KEY HIGHLIGHTS

- The Government of Indonesia has ended emergency response period on 26 October 2018 and currently enter the emergency transition period.
- Forty five healthcare facilities are affected, with nine health facilities severely damaged.
- During period 4-23 October 2018, reported from Palu, Donggala and Sigi, most cases are Acute respiratory infection (ARI), diarrhea, skin diseases, hypertension, diabetes and injury.
- Seven dedicated tents providing emergency reproductive health care have been established and are operational, providing ante- and post- natal care, emergency obstetric services, Antiretroviral (ARV) treatment for HIV positive people, and dedicated services for young people.
- During 16-24 October 2018, 3 412 children aged between 9 months to 15 years have been vaccinated against measles and rubella under MR campaign in Donggala (758), Palu (2 371) and Sigi (283).
- WHO facilitates procurement of insecticides, mist-blowers, fogging machines, larvacide, mosquitoes repellents for vector control requested by MoH.
- WHO produced a situation analysis for Central Sulawesi earthquake. The document is available here: http://www.searo.who.int/mediacentre/emergencies/sulawesi-earthquake/en/

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. Electricity, communication and accessibility have improved.
- To date, 2 105 deaths, 4 612 severely injured and 680 missing persons are recorded. There are currently 222 986 displaced people and 68,451 houses damaged reported.
- Forty five healthcare facilities are affected, with nine health facilities severely damaged.
- Up to date, MoH, PHO in collaboration with health polytechnic, public health laboratory (BTKL Makasar) and water supply company (PDAM) have conducted around 50 water qualities testing from IDP camps and hospitals. The water quality testing is still ongoing.
Situation Report #10 Sulawesi Earthquake and Tsunami, Indonesia

Source: Ministry of Health RI
PUBLIC HEALTH CONCERNS

- There is an increased risk of communicable diseases among displaced people living in IDP camps. Increased numbers of diarrhea cases and acute respiratory infection cases have been observed.
- Improper waste management, limited water sanitation and untested water quality for water sources at IDP camps and of contaminate river as water sources for bath, toothbrush and other use increase risks to health. Common risks due to waste hazards include chemical, biological, physical and local environmental risks. These include skin diseases, diarrhea and vector borne diseases (such as diseases caused by flies, rat, and mosquito’s vector).
- The incoming rainy seasons will increase the risk of flooding and vector-borne diseases such as dengue.
- Water quality testing results at 27 sites indicated that the water quality is not meeting qualified drinking water standard.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- Early Warning Alert and Response System (EWARS) surveillance reporting has improved compared to the initial days of the emergency response. 15 PHCs from Palu, 11 PHCs in Donggala and 12 PHCs in Sigi reported EWARS. However, the completeness and timeliness of EWARS remain low. Mandatory reported diseases post disaster include acute bloody diarrhea, acute diarrhea, acute respiratory infection, influenza like illness, malaria confirmation, skin diseases, pneumonia, suspected measles, Non communicable diseases include injury, hypertension, diabetes and mental health.

Diseases report from Palu, Sigi dan Donggala for period 4-23 October 2018

Diseases Trend reporting from Palu, Sigi dan Donggala for period 4-23 October 2018
• During period 4-23 October 2018, most cases reported are acute respiratory infection (ARI) and diarrhea, including acute bloody diarrhea (4.5% of all diarrhea cases reported), followed by skin diseases, influenza like illness (ILI). Donggala and Palu reported most ARI and diarrhea cases compared with Sigi. Malaria confirmed cases were reported from Donggala.
• Field investigation for three suspect measles concluded no additional cases found and all patient conditions are improved.
• Field Epidemiology Training Programme (FETP) students are mobilized to support surveillance officers for field investigation of increasing cases of diarrhea.

HEALTH OPERATIONS AND LOGISTICS

• Most of the health services system in Palu, Donggala and Sigi are operational, moreover, the direction from the central government is to strengthen the primary health care facilities. Emergency Medical Team (EMTs) need to attach with the PHC (primary health care centers) and DHO with PHC coordinate the EMT type-1 mobile to extend the outreach of health services to IDP camps.
• Ten Emergency Medical Teams (EMTs) from Muhammadiyah Medical Centre (MDMCs) are operational at ten locations. Direct Relief is supporting the MDMC for medical outreach throughout the affected area.
• Direct Relief is also supporting Bumi Sehat foundation, which has a maternal and child health-focused medical team currently providing medical outreach in underserved areas.
• Indonesia Plan International (YPII) continues its distribution of shelter kits and hygiene kits to the affected people. By 21 October 2018, a total of 1 200 hygiene kits and shelter kits were distributed in Palu city and Sigi. YPII is in process of shipping a further of 400 shelter kits and 1 500 hygiene kits from Jakarta to Central Sulawesi for further distribution.
• Indonesian Red Cross (PMI) supported by IFRC built a Field Clinic next to Tompei PHC in Donggala, PMI continues to conduct Psychosocial Support Program (PSP) services to victims of earthquakes in several earthquake and tsunami affected areas in Central Sulawesi.
• Academic Health System (AHS) University of Gadjah Mada (UGM) supported by Caritas Germany supported Provincial Health Office in establishing medical team database and to recap their daily report sent through a dedicated-whatsapp group. AHS UGM also supported revitalizing two primary health center in Sigi ( Marawola PHC and Tinggede PHC).
• The list of organizations contributing to emergency response in health sectors in Central Sulawesi earthquake is attached.

Mental Health

• Eleven personnel working in mental health are on the ground to provide mental and psychological support.
• MoH, PHO in collaboration with partners conducted recreational activity in Tondo for 23 children (Under 5, 6-12, 13-17) and there were no cases of psychopathology in those children found. However there is a need of child and adolescence psychiatrists for the next deployment.
• Crisis Center University of Indonesia conducted psychological first aid (PFA) training for 30 volunteers.
• Eight mental health and psychosocial support center (MPHSS) will be established. These include MPHSS centers at Petobo Pondok Ceria, Lapangan bola kawatuna, Unismu, Dinos Prov Sulteng which are already established and the establishment of additional MPHSS centres are underway at Pasar Ranggolalo Sigi, Mpanao Balaroa, Masjid Agung, Donggala desa Tatari.
• Self-reporting questionnaire (SRQ) in Tondo, Mesjid Agung and Balaroa posts found 21 cases of Post Traumatic Stress Disorder (PTSD) and psychotic, 26 cases of psychotic, 47 cases of PTSD cases.
• Psychosocial support sessions for health providers and health office staff were conducted by Pulih foundation. Eight hundred and eight people have been provided with psychosocial support.
• Mental health and psychosocial support (MPHSS) sub cluster continues working with local radio to broadcast the psychological education and inform the MPHSS posts to those in need.
Environmental Health

- WHO supported MoH to develop and disseminate technical guidelines for emergency treatment of drinking water at the point of use, technical guidelines for the disinfection of water tanks and technical guidelines for waste management in emergencies.
- The responsible health and environmental units have been actively working together with volunteers to conduct surveillance and vector control. This includes fogging.
- MoH, PHO, supported by UNICEF conducted trainings on sanitation for NGOs working in the field.
- WHO continues to promote water quality testing for water sources in IDPs and waste management and risk communication on personal hygiene, sanitation, waste management, boiling water and not to contaminate water through open defecation at riversides. The use of portable toilets at IDP camps is also being promoted.
- Up to date, MoH, PHO in collaboration with health polytechnic, public health laboratory (BTKL Makasar) and water supply company (PDAM) have conducted around 50 water quality testing at IDP camps and hospitals. The water quality testing is still ongoing.
- The provincial government has provided 37 garbage trucks to dispose waste from IDPs, hospitals and housing complexes to landfill area. However, waste management is not yet at an optimal level.

Diseases surveillance and vector control

- Field Epidemiology Training Programme (FETP) students continue to support surveillance at primary health centers and conduct field investigation, data collection, data analysis and monitoring diseases trend.
- PHO has conducted vector control at high risk areas as priority. However, due to limited equipment and personnel, vector control is not yet optimal.
- UNICEF malaria unit in collaboration with WHO continues supporting MoH and Central Sulawesi PHO on vector borne diseases (especially malaria) and the distribution of Long Lasting Insecticide Treated Nets (LLITN).

Reproductive health

- Seven dedicated tents providing emergency reproductive health care have been established and are operational, providing ante- and post- natal care, emergency obstetric services, ARV treatment for HIV positive people, and dedicated services for young people. One additional reproductive health (RH) tent is going to be established. (Established: 1. Donggala Kodi - Palu City; 2. Mesjid Agung - Palu City 3. Wombo Kalonggo - Donggala District; 4 Beka - Sigi District; 5. Pandere Health Center- Sigi District; 6. Petobo - Palu City; 7. Toaya - Sigi District). An eighth RH tent is going to be established in Batu Suya – Donggal.
- Indonesia AIDS coalition continues assessments, outreach, psychosocial support and ARV for people living with HIV in Palu, Sigi and Donggala.
- RH sub cluster partner Americare is providing equipment for RH tents, which provide emergency services.
- UNFPA deliver ongoing provision of basic SRH services in affected areas through deployment of health personnel including 43 midwives.
- UNFPA provided 480 individual kits to pregnant women, 170 new born baby kits, 240 post delivery kits, 70 maternity kits.

Immunization

- WHO supported MoH and PHO to continue Measles-Rubela (MR) campaign in three affected districts with additional focus on the IDP camps. During 16-24 October 2018, 3 412 children aged between 9 months to 15 years have been vaccinated against measles and rubella under MR campaign in Donggala (758), Palu (2 371) and Sigi (283).
**COORDINATION**

- The Government of Indonesia has ended the emergency response period on 26 October 2018 and is currently entering the emergency transition period.
- Routine national health cluster meetings are being conducted at the Center for Health Crisis and are co-lead by WHO. These are providing and bridging information regarding findings and needs from the field and strategies from each technical units as sub-cluster leads.
- Sub-national meeting were led by MoH and PHO of Central Sulawesi in Palu. Participants from different sectors included the Ministry of Social Affair (MoSA), National Disaster Agency, Health (reproductive health, Water sanitation), NGOs, Academician, Professional Organization and UN.

**GAPS AND CHALLENGES**

- Key needs include medical waste management, water quality testing, vaccine stockpiles for routine immunization, provision of media transport for stool specimen, medical resources to support public health and restoring health programmes, including psychosocial support, water and sanitation as well as vector control.
- Linking HIV positive people with ARV treatment has been a challenge; only 24 people have been linked with treatment in Palu so far.
- Health promotion personnel are limited. Risk communication and Education Information Communication (EIC) materials for IDPs still need to improve addressing personal hygiene, avoid open defecation and contamination of river, waste management, boiling water for drinking water.
- Limited pharmaceutical staff for managing drugs.
- 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.
- 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.
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.

As maternal and reproductive health care services are already in place, proper information on the referral health facilities should be disseminated especially in the evacuation sites. Breastfeeding, due to concerns to accessing clean water, and maternal and child related immunizations should be advocated.

On the management of medical waste, proper disposal of medical waste would require Personal Protective Equipment (PPE), placing waste in properly labelled drums, bins or other container before loading onto trucks for haulage and eventually disposal at sanitary landfill under controlled management.

Continue to ensure water quality testing and water treatment to meet standard of drinking water and optimal waste management is essential.

HEALTH CLUSTER AND WHO RESPONSE

WHO personnel are continuously supporting health cluster coordination and response. A field coordinator and MR campaign personnel are on-ground to support coordination for response. These include EMTs coordination, health response mapping, health facility mapping, surveillance, risk assessment, water and sanitation situation, mental health and immunization. WHO HIV personnel and vector control will support restoring programme in affected area.

WHO is coordinating with environmental unit of MoH, province health office, UNICEF focal point in the field to improve water treatment and testing especially in Donggla and Sigi districts. Also WHO is collaborating with diarrhoea program manager of MoH and province health office to ensure laboratory diagnosis on cause of diarrheal diseases.

WHO facilitates procurement for vector control requested from MoH. These include 2 278 kg flies insecticides, 50 units Mist-blower, 50 units fogging machines, 5 000 liters of mosquitos’ insecticide, 3 000 kg larvacide and 3 000 Liters Larvacide, 2 million sachet of repellents.

Health partners continue to support the response in the field. These include EMTs, water sanitation, ARV, reproductive health, support for disability, risk communication and immunization including MR campaign.

FUNDING

UN Central Emergency reserve funds (CERF) has been approved. WHO developed the response plan to implement USD 0.9 million to support the health cluster response.

CONTACTS

Key contacts at WHO Country Office for Indonesia are:

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Reference:

- OCHA Situation report No 5, 19 October 2018
- Crisis Centre MoH update as of 15th October 2018
- BNPB update as of 12th October 2018
ANNEX: List organization which contributed to emergency response in health sectors in Central Sulawesi earthquake is attached.