



Strengthen Communities in the area of Health

Through

SISCa

**Servisu Integradu da Saúde Communitária
(Integrated Community Health Services)**



Ministry of Health
Democratic Republic of Timor Leste

***“Population who live in the city,
in the mountains or in the
valley, must receive the same
quality of health assistance“***



Dr. Nelson Martins MD, MHM, PhD,
Minister of Health, Timor Leste

*Ita nia
saude iha ita
nia liman rasik*



Significance of the Logo SISCa:

1. A lot of people at the top of Timor's Map

Signifies:

SISCa will carry out its activities in Timor-Leste and will need strong participation and involvement from every Timorese citizen.

2. A lot of yellow stars surrounding the top of the cross

Signifies:

Star sign represents a lot of activities, to have a healthy physical condition we need have to make our own efforts, which will be a long journey. The color yellow on the stars represent a way to live in happiness.

3. Two Buffalo Horns

Signifies:

Traditionally in Timor-Leste buffalo horns have been used to call community members to gather.

4. The Ministry of Health Logo

Signifies:

The Ministry of Health will be responsible for implementing these activities, but with community level initiative.



Preface from Ex. Minister of Health

Today we take another step forward in the developmental process of health services in Timor Leste by integrating health assistance to the population through a new strategy called of SISCa (Servisu Integradu da Saude Comunitaria or Integrated Community Health Services).

The Ministry of Health through all of its personnel who are currently working together with communities, would like to attract everyone's attention, to work together through SISCa's activities with a principle of **From, With and To the Community+**, which signifies that it is the community who would help conduct the activity, mobilize people; men and women, children, youth, the elderly; and with resources available, together with all health workers to work side by side to give assistance, protect and improve the state of community health in the country.

Population in districts, sub-districts, village (*suco*) and aldeia (*hamlet*) are faced with a lot of health problems which can only be prevented through their own actions. Health preventions that are very basic, simple and cheap can be done in every home, their workplace and everywhere without having to waste a lot of time and resources. However, in reality, there are a lot of people who put themselves in difficult situations just due to a lack of awareness and knowledge about how to live a healthy life.

Today, Ministry of Health is calling upon all the communities through the existing community leaders to be aware of all SISCa activities have been implementation in every suco and communities together with health workers will carry out those activities once a month in their own suco throughout Timor-Leste.

I would also like to call upon all the international and local NGOs who are implementing their own activities in health sector in all districts, to cooperate through the service system organized by Ministry of Health, especially through SISCa.

We all believe that with roles and responsibilities that all Family Health Promoters (PSF) received, it can help communities to change their way of living to become healthier, and will in the future reduce the morbidity and mortality rates for children and pregnant mothers, increase immunization coverage, reduce communicable diseases such as TB, Malaria, HIV/AIDS and other non-communicable diseases problems.

Lastly, I would like to give a message to District Administrators, Sub-District Administrators, Suco Chiefs, Suco Councils, Aldeia Chiefs, Youth Organizations, Women's Networks and all the communities that health workers themselves cannot do everything by themselves; however by working together with communities, we will strengthen our health sector.

Thank you,

Dr. Nelson Martins, MD, MHM, PhD



**Minister of Health
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Implementation Guide for SISCa

I. BACKGROUND

The health status at the community level in Timor-Leste remains low. This can be seen through some indicators such as the mortality rate of 60/1000 babies born (0 to a year old) and 83/1000 mortality rate for children born between the ages of 1-5 and a maternal mortality rate of 660/100,000.

The morbidity rate can be seen using other important indicators such as TB morbidity with number of Acid Fast Bacilli (+) positive from 140/100,000 of the population. Malaria is also one of the very common diseases at the community level.

The malnutrition rate is also still high, based on data taken from 2003, which showed that 46% of children under the age of 5 suffer from mild malnutrition, 15% from moderate malnutrition and 49% from very severe/thin and 28% from chronic malnutrition.



Picture1: Some malnutrition problems faced by children in our country.

There are other factors, which are obstacles in influencing program coverage, such as the lack of access to health facilities. This can be seen through other indicators such as the coverage for immunization. In 2006 immunization coverage was: 1). BCG 74%, 2). DPT3 67%, 3). Measles 64%. Only 20% of children completed their immunization by the age of 1, and only 40% of the pregnant mothers received TT vaccinations.

Environmental health conditions at community level are very poor and have not yet been able to reach a decent health level. Other indicators can be seen through access to clean



water and the use of a toilet. Demographic health research showed that among 170,000 families who live in rural areas, 70% of the families were not using proper toilet/latrines and 49,000 of the families (25%) live a distance of less than 10 meters from a well water source and a toilet. Thus, the best water site providing a good quality of water for our daily necessities is the water that is coming from mountain springs. The *Demographic and Health Survey 2003 (DHS)* also showed that 53% of the water that communities use comes from: a spiket, spring, water pump, tank and water from other sources. Water distribution in each region of the country is also different. For example, water distribution to city/urban areas is 76.3% and only 22.3% to rural areas. 55.7% to the eastern region and 60% to the central and western regions.

To solve those problems mentioned above, Ministry of Health has promised to try hard to improve the level of community health by improving quality of health assistance through the execution of Basic Service Package (BSP) and to increase the participation and utilization of health facilities by the communities through health promotion programs. In relation to health promotion, the Ministry of Health has organized trainings for community health volunteers.

To guarantee the integration of those two services mentioned above, Ministry of Health has implemented a program of integrated community health assistance called **“Integrated Community Health Services (SISCa)”** with the objective of giving integrated health assistance to the lowest level of community (aldeia) to ensure that every community has access to such services.

II. THE FUNCTION OF SISCa

SISCa is formed by communities as a place for all community members to gather in order to have access to basic integrated health activities with a principle of **“From, With and To the Community”**. Communities themselves, through suco and aldeia chiefs, with their own initiative will mobilize their community members: pregnant women, children under five including youth and the elderly to get access to health services at the village level using their own available resources.

The principle of **“From, With and To the Community”** shows that SISCa belongs to the community itself. Some communities have shown their strong commitment to the importance of health. Hence, community leaders such as suco council members, suco chiefs, aldeia chiefs, youth organizations, women’s networks and other community leaders need to organize themselves to mobilize available resources in the community and work together with health sector and the community to provide health assistance that is necessary.

SISCa is **“Integrated”** health assistance. This means that SISCa will provide assistance in the areas of health promotion, prevention of diseases, treatment for sickness and rehabilitation. Integrated health assistance also means that SISCa will cover all health areas including health interventions such as combating against infectious diseases, family planning, nutrition, maternal and child health and environmental health.

III. OBJECTIVES

Objectives of SISCa are as follows:

- To allow easy and nearby access of integrated health assistance based on Basic Service Package to the community level.
- To improve population data collection, children, pregnant mothers in order to for them to receive proper health intervention.
- Expand health promotion and education efforts on how to change behaviors.
- Increase the participation community members in the areas of community health.

The keywords for SISCa are: the Basic Service Package, Good and Healthy Behaviors and community participation.

IV. THE TARGETS for SISCa

Through SISCa, we hope that the entire population, men and women will reap the benefits from an optimal level of health services that does not differentiate between groups, gender, social status, suco, religion or beliefs.

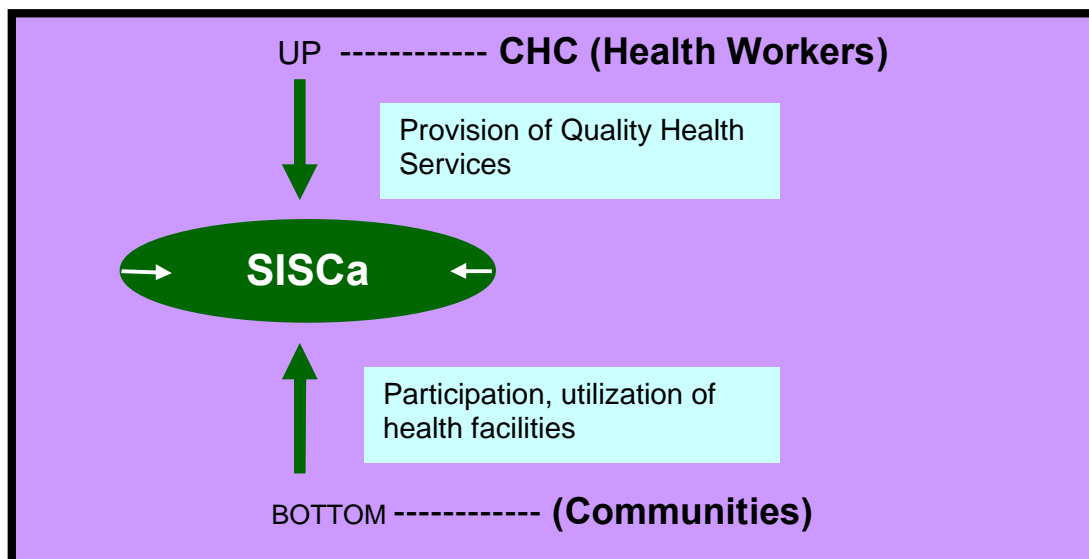
SISCa's activities are targeted to reach:

- General community
- Infants/Children under five years of age
- Pregnant mothers
- Adolescents/reproductive age group
- Elderly
- Disabled



Picture2:Families who are visiting SISCa post.

V. PEOPLE WHO IMPLEMENT SISCa





Using the principle **“From, With and To the Community”**, SISCa will be carried out and organized by community leaders (suco chiefs, aldeia chief and members of suco councils) together with the community members, women’s organizations, youth and churches to mobilize communities while waiting for the arrival of health workers who come from the Community Health Center to provide health assistance. SISCa will need the strong participation from women’s organizations, youth and other groups. With initiatives from SISCa, health workers who are coming from much higher structure will come together and meet with the community from the field level in a Post that is intended for SISCa.

There are also volunteers who are selected by their communities whom will receive training and be apart of a sustainable activity. Volunteer names will be registered with the Ministry of Health. These volunteers will work together with health workers to provide integrated health assistance at SISCa, which will be carried out once a month.

V.1. Coverage and Area of Services

SISCa will cover all sucos in all 13 districts. Community members in each suco will be should concentrate at one location that is selected by the community and local leaders to be designated for SISCa to receive to get health care assistance.

Community members that live closer to SISCa posts in neighboring sucos than their own, are encouraged to frequent whatever SISCa location is the most convenient.

Post for SISCa can be located at any place such as the village community center, hamlet community center, community member’s homes, schools or churches. SISCa activities can also be done under a tree shaded area providing it is comfortable. The location for SISCa will be established based on community consensus, so that everyone can have an equal and easy access. This does not mean that SISCa should be located near the community health center and/or health post because it will not reflect the objectives of SISCa services of improving access to health services at the suco level.

V.2. Frequency

SISCa activities are the activities that will be carried out once a month and will be sustainable. **Head of Community Health Centers, Suco Administration, Aldeia and Suco Councils must guarantee the continuation of SISCa activities.** SISCa posts will be open once every month. The activities at SISCa will last for a minimum of four hours, to ensure that communities will have time and the opportunity to participate. The schedule of SISCa should be decided together amongst community members.



VI. COMPONENTS OF SISCa ACTIVITIES

Component 1: Human Resources

Human Resources are an important element that contributes to the implementation of SISCa activities. The human resources that strongly contribute to SISCa are as follows:

- a. Health staff at the Community Health Centre (CHC) and Health Post (HP)

Identification:

Identify diseases all that are common at the community level, and also identify high risk pregnant women when they visit SISCa.

Intervention:

After identification, health workers must make a diagnosis in order to start a health intervention, treatment or any counseling that is necessary.

Health workers must have sufficient capacities to lead all SISC activities.

The presence of health workers at SISCa signifies:

- Provide health assistance to the community level
- Orient and provide motivation to volunteers
- Manage all SISCa activities

- b. Health Volunteers

Criteria for Health Volunteers are as follows;

- A village member who is selected their own community and are willing serve their community as health volunteers.
- The volunteers are not MoH staff nor do they receive a monthly salary for their work (**however there will be non-monetary incentives for the volunteers such as hats, t-shirts, bags, etc**).
- Volunteers are registered MoH and participate in MoH periodic trainings to increase their skill base and opportunities to practice these skills.
- Take an active role in conducting health promotion activities at SISCa.



b.1. Roles and Responsibilities of Volunteers

Role of the volunteers are as follows;

- Health educators: Volunteers will teach families and the community members to improve their health status and prevent themselves from contagious diseases, especially those that are endemic that can create epidemics around the community.
- Help to make changes: Volunteers as a new partner for health who can give ideas to families and the community, to assist them to change their beliefs, behaviors and day to day practices so that the families and community members can increase their health status.
- Provide health services: Volunteers will assist in the simple treatments of common sicknesses, such as: distributing Oral Rehydration Salts, Vitamin A, Iron tablets and First Aid such as giving out antibiotics or DOTs treatment for tuberculosis. Volunteers are not allowed to make diagnosis for diseases and give treatment for diseases without symptoms.
- To mobilize community members along with all suco chiefs to participate in SISCa.

Responsibilities of the volunteers are as follows;

- Assist in the developmental planning and coordination public health activities and SISCa.
- Together with the community members, especially community leaders, women's networks (groups that support mothers), church or local NGOs, coordinate and organize activities run by SISCa.
- Be an active participant in SISCa
- To inform families and members of the community about health initiatives and anything related to health as opportunities arise.
- To provide support in preventing health problems.
- To identify serious illnesses and send them to the nearest health facilities.

b.2. Selection of Volunteers

The selection of the volunteers is a very important process that guarantees the successfulness of SISCa. Communities select their volunteers through the suco structure. Communities must be aware of and understand the roles and responsibilities of a volunteers as well as characters of the candidates before making a selection. There should be two or three meetings at the community level to ensure that community members understand the benefits, support and motivation that volunteers will provide to the community.

c. Suco Chief, Aldeia Chief and Members of the Suco Council

Suco chiefs, suco councils and aldeia chiefs have their own very important roles and responsibilities to work together with the volunteers in organizing and mobilizing in their



communities. The wives of suco chiefs and aldeia chiefs and women's organizations also play important roles in mobilizing the community. Local authorities such as suco chiefs, aldeia chiefs and suco councils each have their own responsibilities in the implementation of SISCa, such as:

1). Suco Chief

The suco chief is responsible for the execution of SISCa. The successfulness of SISCa depends on the suco chief. Therefore, suco chief must have initiative and moral responsibility to organize, mobilize and make plan for the implementation of SISCa. The suco chief will organize regular meetings which will involve the suco councils, aldeia chiefs, traditional elderly speaker (*Lia Na'in*), women's organizations, church officials, youth groups and others to decide together to determine the SISCa date, location and determine how many people will be responsible for mobilizing the population. Through these regular meetings, they can exchange ideas and suggestions that can give rise to effective planning for the successful implementation of SISCa. The suco chief will coordinate closely with the head of the community health center as important partner for the realization of SISCa. The suco chief will dominate all aspects in his/her area that can help support SISCa. This includes population data and all potential resources available to support the implementation of SISCa. These resources can be human resources, natural resources and others. Ideally, community centers should have: community made health maps of the suco, number and statistics of the population in general, and specific data for children under the age of 5, infants, the number of pregnant women, statistics for mortality and fertility rates, number of elderly, disabled and adolescents, the sources of income for the suco and other available information.

2). Suco Councils

Suco councils can also play an important role in SISCa if they show strong interest to give their full support to the suco chief. We can guarantee that the implementation of SISCa will be successful. Suco councils must always accompany the suco chief in order to contribute ideas, give rise to new initiatives and provide solutions to problems that may arise in the implementation of SISCa. Suco councils must know what has become the biggest health problem in their suco and show initiative on how to find ways to solve the identified problems. Suco councils will serve good counselors for the suco chiefs in order to lead SISCa successfully.

3). Aldeia Chiefs

Aldeia chief also play a major role, especially through working with the volunteers in mobilizing the population in at the aldeia to participate in SISCa. The aldeia chief together with volunteers will submit all the health related data from their aldeia every month (these data will be given to suco chief to organize for and improve SISCa). Every month, the aldeia chief and volunteers will mobilize pregnant mothers, children under the age of 5, adolescents, the elderly and disabled people to come to the SISCa post. The most important and accurate real aldeia population data should come from the aldeia chief with

the help of volunteers. For example, the aldeia chief must know the number of pregnant mothers, children under the age of 5, the elderly, adolescents and the number of disabled people in their aldeia.

4). The wives of suco chiefs and aldeia chiefs

The wives of suco chiefs and aldeia chiefs also play important role in mobilizing the community and in motivating pregnant mothers to visit the SISCa post to get health assistance. They also initiate, motivate and contribute to some of the SISCa activities such as: participate in cooking demonstrations, games, singing and other activities.

Component 2: Assistance and Referral System

A. Health Assistance in SISCa

Health assistance in SISCa will apply a “**Six Table Assistance System**”. This DOES NOT SIGNIFY that SISCa must have six tables lined up at the post. The Six Table Assistance System is integrated and systematic. We can now look at the steps and detailed explanation of the Six Table Assistance System that will be used during SISCa activities, as follows:

1. Registering Basic Data (By Volunteers)

Registry is the first part in SISCa activities. One member of PSF will register everyone who comes to visit SISCa. The objective from this registration is to obtain the total number of the community members who has come to visit.

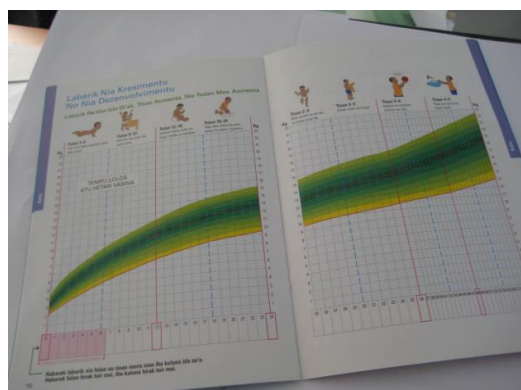
During registration period, this volunteer member will register people's names based on each target group. For example, children will be registered in registration book for children under five, pregnant mothers in a separate registration book and a general registration book for general community members who come for consultations due to illnesses or receive counseling.

1.a. Registration book for children.

Registration book for children (LISIO) will be used to register any children under the age of five, who come to the SISCa post during the activities. Volunteers must register children correctly in the LISIO formats provided. The objective from



Picture3: A volunteer is registering a mother with her newborn baby



Picture4: Registration Book - LISIO

registering children using the LISIO is to know the number of children under the age of 5 frequenting the SISCa post. The LISIO also help volunteers and health workers to control the health of young children such as their weight, height and provide health assistance based on the condition each child's condition. The LISIO also provides information about children's health for those who provide assistance in SISCa on each of their Suco or area responsible, in order to know what kind of health assistance has been given and what is need to be given.

Children who are healthy will grow to a much better potential, because their health will determine their future.

1. b. Registration book for pregnant mothers

Registration book for pregnant mothers will be used to register pregnant mother who come for check-ups at SISCa post. Volunteers must register correctly into *Livrinho Saude Inan ho Oan* (LISIO) using the formats provided. The objective from registering using LISIO is to know monthly visit of pregnant mother to the SISCa post. This registration book can also help volunteers and health workers to control the health conditions of pregnant mothers in each every suco, in order to know what kind of health assistance has been given to the pregnant mother and what is needs to be given.



Picture5: Registration book for pregnant mother

1.c. General registration book (for patients)

The registration book for patients is the same as registration book for health, which will be completed and utilized by the health workers. Volunteers will register community members or patients who come for check-ups or undergo treatment for their illnesses. The objective from using this registration book is to know the type of diseases which is common in this suco or aldeia so that the volunteers and health workers are able to control with maximal intervention through health promotion, prevention and treatment.



Picture6: Example of registration activities carried out by volunteers.



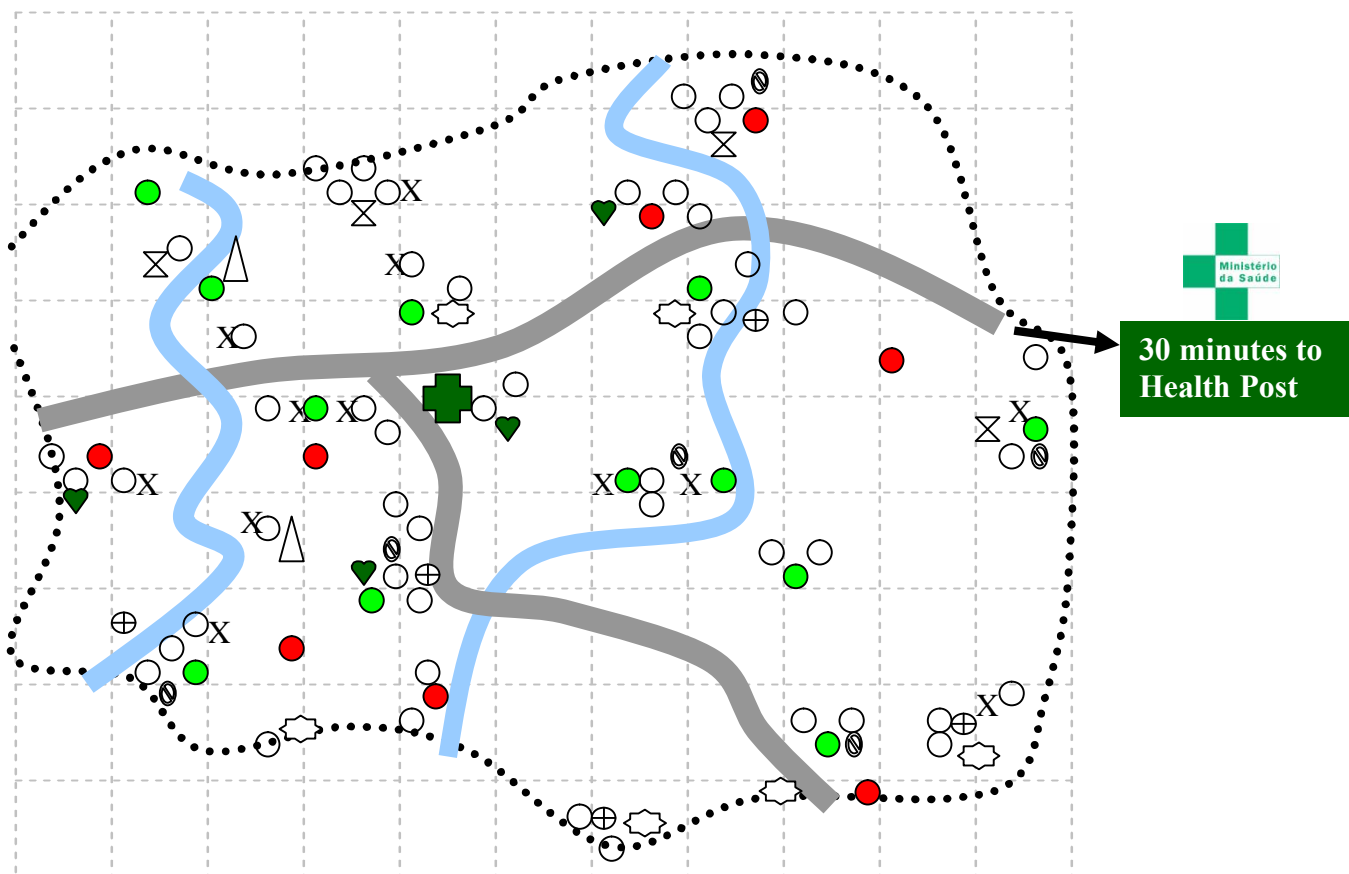
1.d. Health Map of the Suco

Based on the data taken from registration book, volunteers together with health workers will create a health map in every suco that has a SISCa. This suco map will be designed using data from the registration books as it will be a reference for volunteers and health workers to know:

- Location of the patients home, such as distance from their house to health facilities or SISCa's Post, the environment and condition of the house.
- Geography of the suco
- Season or climatic condition of the suco (rainy, dry season)

Data or information from the patients needs to be written on the map is: pregnant mothers, children under the age of five, children with malnutrition, community members with tuberculosis and leprosy. The objective from creating a health map at the suco levels to know actual situation of the patients and the general situation of the suco, in order to facilitate health workers and volunteers to visit houses and provide health assistance while at the same time providing information and health education.












1 2 3 4 5 6 7 8 9 10 11 12





Aldeia Health Statistics
Month: _____

Total households: _____ Total population: _____ Men: _____ Women: _____
 Total pregnant mothers : _____ Total high risk pregnant mothers: _____
 Total Children under 5: _____ Malnourished children : _____

- | | | |
|--|--|--|
|  SISCa |  River |  Road |
|  Volunteer house |  Pregnant Woman |  Leprosy |
|  High risk pregnant mothers |  Malnutrition |  Tuberculosis |
| X Children under 5 years of age |  Elderly |  Disabled |

IN ONE ALDEIA :

1. Number of Pregnant Mother : Who has come for
 - ANC (Antenatal Care) and
 - PNC (Postnatal Care)
2. Number of children :
 - 0 . 1
 - 1 . 5
3. Number of elderly
4. Mortality rate
5. Number of babies born
6. Number of sick people with TB, Leprosy, Malaria, Diarrhea and etc..

1.e. Basic Data/Registry from the Community

Health workers have prepared an appropriate form to obtain basic data from the suco and aldeia level. Data to be collected should include the total population, number of men and women, pregnant women, children under the age of five, the elderly, and disabled from each suco and aldeia.

This data will be collected by the suco chiefs, aldeia chiefs and volunteers who have received instructions from health workers on how collect the data and fill out the forms. This data can be collected two weeks before the activity.

When implementing SISCa: suco/aldeia chiefs will submit this basic data as mentioned above to the person responsible for Table 1 of SISCa to facilitate and confirm the collected data with the number of people visit SISCa.

2. Nutrition Assistance (Weighing, Height Measurement, LILA and others)

In SISCa Table 2 . several **nutrition activities** will be carried out starting from the identification of children with malnutrition until intervention and pregnant mothers. There will be volunteers who will organize and lead the weighing for children under the age of 5 and all pregnant mothers, and measure children's height and LILA. These activities must be carried out every month at the suco level.



Picture7: Weighing and measuring activities that are carried out by volunteers

Children under the age of five and pregnant mothers have obligation to be weighed and measured according to height and weight. The purpose weighing and measuring their height and weight is to monitor infant, children and pregnant mothers' growth so that it is easier to provide health assistance.

When children under the age of five do not come and visit SISCa regularly, health workers together with volunteers will make a plan with the suco chief and aldeia chief to visit them in their home and encourage families to bring their children or pregnant mothers to SISCa next month. This table is also open for older people to be weighed and measured.

3. Health Assistance for Pregnant Mothers and Children

Activities for Table 3 focus on **Maternal and Child Health**,

a. LISIO

Volunteers will complete LISIO and then explain the child's condition and growth chart to his/her parents and the condition of pregnant women to their husbands.

If the growth chart shows poor health status or classifies as malnourished, the volunteer will refer the child to Table 5 for diagnosis and treatment which is then followed by Table 6 for counseling.



Picture8: Volunteers are completing LISIO based on weighing and measuring results obtained.

Mothers, fathers and husbands should be aware of the health condition of their children under the age of five and pregnant women every month.



Picture9 : A midwife is giving a counseling to mothers who brought their children to SISCa

At Table 6, the volunteers will give counseling and health education to mothers and children with the following messages:

b. Antenatal Care (ANC)

Antenatal care is a consultation conducted by health workers to pregnant mothers to monitor the mother's health condition as well as the baby's growth inside the womb.

Mothers who are pregnant **must go for consultation minimum 4 times, the more the better.**

Ideally, pregnant mother should go for consultation every month to monitor their condition and to monitor the baby's growth.



The following is a timetable for pregnancy consultations with minimum consultation of 4 times.

- I Consultation : 16 weeks pregnant(4 months) . For pregnant women who go for first visit after 4 months, should be considered as her first consultation visit.
- II Consultation : 24 . 28 weeks pregnant (6-7 months)
- III Consultation : 32 weeks pregnant (8 months)
- IV Consultation : 36 weeks pregnant (9 months)

However, for pregnant mothers who have health problems and their conditions need specific attention; can go for consultations anytime at the nearest health facilities.

Midwives or health workers conduct consultations for pregnant mothers based on 5 T + C procedures.

Pregnant mothers receive their Antenatal Care at the SISCa post from trained health workers who will attend the pregnant mothers for:

- Anemia
- Measuring blood pressure of the pregnant mother
- Measuring weight and height
- Evaluation of mother's womb to know the development and position of the unborn baby.
- Give iron and folic acid tablets to reduce anemia and weight loss.
- Inject tetanus toxoid immunization to prevent the unborn baby from tetanus.

Another benefit from having regular consultations for pregnant mothers is the early detection of risk for complications during pregnancy and during delivery so early intervention can take place. When pregnant mothers are identified with a high risk of complication, the mother will be transferred to the Community Health Centre or Referral Hospital for further consultation.

c. Postnatal / Neonatal Care

Post SISCa also carries out activities for monitoring of mothers who have just delivered a baby. Health workers will conduct home visits for those women who have just delivered to examine the condition of the mother and newborn if they could not make it to the Post SISCa. During the implementation of SISCa, if there are mothers who have recently delivered that have registered but could not make it to SISCa, health workers and suco/aldeia chiefs should visit each of those mother's houses that have been identified to provide their assistance.

d. Attention to Children Under the Age of Five (IMCI)

The SISCa post will focus on children under the age of five who are sick and provide attention through an integrated approach.

- Nurses/midwives that have been trained in IMCI must use the IMCI protocols when treating children who are sick.



- Must have ORS(Boiled water and ORS (if there is no oralit, use salt and sugar) packets and other materials for mixing ORS at SISCa.
- Also provide health education and counseling on danger signs for newborns and children under the age of five.
- Children who are sick with severe conditions will need to be referred to the Community Health Centre that has the resources to treat more serious conditions.

e. Family Planning

Family planning counseling will be provided at SISCa to families who would like have birth spacing. Health workers will give correct and clear information on natural and artificial methods including its advantages and disadvantages. Safe natural and artificial methods will be explained with possibilities so everyone can choose the method that they want. At the SISCa post, Family Planning Services will offer natural as well as artificial methods such as: injection, pill, condom, treatment for complications.

f. Immunization for Children and Pregnant Mothers

Post SISCa will also provide good quality and complete immunization to all children. Immunizations offered at SISCa include: BCG, DPT, Hepatitis B, Polio, Measles, and Tetanus Toxoid (for pregnant mothers) as a part of the program. An expanded immunization program will prevent children from different types of diseases.

Volunteers also have an obligation to inform patients that they should not lose their LISIO and always bring it with them when they visit SISCa every month. For people such as adolescents and the elderly (those who are not children under the age of 5 or pregnant mothers), they do not need to go through Table 3 but just go straight to Table 4.

Volunteers also have responsibility to inform patients that, they should not lose their LISIO and always bring it with them when they visit SISCa every month. For people like adolescents and the elderly (those who are not children under the age of 5 or pregnant mothers), they do not need to go through Table 3 but just go directly to Table 4 or 5 instead.

Volunteers also have the responsibility to inform the community that they should not lose their LISIO and always bring it with them when they visit SISCa every month. For people like adolescents and the elderly (those who are not children under the age of 5 or pregnant mothers), they do not need to go through Table 3 but just go straight to Table 4 instead.



Picture10: A volunteer is showing hygiene activity (cutting nails) to children at post SISCa.



4. Personal Hygiene and Sanitation (By Volunteers)

Assistance for Environmental Health will dominate Table 4. Therefore, the presence of people from sanitation is very important to the activity of this table. Proper personal hygiene can determine one's health. Some diseases such as: diarrhea, worms, diarrhea and vomiting, and others can be prevented if people pay attention to their personal hygiene. In this phase, volunteers will explain and give information to patients about personal hygiene such as: hand washing, taking showers, using clean clothes, brushing teeth and cutting fingernails, as well as: using toilets/latrines, throwing rubbish at rubbish bin, cleaning the sides and roofs of the house, redirecting the waste water flow system and others.

4.a. Personal Hygiene

Personal hygiene is an area of focus at SISCa, especially, hands, clothes and the entire body. Volunteers must properly observe patients who are present and teach children on how to wash hands correctly and clean using soap, cut children's fingernails and give counseling to pregnant mothers, the elderly, disabled and adolescents who have problems with personal hygiene. The post SISCa must also provide soap, a towel, and clean water in a bucket and a nail clipper in order to demonstrate to patients and clients. If the patients or clients do not have issues with personal hygiene, he/she does not need to go through Table 4 and just go straight to Table 5 to receive treatment from health workers.

4.b. Sanitation

The volunteers also need to provide counseling to clients and patients who are sick due to poor sanitation. Examples of diseases that are caused by poor sanitation include: diarrhea, worms. If the patient or client is sick due to sanitation problems, volunteers and health workers will visit the house of the sick patient or clinic in order to give counseling directly and provide orientation to all members of the families of the referred patients to improve their environmental condition based on criteria established by the MoH.

4.c. Healthy House

A home is where families live and spend most of their time; therefore we must give focus our attention to cleaning the sides and roof of the house, direct proper waste water flow, and others. This is the focus of Table 4 activities. If there is a member of the family who got sick due to poor sanitary conditions at home, the volunteer and sanitarian personnel must visit the house directly to find solution to solve the problem. Therefore volunteers and health workers must be smart enough to ask questions to the patients and clients that come from Table 4. Proper sanitary conditions at home prevent diseases such as: malaria, dengue, worms and others.

SISCa promotes personal hygiene with direct practical ways. Health workers and volunteers will visit houses that have been identified and together with suco/aldeia chiefs to inspect the condition and give information about hygiene and environmental health.

This information will be passed on to relevant institution to undergo intervention to improve and create a healthy and sustainable environment.

5. Health Assistance (By Health workers)

Health workers will provide assistance based on diseases explained by the patients. Treatment will be given based on protocols for each disease which come from Ministry of Health. SISCa is built on the intention to improve access to quality health services. SISCa activities every month will provide assistance such as immunization for children and pregnant mothers, distribution of Vitamin A, deworming tablets, consultations and simple treatments from health workers as well as curative treatments from doctors. Table 5, apart from treatment, also other activities such as:



Picture11: Health workers are treating patients at their post SISCa

TB (Tuberculosis)

- Identify as TB, register and collect mucus,
- Discuss with the patient to undergo mucus testing process for examination and follow the treatment process if found positive.

Malaria

Fast diagnosis with proper treatment will have a big impact on the morbidity and mortality rates due to malaria at community level. The SISCa program will also give the opportunity to the malaria program to implement components of malaria program at the community level. Components of malaria program that will be executed through Integrated Community Health Services are as follows:

1. Diagnosis

Diagnosis for malaria will be conducted at Table V. After finishing the registration process at first table, patients who have malaria symptoms needs to be sent directly to table V for physical consultation and clinical diagnosis for malaria using Rapid Diagnostic Test (RDT). Table V will be equipped with instruments for diagnosis such



Picture11 :Health assistant/treatment from health workers to those who visit post SISCa.

as malaria RDT to facilitate the process of malaria diagnosis. Health workers who are working at Table V can do malaria testing and get the results in 15 minutes.

2. Treatment

Treatment for patient can start as soon as possible based on diagnosis that comes from health workers at Table V and will follow treatment protocols for malaria that was adapted by Timor-Leste. A first line of anti malaria drugs will also be given at SISCa activities. If SISCa found a very severe malaria case, it needs to be referred using referral system that has been established at the SISCa level.

Worms

Health staff will prescribe deworming pills to patients or clients who have the symptoms.

Also provided SISCa is other package of basic health assistance which is highlighted in the Basic Service Package/BSP and can be implemented at SISCa.

6. Health Promotion and Education (By Volunteers and Health workers)

Attitudes or behaviors are important factors to achieve an optimal level of health. SISCa will routinely offer health education and promotion to change attitudes/behaviors. Health promotion and education will be carried out based on health problems that are faced by the community including children's growth. Methods that will be used during SISCa's activities are **Adult Participatory Methods** (a methodology which is based on necessities from communities, which will try to gain an understanding of the referred problem. The health workers will then give correct health information and together they will try to find solution for the problem they previously identified.



Picture 12 : A volunteer is giving a health counseling to a family.

Children under the age of five can be a stimulator and will play at SISCa to develop their way of thinking.



Health promotion at Table VI is based on the topics explained in the Basic Service Package, for example:

Infectious Diseases

TB, Hepatitis, Leprosy, Malaria, HIV/AIDS, STD, Dengue, Diarrhea, Conjunctivitis.

Malaria

Health education about malaria prevention is integrated in Table VI. Material for health promotion to prevent malaria will come from the Department of Health Promotion and Education.

HIV/AIDS

Currently there is no medication to cure HIV/AIDS. The medication we have now in Timor-Leste only to decrease the HIV viral load inside patient's body. HIV/AIDS exists in Timor-Leste and therefore information on how to prevent this disease is very important to know the preventative measures to take against infectious diseases passed on through by sexual relations/STD with different partners without using a condom as a means of protection.

Non-Infectious Diseases

Mental Sickness

1 out of 5 people have some sort of mental problem during their lifetime due to stress which can be a threat to their lives; cause them to lose a member of their family or material possessions; become violent; and become depressed. 40% of the people in the society have some sort of physical and psychological problems. These people do not have strength, but mental problems can be cured. There are possibilities that people in Timor-Leste have mental problems.

Toothache

Many people at the community level suffer from toothaches and gum infections due mainly to poor hygiene.

Eye Infections

Timor-Leste also has a lot of patients with eye problems. This is due to the lack of knowledge on how to take care of one's eye. Therefore we need to strengthen health education in this topic and the referral system for eye problems.

Apart from conducting health promotion and education activities at Table 6, there are other activities such as:

Cooking Demonstration

Cooking demonstration will be conducted using local foods with high nutrients for mothers and those who are interested.

Film Screenings

Some health promotion activities can be done during evenings, for example: film showing and music concerts with health messages. SISCa has the potential to gather more people because a lot of people do not have the opportunity to participate in SISCa's activities that are done on a daytime where they are preoccupied with their routine activities such as in the farming or rice field and other places.



Picture 13 : Mothers are watching a cooking demonstration at one of the a SISCa post.

Games

Games can be played to entertain children, especially games that can motivate and change children's minds and behavior about healthy living such as preventing TB.

Singing/ Music

Songs can be taught about preventing diseases, such as: preventing worms, malaria, diarrhea and other diseases.

Simulation

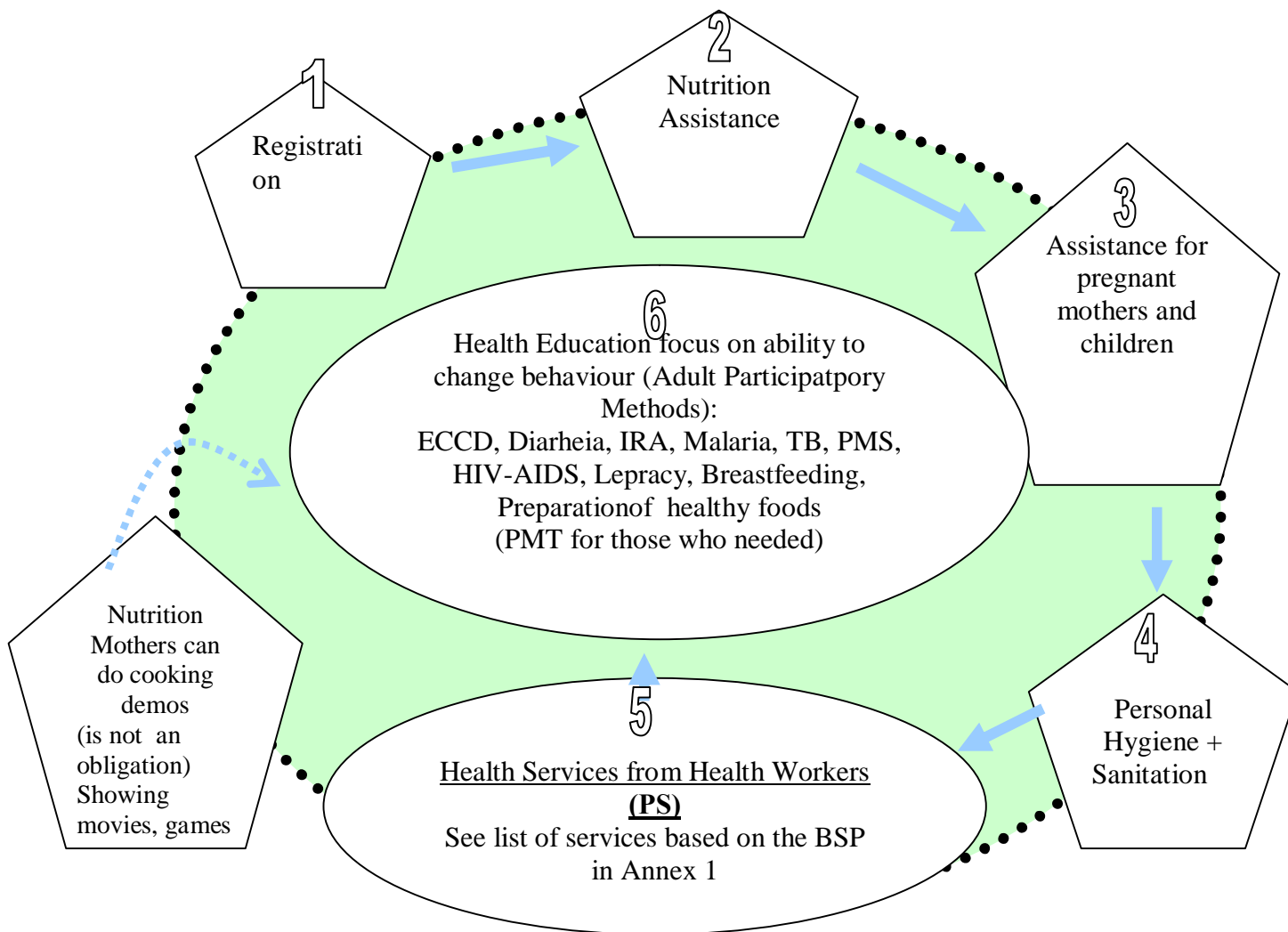
Simulation can be conducted on how mosquitoes can spread to people or how worm eggs enter the human body.

Other activities can also be conducted at Table 6. This depends on health worker and volunteer creativity during SISCa. Other activities that can also be done at Table 6 are Focus Group Discussions (FDG) or have community members to sit on the floor together to discuss health problems that their suco is facing and look for solutions.

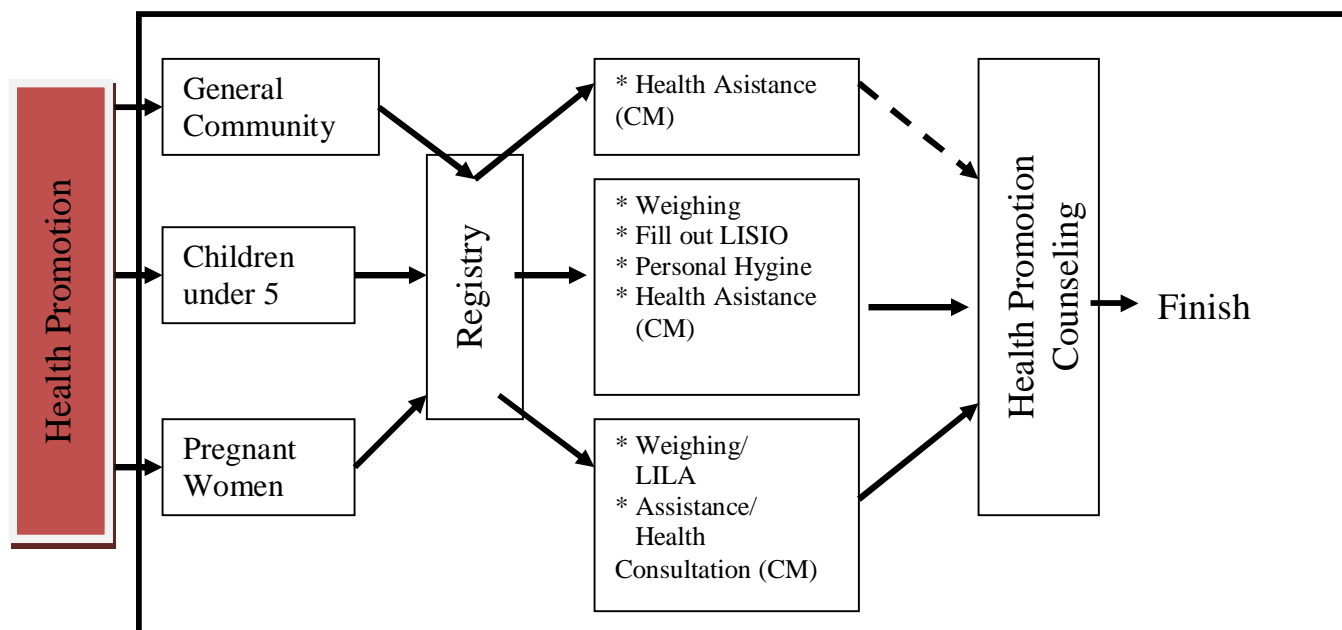


Picture14 : Example of a gathering to find solutions for health problems that the community is facing in their own suco or aldeia.

The Flow of activities for “6vTable Assistance System” is described below:



Scheme of Integrated Health Assistance in SISCa based on target groups.



--- If patient's condition permits him/her to receive health education, Education/health promotion can also be done before the start of the activity

Health Assistance in general: register, health consultation or treatment if the patient/client is sick and provide health education if time permits. All community members have the obligation to visit SISCa for health check-ups, early detection and the prevention of diseases.

Assistance to children under five: register, weigh, and fill out the LISIO, personal hygiene, health assistance and education for the children and their parents including monitoring of the child's development and growth.

Health Assistance to pregnant mothers: register, weigh/measure LILA, health assistance and education.

B. Referral System

When seeing a patient that cannot be treated by the health workers during SISC, this patient must be referred or sent to the nearest Community Health Centre or Hospital immediately.

C. List of equipment needed at SISCa

To support SISCa's activities, we need to supply the consistent equipment, which will be present in at each post.

- Registration book
- Materials for writing (stationary)
- Scale for children
- Scale machine for adults
- *Microtoise*
- *Length board*
- LISIO /Growth chart
- LILA Ribbon
- ORS
- Material for personal Hygiene (Nail Clippers, Nail brush, bucket, Soap)
- Material for Health education (*poster, leaflet, flip chart*)
- White Board
- Equipment for communication such as; buffalo horn, bamboo or small traditional drum.
- Two tables
- Chairs
- Plastic or woven mats
- Medicine

In principle, the management of all equipment for SISCa is the responsibility of the SISCa committee. Government and agencies as well as other donors can help complete SISCa activities, but community itself must try hard to guarantee its sustainability.

On the day of SISCa's activities, we can utilize the space and equipment from community who show interest in the SISCa. Service facilities and help from the community will strongly influence the spirit of voluntary service and the visitors of SISCa on the implementation day.



Picture15 :Example of materials required to keep in SISCa's post.

A service facility can create a peaceful and fair situation which will attract visitors especially those targeted groups to visit SISCa on a regular basis.

Component 3. Community Involvement

As unified assistance to the community, SISCa needs to have a wide support from the community through their involvement so that SISCa's activities can be sustainable and have high coverage based on necessities from targeted groups who will receive the assistance.

Improving community involvement to support SISCa's activities, can be done through:



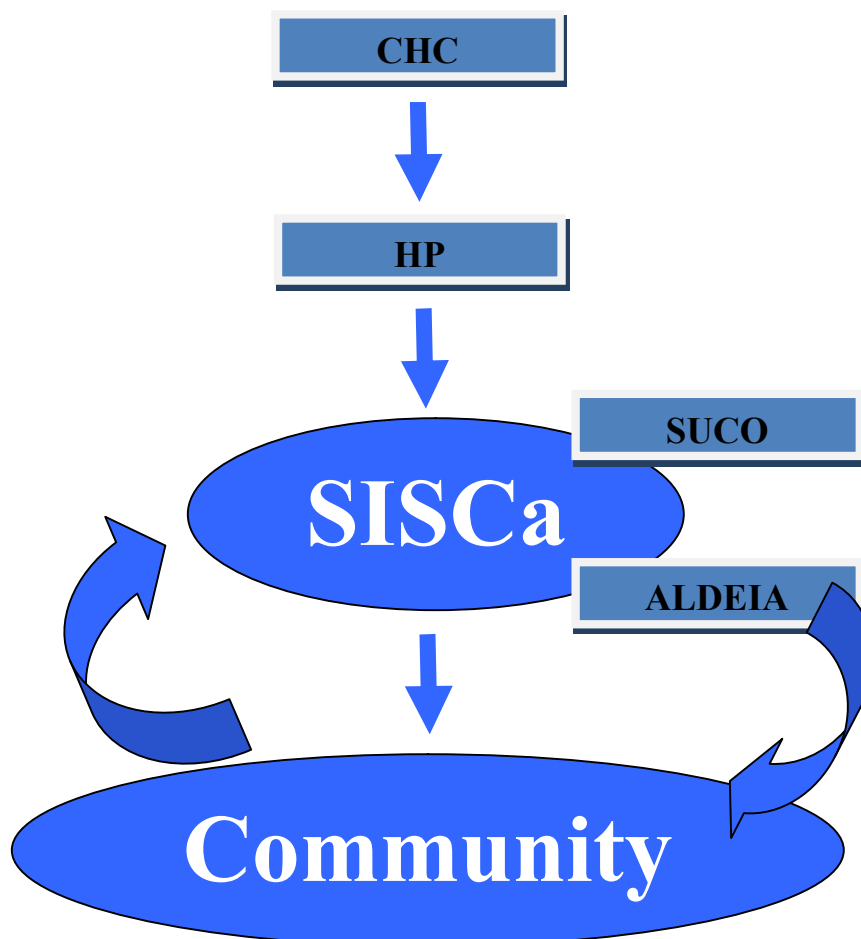
Picture16: Example of community involvement in a meeting to solve health related problems.

1. Establish a Commission or management team of SISCa in sucos where the members are going to be elected by the community, with a role to lead with professionalism for the execution of SISCa's activities. Including giving attention to human resources problems, facilities and financial issues for the sustainability of SISCa which is based at the community level. This can be established by the suco chief together with the suco council and other community leaders to form a **Management Commission for the Suco Level**.
2. Give medals to volunteers such as (awards, micro credits, rotating fund) to the most diligent volunteers as an incentive to continue to keep working well. This can also be a way to improve community economy.

Medals can also be given to model volunteers that are selected at National level every year.
3. Provide financial support for the implementation of SISCa that comes from the community, international NGOs and to support basic support of facilities for the function of SISCa.
4. Provide orientation about SISCa's management and direct activities such as counseling and referral assistance that can increase SISCa's quality in general.
5. Partners who can show ways to form and reinforce the network between SISCa and other sectors that may be organized by other community organizations, whether it is from the same suco or from other sucos. This partnership can share principle activities such as direct assistance related to improving the function of SISCa such as through trainings, orientations, meetings, consultative meetings, retreats, supervision and evaluation in mobilizing the community involvement to maintain the unification of SISCa.

6. Assistance that can help families to develop their future generations.

Component 4. Organization and Management of SISCa



SISCa is not a new structure, **Director of Health Centre has the highest level responsibility for SISCa**, and this will be included in the TOR (*Terms of Reference*) for all Directors of Community Health Center. However, the most important thing to consider is how to involve the community. The community must have the interest and contribution because SISCa is “**From, With and To the Community+**”.



Funding for the SISCa Program

In principle, SISCa is a community activity therefore the community must try to sustain its necessities. Even so, Ministry of Health will allocate some funds for SISCa. Each SISCa post will get \$35 every month to develop SISCa. This does not signify that the money will be given to Head of Aldeia or Suco or Volunteers but instead it will be used as an incentive to support the implementation and execution of SISCa. Utilization of the money will be directed by the Community Health Centre and allocated as follows:

1. \$ 25 will be used to cover SISCa activities such as: preparation of food, water or any other incentives to those who have given his/her support during the execution of SISCa activities.
2. \$ 10 will be used to mobilize the community or prepare facility/location for SISCa (depends on suco's needs).



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