ASSIGNMENT REPORT

Dr. Jose M. Echevarria MD, OS, MPH

WHO Short-term Professional Assignment as Emergency and Humanitarian Action Coordinator in Jakarta, Indonesia

WHO Project: INO EHA 020

15 April 2001 to 10 April 2002

Table of Contents

Purpose of Assignment 2

List Terms of reference

Overview Existing Situation 3

Activities Undertaken

Field Projects in Process 4
Field Projects Planned 6
Jakarta Projects 7
Scope of Work Performed 9
Written Work Product 10

Conclusions and Recommendations 11
**PURPOSE OF ASSIGNMENT**

**LIST TERMS OF REFERENCE**

- Assist the WR in the implementation of the WHO emergency programs, with specific attention to support of WHO field staff.

- Coordinate the WHO field projects. Report to WHO/HQ through SEARO on the implementation status of the projects.

- Ensure the emergency response in Indonesia is in line with WHO policies and practices.

- Ensure that WR and EHA/SEARO has the first hand up-to-date information on the health situation and the priority emergency needs, so that the donors community can be informed and resources mobilized and timely reporting to donors is possible.

- Assist health authorities to ensure appropriate linkages between emergency health activities and national health programs.

- Conduct rapid epidemiological assessments and prioritize the necessary public health interventions.

- Assess adequacy of medical logistics – medical supplies, drugs distribution and warehousing. Monitor the arrival, storage and distribution of medical supplies provided through WHO.

- Advising and assisting the Government and MOH in Emergency Preparedness by promoting the development of national policies and measures to be adopted to prevent or reduce the damage caused by disasters of any type.

- Upon the request from donors to be informed about the emergency health assistance needs to submit to the concerned agencies and suggested support.

- Attend the interagency meetings on humanitarian assistance.

- Identify areas for WHO input into material and financial assistance.

- Provide technical assistance upon request to operational partners (MoH, UN agencies and NGOs).

- Carry out any other work related to emergency and as requested by the WR.
OVERVIEW OF EXISTING SITUATION

- The economic and political crises in Indonesia as well as natural disasters, such as earthquakes and floods, have increased public health risks for the population of Indonesia.

- Civil Conflicts have displaced over a hundred thousand persons in provinces of Maluku, North Maluku, Southeast and Central Sulawesi, Kalimantan and Nusa Tenggara Timur (West Timor). Tens of thousands of persons are displaced in nine other provinces.

- In early September 1999, a large number of people fled East Timor for the safety of the western part of Timor, Nusa Tenggara Timur (NTT) province. In January 2002, (note that is more than two years from the East Timor events) it was estimated that well over 70,000 still remain in NTT, (IOM and WFP sources)

- From mid-January 1999, and November 1999 Maluku and North Maluku Provinces, respectively, experienced dramatic sectarian violence between Moslem and Christian communities. In October 2001, government estimates, there are 260,066 IDPs in Maluku Province and 166,318 IDPs in North Maluku Province.

- Following the 1999 unrest in Aceh province a large number of people were displaced inside and outside the province. Figures from government indicate that in mid October 2001, the number of IDPs in Aceh is 53,000, and in North Sumatra, 48,000.

- The Indonesian National disaster Management Coordinating Board (BAKORNAS) estimates the population of internally displaced persons (IDPs) throughout Indonesia largely surpasses one million.

- Increased demands placed on the health system remain unmet because of health facilities damaged and destroyed in many areas.

- During the last two years, the United Nations, donor agencies, NGOs, and the government have supported a large number of Emergency and Humanitarian Actions (EHA).

- WHO has played an important role in leading the health sector in these field activities with field offices in Kupang (West Timor), Ambon (Maluku) and Ternate (North Maluku) and by financing the implementation of health activities in Madura Island (East Java)

- WHO plans to continue these field operations with the strong possibility of beginning field health activities in the provinces of Aceh and Central Sulawesi.

- In addition, there have been many health and EHA activities coordinated in Jakarta with UN agencies, NGO’s, donors, and the government
ACTIVITIES UNDERTAKEN

FIELD PROJECTS IN PROCESS

WEST TIMOR

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, and least able to cope with increased demands on health services.
- WHO undertook two field projects in public health services and malaria control activities to support the health of refugees in West Timor in early 2000.
- In September 2000, militia murder of three international staff in Atambua (North of West Timor) prompted all UN agencies, including WHO, to evacuate their international personnel from 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.

Activities Undertaken and/or in Process

- To provide a closer support to the local health authorities as well as to carry out an appropriated implementation and follow up of the health activities in West Timor, WHO re-opened the WHO office in Kupang the 1st of February 2002.
- All WHO staff in West Timor, by including the national consultants, are from West Timor in order to respect the UN security phase V requirements.
- WHO will work with the Provincial and District Health Departments in West Timor to support key activities related to the health of refugees and the general population.
- Most specifically, the planned activities during 2002 are focused in assessing the current health situation in the refugee camps as well as to assess the current situation on disease surveillance system, social and mental health problems and immunization program.
- In order to know the health situation in the refugee camps in West Timor as well as to know the general health situation in the province, a joint Jakarta-Dili WHO mission visited Kupang in February 2002.

MALUKU

Background

- 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. There are reported to be 260,000 IDPs in Maluku province.
The present WHO STC post holder commenced operations in Ambon in March 2001 with the aim of working on drug supplies and management, disease surveillance, health manpower and health as a bridge for peace (HBP).

In June 2001, the WHO STC 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.

**Activities Undertaken and/or in Process**

- Preparation and implementation of a survey of primary health care centers. The total number of facilities to be surveyed was 112 around the Maluku Province. Implementation of the survey is supposed to be carried out by both Muslims and Christian teams independently.
- Health as a Bridge for Peace (HBP). The first workshop took place from 15th to the 20th of January 2002, implemented by the Center for Security and Peace Studies and MoH in Jakarta. Health as a Bridge for Peace activity has been already introduced and a local HBP team has been created.
- An assessment mission has been carried out in February 2002 in order to identify potential areas and activities for WHO input outside Ambon where the security situation remains deteriorated.
- Whether the conclusions from the above said assessment recommend to initiate health activities, a WHO professional staff will be positioned in the province.

**NORTH MALUKU**

**Background**

- The outbreak of sectarian violence 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 and forced the arrival of a large number of IDPs all along North Malukus. There are reported to be 166,000 IDPs in North Maluku province.
- In order to know the after conflict health situation and to identify potential areas to support the local health system, a WHO Health Situation Assessment was carried out on North Malukus Province in May 2001.
- The assessment recommended WHO support in: Malaria control, drug supplies and management, disease surveillance, health manpower and HBP.

**Activities Undertaken and/or in Process**

- In June 2001 a WHO/STP Public Health Officer was positioned in Ternate (the capital of North Malukus Province) to carry out the WHO health project.
- Five main project activities have been carried out as an initial focus: Disease Surveillance System, Roll Back Malaria Programme, Health Manpower, Drugs Management and Supply, and Health as a Bridge for Peace.
- Two more activities have been initiated since late October 2001: Rapid Assessment in Social and Mental Health Problems of IDPs and host communities, and Health Education and Health Promotion for the health education of IDP groups in Ternate.
MADURA ISLAND (EAST JAVA PROVINCE)

Background

- The wave of IDPs arrived in February 2001 following the violent conflict between the native Dayaks and the Madurese who migrated to central Kalimantan generations ago.
- Current estimates (by local authorities) of IDPs in Madura are 120,000 in a population of 780,000. Most IDPs are accommodated in private homes.
- The district with the highest number of IDPs is Sampang, with 76,000 IDPs (2 major camp sites). It is also the poorest district in Madura.
- The island is subject to frequent droughts with limited supply of ground water.
- WHO is financing the implementation of following activities:

Activities Undertaken and/or in Process

- Support rapid epidemiological surveillance in the camps and host communities. This activity has been implemented by provincial and district health authorities. Three trainings on Development of Surveillance System in Management of IDPs, have been carried out from 3 to 11 December 2002 in Surabaya. 65 health staff from all district health centers and 10 health staff from the health NGOs working in Madura attended the trainings.
- Build wells where water shortage is critical. This activity is being implemented by a local NGO (Nurani Dunia). Two wells are built and functioning in two villages with a total population of 22,000 that 12,000 are IDPs. A new APW with Nurani Dunia has been signed to build four more wells where water shortage is critical, and to continue health promotion and education activities.
- Health education and promotion: A Nurani Dunia doctor working together with the MER-Cs from Malang, local NGOs and also local public clinic is conducting health education and promotion activities on living healthy and how to use clean water for healthy life, for the community around the well location.

FIELD PROJECTS PLANNED

BANDAACEH (ACEH PROVINCE)

Background

- Following the 1999 unrest in Aceh province a large number of people were displaced inside and outside the province. According to government figures, people were displaced from some 87 sub-districts of 11 districts of Aceh province. Figures from government indicate that in mid October 2001, the number of IDPs in Aceh is 53,000, and in North Sumatra, 48,000.
- Security concerns for Government staff and humanitarian organizations have limited the effective implementation of projects.
- The conflict has therefore created humanitarian needs not only amongst the IDPs, but has affected large numbers of residents in the province.
**WHO Project**

- The provincial health department has requested assistance from WHO for response to outbreaks of communicable diseases, for building capacity in management of resources for emergencies, and for mental health.
- In November 2001, WHO Indonesia prepared a proposal for support public health activities for the population affected by the conflict in Aceh. The proposal is composed of all areas of focus in the WHO component of CAP 2002 for Indonesia.
- The main components of the proposal are communicable diseases prevention and control, and community mental health services. The main areas of activities are: Surveillance and response to communicable diseases outbreaks, Community Mental Health, Technical assistance in management and coordination of emergency and disaster response and Health as a Bridge for Peace.
- WHO/EHA/INO plans to initiate the activities in Aceh province as soon as the concurrence letter from GoI, is available. WHO/EHA STP Field Coordinator is supposed to be place in Bandaaceh (capital of the province).

**JAKARTA PROJECTS**

**EMERGENCY PREPAREDNESS (EP)**

**Background**

- The nature and frequency of recent disasters in Indonesia have focused government authorities on disaster relief activities.
- Indonesia has a history of recurrent natural disasters. Man made disasters including have resulted in internally displaced persons (1,3m IDPs in the country in November 2001).
- Part of the role of WHO is to strengthen the capacity of the Indonesian Government to deal with natural disasters and other emergencies in an efficient and effective fashion.
- The Government of the Republic of Indonesia established a coordinating body, called BAKORNAS, for response to both natural and man made disasters
- In the health sector, the Ministry of Health established the Health Affairs Crisis Centre (PPMK), which has the role of coordinating preparedness for and response to disasters.

**Activity in Process: Assessment in Emergency Preparedness (AEP)**

- WHO plans to carry out, shortly, a deep assessment to analyze Indonesian Emergency Preparedness and Response System, by using a combination of written surveys, interviews and visited site.
- The target of this assessment is to identify how well the system has worked or could work, what potential and real challenges exist and what improvements or support could be made or provide.

**Purpose and Scope of the Assessment Mission**

- Make an independent assessment of the state of disaster management, preparedness and readiness in the country.
• Although the focus of the assessment will be on the health sector, other sectors essential for disaster management will be assessed to provide a picture of overall coherence of preparedness policies and activities.
• During the two months mission, the team will assess the capacity and quality of disaster management and preparedness at the central, provincial and district levels.
• Expected outcomes from the assessment are recommendations to WHO for strategic actions to increase the capacity for and quality of disaster preparedness and management at the central, provincial, district and community levels.

Planned Activity: Project to Strengthen and Support Emergency Preparedness

• This project is just a draft of a framework, which has to be completed according to the outcomes and recommendations from the above-talk AEP, in order to produce a final project to be presented to the donors.
• WHO Indonesia is planning to recruit an advisor for Emergency Preparedness and Relief.
• The major objective of this assignment involves assisting government, donors, UN agencies, and non-government organizations (NGOs), to prepare for the various types of emergency situations caused by natural, technical or manmade disasters.
• On the other hand, to attain the best coordination among all national sectors involved in emergencies might be the target of this assignment

Development Objective

• To diminish the negative health effects of emergencies on the population through a sustainable strategic emergency preparedness approach that emphasizes preparedness of the general population and health professionals, smooth and rapid information flow, rapid and coordinated response, prevention of emergencies and mitigation of the effects of disaster.

Immediate Objectives

• Improving emergency response system.
• Training professionals, and general population.
• Improving access to national data reports.
• To improve coordination mechanisms.

Project Implementation Strategy

• Education and Training programmes
• Emergency Preparedness Manual for General Population
• National Disasters Prevention and Preparedness Program
• Active Participation of the Population
• Data Inventory
• Emergency Humanitarian Coordination
SCOPE OF WORK PERFORMED

Health Project Identification, Design, and Development

- Co-authored WHO project proposals for the UN Inter-agency Appeals for West Timor.
- Co-authored WHO project proposals for the UN Inter-agency Appeals for IDPs, 2002.
- Co-authored plans of action for WHO projects funded through the UN Inter-agency Appeals for Maluku, West Timor and IDPs.

Disaster Impact and Needs Assessment

- Conducted health sector assessments in North Maluku and West Timor
- WHO focal point in the UN Disaster Management Team during Jakarta floods in February 2002

Disaster Relief Site Operations

- Served as WHO technical advisor to Indonesian health authorities and UN agencies in West Timor confronting excess mortality during emergency phases of refugee relief operations.
- Served as WHO technical advisor to Indonesian health authorities and UN agencies in West Timor confronting natural disasters relief operations and led the Task Force “ad hoc”.

Disaster Relief Project Management

- Led technical assistance for WHO/EHA/Indonesia
- Provided technical guidance and support to WHO coordinators in the field.
- Authored periodic WHO health situation reports on EHA activities in Indonesia
- Served as WHO project liaison with embassies in Jakarta of donor governments funding WHO-Indonesia projects in Emergency and Humanitarian Action

Mass Casualty Incident Management

- Acting Security Coordinator in Kupang (West Timor) during the UN and other international and national staff evacuation from West Timor after militia murder of UNHCR international staff in Atambua.

Education and Training Programs

- Co-organized Health as a Bridge for Peace workshops at field level

Document Reviews and Administrative Correspondence

- Reviewed technical merits of GOI and NGO requests for humanitarian health assistance, medical supplies and equipment, drug importation, etc.
- Reviewed Country Emergency Profile produced by national consultant to WHO Indonesia country office
- Drafted ministerial correspondence at request of WR
WHO/EHA/INO WRITTEN OR COLLABORATED WORK PRODUCT
(Information Available in WHO/EHA/INO)

About West Timor

- Proposal for 2002 - 2003 presented to donor
- Assessment on Health Services in Belu District
- Epidemiological Analysis on Refugee Camps
- Epidemiology and Surveillance Diagram
- Plan of Action for Strengthening Public Health Services
- Periodic Health Situation Reports
- Health Situation Survey in February 2002

About Maluku

- Field Coordinator assignment Report (December 2001)
- Regular Health Situation Reports

About North Maluku

- Conflict History
- Health Assessment (May 2001)
- WHO Project for North Maluku Province
- Field Coordinator assignment Report (December 2001)
- Monthly Health Situation Reports

About Madura Island

- Joint SIDA/WHO mission to Madura, 6 November 2001
- Report on field trip to Sampang District, Madura Island, 17-19 September 2001
- Clear Water Project. Final report from Nurani Dunia.
- Reports of the trainings on Development of Surveillance System

About Aceh

- WHO Proposal for Aceh Project
- Terms of Reference, EHA Field Coordinator, Aceh Position

About Emergency Preparedness

- Assessment in Emergency Preparedness (AEP) Synthesis
- Terms of Reference of the AEP
- Terms of Reference of the Emergency and Disaster Preparedness Advisor
- Project to Strengthen and Support Emergency Preparedness System in Indonesia
- EHA Updated Situation Reports December 2001 and February 2002
CONCLUSIONS AND RECOMMENDATIONS

- Even whether WHO is considered essentially a development organization, is also assumed and recognized that WHO may (and has to) play an important role in emergency situations.

- EHA is responsible for assisting in the coordination of the international response to complex emergencies and disasters in close cooperation with other UN agencies and NGOs. The implementation of the Project to Strengthen and Support Emergency Preparedness could be an essential tool to carry out properly this responsibility.

- In all the emergency situations WHO should continue to play the leading role in providing technical advice, guidelines, and relevant training materials to national health authorities, the operational UN agencies and international and local NGOs.

- On the other hand the role of WHO leading the health sector and linking all parties involved in health assistance has improved the relationship between international humanitarian actors and local authorities as well as made easier and efficient coordination and work in the field.

- WHO should sponsor a series of small workshops at headquarters and in the WHO regions to promote participation in the redefinition of WHO's role in emergencies by WHO staff, NGOs, and national health authorities in selected countries.

- WHO should appoint and chair regular health meetings attended by all health humanitarian actors, both in Jakarta and field levels, as a first step to improve coordination mechanisms and to strengthen this leadership role.

- WHO sees IDPs’ problem as a progressive loss of health and welfare status. Along this process, health relief can and must complement the IDPs' own coping strategies, while looking for durable solutions. Public health principles provide the bases for WHO cooperation with the member countries and its partners in the Inter-Agency Standing Committee to mitigate the plight of IDPs.

- In April 2001 the total WHO/EHA staff in Indonesia was just two STPs. In April 2002 the total WHO/EHA personnel in Indonesia might reach 17 staves, by including administration and national and international consultants staff.

- Administrative procedures should be modified to enable the prompt reassignment of WHO staff to emergency-affected countries and the timely release and disbursement of funds. HQ needs to reassure the WROs that reassignment of staff will be a consultative process.

- WHO should provide continuity of EHA staff in the field projects as well as EHA Medical Officer (Coordinator) in Jakarta, to ensure the effective implementation of planned projects and activities.