

# Indonesia Tsunami Situation Report

<b>Date: 10-02-2005</b> <i>Covering period 8-10 Feb05</i>	<b>Number: 38</b>
Indonesia Operations will update information twice weekly Monday and Thursday	

## 1. Key issues

- Some foreign support to Zainoel Abidin general hospital phasing out in coming weeks.
- First meeting of District Health Officers since Tsunami
- WHO supports Provincial Health Office to set up Planning and Management Support Unit.

## 2. Situation Update

### Casualties

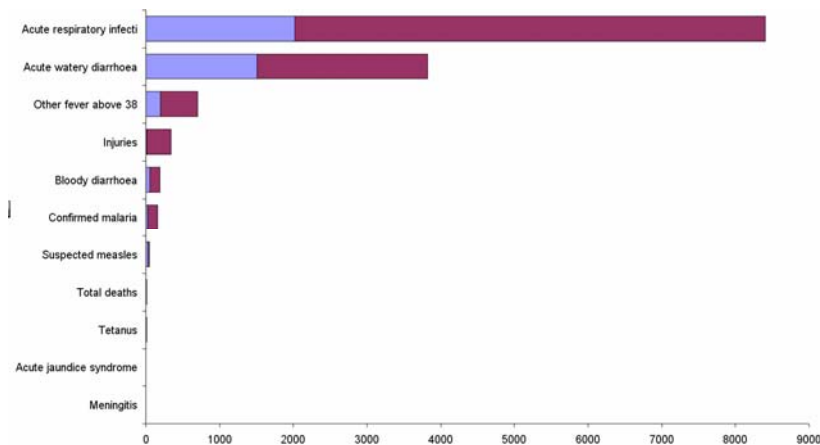
As of 9 February 2005 (*Bakornas*):

	<b>Aceh</b>	<b>North Sumatra</b>
Deaths & Buried	116 268	130
Missing	114 897	24
IDPs	412 438 (66 shelters in 18 districts)	

## 3. Health status and trend\*

### Communicable Diseases

#### REPORTED CONSULTATIONS BY DISEASE, as of 7 Feb:



- There has been an outbreak of **measles** in an IDP camp in Seunudon, Aceh Utara. It began on 14 January, and by 8<sup>th</sup> February 26 suspected cases had been reported. Most were from the same IDP camp but two were from a nearby camp. It is reported that the CDC Chief plans to accelerate measles immunization to cover the entire district.

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

### *Hospitals*

Zainoel Abidin hospital, the main general hospital in Banda Aceh, was flooded during the Tsunami and lost many staff. As a consequence, management and information systems were interrupted and the hospital could not provide care. A number of foreign organizations stepped in to provide support; some are now preparing to leave. A *Hospital Workshop* on 7-8 February assessed this support and discussed plans to hand services back to the hospital authorities. The hospital has already begun to resume some of its normal services, starting with emergency services and then expanding to routine, non-emergency cases. This will increase over coming months:

- Australia, currently supporting cardiology, neurology, pathology, the infectious disease ward, providing engineering support (electricity, water, sewage, surveillance) and environmental health, will phase out in 3-4 weeks, transferring functions to local staff.
- Civilian Aid from Australia, currently supporting the microbiology lab and the hospital pharmacy, will remain for the next 3 months. It will provide capacity building and training over that time.
- The German Field hospital, currently supporting two operating theatres, laboratory services and intensive care, will phase out in March; KfW and GTZ will continue to provide technical assistance.
- Handicap International, currently providing post-operative rehabilitation, will phase out at the end of March. In the meantime it will transfer equipment, and support the hospital to restart orthoprosthetic activities.
- US Naval Ship *Mercy*, currently taking referral patients from the hospital, will leave on 19 March, to be replaced by a longer-term team. The *Mercy* currently has a primary care team on-shore, including infectious disease, OB/GYN, pediatrics, dental, mental health, disease surveillance, preventative medicine.
- Mercy Malaysia, currently providing care outside the Zainoel Abidin at a field hospital, will move in when others leave.
- France, currently providing pediatric care, will phase out at the end of March, transferring functions back to Zainoel Abidin.

### *Maternal and Newborn care services*

- On tracking of almost 50% of health officials and providers (4813 persons), 137 persons are dead and 521 are missing. In Aceh Besar District alone, 29 midwives are dead, while in Pidie district 8 are dead. These figures may increase significantly when the health sector completes the process.
- WHO is working with the provincial and district health government to reestablish health services:
  - *household and community level services* (registration of women, newborns and infants; distribution of the handbook; distribution of basic information/ education materials);
  - *health centre/ primary health care (PHC) services*, including: Antenatal care, childbirth care, postpartum and postnatal care, and ensuring referral
  - *district hospital/ primary referral units*, at least one for 100-150,000 populations
- Issues that need immediate attention include: a) pregnancy, childbirth and immediate newborn care as well as postpartum and postnatal care at primary health care level; b) Complications during pregnancy, childbirth and postpartum, including conditions related to pregnancy and childbirth, and newborn problems

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

For the first time since the Tsunami, a joint meeting of all 21 District Health Offices (DHOs) was held. The Provincial Health Office and Ministry of Health (Jakarta) were also represented. WHO was the only international partner at the meeting. Some of the issues to emerge include:

- In affected areas, salaries have not been paid since the Tsunami. Staff in these areas are to be given a 1 million rupiah, one-off payment, as compensation. (Staff records have all been destroyed so in many cases it will be difficult to verify the identity of staff claiming compensation).
- DHOs do not have operational costs for activities, such as immunization.
- All districts urgently require water purification equipment, latrines, and equipment to test water quality.
- DHOs urgently want guidance from Jakarta and the PHO on how to work with NGOs, who tend to have different operating practices from the government.
- Affected districts are overwhelmed by IDPs. It was suggested that staff from other districts should be rotated to affected districts in the short-term.
- The MOH (Jakarta) announced that it would establish 42 satellite health posts to serve IDPs and relocation sites. Staff working in other parts of Indonesia will be provided with incentives to serve in these.

At central level Ministry of Health, activities and plans are further outlined for coordinating the administrations through the MOH Operations room.

Dr Muharso, MOH, reported that Health Poly technical School has already resumed their activity. The college has 1800 student, 400 absentee 'no information about where they are', 4 students and 26 tutors reported death.

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

#### *Support to Provincial Health Office*

- WHO has established a Planning and Management Support Unit in the Provincial Health Office. An Indonesian *Economist* has been placed there, to assist with reconstruction activities and a senior International Bahasa-speaking staff should arrive next week.
- Two vehicles have been handed over to the Provincial Health Office. These are the first of 15 that will be provided.

#### *Communicable disease control*

- Enough **TB** drugs for 180 people have been sent to Meulobah (for 150 adults and 30 children). As in Banda Aceh, a contact point for referral of TB patients has been identified for Aceh Besar district.
- WHO is finalizing a comprehensive report on the *Communicable Disease Profile in Tsunami Affected Area: Indonesia*. It will be published shortly.

#### *Epidemiology and Surveillance*

- A WHO epidemiology bulletin is now distributed twice weekly, in English and Bahasa.

- Rapid health assessments are being continued in Aceh Besar in collaboration with UNICEF and Australian Medical Team, starting 7 Feb. Two camps and three host communities were visited. Access to food, water and health services is reported to be sufficient: measles immunization has been completed, and there is no evidence of malnutrition. Sanitation, environmental management, vector control, mental health are required.
- In Meulaboh, training is underway for local lab staff and local health centre staff on sample collection. District Health Office Staff have been trained on data entry and management on software developed by WHO.
- WHO is following NGO mobile clinics to collect information and samples as necessary and working with local NGOs to set up regular sampling for diarrhoeal diseases.

#### *Water and Sanitation*

- On the 8<sup>th</sup> of February, one of the two WHO water and sanitation engineers left Banda Aceh for WHO Office in Meulaboh
- The Wat-San engineer met the Environmental Health Team from the USNS *Mercy*, to discuss collaboration in testing water quality. The first campaign on drinking water analysis (basic analysis) will be implemented in Banda Aceh and in relocation IDP camps. This is tentatively scheduled to begin the w/b 14 February.

#### *Nutrition*

WHO works in three areas:

- *Nutrition surveillance:* WHO has so far focused on providing technical support in the design, protocol and preparation of instruments for nutritional surveillance, and worked with the MOH/PHO to strengthen and enforce coordination.
- *Nutrition Interventions.* WHO has provided guidance and advisory services to the MOH in critical areas such as infant feeding, complementary foods, and micronutrient supplementation to risk groups. This includes the issuance, distribution and promotion of accepted standards, procedures and regulations. Joint statement were issued with UNICEF on: use of breast milk substitutes in emergencies; complementary foods; use of zinc in treatment of diarrhoea.
- *Financial support:* A 6-month Plan of Action for nutrition has been developed. WHO is working with MOH to convert this into a proposal for the UN Flash Appeal. The draft plan will be ready in Bahasa and in English by 12 February.

#### **5. Coordination, Plans and actions**

- WHO has signed an agreement for \$12 000 with *Pompiers sans Frontiers* to improve basic sanitation and hygiene in two IDP camps close to Banda Aceh.

#### **6. Contact Persons**

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

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2	Dr. Rodger Doran	Operations Room Manager, Jakarta	EHA, WHO			doranR@who.or.id
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	Ms Rebecca Dodd	Information Manager, Banda Aceh	WHO	062 815 135 13039		doddb@who.int
4	Dr. Eigil Sorensen	Special Envoy to Indonesia for Tsunami and Earthquake response	EHA, WHO	0811143584		sorensene@whosea.org

***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