Situation Report #03
Date of issue: 04 October 2018
Location: Central Sulawesi, Indonesia
Emergency type: Earthquake and Tsunami
Date of onset: 28 September 2018

KEY HIGHLIGHTS

• An estimated 537,000 people have been affected after a 7.7 magnitude earthquake and tsunami in Central Sulawesi. So far, 1,581 persons have died, 2,549 people are injured and 113 people missing. There are 70,821 displaced people in 141 sites. The number of houses damaged is 66,238. So far, 21 health facilities are known to be affected. Damage to other health facilities is in the process of being assessed.

• The Government of Indonesia has decided to receive assistance for air transport, tents, water, and electric generators initially, after announcing on 1 October 2018 that it welcomed selective international assistance, to be based on review off their needs. National capacity will be used for USAR and medical healthcare personnel.

• The most common diseases presenting to health posts are diarrhea, fever, influenza-like illnesses (ILI) and trauma injuries. Anticipated health risks in the affected areas include water borne diseases (such as cholera, dysentery, typhoid), vector borne diseases (malaria, dengue, chikungunya) and vaccine preventable diseases (such as, measles and diphtheria).

• Four hundred eighty medical personnel are on the ground and rapid health assessments are being conducted.

• According to BNPB (National Disaster Management Agency), key needs are: fuel, generators, lighting equipment; clean water, water tanks, tents, field hospitals, tarpaulin, blankets; food and public kitchens.

SITUATION OVERVIEW

A 7.7 magnitude earthquake followed by tsunami and aftershock affected Donggala, Palu municipality, Sigi and Parigi Mountong Central Sulawesi. Liquefaction has been reported in Petobo village in Palu, south Palu, Biromaru (Sigi district) and Sidera village (Sigi district). Landslides from Toboli to Palu have been reported.

Access to Palu is difficult. Road access to the affected area from the north (Manado and Gorontalo Province) is inaccessible due to the damage but from the south (from Makassar-South Sulawesi and Poso-South East Sulawesi), the access road has started to be cleared. Mutiara Sis al-Jufri Palu Airport has opened on 3 October 2018 as an alternative access for humanitarian operations. A Task Force has been formed to facilitate access of overseas assistance through Balikpapan.

Map of Central Sulawesi. Source: BMKG
Situation Report #03 Sulawesi Earthquake and Tsunami, Indonesia

To date, a total of 1581 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 537 000: 24 % children (46,000), 68 % adults (131,000) and 7% elderly (14,000). Of the 191 000 people with urgent needs of humanitarian, 31% are very vulnerable, comprising of children and the elderly. UNFPA indicated there are 40 000 pregnant women and 14 000 women in the affected areas are expected to deliver during the next few months.

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

As of 30 September, 120 foreign nationals are reported to have been affected by the earthquake. Majority are safe and well, although five individuals from four countries are still missing. Assistance for foreign nationals is being managed by the Ministry of Foreign Affairs.

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

Disruption of electricity and telecommunication network continues to be a challenge.

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. International aids, either in medical personnel and medical logistics are not yet needed. Current deployment to Palu and other areas was only 20% of national capacity.

PUBLIC HEALTH CONCERNS

- Injuries and their complications are a major health problem.
- Lack of shelter and damaged water and sanitation facilities could lead to disease outbreaks of communicable diseases. Anticipated health risk in the affected areas include water borne diseases (such as cholera, dysentery, typhoid), vector borne diseases (malaria, dengue, chikungunya) and vaccine preventable diseases (such as, measles and diphtheria). Pre-disaster EWARS data from Donggala and Palu indicate ongoing activity of acute diarrheal diseases and acute respiratory infections.
- 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 REVIEW

- The most common diseases presenting to health post are diarrhea, fever, ILI and trauma injuries.
- Surveillance Officers from MoH are assessing the surveillance system and 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. The following measures have been put in place and/or are planned:

- Indonesian National Board for Disaster Management (BNPB) has been coordinating with related ministries/agencies, NGOs and other stakeholders and conducting rapid impact assessment and quick emergency response. Provincial and District Health Officers are conducting Rapid Health Assessments. Reports are awaited.
- The ASEAN- Emergency response and Assessment Team (ASEAN-ERAT) is currently being mobilized to gather information on the impact of the earthquake and assess the needs, in support of BNPB and BPBD’s ground assessment efforts.
- The Governor of Central Sulawesi has announced an initial 14 days of emergency response period from 28 September to 11 October 2018. The command post has been activated. BNPB has set up National Assisting Post (Pospenas) in the vicinity of Central Sulawesi Governor’s Office. PHO is coordinating the health response and health logistics in the field. ATS and medical supplies have been deployed.
- To provide medical care, 559 medical personnel are on the ground: 31 medical doctors, 39 specialists, 4 specialists residents, 76 nurses, 1 nutritionists, 5 pharmacists, and 403 paramedic and non-paramedic personnel has been deployed.
- 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.
- 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.
- DHO is coordinating with cross-sectors and primary healthcare centers within the affected areas.
- The Ministry of Health has sent medical teams. 28 National EMTs comprises of 480 health personnel including 15 surgeons are in the field. Two ships (equals to type-2 EMTs) from Surabaya and Alor are joining medical team. WHO Indonesia in coordination with Crisis Center Ministry of Health continues to monitor thirteen international EMT and thirty-four USAR teams registered in the “Relief Teams” tab in virtual OSOCC.
- Twelve members of Humanitarian Forum Indonesia (HFI), comprising of 136 people, and other NGOs are on the ground to support rapid assessment, joint need assessment, medical services, WASH, foods, and non-food items distribution.
- The Ministry of Public Works and Public Housing deployed staff to assess 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.
• National Disaster Agency (BNPB) conveyed meeting to synergize rapid assessment conducted by sub clusters and joint early recovery assessment focusing on housing, infrastructure, social economy including livelihood, cross sectoral including governance.

COORDINATION
• 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.
• WASH sub-cluster and Information Management Working Group (IMWG) meetings have been conducted on 3 October 2018.
• AHA Centre is supporting BNPB in coordinating the offers of assistance. Humanitarian partners are encouraged to use ASEAN’s SASOP Form Offer of Assistance available here: http://bit.ly/SASOP4Sulawesi.

GAPS AND CHALLENGES
• No 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 anticipate 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
• As part of the HCT team, WHO Indonesia is coordinating with international health cluster partners to prepare for coordinated international support especially on situation assessment and response support planning. WHO conducted coordination meeting with health partners 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 highlighted in the meetings includes:
  o UNAIDS to support for Antiretroviral (ARV) stockpile in collaboration with UNFPA and monitor blood transfusion.
  o UNFPA to support reproductive health cluster for reproductive health delivery and gender based violence, deployment of midwives focusing on four priority districts targeting 40,000 pregnant women and 14,000 incoming deliveries, establishment of 20 Reproductive health tents. Five thousand hygiene kits, 1000 maternity kits, 1000 post-delivery kits, 1000 newborn baby kits will be delivered to Ministry of Health. UNFPA support BNPB to work on GIS and population projection for reproductive health.
  o UNICEF has received formal request from Government of Indonesia for WASH, and national stockpile for 150 000 RDTs and insecticide nets, and producing risk communication material for child protection. UNICEF will be able to support risk communication for other clusters upon requests.
  o Upon acceptance of request from GoI, SDC Swiss Humanitarian Aids team arrived in Palu to support WASH and establish 200 shelters.
  o Indonesia Red Cross (PMI) has established health post in Palu and mobile clinics in Palu, Sigi and Donggala; it has provided 1 water truck in Palu and Donggala, and 12 other water trucks are underway.
  o OCHA is supporting coordination of humanitarian country team responding to disaster.
WHO has developed health cluster operational response plan. Priority activities in the response plan:

- Health Sector Coordination, information management and risk communication
- Implementing the Minimum Initial Service Package for Reproductive Health in Emergencies.
- Strengthening of surveillance and contingency planning for communicable, water and vector-borne disease outbreak response.
- Supply chain management, including provision of essential medicines and supplies (HIV consumables) and management of blood transfusion supplies.
- Coordination of emergency health services, including in evacuation sites.
- Establishment of Health services referral management system.
- Mental Health and Psycho-Social Support.
- Immunization campaigns.
- Monitoring water quality and sanitation.
- WHO Emergency Field Operational support including operationalization of HEOCs.
- Restoration of reproductive maternal and child health services (PMTCT for pregnant women living with HIV where necessary.
- Provision of emergency nutrition.

Crisis Centre MoH will open EMT-CC at Central Sulawesi provincial health Office; WHO will provide technical assistance.

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.

Although initially being considered, the Ministry of Health has yet to advise on deployment of international EMTs.

WHO is monitoring the situation closely with the MoH Crisis Center.

Funding

- From the Central Emergency Response Fund (CERF), US$ 15 million has been allocated to support earthquake and tsunami victims in Sulawesi.
- WHO has developed and submitted a proposal for US$10 million proposal for the Health Cluster Operational Response Plan, incorporating inputs from health partners.

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Reference:

- OCHA information update https://vosocc.unc.org/VODiscussions.aspx#t5682
- BNPB update as of 4th October 2018