)
- Workshops in each District post data collection.
- Results and recommendations presented to the Provincial Health Office on Monday 17 February 2020.







Acknowledgements of Funding

- Rotary D9830 Grant & RC North Hobart
- Self-funded international travel and hotel in capital cities in Indonesia
- Partnering with RAM allowed sharing of costs 50% were from RAM

FUNDING SOURCES	AMOUNT
1. District Grant	2,000
2. Rotary Club of North Hobart	1,000
3. Rotarians Against Malaria	3,763
Total Project Income	\$6,763



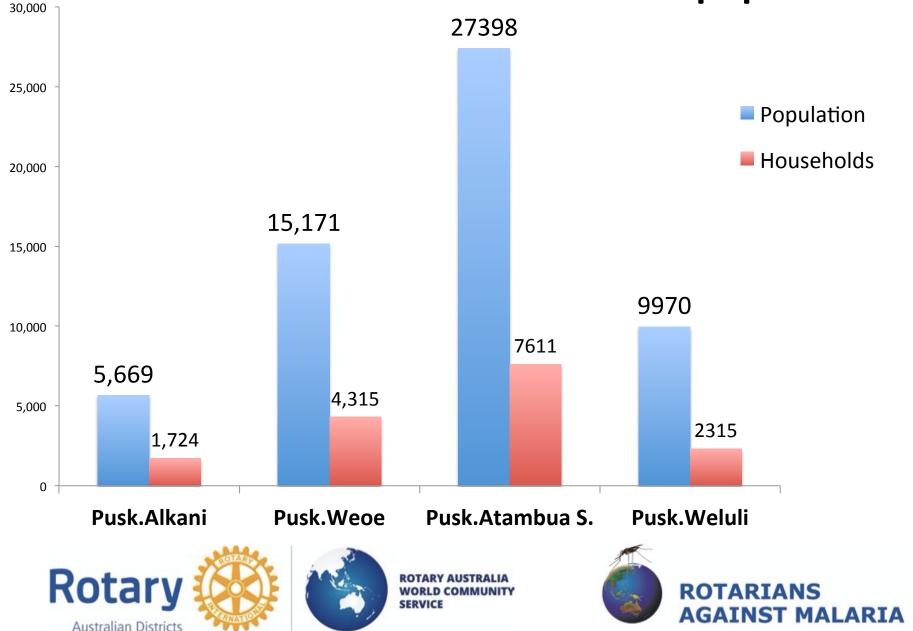




West Timor February 2020 Community Assessment



2019 - Puskesmas catchment populations



Number of Participants interviewed = 120

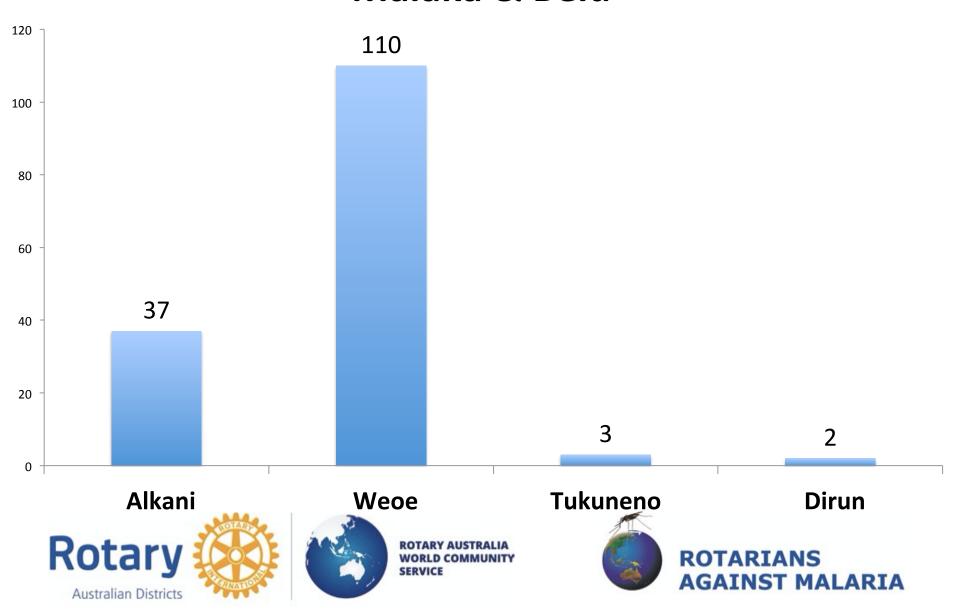
Village	Environment - Heads of Households	Community Leaders & Members	Puskesmas Staff
Alkani	5	21	9
Weoe	4	9	9
Tukuneno	5	16	5
Dirun	5	26	6
Total	19	72	29







2019 - Malaria Cases in Villages Malaka & Belu



Findings: Malaria Prevention

- All consultations confirmed the same activities for malaria prevention:
 - Long Lasting Insecticidal Nets (LLINs)
 - Indoor Residual Spraying (IRS)
 - Mosquito breeding sites
 - –Information





Findings: Many health issues in the Built Environment

No. of Village	Type of House	Water Supply	Bath / Toilet	Garbage	Inhouse water storage
4 Villages visited	Majority semi- permanent	Bores, Dug wells, & springs	Majority outside	Household wastes disposed in Backyard - burned. Animal wastes create water swamping	60% covered (n=20 houses)

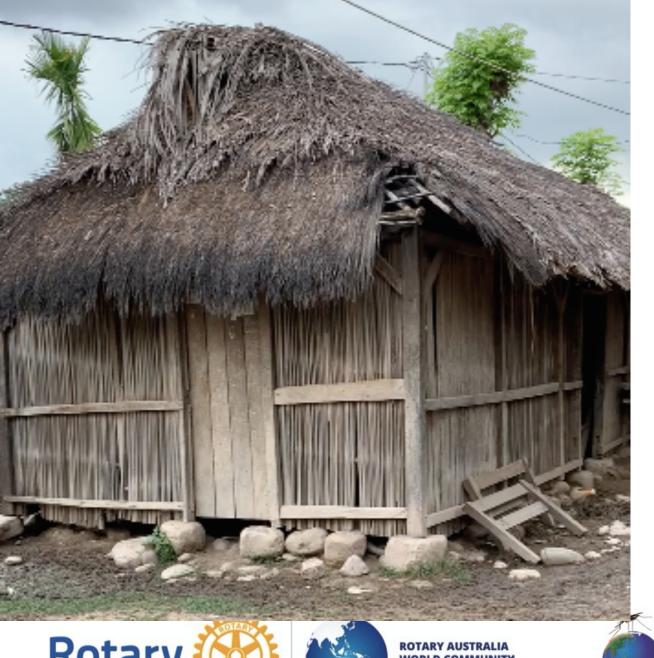












Many houses are of sticks and straw



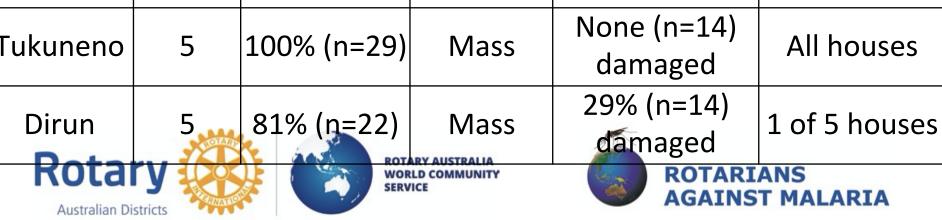




Findings: Malaria Prevention in Houses –					
many nets need replacing					
Village	Houses seen	Sleeping under LLINs	LLINs Access	LLINs Condition	IRS
Alkani	5	72% (n = 21)	Mass	17% damaged (n=12)	All hou
					No hou

uses uses Fogging 3% (n=35) 65% (n=24) outside after 5 Mass Weoe damaged confirmed case

None (n=14) Tukuneno 5 100% (n=29) Mass damaged 29% (n=14) 81% (n=22) Dirun Mass damaged





Demonstrating use of bed net









Conclusions: Community Identified Needs

- Sanitation proper toilets for each house
- Water supply
- Cleaner and safer environment
- Information and education
- LLINs (Long lasting insecticidal nets)
- Early diagnosis for all fever cases
- Follow-up after treatment (Desa Weoe)
- More Malaria Cadre in villages





Conclusions from Community Visits

- The enthusiasm and local knowledge of the people could be used to help with malaria elimination in the villages.
- The Built Environment puts communities at high risk for malaria.
- Accurate planning and procurement are needed at all service levels.
- Missed opportunities for prevention, early diagnosis and treatment.
- Staff changes lead to lack of experience in malaria program; staff gaps.
- Intersectoral and cross border collaboration are opportunities to accelerate malaria elimination.





District Workshop Recommendations:

"Prevent, Diagnose, Treat & Track"

- Pilot Malaria Post run by Village Health
 Volunteers (Cadres) (focus on breeding sites)
- Training of Cadres in community engagement (Malaka)
- Capacity building for malaria staff (medical, environmental health, community engagement)
- Procure print and video media





District Workshop Recommendations: Equipment requirements

- 1. Nets for houses at the Timor Leste border
- 2. Larvicides
- Indoor Residual Sprayers and personal protection equipment
- 4. RDTs for the Harbour health services
- 5. Microscopes (Malaka only)
- 6. In Malaka District
- Fix bore in Desa Weoe an immediate need
- Government to improve water supply & sanitation





Post Community Assessment

- 26 June 2020 A Rotary Global Grant Application was submitted for USD125,350
- Project for training, 10,000 nets, 15,000 RDTs
- Funding sources:
 - International Partner: RC Hillary's D9455
 - Host Partner: RC Kupang Central D3420
 - RAM donated: AUD70,000
 - District Designated Funds (DDF): 3420, D9455, 9465, 9830, 9710.
 - Rotary clubs Queanbeyan, 19 clubs from D9420







Next step:

Rotary Global Grant Planning for 2022 Universal access to nets Project "one net one sleeping place"

Bed net is a proven method to protect individuals and decrease community-wide malaria transmission







Thank you



