

# Indonesia Tsunami Situation Report

<b>Date: 04-02-2005</b> <i>Covering period 2-4Feb05</i>	<b>Number: 36</b>
Indonesia Operations will update information twice weekly Tuesday and Friday	

## 1. Key issues

- Focus on planning and reconstruction, and the long-term strategy for WHO action.
- Visits to Aceh by WHO Special representative, Dr David Nabarro; WHO/SEARO Deputy Programme manager, Dr Bjorn Melgaard; WHO/Indonesia Representative, Dr Georg Petersen; WHO/SEARO Director Communicable Diseases, Dr Kumara Rai.
- Field investigations in Aceh Utar are taking place and special disease reports (dengue, measles) are being investigated.
- The number of bodies buried is decreasing. Difficulties in retrieving them due to lack of heavy equipment is thought to be one of the main reasons.

## 2. Situation Update\*

- Government says that the emergency is over and begins recovery and reconstruction phase in Aceh, which includes the establishment of relocation barracks for refugees (Jakarta Post, 3 Feb 05)
- *Aceh/ Meulobah:* A WHO mission to Meulobah reported that sanitation and water supplies have improved in some IDP camps. In some places, people are spontaneously returning to the site of their previous home, with their tent, to begin rebuilding. There are an adequate number of agencies now based in Meulobah; any trips outside Meulobah must be done in conjunction with the armed forces. The hospital was not damaged in the flood and is open; with WHO support, the hospital laboratory has opened this week. There is some sensitivity about the high numbers of international staff working in Meulobah; agencies operating there (including WHO) should rely on local staff and partners as far as possible.

## Casualties

As of 4 February 2005:

	<b>Aceh</b>	<b>North Sumatra</b>
Deaths buried	112,151	130
Missing	127,749	24
IDPs	412,438	4000

Bakornas reports that there is a significant decrease in the number of bodies recovered and buried. The search for bodies is now in areas which are difficult to be reached, such as swamps, rivers and under debris of buildings. Teams require supporting equipment including boots, body bags, shovels, excavators and trucks.

The number of in-patients registered by MoH as of 1 February 2005 was 4.315 and the number of out-patients 72,397.

## 3. Health status and trend\*

### Communicable Diseases

- One confirmed case of **typhoid** was diagnosed during the week. A follow-up mission found no further cases.
- One confirmed case of **Dengue** with hemorrhagic symptoms (from Aceh Utara district) admitted to the German offshore hospital. Field investigation planned for Friday and Saturday (source: WHO epi alert 2/2/05)
- Data extracted from medical records suggests that the current **Malaria** caseload is normal and not Tsunami related.
- Two new **measles** cases reported from Seunodon in Aceh Utara. Cases will be investigated during mission in weekend.
- Measles immunization campaign in the four severely affected districts: Banda Aceh, Aceh Besar, Aceh Jaya and Aceh Barat, is being coordinated by UNICEF. WHO was asked to support the immunization campaign in Aceh Besar. In the rest of the districts the MoH is coordinating the immunization activities in close collaboration with other agencies. The campaign in Aceh Besar District is complete. Across the whole of Aceh province, the target population for measles is 1.3 million.
- As per 2 February, Ministry of Health is reporting that the measles vaccination campaign have covered 90,888 children (69%) in Aceh. Vaccination activities are starting to target communities outside camps and in schools. Total number of Vitamine A supplement covered 444 children age 6-12 months and 19,893 children 1-5 years (Bakornas/Ministry of health reports 3 Feb).
- A total of 15 measles cases have been reported in Aceh Utara (east coast) since 14 January. Vaccination is now completed in the camps.

## **Environmental Health (access to safe water and hygiene, sanitation situation)**

### *Water and sanitation*

Based on an assessment carried out from 7 Jan-5 Feb by consultant, in close collaboration with public works department, Government, UNICEF, Oxfam, Care, Plan and IOM, the following recommendations:

- IDP settlements and camp management: a) flooding and rain make hygiene situation difficult; b) Demand for containers (collection, boiling, and storing water); c) latrines (temporary construction and additional) is urgently needed;
- New settlements need latrines and potable water either through tanks or tankers or dugwells/ boreholes. Tap projection on tanks are often broken or leaking. Effective coordination amongst tanker operators needs regularization of refilling of tanks and distribution of water.
- Promotion of personal hygiene and cleanliness with advocacy support is urgently needed: soap bars are being purchased by WHO.
- Wide distribution of bednets is urgently needed. And some settlements demand anti malaria spraying.
- Banda Aceh planning and training of sanitation staff for IDP settlements and villages (water and sanitation managers).

### *Nutrition:*

- Unicef is conducting a re-lactation exercise in the camp;
- Complementary food for children aged 6-11 months is stuck in warehouses; government is trying to distribute it.

- Supplies of donated milk are arriving in Aceh, The government has established a "one gate" policy for donated supplies, to ensure that they are distributed in conjunction with health promotion.
- The demand for green vegetables, fruits, salt, sugar is high (assessment report, WHO/WATSAN)

## **Other health issues (Mother and child health, mental health etc)**

### *Maternal and Child Health, and Reproductive Health*

- UNFPA has completed a reproductive health rapid survey across all of Banda Aceh and Aceh Besar. Using government figures of 400 000 IDPs it estimates that there are at least 800 deliveries per month, and a high demand for contraceptives.
- UNFPA has also developed a map of NGOs working on reproductive health, and has developed a plan for the distribution of reproductive health kits.
- The MOH is starting the process of preparing a Maternal and Child Health plan; the priority will be to mobilize midwives at village level.
- The Jakarta Post (3 Feb) is highlighting the importance of gender in Aceh aid management to ensure basic women's needs for pregnancy, nursing women, menstruation, cultural clothing (headscarfs) and women underclothes. Besides basic needs, also basic protection for women remains an issue, including threats of sexual harassment. Longer term needs include the specific access and empowerment of women in Aceh.

## **Health system and infrastructure (functioning health facilities, access etc)**

### *Hospitals*

- A 29 January report on the hospital situation in **Banda Aceh**, prepared by Australia, notes that local (Indonesian) hospitals have capacity for 716 beds, of which 303 are occupied. Five field hospitals surveyed have an additional 240 beds, of which 77 are occupied. In total there are 8 field hospitals including the newly-arrived US Naval Ship *Mercy*, with an additional 1000-bed capacity.
- A Danish survey in **Aceh Besar** suggests a 326-bed capacity of which 212 are occupied, with a further 380 beds in field hospitals and mobile clinics, of which 144 are occupied.
- Pakistan has set up a field hospital in Lamno (Aceh Jaya).
- Australia has added a microbiology lab to the existing laboratory services at the general hospital.
- Bakornas is reporting (4 Feb) foreign field hospital teams:
  - RS Zainoel Abidin Banda Aceh: Australian, German, Belgium, Singapore, China
  - Desa Gue Gajah: Malaysia field hospital
  - Stadium Sepakbola: ICRC field hospital
  - Un. Syah Kuala: Danish field hospital
  - IDP camp: Singapore field hospital
  - Mata le: Russia, Pakistan
  - Banda Aceh/Walubi: China field hospital
  - Pango Raya: Portugese
  - Pantai Barat NAD: German ship hospital *replaced* by USNS *Mercy* hospital (1000 beds)

### *Logistics and medical supplies*

- The provincial drug warehouse is now working again, providing medicines and drugs.
- Drugs that have been exposed (left outside) during the Tsunami will be destroyed in the coming weeks.
- A drug supply chain for donated drugs is being established. This will ensure that all donated drugs are (i) from WHO pre-qualified suppliers; (ii) are appropriately labeled in Indonesian; and (iii) are within their use-by date.
- A shipment of ciprofloxacin (broad-spectrum anti-biotic) has just arrived. No further imports of drugs are currently needed.
- Ministry of Health is reporting (3 Feb) that AUSAID donations (computers, office supplies, refrigerators for vaccines) have arrived in Banda Aceh, Drug donations from Argentina, Brazil and Bulgaria have arrived in Jakarta.

#### **4. WHO actions over the past 2-3 days**

##### *Health Co-ordination*

- The bi-weekly Health Co-ordination meeting was held in Bahasa / English for the first time. This is another step in increasing the MOH ownership of and control over the meeting.

##### *Support to Provincial Health Office*

- WHO is currently drawing up a plan, to be finalized in the next few days, to "re-float" the Provincial Health Office and district health offices: in Banda Aceh, Aceh Besar and Aceh Jaya and Aceh Barat. WHO will provide approx \$50 000 to each (total \$200 000), allowing the health authorities to meet their operational costs to get primary health care facilities working again. WHO will provide "budget support" to allow the health authorities to hire staff, rent premises, and buy equipment as necessary.

##### *Assessments*

- Visit to Meulaboh by Banda Aceh team to assess operational capacity for undertaking activities in the medium to longer term post-tsunami.

##### *Epidemiology*

- WHO has completed the data entry for the 78 weekly reports received from hospitals, NGOs and other care providers. An estimated 39,000 provider consultations have been reported to 2 Feb 05. The number of health partners participating in the surveillance system continues to grow.
- WHO has started training PHO staff on data entry and data management for the early warning system.

##### *Medicines and supplies*

- WHO has supplied emergency health kits: two kits to WHO/Meulaboh, one to District health office in Calang (for the 37,000 IDPs), the other to the Zainoel Abidin Hospital (the general hospital), and a kit to South Aceh for 3000 beneficiaries. Each kit contains medicines and equipment for 10 000 people for 3 months.
- A vehicle will be sent to Calang early next week, along with a portable house (donated by Denmark) to serve as the new district health office.

##### *Administrative and Staffing issues:*

- A new National Professional Officer for Mental Health, Dr Albert Maramis, started work in Banda Aceh on 3<sup>rd</sup> February.
- Dr Tom Grein, Head of Epidemic Alert and Response, has left Aceh to be replaced by Michelle Gayer, arriving 4 February.
- Mr Mike Penrose, Operations Manager, is due to depart Banda Aceh on 6 February, and will be replaced by Nick Sanders.
- **WHO's Meulaboh base** is now fully operational with communications, accommodation and office space (being renovated). Up to 7 staff can be accommodated.
- At **Calang**, a joint WHO, UNHCR and OCHA presence is being installed. WHO has access to a UN speedboat that can serve coastal communities.
- In **Medan**, there are two supply logisticians *in situ*; a national professional Medical Coordinator is being recruited.

## 5. Coordination, Plans and actions

- WHO Jakarta is participating in the regular Ministry of Health meetings (daily), UN Disaster Management Team meetings (UNDMT - 3 weekly), UN Disaster Management Coordinations meetings with the Vice-president (once a week).
- Ministry of health is strengthening their coordination and operations unit in Aceh as well as in Jakarta.
- The Ministry of Health is organizing a meeting in Banda Aceh on 8 February 2005, including all District Health Officers from all districts in NAD, the provincial Health officers and several units from the MOH Jakarta. WHO will be participating in the meeting.

### *Funding*

- The **UN Flash Appeal** is being revised by OCHA. Each sector is asked to outline policy, strategies and key activities over the next 6 months. WHO has produced a draft, which is being discussed with the Provincial Health Office and other health partners in the Health Coordination Group. A parallel process is underway at Jakarta level.
- The total requested for Indonesia in the flash appeal is \$239 million, of which \$18m is for Health (WHO). As of 27 Jan, \$5.8m has been received or pledged, including \$1.9million for WHO. (An additional \$1.5 million for Health (IRD) is mentioned, of which none is so far pledged).

## 6. Contact Persons

The following persons can be contacted if more information is needed:

	Name	Designation	Organization	Contact phone	Tel / Fax	E-mail
4	Dr. Eigil Sorensen	Special Envoy to Health Department	EHA, WHO	0811143584		sorensene@whosea.org
1	Dr. Doti Indrasanto	Head of Department Earthquake response	Center for Health Emergency preparedness and Response (PPMK)/ MOH	0811173712	62-21-5265043 62-21-5271111	<a href="mailto:Ppkm02@yahoo.com">Ppkm02@yahoo.com</a>
2	Dr. Rodger Doran	Operations Room Manager, Jakarta	EHA, WHO			doranR@who.or.id
3	Dr. Dana Van Alphen	Team Leader, Banda Aceh	WHO	0811 987696		VanAlphen@who.or.id
	Ms Rebecca Dodd	Information Manager, Banda Aceh	WHO	062 815 135 13039		doddb@who.int

***Source of Information from Indonesia***

*Information is gathered from the following sources and is not subjected for quotation, as it might not reflect the actual true facts at the field level but can be used as references.*

- 1. PPMK, MOH*
- 2. EHA, WHO*
- 3. UN and INGO Network*
- 4. Local and international news media*