



Refugee

Jesuit Refugee Service Indonesia

Accompany, Serve and Advocate the Cause of Refugees and Forcibly Displaced People

www.jrs.or.id

No. 12, April 2006

Contents

Unhealthy Habits	Page 1
Fresh Water for Kuala Idl Cut	Page 2
Abdurrahman's Feet	Page 4
JRS Field Report	Page 5

Preface

JRS Indonesia's April newsletter *Refuge* focusses on health. As in Aceh the reconstruction process is taking up speed, people realize that housing alone will not cover the needs of the Acehese. Education, as discussed in our previous edition, is only one of the important sectors that need to be developed. Linked to this is health. Lack of education often leads to lack of awareness on basic health issues. Children grow up within bad and unhealthy habits. Little or non-existent health service does only add to the problem. That is where JRS keeps filling the gaps left by government or other organizations and pushes those responsible to take action themselves.

UNHEALTHY HABITS

By Ansar Pulo Aceh

It is the lack of knowledge about general health and hygiene and the widespread bad habits that makes most children of Pulo Aceh to drink sugar water every day. In Pulo Aceh, like in most places in

Indonesia, people don't realize that high consumption of sugar can cause diabetes. No wonder the sugar they receive within the food distribution programs never lasts long. Sugar

water has become *minuman pokok* or a basic drink. They take sugar water wherever they go, fishing, farming their land, to the hill slopes, everywhere. And this habit is being copied now by even the smallest children.

At celebrations, or at any kind of party, people always serve very sweet drinks. For them, it is their way to pay honor and respect for their guests. Imagine you have to visit ten houses in an hour. As



Elementary School children eating dried instant noodle in class, in Pulo Aceh.

field officers, we have our way with words to avoid having to take too much sweet drinks. We say we already drank too much coffee or even go extreme and tell them we are fasting.

JRS' Pulo Aceh team is very concerned about health education for school-aged children. They are too often exposed to the unhealthy habits of - often uneducated - parents or relatives. It is not easy to change these bad habits, especially for people on an isolated island, not frequented by medics. They don't really know of preventive medicine and to get cures is also not easy considering the lack of frequent health service.

Other bad habits to be found in Pulo Aceh is the children's habit of eating dried instant noodles (uncooked noodles), drinking energy

"Life goes on and this bad habit will stay bad unless we provide them with effective and practical health education."

drinks such as Extrajoss and Hemaviton Jreng or drinking unfiltered or unboiled water.

One morning I was taking a bath at the public well when suddenly a boy with school uniform came in, took some water from the well and drank it. In the afternoon, I came to teach in the class where the boy was a student. I used the occasion to explain about healthy habits. And I was shocked to find out that most of the children brought unfiltered or unboiled water in bottles which they then mixed

with energy drink powder. This supplement powder can be bought everywhere in small shops.

The following days I took my time to raise awareness on healthy habit to the students. Though I myself have no higher education in health issues, I tried my best. I was even more amazed when I saw nearly all students eating uncooked instant noodle during the break. Who I should blame for this? The state, the government, people, parents, who?

There is more than adequate health access in the cities, and sometimes it seems citizens waste this access. Don't they know that there are a lot of people living in isolated island who don't have easy access to health service? Sometimes I think the government forgets there are people living in these

remote places as well.

Life goes on and this bad habit will stay bad unless we provide them with effective and practical health education. Therefore we need government support and people's participation. We hope that children will change their snack habits. And that we will not find any more Extra Joss or Hemaviton Jreng consumed in elementary school classes.

It can be dangerous to let their ignorance and unawareness to health issues become a habit. They all are the next generation who will take over the development of this nation. If we do nothing, we will waste part of our future investment. These children are people with dignity who have the right to health access, even in their remote and isolated villages.

Fresh water for Kuala Idi Cut

By JRS Langsa

Under the burning sun, Mrs. Misnawati, aged 33, pushes a wheelchair on the dusty road in Kuala Idi Cut. In the wheelchair sits her youngest son of 2, between 2 large jerry cans containing each 40 liters of water. Once every day, she pushes the wheelchair back and forth on the 100m long strip between her house and the public waterwell. The public water system is located in front of the village mosque of Kuala Idi Cut. Although the water tastes salty and is often milky, most people living in



Mrs. Misnawati put her son between two jerrycans of water and push the wheelchair.

(continued to page 3...)

(...Fresh Water for Kuala Idi Cut)

the western part of the village use it for their daily needs. The people living in the eastern part take water from other well.

“Before tsunami, we never had any problems with the water,” said Achmad Yatim, the village chief or *keuchik* of Kuala Idi Cut. “Even digging a shallow well of only 1.5m deep, would provide us with clean, fresh water.” People used the wells for bathing and washing. For drinking and cooking water, people used the water from PDAM (State Water Supplier), paying 1000 Rupiah for 20 liters. The tsunami did not only swipe away their houses, but also damaged the water sources of the village. As Mrs. Misnawati tell us, “it is difficult now

to get clean, fresh water from a well, so we have to rely on the public well in front of the mosque.” Mrs. Misnawati, who has three children, has to get the water on her own as her husband leaves early every day to go fishing.

Now, more than a year after tsunami, villagers of Kuala Idi Cut can finally enjoy clean, fresh water from two drilling wells provided by CISA (Civil Solidarity for Aceh) and TDH (Terres Der Homes).

Clear and fresh water had become a serious problem for the 50 families in the fishermen village of Kuala Idi Cut, Darul Aman Sub-district, East Aceh. After finally having access to clean water from the two wells from TDH and CISA,

the problem of direct access from their houses remained. JRS responded to this through its Health Program and installed water distribution pipes and 5 water tanks, each to hold 3000L of water. Through community effort, the 750 meters of pipes were dug into the soil. JRS involved all villagers in the planning and implementation of this program. On the 6th of April, men and women gathered at the mosque to discuss how the water distribution system would be set up and who would be responsible for which part. JRS hired a plumber to ensure the quality of the works.

Now, the work is done. People only need to turn open the tap in their houses

Now, more than a year after tsunami, villagers of Kuala Idi Cut can finally enjoy clean, fresh water...

to get fresh water. They can also use the water tanks which are all located close to their houses. This greatly reduces the time used for getting water and leaves especially women with more time to spend on other important matters. And of course, it leaves them more time to enjoy with friends and family.



Some men of Kuala Idi Cut village measuring the land before building water tanks.

Abdurrahman's feet

By Deddy Irawan



Smiling Abdurrahman with his new born baby and his wife next to him

Providing public health service to IDPs is one of JRS Tapaktuans Health programs. During one of the programs activities in Sawang Indah on 22 February 2006, 30-year old Abdurrahman was brought in by his neighbors. He seemed paralytic. When checked by doctor Yunalis, he was diagnosed suffering from *Anemia Gravis*, but the doctor could not find anything wrong with his feet. Doctor Yunalis advised Abdurrahman to go through more tests at the hospital to get a more accurate diagnosis.

As the families permission is required in order to refer somebody to the hospital, JRS paid a house call to talk to his family and the village administrator. While being

at his house, JRS took the opportunity to inquire about his medical history and what exactly happened to his feet. Abdurrahman told us it all started by feeling prickly heat on his feet, after which they got infected. After a while he had no feeling left in his feet and got paralyzed. He went for a while to a local doctor, but without any sign of progress. Because of the high cost of the treatment, he decided not to go trough with it. Instead, he went to see a traditional healer, a *dukun*. Still, there was no change to his situation. Feeling desperate and helpless, he no longer saw a way out. When he heard about the free clinic program of JRS, he asked his neighbors to take him there.

Because of his decline to go to the hospital, JRS provided medical treatment to Abdurrahman and monitored his situation. After three months, signs of progress started to show. Now, Abdurrahman walks with crutches. As hospital costs in Indonesia can be quite high and medical insurance has yet to reach the poor and lower income class, most people prefer to be treated at home. Abdurrahman knew that even if JRS would support his hospital admission, there would be high costs involved for him as well. As he is the sole breadwinner of his family, he wanted to be able to start working again soon. He could not stand to see his wife's anger any longer when she saw him lying in

bed, not bringing in the needed money. As she just delivered birth, they had some unpaid bills at the maternity ward as well. The success of the treatment was for Abdurrahman and his family a real jump start. The newborn baby brings happiness into their house and the relationship with his wife has improved greatly. Now he can work again. For Abdurrahman the story ends well and he believes his decision not to get hospital treatment turned out all well. But still, JRS tries to work together with local doctors, health service centers and hospitals as much as possible to ensure improvement of medical service is long lasting.

JRS FIELD REPORT

AREA I

Banda Aceh

Health

JRS Mobile clinic treated 54 patients in Pesantren Abu Lam U and Lhok Me sub-village.

Education

JRS continued its alternative education program for drop-out students.

Restoring Life

Income Generating Activities

Semangat Baru, a home-industry group for women in Krueng Raya, provided books and stationary for *santris* in Pesantren Babusaa'adah and Madrasah Ulumul Qur'an. After they paid back their loans, they had a cash excess so they decided to donate books and stationary for the needy students.

Support Local Group

JRS joined a meeting with leaders of Lamsenia village to discuss the extra need of land for the additional 14 families, the graveyards and the connecting road. JRS provided demographic data, the site plan, the land map and the proposal for BRR.

The construction process of the village mosque *Meunasah* in Lamsenia is nearly finished.

Shelter

Land clearing, measuring and piling for Dayah Raudhatul Whusta was done in mutual cooperation by the community of the Dayah. JRS contributed financially for meals and snacks for the community.

Two units of houses were ready for Pesantren Abu Lam U.

Pulo Aceh

On 9 March 2006, JRS organized a participatory evaluation meeting in Meulingge. 93 Villagers attended the meeting (57 men, 33 women). The meeting was planned to monitor the progress in the field, needs and complaints of beneficiaries and possible improvements for the future. JRS welcomed their comments, criticism and input. They expressed their gratitude for all of JRS' efforts and at the same time asked about things they

considered to be slowing down or hampering the construction process. Both sides agreed the meeting was satisfying. It enabled JRS and its beneficiaries to untie some complex problems in the process of rehabilitation. Moreover, the meeting was the first meeting where women could join with men and voice their own concerns, a whole step forwards.

Restoring Life

Finally, the last pieces of material arrived so the housing construction is near to finish. By the end of March, 104 houses have been finished. The construction of the village mosque *Meunasah* has been planned and will start soon. Carpenters are contracted and the necessary timber is already in place.

Income Generating Activities

3 women of Pulo Aceh received small loans for their home-industry activities. They have paid back their first installments and have received a second loan now.

JRS provided 25 bundles of *rumbia* roofs for the *Meunasah* in Meulingge and 80 bundles for 20 families. On 21 March 2006 JRS had a meeting with fishermen of Meulingge to organize the distribution of the boats JRS will provide. Within this meeting, groups of fishermen were set up, the head of the group and a treasurer were appointed and basic rules were set out.

Health

Doctor Bernard checked 37 patients during his two visits to Meulingge on 7-11 March and 18-23 March 2006.

JRS provided supplement food for 22 school age children, 23 under five age babies, 2 infants and 9 lactating mothers.

Education

The reconstruction process of the primary school building Negeri Meulingge has started. By the end of March, the foundation and the framework of the building were ready. JRS proposed to the district office the department of education to take over the salaries of the teachers of the primary school Negeri Meulingge as JRS plans to stop the teachers program by the end of May 2006.

(continued to page 6...)

(...JRS Field Report)

Lamno

Aid

JRS provided 2832 kg rice, 472 kg sugar, 472 kg vegetable oil, 472 packs of biscuit, 356 liters of kerosene, 178 kg of green bean, 178 kg of coffee powder and 2 packs of cereals for 87 families (230 people) of Meulingge and 2 families (6 people) of Rinon.

JRS provided 7600 meter of plastic hose for 25 families in Meulingge suffering from water shortage.

Support Local Group

The cooperation agreement of JRS with Pase, a local organization, expired by the end of February. However, one of its staff remained involved in our activities during the month of March. Both parties expect the cooperation agreement to be extended.

Aid

JRS provided kitchen tools, family kits, rice and instant noodle for Ahmad, a man from Janguet, whose house burned down.

Income Generating Activities

JRS monitored the twice-weekly meeting of the women handicraft group in Meunasah Tutong and Mukhan.

JRS assisted community works in Pesantren Budi.

JRS bought sewing machines for 10 members of a womens tailor group and assisted them in setting up a training schedule.

JRS bought workshop tools for 13 trainees.

Shelter

70% of the works on the embankment of Pesantren Budi are finished, 25% of the ceiling and 50% of the toilets are ready.

Your continued support makes it possible for us to help the internally displaced people in Indonesia. If you wish to make a donation, please send it to:

Rupiah Bank	Description
Bank Name	Bank Central Asia-Sudirman, Yogyakarta, Indonesia
Bank Address	Jl. Sudirman, Yogyakarta, Indonesia
Account Holder	Yayasan JRS Indonesia
Account Type	Tahapan
Account Number	0372 197 101
Bank Code (if applicable)	#CENAIJJA#

EDITORIAL

Editorial Responsibility:

Edi Mulyono SJ

Editors:

Els Coolen, Yeni Kristanti, Dedy Kristanto, Lino Sanjoyo

Design

Slamet Riyadi

JESUIT REFUGEE SERVICE INDONESIA

Gg. Cabe Dp. III/No.9 dn. 13

Puren, Pringwulung, Condong Catur, Depok, Sleman, Yogyakarta 55283, INDONESIA, Phone/fax: +62 274 517405

Email: indonesia@jrs.or.id