Timor-Leste and the Need for Healthcare Services

Timor-Leste is an independent nation located in the maritime region of South East Asia, between Indonesia and Australia, making up the eastern half of the island of Timor. After several centuries of Portuguese colonial rule and 24 years of violent and oppressive occupation under Indonesia’s rule (1975-1999), Timor-Leste finally voted for independence in 1999 and was later declared a sovereign country by the United Nations in May 2002. Following the vote in 1999, the Indonesian military and the militia supporting pro-Indonesian autonomy led a wide-spread campaign of violence, leaving a trail of death and destruction as they departed. It has been estimated that about 75% of the country’s infrastructure was destroyed¹ including 35% of all health facilities in Timor-Leste. Their supplies were looted, and most medical equipment was later rendered as unusable. In the years following the end of Indonesian occupation, hospitals and clinics throughout Timor-Leste found themselves lacking medical professionals, since most of the healthcare workers had been Indonesian nationals who fled the country at the end of the occupation.

Project Focus: Bairo Pite Clinic (http://bairopiteclinic.org/)

Timor-Leste's central health administration was destroyed in the aftermath of the Indonesian occupation and with it, hope faded for thousands of critically ill and injured Timorese. Founded by Dr. Daniel Murphy in the late 1990s, this is how the Bairo Pite Clinic began, stepping in to provide health care services to the people of Timor-Leste. Dr. Murphy began his medical practice in Timor-Leste in September 1998, when Timor-Leste was still under the occupation of Indonesian forces. After a few months, the Indonesian government forced Dr. Murphy out of the country. Dr. Murphy later returned to Timor-Leste in September 1999 and, ever since, has committed himself to providing free healthcare for the poor and underprivileged citizens of Timor-Leste through his work at Bairo Pite Clinic in the capital city of Dili.

Faced with the desperate need for doctors, Dr. Murphy set up a makeshift clinic in 1999 in an abandoned Indonesian military clinic located among the ruins of the suburb of Bairo Pite in Dili. With little to no support, he searched through the ruins to find useable equipment and medical supplies to tend to the thousands of returning Timorese refugees suffering from the injuries and diseases that accompany war, including dysentery, starvation, tuberculosis, malaria and malnutrition. Since the clinic’s opening, Dr. Murphy has never received payment for his medical work in Timor-Leste. In the aftermath of Indonesia’s withdrawal from the territory, over 60,000 Timorese refugees came down from the hills and returned from the western part of the island of Timor. Many who returned were seriously ill or critically wounded, creating a tremendous need for health clinics and doctors. Some of Dr. Murphy's first patients at the Bairo Pite clinic were wounded Timorese rebels who had suffered gunshot and machete wounds from the Indonesian military. Many of these injured men had been brutally tortured. Today, the injuries that Dr. Murphy treats are rarely a result of violence; he is now focused on providing a wide variety of medical services. Although the medical issues of the Timorese people have changed since gaining independence and the return of the thousands of young Timorese doctors from Cuba, there is a critical need for accessible and effective healthcare for the young country.

With the support of volunteer doctors, medical personnel, and significant financial contributions from individuals and organizations from around the world, the Bairo Pite Clinic took form and began to thrive, continuously adapting itself to the changing needs of the Timorese community. Since it first started, the clinic has successfully evolved from being a small and understaffed emergency medical center to a large community of healthcare professionals and services. The clinic has conducted nearly one million consultations and has contributed to the training of over 1000 international medical students, 40 nurses, 26 midwives, and 26 lay-midwives who treat women in remote villages. Today, Bairo Pite Clinic continues to operate successfully, employing a staff of 90 Timorese, including a clinic manager, Mrs. Oakes, a senior doctor, and many volunteer doctors who care for an average of 200 outpatients per day, delivering more than 100 babies per month and treating 2500 patients with serious conditions. The Bairo Pite Clinic has over 2,000 admissions annually.

Bairo Pite Clinic – Renovation of Patients’ Bathroom and Maternity Unit

Bairo Pite Clinic is a free healthcare service, entirely funded by donations from individuals, charities, and organizations from around the world. Given that most of the infrastructures and facilities have already been renovated with the help of donations, one of Bairo Pite Clinic’s current priorities is a proper sanitary bathroom facility for patients, as well as medical supplies for the maternity unit. The maternity unit has done a tremendous job in improving the lives of mothers and their children, both in the city and in remote areas. Currently the maternity ward operates with only ten

¹ http://www.nationsencyclopedia.com/Asia-and-Oceania/East-Timor-HEALTH.html#ixzz4V5x5Y8bb
hospital beds, three birthing rooms, and a very small antenatal care (ANC) room. The Bairo Pite Clinic holds around 600 antenatal consultations and delivers over 100 babies per month. One of the biggest barriers to healthcare in Timor-Leste is access to health services, with up to three quarters of the population living in rural areas. Timor-Leste is a young country with a high maternal mortality rate of 557 per 100,000 live births. As most maternal deaths can be prevented by providing quality ANC and skilled medical assistance during childbirth, understanding the barriers to the utilization of ANC services can help mitigate factors that could prevent women and babies from dying during childbirth. Access to health care in Timor-Leste is very limited, especially in remote mountain areas. Many pregnant women are unable to seek antenatal care because it would force them to walk long distances to hospitals and clinics in search of medical assistance. Thus, many women choose traditional practices that have been passed down from generation to generation, usually without sterilized equipment and trained medical assistance, in the hope that both they and their babies will survive childbirth.

In light of these realities, the Bairo Pite Clinic offers an outreach program, led by Dr. Aida Goncalves. Dr. Goncalves and her team of trained midwives travel to remote areas of the country to train other women to become ‘lay’ midwives in these isolated village communities. Their goal is to educate local women about pregnancy and labor in an attempt to reduce both maternal and child mortality. The maternity unit is urgently in need of replacing their steel cabinets and building inventories of useful medical supplies such as sterile gloves, ultrasound gel, and other necessary tools to continue their life-saving practices.

Upon our arrival in Dili, we plan to meet with Mrs. Oakes, the manager of the clinic, to discuss plans to renovate the clinic bathroom and hire local construction workers to complete the construction, along with volunteers from the community. We will also engage in planning with the clinic’s midwives and assist them in the search and purchase of furniture, including new steel cabinets for the maternity ward. During the renovations, we will serve as the primary monitors of the project in collaboration with the managers of the clinic. During the renovation period, we will volunteer in the clinic by serving as translators for the international medical workers and local patients, both in the Dili area and on excursions to remote villages in the mountains of the country. We will also generate publicity for the renovated facilities and enhanced maternity resources by spreading the news with pamphlets and flyers, as well as getting out into the community and talking to expectant mothers and families about Bairo Pite Clinic and its health services.

It is important to note that Geovania has previous volunteer experience at the Bairo Pite Clinic, where she worked with international medics by assisting in communications with local patients for the Tuberculosis Unit. Along with her volunteer work, she helped facilitate training programs for new healthcare workers in the TB unit and assisted on missions to remote villages to promote knowledge about the Clinic’s TB program and services.

**Project Impact for Sustainable Peace**

This project aims to assist the Bairo Pite Clinic in its attempts to promote free and accessible health care to the Timorese community. While conducting this project, our vision is to show the Timorese people the importance of quality healthcare services for the underprivileged throughout the country. By renovating the patients’ bathroom facility at the clinic, we hope that Bairo Pite Clinic will be able to treat the Timorese community under proper medical conditions and stop the spread of disease. These improvements to the bathroom facilities will also ensure that the staff can practice medicine safely and that the 50+ inpatients will have the best chance to recover in sanitary conditions. We also hope that by providing the maternity unit with medical equipment and necessary furniture, we will assist the midwives in their efforts to provide mothers and their babies with a safe and comfortable environment, where they receive the quality medical attention that they deserve. We believe that **the strength and the well-being of a peaceful nation depends on the strength and the well-being of the mothers and their children.**

**Project Execution**

**Timeline: Arrival at Bairo Pite Clinic (BPC) – May 31, 2017**

- **BPC – June 1, 2017:** Hold face to face meeting with Mrs. Oakes, the manager of the Clinic, Dr. Daniel Murphy and other staff members to introduce ourselves in person and discuss the expectations of the project. Collaborate on renovation plans and begin volunteer work in the clinic.
- **BPC – June 2, 2017:** Hire local contractors to renovate the patient bathroom (this is particularly important since it is the only bathroom for the inpatients treated in the clinic) and put up a gate between the ANC and the delivery ward to help provide privacy and more security in the delivery room. These gates will also help to create a more private and secure environment for these separate units to function more efficiently. Continue volunteering in the clinic.
- **BPC – June 5, 2017:** Purchase new steel cabinets for the maternity unit, as well as medical equipment and furniture needed for the ANC room (They will all be purchased in Dili). Continue volunteering in the clinic.
- **BPC – June 12, 2017 to June 30, 2017:** Continue to oversee the construction work and its progress, as well as continue to volunteer in the clinic. During the final stages of the renovations, create pamphlets and flyers to give out to the community to attract new patients to the clinic healthcare services. Publicize the need for further donations for the clinic.
### Davis Projects for Peace Budget Template

Names: Margaret Urquhart and Geovania Ornai  
Project Name: Renovation of the Maternity Unit and Patient Bathroom – Bairo Pite Clinic  
School: St. Lawrence University  
Timeline: June 1 - June 30, 2017  

Total Additional Funding:  

<table>
<thead>
<tr>
<th>Student Expenses</th>
<th>Project Expenses</th>
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<td>Travel (Including Airfare)</td>
<td>Lodging</td>
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<tr>
<td>Total</td>
<td>1350</td>
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</tbody>
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| | 1070 | 250 | 160 | 215 | 120 | 2170 | 1820 | 3110 | 160 |
| | 140 | 215 | | | | | | |
| | 140 | 215 | | | | | | |
| | 140 | 215 | | | | | | |

### TOTAL EXPENDITURES: 10000

### TOTAL FUNDS REMAINING: 0

**Total Student Expenses:** 2740  
**Total Project Expenses:** 7260

This form should be used to prepare your final budget and submitted with your project’s final report.