

# **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

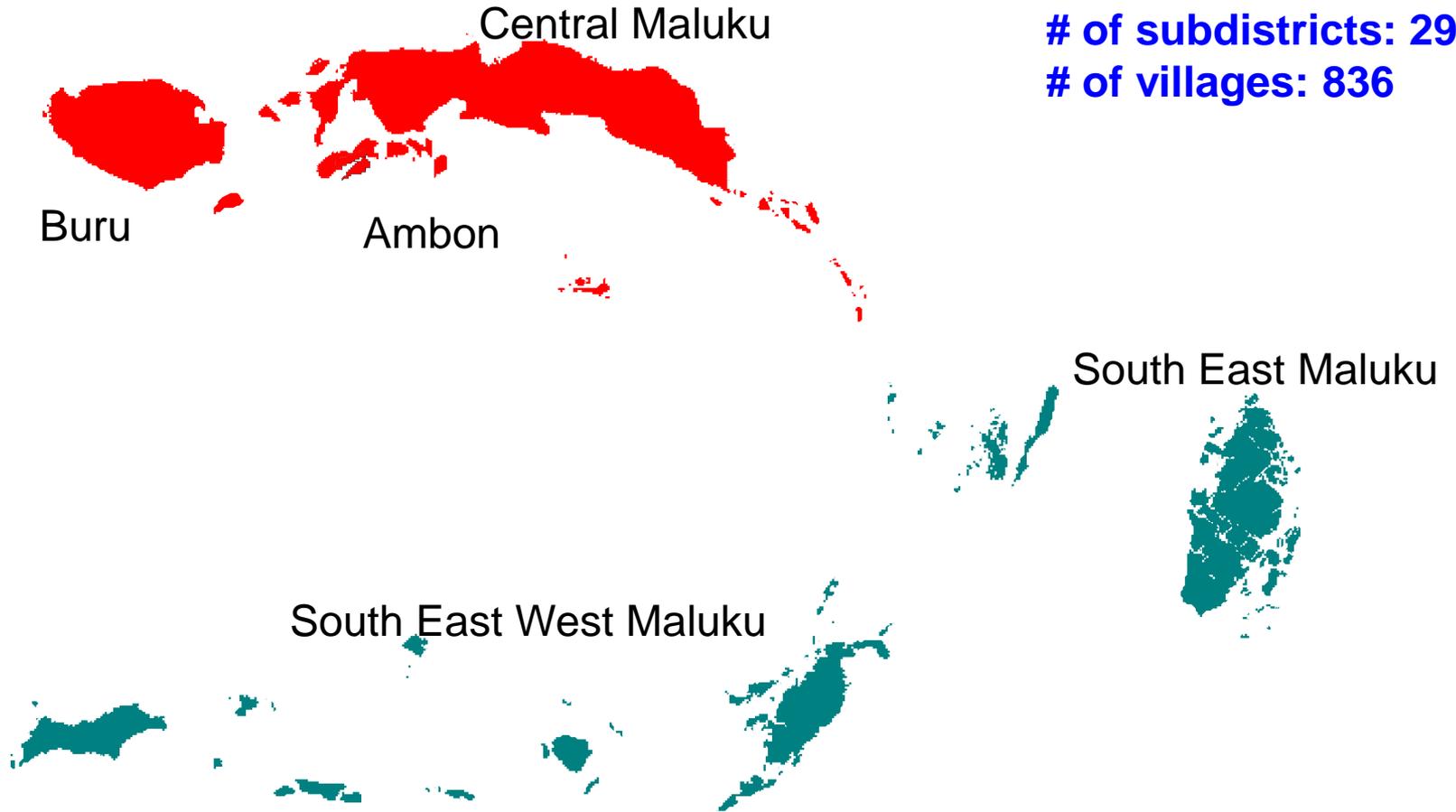


# OVERVIEW OF CONFLICT



- **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**
- **Seggregation 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**

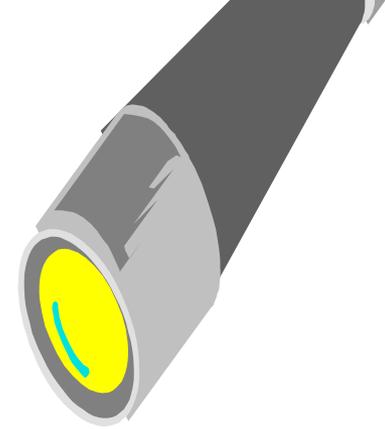
- **Deaths**
- **Injuries**
- **Disabilities**
- **Torture and sexual assault**



## ➤ **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**

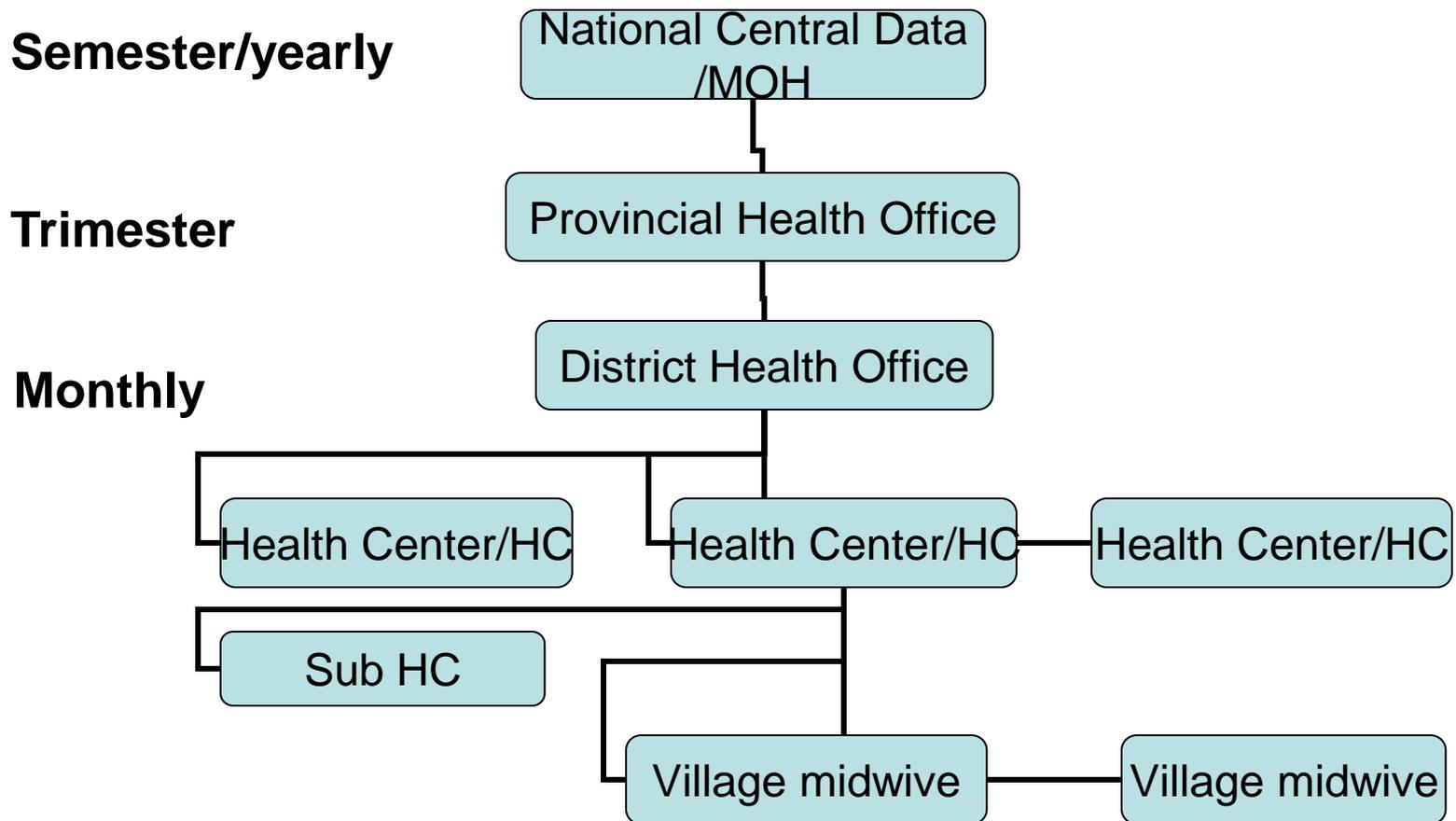




**Can we use routine data?**

**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

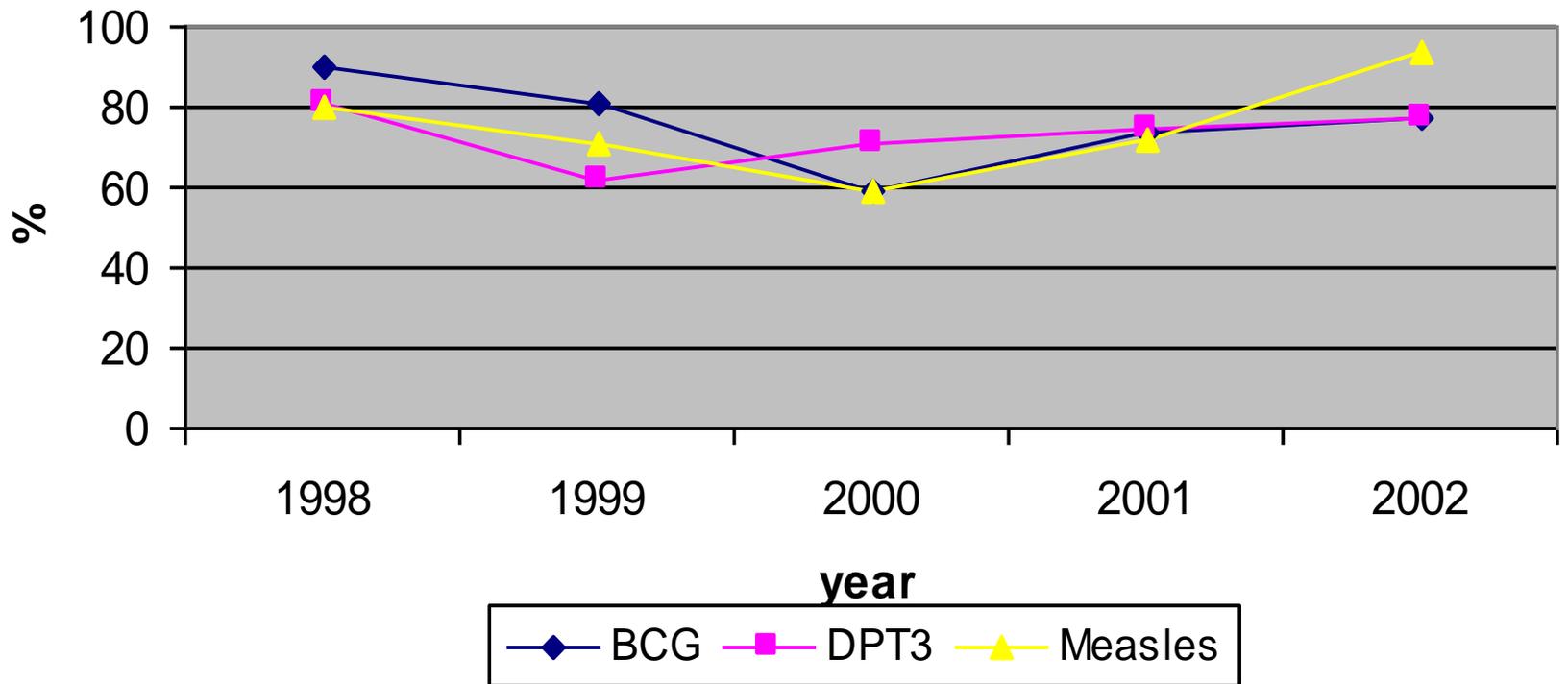


# *Background routine data gathered during conflict from the existing health system*

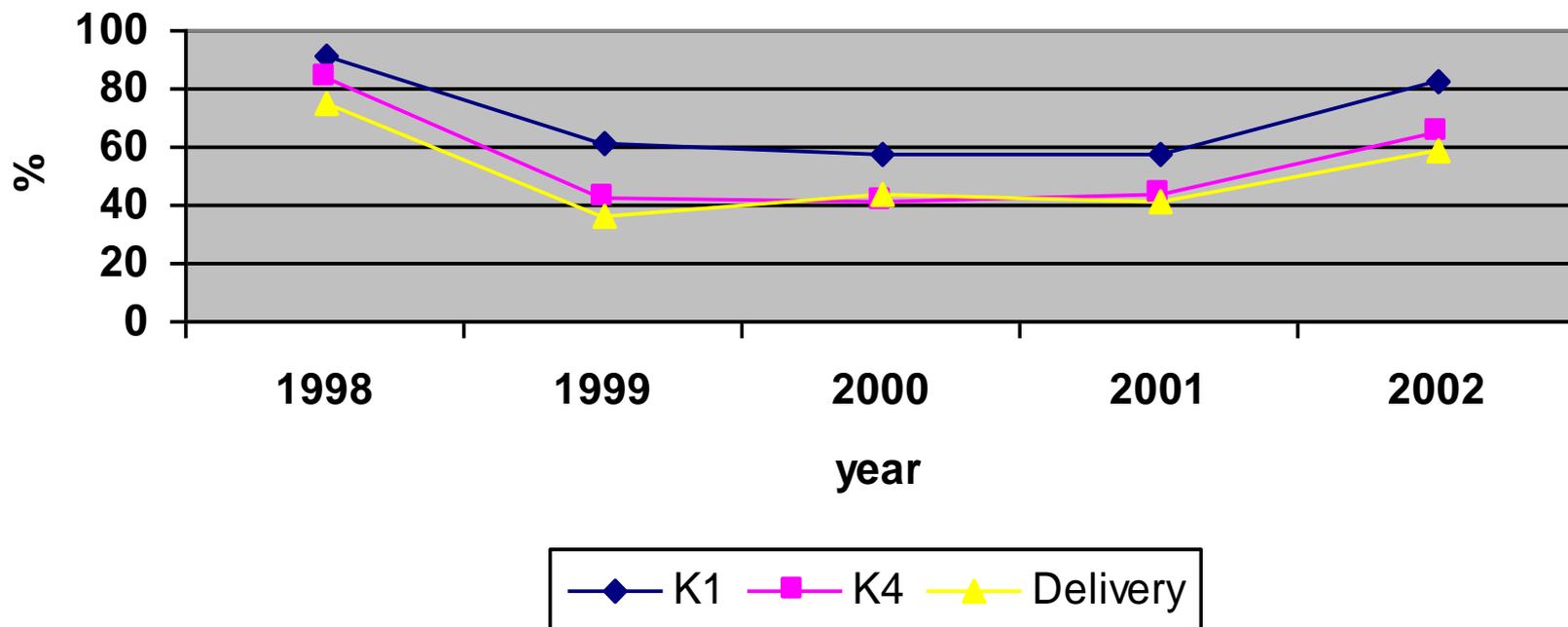
- **Human Resource** →
- **Logistic: drugs, medical supplies** →
- **Mortality by age** →
- **Morbidity by age** →
- **Nutrition status** →
- **Coverage of program**
  1. **MCH** →
  2. **Nutrition** →
  3. **Immunization** →
  4. **Outbreaks** →

- **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*

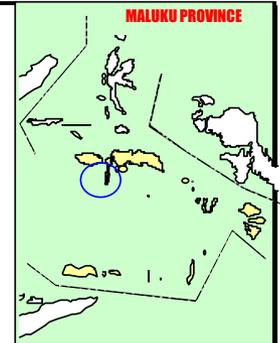
- Number of IDPs
- Location of camps
- Deaths and casualties due to conflict
- Nutrition assessment
- Outbreaks
- Health Facilities
- Watsan Facilities

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



# AMBON Island

## 761 KM<sup>2</sup>



### 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

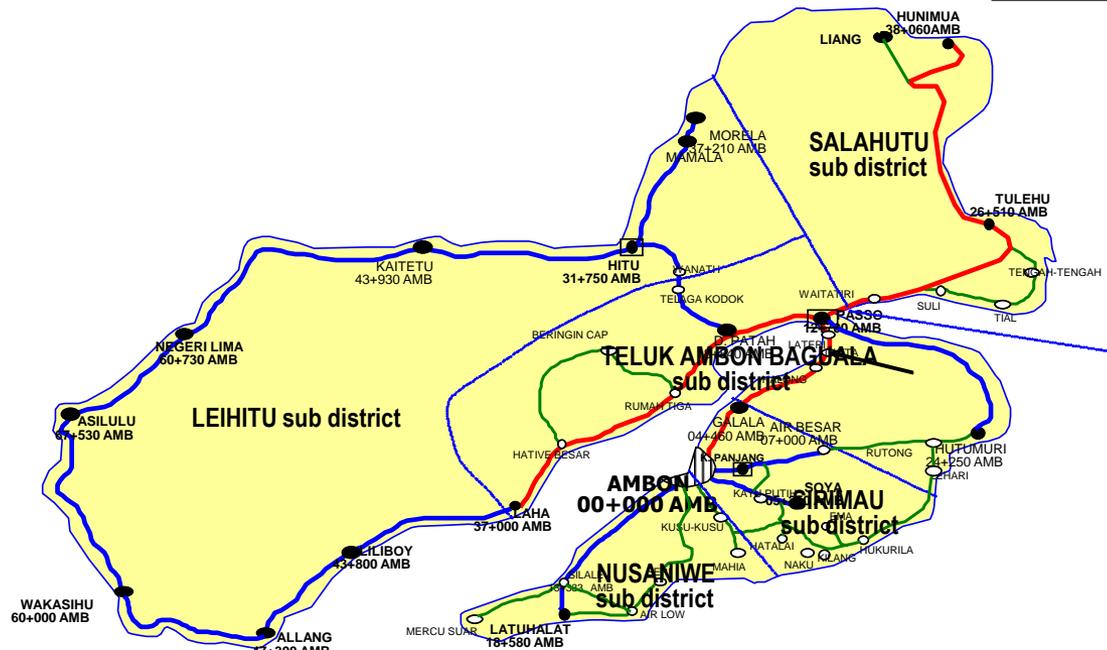
- Database on IDP children

### WATSAN

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

### Peace Building

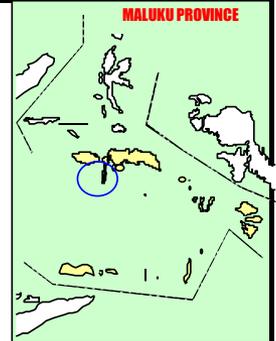
- Psychosocial support (EMDR)
- Peace Building & conflict management training
- Peace education & basic computer training for students
- Child rights workshop
- National Children Day support





# BURU Island

11.020 KM<sup>2</sup>



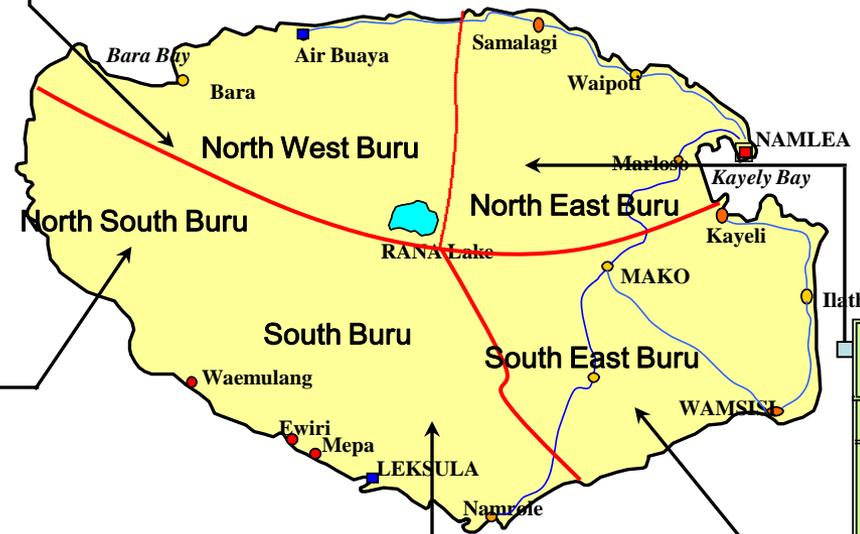
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# *Comparison of data during conflict*

## **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

