



SITUATION UPDATE NO. 12

M 7.4 EARTHQUAKE & TSUNAMI

Sulawesi, Indonesia

<http://adinet.ahacentre.org/reports/view/1319> | Glide: EQ-2018-000156-IDN

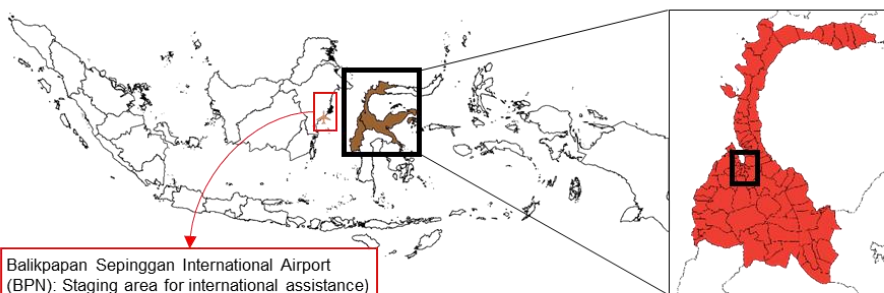
Monday, 15 October 2018, 18:00 hrs (UTC+7)

No. **12**

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 15 October 2018



Balikpapan Sepinggan International Airport (BPN): Staging area for international assistance)

Most-Affected areas:

- Donggala
- Palu city
- Sigi



2,100
fatalities



78,994
displaced



68,451
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 15 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 15 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	2,576	3,458	5,856	9,314	11,380
3	Mosquito Nets	NFI	3 pcs per family	-	62,082	504	606	3,250	3,856	58,226
4	Hygiene Kits	WASH	Individual, for 2 month	82,775	-	36	452	1,855	2,307	80,468
5	Blankets	NFI	Individual	82,775	-	200	1,600	27,061	28,661	54,114

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. 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.
- d. 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



- e. 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
- f. 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).



Figure 1 Conditions for International NGOs providing assistance in Central Sulawesi

- g. Until 13 October, there are 112 entities offering assistance in response to Central Sulawesi Earthquake and Tsunami. This includes international non-government organisation (INGOs, 85), inter-governmental organisation (IGOs, 5), institution from foreign government (14), international private companies (5), and individual (3). Around 46% of offer of assistance have been channelled either directly facilitated by Government of Indonesia (MOFA or BNPB) or AHA Centre or directly from INGOs to national/local NGOs. A total of 39% offers on USAR and EMT have been stand down. There are remaining 15% offer of assistance that are still under review.

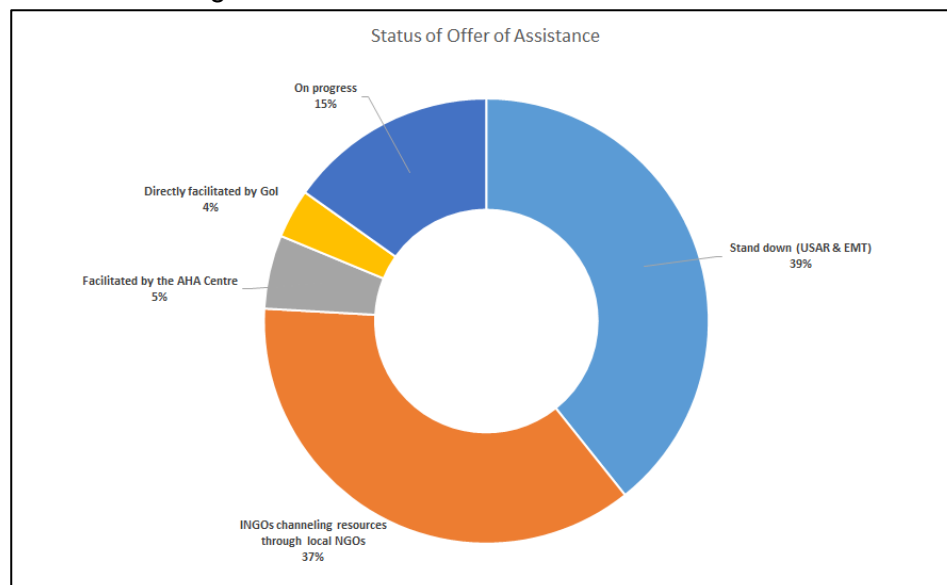


Figure 2 Status of Offer of Assistance until 13 October (consolidated by AHA Centre)

An overall picture of offers of assistance can be seen below. Most of the assistance that have been accepted or channelled to affected areas include WASH, NFIs distribution, logistics and transportation, emergency telecommunication, expertise, and food assistance (totalling to around 59%). Meanwhile offer of assistance for health/ medical services and SAR (38%) have been put to stand down.

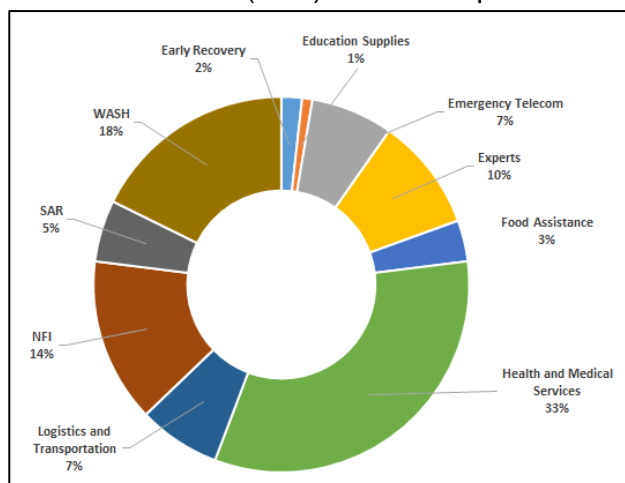


Figure 3 Overall Types of Assistance Offered until 13 October (AHA Centre)

- 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 4) as well as logistics support plan for international assistance (Figure 5). 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.

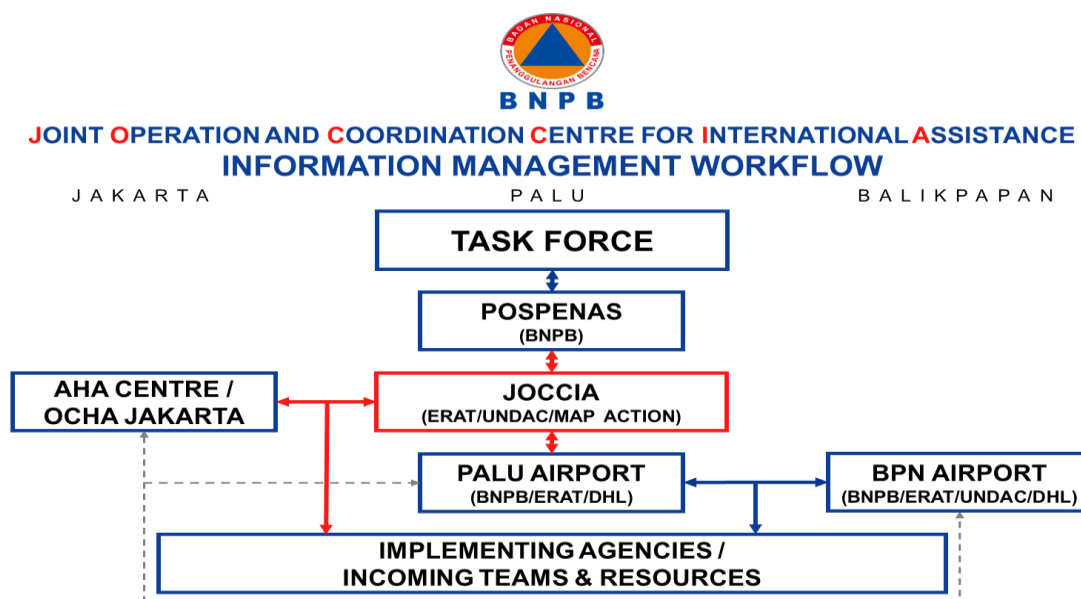


Figure 4 Information management workflow across three locations



(JOCCIA, staging area and EOC)

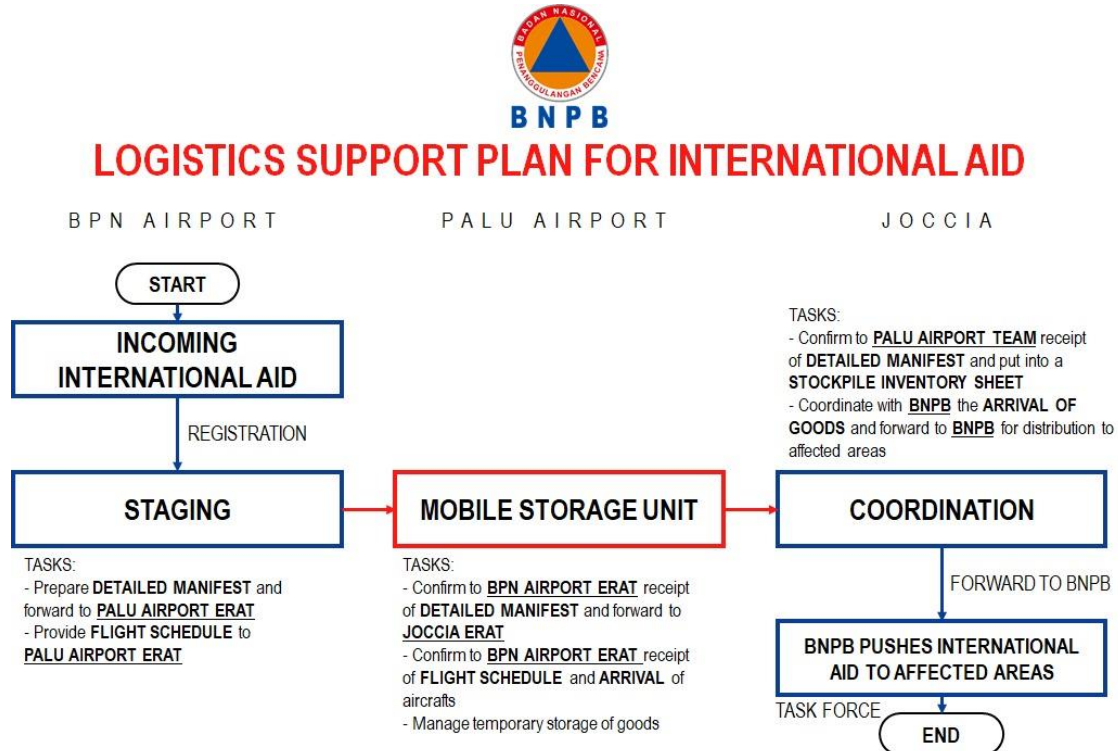


Figure 5 Logistics Support Plan for international aid (JOCCIA, staging area and EOC)

- 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.

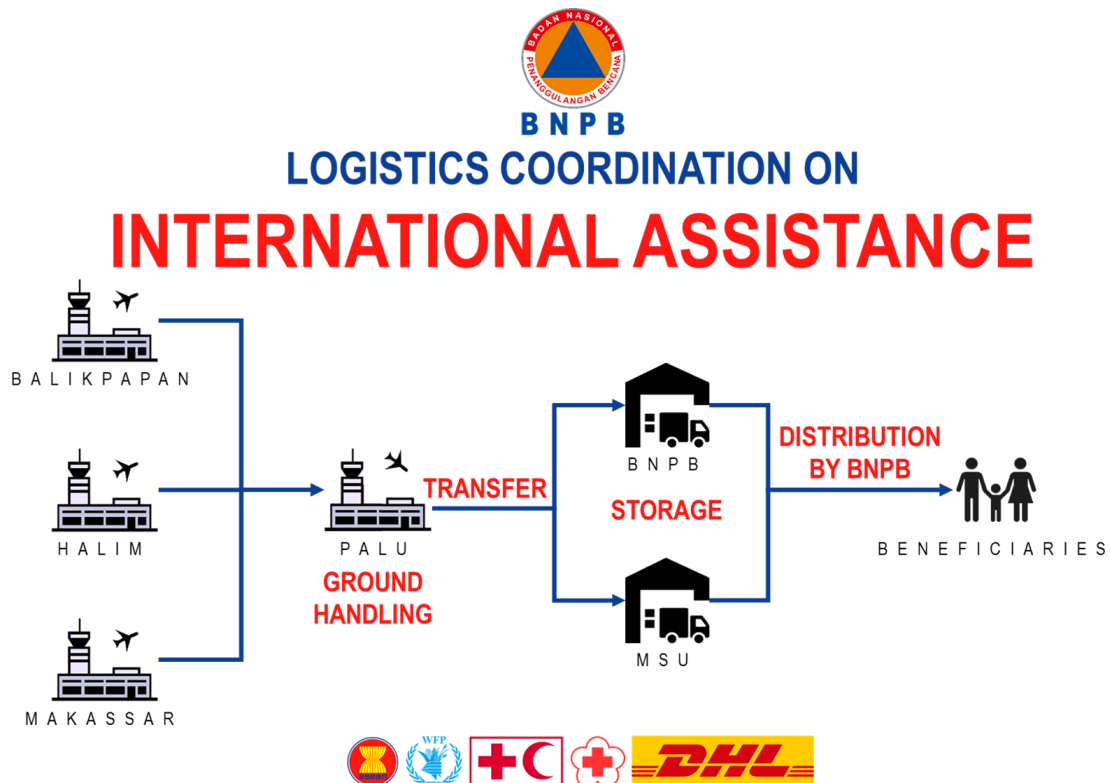


Figure 6 Logistics coordination on international assistance



2. SUMMARY OF EVENTS, FORECAST AND ANTICIPATED RISK

- a. 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 (14 Oct 0700hrs UTC+7), there are 634 aftershocks being reported occurring in Central Sulawesi (Figure 5 and 6).

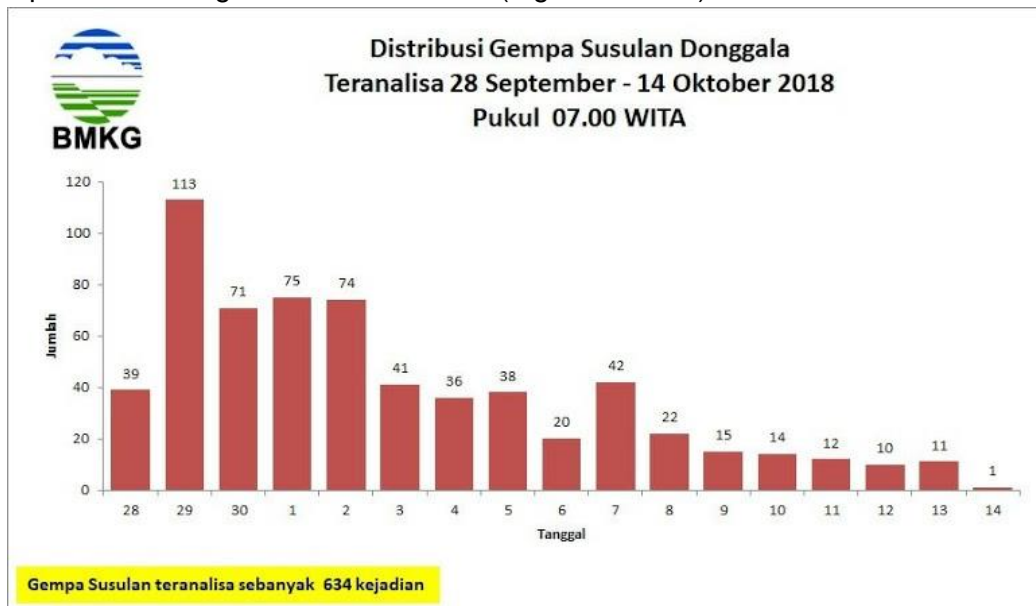


Figure 7 Aftershocks reported between 28 Sep and 14 October in Central Sulawesi

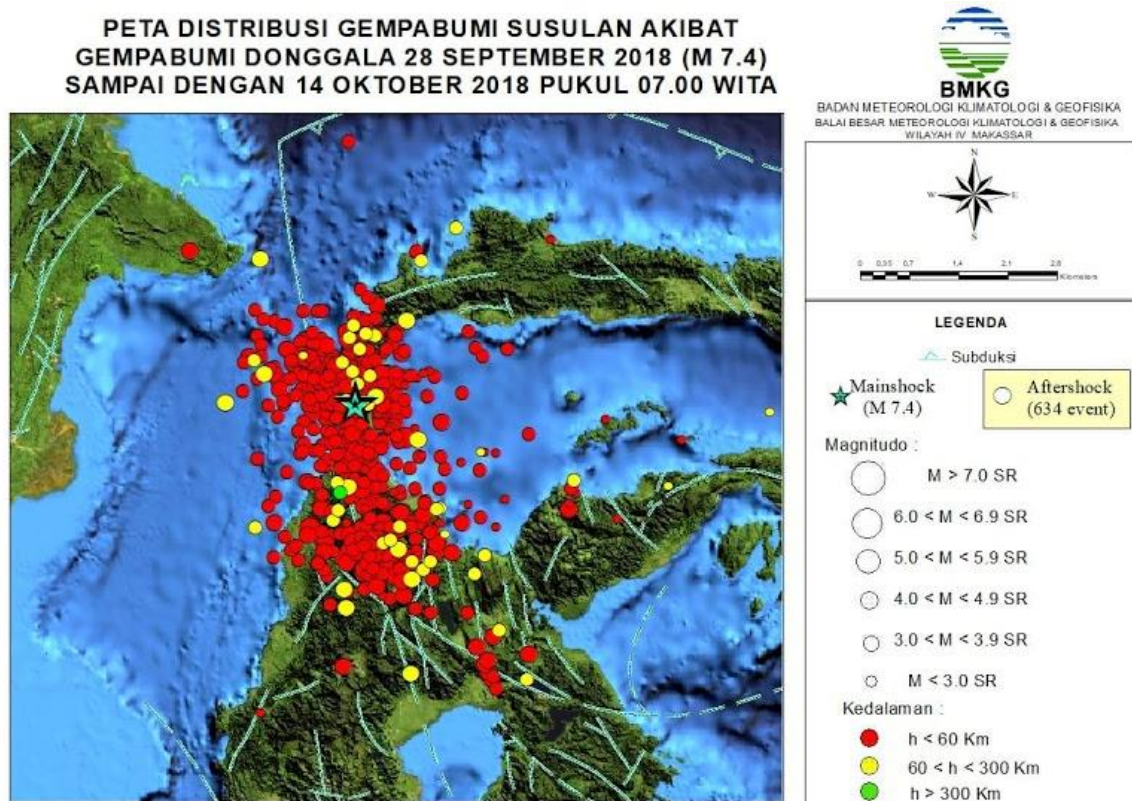


Figure 8 Graphical representation of aftershocks reported between 28 Sep and 14 October in Central Sulawesi

- b. According to report from Health Crisis Centre, there are a total of 45 health facilities suffering various degree of damages:
- I. Palu City: 1 hospital, 11 health centres, 3 community health centres
 - II. Donggala: 10 health centres, 1 community health centre, 5 village health posts
 - III. Sigi: 14 health centres
- c. The health cluster is supported by WHO and relevant stakeholders where 6 sub-clusters were established to support the overall operations. These included health services, disease control and surveillance, nutrition, reproductive health, mental health and medical logistics. The main priorities are optimising healthcare staffing and equipment to carry out life-saving and life-sustaining measures.
- d. Based on the latest logistics report compiled by ASEAN-ERAT, the following infographic (Figure 9) shows that 465 tons of goods have been transported since the setting up of the staging area in Balikpapan.



Figure 9 Logistics report and delivered by 14 October

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. Additional crisis maps with photos are available at the following link:
<https://www.google.com/maps/d/u/0/viewer?mid=1Bbyp1GgBB3SVL4-rS2CljFrzpMq2XfSa&ll=-0.8393444359601443%2C119.8258849428762&z=13>

- c. 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>
- d. Using the results from the Joint Needs Assessment, the following necessities was analysed for the various city or regency. Only longer term necessities were selected as the markets, critical services are either restored or returning to normalcy. Of the 241 data points collected, 32.7% expressed that temporary housing and 31.2% expressed that sanitation are top 2 needs. This is followed by health services which constitutes 17.4% (Figure 10). The data is broken down further into the city and regency level but it is crucial to take note of the small sample size in Parigi Moutong.

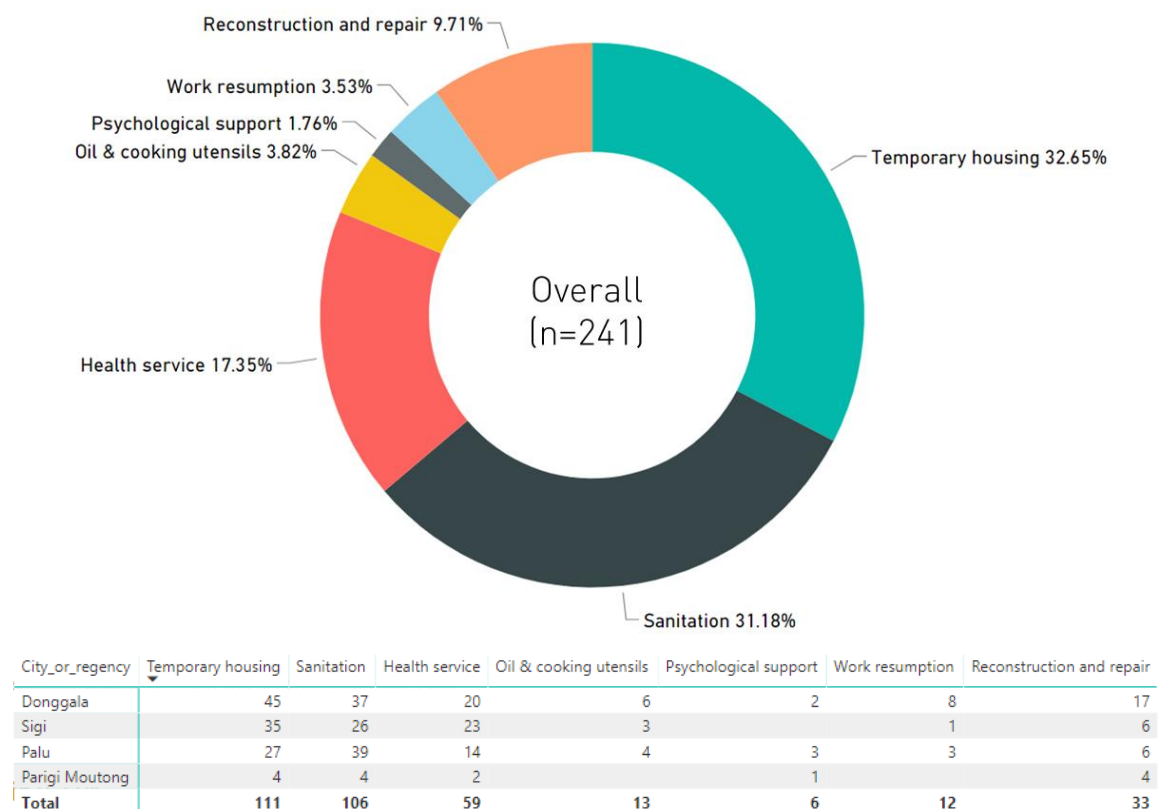
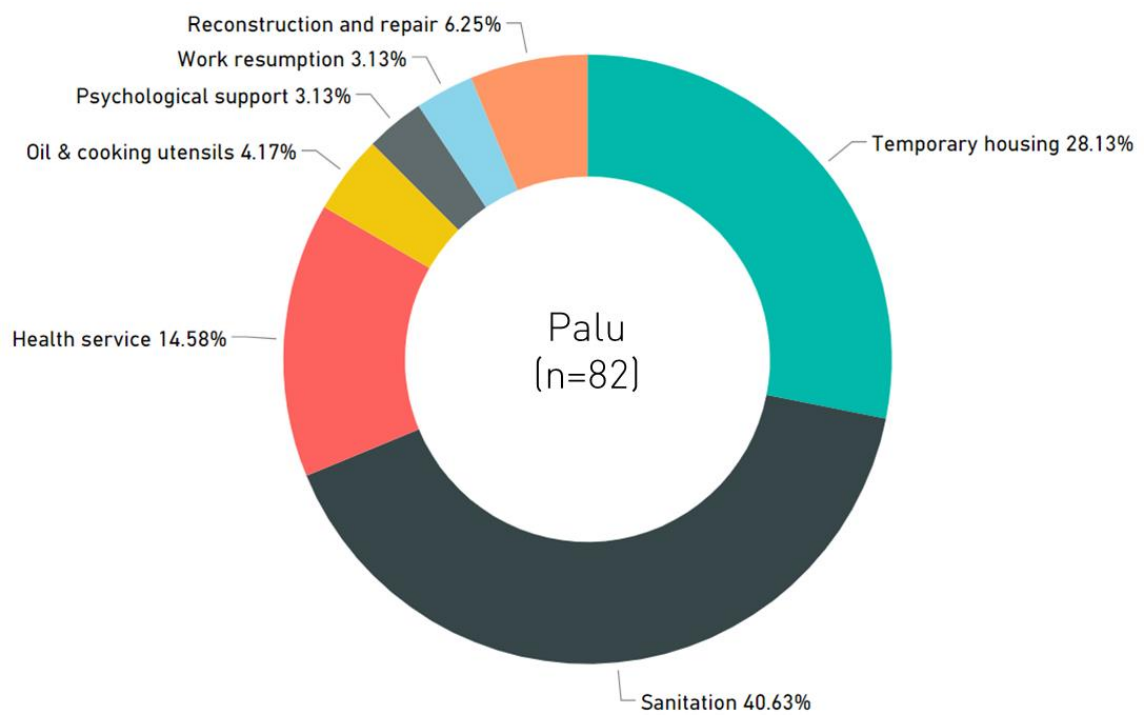
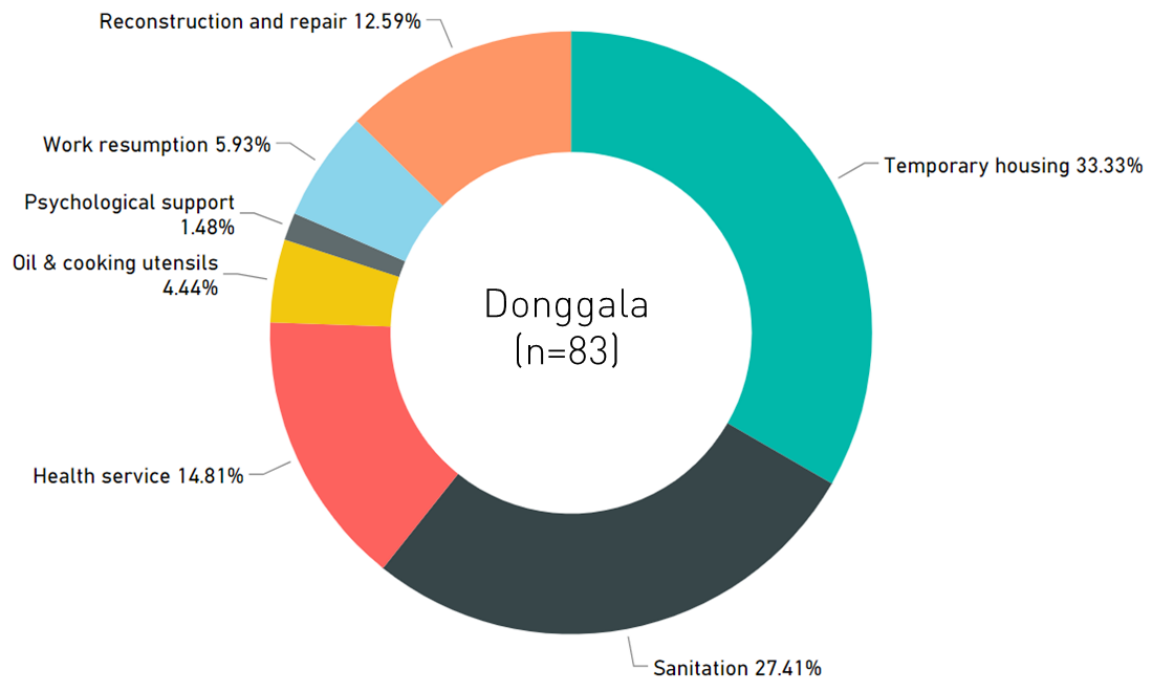


Figure 10 Main needs & necessities based on Joint Needs Assessment results (n=241)

- e. Based on the disaggregated results, it is evident that health services are much needed in Sigi Regency. This is following reports that access to Sigi is limited and restoration of health service delivery is much needed. It is alarming that the 40.6% of the 82 respondents in Palu City had stated that sanitation as the major need (Figure 11). As analysed in our [Situation Update 11](#) (Figure 10 on Page 13), there was an average increase of 35% in the usage of public toilets and open defecation practices.



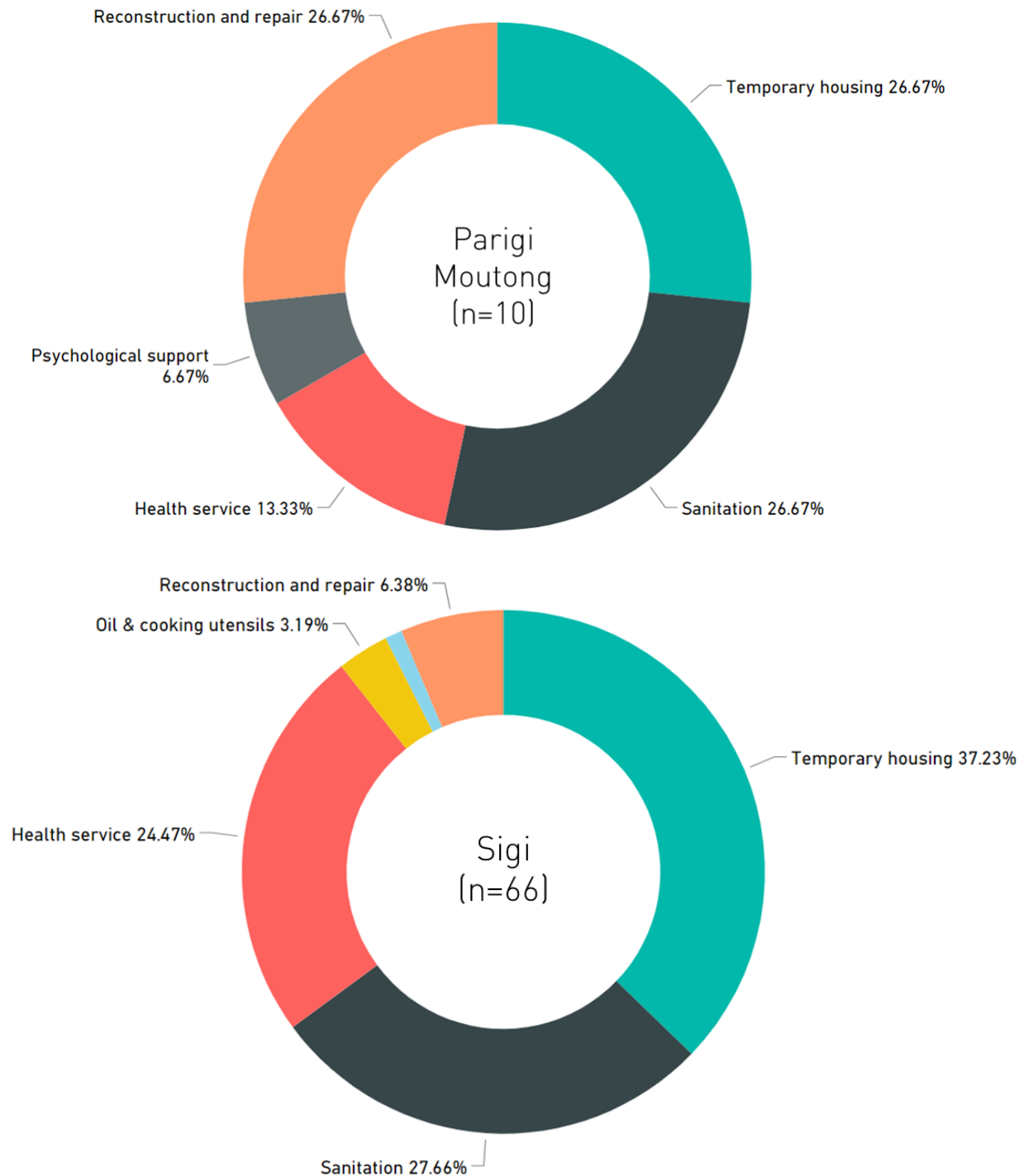


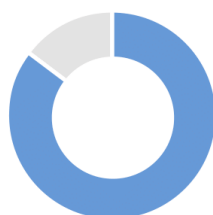
Figure 11 Disaggregated main necessities for the 4 most affected city or regency, Donggala Regency (n=83), Palu City (n=82), Parigi Moutong Regency (n=10), Sigi Regency (n=66)

- f. Using the same set of data from Joint Needs Assessment (JNA), a combined analysis was done with UN OCHA on the main sectors, 1) shelter, 2) water, hygiene and sanitation (WASH) and 3) health. The analysis highlights the most important needs and the response to these needs (Figure 12).

HUMANITARIAN NEEDS



Shelter



Dongala

38 villages report housing damage

Palu

28 villages report housing damage

Parigi Montong

4 villages report housing damage

Sigi

28 villages report housing damage

Dongala

Shelter activities in 8 villages*

Palu

Shelter activities in 27 villages*

Parigi Montong

Shelter activities in 5 villages*

Sigi

Shelter activities in 7 villages*

*several activities were reported, but only the District was identified



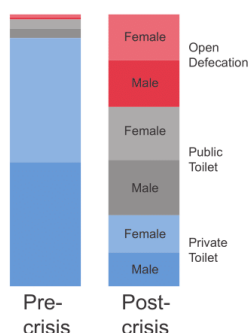
World vision is distributing Family kits to 16,500 households



Save the Children distributed nearly 1,100 shelter kits



WASH



Dongala

15 villages report open defecation

Palu

12 villages report open defecation

Parigi Montong

3 villages report open defecation

Sigi

17 villages report open defecation

Dongala

WASH activities in 6 villages

Palu

WASH activities in 28 villages*

Parigi Montong

WASH activities in 5 villages*

Sigi

WASH activities in 7 villages*

*several activities were reported, but only the District was identified



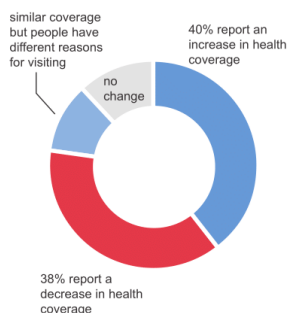
World vision is distributing drinking water to 3,200 households



Save the Children & Plan distributed nearly 3,200 family and children hygiene kits



Health



Dongala

17 villages report no health workers

Palu

16 villages report no health workers

Parigi Montong

1 villages report no health workers

Sigi

15 villages report no health workers

Dongala

1 reported health activities

Palu

4 reported health activities

Parigi Montong

No reported health activities

Sigi

2 reported health activities



Forum Zakat and PKPU are providing health services in affected areas.

Data on humanitarian needs comes from the results of the Joint Needs Assessment (JNA) done by the Humanitarian Forum Indonesia (HFI).
Data on humanitarian response comes from the inter-agency Who does What Where database (4W)
Creation date: 13 Oct 2018

Figure 12 Needs and response for Central Sulawesi Earthquake across 4 most affected city or regency.

- g. In relation to housing damages across the affected areas, MapAction had produced maps based on Copernicus imagery obtained on 2 October (Figure 13). Evidently, most of the damaged buildings are concentrated in Palu city followed by Sigi and Donggala.

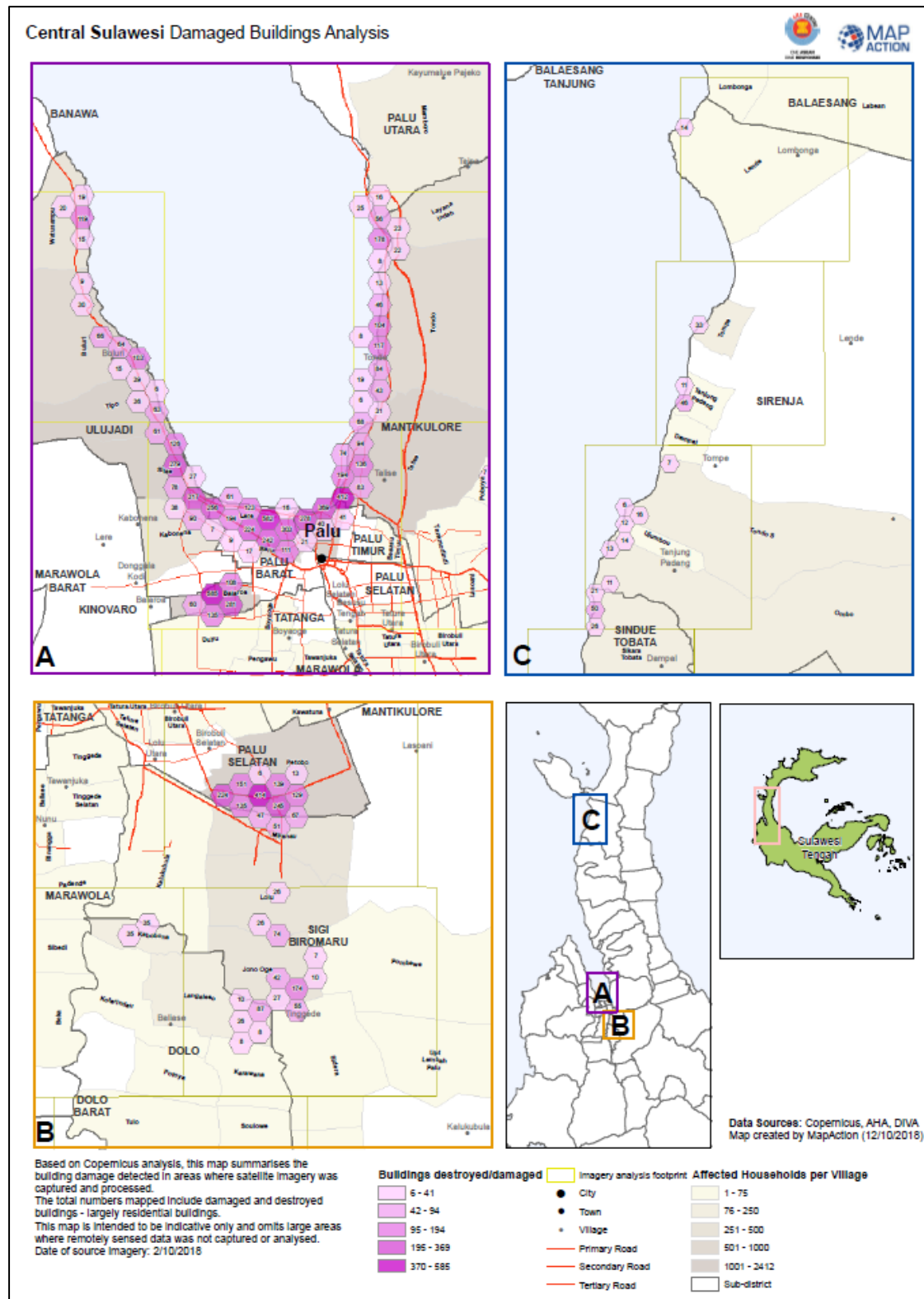


Figure 13 Needs and response for Central Sulawesi Earthquake across 4 most affected city or regency.

- h. Of the 241 responses, 41 (17.1%) mentioned that they are still staying in their residences. Correspondingly, the areas with the highest damages have the least number of people still staying in their residences.

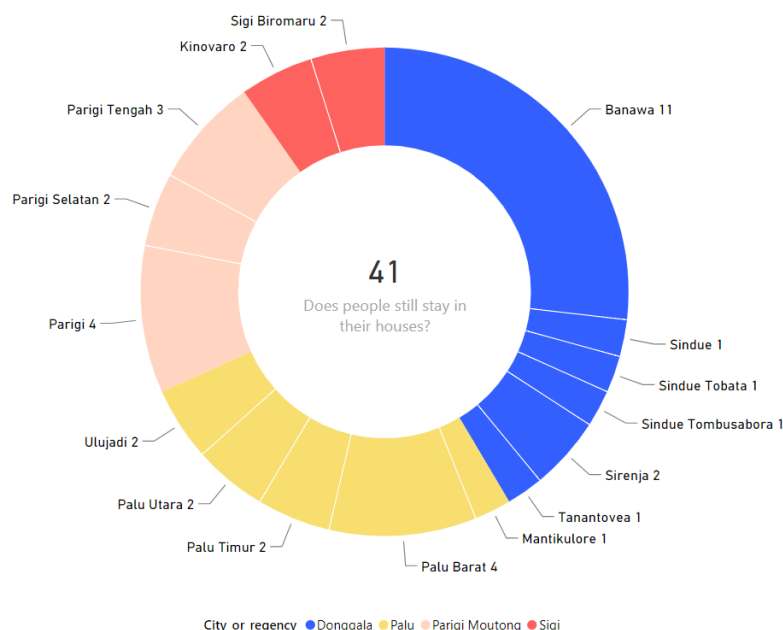
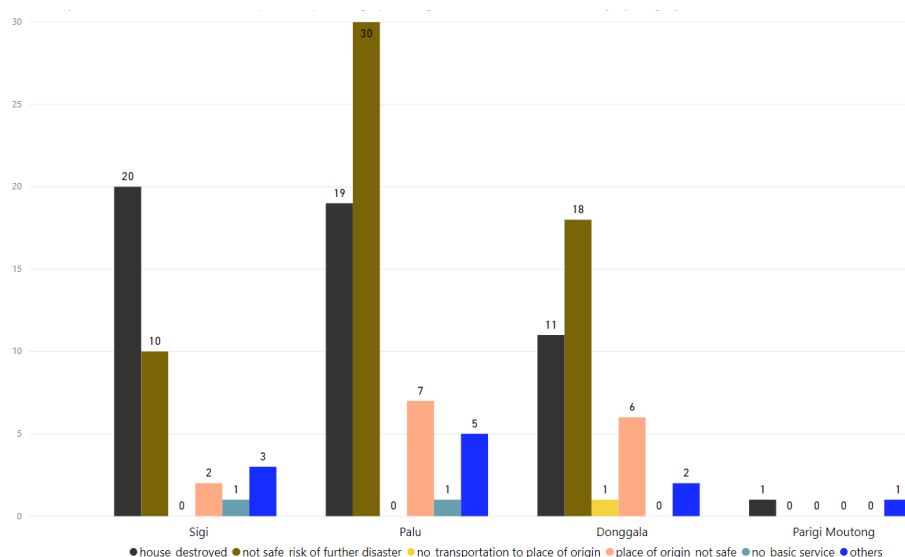


Figure 14 Breakdown of people still living in their residences (by regency or city)

- i. Of the 241 respondents, only 138 (57.3%) provided responses as to why they are not returning to their homes. 73 (52.9%) perceived that it was unsafe to return home and this could be due to post-traumatic stress from the series of events which occurred 2 weeks back. 51 (37.0%) responded that their residences were destroyed (having no place to return). 11 (7.97%) responded clearly that they are too traumatised by the series of events which occurred hence it is impeding them from returning.

City_or_regency	house_destroyed	no_basic service	not safe_risk of further disaster	no_transportation to place of origin	place of origin_not safe	others
Sigi	20	1	10	0	2	3
Palu	19	1	30	0	7	5
Donggala	11	0	18	1	6	2
Parigi Moutong	1	0	0	0	0	1
Total	51	2	58	1	15	11



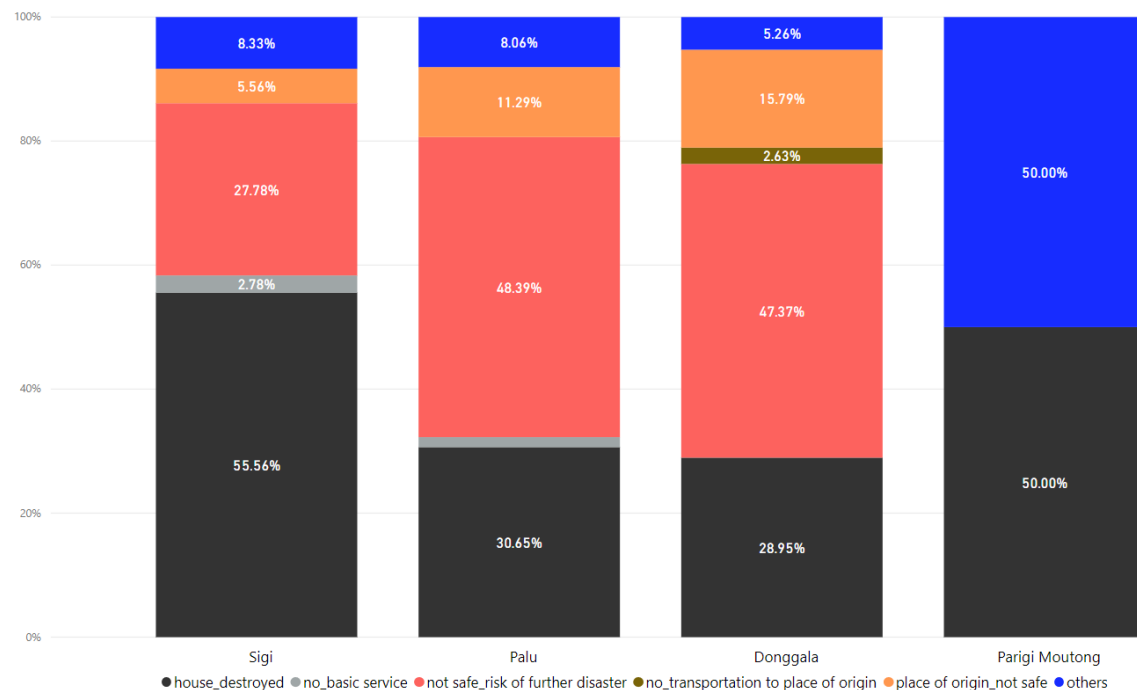


Figure 12 Breakdown of why displaced persons are not returning home (by regency or city)

- j. Eleven 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.
- k. Of the 241 respondents from the 4 affected areas only 36% of the population perceived that there are a variety of health facilities that are still functioning post disaster especially in Parigi Moutong. After the disaster, more respondents from Donggala, Palu and Sigi (63%) perceived the health facilities in these areas as non-functional.

Table 1. Perception on the Functionality of Health Facility/ies in Affected Areas

Affected areas	Responses			Types of Functional Health Facilities Identified per Affected Area
	N= 241			
	Yes	No	Total	
	No. (%)	No. (%)		
Donggala	25 (30%)	58 (70%)	83 (34.4%)	hospital, health centre, rural health centre, sub health centre, rural polyclinic, community clinic, gynecologist, Posyandu
Palu	32 (40%)	49 (60%)	82 (34%)	hospital, health centre, rural health centre, sub health centre, rural polyclinic

Parigi Moutong	9 (90%)	1 (10%)	10 (4.2%)	hospital, health centre, rural health centre, rural polyclinic, gynecologist, Posyandu
Sigi	21 (32%)	45 (68%)	66 (27.4%)	hospital, health centre, rural health centre, sub health centre, rural polyclinic
Total	87 (36%)	154 (63%)	241 (100%)	

- l. Generally, it was perceived that different types of health workers were on the ground working in the 4 affected areas post disaster, among which are physicians, nurses and midwives. Because fewer respondents were surveyed in Parigi Moutong, the results in this area were also limited.

Table 2. Perceived Categories of Health Workers working in the Affected Areas

Affected areas	Responses			
	n= 145 (60% of 241)			
	Physician	Nurse	Midwife	Total
	No. (%)	No. (%)	No. (%)	
Donggala	14 (22%)	22 (36%)	25 (40%)	61(42%)
Palu	19 (26%)	26 (36%)	27 (38%)	72(50%)
Parigi Moutong	3 (50%)	0 (0%)	3 (50%)	6 (4.1%)
Sigi	19 (34%)	20 (36%)	17 (30%)	56 (39%)

**multiple answers*

- m. Post disaster, several necessities were perceived to be vital by 241 respondents. These triangulate with those identified by government and other organisations in the emergency response phase. Up on the list are top five basic necessities which include food, temporary shelter or housing, sanitation and toilet facilities, clean water and health services.

Table 4. Perceived Necessities in Communities in 4 Affected Areas

Affected areas	No. of Responses per Necessity* (N=241)							
	Food and cooking utensils	Temporary Housing	Sanitation and Toilet facility	Clean water	Health Service	Children to go back to school	Rebuilding damaged houses	Safety and security
Donggala	72	39	35	18	20	15	11	6
Palu	62	36	39	31	19	12	10	12



Parigi Moutong	10	5	3	4	1	2	1	1
Sigi	53	31	29	20	19	10	11	5
Total	197	111	106	73	59	39	33	24

*multiple answers

- n. The following health conditions or illness experienced or observed by respondents in affected areas will provide a good base for prioritisation of disease control, surveillance and restoration of services. As sanitation practices are gradually restored and overcrowding in camps are being addressed, acute respiratory infections, skin problems and diarrhoea will gradually decrease.

Table 4 Health Conditions or Illnesses Experienced or Observed by Respondents in Affected Areas

Affected areas	No. of Responses per Illness or Health Condition* (N=241)						
	Malaria	Difficult child birth	Skin Problems	Chronic diseases	Acute Respiratory Infection	Injury	Diarrhoea
Donggala	7	8	26	2	23	22	58
Palu	6	6	23	1	17	28	33
Parigi Moutong	0	0	5	0	2	5	5
Sigi	5	4	26	1	17	22	20
Total	18	18	80	4	59	77	116

- o. [World Bank](#) has estimated that the total economic damages are over USD 500 million, based on the preliminary Global Rapid Post-Disaster Damage Estimation (GRADE). From this amount, approximately US\$180 million is expected to be in the housing sector; US\$185 million for commercial/industrial buildings; and US\$165 million for infrastructure. Losses to all equipment external to these assets (e.g. cars) is not covered by the assessment. Key affected sectors include housing, commercial and / or industrial buildings, and public and private infrastructure. The high impact on commercial / industrial buildings could affect operations and recovery in the retail and tourism, education and health sectors. Government public buildings were also affected. The impact on school-university buildings was also considerable. It should be noted that losses to all equipment external to assets mentioned above is not covered. In addition, social component, business interruption and land value losses are also not covered. Hence, the actual damages and losses could be higher.

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 5 – 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 civilians.
- 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/gr/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, ASEAN-ERAT and Operational Support Units

- 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. ASEAN ERAT is currently supporting BNPB and TNI with the logistics tracking of items in Palu City that are being stored and distributed from the Mobile Storage Units (MSUs) erected in the vicinity of the airport to store relief items.
- d. For the latest maps, please visit [MapAction's webpage](#) relating to this response.
- e. [Télécoms Sans Frontières](#) deployed two teams equipped with emergency satellite equipment, from the headquarters and base Asia. After a brief transit in the city of Makassar, they are currently on their way to Palu to offer technical expertise to rescue teams and affected populations. TSF was solicited by the Association of Southeast Asian Nations (ASEAN) to reinforce the support of their [emergency response](#) and evaluation teams (ERAT) to the Indonesian National Agency for Disaster Management (BNPB) and local authorities.

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.

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. 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>
- c. Yayasan Plan International Indonesia (YPII) is continuing the mobile recreational activities with children in IDP camps and to date at least 159 children have been



reached (68 boys and 91 girls) in (six) IDP camps in Sigi (2) Palu (3) and Donggala (1). In addition 7 tents (9x10 m) has been set in 6 IDP camps to be used as community centre/recreational activity for girls and boys, protection of bathing space for women and girls as well as for temporary learning and teaching activity and been reported to the field education cluster.

- d. During the period of 11 - 13 October, YPII has distributes 595 shelter kits targeting 595 families in 5 IDP camps (Posko Langeleso-Sigi, Posko Tawanjuka-Palu, Posko Bantaya, Duyu-Palu, Posko RW07 Panau village-Tawaeli and RW 06 Panau village) and 573 hygiene kits in 4 IDP camps (minus Langeleso). At least 1,990 affected people (1,014 male and 976 female) benefited from this NFIs. In the coming week another 400 shelter kits and hygiene kits will be distributed as well.
- e. In the spirit of accountability, YPII team is collecting community feedback during the NFIs distribution process focusing on 3 things: (1) comment on the distribution process; (2) quality, quantity and add value of the kits; (3) performance of Plan's staff and any general comments from the community. So far they had received comments from women, adolescent girls and men. All comments received will be analysed before responding to the community and improving the way YPII is managing the response.
- f. Direct Relief is supporting the Muhammadiyah Disaster Management Center (MDMC), which is conducting search and rescue, as well as medical outreach throughout the affected area. Direct Relief is also supporting Yayasan Bumi Sehat, which has a maternal and child health-focused medical team currently providing medical outreach in underserved areas.
- g. [Indonesian Red Cross \(PMI\) built a Field Clinic](#) to provide basic health services for refugees in locations affected by the earthquake and tsunami disaster in Central Sulawesi. One of the locations is in the severely affected area and is an epicenter of the earthquake, namely in the village of Tompe, Sirenja District, West Coast of Donggala Regency. In this location, it was reported that a number of health facilities were damaged and no longer functioning, one of them was the service of the Tompe Community Health Center which was affected and suffered severe damage.
- h. 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.
- i. 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.
- j. PMI continues to conduct [Psychosocial Support Program \(PSP\)](#) services to victims of earthquakes in several earthquake and tsunami affected areas in Central Sulawesi. This step is considered necessary to restore the condition of the psychological trauma of the people after the earthquake which followed the tsunami that occurred in the region Central Sulawesi on September 28, 2018 yesterday.
- k. PMI is coordinating [distribution of relief items emergency services](#). Below is the list of items distributed by PMI as at 10 October 2018:



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 slowly transporting relief items and distributing it with the help of BNPB and TNI as well as WFP on the ground. The congestion has eased slightly as two Mobile Storage Units (MSUs), managed by ASEAN-ERAT in support of BNPB's operations, have now been erected within the airport perimeter to house incoming relief items.





Figure 13 ASEAN's Mobile Storage Units (MSUs) managed by ASEAN-ERAT members in support of BNPB

- f. Electricity, telecommunication, and access to fuel have been almost fully restored in Palu city. Markets and shops are reportedly open. However, it is still a limited supply for Sigi and Donggala.

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 Thursday 18 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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