



“In TTS, both acute and chronic malnutrition have become a public health problem in the community”

In April 2006, Church World Service Indonesia (CWS) started a one-year program, *Support to those Affected by Severe wasting And Natural Disasters through Outreach* (SASANDO) in Timor Tengah Selatan (TTS) district, Nusa Tenggara Timur (NTT – Eastern Nusa Tenggara), in partnership with Interchurch Organization for Development Co-operation (ICCO) and funded by the Humanitarian Aid Directorate General of the European Commission (ECHO). The program aims to reduce the prevalence of acute malnutrition in TTS by directly targeting 1,300 malnourished underfive children and 1,500 pregnant and lactating mothers through the program’s activities. In TTS, both acute and chronic malnutrition have become a public health problem in the community. In cases of acute malnutrition, it is imperative to provide immediate assistance as children’s growth can be deteriorated and the most extreme cases can lead to death. The SASANDO program focused on nutritional rehabilitation through Therapeutic Feeding Centre (TFC) and Community Therapeutic Feeding Centres (CTC), as well as the revitalization of health posts and strengthening of local health workers and cadres. The TFC and CTC

provide intensive care to severely and moderately malnourished underfive children and pregnant and lactating mothers until their nutritional status has recovered. Local health workers and cadres participate in a series of trainings to strengthen their capacity. The program is implemented through three phases: program preparation, community preparation and intensive outreach.

Program Preparation

Preparatory activities for the program were completed during the first trimester, April-June 2006. As the first activity in this phase, CWS staff and representatives of the *Puskesmas* (Community Health Center) participated in a Training of Trainers to prepare and strengthen them for conducting the next activity -- a baseline survey to obtain the nutritional status of underfive children and their mothers and assess its determinant factors in four pre-selected sub-districts of TTS.

A total of 993 households among which 1,310 underfive children participated in the baseline survey, which was conducted in the four sub-districts Kot’olin, Mollo Selatan, Amanuban Selatan and Kualin. During the data collection of the baseline survey CWS found severely malnourished children; the parents were immediately advised to bring the children to the TFC to receive intensive treatment. The baseline survey concluded that there is a very high prevalence of underweight (59.7%), a very high prevalence of stunting (61.3%) and a high prevalence of wasting (10%) in this community. In addition, underlying causes such as a persistent recurrence of household food insecurity (the proportion of food-insecure households was 93%, and the prevalence of food insecurity



with (severe) hunger was around 20%) and frequent occurrence of infectious diseases explain the generally poor nutritional status of under-five children.

As a part of preparatory activities to identify synergies and strengthen coordination, CWS introduced the SASANDO program to stakeholders at different levels. On May 18, 2006, CWS and the TTS District Planning Agency (*Badan Perencanaan Daerah*, or BAPPEDA) conducted an introductory session on the implementation in Soe, TTS district.

The Head of TTS district, Drs. D.A.

Banunaek, officially opened the session by encouraging further coordination by and cooperation between the government and international NGOs (INGOs), such as CWS Indonesia, to reduce malnutrition and improve health in TTS district. On behalf of the TTS district, he extended his gratitude to CWS for its work in TTS over the past three years. He also raised the possibility of CWS implementing long-term programs, stating, "I hope that CWS can assist us longer to provide longer term impacts in TTS district."

At the sub-district and village levels, CWS staff conducted introduction sessions for each sub-district throughout May 2006, involving stakeholders and beneficiaries.

Twenty-nine CWS field officers are based in the 46 villages in four sub-districts where SASANDO is implemented in order to integrate them with the community.

Besides the baseline survey training, CWS staff (program officers and field officers) also participated in trainings on Health and Nutrition (HN), and Hygiene and Sanitation (HS) in June 2006. Facilitators of this training were the CWS Health and Nutrition working group coordinator/Monitoring and Evaluation and Senior Program Officers of CWS Indonesia. This training was provided to the staff in order to enable them to facilitate a series of technical trainings on HN/HS at the community/field level.

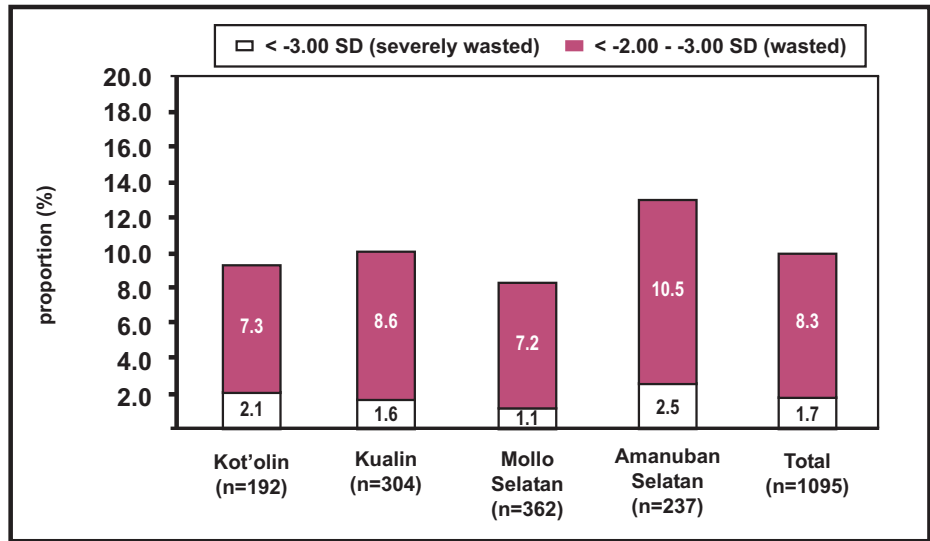


Figure 1. Wasting proportion across sub-districts in the intervention sites for under-fives aged 6.00-59.99 months

Activity progress

During the first 5 months of the SASANDO program, CWS conducted various program preparation activities as well as on-site assistance activities, such as staff consolidation, staff training on baseline survey implementation methodology, re-identification of program location, baseline survey and screening of target beneficiaries, program socialization, and TFC and CTC establishment. Highlighted below is a full list of the progress of the program's activities:

Integrated Health Post Revitalization

As all health posts had limited anthropometric tools, such tools were distributed to the 135 health posts in the four sub-districts. The types of anthropometric tools distributed were length-boards, weight measurement hanging scales, bathroom scales, and Mid Upper Arm Circumference (MUAC) measurement tapes. From the target of a minimum of 41 health posts being revitalized, 135 health posts were revitalized after six months of program implementation.

Training on anthropometric measurement and surveillance for Cadres / Local Health Workers

Training on anthropometric measurement and surveillance was among the integral cadre training topics provided in every cluster, in which not only cadres but also local health workers participated. Knowledge of health workers/cadres to identify

and treat the malnourished children increased by 14.61% (219 cadres/local health workers were trained out of a total 680 cadres) after six months of implementation. Further training and refresher training will be conducted.

Therapeutic Feeding Centre (TFC) and Community Therapeutic Feeding Centre (CTC) Operation

The rearrangement of the TFC started from mid-May 2006 at the Maternal and Child Hospital (RSIA) in SoE, which has been used as a TFC by CWS since September 2003, in collaboration with Yayasan Abdi Kasih, RSIA's managing foundation. Some additional equipment was bought to support the TFC service at RSIA and, since the beginning of June 2006, some of the malnourished children/patients brought in from program sites have been rehabilitated. Apart from RSIA, another TFC will be set up at a qualified Community Health Center in Hoibeti located in Kot'olin village, in Kot'olin sub-district, one of the program sites. Before the SASANDO program started, the TFC at RSIA was already managing the malnutrition cases referred by community health centers, the local district health office and local hospital. Up till now, the TFC at RSIA still takes in patients from all sub-districts in TTS.

CTCs have been set up by CWS field officers in close collaboration with cadres and related stakeholders at village level since the end of June 2006 and all are currently operating well. Almost all CTCs were set up at a health post base but some were established with certain considerations such as distance to and from target beneficiary houses, target beneficiary polarization, and target beneficiary number. To support the service at CTCs, supporting equipment have been bought and distributed to every health post and/or CTC. The same equipments were also used to back up the Supplementary Feeding (SF) service for pregnant and lactating mothers. The CTCs have been operational since July 2006 in the program sites comprising of 46 villages in four districts, divided into three clusters for easy supervision. The clusters are Kot'olin sub-district (cluster I), Mollo Selatan sub-district (cluster II), and Amanuban Selatan and Kualin sub-districts (cluster III). A total of 29 field officers manage these sites

and each cluster is supervised by a Senior Program Officer as the cluster coordinator, assisted by a Program Officer.

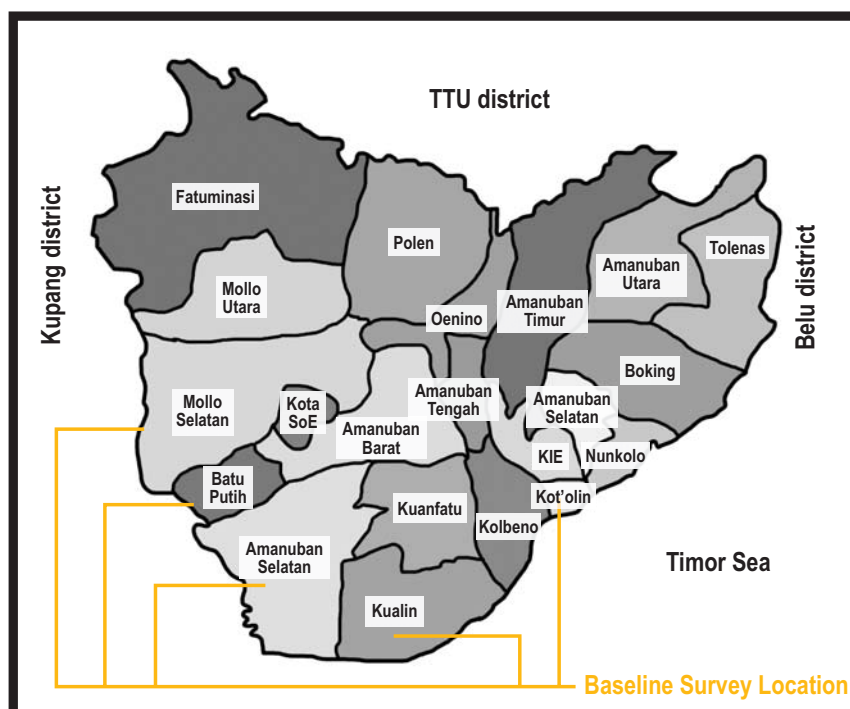
Intensive care in Therapeutic Feeding Centre for Severely Acute Malnourished Children with Complications

During the first five months of the SASANDO program, the TFC at RSIA treated 15 severely acute malnourished children. There were several cases of moderately malnourished children who were treated at the TFC due to health complications, such as diarrhea, pneumonia, and TB, as it was hard to take care of them at the community level (CTC).

Children who were admitted to the TFC were treated with intensive care, based on WHO protocol. During the rehabilitation phase, local foods are introduced in order to prepare patients for continued care at the CTC and consumption of home-made food.

During their stay at the TFC, deworming and multi-micronutrient supplementation are also provided. They are also provided various educational toys for stimulating their motor and sensory development. At the same time, parents/caregivers are

Map of Baseline Survey location / target program area:



encouraged to be involved in daily food preparation and accompany their children while they are playing. Parents/caregivers are also given information on child health and nutrition, food preparation, hygiene and sanitation (especially hand washing behavior) and child caring. During the treatment at the TFC, parents/caregivers are involved in preparing the food and also receive information about: health and nutrition (HN), hygiene and sanitation (HS) and Early Child Development (ECD).

Community Therapeutic Feeding Centre (CTC) for Moderately and Severely Acute Malnourished Children without Complications

During the first five-months of program implementation, 385 moderately malnourished children were treated at CWS' CTCs. Children treated at the CTCs are fed every day, except on Sunday, with wet feeding satisfying a minimum of 500 kcal per portion intake. Half of the portion is eaten on the spot at CTCs while the rest can be taken and finished at home. Cadres and mothers work together on the preparation of food and feeding their children at CTCs. Most of the ingredients on the menu are locally available. Multi-micronutrients (Vitalita, see below) are also mixed into their daily meals.

Supplementary Feeding for Pregnant and Lactating Mothers

Supplementary feeding is given to pregnant and lactating mothers in the third trimester of pregnancy and those who breastfeed infants under six months old. Supplementary feeding activities for pregnant and lactating mothers take place at CTCs' sites and are implemented in the same way as the CTC for children. The minimum calorie intake is approximately 700 kcal served once a day.

Provision of Multi-Micronutrient Supplementation

Multi-micronutrient supplementation is provided to infants who are under TFC or CTC intervention, and all pregnant mothers and lactating mothers with infants younger than six months. The multi-micronutrient supplement provided is Vitalita, an in-



home fortificant that can be directly added to a meal (with some considerations). Pregnant and lactating mothers are also provided with the multi-micronutrient supplement, which contains iron and folic acid.

Information, Education and Communication (IEC) Media Development

IEC materials developed to back up the program implementation include posters, a Health and Nutrition (HN) Flipchart, and a Hygiene and Sanitation (HS) Flipchart. The IEC media will be delivered to all health posts and community health centers in the program sites and will be used as field extensions/promotional media by field officers, cadres, and local health workers. Knowledge on the media's contents, particularly HN and HS, was shared with cadres and local health workers at the last cadre training session. Although they have been trained, field officers always conduct short refresher courses on this.

Capacity building

The SASANDO program includes activities that will have an immediate effect to improve the situation of people affected by malnutrition as well as those affected by natural disasters. At the same time the process followed will include capacity building for partners, local faith based organizations as well as local Government of Indonesia staff and stakeholders.

Strengthening of local health workers and cadres is one of the main activities of the SASANDO program.

Local health workers and cadres have participated in the following series of trainings and promotion sessions to strengthen their capacity:

- Food Health and Nutrition Training for Cadres and Local Health Workers;
- Locally-Based Food and Nutrition Demonstrations and Practice (food handling, food preparation);
- Integrated Management of Childhood Illness (IMCI) / Community-IMCI (C-IMCI) Training for Cadres and Local Health Workers;
- Homestead and Farm Land for Healthy Food Promotion (Gardening);
- Hygiene and Sanitation Training for Cadres
- Hygiene and Sanitation Promotion/Education and Health Promotion/Education (including IMCI);
- Breastfeeding Training for Cadres and Local Health Workers;
- Timely and Appropriate Complementary Feeding Training for Cadres;
- Timely and Appropriate Complementary Feeding Promotion and Education;
- Safe Motherhood Training Cadres and Local Health Workers;
- Early Childhood Development (ECD) Training for Cadres.

In NTT, food security remains poor. Several identified factors that contribute to food insecurity include a lack of water supply for agriculture; lack of rain; natural disasters, such as droughts, floods, and winds which result in crop failure or loss; limited access to and quality of agricultural inputs, such as seeds, fertilizers, and agriculture tools; land degradation from slash and burn clearing techniques; and lack of land ownership for cultivation.

October 16 is universally commemorated as World Food Day, and the theme for 2006 was "Investing in agriculture for food security." Through the SASANDO Program, which also addresses provision of food for underfive children and pregnant and lactating mothers, CWS commemorated World Food Day by including specific activities relating to agriculture.

Agriculture is still the main industry in TTS, with around 90 percent of households practicing farming. During the commemoration of World Food Day, CWS conducted the following activities involving the community: training on organic agriculture, short course on fertilizers and organic pesticides, practice of processing local food and preserved food, exhibition of home gardening/communal gardening production and cooking demonstration from home garden production.

The aim of the activities was to increase community understanding and support for agriculture processing, increase community capacity to develop and implement local initiatives for the promotion of food security, and improve the quality of the agriculture technical system. This commemoration was expected to contribute to the possible extent of access and affordability to food by raising community awareness not to become dependent on assistance.



COMMEMORATION OF WORLD FOOD DAY 2006 "INVESTING IN AGRICULTURE FOR FOOD SECURITY"

The Food Agriculture Organization (FAO) has estimated that, worldwide, 800 million people do not have access to food they need to lead an active and healthy life. Insecurity has increased greatly for the rural landless due to reduced agricultural labor opportunities and lower individual incomes, increased food prices, and already strained harvests being used for daily consumption.



SUCCESS STORY THERAPEUTIC FEEDING CENTRE (TFC) in RSIA - SoE, JULY 2006

Yosina Talaen, a 19-month-old child, was one of the severely malnourished children initially treated at the TFC in RSIA-SoE. Yosina lives with her mother, Ruth Koebano, and seven siblings. Ruth is a widow who works as a farmer in very poor conditions at Nunbena village, Kotolin sub-district, one of the SASANDO Program's target areas. The distance is a three-hour journey from SoE. For the family's livelihood, Ruth, who only attended elementary school, works on their family's garden, where only cassava, sweet potatoes, and corn are grown. The family is dependent on the harvest; if the harvest fails, Ruth must often resort to borrowing either food items or money from her neighbors, which she can only return during the next harvest, provided the harvest does not fail again.

Together with Yosina, Ruth lives in an "Umek Bubu," a traditional Timorese house. Unfortunately, the house does not meet proper health requirements, as witnessed at the time when Yosina and Ruth were brought to the TFC at RSIA in SoE. Yosina's initial weight was 5.60 Kg and her height was 68.5 cm (WHZ = - 3.06, WAZ = - 4.47, HAZ = -4.05).

She also suffered from an upper respiratory infection, experienced difficulties in motor development, and had a history of seizures during fevers.

Poor hygiene and sanitation practices have contributed to her current health and nutritional condition. One of her underlying diseases was revealed after she was given a deworming pill as she suffered from intestinal parasites, which caused her to lose her appetite and led to diarrhea, which then influenced her nutritional status and growth development. Ruth became worried,

but through support and counseling by the nurses at the TFC, she could regain control over the situation. During the treatment at TFC-RSIA,

Ruth Koebano gained knowledge on child caring practices, healthy food, food handling and hand washing. From that day onwards, Ruth Koebano was able to practice better child caring to help improve her child's health.

Apart from this, Ruth Koebano actively took part in positive and stimulating activities together with the mothers of other malnourished children, such as preparing healthy and nutritious meals, playing with children, and making handicrafts.

Proper interpersonal communication between Ruth and other mothers and the TFC staff motivated her to understand her daughter's condition and to continuously intensify caring for her daughter.

On day 20, Yosina's weight increased to 6.20 Kg, her height to 68.6 Cm (WHZ = - 2.31, WAZ = - 4.06, HAZ = - 4.28), and her underlying diseases were cured; overall, Yosina's condition had improved. Based on the standard protocol of the TFC, the medical doctor decided to let Yosina go home and continue the nutrition rehabilitation through the CTC.



CAPACITY BUILDING Cadres Training SASANDO program

A training for cadres was conducted from 5 – 9 December 2006, which consisted of several topics such as basic health and nutrition education to encourage the consumption of healthy and nutritious food, environmental health and basic sanitation, diarrhea, breastfeeding and safe motherhood, use of anthropometric tools, and Early Child Development (ECD). Around 130 cadres from twenty-two villages in both Kualin as well as Amanuban Selatan sub-districts participated in the training, that was held in Oepliki and Polo village of Amanuban Selatan sub-district and in Kiufatu village of Kualin sub-district. CWS field staff who have been trained as facilitators, facilitated the training in collaboration with the community health center (Puskesmas), which provided an opportunity to enhance skills, knowledge as well as experience and empowerment of cadres involved in the SASANDO program. From 25 – 30 July 2006 the first training for cadres had taken place in Noemuke and Pollo village of Amanuban Selatan sub-district, with the same topics but different cadres from twenty two villages. The other two sub-districts, Molo Selatan and Kotolin conducted a health, nutrition and sanitation training for cadres at the same time.

During the training one female cadre named Eki Beis, who has been working as a cadre for almost a year in Noemuke village of Amanuban Selatan sub-district, shared her thoughts on the benefits of this training for cadres and the community. Eki said that she learned several new topics such as breastfeeding and safe motherhood, and ECD through this training: "I have received a similar training program from other INGOs and the Department of Health, however, by having this training again I can refresh the knowledge I had and I'm learning new methods, gain experience and meet other cadres from different villages to share our experience".



The community is involved in the process of selecting health cadres, which are identified by community members. Once the community identifies potential cadres, the relevant health authority or posyandu will then undergo training and receive regular supervision. Cadres have different levels of education, as well as different age ranges, ranging from between 20 – 50 years. With CWS they work every day at the CTC post and once a month at the SF post when they have completed their own work as a housewife, farmer and teacher.

According to Eki one of the biggest challenges during the CTC and SF activities is the attendance of mothers and children at the CTC post, where cadres prepare food everyday for moderately malnourished children under five years old, including children who recently left the TFC. To solve this challenge cadres have to be creative in motivating the mothers.

Through capacity-building activities like this, villages are strengthened by having knowledgeable individuals within their own community.



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ECHO

Humanitarian Aid Department of the European Commission, funds relief operations for victims of natural disaster and conflicts outside the European Union. Aid is channeled impartially, straight to victims, regardless of their race, ethnic group, religion, gender, age, nationality or political affiliation.

ICCO

The work of ICCO, Interchurch Organisation for Development Co-operation, consists in financing activities that stimulate and enable people, in their own way, to organize dignified housing and living conditions. ICCO's mission is to work towards a world where poverty and injustice are no longer present. ICCO is active in countries in Africa and the Middle East, in Asia and the Pacific, in Latin America and the Caribbean, and in Central and Eastern Europe

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