

July 2012



# KLIBUR DOMIN

## NEWSLETTER

### Greetings from Management and staff of Klibur Domin

Klibur Domin was established in 2000 by Ryder Cheshire Australia (RCA) after Timor-Leste won the referendum to separate from Indonesian occupation to become the newest country in the World. RCA continues to play a very important role for KD by providing financial assistance and volunteers to support the programs.

Klibur Domin is focusing in three main programs which include Medical Rehabilitation (MRC), Community Based Tuberculosis Services (TBC) and Community Based Rehabilitation (CBR) for people with disability. The three main programs are implemented to achieve the mission of the organization which is "to relieve suffering among people who are sick, disabled and destitute without regards to age, race or religion".

Our deepest appreciation conveyed to our donors and friends especially to members and support groups of Ryder Cheshire Australia, Catholic Relief Services, Target TB UK, Ministry of Sosial and Solidarity and Ministry of Health who have been very generous to continue to support funding to each program. I hope that this very important partnership will be continued in the years to come to fight against diseases and to save people lives.

**Executive Director-Joaquim Soares**

### A tour of Klibur Domin

Klibur Domin (KD) is reached from Dili by traveling 15 km west along a scenic coastal road. The property of KD is about 7 acres with a 100m frontage on the highway to Ermera. The 16 main buildings look freshly-painted in yellow or cream, trimmed with brown.

On the left as you enter Klibur Domin is the director's house surrounded by many attractive pot plants. On the right is the administration building with four pillars at its imposing entrance.



Continuing along the track and taking a right turn there is the volunteer's house on the right and a staff one on the left. Next on the left is the respite centre followed by the old people's home. Down the track to the left are three TB wards and two laboratories.

Then turning right again and heading back to the front you pass the kitchen and a TB building on the left and on the right are the therapy room, the clinic, the maintenance shed and lastly the TB outreach building.

The whole area is well-shaded by large trees with decorative plants along the paths.

## Community-based TB Care

### Prevalence of TB near KD

In 2012, Jan-May, about 160 TB cases were detected by the TB team and their helpers. They were detected through case-finding by house to house investigations, contact-tracing of the households of current patients, referrals from clinics and TB volunteers and, some TB suspects presented themselves at KD or health clinics.

Some of these patients became inpatients at KD for 2 months. Others, along with those who had been discharged, received treatment at home. In the home, the treatments are supported and monitored by staff and trained community volunteers.

### Admissions to KD in Jan-June, 2012

The table below details the number of patients admitted as inpatients at KD for the first two quarters of 2012.

Notice , the number of male TB patients is

Type of patients	M	F	Total
TB	27	15	42
Fracture	0	0	0
Disability (including mental)	2	6	8
Malnutrition	0	1	1
Older people	3	8	11
<b>Total</b>	<b>32</b>	<b>30</b>	<b>62</b>

greater than for females. The reason for this has not yet been investigated.

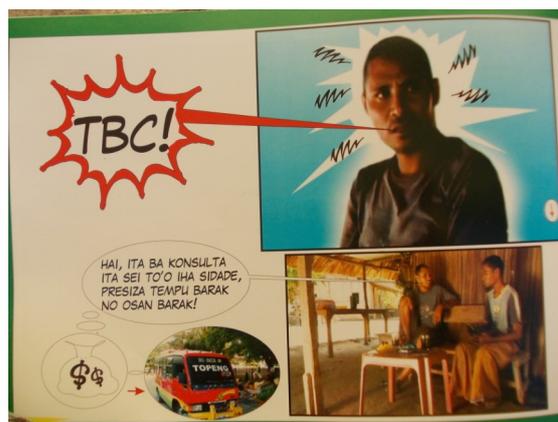
### Volunteers for treatment support

Klibur Domin TB staff and colleagues organized refresher training for the 150 community TB village volunteers who monitor the treatments given at home.

About 100 came for the first course. Reasons given for the volunteers who had not attended was that they had important business to attend to or that it was too far and travel costs too great.

## Go, tell the people- Methods used in Health Education

One of the important objectives of TBC is to increase the understanding and knowledge of TB in the community. It aims to educate the people in clinics, schools and villages about the causes, detection, treatment and prevention of the disease. Among the methods used, is the distribution of over 2000 very attractive booklets. (See photo below)



In the booklet, the TB information is communicated via a story in comic-strip genre composed of colourful photos with captions that give voice to the people in the photos. Other equipment includes flip charts, posters and videos.

### TB education in schools

When the TBC staff give their 1-2 hours of education to school students they begin with a pretest of a few questions about knowledge of TB.

Students who supply the correct answers are rewarded with prizes of a notebook, pen and pencils. Then when the sessions are concluded the testing and rewarding process is repeated.

Now, when some students see the KD TB cars pass the school they chant in Tetum **“mear mear liu semana tolu ba centro saude atu koko moras TB ”**. This, in English is “Coughs more than three weeks please go to clinic to have a TB test”.

## Communication with Local leaders

In the districts the local leaders continue to be actively involved in the implementation of TB program in their villages. The local leaders include village chief, youth leader, church leader and school teachers within the village level.

Regular workshops are organised with about 60 people participating.

Some topics considered during these workshops include:

- An update of activities of TB program including health education
- Training and support of volunteers
- Local leaders participation in TB program
- Community mobilization
- Discussion of progress and challenges of the TB program.

The feedback from these workshops asked that the leaders be informed of visits to the village by TB staff and that they be told what they are doing there. They wish to know who are the patients and which patients need closer monitoring.

## Community-based Rehabilitation (CBR)

### St Damien's Respite Home

The building in the photo below has accommodation for 12 disabled adults or children and their carers- such as their mothers. It was built in 2011 largely with funds from Fr. F Burns of Melbourne.



The home has a name "Uma Mahon" which translates literally as "home shade". Residents are brought here by the staff to give their families a break. The disabled resident also has a chance to have a medical checkup and intense therapy.

The building is not as yet well-equipped – not even hand rails in the bathrooms.

Below is a photo of Ines de Morsin, a current resident. of St Damien's.



**Ines** is twenty-two years old. She is an only child who was born with hemiplegia.

She came to St. Damien's Respite Centre in mid-July and will stay for three weeks to, among other things give her family some respite from their continual caring work at home.

It was in 2010, that her family introduced Ines to the staff who was visiting the village. She was then brought back to Klibur Domin for a one month's stay. Then with intense therapy she became able to use her left hand and arm for the first time.

Now at the centre she is often seen helping around the common room washing dishes and tidying up. She is always happy and enjoys the company of others. At St Damien's she has the opportunity to get to know other disabled persons which is not possible back in her village.

## **Need for equipment for St. Damien's**

Hopefully, with funds raised by RCA and others, St Damien's will become fully furnished. Equipment needed include more mosquito nets, mattresses, crockery and cutlery. Also larger items such as a washing machine, refrigerator and TV would be a great benefit to the place.

## **Klibur Domin Staff**

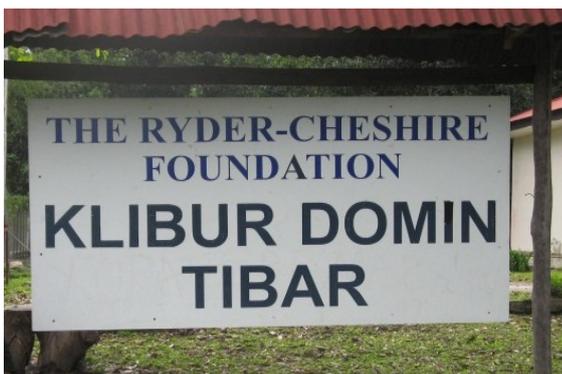
KD is fully staffed by East Timorese. The 36 members include 5 in administration, 10 in the TB area including nurses and laboratory technicians, 4 with the disabled including an occupational therapist, a physiotherapist and social workers, and the rest in security, kitchen and maintenance.

The staff care for up to 62 residents with about 25 of these TB patients.

Much of the other work is done in the surrounding districts and this involves many hours of driving to remote villages. In the villages people are tested for TB, disabled are examined and talks given to educate the people about the services provided by KD. Often there are patients to bring back to KD.

## **Visitors and Volunteers**

In March, Susan Mackerras, the volunteers' coordinator paid a visit for a few weeks during which she reviewed the volunteers' arrangements while at KD.



## **Special Visitor**



On the 18 May, 2012 Bishop Deakin, a long-time friend of the East Timorese during the Indonesian occupation, visited Klibur Domin.

As he was also a friend of Fr. F Burns, he was interested to see the Respite Centre. In the photo above he is seated with Joaquim Soares, the director on his right.

## **Volunteer's House**

Below is a photo of the house where volunteers reside when working at KD. It is comfortable and well equipped inside. with screen and grills on the bedroom windows.



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