

PMI Role in AI Control & Pandemic Influenza Preparedness

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Human Cases: Indonesia

as of 24 Feb 08, reported by MoH

Total cases:

1. West Java	31
2. Jakarta	31
3. Banten	24
4. North Sumatera	8
5. East Java	7
6. Central Java	10
7. Lampung	3
8. South Sulawesi	1
9. West Sumatera	3
10. South Sumatera	1
11. Riau	6
12. Bali	2
TOTAL	127

MORTALITY RATE IS 81.1 %

Dead :

1. West Java	25
2. Jakarta	27
3. Banten	20
4. North Sumatera	7
5. East Java	5
6. Central Java	8
7. Lampung	0
8. South Sulawesi	1
9. West Sumatera	1
10. South Sumatera	1
11. Riau	5
12. Bali	2
TOTAL	103





Contingency Plan from MOH

Characteristic	Epidemic Level equal to Asian Flu/Hong Kong Flu	Epidemic Level equal to Spanish Flu
Clinical cases	66 million (30% of population)	66 million (30 % of population)
Out patient (visit to the clinic)	33 million (50% of clinical cases)	33 million (50% of clinical cases)
In patient	633.600 (1,92% of out patient)	7,26 M (22% of out patient)
Need ICU	95.040 (15% of in patient)	1,089 M(15% of in patient)
Need ventilator	47.520 (50% of ICU's patient)	554.500 (50% of ICU's patient)
Dead	153.120 (0,232% of clinical cases)	1.395.240(2,114% of clinical cases)



Objectives:

1. To support the government in AI control & Pandemic Influenza Preparedness, as part of PMI contribution in health response
2. Motivate PMI at all level (national – chapter – branch – sub branch) to actively participate in AI Control based on their capacities
3. To protect PMI staff & volunteers while conducting AI control & during Pandemic Influenza



Background:

1. Presidential regulation no 7 th 2006
2. Presidential instruction no 1 th 2007: assist the government to socialize and educate the community on AI with the community based approach including CB surveillance, bio-security to increase community awareness in AI control.
3. Commitment from RC/RC together with IFRC to participate in AI control & Pandemic Influenza Preparedness
4. Financial support from potential donors



PMI Strategies :

1. Increase community awareness
2. Community based surveillance
3. Community based bio-security
4. Protection to PMI staff & volunteers

PMI Program on AI Control

- PMI program with the support from :
 1. IFRC Global Appeal
 - In 50 branches from 5 provinces (West Java, Central Java, East Java, Yogyakarta, Bali) + 2 branches from Yogyakarta project
 2. American Red Cross
 - In 46 branches from 5 provinces (NAD, North Sumatera, Lampung, Banten & Jakarta)
 3. USAID
 - In 71 branches from 8 provinces (West Java, Central Java , East Java , Banten, Bali, North Sumatera, Lampung, DKI Jakarta)

TOTAL 130 Branches/ districts from 10 provinces (note: Indonesia has 450 districts and 33 provinces)

PMI Program on AI Control (2)

- PMI disaster preparedness program with the support from :
Danish Red Cross
 1. Production of awareness video on Avian and Human influenza (has been distributed to all chapters and Branches)
 2. Raising awareness on AI in Community-Based Disaster Preparedness target areas

The Progress of the program

Up to February 2008 :

- Training of trainers at chapter level (10 trainings)
- Volunteer training at branch level (92 trainings), with total volunteers 2,760 prs.
- Community education/campaign with the achievement \pm 3.125.000 prs (total target 6.5 million). PMI target: backyard farmers, chicken sellers in traditional market, housewives, children.



CBAIC Program

Collaboration with DAI-USAID

Activities up to February 2008 (**second contract up to July 2008**)

- PMI has 40 Master Trainers
- Training of village volunteer at sub-district level: 9.387 volunteers have been trained from 51 Districts, 8 provinces (West Java, Central Java, East Java, Banten, Jakarta, North Sumatera, Lampung & Bali). They will be AI coordinator at their respective village.
- After the training, each Village volunteer/ village coordinator sharing information to the formal & informal leaders, representative of the community (30 prs/village)
- Conducting a coordination meeting, one month after the training & then quarterly meeting, between (Master Trainer) – Sub-district Coordinator – village volunteers/ village coordinator.

Target (by July 2008)

- Target areas: 71 Districts/municipalities in 8 provinces.
- 16.000 village volunteers/ village AI coordinators would be trained (note: 9.387 prs have been trained until mid February 2008)

Note: Program in Bali has been finished by the end of January 2007.

Constraints

- PMI Chapters and Branches establish PMI task force on AI, however, not much provinces/districts have had province/district committee on AI, it makes PMI chapters and Branches have a difficulty in coordination with other stakeholders.
- The weaknesses of some chapters and branches in reporting and running the program on schedule

Pandemic Influenza Preparedness Plan

- Lesson learnt from PMI role in Disaster response, with highly dedicated & trained volunteers as the strength of PMI
- 330 districts have established SATGANA teams consisting of 30 members that can conduct the following activities:

The activities could be provided by PMI:

- Organize field kitchen and food & water distribution to the affected community particularly to the isolated community
- Ambulance service for evacuation. 8 provinces have functioning ambulance services, altogether 195 ambulances countrywide
- 13 trained Medical Action teams (or from 13 provinces) to provide basic health services
- Psychosocial support
- Restoring Family Link service and mailing service
- Health education/health information

Continued

The potential volunteers that could be trained is 55.000 persons (volunteer corps members), beside, PMI has 1.000.000 elementary to high school students as Youth RC members, could support in sharing health information to the community.

PMI will issue a guideline “ How to work in Pandemic situation for the Board members & staff” & “Pandemic Preparedness Plan with the volunteers as the back bone of PMI response” (need support from IFRC & other stakeholders)



In Pandemic situation

Phase 4: (h to h with limited cluster)

- PMI volunteers could give community education/information or raise community awareness if it happen in PMI's coverage areas.
- If it happen not in PMI's coverage areas, PMI NHQ/chapters will give information sheets to the affected branches to be used by the volunteers, and remind the branches to use the awareness VCD which have been distributed by PMI NHQ



Phase 5 (h to h with localized area):

- If the location of PMI office is in the quarantine area, the Chairman of PMI Branch has to decide change the location of PMI office in transition situation.
- PMI could give information/instruction to the community through AI village coordinator network, to make the community not become panic and what to do by the community (message from National AI Committee).
- PMI could assist relief distribution (e.g. Food, water) to the community in quarantine area.

Phase 6 (h to h in general population)

- PMI could assist in giving information/instruction to the community through AI coordinator.
- Local PMI will deploy the volunteers under the command of the local Task force (established by local authority), but we need the protection for our volunteers (minimum **30 prs per Branch**).

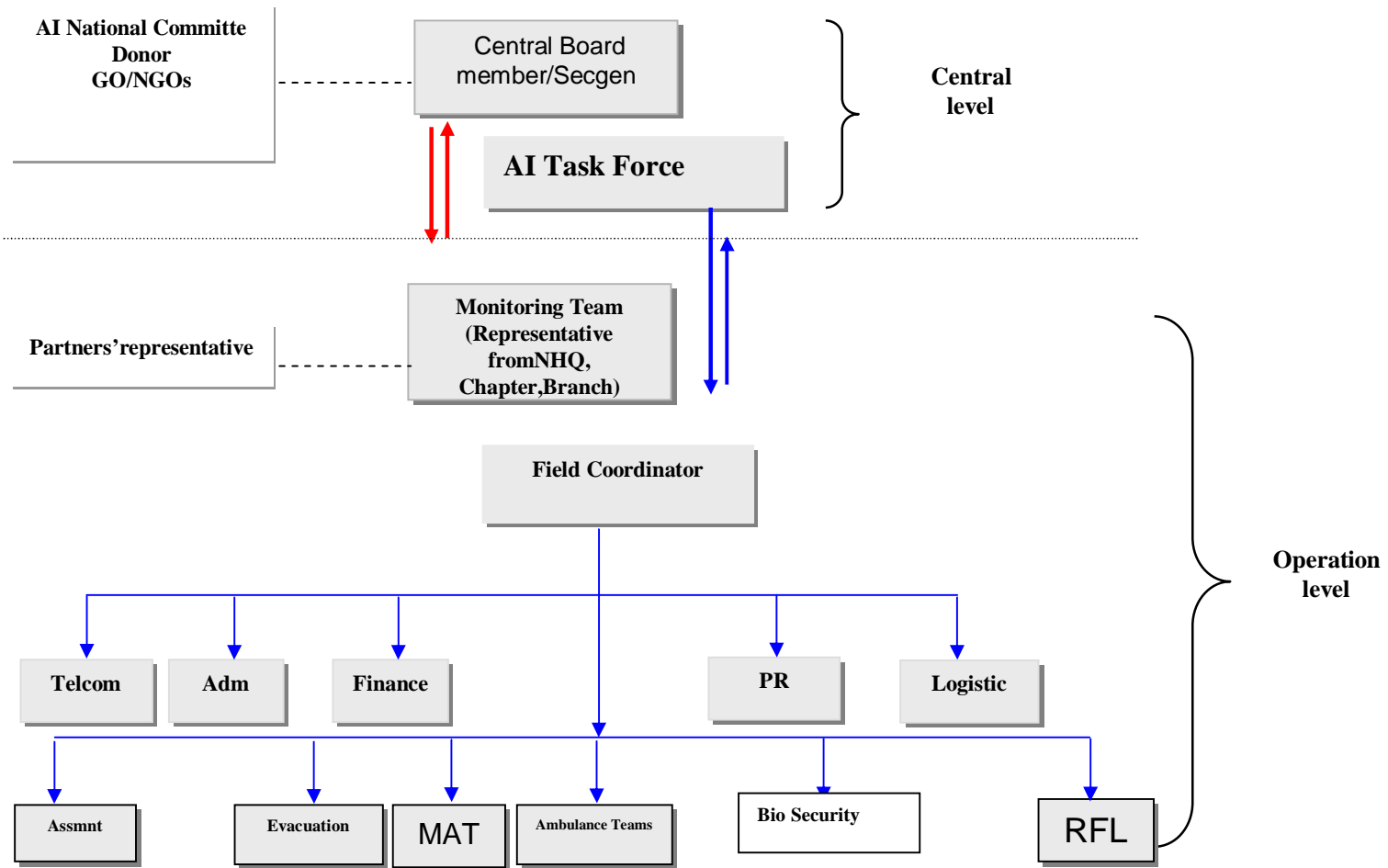
PMI could participate in:

1. Relief distribution
2. Provide ambulance services (50 % of PMI Branches) and deploy medical action team.
3. Provide network communication through PMI network: NHQ – Chapter – Branch Taskforce – sub branch – AI Coordinator
4. Provide mailing service.
5. Assist the evacuation of the dead bodies



Logistic

- In Pandemic situation, for the protection of staff and active volunteers in the field: 10.000 prs (we need vaccine, PPE and Tamiflu).
- We will keep the vaccine in the central blood transfusion unit and distribute to chapters and branches based on the request.
- PPE will be distributed through our 2 regional warehouse (Jakarta & Surabaya). Giving priority to the affected areas.
- We need to provide compensation fund to the volunteers who died on duty.



Some pictures



Teaching Biosecurity

