HEALTH SURVEILLANCE IN CONFLICT AREA MALUKU (1999-2002)

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

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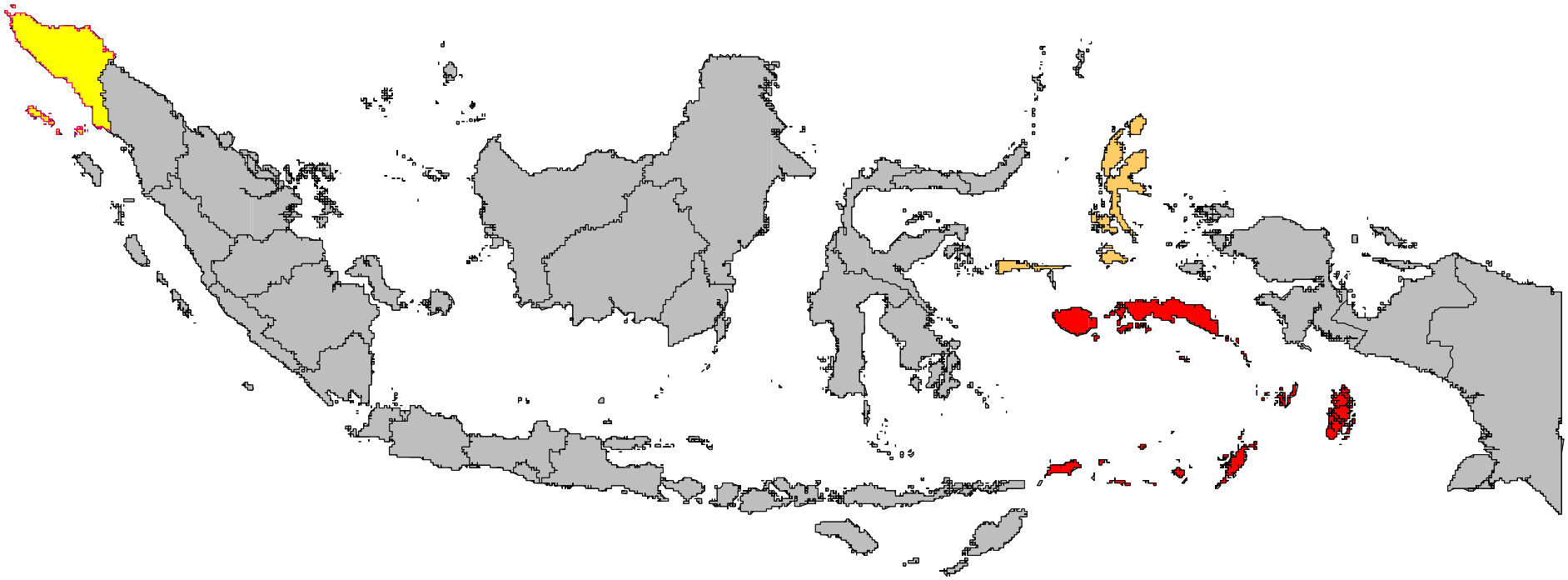
MAP of INDONESIA

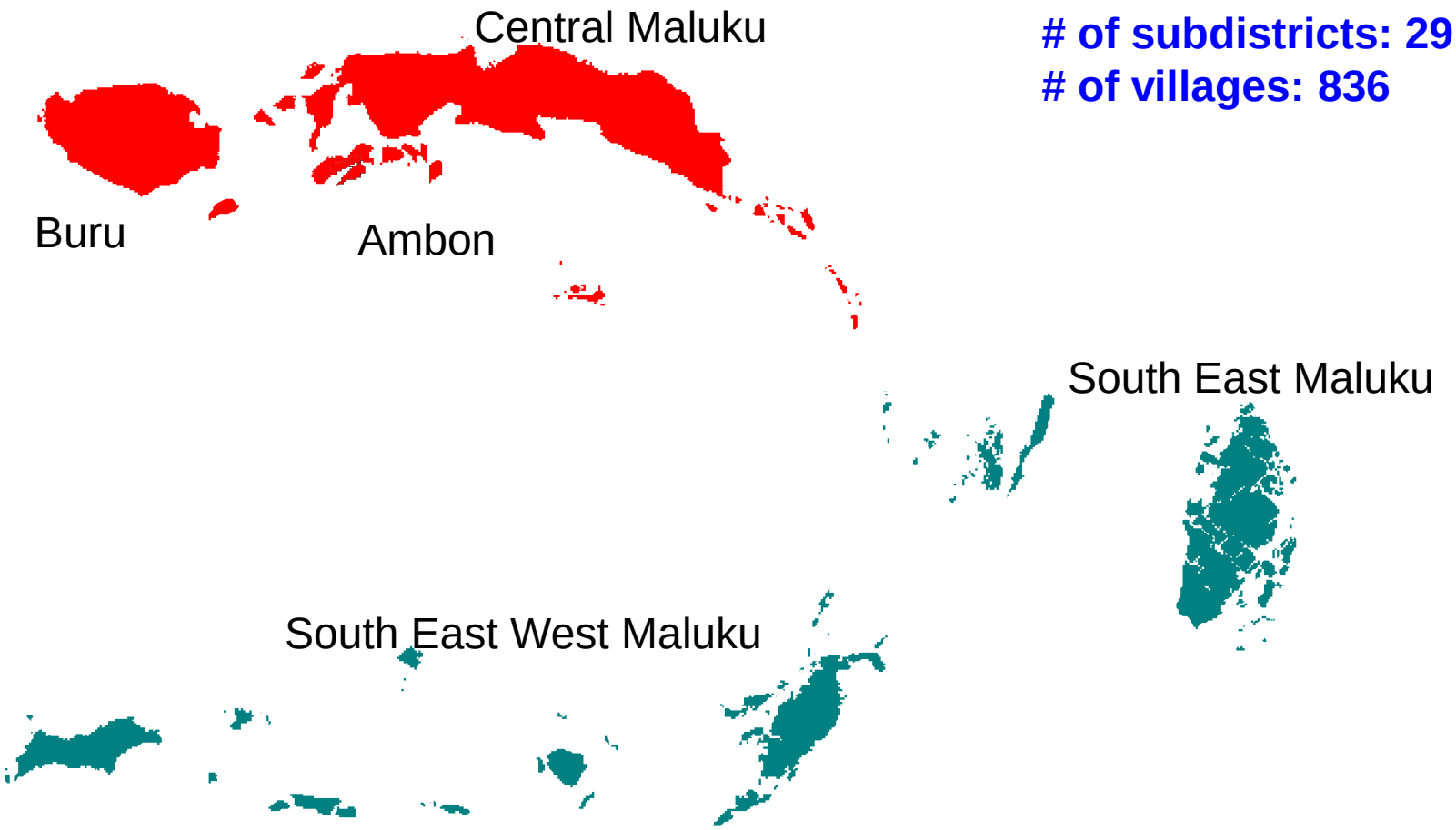


OVERVIEW OF CONFLICT

- **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

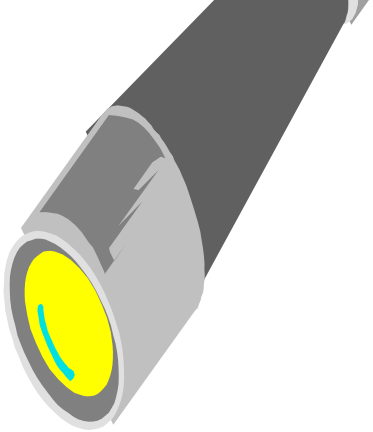
➢ Direct

- **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? Avaibility of Drugs, medical supplies?**
- **Can they get their health services due to communities seggregation?**
- **Is there any communicable disease outbreaks? (who, what, when, where, and how many)**

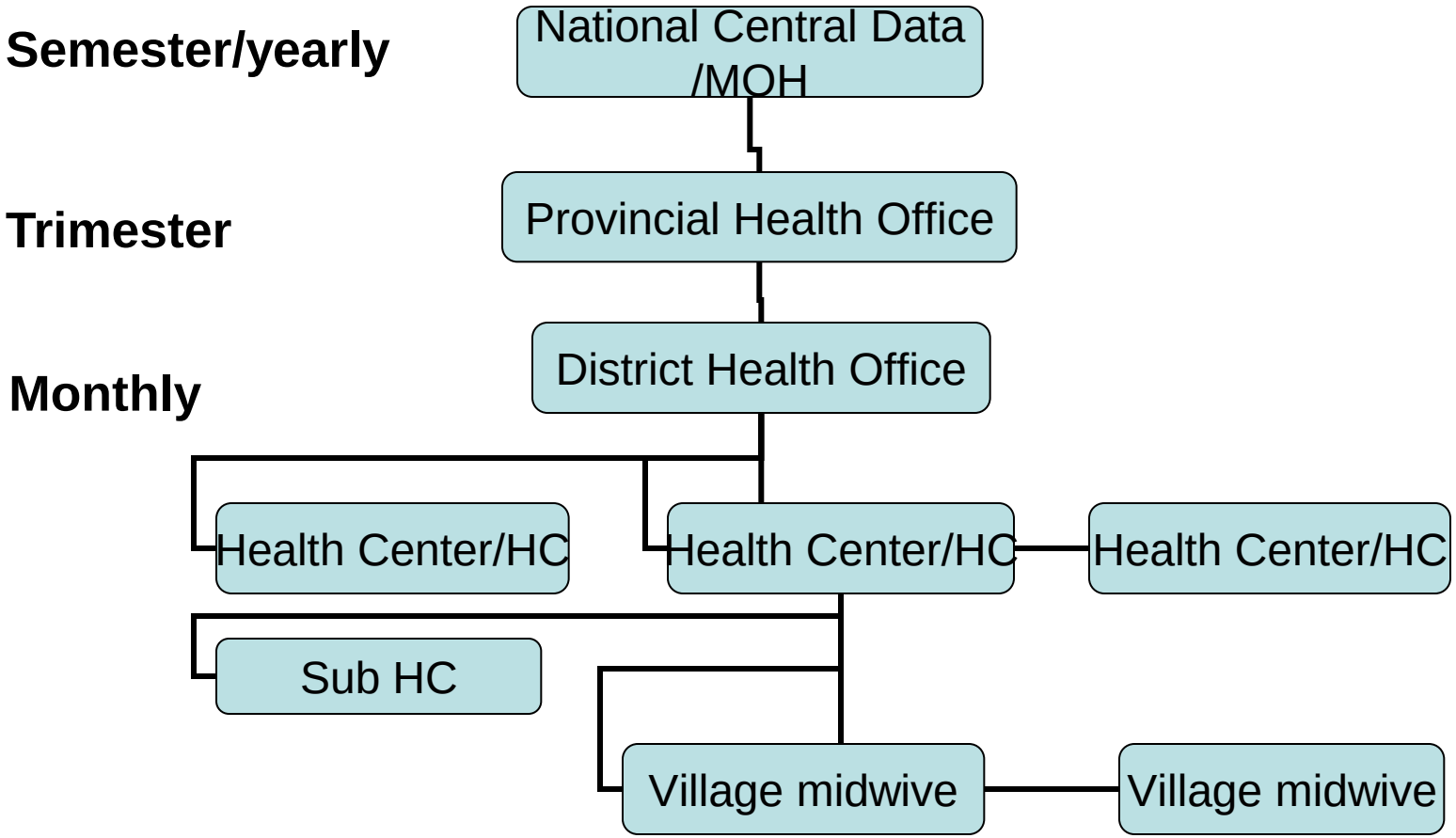
Problems in setting health surveillance in conflict situation in Maluku

- **Seggregation of the two communities**
- **Unavaibility 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**
- **Unavailibity 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



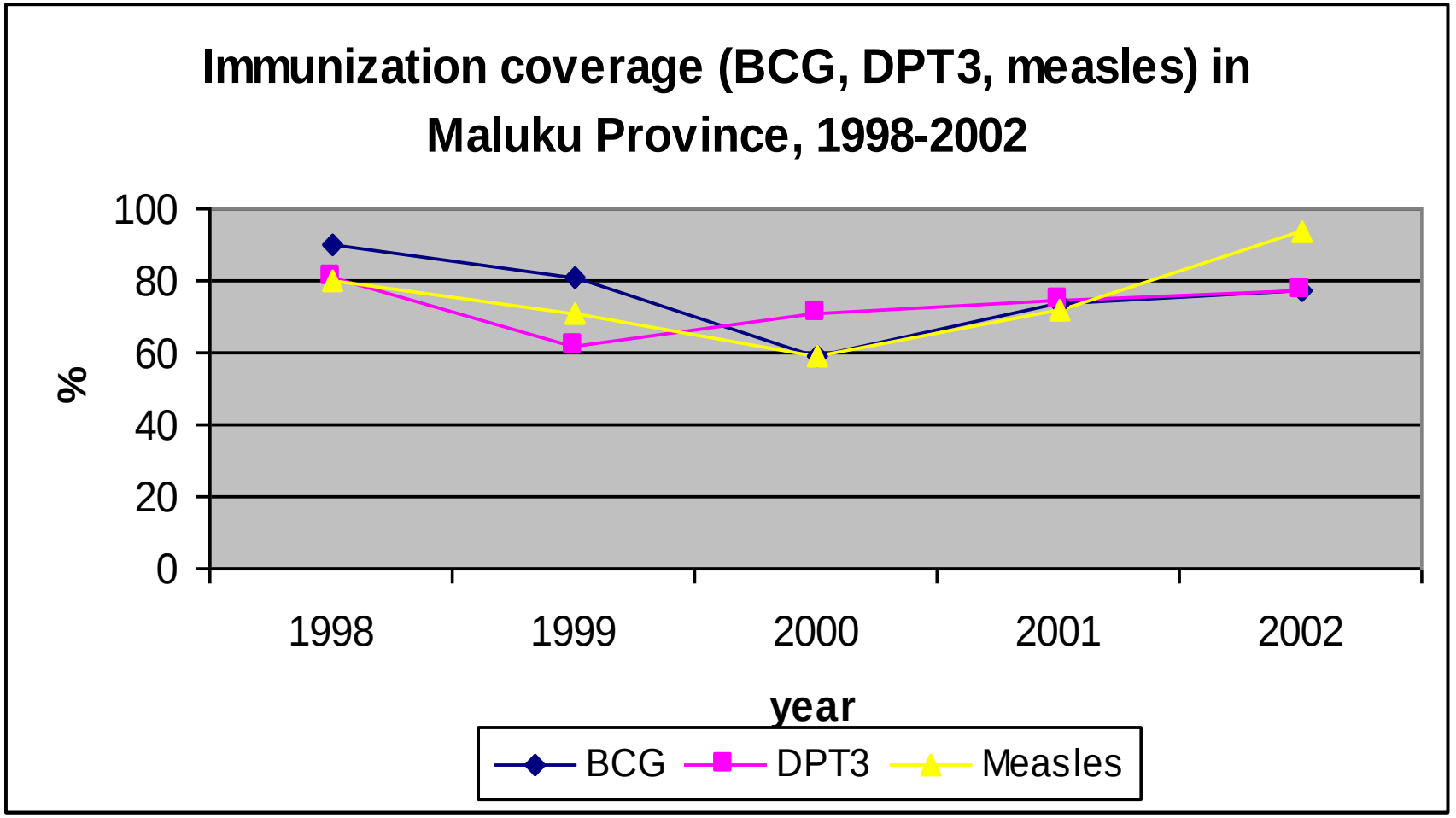
Background routine data gathered during conflict from the existing health system

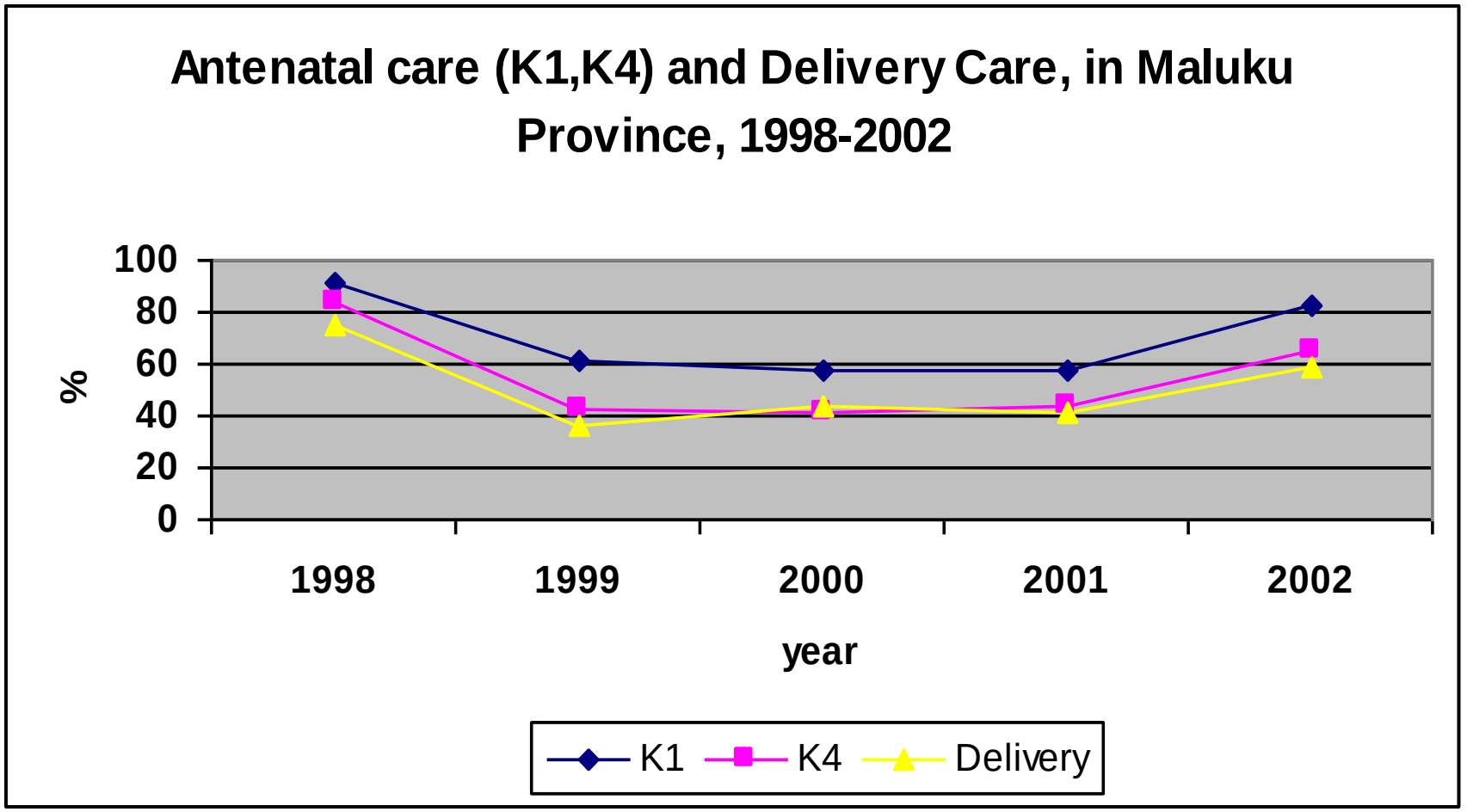
- **Human Resource →**
- **Logistic: drugs, medical supplies →**
- **Mortality by age →**
- **Morbidity by age →**
- **Nutrition status →**
- **Coverage of program**
  1. **MCH →**
  2. **Nutrition →**
  3. **Immunization →**
  4. **Outbreaks →**

- **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
100
80
60
40
20
0
%
1998
1999
2000
2001
2002
year
BCG
DPT3
Measles


Antenatal care (K1,K4) and Delivery Care, in Maluku Province, 1998-2002
100
80
60
40
20
0
%
1998
1999
2000
2001
2002
year
K1
K4
Delivery

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 councelling

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

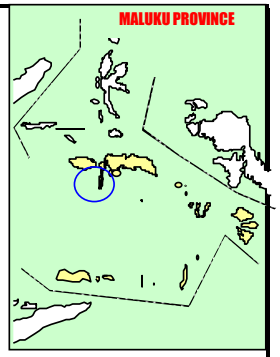
6. Mass media

INTERNATIONAL ORGANIZATION IN MALUKU OCTOBER 2002

Specific Data Gathered during conflict

• Number of IDPs	• Satkorlak, ACF, OCHA
• Location of camps	• Satkorlak, ACF
• Deaths and casualties due to conflict	• Hospitals, MSF
• Nutrition assessment	• ACF, UNICEF
• Outbreaks	• MSF, IMC,
• Health Facilities	• UNICEF, WHO, Prov/District Health Office
• Watsan Facilities	• 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 theraphy training (IDP camps)
- USI / IDDE socialization and monitoring

Best Education for All

- School tents, text book supplies
- Education assessment

Programme Development & Advocacy

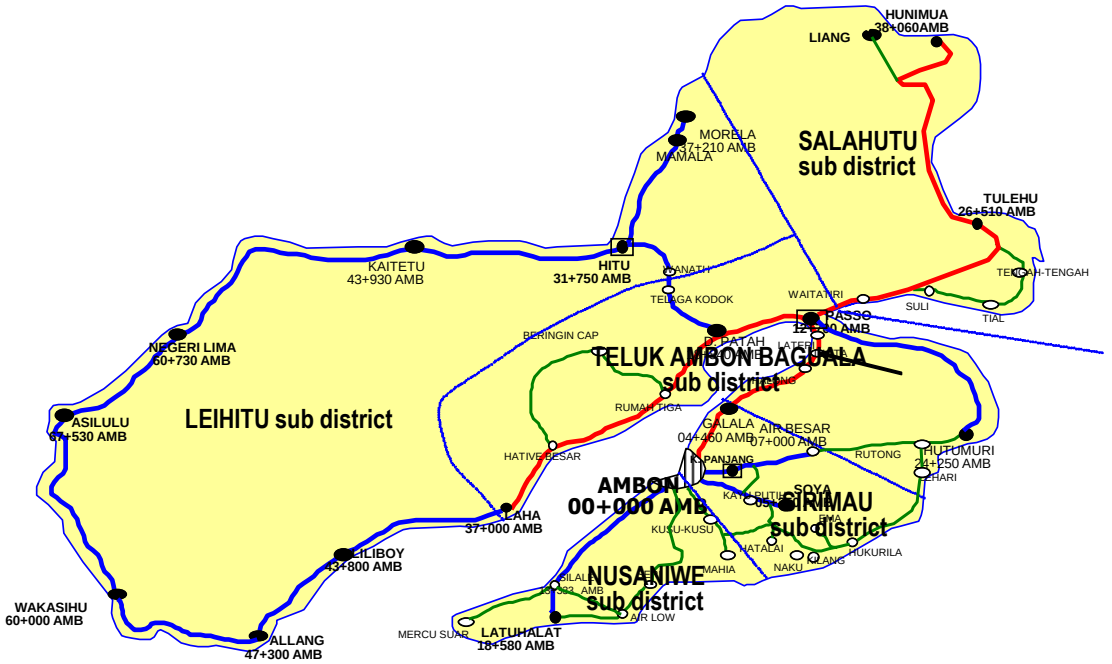
- Database on IDP children

WATSAN

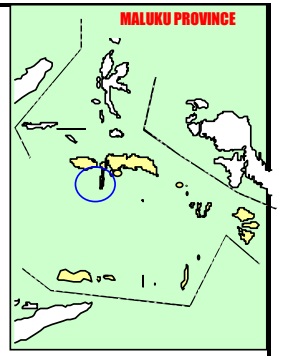
- Waste disposal and garbage collection
- Septic tank and watsan facilities

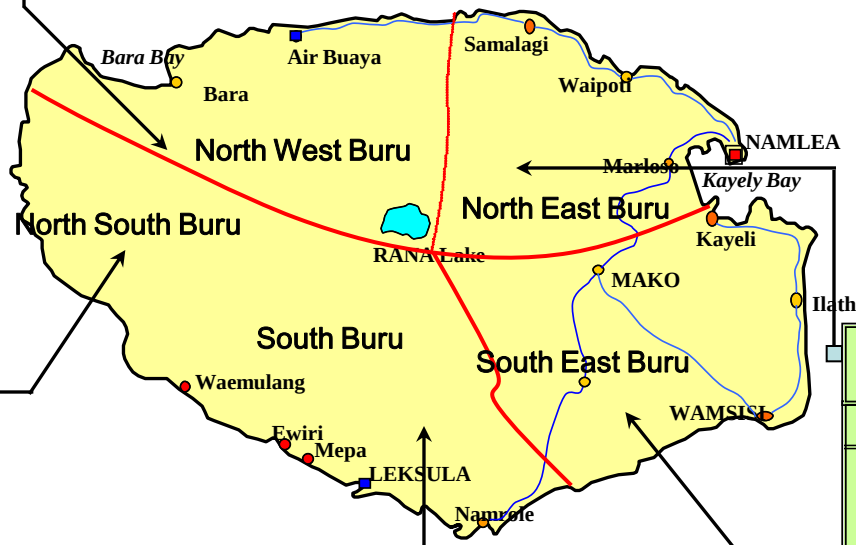
Peace Building

- 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

Health
- Comprehensive obstetric care training
- Maternal Child Health monitoring training for MW

Nutrition
- IDP nutritional for assessment

Children in Need for Special Protection
- Birth Registration

Programmed Development & Advocacy
- 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**

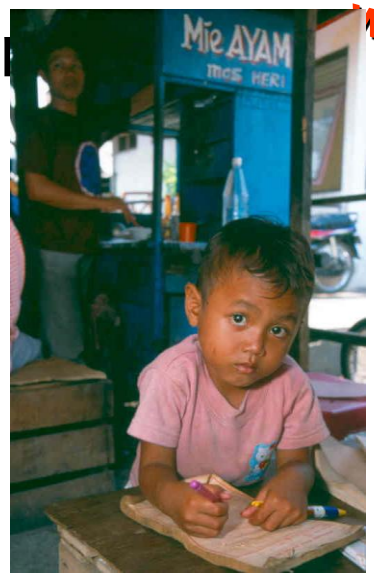
→ WEAKNESS:

- **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 su
Peace building



UNICEF RESPONSES TO EMERGENCIES

HEALTH, NUTRITION

- Measles outbreak response and 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 (midwices, doctors, vaccinators) and cadres
- Developing and administering data-base 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 suplies 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