Meet HKI: Satyaprabha Kotha

We recently had the opportunity to speak with Satyaprabha Kotha, Head of Programs for Eye Health in Indonesia. Here’s what Satya shared about her role with HKI.

What first drew you to ophthalmology?
When you perform an eye surgery or provide a pair of glasses, the results are instantaneous. You don’t have to wait a long time to see if the treatment is working. That is why I chose to study ophthalmology. I studied medicine in India, but it was not until I moved to Kenya with my husband and young son that I was able to begin training as an ophthalmologist.

What are some of the challenges you’ve faced in your career?
My first posting, during my post-graduate studies at the University of Nairobi, was in a ward where most of the patients were children with eye tumors. It was so emotionally draining to see these children receiving months of treatment. I wept every single day. At the same time, it was also very fulfilling to see them get better. When I moved to Ethiopia, the challenge of working in a government hospital was the lack of materials, such as viscoelastic used in cataract surgery. Every time I traveled home to India, I brought back supplies.
How did you get involved with HKI?
In 2008, I moved with my family to Indonesia. But when I learned that expatriate doctors were not permitted to perform clinical practice, I wasn’t sure if I would be able to pursue my career. Then I heard about the work that HKI was doing in the region. The team in Jakarta had just launched new programs in refractive error and diabetic retinopathy. The program manager didn’t have a background in ophthalmology or eye health, so I provided advice on best practices for screenings, eyeglass distributions, etc. But many things I had to learn from scratch. I didn’t even know how to use a computer!

How did your new role at HKI compare with your earlier work?
When you’re a clinician, you think only about your patients: how they’re doing and what you can do to help them see better. And you feel very proud of the change you can make in a person’s life. But at HKI, the impact is at a different level. As you’re working to improve sight and lives in schools and communities within a province, you’re improving the health of the country.

What emerging issues are you seeing?
As diabetes rates soar across Asia, so too are rates of diabetic retinopathy (DR), a leading cause of preventable blindness in working adults. This condition is usually asymptomatic, and most people with diabetes do not realize the condition threatens their sight. If detected early, the progression of DR can be arrested through laser treatment or injections. So annual screenings are crucial to detect DR in its early stages.

What achievements are you especially proud of?
I’m very proud of the strides our team has made with diabetic retinopathy, childhood blindness and refractive error. In 2015, after years of focusing our programming on Java, Indonesia’s main island, we decided to launch a childhood blindness program in the province of South Sulawesi. Indonesia has a solid school health program, but in remote areas of South Sulawesi, many children were not receiving school-based vision screenings. Through our program, all primary health centers across the province will soon have staff trained in eye health. These staff will then train school teachers to do screenings and refer children to the primary health center for treatment, closing the gaps in services. We’re now advocating for the Ministry of Health to adopt our approach across the country. Another proud achievement is the diabetic retinopathy screening program that we helped develop in Jakarta, Bandung and Yogyakarta.

FOLLOWING a decade of political turmoil and civil conflict, Côte d’Ivoire is now becoming better known as one of the world’s fastest growing economies. Located on West Africa’s southern coast, the country is the largest producer of cocoa beans for the global chocolate market and a leading exporter of cashews. Its financial center, Abidjan, is a bustling port city of shiny skyscrapers, heavy traffic and western-style supermarkets and restaurants.

Yet relative peace and prosperity have delivered few benefits to the country’s poorest families. The average Ivorian cocoa farmer earns less than a dollar a day—far below the international poverty line of $1.90—and only 6 percent of global revenue from chocolate makes it back into the country. In the north, food insecurity and chronic malnutrition remain major challenges amid ongoing social turmoil and a weak health system.

Salimata Coulibaly was working as a secretary in the northern city of Korhogo in the late 1990s when she first noticed the troubling signs of a hunger crisis. She began taking orphaned children into her home and treating them for malnutrition. She also took photographs to document their transformation from sickness to health.

Salimata’s images established proof that, despite the denials of some government officials, there was indeed a nutrition emergency in her area. Her role in raising awareness of the crisis was eventually recognized, and malnourished children in the region who were successfully nursed back to health became known as “Coulibaly Children.”

Today, Salimata operates a child malnutrition treatment center in Korhogo, where rates of severe acute malnutrition and stunting (low height for age) are among the highest in the country. She is also the founder of HKI’s local partner, Wo Pile Sanga (“Care for our Children”).
Nearly two decades after HKI first began providing health and nutrition assistance to vulnerable families in Côte d’Ivoire, we are working with Salimata and her staff in Kôrôgo to reduce the incidence of malnutrition among mothers and their children, from pregnancy to two years of age.

Nutrition during this 1,000-day window can determine a child’s life course. Stunting is both a marker and maker of poverty, with children affected by the condition suffering from a greater susceptibility to illness, as well as other debilitating and irreversible effects, including lower cognitive function and reduced earning potential as adults.

As HKI’s master trainer, Salimata travels to clinics throughout the Kôrôgo region to teach on-site health workers how to identify and treat acute malnutrition. She also provides nutrition counseling for pregnant and lactating mothers, including demonstrations on how to prepare low-cost nutritious foods that can be introduced into a child’s diet after six months of exclusive breastfeeding.

Trainings are tailored to provide hands-on coaching that is relevant to each location. “We see mothers coming to the health center more and more because of the cooking demonstrations,” says Zié Koné, a health center nurse in the town of Dikodougou.

Thanks to the generous support of our donors, HKI will have trained health workers in 100 clinics serving nearly one million people across the Kôrôgo region by next year.

At the same time, we are tackling the issue of malnutrition at its roots, quite literally. HKI’s homestead farming program provides women the means to grow nutrient-rich fruits and vegetables for their families. By planting drought-resistant crops and using improved farming techniques, these women can maintain a secure year-round food supply. They also receive training in how to market their surplus produce for income, and some have requested literacy lessons. Collectively, these women are lifting their families and communities out of poverty.

HKI recognizes that breaking the cycle of malnutrition in areas like Kôrôgo requires a multi-faceted approach: educating and supporting mothers, improving access to nutritious foods, stronger community screening and referral systems, and a health system that can provide adequate treatment for the most serious cases. Each element reinforces the others. If just one is lacking, progress can fall apart when stressors like drought, flooding or armed conflicts strike a region.

The village of Katogo, a three-hour drive west of Kôrôgo through cotton fields, is one of the communities where years of hard work by Salimata and her HKI colleagues is really paying off. With a better stocked health clinic and trained staff, many more children in the area are surviving, and—thanks to caring people like you—hope is beginning to emerge.

Breaking the cycle of malnutrition requires a multi-faceted approach.
When Glenda saw her two-year-old daughter, Mia, fall at a birthday party this past spring, she did what any mother would do: she ran over and picked her up. Unfortunately, as Glenda rushed to her daughter's side, her glasses fell to the ground and broke.

Like many people, Glenda relies on her glasses for just about every aspect of daily life, including taking care of her daughter and driving. But for Glenda, a student at AGAPE High School in St. Paul, Minnesota, her glasses represent something much more: the key to a brighter, more stable future.

AGAPE supports pregnant and parenting teen mothers in completing their high school educations and gaining the skills they need to pursue college and careers. To help remove barriers to educational success, the school provides a full-time social worker, a nurse, a health clinic and on-site child care. Students can attend for free through their twenty-first birthday. Glenda, who took two years off from school after she became pregnant and is already 21, was due to graduate in June. “I didn’t have any time left,” she says.

Without glasses, or insurance to pay for new ones, she worried about being able to function. “When I’m driving, I need glasses to see the names of the streets, especially at night. And I need them to see the board at school.”

Fortunately, a team from HKI’s U.S. Vision Program was scheduled to visit AGAPE just two days later to provide vision screenings and prescription eyeglasses free of charge. We screened 40 young mothers and their children and provided glasses to 18 of them. “I got them just in time!” says Glenda, who plans to go on to college and become an oncologist.

More than half of the women we screened at AGAPE were found to have a refractive error, such as nearsightedness, revealing a much higher level of need at the school compared to the national average and other St. Paul public schools. This is one reason why HKI is expanding

A Clear Path Forward

Above left: Glenda with her daughter; above right: Glenda chooses frames for her new prescription eyeglasses from HKI.
Page 7: HKI is testing the use of mobile technology to support families in safeguarding their nutrition.
the reach of our U.S. Vision Program (formerly known as ChildSight), which has provided free screenings and glasses to schoolchildren in some of America’s poorest neighborhoods since 1994.

Through new partnerships with community-based institutions like AGAPE—and with the generous support of our donors—we are now providing vision care to a broader range of disadvantaged groups, including at-risk mothers and children, runaway and homeless youth, recent immigrants and underserved veterans.

Our outreach efforts to veterans can be traced back to HKI’s earliest days: Helen Keller co-founded this organization in 1915 to assist soldiers who had been blinded while serving in World War I. Today, the vision care we provide to homeless veterans addresses a gap in available services.

Recently, our vision team visited a short-term housing facility for male veterans in Long Island City, New York. Some 90 residents turned out for our screening, up from 35 last year, after word spread that HKI was offering vision care free of charge.

Nearly everyone we screened received glasses, including 59-year-old Steven, who served as an Army sergeant from 1979 to 1986. Today, Steven uses a wheelchair, and maneuvering is difficult if he can’t see well. “I haven’t had a good pair of glasses since 2008, but these feel pretty good,” he says of the pair he received from HKI. “It’s easy to read now and the bifocals are strong. They work!”

For Glenda, glasses are the key to a brighter, more stable future.

A Vital Partner

“IN this age of medical breakthroughs and $1,200 iPhones, how long will it be before every mother is simply able to feed and nourish her children?” asks William Moore, Executive Director of the Eleanor Crook Foundation (ECF), a U.S. private grantmaking organization focused on global nutrition. We may not know the answer yet, but a groundbreaking research study—the product of a first-ever partnership between ECF and HKI—is exploring one of the most promising ways to reach this important milestone.

The study, now underway in the Mtwara region of Tanzania, examines the potential of using text messaging, paired with community support groups and one-on-one counseling, to promote behavior change that can improve childhood nutrition and growth. In places like Mtwara, where high levels of malnutrition and cell phone ownership increasingly coincide, text messaging offers an innovative and potentially cost-effective means of improving health and wellbeing. Carefully timed messages can serve as reminders to families about the benefits of breastfeeding and other nutrition practices from pregnancy to a child’s second birthday.

Three years ago, Tanzania’s government launched a nationwide initiative to promote good nutrition during this critical developmental window using community-based, in-person counseling. Yet little research exists on the effectiveness or cost-efficiency of this strategy, either on its own or accompanied by text messaging. Our study aims to close this critical evidence gap, and the results will help shape Tanzania’s approach to addressing undernutrition in the coming years.

HKI is deeply grateful to ECF for its generosity and commitment to making global nutrition a top priority for saving and improving lives.
“We are never really happy until we try to brighten the lives of others.” — Helen Keller

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