



DISASTER TASK FORCE'S MANAGEMENT SUPPORT IN POST MERAPI ERUPTION - EMERGENCY PHASE, OCTOBER 2010

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THE PRE-EVENT STATE



- Located in Central Java and Jogjakarta, Indonesia, *Merapi* is the most active volcano in the world. The last eruption before 2010 happened in 2006.
- *Merapi* is an Indonesian word means “mountain of fire”.
- The social economic status of the community around *Merapi* is considerably good.
- There are many local myths and beliefs attached to Merapi
- Cyclic eruption: three big eruption since 1994 (1994 – 2006 – 2011).

THE EVENT, FREQUENCY, AND HUMAN LOSSES (2010)

USA (FEMA) : 81 events declared as a disaster,
total lost USD 3.1 billion

Indonesia (BNPB) : 729 disasters (14 events),
human lost: 1268

Merapi eruption : human lost: 394 Total lost: 0.5 billion USD

BNPB: Badan Nasional Penanggulangan Bencana
(National Agency for Disaster Response Management)

THE EVENT : BEGAN IN LATE OCTOBER, 2010

Multiple eruptions, resulted in:

- Eruption column
- Pyroclastic Flow (*"wedhus gembel"*)
- Volcanic ash
- Cold lava flood



THE CASUALTIES

- Primary cause of death: severely burned and pulmonary disease (394 died)



- Common cases in IDPs: diarrhea, respiratory disease, post traumatic distress syndrome

Impact to the Environment



Lost of Properties :
Total lost: IDR 4,23 trillion



**MULTIPLE ERUPTIONS AND EXPLOSION,
HAVE MADE CHAOS IN AND PROLONGED
- EMERGENCY RESPONSE**

	First Eruption 26 October 2010	Second Eruption 6 November 2010
EVENTS:	<ul style="list-style-type: none"> minimal disturbance on social function Lava flood: still along the “classical” route, well anticipated Hot steam: struck to the area close to the river which hot lava flew. 	<ul style="list-style-type: none"> worst, blown up to 200 km away to the West bigger, faster, farther, and more frequent, pushed by every big rain. Predicted still occur until to the next 3 year (!) dropped from above after a big explosion, faster and farther. Not enough time for escaping.
RESPONSE:	<ul style="list-style-type: none"> Danger zone was match with what was predicted by the authority, i.e. 7 km from the volcano Responses’ unit work well 	<ul style="list-style-type: none"> Prepared action plan did not suitable with the situation Management of a big number of refugees did not prepared yet.
DAMAGE:	<ul style="list-style-type: none"> 23 people who lives in the danger zone died because the don’t want to be evacuated. 4 rescue team members died, after an effort to rescuing those 23 peoples. 	<ul style="list-style-type: none"> Danger zone and Destructed of environment was widen. Lost of properties is increased. More than 200.000 people must be evacuated, and re-settled. Another more than 300 people died due to sudden attack of hot steam

Impact to the Health Facilities :

- 2 district hospitals were evacuated to the safer health facilities



IDPs

More than 200.000 IDPs in hundreds IDPs' camps, some others stayed in their family's houses in Yogyakarta and surrounding cities



CENTRE FOR HEALTH SERVICE MANAGEMENT, FACULTY OF MEDICINE, UNIVERSITY OF GADJAH MADA, YOGYAKARTA, INDONESIA

- É A part of Faculty of Medicine, Gadjah Mada University
- É Its early main focus was in Public Health issues since its development in 1998.
- É The Centre started to involve in disaster management after the 2004 EQ and Tsunami in Aceh.
- É Soon after the big EQ in Bantul, 2006, Division of Disaster Management was formed in 2007
- É Recent activities: collaborate with the Ministry of Health and WHO in developing a guideline of hospital preparedness program in Indonesia.
- É Further information about our Centre can be accessed in www.bencana-kesehatan.net

WHAT DID WE DO :

- The Ministry of Health appointed its senior level officer to coordinate the Medical Response
- The Centre for Health Service Management, Faculty of Medicine, University of Gadjah Mada, played an important role in supporting the government by deploying a “task-force team” and providing management support in the areas of:
 1. Health Response Command System
 2. IDPs’s Camp Management
 3. Temporary Information System
 4. Implementation of Surveillance
 5. Volunteer Management

(1) HEALTH CLUSTER COMMAND SYSTEM (NATIONAL LEVEL)

Personel :

Director General – MOH

Province Helth Office

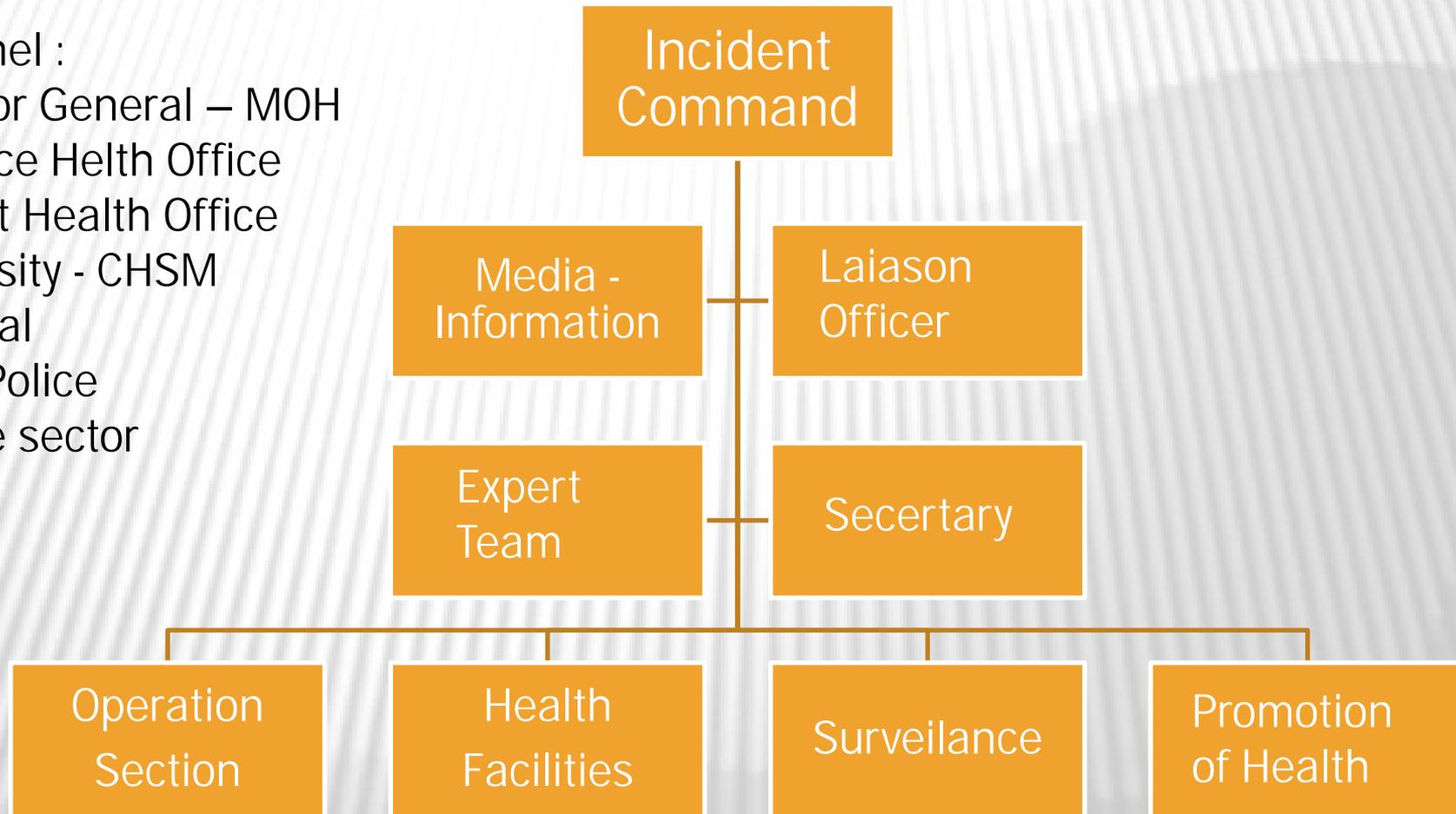
District Health Office

University - CHSM

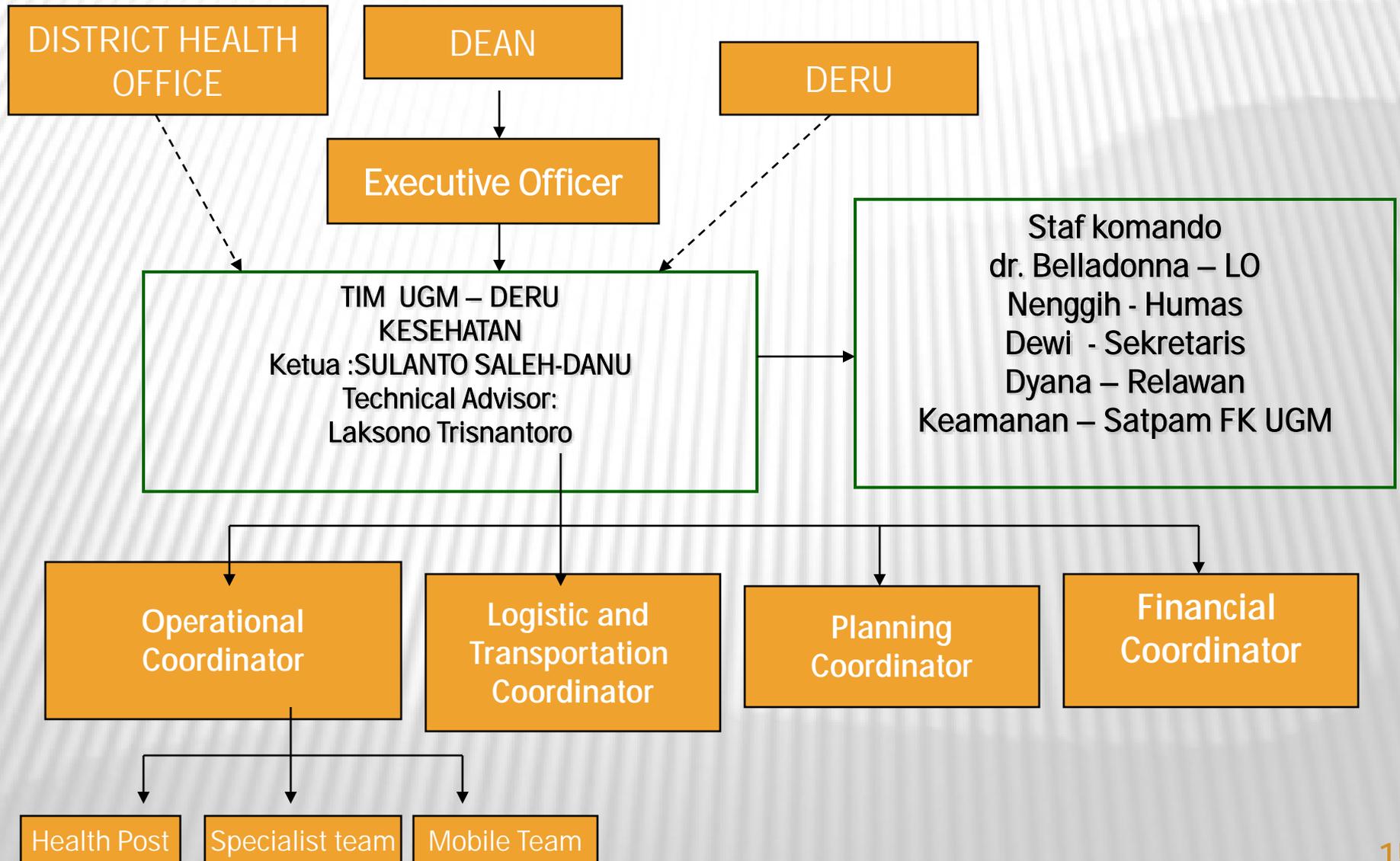
Hospital

Army-Police

Private sector



HEALTH RESPONSE COMMAND SYSTEM IN FACULTY OF MEDICINE, UGM



ORGANIZING THE MEDICAL RESPONSE MEULABOH, WEST ACEH, TSUNAMI 2004



(2) IDPS' CAMP MANAGEMENT (SOCCER STADIUM)

Coordination with District Health Office



Assessment



Established an Incident Command Post,
Chaired by DHO Officer



Development of Health Service Structure
and System



Develop an Medical Service Map and
Proceed an Information System



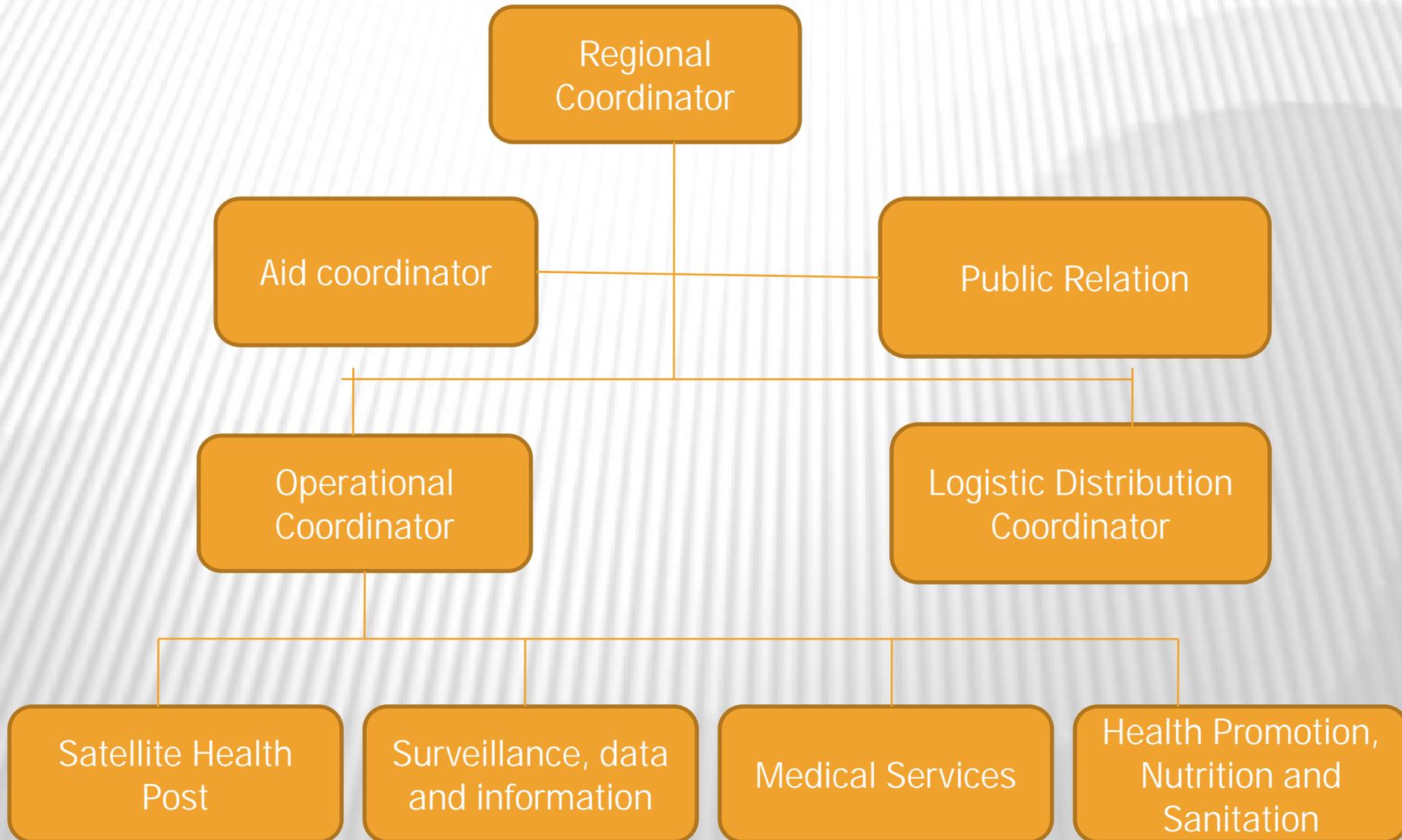
Integrated the Service and Report
to the higher management level



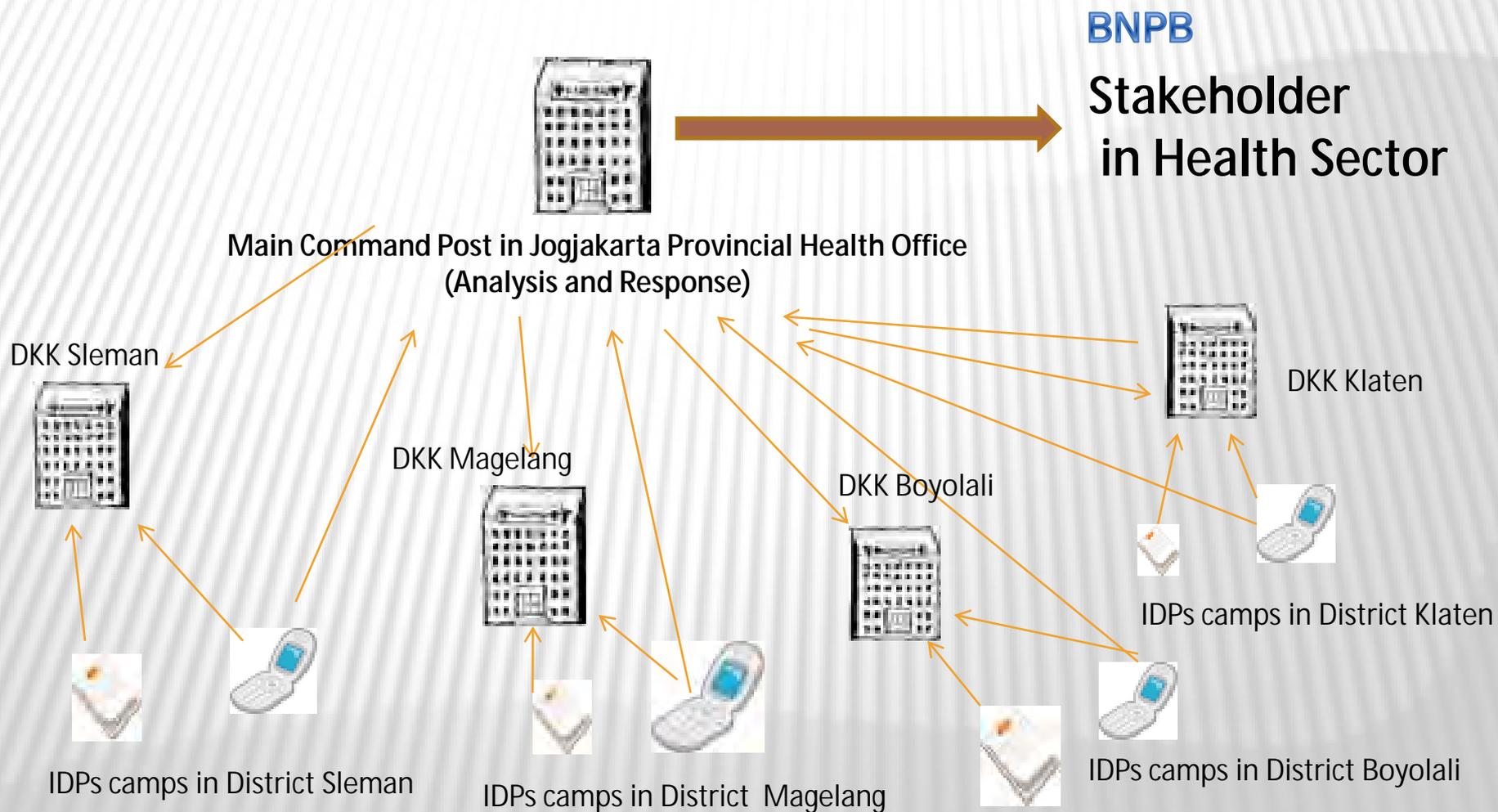
Background:

- Big number of refugees :
 - 10.000 - 30.000
- Big number of volunteers:
 - 10 - 15 medical teams
- Big number of problems:
 - Basic medical treatment
 - Diarrhea
 - Pregnant women and babies
 - Elderly
- Development of satellite refugees camp
- No coordination

ORGANIZATION CHART OF THE INCIDENT COMMAND POST



3&4: TEMPORARY INFORMATION SYSTEM IMPLEMENTED FOR SURVEILLANCE



5. VOLUNTEER MANAGEMENT

- Volunteers deployment
- Tasks distribution
- Logistic coordination and distribution to support volunteers' work
- Reporting mechanism

DISCUSSION

1. Concept of Medical Support is already well-known. However, concept of Management Support - which was proposed in MIMMS - is not fully understood thus far.
2. Issues in Management Support as indicated by *Workshop on Disaster Research, WCDEM 2007* **“Most Problems in Disaster Management has been related to inadequate Coordination and Control”** and *ICS for Health Care, Hospital Course* **“Responses problems were far more likely to result from inadequate management than from any other single reason”** ; has been identified since the EQ and tsunami in Aceh in 2004
3. Therefore, the CHSM tried to systematically implement the concept of Management Support after 2009 Padang earthquake.
4. Based on this experience, the CHSM implemented the same approach in supporting Merapi response management.

LESSONS TO BE LEARNT

There are many “readily – available” Medical Support team to assist response activity during emergency phase. However, response management in health sector requires more than Medical Support. The presented case shows that Management Support is needed and proved to be effective in managing the response.

THANK YOU