

## Indonesia Tsunami Situation Report

<b>Date: 28-02-2005</b> <i>Covering period 21-28 Feb05</i>	<b>Number: 42</b>
<b>Country: Indonesia</b>	
Indonesia Operations will update information weekly on Thursday	

### 1. Key issues

- Assessment of health facilities, human resources and IDP camps are finalized and data are available in reports and maps (see page 2);
- The relocation sites to offer temporary housing for displaced people (IDPs) are under construction. UNICEF has agreed to take the lead in coordinating water and sanitation efforts, looking at capacity, needs and areas of concern.

### Challenges:

- Key challenge is 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 these early planning stage. Similarly important is the health advocacy within the UN and Worldbank planning processes.
- Transition from relief work to health reconstruction work requires more coordination among organizations active in Aceh, especially to ensure that health services are lined up with the rehabilitation of the health system.
- High mobility of displaced people in the province, especially now several of the relocation sites with barracks offer space to IDPs.

### 2. Situation Update

#### Casualties

As of 26 February 2005 (*Bakornas*):

	<b>Aceh</b>
Deaths & Buried	124,404
Missing	111,888
IDPs	400,901 (in 20 districts)
Relocation sites	397 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 trend\*

#### Location of health facilities damaged by earthquake/tsunami



The results of the UGM health facilities survey are now available on line, and integration of the nutrition, mother and child health data has been discussed. <http://www.aceh.healthmap.go.id/>

## Communicable Diseases

### *Alerts and outbreak investigation:*

- An investigation of an alerted cholera-case turned out to be *Rhotavirus*, for which the 4-month child is treated;
- Mite-borne *Scrub typhus* fever case was found
- Dengue cases (5) are found in Lhokseumawe (Aceh Utara), which the provincial health office is investigating;
- Probable *meningitis* case in Lhokseumawe, being investigated by ministry of health, surveillance is ongoing;
- Suspected 7 cases of measles in Birn, which the provincial health officers is investigating;
- A case of hepatitis in Meulaboh is currently being checked in laboratory.

### *Rapid health assessments and surveillance*

Final results are available from the health, water & sanitation assessments in the Internally Displaced Peoples (IDP) camps in Banda Aceh and Aceh Besar (joint UNICEF/WHO initiative). Summarized findings:

- Size and population composition of the sites through collection of demographics
- Immediate water and sanitation needs were identified and response was organized
- Absence of measles vaccination campaign was identified as medical priority (results presented in previous sitrep#41) and the Measles campaign for Banda Aceh is prepared
- In three of the largest camps an increased occurrence of mental health problems was signaled, especially among women (mixture of depression and anxiety). Response and services are being identified by the psycho-social and mental health teams.

There is a need for an 'ongoing' surveillance system to monitor implementation of recommended actions and monitor the situation.

### *Malaria and vector-borne diseases*

An intensive campaign in the West-coast of Aceh has ensured the delivery of thousands of bednets. Bakornas is reporting the Indoor residual spraying done in 47 barracks, as follows:

Location	Targeted no. barracks	Already sprayed	Percentage
Lambaro Siron	18	18	100
Kaye Liu Lambaro	13	13	100
Lambaro Bakoy	25	10	78,60
Meulaboh	27	6	22,20

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

### *Measles immunization*

Today the measles campaign in Banda Aceh city started. 3066 children have been vaccinated this morning only. The campaign on measles vaccination will continue for the rest of the week in Banda Aceh city.

### *Nutrition*

Basic surveillance for nutrition in 13 districts (21 Feb), conducted by district health office, provincial health office, ministry of health, UNICEF, Save the Children, Puslitbang Gizi, Balitbang Kesehatan Depkes, World Food programme, SEAMEO-UI (Bakornas report).



## Health systems and Infrastructure

### Hospitals

To improve the revitalization of Medical Care services in NAD and North Sumatra province, a workshop was held in Medan, from 21-24 February. The workshop convened 70 hospital and health care leaders from Aceh, ministry of health staff, and partners. Hospital directors from Aceh East and West Coast presented their situation, needs and plans. Discussions further identified the additional needs in manpower, infrastructure and system after the disaster.

### Bappenas Planning consultations

Syiah Kuala University, Banda Aceh is supporting public consultations from 1-10 March on the development of the reconstruction and rehabilitation plan for the people of Aceh (from 8:00-16:00). The days will cover the ten thematic groups. Specifically important for health is 6<sup>th</sup> March.

### Warehouse survey:

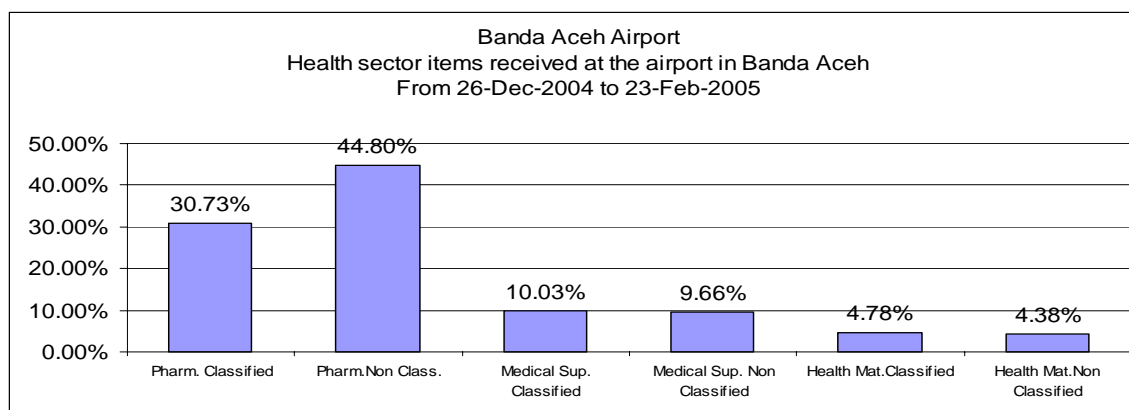
Experts in the Supply Management system (SUMA) have done assessments of warehouses within Banda Aceh to preclassify supplies and assist in warehouse management.

### Banda Aceh Military Airport

From the 26-Dec-2004 - Today

From	27-Dec-04	To	23-Feb-05
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Received	Pharmaceutic al Classified	Pharmaceuti cal Non Classified	Medical Supplies Classified	Medical Supplies Non Classified	Health Material Classified	Health Material Non Classified	Total Karton
Total in Karton	2449	3570	799	770	381	349	7969
Percentage	30.73%	44.80%	10.03%	9.66%	4.78%	4.38%	100.00%



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

### WHO Meulaboh

*Primary Health Care:* WHO and the District Health Authorities, have initiated a planning exercise with the health partners working at the Primary Health Care to understand the level of assistance provide to the Tsunami affected population in terms of access and care to the essential health care services. Three Health Centers (Samatiga, Meureubo and Kaway XVI) have been affected by Tsunami and MSF/Belgium has already started some physical rehabilitation through 2 and 5 years strategy.

*Field Assessment:* WHO is planning a field visit to the main IDPs camps/reallocation sites in Aceh Barat and Nagan Raya by the end of this week and will report at the next health coordination meeting.

*Mapping of Health Agency activities:* UNICEF has started at the beginning of February a mapping exercise for the health agencies/mobile teams that are working in Aceh Barat and Nagan Raya districts that should be finalized jointly with WHO.

*Pharmaceutical:* A mission from WHO and PSF from Meulaboh is planned from the 1 to the 3 of March. The warehouse of the District Health Office has been affected of Tsunami, which serves all the Primary Health Care Centers in the 11 sub-districts of Aceh Barat. A large quantity of drugs should be disposed and the rest of drugs identified, sorted and classified and the warehouse system to be reorganized. Humanitarian drugs donations are carried directly by the Agencies to the needed Health Center, Health Post of by mobile teams on site. Therefore an assessment should be done also at the sub-district level. In the Hospital a large quantity of humanitarian donations are - at least - stored in five different places. There isn't any management supply system or track system in place for the humanitarian donations.

*Malaria:* WHO, UNICEF and Mentor will work together to develop a protocol for to correlate test results from malaria Rapid Diagnostic Test (RDT) with blood films in patients with fever.

### ***WHO Calang***

On Wednesday, Feb 23, in Calang, Aceh Jaya district health authorities convened their first international agency health coordination meeting. Following extensive consultation with WHO, district health head Iman Jaya announced at the meeting his district's priority objectives in post-disaster health programming as well as geographic catchments areas. Priority areas in health programming will be:

1. immunization and broad communicable disease control
2. outpatient clinical care with emphasis on primary health care
3. maternal-child health
4. nutrition

*The environmental health* domain of water & sanitation also continues to receive explicit attention by district health authorities.

*Priority geographic catchment* areas will be: a) Lamno; b) Calang; c) Teunom

The intended platform for health services will be the local puskesmas—to be reconstructed in Calang and Teunom, and to be ameliorated in Lamno. It is expected that a reconstructed puskesmas, in conjunction with planned residential barracks, will serve as a magnet to draw local health staff displaced by the disaster. The return of local health staff will then accelerate the process of health services expansion and outreach planned by local health authorities.

## 6. Contact Persons

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

		Contact phone	Tel / Fax	E-mail
<b>Government of Indonesia</b> , Center for Health Emergency preparedness and Response (PPMK)/ MOH	Dr. Doti Indrasanto, Head of Department	+62 811173712	62-21-5265043 62-21-5271111	<a href="mailto:Ppmk02@yahoo.com">Ppmk02@yahoo.com</a>
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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](mailto:health-info@aceh.who.int)

Or check on our website: [www.acehhealthinfo.net](http://www.acehhealthinfo.net)