



Highlights

- ❖ Bakornas declared that the emergency phase is now over and the rehabilitation and recovery phase has started.
- ❖ A Health Promotion sub-cluster has been established to coordinate health promotion programmes. This sub-cluster will promote the integration of health promotion into all other clusters and sub-clusters.
- ❖ At the moment, more effort is being focused on sub-cluster coordination within the Health cluster, and in developing a strategic plan for each sub-cluster.
- ❖ Mobile clinic programmes, run by the Ministry of Health and supported by WHO, will end their operations this week, so other agencies and organizations are being encouraged to continue the programme.
- ❖ Medical aid management is a priority as 7-8 tonnes of expired and unusable drugs have already accumulated.

Background

An earthquake with magnitude of 6.2 on the Richter scale rocked Yogyakarta and Central Java Provinces (Indonesia) on 27 May 2006.

Current Situation

As of 5 July, 145 929 houses were destroyed and 464 622 were damaged leaving approximately 1 845 352 million people homeless. The Ministry of Health (MOH) reported 6736 dead and 134 396 injured.

Bakornas (National Natural Disaster Management Coordinating Board) has minimized coordination activities signalling the emergency stage is officially over. Dr. Bondan, chief of the Provincial Health Office (PHO), Yogyakarta, also stated at the health cluster meeting that the emergency phase is over and now more efforts should be directed to rehabilitation and recovery programmes. Both patient and infrastructure rehabilitation is needed.

Some field hospitals have reported that the number of patients is decreasing and treatment is once again focussed on routine diseases.

Assessment

1. Reproductive health

- Ante Natal Care has been conducted among 80% of pregnant women in Bantul area.
- About 10% of pregnant women are above 35 years old where the risk of complication during pregnancy is increased for both the mother and the foetus.

2. Infant and young child feeding practice

- Due to widespread distribution of formula milk, rates of exclusive breastfeeding are low among infants who are 0-5 month old. Ideally all children under 5 months should only be given breast milk. Only 36% of infants in earthquake-affected areas are receiving exclusive breast feeding.
- The use of infant formula has increased significantly since the earthquake.
- The distribution of vitamin A concurrently with the measles campaign was not correctly targeted. (Vitamin A distribution was conducted concurrently with measles immunization. There are two kinds of Vitamin A capsules, blue and red. The colour indicates the target group: blue for 6-11 months old, red for 12-59 months old). Among those vitamins distributed, 7-14% were distributed to the wrong age group.
- Eighty-nine percent of children with open wounds received treatment in a health facility.

3. Communicable Disease Control (CDC) and Immunization

- As of 5 July 2006, the total number of tetanus cases in Yogyakarta and Central Java is 77, with 29 fatalities.
- Two new tetanus cases have occurred this week, one in Klaten and another in Wonosari Hospital.
- There is no sign of any outbreak for other diseases; however, the numbers of cases of common communicable diseases are fluctuating high within the normal variation.
- As of 1 July 2006, the coverage for measles immunization is 78.2% and for tetanus 46.8% in all area of Yogyakarta and Central Java Province. Below is the table of immunization coverage as of 1 July 2006.

Province/ District	Immunization Coverage							
	Measles			TT			Vitamin A	
	Target	Achieved	%	Target	Achieved	%	Achieved	%
Yogyakarta								
Yogya City	-	8,279	84,08	-	24,099	15,44	8,979	91,19
Bantul	-	41,511	72,73	-	231,375	54,77	38,926	68,21
Kulon Progo	-	2,647	75,22	-	13,395	44,92	2,712	77,07
Gunung Kidul	-	6,872	86,45	-	36,258	43,68	6,942	87,33
Sleman	-	9,217	84,32	-	48,930	60,97	9,531	87,19
Central Java								
Klaten	43,494	38,179	87,8	426,017	222,904	52,3	-	-
TOTAL	134,092	105,335	78,2	1,197,601	559,479	46,8	99,784	64,15

4. Medical Supplies

- The provincial supply chain situation is satisfactory in terms of resources, infrastructure, availability of drugs and staffing.
- The provincial supply process lacks needed flexibility and can be complicated by a lack of clarity on centralized and decentralized management responsibilities between provincial and district levels.
- Excess volumes of mainly expired drugs are at risk of burdening local capacities for medical aid management and numerous drugs received are not compliant with the national list of approved drugs.

Coordination

Health Cluster Meeting, Monday 26 June 2006 5:00 PM; Provincial Health Office Yogyakarta

- Report from mobile clinic activities covering 953 sub villages: There are patients who only seek traditional medicines and have infected wounds. Some seek treatment in hospitals, but since they live in remote areas, it is difficult to return to the hospital to receive follow up treatments. Mobile clinic programmes will end their operations this week, so other agencies are encouraged to continue the programme.
- The medical supplies sub cluster found that there are a large number of expired drugs in some warehouses. Some agencies have brought medical stocks from Aceh that will expire soon. The organizations that brought these drugs will have to bear the responsibility destroying expired or damaged drugs.
- A second wave of tetanus-toxoid (TT) campaign will begin within the next 2 weeks.

Health Cluster Meeting, Thursday 29 June 2006 5:00 PM; Provincial Health Office Yogyakarta

- Health Promotion issues should be coordinated within the health cluster to ensure resources are shared in support of integrated health promotion activities in all areas of the health sector.
- A reminder that medical records are protected by law and privacy should be respected was announced. Ethical issues arising from the development of databases of injury patients from hospital information were discussed. An alternative to the identification of injury patients is to conduct population screening by mobile clinics similar to Dr. Mariana's (MoH) mobile clinic team.

Health Cluster Meeting, Monday 3 July 2006 5:00 PM; Provincial Health Office Yogyakarta

- PHO Yogyakarta stated that the emergency phase is over and the rehabilitation and reconstruction phase has started.
- Physical rehabilitation should include rebuilding houses accessible for handicapped people. It is expected that YAKKUM (Christian Foundation for Public Health) will develop handicap-facilitated housing plans.
- A campaign on how to avoid permanent disability should be conducted for those affected not only by the earthquake but also by traffic accidents.

Health Cluster Meeting, Thursday 6 July 2006 11:00 AM; Klaten Midwifery Polytechnic

- Greater focus should be directed in providing psychosocial support.
- Three phases of activities have been identified for mental health:
 - Acute Response (up to 3 months): mental health rapid assessment, case finding, acute treatment and training.
 - Follow up Response (3 months to 1 year): case management (case holding and home care), follow up training, family mental health, and income generating activities.
 - Rehabilitation Response (1 – 2 year): family mental health, self help group.
- Sub cluster meetings should be more frequent, and should focus on developing strategic plans for programmes in each sub cluster.

Medical Supplies Sub Cluster, Wednesday 28 June 2006 10:00 AM; Provincial Health Office Yogyakarta

- There are 30m³ (about 7 or 8 tons) of expired drugs that need to be destroyed in the DHO and PHO warehouse. More drugs will accumulate as departing NGOs donate remaining stocks. Some drugs coming from Aceh might be close to the expiration date.

- There is a problem in labelling; some medicines were labelled in Chinese and Polish languages with no translation.
- NGOs are responsible for inappropriate drugs under their care and should plan a budget for their disposal.
- Donated medicine can be handed over to the PHO and must comply with government policy and drug donation regulations.

Hospital, Medical Services and Rehabilitation Sub Cluster, Tuesday 4 July 2006 05:00 PM; Provincial Health Office Yogyakarta

- NGOs face difficulties in accessing patient data from hospitals since it is confidential. To use patient data, NGOs need permission from patients. On the other hand, PHO of Yogyakarta Province has all data of hospital patients in Yogyakarta. The data will be used for to support appropriate referral and rehabilitation of injured and disabled people.
- Handicap International (HI) highlighted issues pertaining to the transportation of people with spinal cord injuries to and from hospitals, which is hampering follow-up care. The International Organization for Migration (IOM) stated their capacity for transporting patients; however, they cannot transport patients with spinal cord injuries that require specialist care and ambulances. IOM can transport other patients with less complex injuries. There are 14 ambulances belonging to PHO Yogyakarta. It is expected the PHO will utilize these ambulances for transporting patients with complex injuries.

Health Promotion Sub Cluster, Wednesday 5 July 2006 01:00 PM; Provincial Health Office Yogyakarta

- Health Promotion will be a sub cluster of the greater health cluster. One lesson learnt from Aceh is that health promotion should be a part of all cluster activities. Therefore, this group is expected to be active in all sub cluster and cluster activities.
- Health promotion is a unique group, but coordination will be the responsibility of the greater health cluster following the pipeline organization of the UN cluster system.

Filling Gaps

- Association of Medical Rehabilitation Doctors Indonesia (Perdosri): Rehabilitation training for doctors and nurses in Puskesmas in Bantul; covering Puskesmas Imogiri, Jetis, Bantul, Pleret, Banguntapan, Piyungan, Kretek, Bambanglipuro and Pundong.
- Pharmaciens Sans Frontieres (PSF): Assessments of medical supplies and capacity building in order to consolidate basic skills for warehousing.
- Medecine Sans Frontieres (MSF): Medical care, identification of patients in the field by mobile clinic activities providing follow up treatment for injured patients including physiotherapy and other rehabilitation services.
- IOM: Providing transportation for patients discharged from hospital and vice versa for follow up treatment.
- Cuban Field Hospital: Providing medical care including operation and intensive care services. There are 56 beds with 135 medical professionals covering Gantiwarno and Prambanan sub district.

- Pakistan Field Hospital: medical care and treatment, emergency response for the victims, treating over 100 patients with fractures, outreach services also providing coordination with Puskesmas (especially during the immunization campaign).

Capacity Building

- A workshop training program on medical supplies management will be held on 11 July 2006 in collaboration with WHO, PSF and Provincial Health Office. The program will also socialize the use of LSS.
- The CDC Surveillance system has been set up in six districts in Yogyakarta and Central Java, including 26 Puskesmas in Bantul and 34 Puskesmas in Klaten affected by the earthquake and activity of Mt. Merapi.
- IASC Guidance on mental health and psychosocial support in emergency settings has been developed and translated into Bahasa Indonesia.
- WHO is supporting a training of trainers (TOT) to be conducted 18–21 July for psychosocial supervisors of primary health centres.
- WHO and FETP Gadjah Mada University will conduct training on the Early Warning and Response System (EWARN) for post disaster disease surveillance. The training is targeted to data collectors and data manager from all surveillance points.
- Protocol for medical supplies donations to Health Facilities has been approved by local authorities. The protocol aims to: (1) provide a framework for national and international NGOs stocking drugs in disaster affected areas in order to comply with national regulations adapted to the emergency response situation; (2) facilitate the entry and distribution of provided supplementary drugs and equipment within the provincial supply chain; (3) allow the provincial health authorities to monitor the distribution or disposal of these medical supplies in order to take appropriate action.
- Public communication on the second round of TT campaign is prepared and planned in collaboration with WHO, UNICEF and Provincial Health Office. It is planned for dissemination in radio and TV broadcasts and printed.

Health Cluster and Sub Cluster Meeting Schedule

Period: 10 July – 15 July 2006

No	Meeting	Day/Date	Time	Place
1.	Klaten health coordination	Monday, 10 July 2006	12.00 noon	District Health Office Klaten
2.	Health Cluster (General)	Monday, 10 July 2006	05.00 PM	Provincial Health Office Yogyakarta
3.	Sub Cluster Communicable Diseases	Monday, 10 July 2006	09.00 AM	Provincial Health Office Yogyakarta
4.	Sub Cluster Reproductive Health	Monday, 10 July 2006	03.00 PM	Provincial Health Office Yogyakarta
5.	Sub Cluster Hospital, Medical Services and Rehabilitation	Tuesday, 11 July 2006	05.00 PM	Provincial Health Office Yogyakarta
6.	Sub Cluster	Wednesday, 12 July 2006	10.00 AM	Provincial Health

	Medical Supplies			Office Yogyakarta
7.	Sub Cluster Health Promotion	Wednesday, 12 July 2006	01.00 PM	Provincial Health Office Yogyakarta
8.	Sub Cluster Mental Health	Saturday, 15 July 2006	09.00 AM	Provincial Health Office Yogyakarta

Contacts

Field of Activity	Contact	Contacts Numbers
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