

# Indonesia Tsunami Situation Report



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*Covering period 18-21 Feb05*

Indonesia Operations will update information twice weekly Monday and Thursday

## 1. Key issues

- Planning process with Bappenas and Bappeda through several thematic working groups. Health is part of the group "Social, religious and education".
- Concentration of health reconstruction and rehabilitation initiatives from NGOs and international agencies mostly in Aceh Besar, Aceh Jaya and Banda Aceh. Clear need for more attention on the reconstruction and rehabilitation of primary health facilities, especially in the following six areas affected by tsunami: Lhokseumawe, Meulaboh, Aceh Timur, Nagan Raya, Simeulue and Aceh Utara.
- Reconstruction of the health sector is now reflected through regular health programs initiating the reestablishment of activities as before tsunami (mainly in Banda Aceh district only). For example, nutrition, TB, malaria, curative health services, maternal and child health are assessing programmes and reestablishing standardization of services and routine monitoring and surveillance.

### *Challenges:*

- *Key challenge is the reestablishment of the health system at all levels.*
- *Ensuring that health is adequately presented within the thematic group of social, religious and education. Health also needs to be integrated across the various relevant thematic planning groups, including 'systems/infrastructure' and 'accountability/governance'.*
- *Streamlining and coordinating the various health programs in the ministry of health and within WHO. An inventory of programs and coordination-mechanisms needs to be further developed.*
- *Handing over of international organizations to local health system remains an issue, specifically due to lack of capacity of the current health system;*
- *High mobility of displaced people in the province, especially now several of the relocation sites are functioning and families start to move to these barracks.*

## 2. Situation Update

The health ministry has prepared a plan for satellite health posts in barrack compounds across Aceh to provide basic health service for the IDPs to prevent disease outbreaks. Each post will employ 16 medical experts including doctors and nurses. Some NGOs – as International Organization for Migration (IOM) and the American Care – has also agreed to provide assistance in the form of infrastructures and equipments for the operation. The satellite posts are scheduled to start its 24-hours service starting from today (18/2) [*Kompas*].

Tsunami survivors in Calang, Aceh Jaya area currently facing clean water shortages as the water in the region is polluted with mud and tastes salty, *Tempo Interaktif reports* They also need more medical aid, although groups of medical volunteers from the UNICEF, USAID and INC have been serving there.

More earthquakes and aftershocks have occurred in the area (Thursday 17 Feb two earthquakes on Richter-scale 5.8 and 6). Buildings need to be inspected on a regular basis.

President of Indonesia has visited Aceh over the weekend, as well as Bill Clinton and Bush Sr.

### **Casualties**

As of 20 February 2005 (*Bakornas*):

	<b>Aceh</b>
Deaths & Buried	121,911
Missing	113,937
IDPs	399,959 (in 18 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.*

### **3. Health status and trend\***

#### **Communicable Diseases**

##### *Alerts and field investigations*

There were new alerts for bloody diarrhoea, confirmed as *Shigella flexneri*, dengue fever, and typhoid, all in Aceh Besar. One additional case of measles in Aceh Utara, associated with previous cases; vaccination campaign continues.

##### Updates on previous alerts:

- Hepatitis A: confirmed Aceh Besar: no further cases; health education/prevention measures implemented
- Hepatitis E: 2 probable cases (1 in Aceh Besar; 1 in Aceh Jaya), awaiting confirmation
- Dengue: 1 suspected case (43 y.o. M in Banda Aceh)
- Bloody diarrhea: 1 of 3 cases from Meulabo hospital (25 y.o. M) confirmed as *Shigella sonnei*; sensitivity pending

##### *Rapid health assessments and surveillance*

Number of NGOs and reporting units has decreased from week 4 but has stabilized in weeks 5 and 6. Reporting is predominantly from NGO-run or supported clinics (international and local), military, foreign government hospitals, and less so from district health offices. Reporting from 8 out of 14 districts affected by the Tsunami is ongoing. The 6 districts not reporting were only mildly affected and consequently have low NGO presence.

##### *Malaria, Vector-borne Diseases*

A mass-campaign on bednet distribution and Malaria prevention is starting tomorrow at the west-coast of Aceh. Thousands of Bednets will be distributed, while MENTOR provides training on Malaria prevention..

In Lambaro District, Bakornas reports 76% coverage (10 barracks of 13) on indoor residual spraying, while in Lambaro Siron districts 61% (11 barracks of 18).

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

##### *Measles immunization*

Focus of immunization activities is on the planning for the intensified measles campaign in Banda Aceh, which had an immunization coverage of less than 40%. The campaign in Aceh Besar is successfully completed, while in the other districts immunization is ongoing.



<i>District</i>	<i>Target for vaccinations</i>	<i>Current Coverage (21Feb)</i>
Aceh Besar	75,097	69,383
<b>Banda Aceh</b>	<b>46,199</b>	<b>16,423</b>
Aceh Jaya	24,492	6,065
Aceh Barat	56,434	11,640
Namgan Raya	44,142	904

As reported by UNICEF in the Health Coordination meeting 21 Feb 05

#### *Nutrition*

Seven severe malnutrition cases have been reported from the IDP camp (Sennebok camp in Aceh Besar), and were referred to the nearest hospital because of medical conditions. One child died. The government has two schemes for therapeutic feeding interventions in place: a) health facility level (hospital, health centres, IDP camps); b) community-level: follow-up scheme for drop-out and discharged children.

#### **Environmental health (water, sanitation, food-safety, etc)**

##### *Water and Sanitation*

Water brought by the tsunami is still stagnant in several of the affected areas. Settling in relocation barracks as well as spontaneous relocation of IDP in their former places would demand surveys to know if the water table is getting saline. Design of the relocation barracks requires support in quality water and sanitation functioning. Some NGO make local assessments, but no centralization or coordination of their findings has been reported up to now.

##### *Food Safety*

There is no obvious acute food safety crisis occasioned by the tsunami. Food security is an obvious and ongoing concern, particularly ensuring adequate nutrition, but the obvious problems with food safety pre-date the tsunami and are common to underdeveloped communities across Asia. "Foodborne" disease control is inextricably linked to water and sanitation issues.

##### *Waste management*

At provincial and district level, the amount of damaged medicines need to be estimated (type and volume). Central hospital has more than 30m<sup>3</sup> of waste mainly composed of liquids (IV fluids, several packs of tablets and few amounts of syringes). It is confirmed that no proper incineration (large quantity not sorted) could not be conducted. Therefore, Provincial pharmacy and partners are working on short term and long term programs for burning or burying of the medical waste.

#### **Health systems and Infrastructure**

Following the provincial health office request, aid organizations are now planning their activities in line with the rebuilding of the health system. Several organizations have identified specific plans and financial commitments to cover reconstruction and rehabilitation of the primary health care system (puskesmas) in three main districts. Number of health posts (Pustu) to be rehabilitated depends on the land use allocations which is not yet finalized.

- *Aceh Besar*: 10 organizations committed to reconstruct/ rehabilitate 11 puskesmas.
- *Banda Aceh*: 7 organizations to reconstruct/ rehabilitate 13 puskesmas.
- *Aceh Jaya*: 10 organizations to reconstruct/ rehabilitate 3 puskesmas.

##### *Hospitals*

Ministry of health is reporting preparations for taking over the health services after the expat medical subside their duty in NAD. MoH is looking into incentive schemes for private hospital in NAD, and Acehese medical doctors will get special allowances from MoH because they are not able to open their private practice.

*Provincial Health office-rapid assessment of organisational structure and human resources*

The organisational structure is large, comprising 9 Sub-Dinas, each with 4 section heads, and the Administration Branch (Tata Usaha). Thus there are 36 Sections in the Services and 4 Sub-branches in Administration: a total of 40 key management positions. Overall mortality is reassuringly low, and “hundreds of staff” are now reporting to work. However, some key staff have been lost due to tsunami, specifically two senior management positions (Eselon 3) have been impacted by mortality (Financial Sub-Branch and the Bina Program Sub-Services), and four of thirty-six Section Heads (eselon 4) were killed. One of these was key to the rehabilitation and reconstruction effort.

*Essential Drugs*

A comprehensive system is being build to facilitate provincial drug management as buffer stock. Phase one is to re-establish shelves and forms however, phase two will be to develop new policy on buffer stock management to avoid waste.

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

*Rapid health assessments and surveillance*

Rapid health & environmental assessment re-started for Aceh Besar. Longer term solution for on-going assessment capacity is being discussed within agencies. Ongoing disease alerts are being verified through laboratory investigations.

*Psycho-social and Mental health*

WHO conducted a training on psycho-social and mental health for primary care doctors, nurses and community leaders. A preliminary mapping was also don on the activities of various organizations (so far 30 organizations on the list and more to be included). Most organizations are doing community activities, such as recreational activities or counseling. Few organizations provide primary care or mental health, and most organizations have short-term plans only.

*Food Safety*

A team of experts including an environmental health official from Ministry of Health (DepKes), a nutritionist and food safety expert from the University of Indonesia (ICD and SEAMEO) and WHO have visited over the last days market areas in Banda Aceh, small food processing shops, restaurants, the hospitals, an ice factory, water treatment facilities, and a number of temporary camps in use and IDP resettlement facilities under construction. Several projects are developed within the scope and timeline of the Flash Appeal, including:



- Health education programme targeted primarily at persons living in camps, but to the extent possible other sites;
- Adapt resettlement camps under construction (some already being occupied) to ensure hand-washing stations in communal food preparation and latrine areas.
- Solid waste disposal to improve garbage collection
- Improve quality of food storage and distribution channels at camps, through training on proper food storage procedures and inventory management.
- Training of local health department staff on food safety, and basic orientation to foodborne disease epidemiology.

*Maternal and Newborn health*

Activities focus on assisting the provincial health office to resume their functions, and various proposals have been prepared, including a proposal outlining the delivery of primary health care before the functioning of satellite health posts.

### *Tuberculosis*

Activities have focused on identifying the existing capacities for the TB programme within the 16 health centres in Aceh Besar district. Monitoring visits have been carried out over the last days and training programs are set up. Relocation of the destroyed microscopic laboratory was discussed and recommendations were made on the rehabilitation.

### *Water and Sanitation*

WHO is collaborating with provincial health office and partners in support of the water and sanitation plans. Technical advice and assessing the water-quality is one of the key areas of support and proposals together with the University are currently being developed and cleared.

### *Nutrition*

WHO has supported the ministry of health in the development of the severe malnutrition/ therapeutic feeding schemes. WHO will support intensive care management of severe malnutrition in functional referral hospitals, and selected health centers/ IDP camps. Support will include assessments of suitable hospitals, appropriate referral, training, supervision, monitoring and evaluation. First round of assessment in IDP camps in Aceh Besar has taken place over the weekend. WHO will be working with the provincial health office, ACF, Care and other NGOs to ensure proper coverage of therapeutic interventions across the geographical areas.

### *Essential drugs*

WHO is actively participating in the activities on waste-management and warehouse management. For the WHO warehouse, an inventory was conducted to sort out the medical equipment and supplies received from unknown donations. Material will be proposed to the central and psychiatric hospital in Banda Aceh. Two WHO-SUMA experts (Humanitarian Supply Management System) have joined the team in Banda Aceh for a period of two weeks and assist the Government with training and setting up systems.

## **5. WHO action, sub-offices in Meulaboh and Calan**

### ***WHO Meulaboh***

The WHO office in Meulaboh is further strengthening its activities and programmes for the relief and reconstruction. Specific focus over the last days has been on:

- **Communicable Disease surveillance and response:** regular reporting of the health issues, and disease cases is ongoing, and the district health office remains the central point for surveillance.
- **Water and sanitation:** WHO proposed to reinstall the once damaged laboratory of the local department of health in charge of the water control. This work would be the key of reconstructing fully fledged water quality control in the whole district and around. Sanitation in the local Puskesmas should be an issue to be addressed, WHO could propose its supervision.
- **Waste-management:** Medical waste is present and hazards might become an issue due to poor habit of sorting and containing infectious or sharp medical wastes. Empowerment of the local cleaning office has been planned through a proposal sent to WHO Jakarta for approval. As the hospital is the only place to have an incinerator in the district, WHO would be legitimate to coordinate an agreement between the District's Cleaning Service and the hospital to have incinerated medical wastes collected outside the hospital.
- **Hospital and laboratory:** WHO is supporting the microbiology laboratory for public health and surveillance system. WHO has been providing coordination with the district health office and the various agencies active on the ground. French Red Cross has pledged to check and rehabilitate (or

even having operated a new) electricity, water, sanitation, wastes management in the whole hospital.

### **WHO Calang**

- The whole town of Calang was destroyed and some reconstruction work has begun. Most of the people have set up temporary housing in the hills and are starting to make a livelihood. Presence of organizations with the resources and capabilities allow the implementation of a range of activities, including public health assessments, nutrition, and community education. Urgent attention needs to be given to the coordination among all actors in the health sector, led by the district health office. WHO has now permanent presence in Calang and will support the reconstruction and rehabilitation of the district health system.
- **Health facilities:** In general people in Calang have adequate access to health services. There are five tented health facilities based in Calan:
  - a) Medicos del Mundo field hospital: 2 docs, 3 nurses, ave. 35-40 consultations/day
  - b) Cop Anamur Field hospital: 1 doc, 1 nurse, ave. 40 consultations/day
  - c) Indonesian Navy Field hospital: 4 docs, 15 nurses, 1 pharm., 30-50 beds, mobile clinics, ave. 35 consultations/day
  - d) Indonesian Army health clinic: 1 doc, 30 consultations/day
  - e) Indonesian Red Cross (PMI): 1 doc, 3 nurses, ave. 55 consultations/day
 Services related to pregnancy need to improve. Midwives are now returning to Calang and some other districts, but the health posts (polindes) have disappeared.
- **Malaria** assessment undertaken by ministry of health from Jakarta, identification of malaria vector and breeding places.

### **6. Contact Persons**

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

		<b>Contact phone</b>	<b>Tel / Fax</b>	<b>E-mail</b>
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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) PPMK, MOH and Bakornas; 2) WHO/EHA and HAC; 3) UN and INGO Network; 4) Local and international news media.

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