

DONATIONS

Evidence of Impact Post Earthquake

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Unicef - INDONESIA

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Health, Education, Equality, Protection
ADVANCE HUMANITY



Earth Quake Yogyakarta and Central Java

- **27th May 2006**
- **5.9 Richter Scale**
- **Yogyakarta & Central Java**
- **7,700 deaths**
- **36,000 injured**
- **135,000 houses damaged**
- **1.5 M people homeless**





Un-Controlled Donations



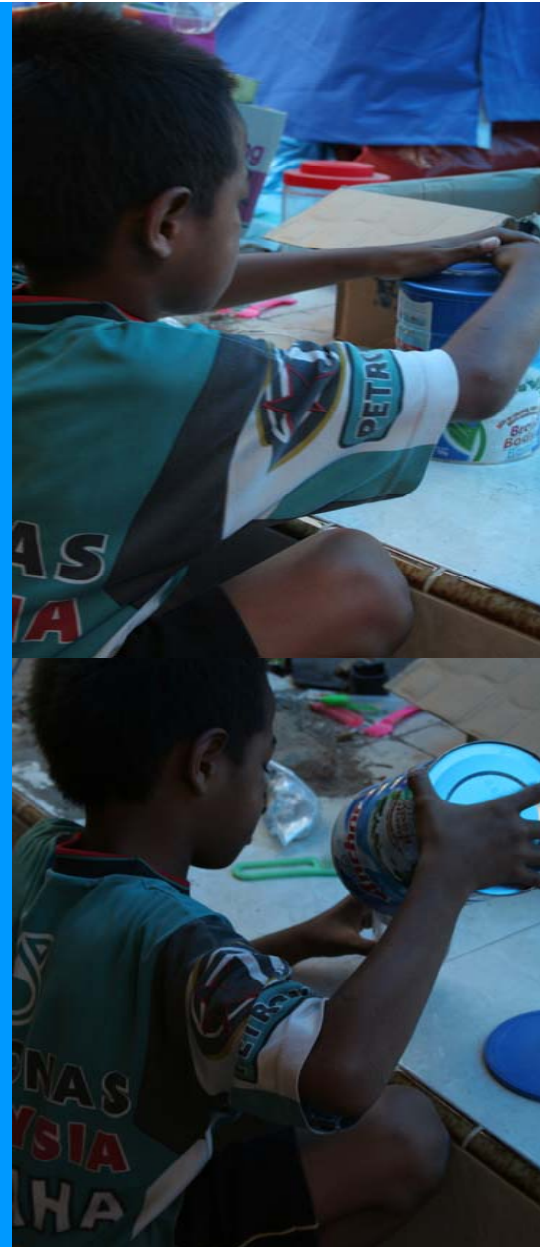
Large supply of infant formula at homes,
health centers & distribution points –

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- Formula Provided as General Ration (with biscuit, instant baby porridge, etc)
- Formula Provided as part of Public Health Services (as incentive/reward for measles and TT vaccination, during growth monitoring)
- Donations directly sent to District Health Office and distribution points– sometimes it is sent directly from the formula company





VIOLATION OF CODE

Labeled in
foreign language

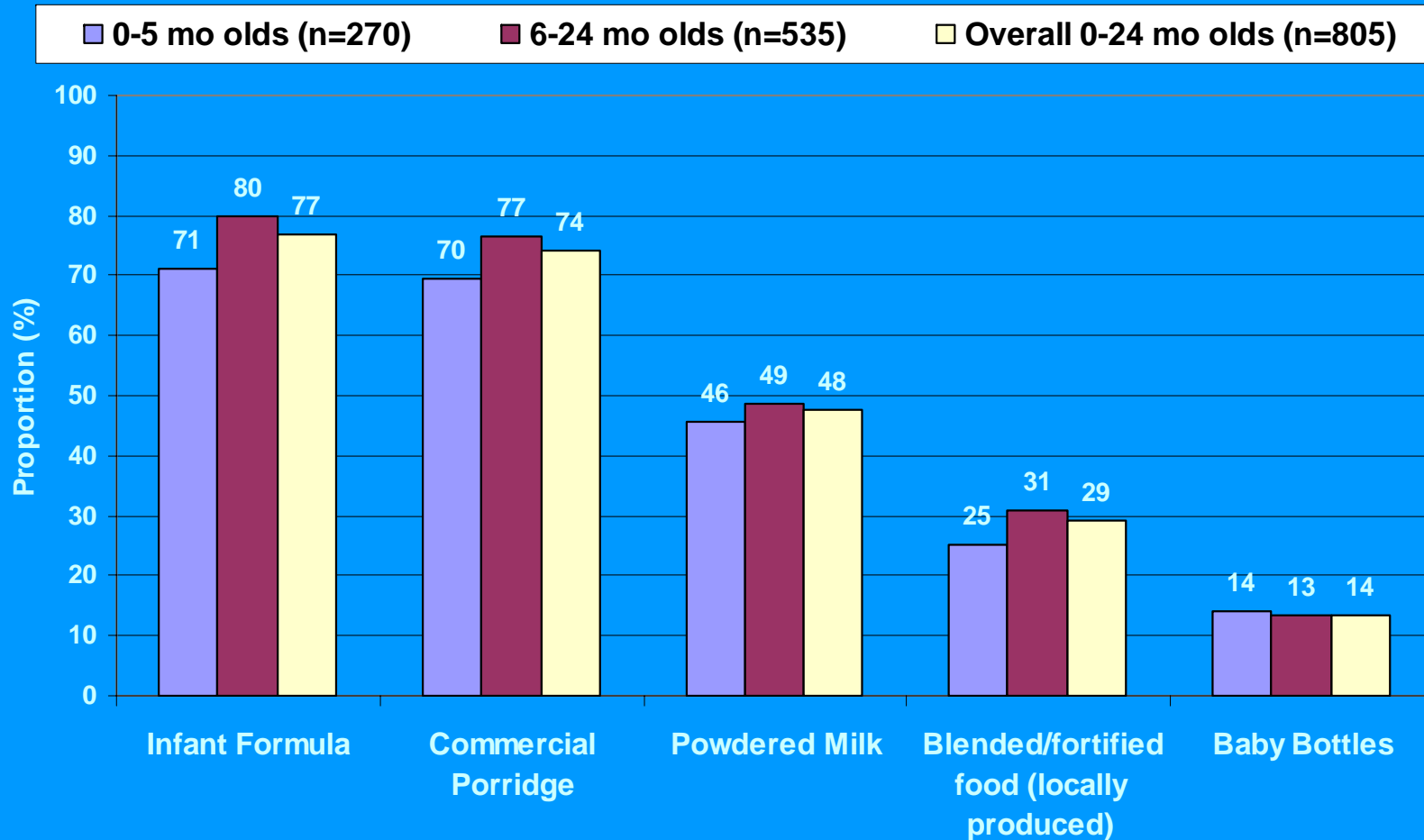
No instruction
on preparation

No indication of
age for whom to
product is
intended to

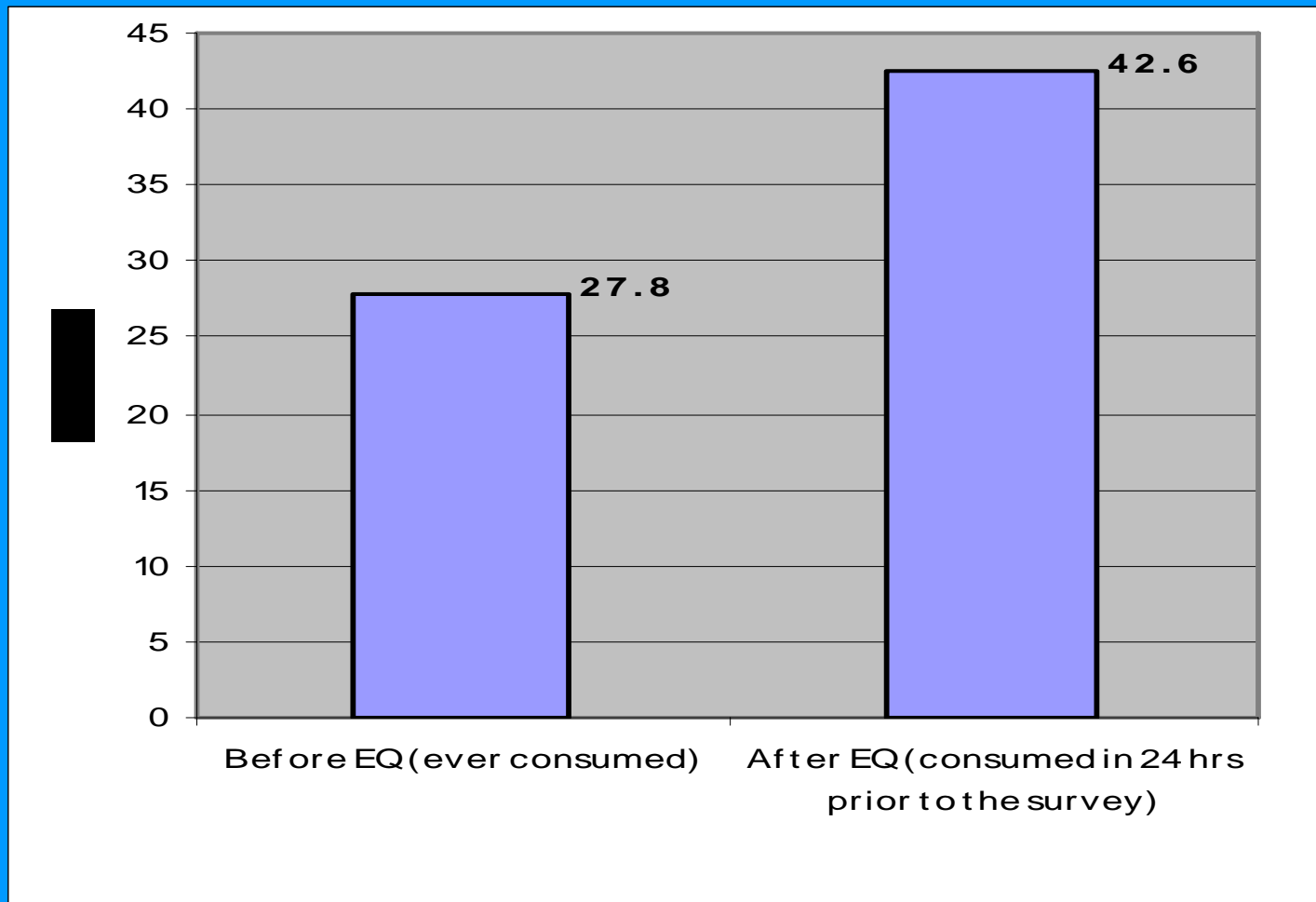
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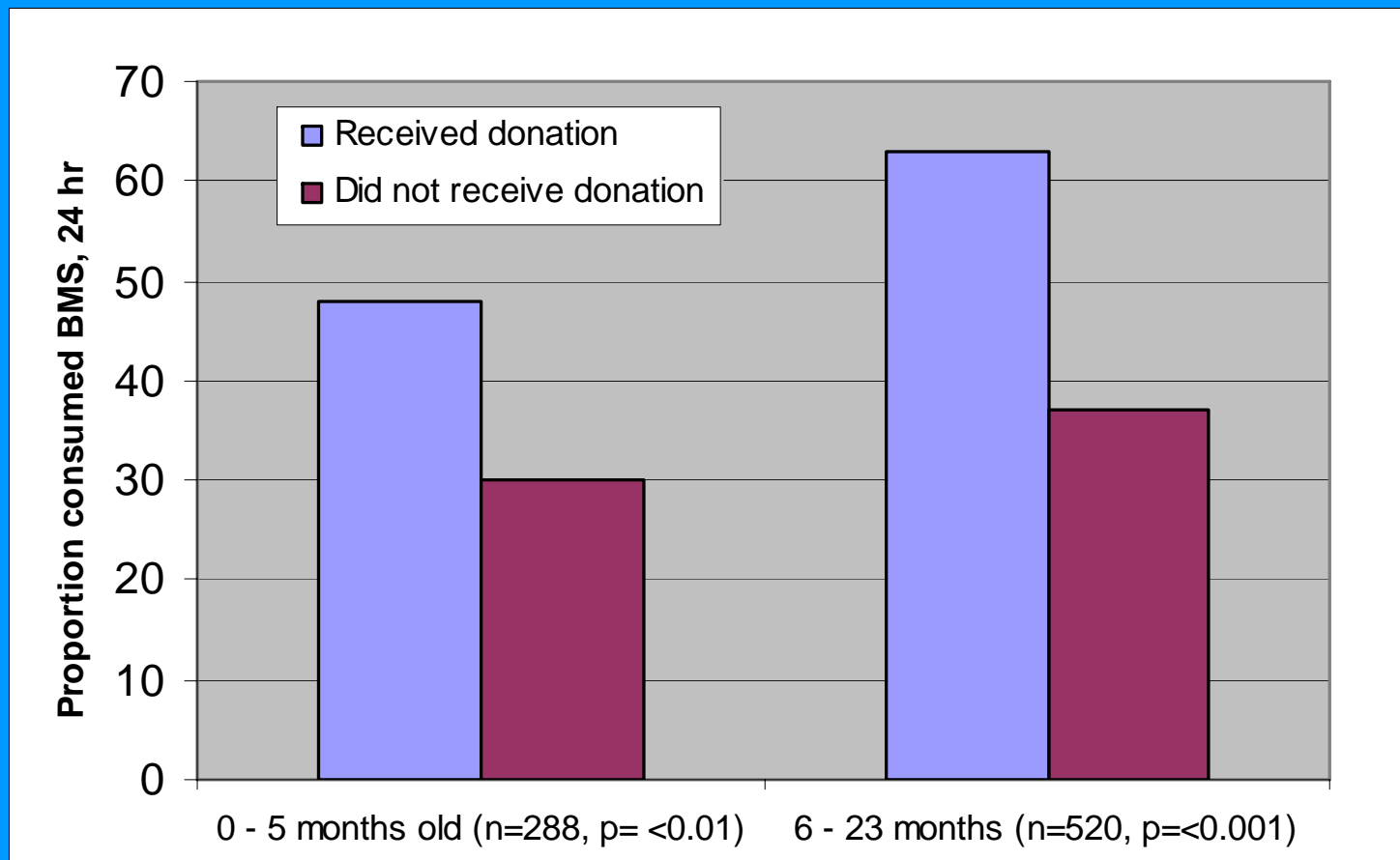
Assistance Received By HH with Infants and Young Children



Consumption of BMS by Infants Age 0-5 mo's Before & After the Earth Quake

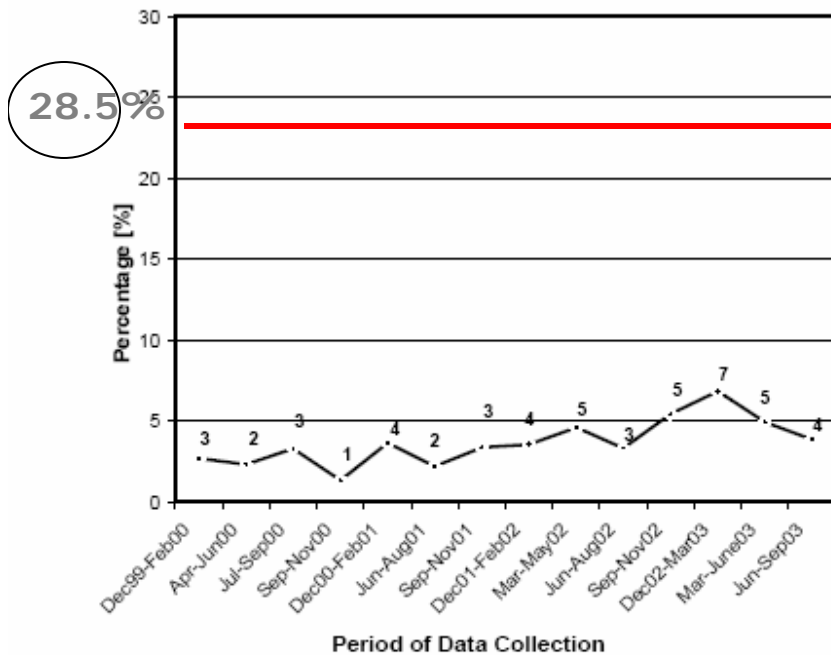


Donations of BMS and Current Consumption

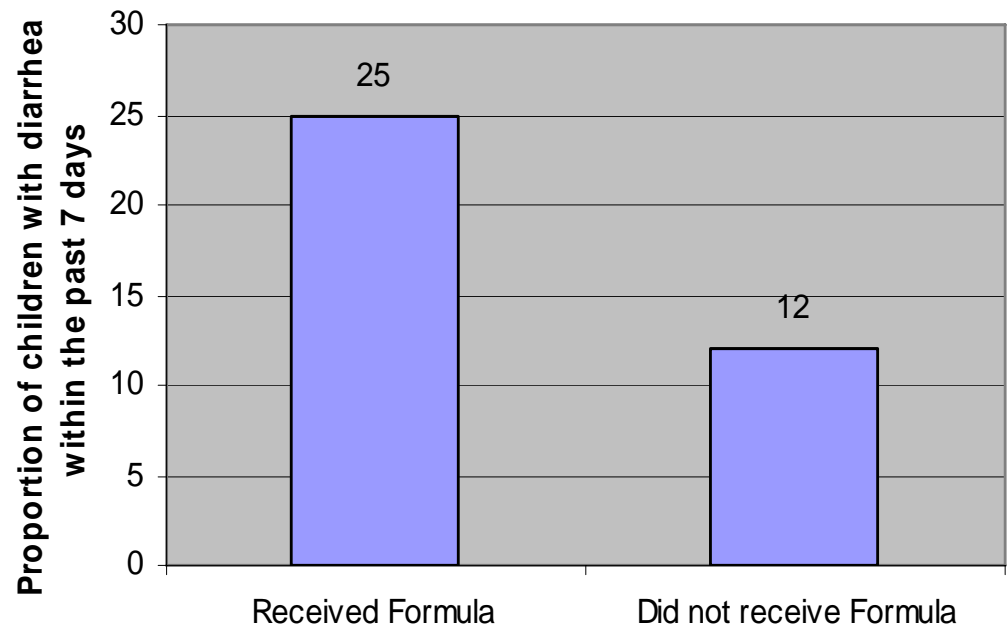


Incidence of Diarrhea After the Earth Quake

Fig 15. Percentage of children 12-23 months of age that suffered from diarrhea in the previous 7 days



Relation of Diarrheal Disease and formula Donation



Source: GOI/HKI Nutrition and Health Surveillance System
Central Java 2000-03h

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Response & Challenges

Assessment/Coordination/ Analysis

- Nutrition was not considered to be an important issues
- Lack of coordination mechanism

Advocacy & Raising Awareness

- Low awareness of humanitarian actors on IYCF
- Joint statement from UNICEF/WHO/IDAI/Gov and other circulars available → difficult to implement

Establishment of Counseling Services

Limited HR, how to expand the services to reach a large number of mother

LESSON LEARNED

There was widespread distribution of infant formula in the Yogyakarta humanitarian response with significant negative consequences:

- 3 out of 4 infants and children under 2 years old received breastmilk substitute
- 2 out of 3 infants under 6 months of age received breast-milk substitute
- Higher consumption of infant formula among those who received donations compared to those who did not receive donations
- Increased of diarrhea rates after the Earthquake and significant association between formula fed in the previous 24 hrs and diarrhea in infants

Advocacy/circulars/guidelines, health education materials etc. did not stop the flow of infant formula or encourage breastfeeding. However, advocacy did stop BMS from Japan.

Lessons Learned - 2

Difficult to manage establishment of centralized/controlled Breast-milk Substitute distribution system or rational use.

Awareness of the public and humanitarian actors on IYCF in emergency was very poor, including staff of those agencies working on H & N.

Evidence based advocacy, coupled with IEC to the public and counseling services can minimize the harmful effect of widespread formula distribution.

IYCF capacity and commitment by Gov, UN and others in normal times, is a key to success during emergencies.



THANK YOU

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