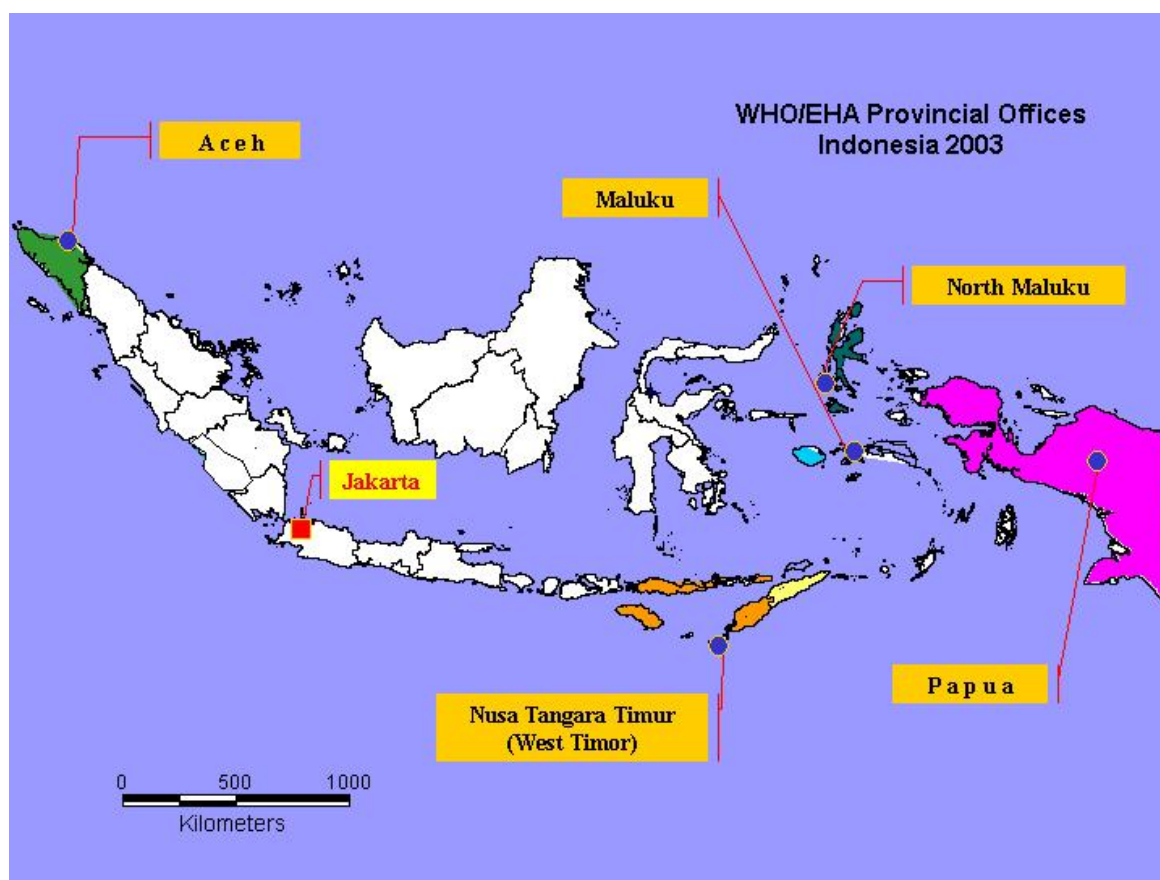


## World Health Organization

Department of Emergency and Humanitarian Action  
Country Indonesia**WHO/EHA Indonesia Country Office**

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**Overview Existing Situation**

- The economic crisis has affected Indonesia since 1997 and was probably more complex than in other East Asian countries due to the political and social dimensions as well as natural disaster, which have complicated current difficulties and the response
- Civil Conflicts have displaced people throughout Indonesia around 1.3 million during year 1999 – 2001 according to Indonesian National disaster Management Coordinating Board (BAKORNAS).
- The effect of Crisis on Health in Indonesia are likely to be in the following areas:  
Nutritional status especially on the very young, reproductive age women and the elderly;  
Availability of drugs and other medical supplies, rise in some communicable diseases,

- switching by users to cheaper forms of health care provision; Delays in or failure to take up medical treatment
- The latest development on humanitarian effort strategy in supporting Indonesia emergency situation underway to be changed to the post emergency strategy

## Project Operational offices

### 1. Banda Aceh Office for Nangroe Aceh Darussallam Province

Address:

Jl. Tengku Abdullah Ujung Rimba no.20

Taman Sari, Banda Aceh 23245

Phone/fax: 62-651-637041

E-mail: [WHOAceh@telkom.net](mailto:WHOAceh@telkom.net)

#### Background

- The situation in Aceh is a war of national liberation in exercise of the right to self-determination. It was started on 1976 and an increasing conflict between the rebels and security forces in 1999
- Following the unrest in the year 1999, a large number of people were displaced inside and outside the province
- The 26 years of conflict have made the conditions of Acehnese suffer from lack of food, education and health and have created humanitarian needs
- The Major event in the period was the “Cessation of Hostilities Agreement” on December 9, 2002 between the GoRI and GAM

#### Main WHO/EHA Activities on:

- Surveillance and Response to Control and prevention of Communicable diseases
- Scabies Campaign
- Mental Health
- Health Worker and Conflict
- Drug Supply and management
- Making Pregnancy safer
- Malaria Control

### 2. Ternate Office for North Maluku and Maluku Province

Address:

Jl. Hasan Esa no. 2

Ternate

Phone: 62-921- 328654

Fax: 62-921 – 21035

E-mail: [who@ternate.wasantara.net.id](mailto:who@ternate.wasantara.net.id)

#### a. North Maluku Province

#### Background

- The sectarian violences in North Malukus Province is reported to have started in October 1999 when people from Kao sub district, Muslim and Christian together, attacked the sub district of Malifut, Muslim majority, due to a land property problem. The conflict became a religious conflict between Muslim and Christian communities

- Three years after violent riots in the new province of North Maluku cost 2,000 lives, 185,000 displaced, 20,000 homes destroyed and 18 % of Public buildings and Equipment damaged

**Main WHO/EHA Activities on:**

- Surveillance and Response to control and Prevention Communicable disease
- Roll Back Malaria
- Drugs management and supply
- Health as a Bridge for Piece
- Making Pregnancy safer
- Nutrition
- Water and Sanitation
- Health Manpower

**b. Maluku Province**

**Background**

- From mid-January 1999, dramatic sectarian violence between Ambonese Moslem and Christian communities had happened. This violence began on Ambon Island
- Over the subsequent 18 months, Ambon Island experienced three periods of major rioting, which destroyed homes and prompted further population displacement
- The present WHO commenced operations in Ambon in March 2001. In June 2001, the WHO was removed from Ambon due to deteriorating security. The main activities continued being carried out by local health authorities through the working groups set up jointly by the local authorities and WHO

**Main WHO/EHA Activities on:**

- Health as a Bridge for Piece
- Mental Health
- Water and Sanitation

**3. Kupang Office for Nusa Tenggara Timur Province**

Address:

Jl. Sam Ratulangi Raya No. 3  
Pertigaan Pulau Indah – RT 45 RW 12  
Walikota – Kelurahan Oesapa  
Kupang 85228  
PO BOX 1118

Phone/Fax: 62-380-823086

E-mail: [whontt@telkom.net](mailto:whontt@telkom.net)

**Background**

- The independence of East Timor in August 1999 led to an influx of 290,000 refugees into West Timor, already one of the poorest provinces in Indonesia
- In September 2000, militia murder of three international staff in Atambua (North of West Timor), since that time, West Timor has remained UN security status phase V and no UN staff is allowed to enter this area. All WHO/EHA activities in West Timor were interrupted in September 2000
- To provide a closer support to the local health authorities as well as to carry out appropriate implementation and follow up the health activities, WHO reopened the WHO office in Kupang on the 1<sup>st</sup> February 2002 with the staffs from the local province

**Main WHO/EHA Activities on:**

- Diseases Surveillance System
- Malaria Control
- Mental Health
- Nutrition
- Making Pregnancy safer

**WHO/EHA Other Supporting Programs in Indonesia****1. Health as a Bridge for Peace**

- A workshop took place in Ambon during the 12th of December 2002 to advocate the role of the health sector in building peace. The local health authorities have been developing district level and community level activities that will use health programs to link communities.
- The HBP activities adapted to the local sensitivities were called “Health Workers and Conflict”. Three workshops have been conducted the first on 6-9 August 2002, the second on 8-12 November 2002 and the third on 13 -16 2002 together with the Center for Security and Peace Studies (CSPS), Gadjah Mada University. The idea was designed as a support mechanism for health workers, to pass on skills in conflict analysis, management, health ethics, and planning in conflict. Different groups of health workers were targeted. Firstly, health workers working at PHC level in areas badly affected by conflict. The two subsequent workshops were addressed to medical doctors, 16 participants, and nurses and midwives, attended by 21 participants, all over the province.

**2. Community Based Mental Health**

- In the early part of the year WHO/EHA held a “Round Table Discussion on Mental Health in Conflict Affected Areas of Indonesia”. The discussion was attended by government officials and most UN agencies and international and local NGO’s, this was the first time a discussion had been held, it facilitated understanding and coordination of mental health. This led to a technical group being formed to draft a policy on “Mental Health in Conflict Affected Areas” this was completed in January 2003.
- The technical officer initiated a community mental health programme in Aceh. A quantitative survey has been designed to obtain data about the most common mental health problems within the communities. A qualitative survey has also been designed to ascertain the levels of bio psychosocial health of people living in a conflict zone in Aceh. This will be implemented in Maluku and Nusa Tenggara Timur Province this year also. The work is being carried out in partnership with the Community Mental Health Department in the Ministry of Health.

**3. Making Pregnancy Safer**

- **Objective**
  1. To assess the availability and need of resources for MPS in the districts of North Maluku, West Timor and Nangroe Aceh Darussalam, including human resources and training capacity
  2. To collect data of maternal neonatal health care
  3. To develop an action plan with national strategy for reduction maternal and neonatal death
- The need assessment of Making Pregnancy safer initiative has been conducted in West Timor (Nusa Tenggara Timur province) and North Maluku Province. The status of this

activity in the two provinces is underway to be entry and analyze. The workshop will be expected on May 2003.

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