



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

### Summary

- ✓ Mount Merapi's volcanic activities have forced re-evacuation of villagers, and the Government of Indonesia has announced the highest alert. There have been five people unaccounted for and two fatalities. This situation may have a significant impact on humanitarian operations in earthquake-affected areas.
- ✓ The number of new tetanus cases continue to rise; 60 cases reported with 21 fatalities
- ✓ The Environmental Health Household Survey in Berbah and Pundong Sub-Districts, Yogyakarta, conducted by CARDI on 9 June 2006 confirms concerns about communities' poor hygiene and environmental practices and their considerable level of emotional trauma.
- ✓ "Preliminary Damage and Loss Assessment" prepared by the Government of Indonesia, World Bank and the Asian Development Bank concludes that while the affected area is smaller than that touched by the Aceh tsunami, the scale of damage is larger.

### Background

An earthquake of magnitude 6.2 on the Richter scale rocked Yogyakarta and Central Java Provinces (Indonesia) on 27 May. An estimated 80 000 houses were destroyed and 300 000 damaged, leaving approximately 1.0 – 1.75 million people homeless.

As of 12 June, The Ministry of Health (MOH) reported 6 695 dead and 134 396 injured. The Indonesian government lowered the alert status for the Mount Merapi volcano on 13 June, after volcanic activities decreased. The highest alert was reinstated a day later, and thousands of villagers were re-evacuated due to recent eruptions which resulted in five people unaccounted for and two fatalities.

### Assessments, Situation Analysis

- 1) Medical Care and Treatment:
  - a) Tetanus – MOH conducted an assessment of injury management as well as tetanus prevention and treatment procedures.
- 2) Immunization
  - a) To date, there has been 69% coverage for measles immunization. Also, 60% of the 415 000 adults targeted for tetanus toxoid (TT) immunization have been covered, according to Provincial Health Office (PHO) reports. The actual number of children covered may be less than initially estimated because of significant population movement.
- 3) Communicable Diseases Control



- a) Tetanus – the number of new tetanus cases continues to rise; 60 cases have been reported with 21 fatalities (MOH source).
- b) Measles - 2 suspected cases have been reported in Jetis village, Bantul district.
- 4) Environment Health
  - a) An “Environmental Health Household Survey in Berbah and Pundong Sub-Districts, Yogyakarta” was conducted by the Consortium for Assistance and Recovery Towards Development in Indonesia (CARDI) on 9 June.  
Positive findings from the survey: The quantity of a available water is acceptable and 100% of households are boiling water.  
Warning: open-air defecation was found in 37.3% of households; only 25% of people wash hands after defecating, 16% before preparing food, 8% before feeding infants; there is a low capacity for safe water storage; ‘high’ contamination of human households due to close animals presence, 77% human household dwellings are close to standing water which is a breeding ground for mosquitoes.
- 5) Mental Health and Psychosocial Services
  - a) The CARDI survey identified considerable levels of emotional trauma (defined as eating-sleeping disorder and/or depression) in the affected population (32.0% of the surveyed population).<sup>1</sup>
  - b) Hospitals and universities located close to disaster-affected areas could provide a solid support base and expertise for treatment of mental health disorders and psychosocial activities (source: WHO).
  - c) Faculties of Medicine from the University of Indonesia, GadjahMada University and Klaten Mental Hospital, supported by MOH and WHO, are conducting a ‘Rapid Faculties Assessment of Mental Health’, to be completed within one week.
- 6) Mother and Child services (MCH)
  - a) Over 26 000 people have received Vitamin A.
- 7) Logistics
  - a) Results of the "Preliminary Damage and Loss Assessment" prepared by The Government of Indonesia, the World Bank and the Asian Development Bank were published on 14 June. It reports that "while the affected area is smaller than that touched by the Aceh tsunami, the scale of damage is larger." UNORC has suggested that the Shelter Cluster will follow up this dataset and improve its accuracy. The health sector may use this data to identify high priority locations.

## Coordination

- 8) ‘Health Cluster’ coordination meetings take place every second day.
- 9) The Problem Solving Team meets on alternative days.
- 10) The meeting with UN agencies, NGOs, Donors and Barkornas is ongoing
- 11) The Logistics Working Group met 14 June and 24 organizations were represented.
- 12) The Mental Health and Psychosocial Working Group - joint coordination was initiated on 10 June. The Mental health group will be reporting to MOH (Dinkes) and Psychosocial group to the Ministry of Social Affairs (Dinsos).

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<sup>1</sup> “Environmental Health Household Survey in Berbah and Pundong Sub-Districts, Yogyakarta” conducted by CARDI on 09 Jun 06



## Activities

### 13) Communicable Diseases Control

- a) Surveillance Teams have been established in Health Centres and the District Health Office (DHO) following outbreak alerts
- b) A Hot-line telephone service has been set up to support health personnel in the field.

### 14) Medical Care and Treatment

- a) Tetanus - to provide better care for patients with complicated injuries, the Health Cluster promotes a 3-step treatment: i) spot treatment ii) correction iii) rehabilitation combined with tetanus prevention and treatment protocols. Three mobile teams have been engaged in active case finding. Reference materials have been distributed to selected health facilities and partners.
- b) Eighteen mobile teams collect health surveillance data, provide immunization, screening, treatment and referral in disaster-affected areas.

### 15) Immunization

- a) Nurses, midwives and students from Yogyakarta, Bandung, and Sumatra are helping to conduct tetanus & measles immunization campaigns.
- b) Tetanus - The issue of tetanus following the earthquake was discussed during a live-talk conducted with the local radio (RRI Yogyakarta) on 14 June. Resource persons from PHO and WHO attended the show. Additionally, a one-hour talk show was recorded with the local TV station (TVRI Yogyakarta). Three mobile teams are continuing active case finding activities.

### 16) Mental Health and Psychosocial Services

- a) Mental health guidelines have been shared with health partners. WHO has recommended a community-based model supported by Primary Health Care.
- b) Screening mechanism and referral procedures for Primary Care patients have been developed

### 17) Mother and Child services (MCH)

- a) Vitamin A distribution is ongoing.

### 18) Environmental Health

- a) Since many wells have been damaged, people use water distributed in tanker trucks and stored in rubber bladders. To maintain water safety, PHO with WHO support has initiated water quality monitoring. Inspectors ensure adherence to approved standards.

### 19) Medical Supplies, Distribution and Logistics

- a) Development of an inventory of medical donations and supplies is ongoing.

## Capacity Building

### 20) Medical Care and Treatment

- a) Tetanus – Technical meetings for on-the-job training have been conducted during ward rounds in district hospitals to improve case management.