Situation Report # 04
Date of issue: 05 October 2018
Location: Central Sulawesi, Indonesia
Emergency type: Earthquake and Tsunami
Date of onset: 28 September 2018

KEY HIGHLIGHTS

- It is now estimated that 616,684 people have been affected after a 7.7 magnitude earthquake and tsunami in Central Sulawesi. Casualties, destruction and damages to houses and health facilities are continuously being assessed.
- Indonesian National Board for Disaster Management (BNPB), the Ministry of Social Affairs (MoSA) and the Ministry of Health (MoH) have had a joint meeting on coordinated joint assessment using the Disaster Tracking Matrix (DTM) to gain a better overview of the situation on the ground.
- The Government of Indonesia has decided to receive assistance for clean water, fuel, food, tents, clothing, sanitary kits and family kits.
- To provide medical care, 855 medical personnel are on the ground.
- Rapid health assessments are being conducted.
- The most common diseases presenting to health posts are diarrhea, fever, influenza-like illnesses (ILI) and trauma injuries. The risk of increased transmission of Vector borne diseases such as dengue, chikungunya and malaria is anticipated as above-average rainfall is expected in affected areas in the next two weeks.
- The Ministry of Health informs that national capacity for medical personnel and health logistics are sufficient to cope with the demands in quake-struck Palu, Donggala and other areas in Central Sulawesi, and does not require international emergency medical teams (EMTs).
- Surveillance Officers from MoH are assessing the surveillance system to develop surveillance reporting mechanism, including Early Warning and Response (EWARS).
- As access increases, water and food are being provided. The government has sent 15 hydrants and 100 mobile tanks for water.

SITUATION OVERVIEW

- A 7.7 magnitude earthquake and its aftershocks, tsunami, and subsequent liquefaction and landslides have severely affected Donggala, Palu municipality, Sigi and Parigi Mountong Central Sulawesi. Access to Palu is difficult. Road access from the north is inaccessible due to damage. Road from Poso is accessible but has a landslide risk.
- Since 3 October 2018, Mutiara Sis al-Jufri Palu Airport has been opened as an alternative access for humanitarian operations. Balikpapan Sepinggan International airport is served as staging area for international assistance. WFP has identified common storage sites at airport in Palu, Donggala and Sigi.
Sixty-five percent electricity has been restored. Communication signal have improved in Palu. The Ministry of Health informs that national capacity for medical personnel and health logistics are sufficient to cope with the demands in quake-struck Palu, Donggala and other areas in Central Sulawesi.

To date, a total of 1571 persons have died, 2549 people injured, 113 people are missing, and dozens of houses have been damaged across 934 affected villages. The number is estimated to increase, as rescue operations are still being carried out. Estimated exposed population is around 616684: 24% children, 68% adults, and 7% elderly. Thirty one percent of the 191 000 people with urgent need of humanitarian assistance are the elderly and children. Vulnerable adults include 40 000 pregnant women.

There are currently 70821 displaced people in 141 sites. The number of internally displaced persons (IDPs) is expected to continue to rise.

So far, 21 health facilities are known to be affected. One hospital is damage, while damage to other health facilities is in the process of being assessed.

PUBLIC HEALTH CONCERNS

- Injuries and their complications continue to be a major concern.
- Pre-disaster EWARS data from Donggala and Palu indicate ongoing activity of acute diarrheal diseases and acute respiratory infections.
- Water borne diseases (such as cholera, dysentery, typhoid) and vector borne diseases (malaria, dengue, and chikungunya) are expected to increase, especially as rains are expected in the next few weeks. Vaccine preventable diseases (such as, measles and diphtheria), diarrhea are other anticipated health risks.
- Interruption of general medical services, including child and maternal health, and non-communicable diseases such as diabetes and hypertension will need to be supported as the situation evolves.
- There is a need for mental health and psychosocial services support.
RESPONSE

EPIDEMIOLOGICAL SUMMARY

- The most common diseases presenting to health post are diarrhea, fever, ILI and trauma injuries.
- Surveillance Officers from MoH are assessing the surveillance system to develop surveillance reporting mechanism, including EWARS.
- UNAIDS has indicated 2000 people living with AIDS and 390 people registered in antiretroviral (ARV) treatment programmes are living in the affected area.
- UNFPA indicated there are 40 000 pregnant women in affected area; a third of these are expected to deliver during the next few months; with nearly 2000 requiring advanced obstetric care.

HEALTH OPERATIONS AND LOGISTICS

The emergency response is being led and managed by the Government of Indonesia using its disaster management mechanism and resources across sectors. Indonesian National Board for Disaster Management (BNPB) is the main coordinating agency. The following measures have been put in place and/or are planned:

- Crisis center MOH in coordination with Central Sulawesi Provincial Office, Public Safety Centre (PSC) 119 and other volunteers are continuing to conduct Rapid Health Assessment and distributing complementary food for children. Makasar public health laboratory also conducted RHA in 12 IDPs.
- The Government has deployed 855 medical personnel on the ground to provide medical care: 188 medical doctors, 79 specialists, 4 specialists residents, 12 midwives, 430 nurses, 11, anesthetists, 1 nutritionists, 7 pharmacists, and 128 paramedic and non-paramedic personnel have been deployed, including 28 National EMTs comprises of 480 health personnel. Two ships (equals to type-2 EMTs) from Surabaya and Alor have joined the medical team.
- Two hundred patients are being treated in Undata hospital and Wirabuana hospital in Palu. Sis Al Jufri hospital in Palu is activated. Surveillance Officer from MoH will assess the surveillance system and develop a surveillance reporting mechanism.
- MoH delivered health logistic to Palu. These include 50 packages of individual kits, 90 family hygiene kits, 144 pcs repellant, 2000 surgical mask, 15 chlorine diffuser, and 2000 polybags.
- Makasar Public Health Laboratory has been identified to conduct water quality testing at Undata hospital, Madani hospital, Bhayangkara hospital, and Anantapura hospital.
- The Ministry of Public Works and Public Housing deployed staff to assess the access to water for disaster affected people while also supporting the provision of water, sanitation and hygiene in collaboration with the Ministry of Health. They have sent 15 hydrants from a total 60 units and 100 mobile tanks.

COORDINATION

- Indonesian National Board for Disaster Management (BNPB), the Ministry of Social Affairs (MoSA) and the Ministry of Health (MoH) had a joint meeting on coordinated joint assessment using the Disaster Tracking Matrix (DTM) to gain a better overview of the situation on the ground. 300 students from a university in Makassar will support this effort. The Joint Needs Assessment continues on the ground in Palu.
- BNPB held the first Early Recovery and Recovery Coordination Meeting to conduct rapid assessments in five sectors (housing and settlement, infrastructure, social, economy and cross sectoral issues). The result will be shared with partners.
- Coordination meetings of clusters and sub clusters are ongoing. These include WASH sub cluster, Psychosocial Support Sub-Cluster, Logistics, and Cluster for Displacement and Protection.
The various partners of the Humanitarian Country Team (HCT) are in the process of submitting their proposals to the Government following the latter’s acceptance of offer of international assistance. The proposals are expected to be submitted to the Government early next week for their review and consideration.


**GAPS AND CHALLENGES**

- Limited electricity, unstable communication, limited heavy equipment and manpower, extremely limited road access to mobilize additional items, and size of the affected areas continue to be challenges for relief operations.
- The potential basic needs continue to be food (ready-to-eat meals) which are halal certified; Water, Sanitation and Hygiene (WASH) needs; primary healthcare including first aid and MHPSS; nutrition needs; medicines; feminine hygiene kits and non-food items.
- International assistance is needed for logistic transportation, water treatment and generator to support health services.
- Immediate medical services to anticipated additional injured cases are needed, especially at affected primary healthcare centers, around eleven puskesmas (primary health centers) and ten hospitals in Palu City.

**HEALTH CLUSTER AND WHO RESPONSE**

- WHO Indonesia is coordinating with international health cluster partners to prepare for coordinated international support especially on situation assessment and response support planning and held a coordination meeting on 4 October 2018. UNAIDS, UNICEF, ICRC, Indonesia Red Cross (PMI), UNFPA, DFID, SDC Swiss Humanitarian Aids, OCHA, and MoH participated in the meeting.
- Health partner response plans includes:
  - antiretroviral (ARV) stockpile support and blood transfusion monitoring (UNAIDS);
  - all support for reproductive health delivery and gender-based violence, including deployment of mid-wives (UNFPA);
  - RDTS, insecticide nets and risk communication for WASH (UNICEF);
  - Two hundred shelters to support WASH (SDC Swiss Humanitarian Aids team).
  - Establishment of established health post in Palu and mobile clinics in Palu, Sigi and Donggala by Indonesia Red Cross (PMI), which has also provided 1 water truck in Palu and Donggala, with 12 others water trucks expected;
  - OCHA is supporting coordination of humanitarian country team responding to disaster
  - WFP team has conducted logistics assessment and coordinating with local authorities.

- WHO has developed health cluster operational response plan. Priority activities in the response plan:
  - Health Sector Coordination, information management and risk communication
  - Strengthening of surveillance and contingency planning for communicable, water and vector-borne disease outbreak response
  - Distribution of essential medicines and supplies and re-establishing the medical supply chain management in both civilian and military EMTs
  - Ensuring the sustainability of emergency health services, in IDP camp as well as the establishment of referral system, by providing support for both civilian and military EMTs in treatment of the injured, including the provision of rehabilitation services.
- Mental Health and psycho-social support (MHPSS) by providing psychosocial first aid support to the community.
- Restoration of reproductive maternal and child health services
- Anthropometry assessment emergency nutrition surveillance and strengthening

- Crisis Centre MoH will open EMT-CC at Central Sulawesi Provincial Health Office; WHO will provide technical assistance for coordination of national EMTs.
- WCO technical units are also coordinating with the relevant national health cluster and sub-clusters to support specific response based on assessment and country needs.

**FUNDING**

- WHO has developed and submitted a proposal for US$ 7 million proposal for the Health Cluster Operational Response Plan, incorporating inputs from health partners, for allocation of CERF funds (USD 15 million).

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**Reference:**

- OCHA information update [https://vosocc.unocha.org/VODiscussions.aspx#t5682](https://vosocc.unocha.org/VODiscussions.aspx#t5682)
- BNPB update as of 5th October 2018