



Indonesia Tsunami Situation Report

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Country: Indonesia	
Indonesia Operations will update information weekly on Thursday	

1. Key issues

- In the next two weeks, the Blueprint for Aceh Reconstruction will be published by the President.
- The Government of Indonesia (GoI) is setting up a coordination mechanism for NGO that want to work in Aceh after March 26th. One of the objective is to avoid any overlaps in reconstruction and rehabilitation activities in the field. GoI still accepts relevant support from foreign sources.

Challenges:

- The key challenge remains the reestablishment of the health system at all levels.
- Planning processes need further clarification at all levels. Advocacy for health within the government planning process is of major importance in the early planning stage. Similarly important is the health advocacy within the UN and World Bank planning processes.
- Government of Indonesia and UN will hold a consultation on what kind of foreign NGO and private role are needed.

2. Situation Update

Casualties

As of 10 March 2005 (*source: Bakornas*):

	Aceh
Deaths & Buried	125,996
Missing	94,105
IDPs	406,156 (in 21 districts)
Relocation sites	631 barracks in place out of 854 planned (11 districts)

As many bodies were not identified before burial, it is possible that there is some double counting between the "missing" list and the "deaths and buried" list. The IDP counting continues to be difficult due to the mobility of the population. Currently not clear how many people live in camps, in barracks or in host-families.

3. Health status and trends*

Communicable Diseases

Alerts and outbreak investigation:

- One malaria death (*Plasmodium falciparum*) was reported from Teunom, in Aceh Jaya on 4th March. The patient became ill while travelling from Medan to the West coast with five others, who were also subsequently reported as having a febrile illness. He was initially hospitalized at Teunom but was eventually transferred to Medan where he expired. One of the travelling partners was tested and subsequently diagnosed with *Plasmodium falciparum* malaria.
- Two measles cases were investigated and IgM confirmed, one in Lamgapan, in Aceh Besar, and one from Peniti, in Banda Aceh. Measles alerts from Aceh Jaya, Nagan Raya, Aceh Besar, Pidie, and Aceh Utara were investigated but measles determined to be unlikely.
- One acute jaundice syndrome case reported from Lamlhom in Aceh Besar, was IgM confirmed as Hepatitis A. No further cases detected.

Rapid health assessments and surveillance

- WHO water and sanitation team continuing to work with PDAM on repair of Banda Aceh Water Treatment plant



- WHO and AusAid will be assessing water and sanitation conditions at Zainoel Abidin Hospital - broken and blocked grey water lines, overflowing septic tanks.

Review of the actions of WHO/UNICEF water and sanitation team to address poor water and sanitation conditions at TLCs :

- Concern about water quality raised, and plans for surveillance discussed. Some NGOs doing water assessment - need to coordinate.
- Concern about septic tank sludge removal discussed - additional trucks needed and now on the way.
- Health Department has trained 30 sanitarians who could help in water and sanitation surveillance.
- Training for water truckers required to prevent contamination between filling and delivery.

Malaria and vector-borne diseases

Bakornas is reporting the Indoor residual spraying done in 163 barracks, as follows:

Location	Already sprayed
Banda Aceh and Aceh Besar	100
Aceh Barat	16
Nagan Raya	47

Primary health care (Mother and child health, nutrition, mental health, etc.)

Measles immunization

Measles immunization for IDPs has reached 77,3% (69,235 IDPs from 89,591 target) (Bakornas report).

Nutrition

Field visit for supervision surveillance data collection at east coast have been done, including assessment to several districts hospitals and IDPs camp.

NGO and agencies are carrying on food distribution activities.

Mental health

The Mental Hospital organized trainings for their staff, CHC workers and community leaders with funds from IOM. PHO coordinated the activities for CHC workers and community leaders.

WHO and MoH organized 4 community mental health teams in Banda Aceh, Meulaboh, Sigli and Lhokseumawe.

Health systems and Infrastructure

Hospitals

WHO will restart the hospital and laboratory subgroup meeting which has been currently inactive since 3 weeks ago and setting it up with Zainoel Abidin hospital.

From the observation at 3 hospitals in Sigli, Bireuen and Lhokseumawe, no more foreign health workers were providing medical assistance there and medical and referral services from IDP camps still running free of charge. (Bakornas report)

Bappenas Planning consultations

On March the 6th, seminar was held in Syah Kuala University to discuss about the socio cultural work group of the Bappenas blueprint. Some presentation would be delivered from community figures.

Referral System

There has been a system developed as the operating guidelines for repatriation of non-referred patients (volunteer helicopter operations). This system operates alongside the ICRC Medevac and Medevac Repatriation system and allows NGOs and hospital operators to arrange for non-referred patients to be repatriated to their homes in Aceh Province where it is felt that the return journey by slower means is hazardous to health or inhumane. This will be determined by a medical practitioner within the requesting agency.

Medical Supply

A planning meeting for pharmacy / medical supplies for the whole province is in preparation.

A large quantity of Tsunami damaged medical supplies at the RSU Zainoel Abidin were safely disposed of in landfill sites. This was a major job supported financially and technically by WHO and other pharmacy/medical supply team members.

5. WHO action, sub-offices in Meulaboh and Calang

WHO Meulaboh

Pharmaceuticals

WHO and medical supply team members helping the District Pharmacy warehouse staff and the Hospital pharmacy staff to sort and make an inventory of stock, including foreign donated medicines. They're still waiting for local authorities to permit burning out all expired medical supply.

WHO Calang

1. Immunization and broad communicable disease control
Descriptive epidemiology revealed proportional morbidity in rank order of ARI, acute watery diarrhea (considered simple), and undifferentiated fevers - unchanged from previous week. While there were isolated cases of communicable diseases of epidemic potential, epidemics were not currently implicated. WHO noted recent lab reports of scrub typhus and reviewed clinical findings of the diseases.
Initial assessment for cholera immunization will be conducted.
2. Outpatient clinical care with emphasis on primary health care
DHO reported that 28 district health staffs have returned to Calang. While their living condition is suboptimal, they are available to restart local health programs in conjunction with NGOs.
Referral procedure has been set up for the health agencies to refer local patients to ICRC Lhong Raza Field Hospital in Banda Aceh. The UN Field Security Officer will assist with communication to Banda from WFP radio base.
3. Maternal-child health
UNFPA will provide contraceptives to DHO which will make them available to district NGOs working on family planning.
4. Nutrition
ACF is undertaking a nutritional survey in the district. DHO is stated there are little historical data on nutritional status in the district. However, but there appears to have a little acute malnutrition before the tsunami.

The environmental health

Since 9th Mar WHO assessing water and sanitation conditions and needs. Report of activities and findings to be provided with next report.

Vector Control Activity

MOH malaria staff gave follow-up on its vector survey conducted in Calang. For the month of February in Teunom, there were 59 Malaria cases reported - 95% in adults, and 75% is positive for *P. falciparum* either as single or mixed infection with *P. vivax* (11 cases of mixed infections). There was no malaria case in children under five. For the month of February in Calang, there were 31 cases reported - no increase from previous week. Larvicides is on order from PHO.

At 10-11 of March, 2005 there has been training on malaria management program conducted for all doctors and nurses in Calang.

Medical Supply

Many valuable medical supplies may be adversely affected by sustained high temperature hence all groups holding medicines are ask to ensure effective management of temperature.

6. Contact Persons

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

		Contact phone	Tel / Fax	E-mail
Government of Indonesia , Center for Health Emergency preparedness and Response (PPMK)/ MOH	Dr. Doti Indrasanto, Head of Department	+62 811173712	62-21-5265043 62-21-5271111	Ppmk02@yahoo.com
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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) WHO/Aceh Weekly health reports, incl Epi/surveillance (WMMR), logistics & supplies; 2) Minutes Health coordination meeting Banda Aceh, Meulaboh, Calan; 3) Aceh regular meetings: IASC, UN, Bappeda; 3) Jakarta regular meetings: PPMK, MOH; 4) Bakornas bulletins; 5) WHO/EHA and HAC informations; 6) UN and INGO Network; 7) Local and international news media.

More information on Health Action in response to Tsunami in Indonesia, please contact: health-info@aceh.who.int

Or check on our website: www.acehhealthinfo.net