

## TEAM LEADER REPORT

TEAM NUMBER - SR28-2016-17

Team Leader: Jenny Kerrison  
Project Name: Rotarians Against Malaria - Funding  
Project Number: 32-2010-11  
Project Manager: David Pearson

### TEAM MEMBERS

<u>Name</u>	<u>Role</u>	<u>Date of Departure</u>	<u>Date of Arrival Home</u>	<u>Volunteers Work Value</u>	<u>Travel, Accomm &amp; Meals Cost</u>	<u>Total Value</u>
Jenny Kerrison	Team Leader	29-May-2017	14-Jun-2017	\$6,120.00	\$1,600.00	\$7,720.00
Chris Bromwich	Volunteer	1-Jun-2017	14-Jun-2017	\$1,820.00	\$1,200.00	\$3,020.00
David Bromwich	Volunteer	1-Jun-2017	14-Jun-2017	\$4,480.00	\$1,200.00	\$5,680.00
Andrea Grosvenor	Volunteer	1-Jun-2017	14-Jun-2017	\$2,240.00	\$1,200.00	\$3,440.00
John Hayes	Volunteer	26-May-2017	14-Jun-2017	\$2,730.00	\$1,200.00	\$3,930.00
Shirley Hayes-Cornish	Volunteer	26-May-2017	18-Jun-2017	\$2,730.00	\$1,200.00	\$3,930.00
<b>Totals</b>				<b>\$20,120.00</b>	<b>\$7,600.00</b>	<b>\$27,720.00</b>

### NUMBER OF NATIONALS TRAINED BY TEAM

Nil.

### PROJECT DESCRIPTION

To provide volunteers for project surveys and donations for Rotarians Against Malaria projects in overseas countries.

### PROJECT - SPONSORING ROTARY CLUBS & DISTRICTS

<u>Rotary Club</u>	<u>District</u>	<u>Email Address</u>
DG Tony Colman	9830	afcolman@bigpond.com
Rotary Club of RAWCS National	9650	sugarloaf@sugarloafne.com

### NAME THE ROTARY CLUBS OR ORGANISATIONS ASSISTED BY THIS PROJECT

<u>Rotary Club</u>	<u>District</u>	<u>Email Address</u>
Rotary Club of Dili Lafaek, Timor Leste	9550	herculano.amaral@gmail.com

## WORK ACHIEVED BY TEAM

The team's key goal was to understand malaria elimination strategies undertaken by RAM's partners in Timor Leste. These partners were: (1) the National Malaria Control Program (NMCP) at the Ministry of Health (MoH) and (2) Rotary Club of Dili Lafaek (R.C.D.L.). We believed that our team has achieved this goal. In addition, we visited non-RAM projects and this helped many of us to develop a deeper understanding of Timor Leste.

We attended a presentation on Timor Leste's National Malaria Elimination Strategy 2017-2021 and participated in a mass bed nets distribution campaign. We were very impressed with the quality of the NMCP, and the drive of MoH staff and WHO Technical Advisor. WHO (Geneva) has prioritised Timor Leste as one of three countries at malaria pre-elimination stage with a target date for elimination in 2020. However, at this critical juncture, Global Fund will reduce funding to Timor Leste by 50 per cent between 2017 to 2020. This has important implications for RAM in Timor Leste.

We also spent time on the Healthy Village project that was managed by R.C.D.L. Funded by RAM, this project focused on community education for healthy environment, and installation of community trash bins. Our team observed, did some mentoring, and collected data on the project. We noted that the project was at the early stages of implementation with good progress made in the installation of trash bins at selected villages. The R.C.D.L has demonstrated talents in mobilising youth groups to engage with their project. However, the project needs a strong behaviour change communication strategy to encourage local communities to use the bins appropriately and to develop appropriate local system of wastes management.

Lastly, we learnt that the Dili Liaison Office has facilitated RAM's work in the country and it will continue to be an important entity for RAM in Timor Leste.



R.C. Dili Lafaek's Healthy Village project



National Malaria Control-Bed nets distribution

## ACCOMMODATION DETAILS

Our accommodation was at the Bemori Apartments, Dili Central Backpackers (DCB) in Bairo Grilos, managed by an Australian Kym Miller. Accommodation was adequate for the cost of US\$50 per night. Each villa has two bedrooms; 2 bathrooms; a small kitchen with refrigerator; a lounge cum dining area; and air-conditioners in all rooms. Each couple / single had their own room and bathroom. Members in one villa had to share a bathroom as only one bathroom had hot water. The lack of cleanliness was a major issue for one villa. Linen and towels were not changed, bathrooms were dirty, and cleaning was not done unless requested. There were no insect screens on windows. All villas had windows that were closed at all times. Laundry service was slow and available for a fee at the DCB Office. The animals (dogs, roosters, and pigs) in neighbouring homes and the noisy air conditioners were problems for some members in one villa.

The breakfasts, included in the accommodation, were adequate for accommodation in this price range. It was possible to cook meals at the villas but the level of cleanliness discouraged members in one villa. Lunch and evening meals were available at the DCB Office, and at the many cafes and restaurants near the Office.

Transport to and from the villas was an issue for us. The villas, located on a long stretch of dusty road, were approximately 10 - 15 mins walk from the DCB dining area and Office. We were reliant on transport that was kindly provided by Kym, the DCB manager. On many occasions, we walked to the Office, and also used the recommended metered Blue Taxis. Walking at night was discouraged due to the poor quality of footpaths with minimal / no street lighting; and unknown level of personal safety.

## TRAVEL DETAILS

i. Air: no problems experienced

ii. Land: We mainly used a hired minibus with a driver from the DCB. This was safe and cost effective. None of us would have been able to drive a hired car in the busy and unruly traffic in parts of Dili, and without local knowledge of where project sites were located. An added benefit of using the hired minibus and driver was that the driver spoke good English and took initiative on a few occasions to participate in data collection for the team. He was also helped us as an interpreter in Tetun Language on some of the site visits.

iii. Sea: travel to Atauro Island was by MV Atauro. It was considered safe although weather precluded return by that boat on advice from the travel provider, and a larger ferry was chosen.

## TOOLS, EQUIPMENT AND MATERIALS PROVIDED

Nil.

## OCCUPATIONAL HEALTH & SAFETY ISSUES DURING PERIOD

We were adequately equipped for the healthy village project visits. Also, on site, the R.C.D.L offered additional items to our team members, such as gloves.

Team members sought medical travel advice prior to travelling to Timor Leste. The majority of team members took antimalarials. In our villas, windows were kept closed and aerial insect spray used. Mosquito nets were provided at accommodation on Atauro Island.

## INCIDENT OR ACCIDENT REPORTS DURING PERIOD

1. John Hayes was bitten by a dog on Atauro Island. He received a small puncture wound to his leg. John received post-exposure rabies prophylaxis on the same day of the incident from an international-standard health care centre (Stamford Medical Clinic) in Dili.

2. John Hayes and David Bromwich contracted non-severe dengue (no severe bleeding, shock). Both received medical follow-ups in Australia.

## INSURANCE CLAIMS

The following members will submit insurance claims:

1. John Hayes

2. David Bromwich

3. Jenny Kerrison - on return to Australia, I (Jenny Kerrison) developed signs and symptoms of mild dengue. I am still waiting for blood tests results from my GP. I also developed bacterial sore throat and back pains, and was treated with antibiotics. I will also submit an insurance claim.

Has the sponsoring Rotary District's Insurance Officer been informed? Yes.

## CHILD PROTECTION OR VULNERABLE PERSONS ISSUES

Nil.

## COUNTER TERRORISM ISSUES

Nil.

## CONCLUSION/RECOMMENDATIONS

### Recommendations:

1. That RAM increases its support for the NMCP, specifically, for LLINs (bed nets) over the next three years.
2. That following the last installation of trash bins in July 2017, RAM withholds further installation of bins in the Healthy Village project. However, it is important that RAM continues support for the project by funding:
  - (i) Monitoring and evaluation activities on the project by R.C.D.L
  - (ii) Strategies to improve villagers' appropriate use of trash bins and safe wastes disposal at project sites for e.g. implementation of behavioural change communication (BCC) for safe wastes disposal.
3. As suggested by Dr. Manel Yapabanadra, WHO, the Healthy Village project needs to align with and supports the NMCP / MoH's malaria elimination strategic plan.
4. RAM can purchase duty-free LLINs (bed nets) via the Dili Liaison Office when the Office has registered as an NGO and obtained their own Tax Identification Number (TIN). In the meantime, the Office is open and remains important to RAM in the disbursement of funds to partners.
5. Another RAM team visit to Timor Leste in 2017 should \*be avoided\*. Frequent visits would be an imposition on partners (NMCP, WHO and R.C.D.L) who are busy professionals. Also, the Healthy Village project is at an early stage with no visible results of good wastes disposal. If the visits are to mentor and monitor RAM supported activities (e.g. for R.C.D.L) then the team should have fewer members and with experience specific to the visit's objectives.
6. Non-RAM activities were informative for example, visits to the Bairo Pite Clinic; PRADET women's shelter; National Eye Centre; R.C. Moruya [NSW] projects on Atauro Island. These activities provided additional insights and enriched the visit. However, these sites can potentially compete with RAM for funding from team members.

## COMPLETION OF FORM AND SUBMISSION

Name of Person Completing form: Jenny Kerrison  
Email Address: jenny-rexkerrison@bigpond.com  
Date: 23-Jun-2017