

**MADURA
EMERGENCY RESPONSE
(MER)**

FINAL REPORT

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MADURA EMERGENCY RESPONSE

I. EXECUTIVE SUMMARY

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Program Title:	Madura Emergency Response (MER)
Cooperative Agreement/Grant No:	497-G-00-99-00055-00
Country /Region (s):	Madura (Bangkalan and Sampang District), Indonesia
Disaster/Hazard:	Disaster Relief
Time Period covered by this report:	March 2001 to January 2002

An ethnic conflict between the Dayak and Madurese in Central Kalimantan has resulted in widespread destruction and has caused a huge displacement of Madurese to Madura Island in East Java. Approximately 80,000 IDPs fled from the area to the island (which is 20-25%, are children). In the rapid assessment conducted in March 2001, World Vision identified critical needs, including the high number of severe and moderate malnourished children U5. To respond to this situation, WV distributed supplementary feeding products to all under-five IDP children and operated therapeutic feeding center in Bangkalan and Sampang districts, the highest concentration of IDPs areas in the island.

Program Goal: To assist the GOI in the emergency response to the influx of refugees at the IDP places in Bangkalan and Sampang districts; through the provision goods and services to combat malnutrition and maintain adequate standards of health among the IDP's registered at the camps, until such time as IDP's able to be relocated to permanent locations

Objective 1: Improve the nutritional and health status of severely malnourished children 0-59 months of age by providing therapeutic feeding and medical assistance to these endangered children until such time as they no longer suffer from severe malnutrition. Develop the capacity to provide emergency therapeutic feeding medical services.

Activity : To operate and manage Therapeutic Feeding Center

Accomplishment: Through three Therapeutic Feeding Center operated at Banyuates, Ketapang and Sepulu , the program has treated 116 severe malnourished children in which 63 (54.31%) of the patients are recovered

Objective 2 : Enhance the nutritional and health status of moderately malnourished U5 children and prevent further cases of malnutrition among the general U5s child population

Activity 2.1 : Monthly screening of the nutritional status of U5 children in the village

Accomplishment: During the program, World Vision has conducted monthly screening to 5177 U5 children. The result of screening showed that the global acute malnutrition rate of U5 children is decreased from 17.73% in March-April 2001 to 8.94% in December 2001.

Activity 2.2 : Distribute supplemental fortified blended foods to children U5s

Accomplishment : Total of 99,353 kgs of vitadele distributed during the program and average 5,028 U5 children received it monthly.

II. PROGRAM OVERVIEW

As outlined in the proposal, the goal of the Madura Emergency Response (MER) program was to ensure that vulnerable IDPs households on Madura Island are provided with goods and service to combat malnutrition and maintain adequate standards of health until such time as the IDPs can be re-integrated or resettled to permanent locations.

Based on MUAC measurement to IDPs U5 children, which was conducted in March 2001, World Vision identified that malnutrition rate was above the standard, which indicated the need of further intervention or special response. Therefore, World Vision targeted U5 IDP children particularly those who were malnourished children as the target population of this program.

In response to this situation through Madura Emergency Response Program, World Vision operated Therapeutic Feeding Center (TFC) and Supplementary Feeding (SF) Program. The TFC were operated in 3 places namely Banyuates, Ketapang, and Sepulu. Meanwhile the supplementary feeding program were took place in 5 sub districts within the Sampang District namely Banyuates, Ketapang, Robatal, Tambelangan, and Kedungdung as well as 4 sub districts in Bangkalan District namely Sepulu, Klampis, Tanjung Batu, and Kokop.

III. PROGRAM PERFORMANCE

3.1 Objective 1

The first objective of the program is to improve the nutritional and health status of severe malnourished children 0-59 months of age by providing therapeutic feeding and medical assistance to these endangered children until such time as they no longer suffer from severe malnutrition. The severe malnourished children were identified in the monthly nutrition surveillance activities. WV outreach team checked the data over again in the field. The team was also responsible to check data of severely malnourished children informed by the health worker in the field. Once they found the severely malnourished children, the team would ask the parents to bring their children for treatment in the TFC.

The criteria used for admission and discharge of TFC patients are:

- A. Admission of patients
 1. Age/Status
 - IDPs
 - Less than 5 years of age or, if age cannot be determined, less than 110 cm in height
 - Older children who are severely malnourished may be admitted
 2. Nutritional Status
 - Weight for height less than 70 % of the median (or less than 3 SDs below the median)
 - Kwashiorkor or nutritional oedema, defined as bilateral pitting oedema on the lower legs and/or feet
 - MUAC less than 110 cm
 3. Clinical Complication
 - Marasmic- kwashiorkor
 - Severely dehydrated
 - Severely anemia
 - Persistent diarrhea and/or vomiting
 - Extreme pallor, hypothermic or shock

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- Signs of systemic, lower respiratory tract or other locally infection
- Persistent loss of appetite
- Severe lethargy
- Jaundice

B. Discharge of patients

- For children under-five years of age: when a child reaches more than 85 % Weight for Height and all oedema has been resolved
- or children of five years old and older: clinical criteria, including no medical problems, steady weight gain, and no sign of malnutrition

WV established 3 Therapeutic Feeding Centers (TFC) in Sampang and Bangkalan Districts. The first TFC in Banyuates sub-district were operated from March 19,2001 until July 26, 2001. The second one in Ketapang sub-district started the operation on April 26,2001 and ended on October 31, 2001. The last one was in Sepulu sub-district that operated from May 21,2001 until August 20, 2001. The following table showed the performance of each TFC:

Table 1. TFC Performance

	Banyuates	Ketapang	Sepulu
Total U5 treated	50	46	15
Total discharged	22 (44.00 %)	29 (64.05 %)	8 (53.33 %)
Total failed	25 (50.00 %)	14 (30.43 %)	7 (46.67 %)
Total transferred	2 (4.00 %)	3 (6.52 %)	0
Total death	1 (2.00 %)	0	0

The total of 111 severe malnourished U5 children were treated during the program and 59 children were discharged (53.15%). Two patients suffered from acute pneumonia. One patient died during treatment and the other was transferred to a hospital for further treatment. The status of TFC patients showed that 41.44% of them failed to be treated long enough in the clinic to reach the targeted weight and optimal clinical condition. It was because most of the parents refused to leave their families for too long since they still have many other children to care for at home. They also refused to take the patient to the TFC everyday for daily care treatment due to the long distance between the TFC and their homes. The above consideration showed the necessity of a daily care treatment center located near the patient's residence so they don't have to stay 24 hours a day in the center. To accommodate this need, WV conducted home visits.

This activity was started on August 21, 2001 after the closing of two TFC in Banyuates and Sepulu sub-districts. From August 21 to September 11, the main activity was collecting data from posyandu and by visiting the former patients to their homes to take the anthropometrical measurement. Through this activity, the team discovered 8 out of 46 failed TFC patients were still severely malnourished or in risk to become severely malnourished, 1 out of 59 discharged TFC patients was in risk to become severely malnourished due to their illness. Since it was difficult to choose one place as a treatment center near the residences of all patients, the health staffs have to treat the patient at their home. Each patient was visited every two days. Total patient for the home visit activity were 10 children: 9 children are TFC former patients and 1 new child who never been treated in TFC. The activity ended on December 11, 2001.

Table 2. Home visit performance

Total U5 treated	10
Total discharged	4 (40.00%)
Total failed	6 (60.00%)

The percentage of the failed patient is still high (60%). The inhibiting factors are:

- The lack of the mothers' participation in the children's treatment when WV staffs didn't visit the children.

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- The patient's chronic illness (TB) or congenital defect was slowing the patient to gain weight.
- Bad access to the patient's residences caused difficulty to visit the patient regularly.

Detailed data of the patients of the Therapeutic Feeding Center and home visit activity are available in annex 1.

3.2 Objective 2

The second objective of the program is to enhance the nutritional and health status of moderately malnourished U5 children and prevent further cases of malnutrition among the general U5s child population. There were two activities held to achieve this objective:

1. To conduct monthly screening of the nutritional status of U5 children in the village
2. To distribute supplemental fortified blended foods to U5 children

3.2.1 Activity 1

During the program, MER team conducted monthly weight for height measurements to all U5 children. Targeted beneficiaries are children less than 5 years of age, or children with less than 110 cm in height if the age cannot be determined.

Table 3. Location of operation

Bangkalan District	Sepulu, Kokop, Klampis, Tanjung Bumi Sub Districts
Sampang District	Ketapang, Kedundung, Robatal, Banyuates, Tambelangan Sub Districts

The monthly nutrition surveillance was conducted in the total of 119 surveillance points in 102 villages. MER team chose the nearest point to the entire IDPs place in doing the activity. In some villages where the covered area is vast, the team arranged the activity in two points.

The activity was usually run together with the Posyandu (health service for local community) activity. It usually took place in the house of head of village or the leader of local community or in Posyandu. In some areas the nutrition surveillance were conducted not with the Posyandu, because of some reasons:

- The activity schedule between WV and Posyandu were not matched.
- Not all posyandu were conducted regularly in some places.
- The posyandu assisted the local community and WV assisted the IDPs, in some areas this created jealousy between the communities because WV did not distribute the vitadele to local communities.

In implementing the activity, the team coordinated closely with the local government. Schedule of the nutrition surveillance activities was socialized to the midwives in every village and to local government (health department, head of district, and all of head of villages) in monthly basis.

WV analyzed the nutritional status of the children by using the WHO standard (weight per height/WHZ) and identified the children in 3 (three) categories:

	<u>Z-Score</u>	<u>Status</u>
1.	$Z > -2$	Normal-mild
2.	$-2 \leq Z < -3$	Moderately malnourished
3.	$Z \leq -3$	Severe malnourished

Up to December 2001, total number of 13,754 children has been registered in the nutrition surveillance activity. Every month maximum of 5,500 children came to the nutrition surveillance but they didn't come

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regularly every month. The following table showed the nutrition status of U5 children in Sampang & Bangkalan district during the program:

Table 4. The nutrition status of U5 children

Month / Status	# U5 measured	Normal-mild %	Moderate %	Severe %	Wasting %
Mar-Apr01	4494	82.27	13.24	4.49	17.73
May 01	4941	90.16	8.32	1.52	9.84
June 01	4864	91.32	7.79	0.88	8.68
July 01	5762	92.54	7.06	0.40	7.46
August 01	5750	93.37	6.40	0.23	6.63
September 01	5718	92.86	6.94	0.19	7.14
October 01	5151	92.99	6.70	0.31	7.01
November 01	4811	92.97	6.84	0.19	7.03
December 01	5101	91.06	8.59	0.35	8.94

From March to October 2001, the graphic of nutritional status of under-five children showed the decreasing of the percentage of the severe malnourished children in Sampang and Bangkalan districts. The evolution of the nutritional status is available in annex 2.

3.2.2 Activity 2

In order to enhance and maintain the nutritional status of IDP U5 children, WV conducted supplementary blended food distribution. The commodity used for this purpose is vitadele. Vitadele is a complementary food made of 45% rice, 33% soybean and 12% sugar. It is also fortified with vitamins and minerals.

During the program, WV distributed total of 99,353 kg vitadele to all IDPs U5 children in Sampang district and Bangkalan district. The distribution took place at the same time the team conducted weight for height measurement activity. After measurement, each child will receive 2 kg of vitadele. This amount is the distribution ratio for each child monthly. Following table showed monthly distribution held during the program.

Table 5. Supplement feeding distribution

Month	Apr 01	May01	Jun 01	Jul 01	Aug01	Sep01	Oct	Nov01	Dec01	Jan02
# bens	9,056	5,181	794	5,591	5,723	5,676	5,143	6,996	2,863	3,260
Total distributed (kg)	18,114.5	9,787	944	11,182	11,446	11,352	10,286	13,992	5,726	6,518

Below is the supporting documentation :

Annex 1. Data on TFC's patients and home visit activity



"Annex 1 TFC &
Home Visit.xls"

Annex 2. Data on nutritional status of beneficiaries



"Annex 2
Surveillance.xls"

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Annex 3. Photo documentary on MER activity



"annex -photo.doc"

Annex 4. Commodity report



Consolidated-Vitadel
e-MER-final.xls

Annex 5. Finance report

[Sampi.prn](#)

[Sampm.prn](#)

===== End of the report =====

ANNEX. 3 Photographs



The height measurement for babies



WV staff distributed the supplemental food



Measurement & distribution activity



TFC staffs give medicine to the patient



TFC Patients having their meals



TFC Patients enjoy their playing session

ANNEX. 3 Photographs

Discharged Patient from the TFC

Sopyatun (24 months)

Weight before treatment : 5.4 kg
after treatment : 7.1 kg

Duration of the treatment : 24 days



Before treatment



After Treatment

Subairi (18 months)

Weight before treatment: 8.4 kg
after treatment : 10 kg

Duration of treatment : 18 days

