IOM Tsunami Health Crisis Field Response

IOM held a unique position in Indonesia where prior to the 26th December 2004 earthquake/tsunami disasters, IOM was one of the few organizations which had a large and operational office in Banda Aceh itself implementing project activities in 15 conflict-affected districts across Nanggroe Aceh Darussalam (NAD). The IOM Banda Aceh office was established in June 2003, although it has kept its presence in Indonesia for over 20 years. In Banda Aceh, the IOM office was mostly undamaged and became a hub of the UN and other agencies to bring aid to Aceh province during the first week post tsunami disaster.

Within three days of the tsunami/earthquake and with its combined resources, IOM had an immediate functioning emergency response mechanism. In coordination with the National Coordinating Agency for Disaster and IDP/Refugee Management (BAKORNAS), IOM was distributing medical as well as humanitarian relief supplies in Banda Aceh and developing a logistics system for the importation and distribution of emergency aid across the province.

The devastating effects of the earthquake followed by the tsunami on December 26, 2004 have left over 250,000 people dead or missing and over 500,000 of displaced people in Nanggroe Aceh Province (NAD) and Northern Sumatra, Indonesia. Displaced persons (DPs) initially relocated to either host families/communities or stayed in tent-based emergency camps, which has tremendously stretched the capacity of provincial and local government to provide adequate health services for the surviving population.

This presentation focuses on IOM’s approach to assist the Ministry of Health and the Aceh Provincial and District health authorities during the first 30 days of the twin disasters, which we refer to as Phase 1 of our activities. [Phase 2 refers to ‘Transitional Health Services Delivery through satellite health clinics’ and Phase 3 refers to ‘Health Reconstruction and rehabilitation phase’.]

IOM immediately responded to this crisis by providing emergency medical aid and assisted various public health activities in several makeshift or DP encampments particularly near and around Banda Aceh and closely working with provincial and health authorities in coordination with the World Health Organization (WHO) and in partnership with various key national and international health service providers to identify more viable health solutions for the tsunami-affected population.

Medical Triage Services

Within the first 3 to 5 days, IOM had its medical support staff on the ground and functioning. IOM medical nurses and doctors provided medical triage services to as many as 100 injured victims at the IOM medical triage tent at the Sultan Iskandar Muda (military) airport. These patients were evacuated by the US Navy helicopters.
from affected areas along the utterly devastated west coast.

Following immediate treatment, IOM organized appropriate referral mechanisms and proper treatment for the victims in several appropriate hospitals in Banda Aceh, in close association with the medical units from the US Navy, Australian, Pakistani, French militaries and the International Committee of the Red Cross (ICRC).

IOM later phased down its medical triage services once other international medical teams arrived and concentrated its efforts in providing support to selected spontaneous IDP camps.

Supporting public health needs in spontaneous camps

The first phase of medical operations was clearly focused on direct health care and preventive medicine by providing health support to a number of tsunami affected displaced persons located in the spontaneous camps. IOM received a multitude of donated medicines, health and dental health kits, personal hygiene kits which along with the emergency relief goods, water and non-food items (such as mattresses, generators etc) were distributed to several IDP camps.

The needs were vast and it was evident that coordination with other international health care givers was very much needed to bridge the complex layers of health care service gaps as a result of the disaster.

In partnership with the US Navy Mercy Ship’s Navy Environmental and Preventive Medicine Unit-6, Detachment (NEPMU-6), IOM conducted public health, drinking water quality and sanitation, vector and infection control assessments of 28 IDP camps and temporary living centers.

Coordination mechanisms with PHO/WHO

IOM actively engaged to support the PHO/WHO health sector and coordination activities. It chaired/co-chaired with the PHO the subgroup on ‘primary health care clinics’ that eventually evolved into the ‘Emergency/Health Care Service Delivery’ Group. The dynamics of this sub-health group was quite interesting to note as the health care needs of the IDPs continued to evolve – from those who provided a) mobile clinics, and b) those which supported the fixed ‘permanent’ puskesmas/pustus. The sheer numbers of relief/health aid workers and the very scattered locations of the IDPs and presence and/or gradual downphasing of some NGO presence became and continues to be a challenge in how to move forward with this subgroup activity.

Supporting the Measles vaccination campaign

IOM was an active participant in the first phase of the Ministry of Health/Provincial Health offices and UNICEF measles vaccination and Vitamin A campaign during January through February 2005. IOM medical team vaccinated over 6, 600 children between the ages of 6 months up to 15 years in Banda Aceh and the west coast districts of Lamno, Calang, Teunom and Pang. This was conducted in partnership with its international NGO partner – GOAL, and the Japanese Self Defense Forces.
Short term mental health capacity building

Envisioned as a pilot and short-term support, IOM in collaboration with the Ministry of Health/Directorate for Mental Health Services and the Banda Aceh Psychiatric Hospital (Rumah Sakit Jiwa) conducted a three-tier training course on basic counselling and early detection of mental health disorders skills on severe trauma-related mental health disorders. The training course is aimed at strengthening the knowledge on the effects of severe stressors on psychosocial well-being and mental health among the mental health professionals, public health center personnel and the community at large, which in effect will enhance community resilience, referral mechanisms and improve treatment standards. Over 120 health care givers have completed the training sessions.

In summary,

By the very nature of devastating effects of the earthquake/tsunami, the challenges to adequately respond to the displaced population’s needs were daunting. The tremendous outpouring of health care assistance ranged from bare minimum to high quality health care services and access to health services in the immediate aftermath of the disaster especially during these first 4 up to 6 weeks where the Aceh health authorities were themselves just recovering from this tragedy. The perceived and/or observed cooperation, networking and interlocution resulted through partnerships within the NAD and central level health authorities, with inter-governmental and non-governmental and academic institutions based on active data gathering and good practices, although this could likewise be argued.

If one was to step back and reflect on the first 30 days, we – collectively – aimed at:

- Contributing to and/or improving the provision of general public health services, attempted at setting minimum standards of direct and immediate health intervention
- Ensuring that all displaced persons have the right to access health services as with the general population.
- Advocating for integrated and comprehensive health care responses – generally observed to play a crucial role in providing a secure and supportive environment to tsunami affected populations.
- Making available at all times, psychosocial counselling which is key element in the rehabilitation process.
- Understanding that information and data gathering and analysis are necessary tools to understand better the health care needs of the IDPs

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