

Helen Keller International Indonesia Tsunami Relief Initiatives

Operations Update, 14 June 2005

Summary of HKI Tsunami Relief Initiatives

Supplementation with micronutrients (**SUM**) represents one of the most cost effective ways to save lives and prevent disease. Vitamin A and zinc are the two key nutrients for children under 5 yrs of age that are proven to reduce mortality from diarrhea and measles by 30-50% and to reduce the incidence and severity of diarrhea, pneumonia, and malaria by 30-40%. Other vitamins and minerals, such as iron, are important as well and can substantially improve health, especially in the context of poor food availability and poor sanitary conditions. HKI is currently supporting the distribution of 4 vitamin and mineral (V&M) products:

1. **Sprinkles** are an in-home fortificant (powder in daily-use sachet) that contains 1 RDA (Recommended Daily Allowance) of 14 vitamins and minerals, distributed to children 6 months-12 years old. *Vitalita* Sprinkles are approved by the Indonesian Food and Drug Administration (or BPOM, *Badan Pengawasan Obat dan Makanan*), and are included in the National MOH Plan of Action for Nutrition. Sprinkles are “Not for Sale” in Aceh, although models for sustainable, cost-recovery distribution are being piloted in other (non-tsunami) provinces of Indonesia.
2. **Iron-fortified kecap manis (sweet soy sauce)** is now being distributed to affected families (IDPs and host-community families). The fortified *kecap manis* is produced by Heinz ABC Indonesia, is approved by BPOM, and is distributed in packs of 20 sachets per month for every 3 people in the household. The pharmaceutical company AkzoNobel donated the initial supply of the iron fortificant, Ferrazone®, and continue to supply it at low cost. HKI is currently pursuing partnerships with various NGOs to distribute the fortified *kecap manis* as part of their ongoing food assistance programs, as it will add to the nutritional value and palatability of the food basket.
3. **Vitamin A** capsules are distributed in collaboration with MOH and other partners with the aim to reach 100% coverage, particularly in the camps and mobile populations of affected areas. Distribution began in early January in Banda Aceh and Aceh Besar, continued throughout February (the national vitamin A campaign month), and sweeping will continue as HKI expands operations to all tsunami affected districts.
4. **Zinc** (20mg tablets that are chewable and easily dissolved in water) is distributed to Puskesmas, health posts, and health clinics as an adjunct treatment for children with diarrhea. The guidelines for administration of zinc follow the UNICEF/WHO recommendation for treatment of diarrhea. The Departments of Communicable Diseases and Community Nutrition, MOH, the Indonesian Doctors Association, and the Indonesian Association of Pediatricians support the use of zinc along with oral rehydration solution (ORS) for treatment of diarrhea.

In addition to **SUM** activities, HKI also implements camp-based and school-based Primary Eye Care Programs (PEC) in Banda Aceh and Aceh Besar. With this program, HKI supports IDP's full participation in the recovery efforts by cost effectively correcting, preventing or rehabilitating visual impairments within the IDP population. Activities focus on:

1. **Screening:** Provision of local eye services through IDP camp-based and school-based eye refractive error and eye health assessment activities.
2. **Refractive Error:** Refractive error identification, refraction services and provision of eyeglasses for those diagnosed with myopia and/or presbyopia.

3. **Referrals and Rehabilitation:** Technical assistance and training for local partners providing rehabilitation services to blind and low vision IDP's/ and hospital referrals.

Recent Developments

- HKI now operates in 11 of the 14 tsunami-affected districts: Banda Aceh, Aceh Besar, Pidie, Bireun, Aceh Utara, Lhokseumawe, Aceh Jaya, Aceh Barat, Nagan Raya, Simeulue, and Nias.
- As part of the collaboration with SurfAid, HKI continues to distribute V&M to remote western islands affected by the 26 December tsunami and the 28 March earthquake. In June, the marine-based mobile clinic is serving communities in the Telos Islands.
- On 12 June HKI and MOH conducted a socialization meeting for the heads of district health offices about the SUM and the 4 vitamin and mineral products available for tsunami-affected areas. Training and promotional materials were introduced, and district level trainings for health staff will begin in June.
- In June and August HKI will begin screening the vision of more children by implementing school-based primary eye care programs in Banda Aceh and Aceh Besar in addition to camp-based programming.
- Ongoing **monitoring** is also being conducted to determine coverage of and ongoing need for micronutrient supplements, and the need for eye care. Information on other factors related to the programs and nutritional status is also collected.

Current Status

Supplementation with Micronutrients (SUM)					
Distribution	Vitamin A capsules (100,000IU blue)	Vitamin A capsules (200,000IU red)	Zinc 20mg dispersible tablets	Vitalita "Sprinkles" sachets	Iron Fortified Soya Sauce (IFSS)
Distributed by HKI	1,312	24,903	750	643,062	2,040,913 sachets to 58,211 households
Distributed via partners	87,287	510,450	487,590	311,165	0
Partners	Ministry of Health RI; Provincial Health Offices NAD and North Sumatra; District Health Offices of Banda Aceh, Aceh Besar, Aceh Selatan, Kota Lhokseumawe, Bener Meriah, Aceh Tengah, Pidie, Nagan Raya, Bireun, Aceh Jaya, Aceh Utara, Aceh Timur, Aceh Tamiang, Kota Langsa, Aceh Timur, Aceh Barat, Simeulue, and Nias; Terre des Hommes; SurfAid; CARE; Plan International; CWS; UNICEF; IOM; Indonesian Doctor's Association (IDI); Tengku Fakinah Hospital; Clinic Bantuan Kesehatan Dinas Kesehatan DKI Jakarta; Forum LSM; PMI Sragen; Relawan Bogor; IDI Batam; Clinic Walubi; Clinic Pangkalan TNI; PCC; Clinic Posko FUI Makassar; Clinic Kosgoro TM Budaya; Clinic TVRI Mata Ie; Clinic PT Sampoerna; Clinic Japan Lambara; Tim Bantuan Propinsi Sumatra Selatan; Indonesian Midwives Association (IBI); Indonesian Red Crescent Society; Zainul Abidin Hospital; various <i>Puskesmas</i> (Community Health Center) in tsunami-affected areas; Indonesian Red Cross (PMI); Clinic Secapa Matai; Harapan Bunda Hospital; Malahayati Hospital; PKS; Clinic Posko Tenggara; Gerakan Kemanusiaan Indonesia; Habibi Center				
Remarks	<ul style="list-style-type: none"> • Close collaboration with partners and system of marking children with ink on the finger prevents double vitamin A supplementation. • Zinc supplements are distributed to health facilities for administration as part of treatment for diarrhea, as per the WHO/UNICEF guidelines and as supported by MOH. • Guidelines and/or educational materials in Bahasa Indonesia are distributed along with all vitamin A, zinc, and Vitalita "Sprinkles". • Training and promotion materials have been produced in collaboration with DepKes and are being provided to all partners who are distributing micronutrients. 				
Monitoring for the SUM					
Remarks	<ul style="list-style-type: none"> • 474 camps and/or villages covered, with total population of 291,734 at time of interviews • Height, weight, and MUAC measurements of 10,382 women of reproductive age and 10,651 children under five 				

As of 13 June 2005

Primary Eye Care (PEC)				
District	Screening	Refraction		
-	-	Glasses (Myopia & Presbyopia)	Referral (Cataract or Other Eye Pathology)	Blind & Visual Impaired (BVI) Identification
Banda Aceh	728	366	63	2
Aceh Besar	1,743	887	53	2
TOTAL IDP'S SERVED	2,471	1,253	116	4
Partners	Ministry of Health RI; Provincial Health Offices NAD; District Health Offices of Banda Aceh and Aceh Besar; IROPIN (Indonesian Refractionist Assoc.); various District General Hospitals; Layanan Low Vision Pertuni; Rawinala Special Center for People with Multiple Disabilities/Deafblindness; Braillo Norway; Jakarta Eye Center; Clinic Mahendra Indonesia			
Remarks	<ul style="list-style-type: none"> • Pilot Results: 50.7% for correction of refractive error, 4.7% referred for eye pathologies, less than 1% for rehabilitation due to visual impairment. • Eyeglasses are given on-site within the same day or within one week depending on the corrective lenses prescribed. All eye glasses are free of charge to all participants in the PEC program. • Program participants are eligible starting at 7 years old. Children under 7 needing eye care services are immediately referred to the ophthalmologist. 			

As of 4 June 2005

CONTACT INFORMATION

HKI Indonesia Country Office

Aceh Coordinators

- Elviyanti Martini
emartini@hki-indonesia.org
- Siti Halati
shalati@hki-indonesia.org

Helen Keller International
 Jl. AMD/Manunggal No.20
 Desa Lamdom
 Kecamatan Lueng Bata
 Banda Aceh
 Tel/Fax: 0651637815
 Flexi Phone: 06517410020

Country Director

- John Palmer
jpalmer@hki-indonesia.org

Helen Keller International
 Jl. Bungur Dalam 23A-B
 Jakarta Selatan 12730
 Ph: (021) 719-9163
 Fax:(021) 719-8148

HKI Asia Pacific Regional Office

- Martin Bloem,
mwbloem@singnet.com.sg
- Regina Moench-Pfanner,
remoench@singnet.com.sg
- Federico Graciano,
graciano@singnet.com.sg
- Saskia de Pee
sdepee@compuserve.com

20 Cross Street No. 02-13
 China Court
 Singapore 048422
 Ph: +65 6236 1972
 Fax: +65 6327 4293