

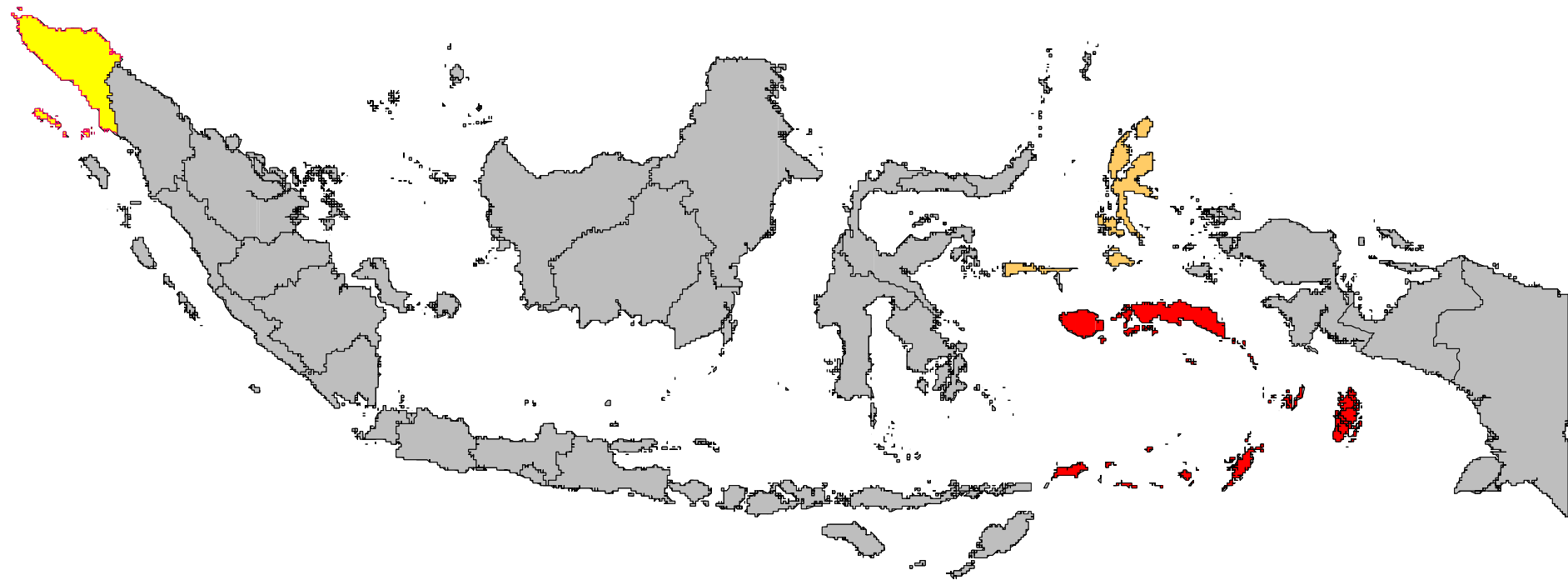
HEALTH SURVEILLANCE IN CONFLICT AREA MALUKU (1999-2002)



**Regional Training for Improved Practice:
Public Health, Nutrition and WES in Emergencies
18-26 Sept, 2003**

by: Ingrid Hilman (UNICEF, Indonesia)

MAP of INDONESIA



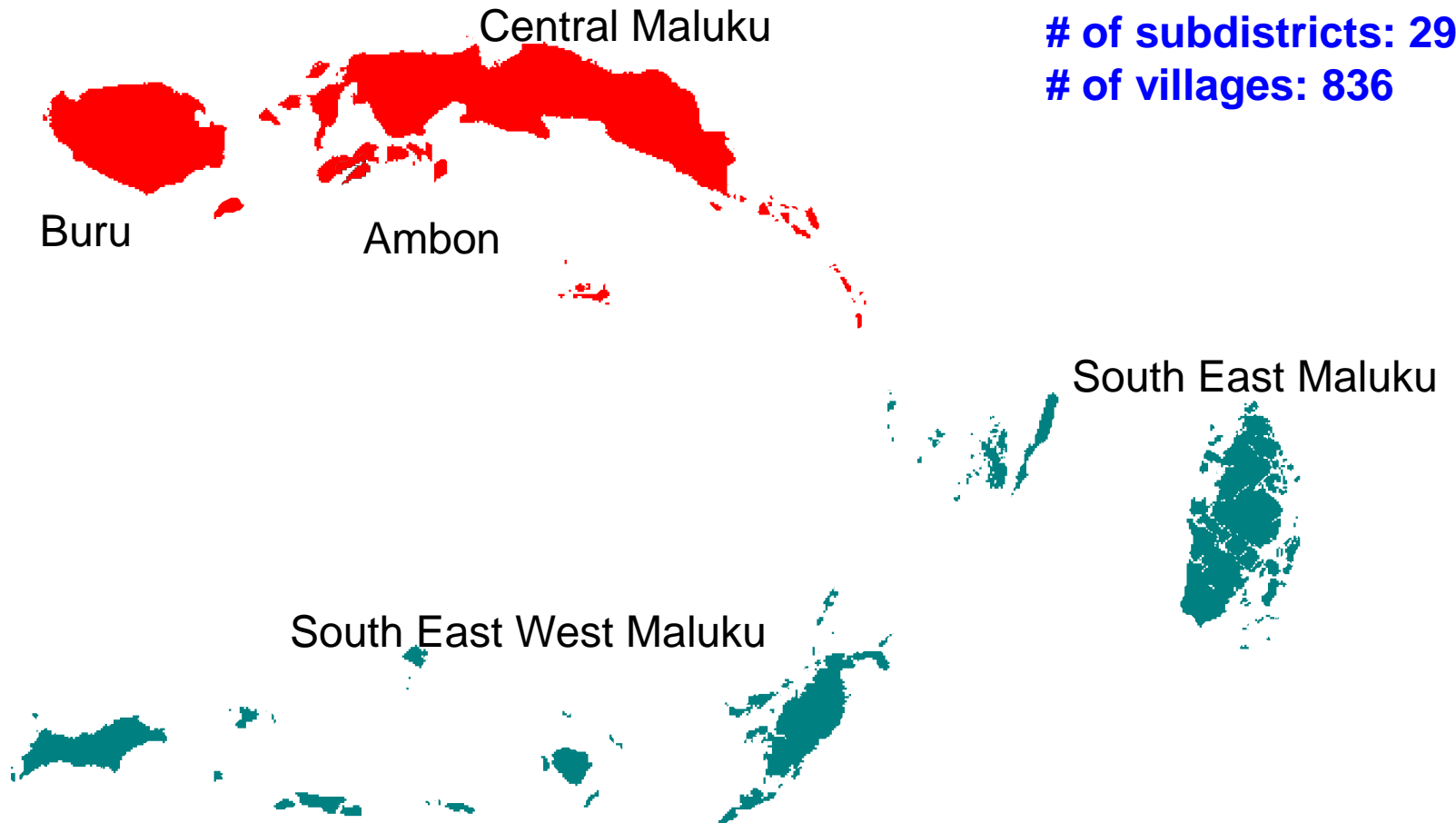
OVERVIEW OF CONFLICT



- **Prolonged conflict: started since 1999- 2002 (4 years), emergency phase 4**
- **Number of IDPs: 30% of the population, 300,000 in Maluku, in 243 camps and outside camps**
- **Segregation of two communities**

MALUKU CONFLICT AREAS

of pop: 1,286,075
of IDPs: 300,000 in
of HCs: 123
of subdistricts: 29
of villages: 836



Impact of the conflict

➤ Direct

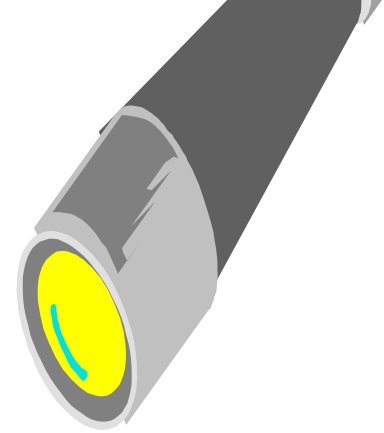
- Deaths
- Injuries
- Disabilities
- Torture and sexual assault



➤ Indirect

- Food shortages
- Massive internal displacements
- Destruction of public facilities (schools, health centers and public building)
- Disrupted health services
- Deterioration in maternal child health status
- Psycho social trauma

We need to know:



- **Who are the affected population?**
- **Number of IDPs and affected population?**
- **Where are they?**
- **How is the health infra-structures, are they still operating?
Availability of Drugs, medical supplies?**
- **Can they get their health services due to communities
segregation?**
- **Is there any communicable disease outbreaks? (who, what,
when, where, and how many)**

Problems in setting health surveillance in conflict situation in Maluku

- **Segregation of the two communities**
- **Unavailability of health services in many of the hot areas, due to damaged health facilities, medical personnel drained out (medical doctors only in 30% HCs, village midwives only in less than 60% villages)**
- **Limitation of mobility govt as well as INGO's staff → road block, curfew**
- **Geographic constraints (thousand islands)**
- **Climate**
- **Unavailability of public transportation**



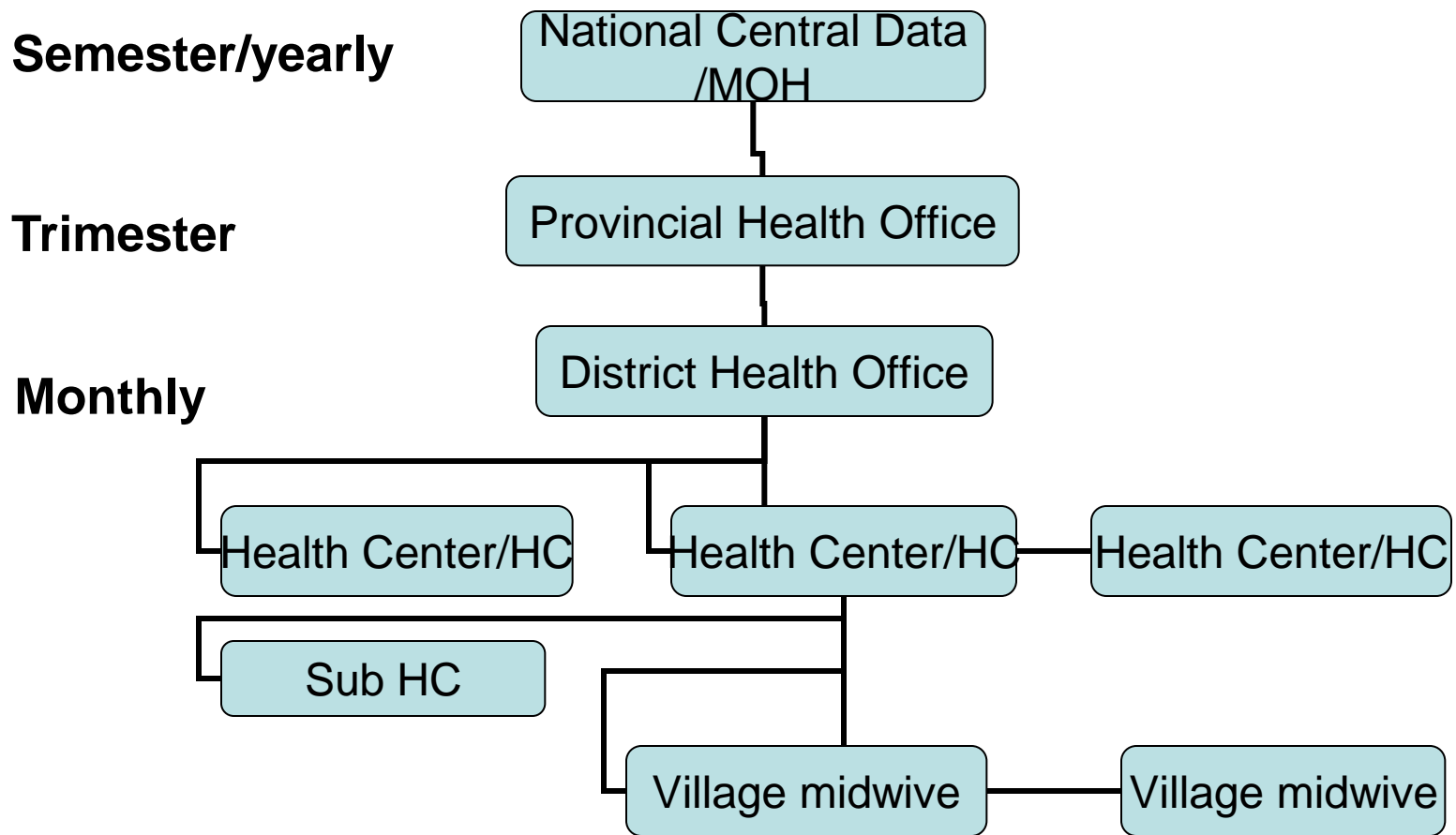


Can we use routine data?



**Yes, but very limited use
(for background info only), not
sufficient and valid → can not reflect
the real situation of what going on in
affected communities**

Reporting Health Information System in Indonesia

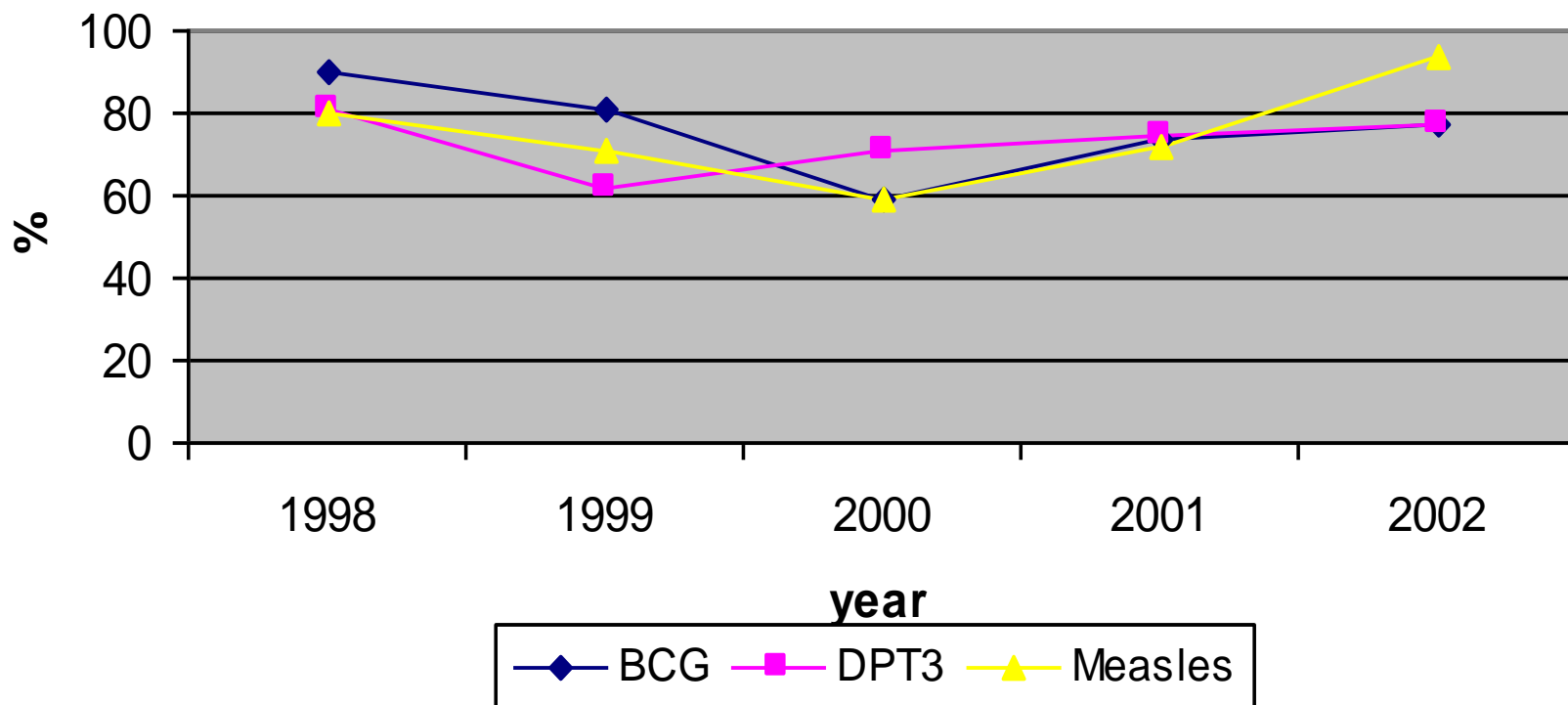


Background routine data gathered during conflict from the existing health system

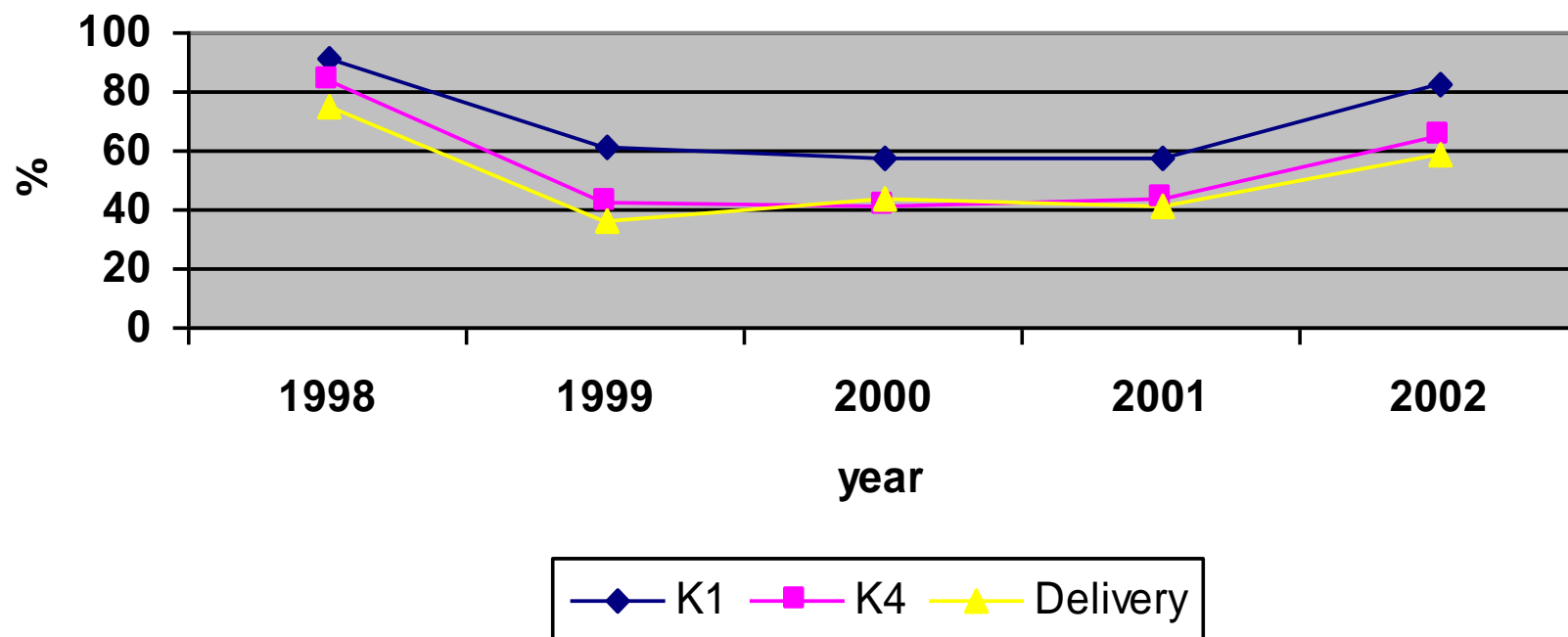
- Human Resource →
- Logistic: drugs, medical supplies →
- Mortality by age →
- Morbidity by age →
- Nutrition status →
- Coverage of program
 - 1. MCH →
 - 2. Nutrition →
 - 3. Immunization →
 - 4. Outbreaks →

- Yearly → Not complete
- Yearly → Not available
- Semester → Not done
- Trimester → Not complete
- Yearly → Not done
- Monthly → available but
- Monthly not complete
- Monthly (50-65%)
- 24 hours → Mostly not available

Immunization coverage (BCG, DPT3, measles) in Maluku Province, 1998-2002



Antenatal care (K1,K4) and Delivery Care, in Maluku Province, 1998-2002



How to get the data needed?

- **Through collaboration among key players (international agencies, ngo's and health authorities, under the OCHA coordination:**
 - 1. Develop forum of communication:**
 - a. Internal NGOs meet once a week → exchange/sharing information and programs**
 - b. International NGOs, local NGOs and health authorities or provincial authorities every 4-8 weeks**
 - 2. Establish working groups (consists of intl agencies and ngo's):**
 - a. health**
 - b. nutrition and food security**
 - c. shelters and hygiene sanitation**
 - d. micro credits for income generation**
 - e. Education and psycho trauma counselling**

How to get the data needed?

3. Conducting special surveys/assessment:

- **WHO: Health Facilities and personnel: 5 districts**
- **UNICEF:**
 - a. **Safe Motherhood Assessment in 2 districts**
 - b. **Nutritional assessment in 2 districts (130 camps)**
- **ACF: Nutritional and food security assessment**
- **MSF, ACF: Watsan**
- **IDPs: OCHA, MSF, ACF, Satkorlak**

4. Mapping of international agencies's activities

5. Sharing/exchange info's after field trip

6. Mass media

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INTERNATIONAL ORGANIZATION IN MALUKU OCTOBER 2002



Specific Data Gathered during conflict

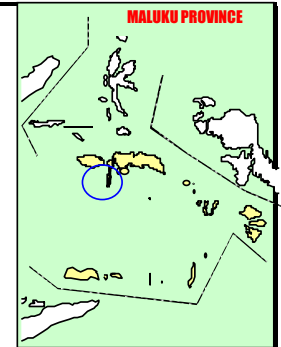
- Number of IDPs
- Location of camps
- Deaths and casualties due to conflict
- Nutrition assessment
- Outbreaks
- Health Facilities
- Watsan Facilities

- Satkorlak, ACF, OCHA
- Satkorlak, ACF
- Hospitals, MSF
- ACF, UNICEF
- MSF, IMC,
- UNICEF, WHO, Prov/District Health Office
- MSF, ACF



AMBON Island

761 KM²



Health

- Medical supplies for Hospital, HC, MW & drug management training
- Blood Bank
- HC radio communication
- Immunization training, vaccines, cold chain supplies
- NID support
- Al Fatah & General Hospital training centre support
- CHE workshop

Nutrition

- Vitamin A, FE & Iodine test kit supplies
- Posyandu kit supplies, Kader training & play therapy training (IDP camps)
- USI / IDDE socialization and monitoring

Best Education for All

- School tents, text book supplies
- Education assessment

Programme Development & Advocacy

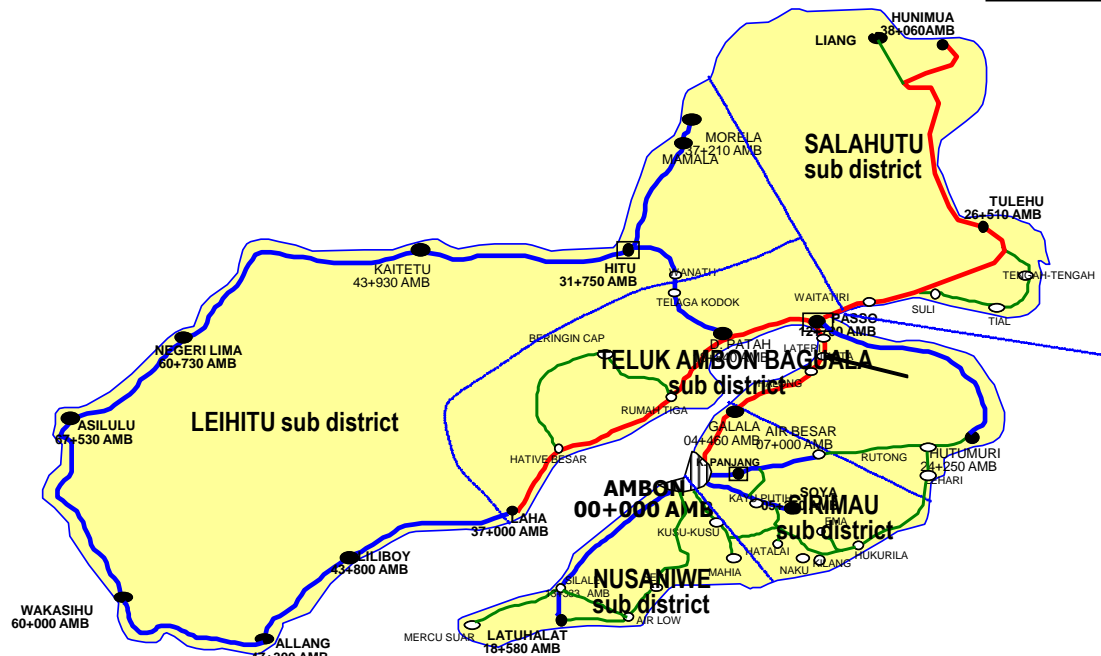
- Database on IDP children

WATSAN

- Waste disposal and garbage collection
- Septic tank and watsan facilities

Peace Building

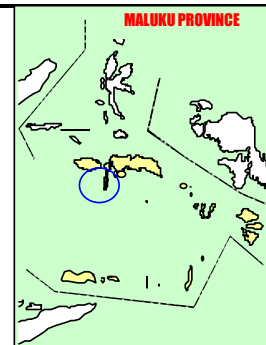
- Psychosocial support (EMDR)
- Peace Building & conflict management training
- Peace education & basic computer training for students
- Child rights workshop
- National Children Day support





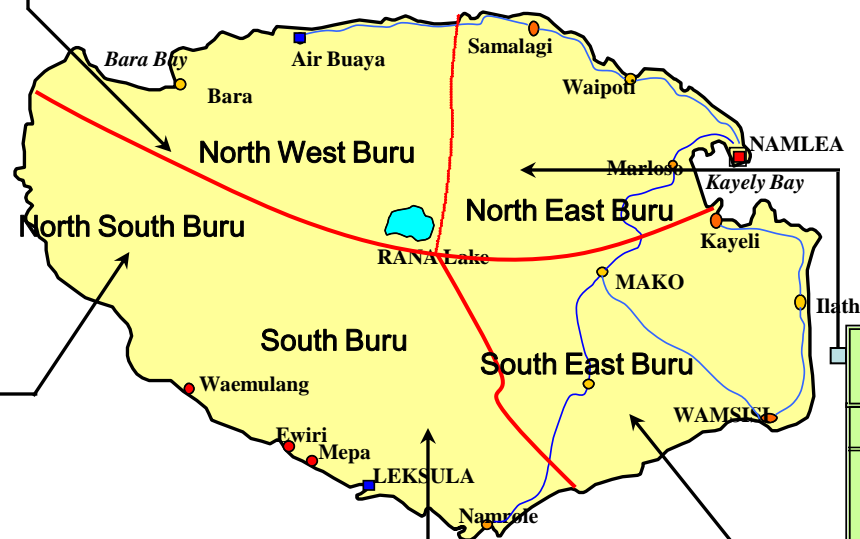
BURU Island

11.020 KM2



REFER TO COMMON ACTIVITIES TABEL 1
ADDITIONAL ACTIVITIES
<u>Health</u> <ul style="list-style-type: none"> • Comprehensive obstetric care training • Maternal Child Health monitoring training for MW <u>Nutrition</u> <ul style="list-style-type: none"> • IDP nutritional for assessment <u>Children in Need for Special Protection</u> <ul style="list-style-type: none"> • Birth Registration <u>Programmed Development & Advocacy</u> <ul style="list-style-type: none"> • Future search dialogue • Community Health Education workshop

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Comparison of data during conflict

Intl agencies version:

→ STRENGTH:

- Accuracy high
- Timely
- Follow-up action available
- Can obtain data from difficult/remote areas

→ WEAKNESS:

- Limited transfer of knowledge
- Sometimes actions taken not in-line with Government policies
- Limited coverage area

Local Authority version:

→ STRENGTH:

- In line with National Health System
- Covering more areas

→ WEAKNESS:

- Accuracy low
- HCs staff were not equipped to analyse data, follow-up action many times not available
- Access to get data limited due to shortage of staff, security condition

UNICEF role in Maluku

Provision of:

Basic Education

Child Protection

Healthy Environment

Nutrition

Basic Health services

Psycho-social support

Peace building



**Ensure child's and
women's rights**



UNICEF RESPONSES TO EMERGENCIES



HEALTH, NUTRITION

- ✧ Measles outbreak response and basic health services
- ✧ Provision of Cold Chain equipment, Basic medicines, micronutrients, ORS and medical supplies for 3 hospitals, midwifery kits
- ✧ Training for medical professionals (midwives, doctors, vaccinators) and cadres
- ✧ Developing and administering database for IDP children living in 123 camps
- ✧ Vitadele distribution (220 tons), since 2000
- ✧ Rapid assessment on nutritional status of IDPs children and Safe Motherhood situation

UNICEF RESPONSES TO EMERGENCIES

WES

- ✧ Sanitation services in Ambon city (4 garbage trucks, 2 septic truck, 10 containers)
- ✧ Clean water facilities
- ✧ Health and hygiene promotion integrated project in elementary schools



EDUCATION

- ✧ Textbooks and school supplies for 120 neediest primary schools
- ✧ Extensive survey on the needs of primary and secondary schools, along with watsan needs at the schools

Other issues

MONITORING

Done by various agency:

- **Government**
- **Local NGOs**
- **International NGOs**
- **Staff member**

Support from Country Office

- **During that period , CO was not equipped well to give optimal technical advice and systematic support to field office**
- **Not clear policy on Emergency Support**

Lessons learnt

- During conflict situation, routine data may not be available, unreliable, and might not be sufficient
- Although difficult and incomplete, health surveillance should be implemented optimally
- Decision on emergency response sometimes be taken without proper investigation or complete data → life saving first
- Collaboration and coordination among key players are very crucial for health surveillance and relief management
- At any occasion, strengthen capacity building of health personnel
- Standardizing of content, methods procedure and tools for needs assessment and supplies needed are very crucial
- Bureaucracy and policy of organization should be simplified to meet the needs of vulnerable groups in emergency response
- Safety staff is very crucial

Thank you, from children in Maluku

