

Year End Report 2016



Water Projects



This past year we focused on an extensive maintenance and upgrading program. As part of the upgrading process for our wells and water stations we have continued to get "on the grid" whenever possible and have connected our well generators to PLN (local power provider) reducing costs and maintenance across the board.

Maintenance works included: New foundation for the water station at SD Pededewatu (primary school in Pededewatu) and have also made changes to the hand washing stations so that the children can practice health and hygiene standards prior to receiving their school lunch via the School Lunch Program.

Renovation of the well at Larawatu, creating a new enclosure to keep the water free from contamination and we are renovating the generator room there to install a brand new generator. At the Welajung well we have installed polls and are now running a power-line spanning 700 meters from the main supply at the local PLN office which will power the submersible pump there.

Renovation works have been carried out at the foundation of the fiber tank at Weyelo, plus a new water tap station and electricity connection to the generator.



In 2017 we will continue the maintenance and upgrading program at Larawatu, Welajung, Weikabono and Hobajangi.

Nutrition Programs

School Lunch – Through 2016 we provided school lunch to 10 different schools over the course of the year. SD Anakaka had the highest rate of malnutrition out of the schools we surveyed and provided the children here school lunch throughout the entire year. The other nine schools (Rajak, Mateniera Besar, Mateniera Cecil, Palamoko, Alang, Larawatu, Pededewatu, Rua and Kadoku) were split into 2 groups, the first 6 months of the year and the second half of 2016.

In October 2016, SF Donor Ethan Topper, in association with the Boutros Family, hosted a remarkable fundraiser in San Francisco specifically to raise funds for the School Lunch Program. The goal was to raise \$250,000 USD to support an expansion of the program to 10 schools, 3



times per week throughout the entire year. The fundraiser was amazingly successful and rose over

\$550,000 USD shattering the initial goal, in no small part because Rainy was the star of the evening. With these funds we will create a new kitchen space 4 times the size of the existing as well as to hire additional cooking staff, more equipment and get 2 new 4x4 trucks to be used in the distribution and operation of the expanded program over the coming years.

Mama2Mama

Our Mama2Mama project aim to help prevent maternal and infant mortality rates in Sumba. 90% of the pregnant women from the village have never done ultra sound screening during their pregnancy or are still going to the village healer seeking traditional medicine and treatment advice. Thanks to our donor support, we now have 2 portable ultrasound machines that we can use both at our clinics and to bring them out to the villages for screening. Prior to this, the only ultrasound machine that was available was at the hospital in Waikabubak, at least 45 minutes away by car. Far too great a distance for most pregnant women to travel safely on a bumpy road. This past year we scanned 81 pregnant women at the Hobawawi Clinic, 24 women at Watukerere, 21 and 11 at Ringurara. Once screened, most women come back



for screening every one to two months. We look to expand this number even further for the 2017 year working more closely with the government health center in Lamboya.

Malnutrition



Over the course of 2016 we treated the following number of children in the program at these villages: Ringurara 39 children, Palamoko 21, Watukerere 24. At Watukere and Palamoko, we saw successful completion of the malnutrition program for the children in those villages. For 2017 we will commence with 3 new villages near Ubumaleha in Lamboya and continue the program in Ringurara as here the children are going through the extended program beyond 6 months.

We are also building a budget to help provide nutritious food for the children in the Ubumaleha kindergarten (Kapaka Kalla). This project will provide 43 preschoolers (ages 3-6 years old), two school meals per week. The food being provided will be the basic ingredients and the mothers of the children in the preschool will prepare the two meals themselves at the school.

Health Programs

Sumba Foundation Malaria Clinics.

This year, the total number of patients treated at our clinics was nearly 26,000 patients. That is the highest number of patents we have ever treated in a single year over the past decade. Below are listed the number of cases treated at each of our 4 clinics during 2016. The busiest clinic is now the Lamboya Clinic with nearly 10,000 patients treated.

Clinic	Lamboya	Hobawawi	Rajaka	Rua	2016 total
Patients	9,988	8,984	3,879	2,946	25,797
Malaria	1,708	1,172	44	172	3,066

Another important health service now provided at our clinics is the eye disease screening and provision of eyeglasses by the Eye Care Nurses (Nefry and Sany). During 2017 we will provide eye screening once a week rotating between the 4 clinics.

While the clinics main focus is on malaria diagnosis and treatment, we treat a very large number of patients for all other types of ailments, all free of charge. The most common type of ailment treated at our clinics is upper respiratory infections with about 9,000 cases in 2016. This dominance of

Top 10 ailments from all 4 clinics							
1	Upper respiratory Infections	8,992					
2	Malaria confirmed	3,066					
3	Arthritis	1,596					
4	Gastritis	1,494					
5	Dermatitis	1,380					
6	Muscle pain	1,351					
7	General fever	1,245					
8	Asthma	501					
9	Conjungtivitis	383					
10	Other health issues	5,789					

upper respiratory issues is seen all over the world. Second to respiratory infection is the number of confirmed malaria cases with just over 3,000 patients. The Lamboya clinic has the highest number of malaria cases with patients coming from the highly endemic Gaura area. In the first quarter of 2017 we will further analyze where our patients come from. This will facilitate better focus on these areas with field based blood screening and net distribution programs.

General malaria control program.

The three corner stones in the Sumba Foundation Malaria Control Program are: Free malaria diagnosis and treatment at our clinics, blood screening of the population in the villages and provision of mosquito nets in the villages to prevent reinfection. The 3,066 malaria cases treated at our malaria clinics in 2016 shows how the population trust our services and will come from far to get proper treatment. Simply put, our clinics provide an essential service in the broader Hobawawi, Lamboya and Gaura area that have saved hundreds of lives and every year reduced the disease burden for thousands of people.





This year we went back to the original villages we surveyed under the Ministry of Health/ADB program in October 2003 to see how much the malaria burden has been reduced since we started the malaria control program in 2004. The original three villages were: Ody, Galawatu and Parona Hai. Parona Hai no longer exists, so we included a couple of other small villages from the immediate area around Nihiwatu: Maratangwawe and Kahai. In 2003 there were 171 people living in the three villages and of these 35% had malaria infection on that day. Now 13 years and a lot of efforts later we tested a total of 484 people in the 4 villages and

only 2,5% had malaria! That is a <u>93% reduction</u> in malaria infection rates and something we can all be very proud of. It should be noted that these tests we conducted during the same month of the year when the malaria transmission peaks, essential for comparability. The increased population size in the villages also reflects on the success of Nihiwatu and the relative prosperity of the area.

The highest prevalence of malaria was seen in Watukarere, why we will focus on this desa once we have cleared all the villages in the Hobawawi region in early 2017.

Below is a list of the villages we have surveyed and treated in the second half of 2016.

Village name	People tested	Pf	Pv	Pm	Malaria	% infection	Nets
Ode	58	2	0	0	2	3.4%	11
Maratangwawi	78	1	0	0	1	1.3%	17
Kahai and Leti	21	0	0	0	0	0.0%	7
Galuwatu	327	5	4	0	9	2.8%	105
Base area 2016 results	484	8	4	0	12	2.5%	
Base area 2003 results	171	39	14	7	60	35.1%	
		Malaria reduction since 2003				92.9%	
Preimarau	58	0	1	0	1	1.7%	21
Prekula	44	0	0	0	0	0.0%	19
Wunitelaka	30	0	0	0	0	0.0%	14
Watukarere	229	16	5	2	23	10.0%	0
Total Village screenings	845	24	10	2	36	4.3%	194

Mosquito Net Distribution

In October 2014 the government distributed a total of 250,000 mosquito nets to all of Sumba. These nets have done a lot of good but some are now getting old and damaged why we have started to replenish nets in our core program areas. In the last months of 2016 we replenished a total of 194 nets to the villages we had surveyed. We expect to distribute the remaining 1,100 nets we have in stock during 2017 and hope to be able to import another batch of high quality nets for further replenishment over the coming years.

Malaria Training Center

In 2016 we had two groups of students graduate and certified from the malaria education program. The total number of graduates was 24 students. Of these 24 students 7 passed as experts and 17 as WHO reference microscopists. The main focus in the last quarter of 2016 was to prepare the MTC for a successful 2017. We purchased a 74" 4K screen for much better presentations of images of parasites and other training material. We installed WIFI so we can now do remote teaching via skype calls and presentations by invited experts.



In November, we signed a Memorandum of Understanding with the Provincial Health Office that includes full government recognition of the WHO level malaria training program allowing graduates to get full education credits and rank/salary increase with the graduation. This MoU does not only include malaria microscopy training but also malaria control training so we can expand the education program to include field surveys, net distribution programs and general malaria eradication measures.

For 2017, we will also develop a Tuberculosis training program in collaboration with the Province Health Laboratory and Australian Universities. We aim to start the first 2 weeks TB training program in October 2017.

In January we will upgrade the facility with: general maintenance, upgrade of the slide collections, presentations and cleaning of microscopes etc. Training itself start in February and we aim to have a total of 150 graduates in 2017.

Sumba Eve Program

The Sumba Eye Program is a collaboration with the Royal AustralAsian College of Surgeons in Melbourne, Australia regarding eye surgery and eye care in Sumba. The team is lead by Dr. Mark Ellis and 2016 was the 9th year the team has come to Sumba to educate, perform eye screenings and surgeries. The team comes twice a year in April and August to perform their work for about a week at a time. Over the past 3 years they have trained two of our nurses (Nefry and Sany) in eye disease diagnosis and dispensing of eye glasses.



This years April trip included 3 optometrists and the Eye care nurses and they screened 678 patients for eye diseases. Of these 64 were referred for Cataract surgery in August and about 480 eye glasses were dispensed.

This years August team consisted of 3 Australian surgeons and 2 nurses as well and 4 optometrist and 6 Indonesian surgeons. The surgery session was very successful and a total of 100 operations were done and 934 pairs of glasses were dispensed.



In 2017 we will send the two eye nurses for 10 days training in Australia and another field screening will be done in April 2017 and operations are scheduled for August 2017.

In 2017 the nurses will run a weekly eye clinic with eyeglasses shifting weekly between our four Malaria Clinics.

Nursing Scholarship Program

In 2016 we had two bachelor nursing students attending Udayana University in Bali, Hapu ammah (Andy) and Agustina Mbiliyora. Agustina completed her bachelor degree in August 2016 including an 8 months extension in international nursing. She is so happy and is now back in East Sumba to work for the local government. Agustina is included in the MoU with East Sumba and she will come back to SF for about 2 years, starting March 2017. We further have applied for her to go on a 3 weeks malariatraining program in Australia in April, all sponsored by AUSAID.

Andy is now one and a half years into his bachelor program and he is getting good marks. He has another 18 months left and he is also included in the Sumba Timor MoU and will hopefully join SF again once he has finished his education.



There are a lot of young adults in Sumba who would love to join nursing and other forms of education, but who cannot afford it. In 2017 we hope to expand the scholarship program through funding from private donors and the charity Genesis, so as many as possible can get a good education.

Emergency Aid

Yoktan, surgery and artificial leg

About one and a half years ago a boy called Yoktan was introduced to the Sumba Foundation by Dr. Bogh, who had met Yoktan during his work in Sumba Barat. At the time, Yoktan was 11.5 years old, walking with crutches because his left foot had been completely destroyed when a motorcycle had hit him 3 years earlier. The foot and bones had not been able to heal and there was no prospect of Yoktan ever getting a functioning foot or lower leg back again. He was depressed and becoming obese as he could not move as he used to.





We suggested to the family the option to have the remaining lower leg removed and replaced with an artificial limb as this gave the best prospect of giving Yoktan a normal life again. Yoktan and the family thought about it for 6 months and agreed to the plan. The operation to remove the lower leg was arranged at the Karitas Hospital in Weitabula, Sumba. The surgery was a success and 6 months healing passed. The next step was to send Yoktan to Bali to visit Puspadian, an NGO specializing in providing artificial limbs for people from eastern Indonesia. They prepared an artificial lower leg for Yoktan and provided training and in how to use the leg. The whole procedure has been very successful and Yoktan now walks without crutches. He has walked to school for the past 1 month leading up to the 2016 holiday season and will be back to school again when classes commence in January. Yoktan is

now much happier and has a totally different outlook on life. These good results illustrate the power of collaboration and importance of our network in the region. We will need to help Yoktan with trips to Bali about every 6-10 months to adjust the leg as he grows.

Ubumaleha and Sodan



In July and August respectively, these two villages were hit with tragedy when fires broke out inside each of the villages and burned them down to the ground. These two incidents were completely independent of each other but the results the same. People in the villages lost nearly everything they had and the very bane of the livelihood shaken but their spirits not broken. Since the initial tragedy, we have been working closely with the villages to offer them the support they need to get back on their feet.

We initiated a special fundraising campaign on FundRazr.com and since going live on the $23^{\rm rd}$ of September we have raised just over \$30,000 USD. Out of the funds raised, \$13,500 have been spent on building materials and tools for building their temporary homes, 180 mosquito nets, school uniforms, kitchen supplies (ie. Pots, pans, bowls, plates, cutleries, glasses etc.), water distribution materials, buckets, and rice. We plan to continue this support through May until the villages can harvest their next farming crops. The fundraiser will end on the $2^{\rm nd}$ of June 2017.



Birth of Triplets

On the 29th October 2016 a local lady named Yuliana Ngura gave birth to triplets, all three identical girls. They were born severely malnourished weighing only 1.5kg, 1.65kg and 1.75kg (the average weight of a new born Sumbanese baby is 2.5kg).

After giving birth, there was news spreading in the community about this babies, and we reached out to find her and find out more information about the babies. We immediately started to support the babies with weekly visits to deliver milk formula, clothes, general checks and monthly weighing of the girls to track their weight gain and will continue to monitor them for the next 6 months and give additional support when/if needed.



Social Media

Social media continues to be a driving factor in public relations and a great vehicle for spreading new about on-going projects, updates and new opportunities for the Foundation to explore.

Instagram – We finished 2016 with a total of 1,276 followers and more following us every post. This short window into each day of the operation focuses on new content and is a daily log of the work and projects as they happen. Currently we are posting one key photo each day based on the work being done and will expand to 2 posts daily as content for the page grows.

Facebook – Our Facebook page now has a total page likes of 2,085 and continues to grow daily. We are adding more variety of content and using the platform to reach out and build larger collections of photos from various projects and programs. We will be taking and adding more videos as we compile project progress thanks to our new hand held HDAVC Canon Camcorder. This camcorder will also allow us to better capture new content for working towards the next Foundation film update.

On behalf of the Sumbanese, thank you all for your continued support.

The Sumba Foundation

www.sumbafoundation.org



Our Mission

The Sumba Foundation is deeply committed to lessening the consequences of poverty on the island of Sumba. Our aim is to provide humanitarian aid by fostering village-based projects that impact health (including access and malaria control), education, water, and income-generation, while preserving and respecting the fragile culture and traditions of the Sumbanese people.

A large part of the financial support for the foundation comes from guests of the Nihiwatu Resort. With their involvement, we can create small miracles every day.

Contributions to this report provided by: Rainy Octora (Head of Nutrition Projects), Cosmos Biaya (Social and Community Relations), Dr. Claus Bogh (Director of Health Programs) and Kenny Knickerbocker (General Manager)