



Highlights

- ❖ Approximately 400 - 1000 people with spinal cord injuries and other serious disabilities are in need of urgent life-saving assistance.
- ❖ Approximately USD 3.5 million will be needed for rehabilitation of key health facilities in Bantul and USD 1 million for Klaten.
- ❖ Approximately 50,000 kg of pharmaceutical waste consisting of expired or inappropriate medical donations have been identified as a result of the Yogyakarta Earthquake Response¹.
- ❖ Four points should be prioritized: (1) assistance to injured patients, especially for spinal cord injuries, (2) infrastructure rehabilitation, (3) distribution of medical supplies; (4) communicable disease control with an emphasize on health promotion.

Background

This situation report describes the situation and resulting interventions in connection with the Central Java Earthquake, Indonesia, that killed 6736 people, injured 45 201 and left approximately 1 845 352 homeless.

Assessment

1) Medical Care and Treatment

- a) Despite an official end to 'The Emergency Phase', people with disabilities and especially those with spinal cord injuries need urgent well-coordinated inter-sectoral intervention. It is estimated that approximately 400 - 1,000 people might need life-saving, urgent assistance in medical services, physiotherapy, shelter and nutrition. The 'Medical Services Sub-cluster' together with Gajah Mada University initiated a process of registration for all cases qualifying for urgent assistance.
- b) Tetanus - the total number of all cases in the two affected provinces reached 78 with 29 fatalities. One new case was reported last week. Health Facilities continue to closely monitor the situation.

2) Rehabilitation of the Health System Infrastructure

- a) More information is urgently needed to gauge the capacity of damaged health facilities. It seems that there is a shortage of funding and interest as well as a possible gap in providing for the rehabilitation of damaged facilities. Local authorities estimate that approximately USD 3.5 million will be needed for key health facilities in Bantul and USD 1 million for Klaten. Actors involved in the health sector are finalizing the list of facilities that will need international support and trying to match those needs to organizations that can assist.

3) Communicable Diseases Control and Health Surveillance

- a) Measles - Gunung Kidul, Sleman and Bantul each reported one suspected case of measles. Investigations are ongoing and no cluster has been identified so far.

- b) Diarrhoea - the trend of diarrhoea cases for all ages showed an increase as compared to last week in Yogyakarta City. For other remaining districts, the number of diarrhoea cases is stable or decreasing. However, when compared to the pre disaster data, the number of cases is still high and an increasing trend is likely in the coming weeks as water and sanitation conditions are still inadequate at public, household and individual levels.
- c) Acute Respiratory Infections (ARI) – the number of cases is still fluctuating in all districts. In some districts, this may be due to the intense activity of reconstruction and evacuation of damaged materials in the community.
- d) Dengue Haemorrhagic Fever - no reported cases of dengue this week, even in the two districts that are endemic, Yogyakarta City and Bantul. However, due to the upcoming rainy season and the impeded community based activities for mosquito breeding elimination, the possibility of new occurrence should not be ignored.

Coordination

Health Cluster Meeting, Monday 10 July 2006 5:00 PM; Provincial Health Office Yogyakarta

- Seven Health Sub-clusters have been developing strategies and work plans for the 'Rehabilitation-Recovery Phase' of operations. Ten international and two national organizations participated in health coordination last week.
- The Health Promotion sub-cluster met for the first time. This working group will be formulating key advocacy messages for community health services. It will try to reactivate community outreach such as community nursing, social mobilization and training for community leaders.

Health Cluster Meeting, Monday 17 July 2006 11:00 AM; Klaten Midwifery Polytechnic Academy

- There are two constraints in the rehabilitation phase: financial for rebuilding infrastructures and a lack of capacity to tackle disability and patient rehabilitation. Priority has been given to the education sector and not many resources are devoted to rebuilding health infrastructure. More resources are needed from external sources to complement funding to rebuild health facilities in Klaten.
- Overall four points should be prioritized: (1) assistance to injured patients, especially for spinal cord injuries; (2) infrastructure rehabilitation; (3) distribution of medical supplies; and (4) communicable disease control with an emphasize on health promotion.

Hospital, Medical Services and Rehabilitation Sub Cluster, Tuesday 11 July 2006 05:00 PM; Provincial Health Office Yogyakarta

- The WHO is tracking what supplies that have been distributed so far and will continue to update the list as more information is obtained from Handicap International. The list needs to be put in a more suitable format compatible with the patient database.
- It was clarified that hospital treatment is free. There have been some cases where this has been difficult. It was again discussed that individual case details need to be brought to the group for further action to result. It was also articulated that it is important that work is conducted as much as possible within the system and procedures that already exist. While emergency cases are exceptions, it was highlighted that health actors should work hard to discover and promote these systems.
- It is essential that the database includes enough information to prioritise patient care needs. Different methods were suggested around three themes: diagnosis, care needs and mobility/dependency status.

Health Promotion Sub Cluster, Wednesday 12 July 2006 01:00 PM; Provincial Health Office Yogyakarta

- Key messages for health promotion have been developed. Messages cover various issues from sub clusters that need to be followed up. Priority is placed on wound care, disability prevention, diarrhoea and ARI prevention and immunization campaigns.
- Assessments of cultural preferences regarding health promotion media resources has been conducted by John Hopkins University emphasizing the importance of interactive media rather than instructional sentences.

Mental Health Sub Cluster, Saturday 15 July 2006 09:00 PM; Provincial Health Office Yogyakarta

- Better coordination is needed in reporting mental health problems in the field, so far data is collected from a few organizations and mental hospitals. The magnitude of the mental health problem is not clear yet, even though it is predicted that the number is high because of the large number of injuries and physical loss.
- To address the problem of mental health, it is important to realize that mental health problems often do not occur specifically but are integrated with underlying diseases. Therefore, mental health services in the field should not only treat the mental disorder but also need to address physical problems.
- Patients, who need referral, could be directed to one of the five mental health centres (Sardjito Hospital, Grasia, Klaten, Magelang and Sleman Hospital). There are also some integrated Puskesmas which have the capacity to treat mental health problems.

Reproductive and Child Health Sub Cluster, Monday 17 July 2006 03:00 PM; Provincial Health Office Yogyakarta

- Reproductive health should focus not only on maternal health but also on STDs, especially HIV/AIDS and youth reproductive health.
- There is a lack of information on NGO activities among DHOs. Coordination between NGOs and local authorities should be strengthened.

Filling Gaps

- JICA: Committed to rebuild 5 Puskesmas in Bantul which were heavily damaged by the earthquake. The Puskesmas covered are Jetis I&II, Sewon, Pleret and Imogiri.
- Pharmaciens Sans Frontieres (PSF): Assessments of the quantity of expired and damaged medical supplies and solutions to disposal are being developed.
- Medicine Sans Frontieres (MSF): Medical care, the identification of patients in the field by mobile clinics and the provision of follow up treatment for injured patients are being provided including physiotherapy, post operative services and intensive follow up.
- Handicap International: Focus is on Disability Focal Points, supply aid, appliances and patient referral to other organization(s). P&O teams for making spinal braces and prosthesis are also available. Home visits are provided by Physiotherapy students for those who cannot attend Puskesmas. Follow up on spinal cord injuries and fractures are conducted in identified areas.
- IOM - Transport assistance and installation allowance is provided for patients on an assisted returns program for patients and family escorts. IOM has also assisted Solo Orthopaedic Hospitals in outreach activities for medical referral, mobile clinics and an assessment survey on rehabilitation programmes (transport assistance for Solo medical team).

Capacity Building

- A workshop training program on pharmaceutical waste management was held on 19 July 2006 in collaboration with WHO, PSF and PHO. This workshop was attended by 50 people from provincial and district health offices, district and private hospitals, district warehouses, BPOM, BAPEDALDA, BTKL, international agencies and NGOs. The training aims to address the problem of pharmaceutical waste management after the emergency phase (donations) and the ability to destroy expired or damaged medicines at an affordable price.
- Manual of LSS (Logistic Supplies System) has been translated into Bahasa Indonesia. It is expected that the LSS could be implemented in district warehouses for managing logistics and supplies.

Health Cluster and Sub Cluster Meeting Schedule

Period: 17 July – 22 July 2006

No	Meeting	Day/Date	Contact Person
1.	Health Cluster Meeting, Poltekkes Kebidanan, Klaten District, Central Java	Monday, 17 July 2006; 11.00 AM	Dr. Firidy Permana – WHO (0817-464-924)
2.	Health Cluster Meeting, PHO, Jogjakarta District	Monday, 24th July 2006; 11.00 AM	Dr. Firidy Permana – WHO (0817-464-924)
3.	Sub Cluster Reproductive Health, PHO Yogyakarta	Monday, 24th July 2006; 02.00 PM	Dr. Tomi Sulaksono – UNFPA (0812-2112-031)
4.	Sub Cluster on Hospital and Medical Services, PHO Yogyakarta	Tuesday, 18 th July, 2006; 08.30 AM	Meriel – Handicap Intl. (0811-293-669)
5.	Bantul health coordination meeting, District Health Office, Jl Juanda, Bantul District	Tuesday, 18 th July, 2006; 10.00 AM	Dr. Siti Noor Zaenab Head of Bantul District Health Office Ph. (0274) 367531. Mobile 0811 26 9140
6.	Sub Cluster Health Promotion, PHO Yogyakarta	Wednesday, 19 th July, 2006; 01.00 PM	Dr. Firidy Permana – WHO (0817-464-924)
7.	Sub Cluster Medical Supplies, PHO Yogyakarta	Thursday, 20 th July, 2006; 10.00 AM	Sylvain Denarie – WHO (0812-1027-740)
8.	Sub Cluster Communicable Diseases, PHO Yogyakarta	Saturday, 22 nd July 2006; 09.00 AM	Dr. Astri Ferdiana – WHO (0812-2737-252)
9.	Sub Cluster Mental Health, PHO Yogyakarta	Saturday, 22 th July, 2006; 09.00 AM	Dr. Albert Maramis – WHO (0815-8959-009)

Contacts

Field of Activity	Contact	Contacts Numbers
CDC	Dr. Peter Mala (WHO)	0811895028
Immunization	Dr. Sidik Utoro (WHO)	0811933823
	Dr. Sudath Peiris (WHO)	0811901159
Mental Health	Dr. Albert Maramis (WHO)	08158959009
Medical Supplies	Mr. Sylvain Denarie (WHO)	08121027740
Health Promotion	Health Promotion Coordination Board (BKPK) Yogyakarta	02747820923
Hospital & Medical Services	Dr. Sarminto (PHO)	08164221115
Reproductive, maternal and child health	Dr. Tomi Sulaksono (UNFPA)	02747460383
Health Cluster Coordinator	Dr. Tomasz Starega (WHO)	02747460383