



## Yogyakarta and Central Java Earthquake (27 May 06)

### Summary

- ✓ Coordination has improved among organizations working in health sector and involved in 'Health Cluster' meetings .
- ✓ Communicable Diseases Surveillance and Early Warning System have been established in hospitals, health centres and temporary health posts.
- ✓ Measles and tetanus immunization campaigns as well as Vitamin A distribution have been implemented by mobile clinics.
- ✓ Forty six cases of tetanus, with 15 fatalities, have been reported as of 12 June 06

### Background

An earthquake of magnitude 6.2 on the Richter Scale rocked Yogyakarta and Central Java Provinces (Indonesia) on 27 May 2006. It has been estimated that approximately 80000 houses have been destroyed and 300 000 damaged leaving 650 000 people homeless. As of 12 June, The Ministry of Health (MOH) reported 6633 dead and 129 326 injured. In the meantime, Mount Merapi's lava-dome collapsed on 09 June. The event may mark the peak of the volcano's activity. Yogyakarta Volcanology Research Agency will re-evaluate the status and the top alert level imposed on 13 May 06.

### Assessments

- 1) Medical Care and Treatment:
  - a) Tetanus – distribution of treatment and prevention guidelines is needed. Humanitarian workers observed some confusion amongst health workers and lack of adherence to known standards.
- 2) Immunization
  - a) Coverage is still low, 10% for Measles and 4.6% for Tetanus Toxoid (TT) , according to a Provincial Health Office (PHO) report.
  - b) Cold chain capacity is still inadequate in some areas.
  - c) Immunization stocks appear adequate.
  - d) PHO has drafted a letter requesting support for immunization campaigns. The message will be distributed via local television and radio stations
- 3) Mother and Child services (MCH)
  - a) Vitamin A distribution is ongoing
- 4) Communicable Diseases Control
  - a) Tetanus - 46 cases have been reported with 15 fatalities
  - b) Twenty four out of 26 Health Centres in Bantul are reporting on communicable diseases. However, data from Hospitals, Health Posts and Humanitarian Organizations is not regular.
- 5) Mental Health and Psychosocial Services
  - a) PHO Medical Officers identified 71 'mental disorder' cases in remote areas
  - b) The number and distribution of reported cases highlight the need to deploy trained health workers to affected districts.
  - c) Faculties of Medicine from University of Indonesia, Gadjah Mada University and Klaten Mental Hospital, supported by MOH and WHO, are conducting a 'Rapid



Assessment of Mental Health'. This assessment is expected to be completed within one week.

- 6) Logistics
  - a) Medical Supplies – Pharmacy students finished their emergency assignments in order to take their final exams. There is a shortage of manpower to collect and manage information about available medical supplies for the database.

## Coordination

- 7) 'Health Cluster' Coordination Meetings draw together many organizations involved in humanitarian response. A 'Terms of References' has been developed to help different parties to work more efficiently. The mechanism has been built using responsibility, transparency, accountability and ethical conduct values rather than a command-order system.
- 8) Humanitarian actors are encouraged to report problems to Bakornas, Satkorlak and/or to UN ORC during Coordination Meetings.
- 9) Immunization
  - a) Dr. Yusharmen (Director of EPI MOH) plans to mobilize paramedical students to assist vaccination campaigns.
- 10) Mental Health and Psychosocial Services
  - a) Humanitarian actors mapping mechanism has been established. A format for data collection has been developed; 30 organizations report using the developed forms to report to Provincial Health Office.
  - b) The first joint coordination meeting on mental health/psychosocial programme was conducted Saturday, 10 June 2006 in PHO

## Activities

- 11) Medical Care and Treatment
  - a) Ten mobile teams operating from Sarjito Hospital screen patients in Health Centres and provide consultations, referral and procedures if necessary.
  - b) Thirty mobile teams from District Health Offices have been deployed to Health Centres.
  - c) Surveillance Teams have been established in Health Centres and District Health Offices (DHO).
  - d) Guidelines for trauma case management and infection control have been developed.
  - e) A leaflet, which identifies target groups for both measles and tetanus vaccination with key messages, has been printed and delivered to the provincial health office on 12 June. About 100 000 copies are being delivered to the affected districts.
- 12) Immunization
  - a) Measles and Tetanus immunization campaigns (targeting approximately 130 000 children below the age of five years) have been implemented by mobile clinics
  - b) Tetanus - guidelines have been developed by MOH, PHO and WHO
    - i) Suspected Tetanus cases - TIG 4000 IU
    - ii) Tetanus Prevention, Trauma cases with infected wounds – TIG 250 IU
    - iii) Tetanus Prevention, Trauma cases with clean wounds – ATS 1500 IU
    - iv) Normal cases – TT or TD



- c) Immunization campaigns (Measles and Tetanus) - leaflets with key messages have been developed by PHO with assistance from WHO. PHO will distribute 100 000 copies to the affected districts.
- 13) Mother and Child services (MCH)
- a) Vitamin A distribution ongoing

### **Capacity Building**

- 14) Mental Health and Psychosocial Services
- a) Faculty of Psychology from Gadjah Mada University has been training high school students in providing the psychological support to earthquake victims.