WHO Conference on Health Aspects of Tsunami Disaster in Asia

Phuket, Thailand - 04-06 May 2005

Panel Session 2.7 : The first 30 days : Organizing rapid response

International Organization for Migration
Tsunami Health Crisis Field Response in Aceh
IOM Tsunami Health Crisis Field Response

Pre-Tsunami presence in Nanggrooe Aceh Darussalam

June 2003: International Organization for Migration had a large and operational office in Banda Aceh itself implementing project activities in 15 conflict-affected districts across the province.

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 of the tsunami disaster.
Displaced Persons (DPs)

- over 250,000 people dead or missing and over 500,000 of displaced people (BAKORNAS/SATKORAK)

- Displaced persons (DPs) initially relocated to either host families/communities or stayed in tent-based emergency camps,

- tremendously stretched the capacity of provincial and local government to provide adequate health and other services for the surviving population.

- The needs were vast, PHO/DHO staff equally tsunami-affected

- *Coordination* with the MoH and provincial health offices 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.
= Within three days of the tsunami/earthquake and with its combined resources, IOM had an immediate functioning emergency response mechanism.

= In coordination with the BAKORNAS (National Coordinating Agency for Disaster and IDP/Refugee Management), Ministry of Transportation

⇒ distribution of medical as well as humanitarian relief supplies in Banda Aceh

⇒ set up of a logistics system for the importation and distribution of emergency aid across the province.
Transportation and Logistics System

30 Dec. 2004 Departure of first IOM Convoy

13 Jan. 2005 Ministry of Transportation officially announced IOM’s leading role as transportation and distributor of relief supplies, overland and airlifts

More than 50,000 Metric Tons of relief supplies including:

- Water
- Medicines/medical supplies
- Food, non-food items
- Generators
- Clothing
- Sanitation + hygiene items
- Tents

At its height, IOM had nearly 400 trucks in the Indonesian owned and operated fleet.
Stages of IOM post tsunami health response

- Assist the Ministry of Health and the Aceh Provincial and District health authorities during the first 30 days of the twin disasters in close collaboration with WHO and other health aid agencies:

**Phase 1 : Emergency Health Assistance activities**

**Phase 2 : Transitional Health Services Delivery through “Satellite Health Clinics”**

**Phase 3 : Health Reconstruction and Rehabilitation**
Phase 1: Emergency Health Assistance

→ Medical Triage at Banda Aceh airport (1st to 3rd week)
→ referring patients to bigger hospitals → maintaining patient monitoring mechanisms → assisting in reuniting with family/community members (with ICRC)
→ Coordination with NAD provincial health authorities/WHO and other NGO/INGO health service providers:
  = assisted in various public health activities in several makeshift or DP encampments particularly near and around Banda Aceh
  = to identify more viable health solutions for the tsunami-affected population.
Medical Triage Services

→ Within the first 3 to 5 days, IOM had its health support staff on the ground/functioning.

→ IOM nurses and doctors provided medical triage services to over 100 injured victims at the IOM medical triage tent at the Sultan Iskandar Muda (military) airport

→ evacuated by the US Navy helicopters from affected areas along the utterly devastated west coast

→ Referrals to hospitals
PHASE 1: EMERGENCY HEALTH RESPONSE

• IOM later phased down its medical triage services once other international health teams arrived and concentrated its efforts in providing support to selected spontaneous IDP camps
• Supporting public health needs in spontaneous camps
Health Assistance in IDP camps

- Health Assistance in IDP camps
  - Public health assessments in IDP camps in Banda Aceh and along the West Coast
  - joined Immunization campaign efforts (UNICEF) and Japanese Self Defense Forces, GOAL
  - Water, sanitation and vector control in coordination with Australian Military engineers and environmental health teams and US Navy
First phase of health operations

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

- Facilitated by WHO, IOM actively engaged to support the PHO in their health coordination activities. IOM chaired / co-chaired the subgroup on ‘primary health care clinics’ that eventually evolved into the ‘Emergency/Health Care Service Delivery’ Group.

- 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
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, PHO and the Banda Aceh Psychiatric Hospital conducted a three-tier training course on basic counselling and early detection of mental health disorders skills on severe trauma-related mental health disorders.

→ Over 150 health care givers have completed the training sessions.
Training participants from selected Puskesmas in Banda Aceh
PHASE 2 : Transitional Health Services Delivery through Satellite Health Posts
Lambaro Satellite Health Post, Banda Aceh
Phase 3: Health Reconstruction and Rehabilitation Phase
Puskesmas Bubon, Aceh Barat

<table>
<thead>
<tr>
<th>No</th>
<th>District/ City</th>
<th>Damaged Puskesmas</th>
<th>Damaged Pustu</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Banda Aceh</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Aceh Besar</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Pidie</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Bireuen</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>Aceh Utara</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Lhokseumawe</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Aceh Timur</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Tamiang</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>9</td>
<td>Aceh Jaya</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>10</td>
<td>Aceh Barat</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Nagan Raya</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>12</td>
<td>Aceh Barat Daya</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Simeulue</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>14</td>
<td>Sabang</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>Bener Meriah</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Puskesmas and Puskesmas pembantu
Reflections/Lessons Learned

If one was to step back and reflect on the first 30 days, what have we learned, failed to do and could we have done it better?

→ **Leadership, ownership and accountability**
  = bridging, facilitating/coordination role of WHO as the PHO/MOH trying to recover, regroup, go through a ‘grief’ period following the disaster
  = UN, aid agencies stepped in when services/systems at stand-still
  = MOH/PHO has to take the lead in decision/policy making and implementation of activities with technical assistance by UN and other partners

→ **equal access to health care services and sustainability?**
  = logistics and availability of health aid supplies
  = did these reach the most marginalized IDPs? Under-serviced camps?
  = establish mechanisms for sustainability of health care services?

→ **Coordination and (mis-) coordination**
  = horizontal and vertical ‘disconnect’ (ie between central to field levels)
  = who is doing what and where? Sectoral groups
  = donors; funding allocations
Reflections/Lessons Learned

→ Information sharing and how did this reach the IDPs?
  = were the IDPs engaged in provision of services, ie own needs
  = needs assessments – overlapping/too many assessments
  = data collection and analysis, and how were these translated into action?

→ Communications system
  = how was information accessed, (received by PHO/MOH)
  = mobile phones, hand held radios
  = email/internet
  = power/electricity
  = transportation
Reflections/Lessons Learned

→ **Disaster Preparedness**
  = are we prepared for the next disaster?
  = awareness, training of staff, health authorities, communities
  = staff contingency planning
  = pre-positioning of emergency supplies – food, water, medicines

→ **Staffing and personnel issues:**
  = rapid deployment and/or high turnover of staff
  = decision makers – who called the shots? truly decentralized?
  = matching the needs with the staff skills set
  = availability of technical experts as well as admin/managers
  = preparedness/expectations
  = coping with stress/burn-out, stress management among staff
Terima Kasih Banyak

• Dr. Maria Nenette Motus
  • Health Coordinator/Head of Office
  • International Organization for Migration
    • Banda Aceh
    • 05May 2005