



SITUATION UPDATE NO. 11

M 7.4 EARTHQUAKE & TSUNAMI

Sulawesi, Indonesia

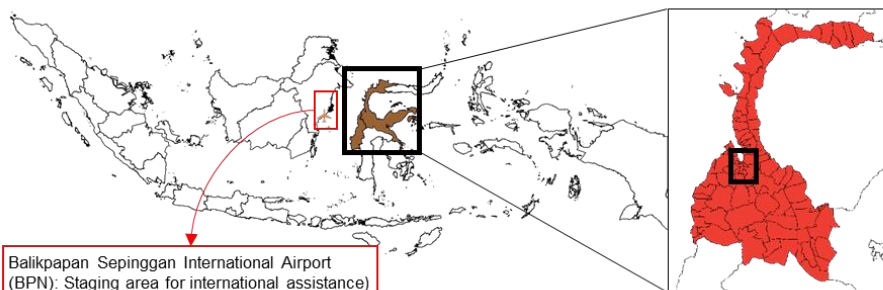
<http://adinet.ahacentre.org/reports/view/1319> | Glide: EQ-2018-000156-IDN
Friday, 12 October 2018, 18:00 hrs (UTC+7)

No. **11**

This Situation Update is provided by the AHA Centre for use by the ASEAN Member States and relevant stakeholders. The information presented is collected from various sources, including but not limited to, ASEAN Member States' government agencies, UN, IFRC, NGOs and news agencies.

M 7.4 EARTHQUAKE & TSUNAMI, CENTRAL SULAWESI, INDONESIA

Correct as at 12 October 2018



Most-Affected areas:

- Donggala
- Palu city
- Sigi



2,088
fatalities



78,994
displaced



67,310
Houses damaged



4,612
major injuries



680
missing



20*
Health facilities
damaged



Closed



**Limited
operating
capacity**



Open

Disclaimer: All partners who would like to share their information must do so by 1500 hrs (UTC+7) on the slated production date. All key statistics quoted by AHA Centre are those received from the National Disaster Management Authority (BNPB) of Indonesia.

(*) This is a corrected version. In the previous version, 2,736 refers to # of exposed school buildings within intensity V MMI. We are ssincerely apologize for this mistake



SITUATION UPDATE

1. HIGHLIGHTS

- a. The cascading events on 28 September 2018 are characteristic of a catastrophic disaster scenario where major earthquakes triggered near-field tsunami, major liquefaction, and landslides, which resulted in direct damages, impacts, and constrained humanitarian access (AHA Centre). BNPB figures are available at the following site: <https://sites.google.com/view/gempadonggala/beranda>
- b. Updated information on disaster damages and impacts are available in the infographic on page 1 and **Section 3**. Based on the available disaster impact information and recorded relief items from international and national, as at 10 October, initial gap analysis for several relief items are provided below. Humanitarian partners are encouraged to share their data for updating this gap analysis in various sectors and relief items.

Table 1 – Initial Gap analysis, correct as at 12 October

No	Item	Category	Remarks and Thresholds	Total Needs based on Individuals	Total Needs based on approx number of displaced households	Relief items from international partners		Relief items from in-country organization	Total relief items recorded	Gap / Additional relief items required
						Balikpapan	Palu			
1	Family/ Relief Kits	NFI	Per displaced Family	0	20,694	0	-	-	0	20,694
2	Tents	Shelter	Per displaced Family	-	20,694	67,310	2,576	1,086	3,356	4,442
3	Mosquito Nets	NFI	3 pcs per family	-	62,082	-	504	606	3,205	3,811
4	Hygiene Kits	WASH	Individual, for 2 month	82,775	-	-	36	452	1,855	2,307
5	Blankets	NFI	Individual	82,775	-	-	200	1,600	17,239	18,839

Source: consolidated from various sources of packing list of international assistance and shared info from in-country organizations, calculated by AHA Centre based on ASEAN's INAC

- c. Based on the Letter D/01853/10/10/2018/16 from the Ministry of Foreign Affairs (MoFA) sent to the AHA Centre on 3 October 2018, it had informed all that Government of Indonesia has decided to receive, for the time being, assistance as follows:
 - Air transportations (preferably C-130 or alike);
 - Tents (shelter kits);
 - Water treatment;
 - Electric generators; and
 - Financial donation, i.e. from the foreign governments and international organisations preferably to National Disaster Management Authority (BNPB) and Indonesian Red Cross (PMI).
- d. The AHA Centre has forwarded all offers of assistance from international humanitarian partners registered through SASOP to BNPB. Nonetheless, as per guidance from the Government of Indonesia, INGOs are strongly advised to contribute cash donations to PMI's account, or channel it through local CSOs. IGOs may channel



their support in the form of cash contributions to BNPB bank account, or through relevant ministries and/or the AHA Centre.

- e. BNPB informed that a USD bank account has been opened to receive international donations, as can be found below. BNPB advised partners who have donated to inform Ministry of Foreign Affairs (Mr. Ronny P. Yuliantoro at kantorsahli@kemlu.go.id).

Bank	: Bank Negara Indonesia (BNI)
Bank account	: RPL 175 BNPB PDHLN PALU
Account number	: 75520903-8
SWIFT Code	: BNINIDJA
Branch	: Bank Negara Indonesia (BNI) KCU Harmoni

- f. BNPB stresses that humanitarian partners must send the following documents, together with a cover letter regarding the mobilization of relief items, to BNPB (ksibnpb@gmail.com and cc to eoc@ahacentre.org) before mobilising any relief items: Donation Certificate, Packing list, Invoice, and Manifest
- g. Humanitarian partners are encouraged to take note on the conditions set by BNPB for INGOs supporting emergency response of Central Sulawesi Earthquake and Tsunami (Figure 1).
- h. Humanitarian partners may also wish to take note on the information management flow of the Joint Operations and Coordination Centre for International Assistance (Figure 2) as well as logistics support plan for international assistance (Figure 3). For more information and operational contact point, please contact AHA Centre and ASEAN-ERAT on the ground. For ensuring effectiveness of support ASEAN-ERAT has moved the **Joint Operations and Coordination Centre for International Assistance (JOCCIA)** to a new location at **-0.890777, 119.87149**.
- i. We would like to urge that actors rendering assistance on the ground to register their activities at JOCCIA so as to avoid duplication of efforts. This would greatly facilitate the government efforts in responding effectively in this response.

Regulations for International NGOs aim to provide assistance in Central Sulawesi

1. Foreign NGOs are not allowed to go directly to the field. All activities must be conducted in partnership with local partners.
2. Foreign citizens who are working with foreign NGOs are not allowed to conduct any activity on the sites affected by disasters
3. Foreign NGOs who already procured/prepared relief items in Indonesia need to register their assistance with the relevant ministries/agencies & mandated to work with local partners in distributing the aid.
4. If the respective NGOs have not registered their assistance with the relevant ministries/agencies, they are asked to register with BNPB for the distribution to the affected population on the field.

5. Foreign NGOs wishing to provide aid can do so through the Indonesian Red Cross (PM) or PMI's - with the guidance of the related ministries/agencies or local partners.
6. Foreign NGOs who have deployed its foreign personnel are advised to recall their personnel immediately.
7. A monitoring of foreign volunteers is required.
8. The delivery of relief items are being coordinated temporarily by BNPB through Balikpapan.



National Disaster Management Authority **BNPB**

Figure 1 Conditions for International NGOs providing assistance in Central Sulawesi





BNPB

JOINT OPERATION AND COORDINATION CENTRE FOR INTERNATIONAL ASSISTANCE INFORMATION MANAGEMENT WORKFLOW

JAKARTA

PALU

BALIKPAPAN

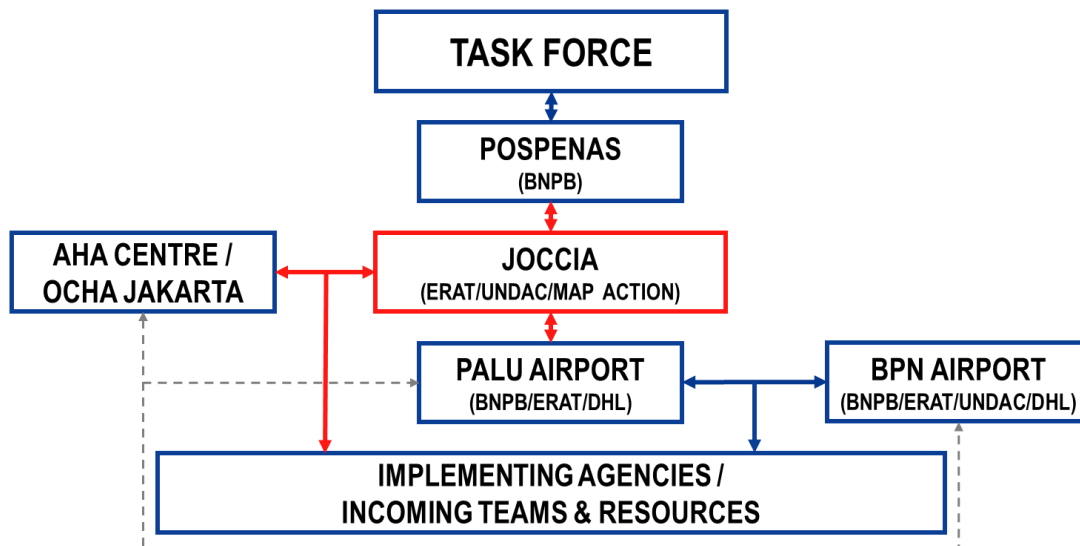


Figure 2 Information management workflow across three locations (JOCCIA, staging area and EOC)



BNPB

LOGISTICS SUPPORT PLAN FOR INTERNATIONAL AID

BPN AIRPORT

PALU AIRPORT

JOCCIA

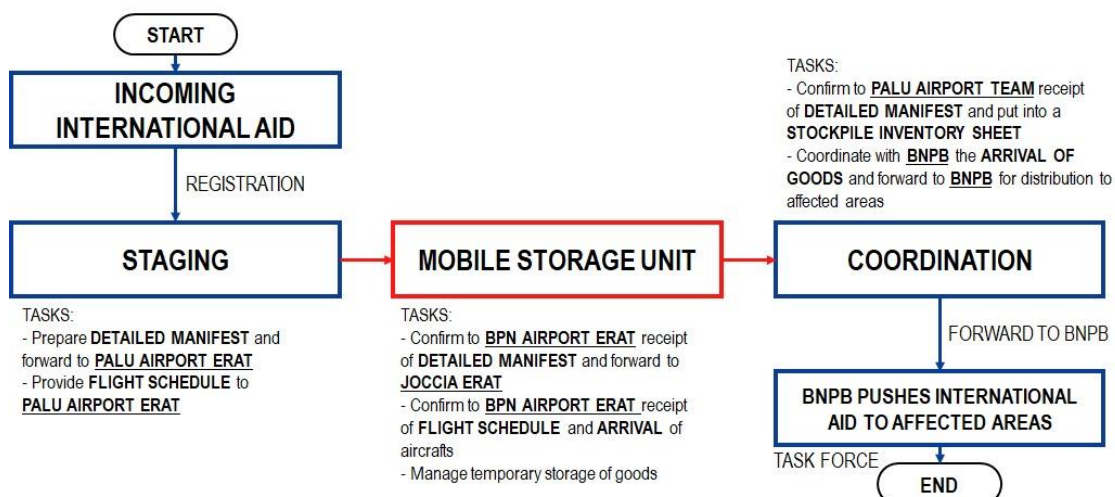


Figure 3 Logistics Support Plan for international aid (JOCCIA, staging area and EOC)



SITUATION UPDATE

- j. BNPB will be adopting the following logistics coordination flow on international assistance to the beneficiaries. This will be supported by partners such as PMI, IFRC, WFP and DHL.

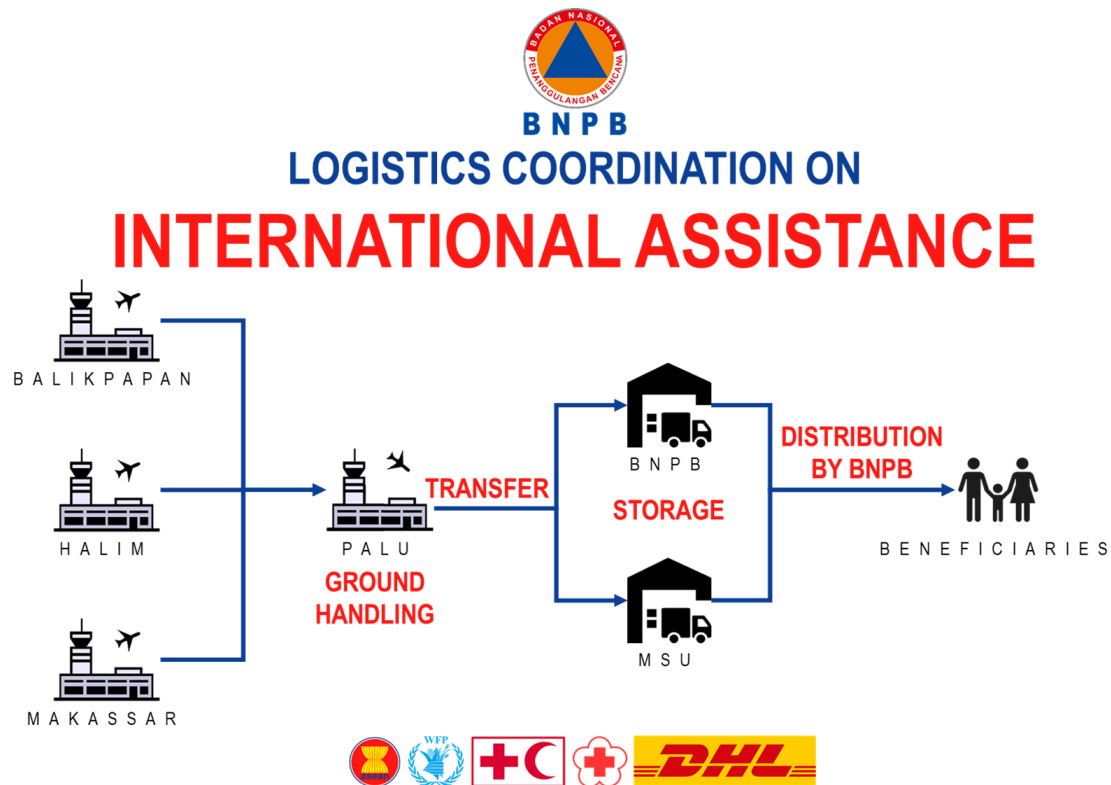


Figure 4 Logistics coordination on international assistance

2. SUMMARY OF EVENTS, FORECAST AND ANTICIPATED RISK

- The cascading events on 28 September 2018 catastrophic disaster scenario when major earthquakes triggered near-field tsunami, major liquefaction, and landslides, which resulted in direct damages, impacts, and constrained humanitarian access (AHA Centre). Till date (12 Oct 0600hrs UTC+7), there are 617 aftershocks being experienced in Central Sulawesi.
- The cove area of Palu City and Donggala Regency is a malaria risk susceptible area. Given that it is surrounded by hilly and mountainous areas, the surface runoff provides conducive breeding environments for *Anopheles maculatus*. Figure 5A shows the rugged terrain of Central Sulawesi and the cove region (Figure 5 and 9). Taking into account the maximum potential flight range, the high and medium risk areas of transmission is created as shown in Figure 5B. According to Sinka et al., 2011, habitats of the dominant vectors (*Anopheles* spp) are commonly located at 100 to 400 metres from the nearest human settlement. Despite not knowing the prevalence and incidence rate of malarial transmission, there is a high likelihood of sporadic transmission being detected within the next week.

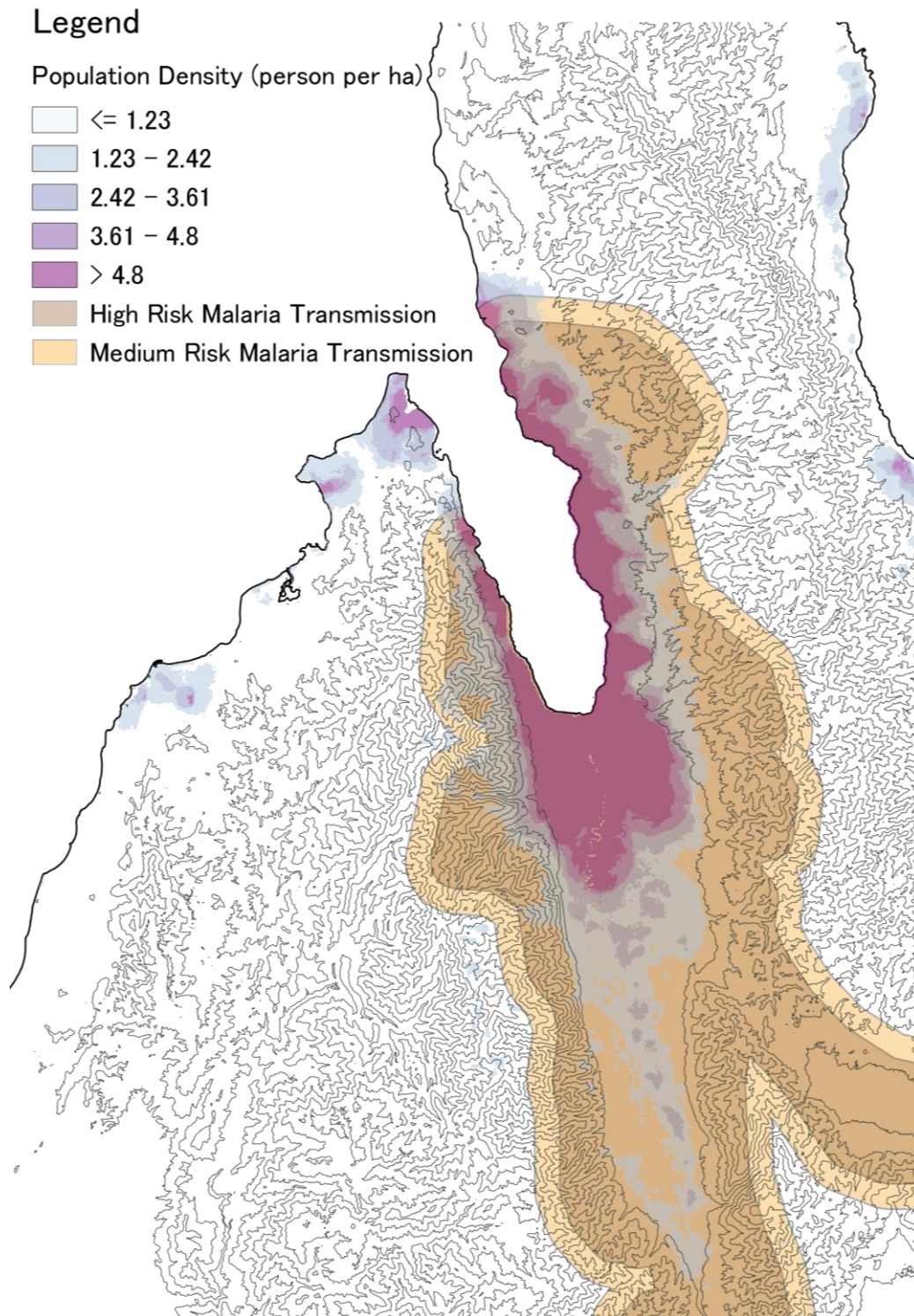
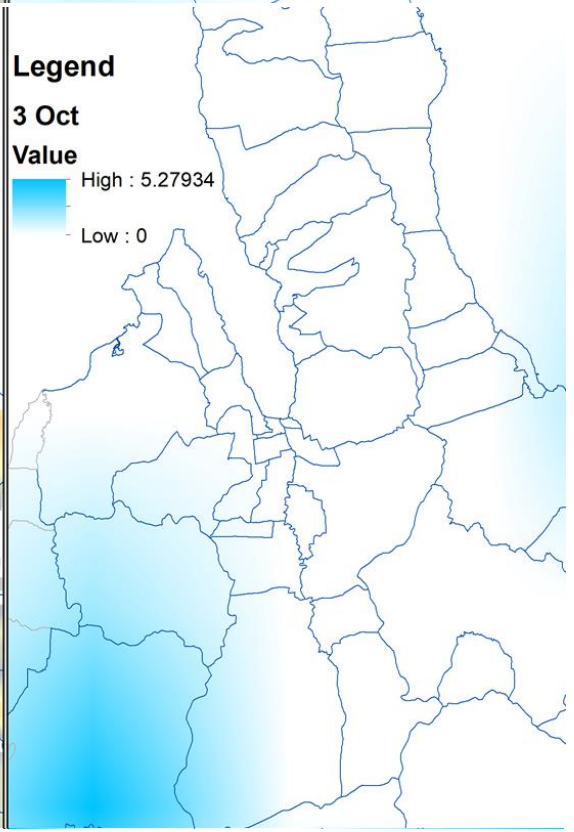
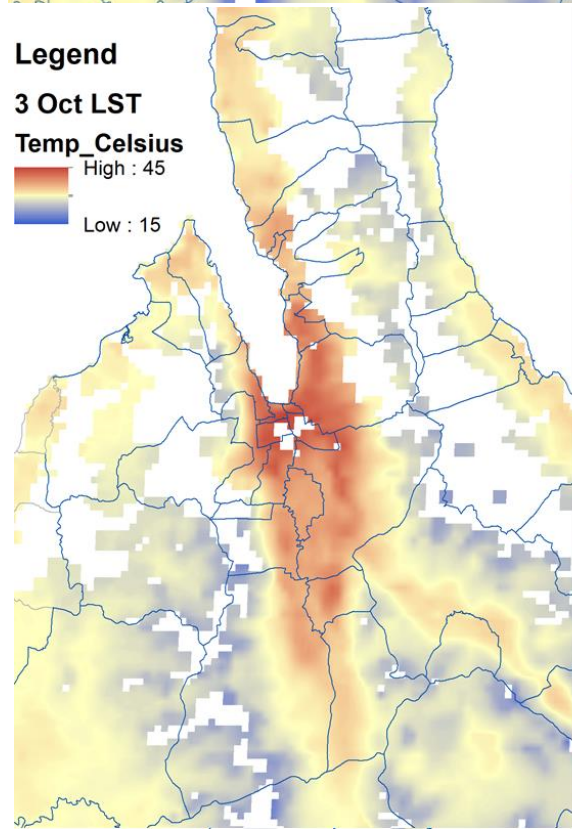
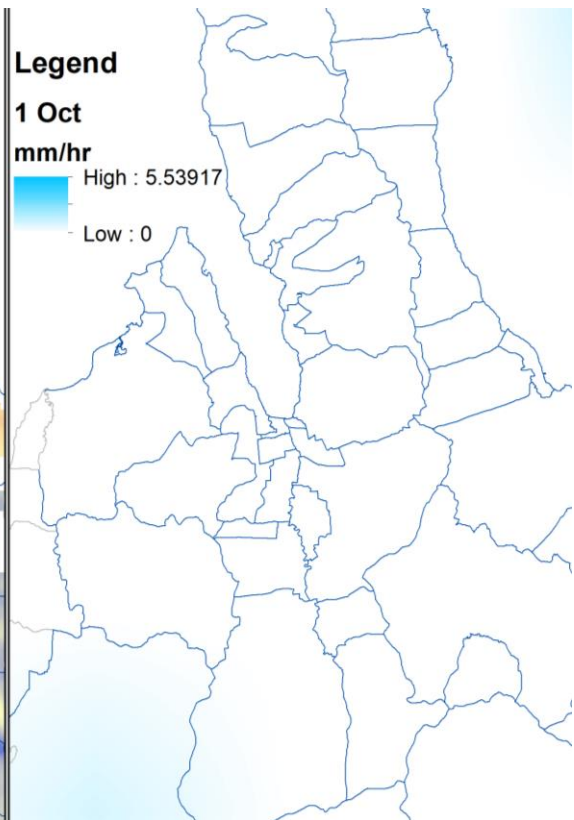
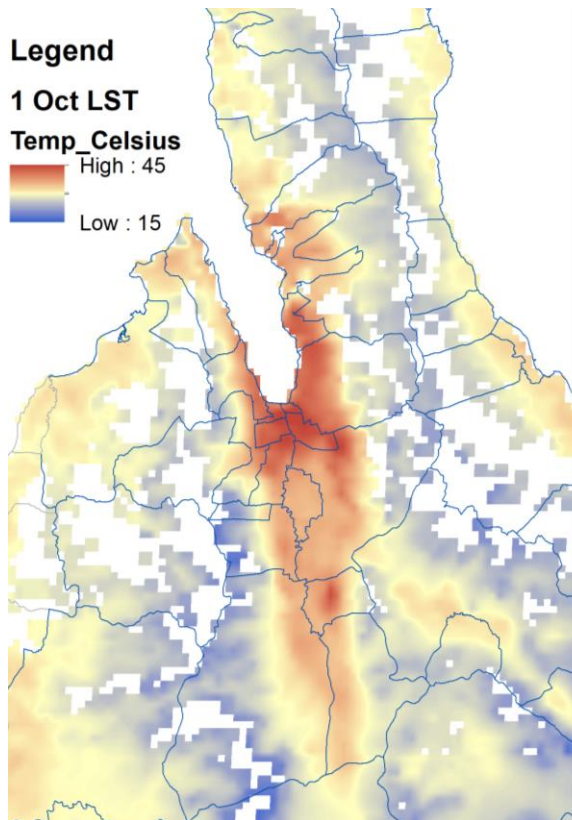


Figure 5 Population density overlay with malaria transmission areas

- c. Furthermore, since the start of the catastrophic event, the environmental conditions have been conducive for both *Aedes* spp and *Anopheles* spp breeding. By means of remote sensing data (Figure 6), there seems to be increasing precipitation around Central Sulawesi which will promote vector breeding.



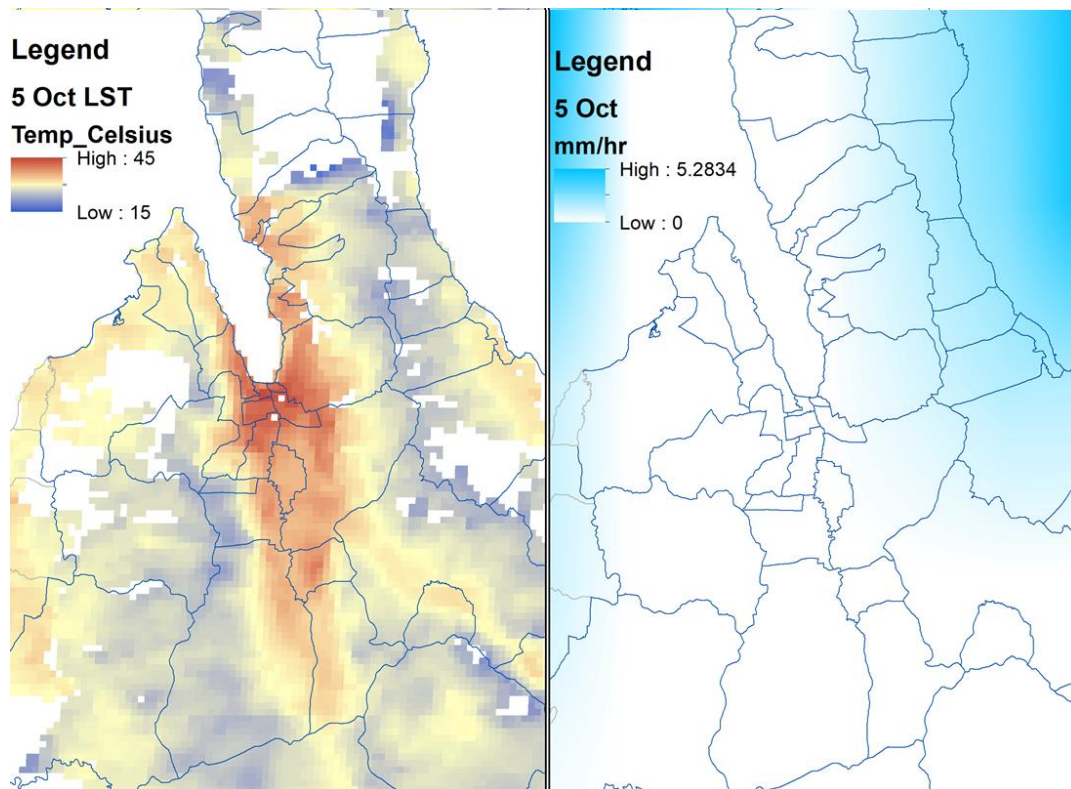


Figure 6 Remote sensing data – Land surface temperature (MOD11A1) and Precipitation patterns (3B42RT)

- d. As mentioned in previous updates, it is likely that an outbreak would bring burden to the healthcare services which is currently facing shortages. Based on Beck-Johnson et al., 2013 study on the effect of temperature on malarial vectors, it is likely that such an outbreak will have a high peak in a short period of time which may overload the health capacity. Furthermore, the outbreak may be extended due to the adult abundance prolonging transmission at ambient temperatures between 22°C and 30°C. (Figure 7).
- e. According to the models in Figure 7, as the weather gradually transitions from the Southwest Monsoon to Northeast Monsoon. Sulawesi is expecting to experience normal rainfall (Figure 8) and ambient temperatures of between 25°C to 34°C. Any outbreak of mosquito-borne disease will likely extend over a period of up to 200 days if there is no intervention measures carried out. Community based surveillance measures are currently being restarted by Ministry of Health with support from WHO. This will greatly ensure that detection of transmission will be swift to curb the spread of disease within the community.

10°C Seasonal Temperature Fluctuation (+/- 5°C around mean)

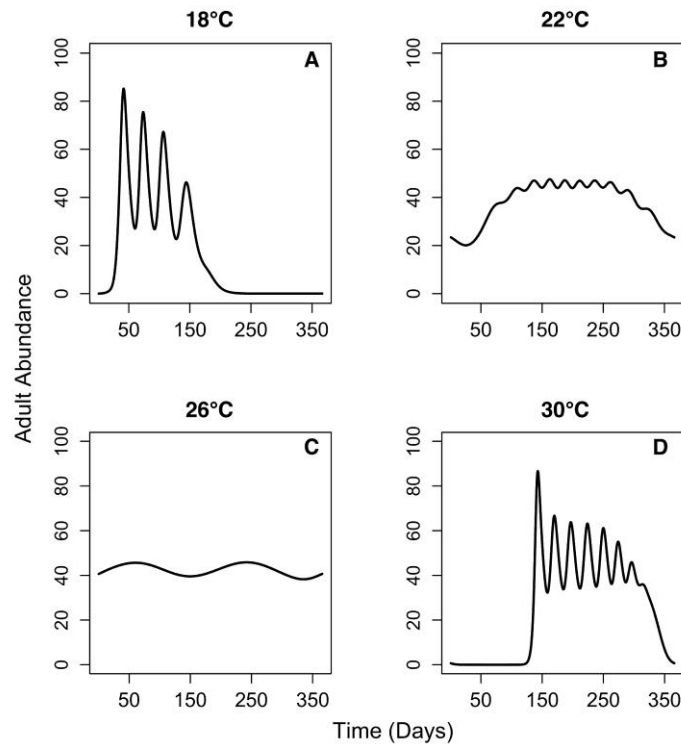


Figure 7 Adult abundance from model simulations with a 10°C seasonal temperature fluctuation (Source: Beck-Johnson et al., 2013) (A) Adult abundance trajectory over the course of one year, with a mean temperature of 18°C (B) Adult abundance trajectory over the course of one year, with a mean temperature of 22°C (C) Adult abundance trajectory over the course of one year, with a mean temperature of 26°C (D) Adult abundance trajectory over the course of one year, with a mean temperature of 30°C. The x-axes are all time in days over a single year and the y-axes are adult abundance.

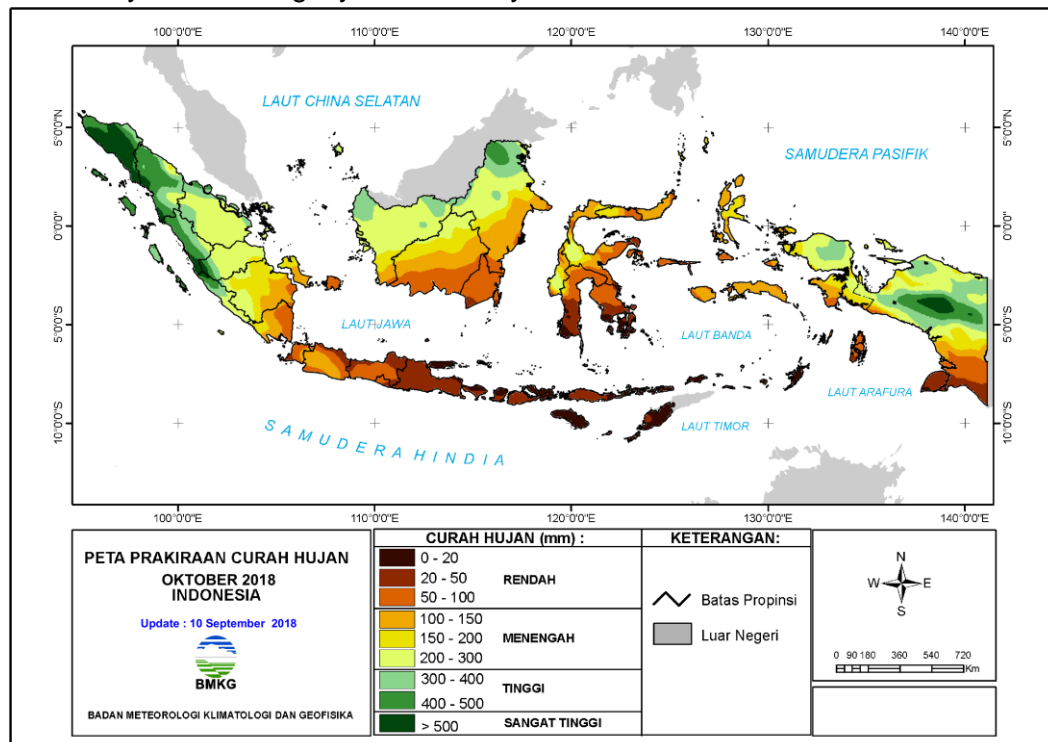


Figure 8 Rainfall forecast from BMKG



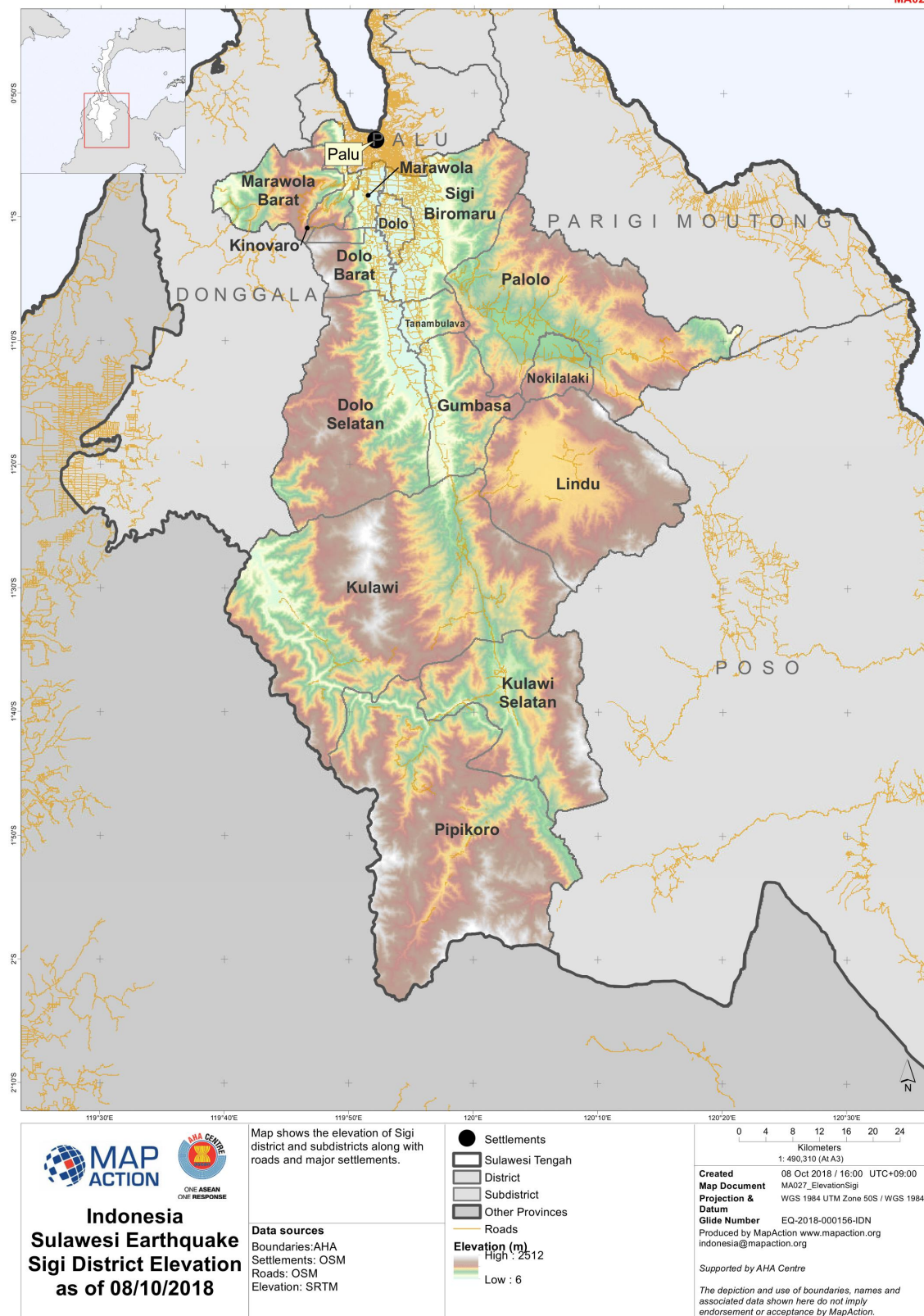


Figure 9 Elevation profile of Palu City and Sigi District

3. ASSESSMENT OF DAMAGE, IMPACT, AND HUMANITARIAN NEEDS

- a. The images from ASEAN-ERAT's rapid assessment is available at the following link, courtesy of MapAction's help. The rapid assessment was a coordinated effort among the local government, humanitarian partners and local NGOs.
<http://mapaction.maps.arcgis.com/apps/MapTour/index.html?appid=9570047442184e81aa118a5ddb44ade4&autoplay>
- b. Courtesy of DigitalGlobe and MapAction, we were able to visualise the extent of damage from satellite imagery with before and after high-resolution imagery at the following link:
<https://mapaction.maps.arcgis.com/apps/StorytellingSwipe/index.html?appid=6081f761fc274f9c8279942bfa>
- c. Since 29 September 2018, the number of injury cases and fatalities has been increasing, including the number of internally displaced people (IDPs). These trends can pose additional challenges to the health care delivery system that generally covers the health needs of individuals in most affected areas. Such include addressing medical and public health needs, particularly the prevention and control of communicable and non-communicable diseases. These can be aggravated by limited access to health workers in addition to existing problems such as the disruption to the delivery of primary healthcare, damage to sanitation services, water supply and housing as well as interruption to usual sources to safe and sufficient food in the community. As of 10 October, 14 hospitals (Palu -11; Donggala- 2 and Sigi- 1) and 50 primary health centres in the most affected areas (Palu -13; Donggala- 19 and Sigi - 18) have also been receiving and treating patients and are supported by national EMTs and volunteer health workers. Patients have also been referred to higher level hospitals in Makassar. There are also 8 functional pharmacies in Palu and 3 in Sigi (Source: BNPB).

On the supply of health workforce in the field, there are 1,793 medical personnel on the ground delivering health services to people in the most affected areas, namely, Donggala, Palu and Sigi. These comprise 387 medical doctors, 78 specialist doctors , 16 Anesthesia administrators, 79 Midwives, 446 nurses, 34 Pharmacists, 84 other medical personnel and 669 non - medics/paramedics (Source: BNPB, 10 Oct 2018).

Based on Ministry of Health requirements, health workers that are in need include physicians, ob-gynecologists, pediatricians, anesthesiologists, surgeons, psychiatrists, nurses, midwives, radiographers, environmental health officers and nutritionists (Source: WHO Situation Report #5, 8 Oct 2018).

Though number of deployed health workers is increasing, as calculated, this is still below the health worker emergency requirement based on the ASEAN Initial Needs Assessment Checklist (INAC) Standards. The types of health workers, their expertise and skills and how the health workforce is distributed across the affected areas are also vital considerations to ensure that health services are delivered where they are needed.



Table 2 - Health Service Needs of Population Exposed in Donggola, Palu and Sigi and Available Health Workforce in Central Sulawesi as of 10 Oct 2018

Population exposed in affected areas	ASEAN INAC Standard for HW Emergency Requirement	Health Workers on the ground (Source: BNPB)	Current Health Worker to population ratio
916,684 individuals	60 Health Worker per 10,000 population	1,793	20 Health Worker per 10,000 population

The number of health workers and the services that they are able to deliver can have an immense impact on the overall health outcomes of the affected populations especially in the prevention and control of communicable and non-communicable diseases. Based on the result of the rapid assessment among the leading health conditions and diseases found in evacuation sites are injuries, unsafe maternal delivery, diarrhoea, acute respiratory infection (ARI), malaria, chronic diseases and skin diseases.

- d. 4 suspected measles cases have been reported to MOH/WHO from PMI mobile medical teams from different areas of Palu and Sigi. MOH is planning to send the field teams for active case finding. Plan for training PMI teams on EWARS and IPC.
- e. Based on the results of the Joint Needs Assessment, sanitation practices have worsened as expected in a post disaster setting (Figure 10). 66.4% of men and 63.9% of women (n=241, one missing data) reported a decrease in usage of personal toilets. There is an average increase of 33.0% in usage of public toilets and 32.2% of open defaecation practices. Unsanitary practices will increase the likelihood of diarrheal disease transmission and responders are urged to take note of their health. Diarrhoea as a symptom of several communicable diseases is primarily due to the unsafe drinking water and inadequate WASH facilities. Provision of dignified and safe sanitation areas are crucial in curbing the spread of these communicable diseases. An average of 100 people are visiting Red Cross basic healthcare clinics each day with around 30% of patients are suffering from diarrhoea and skin rashes. ([Humanity Road](#)).



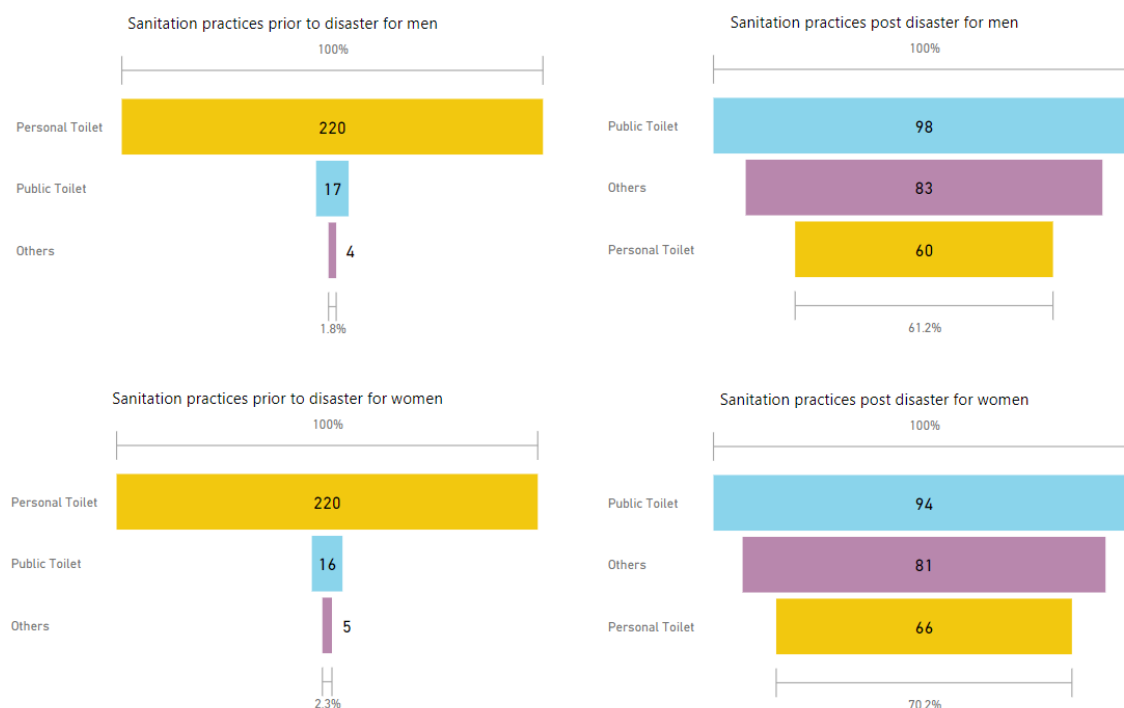


Figure 10 Sanitation practices comparison (prior and post disaster) disaggregated by gender. (Source: Joint Needs Assessment results)

- f. Based on the 241 respondents (one missing data), there are a total of 85.5% of respondents who mentioned that their houses are damaged and 83.0% of the total respondents are staying outside of the houses. Of the 200 respondents staying outside their homes, only 194 (97%) responded. Of the 194, 39.2% are staying in outdoor shelters, 26.3% are staying in formal camps and 10.8% staying with other family members. 9.79% are living in other dwellings, with 5.67% living in public buildings and 6.7% unable to stay in any dwellings. Family tents are still an important need which will be distributed to those in need (Figure 11).
- g. The spread of communicable diseases can potentially compound issues in overcrowded evacuation sites and in usual instances, the vulnerable groups (children and elderly) are most affected. Overcrowding may be anticipated as currently there are only 112 camps to cater to the needs of 82,775 displaced individuals (as of 9 October 2018). The number of IDPs, though increasing, only comprises 3.43% of the total number of those exposed to moderate to strong intensity above V MMI (2,441,386) and 9% of those needing urgent humanitarian assistance in most affected areas, namely, Donggala, Palu and Sigi (916,684).

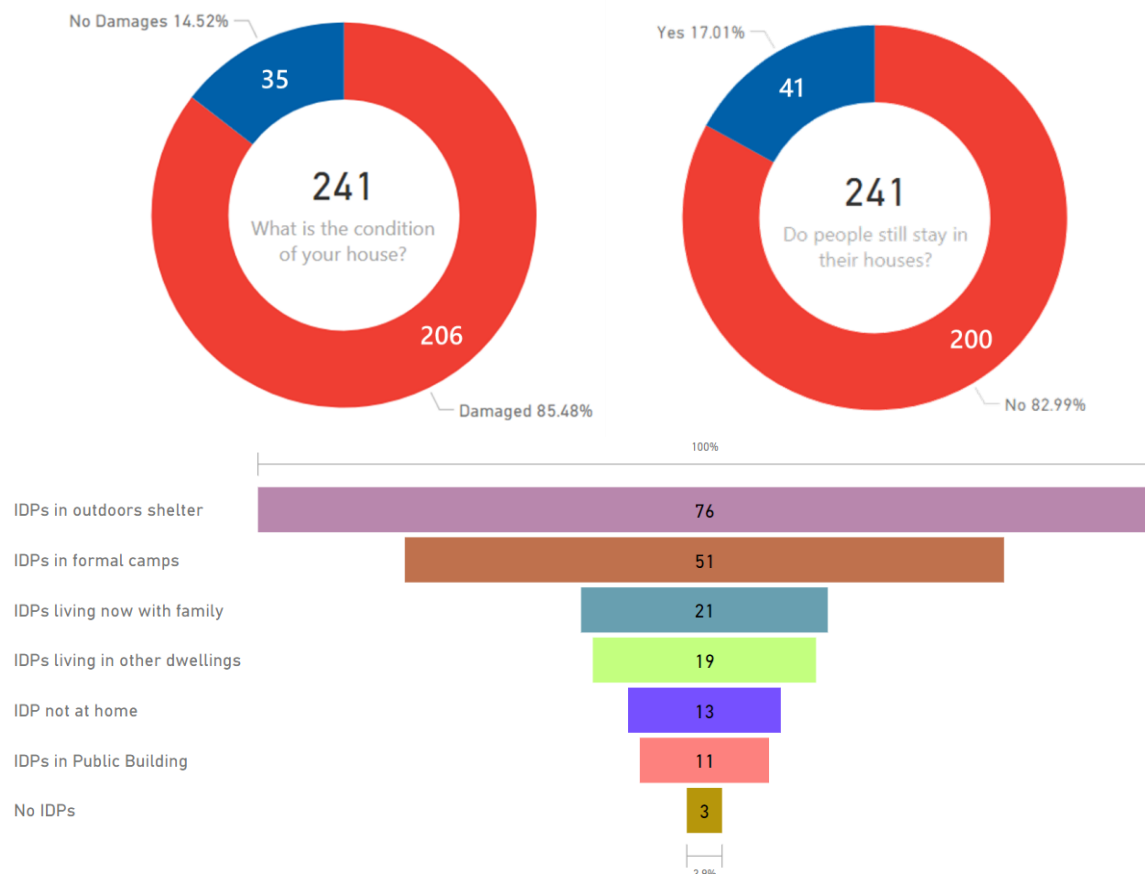


Figure 11 Damages to dwellings and displaced persons' current dwellings (Source: Joint Needs Assessment results)

- h. Of the 241 respondents (Figure 12), 43.2% did not respond to reasons why they are unable to return home. Almost half of the respondents cited reasons that they felt unsafe and there was perceived risk of further disaster (24.1%) while the other was that their homes were destroyed or damaged (21.2%) as a result of the event. To note was that of the 4.56% of respondents (n=11), there were at least 4 who mentioned that they were still grappling with the traumatic event post disaster. Psychosocial support will be needed to ensure that the affected community is able to return to normalcy in the shortest time possible.

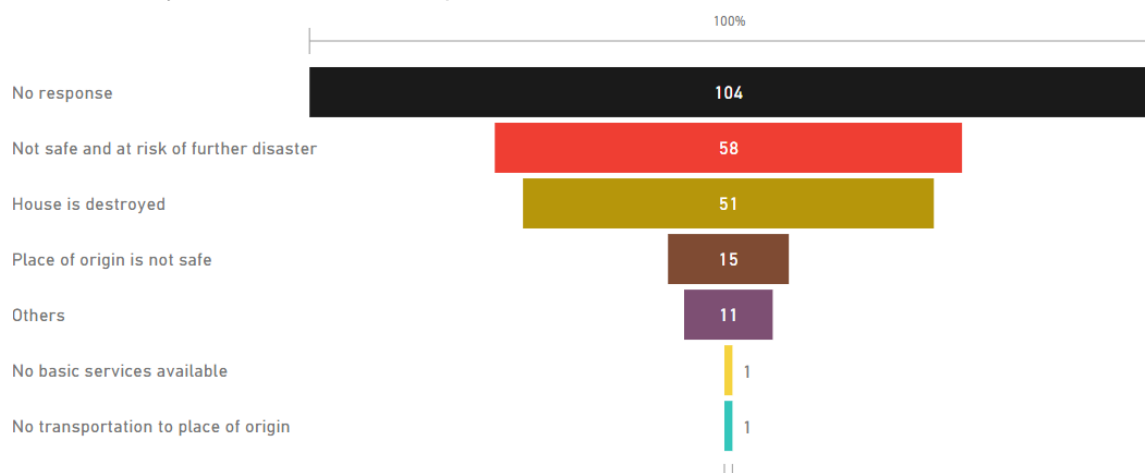


Figure 12 IDPs' reason on their inability to return home (Source: Joint Needs Assessment results)

- i. At least 1,500 residents of Jonooge Village, Biromaru Subdistrict, Sigi Regency in Central Sulawesi, as of Tuesday (02/10/2018) are still in displaced because their homes were mostly damaged by the earthquake. This is consistent with the findings in Figure 11 and 12 above. They continue to survive as their food reserves continue to run low. Most of the villagers are women, elderly, children and toddlers who are in need of food, drinking water and medicine. They reported that there are no health tents and medical personnel who can be approached for help ([Humanity Road](#)).
- j. Based on the data received from the education sector as of 11 October 2018, 1700hrs, across the board, Palu City (43.0%) suffered the most to their education sector followed by Donggala Regency (30.3%), Sigi Regency (15.3%) and Parigi Moutong Regency (11.4%). The data in Figure 13 shows that Palu city has the highest number of students affected (67,754 students), followed by Donggala Regency (39,042 students), Parigi Moutong Regency (17,296 students) and Sigi regency (13,861 students). The data in Figure 14 shows that Donggala Regency has 311 schools affected, while Palu City has 283 schools affected, Sigi Regency 227 schools affected and Parigi Moutong with 82 schools affected. The earthquake and tsunami does not only impact school infrastructures but also the teachers. It was recorded that there are 4,545 teachers affected in Palu City, 2,610 teachers affected in Donggala Regency, 1,160 in Parigi Moutong regency and 994 in Sigi Regency (Figure 15). With the number of students, schools and teachers affected, it would impact the teaching and learning activities. The education sector needs to be one of the priority to be recovered as the students need to have the opportunities to learn once the situation has become conducive.

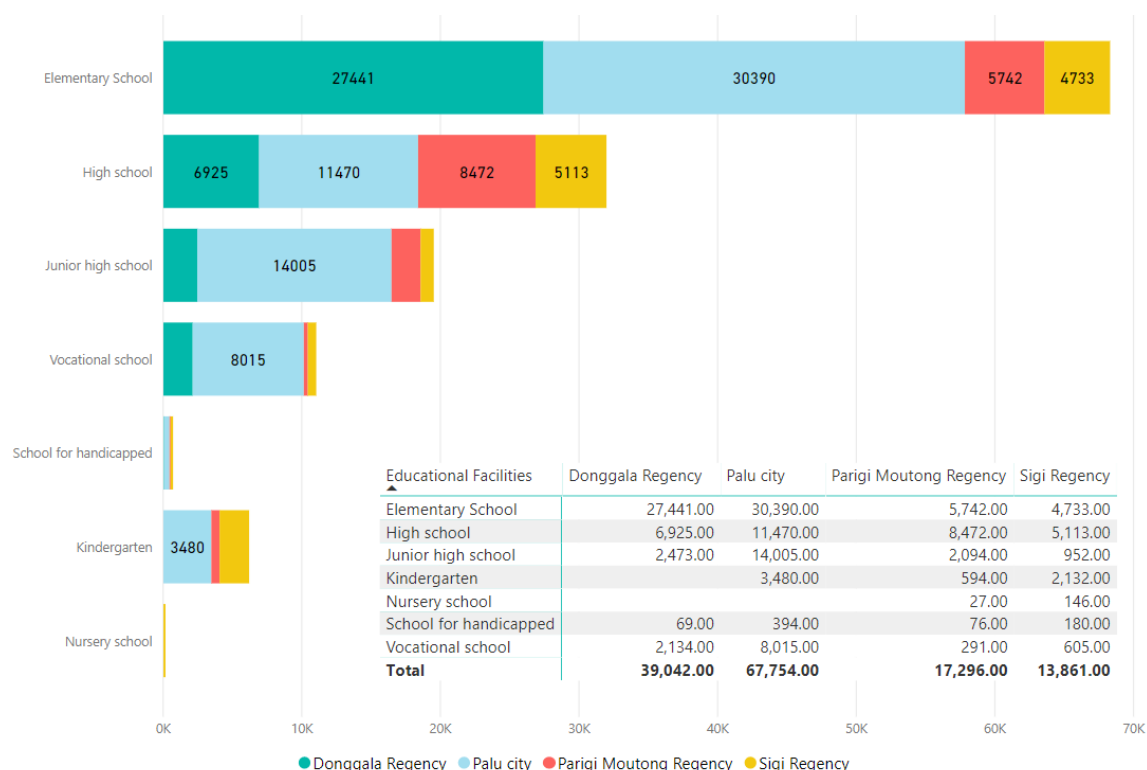


Figure 13 Number of students affected across the 4 affected areas disaggregated by educational facilities

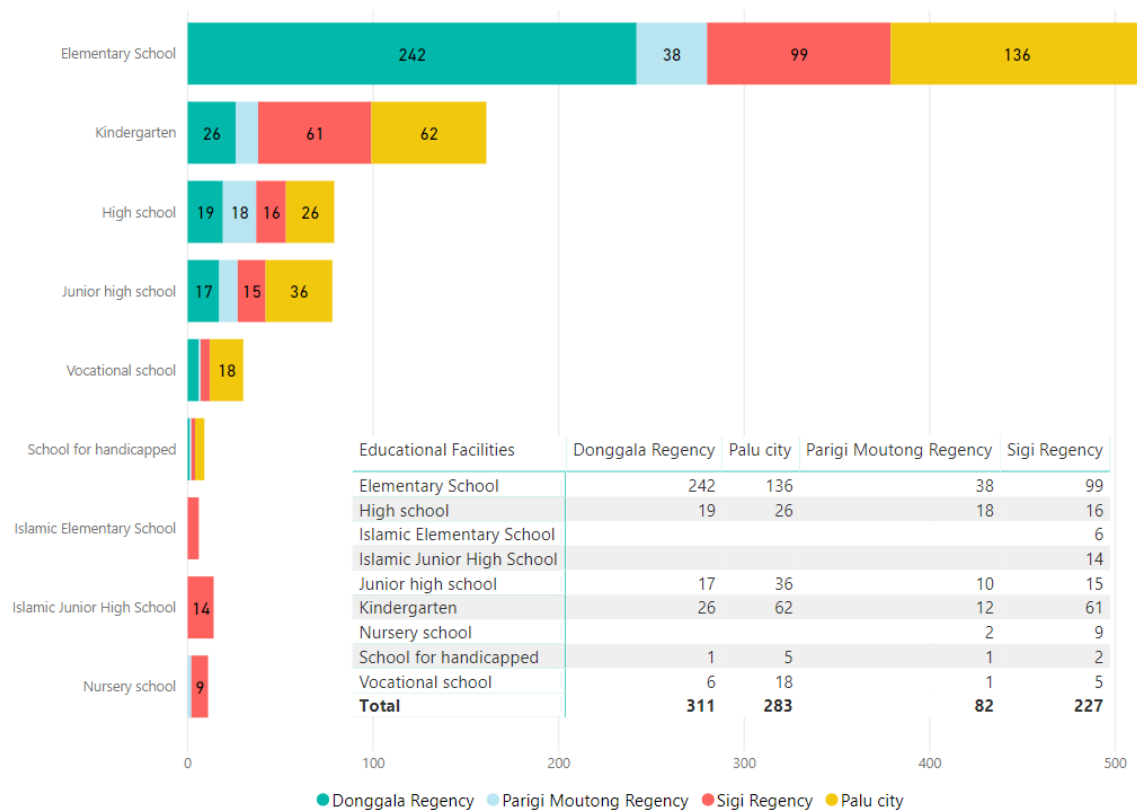


Figure 14 Number of educational facilities affected across the 4 affected areas

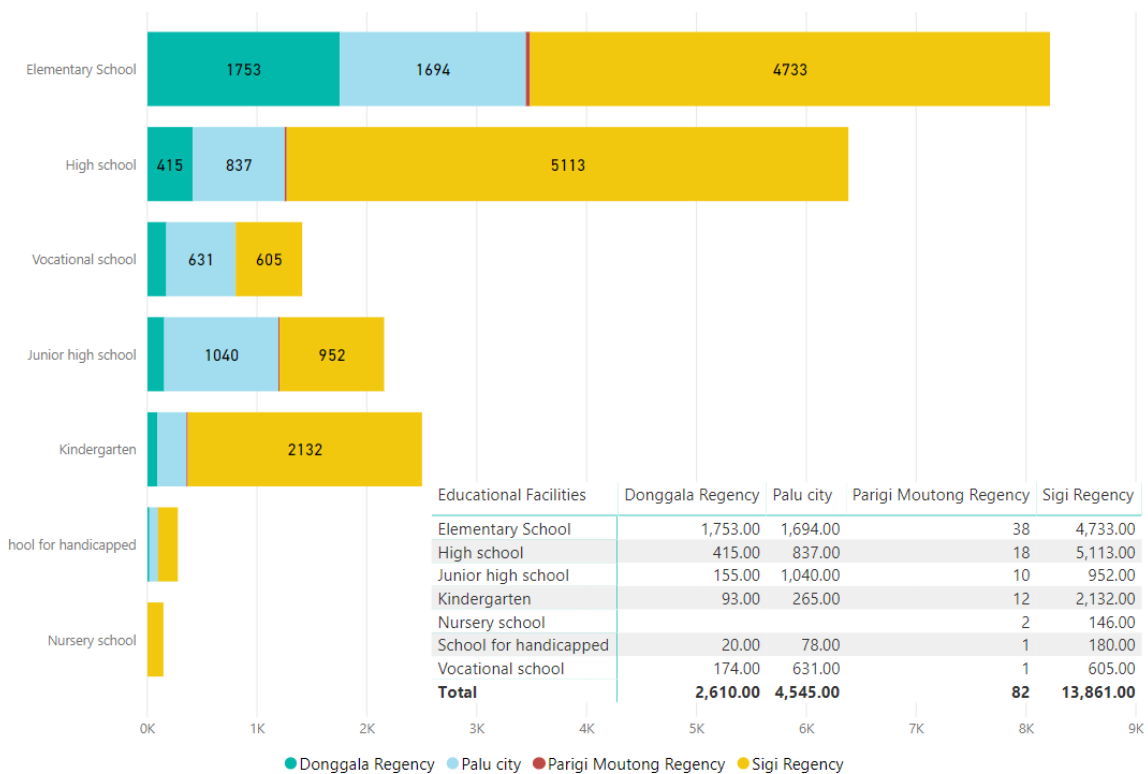


Figure 15 Number of teachers affected across the 4 affected areas disaggregated by educational facilities



4. ACTIONS TAKEN AND RESOURCES MOBILISED

Response by Government of Indonesia & State-owned Companies

- a. Based on the Central Sulawesi Governor's Office No. 466/463 / BPBD / 2018 Dated October 12, 2018, Central Sulawesi Disaster Emergency Response Status was extended by 14 days from Oct. 13 to Oct. 26, 2018. ([Source](#))
- b. It is currently the second week from the initial decision of Governor of Central Sulawesi on the 14 days of emergency response period dated 28 September to 11 October 2018. At this stage, SAR operations will be completed by 11 October 2018. In addition, the governor elected Commander of Military Resort 132/Tadulako as Incident Commander with the Incident Command Post located at Makorem 132/Tadulako (-0.897464°, 119.877599°), Palu city.
- c. As at 10 October, government has ensure medical services resume in 14 hospitals and 50 health centres across the most affected areas. In total 1,793 medical professionals are on the ground. According to BNPB release, some of the technical difficulties in medical services include:
 - Access problems to Sigi Regency
 - Additional medical personnel required, particularly to be stationed at local health centre
 - Proper medical waste management required.

Table 3 – Social Facilities in operation as at 10 October 2018

City/Regency	Palu city	Donggala Regency	Sigi Regency	Parigi Moutong Regency
Social facilities in operation				
Hospital	11	2 (incl. Airlangga Vessel hospital)	1	<i>t.b.a.</i>
Health Centre (<i>Puskesmas</i>)	13	19	18	<i>t.b.a.</i>
Public kitchen	10	4	2	<i>t.b.a.</i>
Traditional market & Supermarket	5	<i>t.b.a.</i>	<i>t.b.a.</i>	<i>t.b.a.</i>
Bank & financial facility	12	3	3	

Source: BNPB, 10 October 2018

- d. Cumulatively until 10 October, a total 10,875 personnel have been deployed to the affected areas; i.e. 7,108 from Indonesian Armed Forces; 2,208 and Indonesian Police, and 1,560 civilian.
- e. A [web portal on BNPB's page](#) has been prepared for sharing maps, providing updates and information to public and media.
- f. Indonesian Space and Aeronautical Agency (LAPAN) provided high resolution pre earthquake and tsunami images, accessible here: http://pusfatja.lapan.go.id/simba/qr/earthquake/Layout_Gempa_Palu_Donggala/
- g. Geospatial Information Agency (BIG) provided relevant layers for mapping and operations planning purposes at the following address: <https://cloud.big.go.id/index.php/s/sxb9TEStoDYT276>

Response by the AHA Centre and ASEAN-ERAT



- a. ASEAN-ERAT has supported BNPB and Ministry of Foreign Affairs to setup the Joint Operations and Coordination Center for International Assistance (JOCCIA) co-locate with BNPB's National Assisting Post (Pospenas) at Rumah Jabatan Gubernur. The JOCCIA has been moved to new location at -0.890777, 119.87149. UNDAC team, MapAction, and Telecom Sans Frontier supporting ERAT at the JOCCIA.
- b. To further strengthen coordination among organisations, the AHA Centre Emergency Operations Centre is currently housing the joint-efforts for assessment and information management, including representatives from OCHA, MapAction, IFRC.
- c. A joint-briefing between BNPB, the Secretary-General of the United Nations, World Bank CEO, UN-OCHA and AHA Centre took place in the office of the Governor of Central Sulawesi. The briefing discussed the inter-operability of the UN and the ASEAN in responding to emergencies and supporting the Government of the affected country. (Figures 16 to 18)
- d. Two ASEAN's Mobile Storage Unit had arrived and been set up in the vicinity of Palu Airport. The MSU will provide a temporary storage solution to the incoming relief items. In parallel, ASEAN-ERAT in Balikpapan and Palu will continue their support on logistic management and airlifting of cargo.



Figure 16 Joint-briefing by BNPB and AHA Centre to the Secretary-General of the United Nations, World Bank CEO, UN dignitaries in Palu.



Figure 16 to 18 Joint-briefing between BNPB, the Secretary-General of the United Nations, World Bank CEO, UN-OCHA and AHA Centre in Palu.

Response by the United Nations and Humanitarian Country Team (HCT)

- a. The United Nations Secretary General visited Palu city and other affected areas on 12 October 2018.
- b. [OCHA](#) has jointly developed a 4W snapshot with AHA Centre as of 11 October 2018 (Figure 19).



- c. [WHO](#) will implement US\$1.2 M out of 3 M allocated for the health cluster. The activities will focus on restoring EWARS in 22 primary health centers; strengthen health cluster coordination, mobilization of FETP students from universities to support surveillance during outbreak, vector control, and collaborate with professional associations in supporting mental health. WHO is also supporting Ministry of Health on EMT management and coordination.
- d. World Food Programme ([WFP](#)) is supporting the logistics management at Balikpapan and Palu, together with AHA Centre and BNPB. A warehouse has been identified at the seaport and WFP is working with the seaport authority and operators to secure the facility as common storage.
- e. [UNICEF](#) launched a combined emergency and recovery appeal to meet the urgent humanitarian needs of children in the aftermath of the Sulawesi and Lombok disasters over a period of 6 months. The funds will help provide water, sanitation and hygiene (WASH), health, nutrition, education and child protection services for an estimated 475,000 children. UNICEF and partners will be providing water and sanitation services for displaced populations, complemented by hygiene promotion; UNICEF will also help with the resumption of health and nutrition services and will be setting up temporary learning spaces.

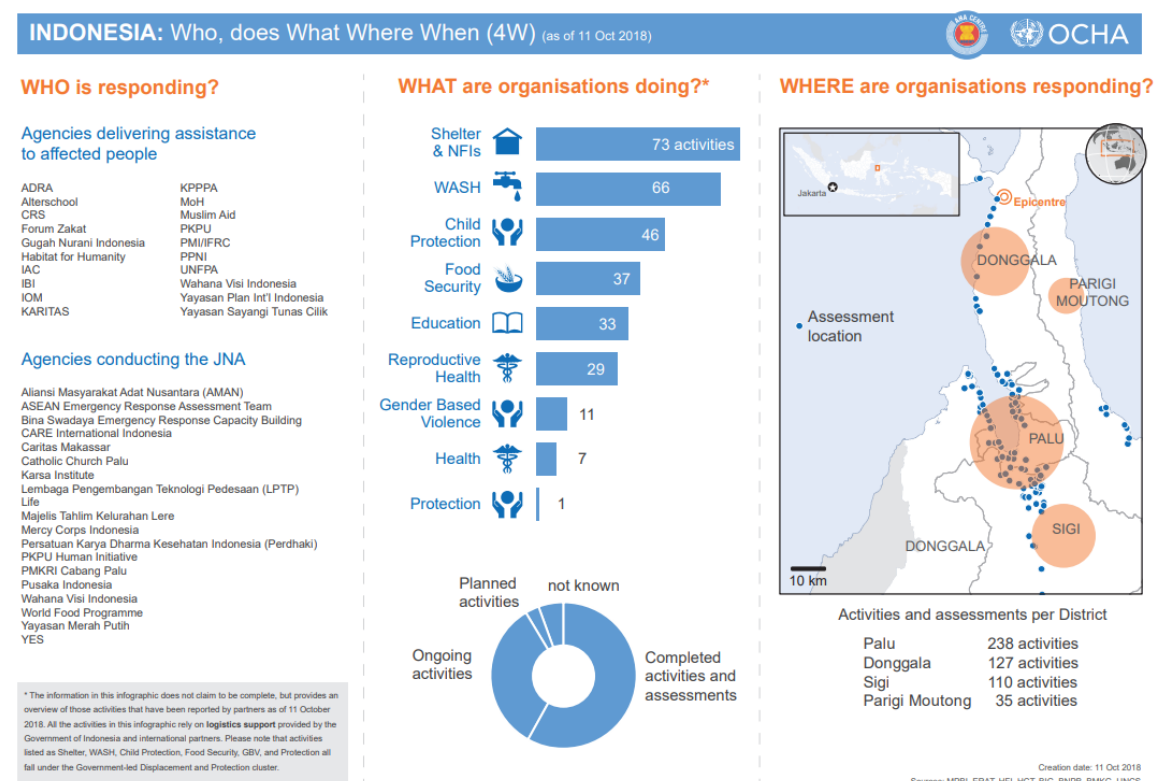


Figure 19 4W snapshot of the response in Palu

Response by Humanitarian Partners and others

- a. ICRC released a link <https://familylinks.icrc.org/indonesia> dedicated for people to track their lost family members.
- b. [World Bank](#) has offered its support for recovery of the affected areas from Central Sulawesi Earthquake and Tsunami. This could include: Immediate augmentation of existing social protection programs to help those most directly affected in Sulawesi; a new standalone emergency recovery program to rebuild critical public facilities and infrastructure assets, including hospitals, schools, bridges, roads, highways, water



supply infrastructure, and strengthen monitoring and early warning systems; Financing for the reconstruction and rehabilitation of housing settlements and neighborhood level infrastructure and services; and a technical assistance program to underpin and guide the response.

- c. In-country team of SOS Children's Villages International ([SOS Indonesia](#)) established a Child Care Space (CCS) in the area of Tumbelaka and benefitted nearly 40 children. A CCS offers children a safe place to play and learn while recovering from the trauma of their ordeal. SOS Indonesia plans to buy materials such as toys, games, sports equipment, study material and tarpaulins from larger cities like Makassar and bring them by air to Palu. The SOS team in Palu is working with other partners such as Save the Children, UNICEF and local NGOs.
- d. Upon clearance from the BNPB, [Humanity First \(HF\) Indonesia](#) is providing humanitarian services in an IDPs camp in Pombewe Village. They are preparing for a 3 weeks operations. HF also deployed an EMT Type 1, which catered 100 patients within 2 temporary clinics, operational until 13 October. HF Indonesia will be opening a public kitchen to fulfill the projected needs of approximately 5,000 IDPs. HF Indonesia estimate the provision of 1,000 hot meals twice a day (2,000 meals per day). HF's is also exploring provision of temporary shelter assistance for the community.
- e. [Direct Relief](#) is supporting the Muhammadiyah Disaster Management Center, which is conducting search and rescue, as well as medical outreach throughout the affected area.
- f. Yayasan Plan International Indonesia had distributed 504 packages of shelter kits and 482 packages of hygiene kits across 5 locations in Palu and Sigi district since 11 October 2018 and had since reached 504 affected families. They are also contributing on the support to the education sector with 20 temporary learning spaces, including distribution of 2,000 school kits during the period of response (over 6 months). YPII team will continue to be actively involved in coordination meeting especially education, women and child protection, wash, joint secretariat for child protection including with Poskogap, Pospenas and AHA Centre.
- g. Yayasan Plan International Indonesia conducted 6 mobile recreational activities in 6 IDP camps located in Sigi, Palu and Donggala which reached 136 children (55 boys and 81 girls). In addition, 6 tents (9x10 m) had been set in 5 IDP camps to be used as community centres or recreational activity centres to carry out learning and teaching activities for children.
- h. [Save the Children](#), operating through its local partner Yayasan Sayangi Tunas Cilik (YSTC), is establishing temporary learning centers in affected areas to provide children with basic learning as well as a vital sense of routine and normality amid so much devastation. YSTC is also supporting the Ministry of Education to coordinate activities running across several different NGOs as a member of the Safe School secretariat. Save the Children's partner has provided hundreds of affected families in Sulawesi with life-saving relief including hygiene kits, fresh water, plastic sheeting and rope for shelter.
- i. Lutheran World Relief ([LWR](#)) is working with a local partner, YAKKUM Emergency Unit (YEU) to respond to the needs of people affected by this devastating earthquake and providing food and essential items such as mattresses, blankets and feminine



care kits to 1,000 households in two villages in Palu. Lutheran World Relief has committed \$100,000 to support the response.

- j. Humanity Road volunteers had provided 2 situation updates based on analysis and horizon scanning. ([Situation update 1](#), [Situation update 2](#))
- k. Open Street Map data for Palu City and Donggala Regency are available at Humanitarian Data Exchange and updated on daily basis at 2300 hrs UTC+7. The datasets include buildings, road, point of interest, waterways. OSM tasking managers are available here,
 - OSM Tasking Managers for Donggala Regency available here: <http://tasks.openstreetmap.id/project/45>
 - OSM Tasking Managers for Palu city available here: <http://tasks.openstreetmap.id/project/78>
- l. 11 Puskesmas (primary health centers) and 10 hospitals are functional in Palu City including the major central referral hospital called Undata hospital. Drugs and supplies are supported by MOH to all service providers through their 2 warehouses in Palu including the reimbursement of cost for patient care services. Community clinics are gradually opening but are operated by limited medical personnel.
- m. PMI also mentioned current challenges such as electrical supply in certain locations is still unavailable, road access, out of reach areas due to insufficient human resources, psychological impact among affected people is increasing due to delay in assistance, spread of displaced people along the roads and insufficient energy/fuel supply.
- n. PMI continues to scale up distributions, including shelter distributions (tarpaulins) and a blanket distribution of solar lanterns and hygiene kits in communities in west Donggala.
- o. PMI currently operates 10 water trucks which serve the area of Palu city (3 water trucks), Donggala District (4 water trucks), and Sigi (3 Water trucks). Until 10 October 2018 there is 407,465 liters of safe water has been distributed benefited 38,044 beneficiaries in Palu, Sigi and Donggala.
- p. PMI is coordinating distribution of relief items emergency services. Below is the list of items distributed by PMI as at 10 October 2018:

Items	Units
Public kitchen services (food packets)	9,631
Body management	329
RFL (request)	1,085
PSS services	31,752
Emergency shelter	1,653
Clean water distribution (liter)	407,465
People reached with clean water	38,044
Tarpaulin	2,531
Blankets	2,183
Matt	203
Sarongs	17
Family Kit	578
Hygiene Kit	20
Baby Kit	109



6. UPDATE ON HUMANITARIAN ACCESS

- a. CIQP facilities and process for international assistance can only be done at Balikpapan International Airport. Other point of entry at Halim Perdanakusuma Airport (Jakarta) and Makassar Airport are only designated for domestic / in-country relief items. Update in logistic cluster on 9 October indicated that international ocean shipments can be cleared in Jakarta and Surabaya. Please refer to Logistic Cluster on schedule of for next shipments.
- b. Due to the nature of the emergency, import duties (taxes) will not be charged for good that are intended as relief items and/or donations channelled during emergency response period or in the transition period to recovery, i.e. in accordance to [Finance Ministerial Decree No. 69/PMK.04/2012](#). Countries and organisations are required to apply for tax exemptions by submitting documents to BNPB.
- c. Logistic Cluster is providing a summary on the CIQP process for the mobilisation of humanitarian relief items, which is available [here](#).
- d. The Balikpapan airbridge has been extended for an additional two (2) weeks till 26 October. Approximately 100 metric tons of relief goods are planned for 12 October. Organisations wanting to send their aid through Balikpapan need to obtain a [flight clearance](#) from the Ministry of Foreign Affairs (MoFA) in addition to the usual documentation.
- e. Palu Airport is experiencing cargo congestion due to lack of consignee information for transported relief items. The congestion is expected to ease shortly as two Mobile Storage Units (MSUs), to be managed by AHA, have now been erected within the airport perimeter to house incoming relief items.



Figure 20 ASEAN's Mobile Storage Units (MSUs) and from other organisations are being constructed in Palu City, Central Sulawesi

- f. Electricity, telecommunication, and access to fuel are significantly increased in Palu city. However, it is still a limited supply for Sigi and Donggala.
- g. Recent update on access to telecommunication networks for all three providers: Telkomsel, Indosat and XL, can be seen in the table below.

Rekapitulasi BTS

(per 11 Oktober 2018 pukul 16.04) WIB

Semua	TSEL	ISAT	XL
Kota/Kab	BTS Total	BTS Aktif	Persenta...
Banggai	371	371	100.0 %
Banggai K...	51	51	100.0 %
Banggai La...	37	37	100.0 %
Buol	104	104	100.0 %
Donggala	249	177	71.08 %
Kota Palu	1119	865	77.3 %
Morowali	171	171	100.0 %
Morowali ...	115	115	100.0 %
Parigi Mou...	432	428	99.07 %
Poso	285	285	100.0 %
Sigi	246	156	63.41 %
Tojo Una...	117	117	100.0 %
Tolitoli	222	222	100.0 %
Total	3519	3099	88.06 %

- h. Humanitarian access and mobilisation of relief items have been improved with the deployment of military assets in Balikpapan and Palu. The figure below exhibits in-country and foreign military assets mobilised to support humanitarian operations to Central Sulawesi Earthquake.

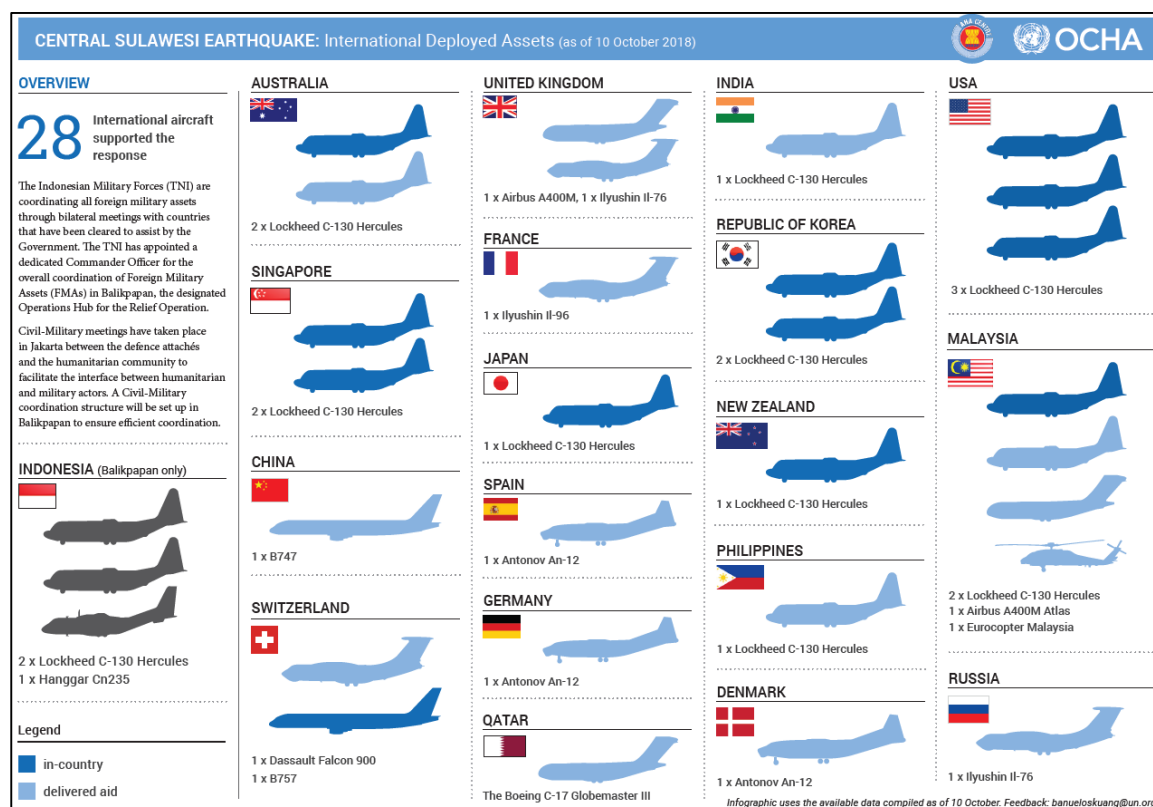


Figure 21 International Deployed Assets to Balikpapan and Palu



Recommended actions on public health

- a. Given the increasing number of displaced or affected people that may be referred to shelters or evacuation/ relocation sites, provision of clean drinking water, food/ nutrition and water and sanitation facilities in evacuation/ relocation sites should be sustained. Where possible, breastfeeding should be highly encouraged. Sound management and removal of waste (toilets, chemical treatment of sludge and solid waste disposal), can greatly reduce the exposure of the population to diseases such as diarrhea, hepatitis A, cholera, typhoid, intestinal helminthes, leptospirosis, malaria and trachoma. Guidance on the development of techniques for proper sanitation and human waste disposal in emergencies can be found [here](#).
- b. Close monitoring of public health and health indicators primarily in evacuation sites is necessary to prevent the occurrence of disease outbreaks. To anticipate disease outbreaks (e.g. water-borne diseases, measles, chickenpox, acute respiratory infection, vector-borne due to presence of breeding sites), there may be a need to conduct a communicable disease risk assessment especially for vaccine-preventable diseases in evacuation sites to enhance the existing health surveillance system. This may also include schistosomiasis as it is endemic in Central Sulawesi particularly in Napu and Lindu Highlands. Transmission occurs when people suffering from schistosomiasis contaminate freshwater sources with their excreta containing parasite eggs.
- c. To promote stockpiling and replenishment of medical/ hospital supplies, essential medicines including making relevant vaccines accessible (e.g. cholera, anti-tetanus, typhoid, measles) and ensuring that the vaccine cold chain is intact.
- d. National vaccine-preventable programme (EPI) which was disrupted during the emergency should be restored at the earliest time to prevent transmission of diseases (such as measles, rubella, polio and mumps etc.) in children.
- e. There is a need to sustain psychological and mental health support so as to adequately address the needs of people with stressful and post event traumatic experiences.
- f. To ensure maternal health and delivery, there is a need to deploy midwives in affected areas to monitor, provide support and ensure maternal and neonatal (newborn) health are met. This is essential to prevent child and mother mortality as primary healthcare is disrupted.
- g. Reinforcement and mobilisation of additional health workers in hospitals and public health centres may not only be beneficial to improving the overall health situation in the most affected areas but it shall also help promote the mental health of the providers of care.

Recommended actions on humanitarian logistics

- a. ASEAN-ERAT had developed a simple logistics tracking database to support tracking needs, responses and gaps. We would like to encourage partners to report their activities. This is an ongoing initiative which is worked out by the ASEAN-ERAT team and other relevant stakeholders. **Humanitarian partners, particularly national based NGOs, are encouraged to share the data on the relief items provided for updating the supply-demand balance of the humanitarian items.**



7. PLAN OF ACTIONS

AHA Centre's plans

- a. AHA Centre will not hold a coordination meeting until further notice, hence humanitarian partners are requested to wait for the letter of acceptance made by BNPB as basis for their operations. In addition, the Information Management Working Group has been setup comprises national and international humanitarian partners, thus flow of information has been sustained and following the in Section 1. Meanwhile, on-site coordination at JOCCIA is maintained and facilitated by ASEAN-ERAT.
- b. AHA Centre is preparing to dispatch additional logistician to Palu for supporting acceleration of relief items dispatch.
- c. AHA Centre stands ready to support remote support and analysis on the humanitarian operations in Central Sulawesi
- d. AHA Centre's next Situation Update will be **slated for Monday 15 October 2018**.

Prepared by:

AHA Centre - Emergency Operations Centre (EOC) in cooperation with National Disaster Management Authority (BNPB; Data & Information Centre, National Assisting Post)

ABOUT THE AHA CENTRE

The AHA Centre - ASEAN Coordinating Centre for Humanitarian Assistance on disaster management - is an inter-governmental organisation established by 10 ASEAN Member States – Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam - to facilitate the cooperation and coordination among ASEAN Member States and with the United Nations and international organisations for disaster management and emergency response in the region.

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