Health Aspects of the Tsunami Disaster in Indonesia
December 26th, 2004

Country Presentation
Ministry of Health
Republic of Indonesia

WHO Conference on Health Aspects of Tsunami Disaster in Asia
Phuket, Thailand
4-6 May, 2005
• World largest archipelago: area 1,919,440 km²
• Over 18,000 Islands, more than 500 languages and dialects
• 4th largest populated country: 234 million people in 33 provinces
• 3 time zones with flying time of 9 hrs from west to east
A country known as the land of ..... paradise with spices, sea, floras and volcanoes
When affected by the earthquakes and tsunami...
The Emerging Emergency Situation

Average of 5 earthquakes / day of 4 – 5 Richter Scale (2004)
Increased activity and rise of alert levels of volcanoes

December 26, 2004
ACEH

March 28, 2005
Nias Island, North Sumatera

April 10, 2005,
Padang, West Sumatera

April 12, 2005,
Mt. Talang, West Sumatera

Public Panic Syndrome
Living with Fear of tsunami
The Underlying Cause

More than 100 active volcanoes

2004 average of 2 earthquake / day ±4 Richter Scale
2005 average of 5 earthquake / day ±5 Richter Scale
On December 26, 2004, earthquake and tsunami devastated the lives of millions of people, leaving a wake of destruction from Asia to Africa.
BANDA ACEH 26 DES 2004
DETIK-DETIK JELANG TSUNAMI

EXCLUSIVE METRO TV

HEADLINE NEWS

TEL P 086812129794, UNTUK KEPENTINGAN PENDATAAN
DISASTER HAPPENED IN INDONESIA IN 2004

- Earthquake & Tsunami (14 districts, 2 provinces)
- Earthquake (9 districts, 7 provinces)
- Volcano Eruption (3 districts, 2 provinces)
- Flood (13 districts, 8 provinces)
- Flash Flood & Landslide (13 districts, 6 provinces)
- Conflicts (7 districts, 5 provinces)
- Bomb Blast (6 districts, 5 provinces)
- BCR (2 districts, 1 province)
- Traffic Accidents (4 districts, 3 provinces)
- Storm (5 districts, 4 provinces)
What is our impression

- Aceh is almost totally destroyed as seen by the scale of destruction and casualties
- Losses were seen anywhere, roads full of rubbish, buildings where damage
- The yelling of help of the surviving, frighten, hungry and thirsty victims
- No electricity
- No food
- No clean water
- And it seems NO HOPE
TSUNAMI IMPACT

• KILLED LOTS OF PEOPLE INCLUDING DOCTOR, NURSES & THEIR FAMILIES
• DAMAGED PUBLIC SERVICES INCLUDING ALL HOSPITAL SERVICES IN PROVINCIAL CAPITAL
• DISRUPTED THE:
  ▶ COMMUNICATION / TELEPHONE LINE
  ▶ TRANSPORTATION
  ▶ CLEAN WATER SUPPLY
  ▶ ELECTRICITY
  ▶ LOGISTICS SYSTEM INCLUDING DRUGS & MEDICAL SUPPLIES

• 2 OUT OF 33 PROVINCES WERE AFFECTED
• 14 OUT OF 440 DISTRICTS WERE AFFECTED
• INFRASTRUCTURE
• SOCIAL, ECONOMY, CULTURE, TRADITION & RELIGION
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>128,703 people</td>
</tr>
<tr>
<td>Missing people</td>
<td>93,088 people</td>
</tr>
<tr>
<td>Including Health personnel</td>
<td></td>
</tr>
<tr>
<td>- Dead</td>
<td>250 persons</td>
</tr>
<tr>
<td>- Missing</td>
<td>441 persons</td>
</tr>
<tr>
<td>Total</td>
<td>691</td>
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</tbody>
</table>
The Health Impact

• Severe Injured people (in-patient)
  Total  8,066

• Mild & Moderate Injured people (out-patient)
  Total  141,493
The Health Impact

• IDP’s
  – NAD  514,150 persons
  – North Sumatra  23,620 persons
  – DKI Jakarta  1,615 persons

• Diseases
  – Respiratory Tract Infection
  – Suspected Measles
  – Confirmed Malaria
  – Bloody Diarrhea
  – Other fever above 38 C
  – Acute Watery Diarrhea
  – Acute Jaundice Syndrome
Health infrastructure

- 53 of 244 health facilities incapacitated
- Severe damage to:
  - Provincial General Hospital
  - Provincial Health Office
  - Provincial Public Health Laboratory
  - District Hospitals
  - District Health Offices
  - Health Centers and Health Posts
Social Impact

**Loss of Loved Ones, Home, Facilities, Belongings, Earnings, Work, etc.**

**Mental and Physical Trauma**

**Loss of Hope**

**Affect Social, Economy, Culture, Religion and Traditions**

No Social Activities Seen and High Absenteeism for Two Months
Economic Loss

- In-terms of facilities
- In-terms of cash
- In-terms of manpower
- In-terms of heritage
- In-terms of potential business growth
- In-terms of social, culture and traditional values
- In-terms of national resources

ESTIMATED TOTAL LOSS
FOR ALL SECTORS:
10 BILLION US$
MAIN CHALLENGES

• Several hundred thousands displaced persons forced to shelter in numerous camps all over the coastal line
• Totally dependent for all basic human needs
• More than 100,000 dead bodies spread all over the Prov capital city & coastal line have been buried
• More bodies still being discovered up to now
ACTION
PRINCIPLE OF HEALTH ASSISTANCE IN DISASTER

NORMAL CONDITION

EMERGENCY DISASTER

100 % SOLVED

PARTIALLY SOLVED

UNSOLVED

Community level

Empowerment

MOH/Partner Agencies Development Program

Monitoring

Technical Assistance

Direct Intervention

• NAT’L DISASTER MANAGEMENT BOARD
• PROV DISASTER MANAGEMENT BOARD
• RELATED SECTORS

• Health personnel
• Equipment
• Medicine
• Adm / management
• Finance
• Monitoring & Evaluation
MoH & PARTNER AGENCIES EFFORTS

Rapid Assessment

MoH Representative in Aceh & North Sumatera Province

Logistics – Medical & Non-Medical Supplies

Providing Operational Cost

Recruiting Health Manpower

Conduct on the Job Training

Coordination Meeting
In the first two months, even during public holidays
Chaired by the Minister of Health/ DG/Other Senior Official
Agenda:
- Discuss issues related to Tsunami
- Program of Meetings
- Press Conferences

Partnership
Logistics (8 Gov, 26 NGO, 8 Foreign Gov, 9 Int NGO)
Personnel (53 Gov, 54 NGO, 33 Foreign Gov, 92 Int NGO)
EMERGENCY RESPONSE ACTIVITIES

• Coordination meeting
• Political decision ➔ open sky policy
• Resource mobilization (nat’l & intnat’l)
• Advance team ➔ rapid health assessment
• Emergency medical & food supply
• Medical services (medical evacuation, health post, field hospital etc.)
• Outbreak prevention (immunization, water & sanitation, vector control, surveillance)
• Nutrition & mch services
• Psychosocial assessment
Health Services Output

- As of March 26, an estimated 500,000 people in affected communities, relief centers, and displaced-person camps had received medical and mental health care.
- 124,225 received outpatient services
- 7,195 received inpatient services (1,453 were in intensive care)
- Approximately 200,000 persons received other types of care from mobile teams.
KEY LESSONS LEARNT

What was done well?

• National level Coordination (Civilian-Military-Red Cross)
• Quick response from Central Government, WHO & International agencies
• Rapid need assessment
• Quick dispatch of BSB (Emergency Health Brigade) & other health personnel from neighboring Provinces to Aceh
• Mobilization of highly motivated health team in the field
• MOH representative in Aceh & North Sumatra
• MOH 24 hours a day health Monitor & support activity
• Quick revitalization of all Hospitals in Banda Aceh
• Surveillance Epid. & Disease outbreak prevention
• Health services at IDP’S camp
• Sectoral Planning
KEY LESSONS LEARNT

What could have been done better?

- National NGO & International agencies Coordination
- Quick rehabilitation of public services including safe water supplies
- Appropriate temporary shelter for IDP’s
- Dead body management
- Disaster preparation & Mitigation
- Communication Support (Radio & Telephone/Fax)
- Transportation support (Helicopters & LST boats & 4 WD Ambulances)
- Effective command system at the field level (Incident Command System)
- Availability of Emergency Operational Cost
- Logistics management: Medical & Non Med. aids, Food Distribution
- Availability of emergency health supplies at central & province lev.
- Availability of resources to manage, transp. and store suppl.
- Control of drugs overflow includes expired drugs.
- Emergency Strategic planning.
KEY LESSONS LEARNT

What can be done in the future?

• Strengthen national & regional EPR Program
• Strengthen preparedness and emergency management and set-up SOPs
• Establishment of Indonesian regions Health Emergency Brigade equipped with health personnel, facilities & logistics support
• Capacity building of health personnel (management, technical) including simulation & rehearsal
• Allocation of emergency funds for quick response
• Establishment joint civilian and military task force at national & regional level
• Strengthening networking between National & International Government, National & International NGO’s, private sector & community
• Strengthening the emergency information system including radio communication system
• Establishment of Incident Command System (ICS)
SAFE COMMUNITY ON DISASTER PRONE AREA

- Community
- Ambulance Personnel
- Doctor Nurse
- Specialist Advanced Paramedic

Quick Response

- Patient
- Ambulance
- PUSKESMAS

INFORMATION

COMMUNICATION

TRANSPORTATION

Hospital C Type

Hospital B/A Type

IDP’s
Quick Brigade

CRISIS CENTER (HEIOU)

Secretary General

NAT. DISAST. COORD. BOARD

Central

Contingency plan

Quick Brigade

Reg I

Reg II

Reg III

Prov Ho

Prov H O

Prov Ho

Prov H O

Quick Brigade

Prov

Prov

Prov

District

Contingency plan

Quick Brigade

Dist Ho

District Hospital

Health Center

COMMUNITY

Referral System
EMERGENCY PREPAREDNESS AND RESPONSE HUBS IN INDONESIA

13 Hubs in total. 1 in central MoH, 6 in regional, and 6 in Provincial levels.
HEALTH EMERGENCY INFORMATION & OPERATION SUPPORT UNIT
MoH, REPUBLIC of INDONESIA
Supported by WHO

Monitoring & Evaluation
Coordination and operational support
What lesson can be learned

- This was the worst natural disaster in Indonesia`s history
- Over 200,000 people lost their lives, more than 1,000,000 people were displaced and orphaned
- Thousands km of land, roads, bridges, airports, were damaged. The scale of damages were unpredicted
- It might be worsen than atomic bom in Hiroshima
- We need years to rehabilitate the damages
What lesson can be learned

• Tsunami disaster in Aceh has shown the facts that multi-nationality both civil and military have worked hand in hand, regardless of differences in ethnic, race, religious, countries and hierarchy.
• The disaster has reminded us to the basic human similarity, basic human needs, the human right.
• The disaster has brought us to a new insight regarding the human existence in this planet.
NATURE OF DISASTERS

Disasters may occur to:
• ANY WHERE
• ANY TIME
• ANY ONE

Well prepared is very important
Do something before other people do something for you

THANK YOU VERY MUCH
Terima Kasih

Thank You