Situation Report # 07
Group of Seven

Date of issue: 12 October 2018
Location: Central Sulawesi, Indonesia
Emergency type: Earthquake and Tsunami
Date of onset: 28 September 2018

KEY HIGHLIGHTS

- Rapid assessment of health facilities especially the functional status assessment has been completed.
- Rapid assessment of Immunization programme status in Sigi district completed.
- 1,793 health personnel are on-ground; including 91 EMTs comprising of 855 healthcare volunteers. Fifteen hospitals and 50 primary health centers (PHC) are operational by national EMTs and volunteers. Eleven pharmacies in Palu and three pharmacies in Sigi are functional.
- As of 11 October 2018, 3456 health volunteers have been immunized against diphtheria (Td vaccine). Td immunization for community will be integrated into routine national immunization programme.
- Routine MR campaign is continued in three affected districts with additional focus on the IDP camps. As of 11 October 2018, 620,357 children aged between 9 months to 15 years have been vaccinated against measles and rubella under MR campaign in Central Sulawesi province.
- The most common diseases presenting to health posts are diarrhea, fever, influenza-like illnesses (ILI) and trauma injuries. The risk of vector borne diseases such as dengue, chikungunya and malaria is anticipated to increase during the coming weeks as above-average rainfall is expected in affected areas.

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 and communication have improved. Access to Sigi remains difficult to reach areas in Owulu, Kulawi, Lindu, Kantewu, Banasu and Gimpu; while for Donggala it is accessible.
- To date, 2,073 deaths, 2,549 severely injured, 8,130 minor injuries and 680 missing persons are recorded. There are currently 87,725 displaced people in 112 camp sites. Public kitchens are operational in IDP camps.
- 22 healthcare facilities are affected. These include three hospitals, ten primary health centers (PHC), four sub-primary health centers and five village posts. Of these, four in Sigi District are classified as severely damaged. 18 PHCs and two district hospitals in Donggala are intact.
- Five PHCs out of 16 in Donggala District and one of 13 PHCs in Sigi District are able to send reports via sms; one of eleven PHC in Palu City is functional outside the building.
- Four village health centers, (Tinggede, Marawola, Dolo and Kaleka) were lightly damaged, while one in Baluase was heavily damaged and not accessible due to damaged road. Two villages in catchment areas are severely affected by the earthquake (Beka village close to Marawola health center and Karawana village close to Dolo health center).
Referral System and Primary Health Center Mapping

Source: Ministry of Health
PUBLIC HEALTH CONCERNS

- Complications related to severe injuries continue to be a major concern.
- Anticipated increased health risk include water borne diseases (such as cholera, dysentery, typhoid) and vector borne diseases (malaria, dengue and chikungunya) and vaccine preventable diseases (such as, measles, tetanus and diphtheria). Waste management and provision of water and sanitation as well as vector control are essential.
- Disruption of routine management and surveillance of different disease control programmes such as Mass Drugs Administration for filariasis control and schistosomiasis, and non-communicable diseases such as hypertension and diabetes.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- Field epidemiology investigation is ongoing for one suspect varicella in Palu and one suspected measles.
- Most diseases reported are Acute Respiratory Infection, followed by acute diarrhea, ILI, Hypertension. Other diseases include skin diseases, fever, and sus. Typhoid fever.

HEALTH OPERATIONS AND LOGISTICS

- 1,793 health personnel including 91 EMTs consist of 855 healthcare volunteers are on-ground. These include 387 medical doctors, 78 specialists, 79 midwives, 446 nurses, 16 anesthetists, 34 pharmacists, 84 other healthcare workers, and 669 nonmedical/paramedics.
- 15 hospitals are operational and supported by national EMTs and healthcare worker volunteers for patient treatment. These include 10 hospitals in Palu (9 hospitals, one field hospital, one medical ship hospital), two hospitals in Donggala (including medical ships) and two hospital in Sigi.
- MoH in collaboration with health partners has completed rapid health assessment especially for the health facilities functionality. 50 primary health care facilities (PHCs) are functional. These include 13 primary health centers (PHC) in Palu, 19 PHCs in Donggala and 18 PHCs in Sigi. 11 pharmacies in Palu and three pharmacies in Sigi are functional.
- Field Epidemiology Training Programme FETP students are supporting 13 primary healthcare centers in Palu, Donggala and Sigi to improve surveillance and data collection and analysis.
- Hotline number is established for reporting diseases surveillance and outbreaks.
- MOH is conducting mental health assessment in Palu. In response to drugs shortage, MoH has sent psychopharmacological medications, to provide operational support and ensure stock sufficiency.
- EPI program conducted assessment including the cold chain assessment in the three districts affected. Highlighted summary of assessment:
  - The Vaccine Vial Monitor (VVM)’s of the vaccines are at usable stage in all PHCs in Palu city. EPI coordinators/KORIM are providing services in five PHCs in Sigi district, however routine EPI program has not resumed.
  - Cold chain assessment in 5 health centers visited in Sigi District as of 11 October 2018 showed all refrigerators in good condition and functioning; except one in Baluase. Electricity has been restored in Tinggede and Dolo PHC. Two PHCs in Marawola and Kaleke health centers still experienced electricity disruption and no generator sets were available. No information was available on cold chain equipment in Baluase health centers. There are 12 units of vaccine carriers in Tinggede, 4 units in Marawola, 20 units in Dolo and 6 units in Kaleke health centers. One unit of freezer is available in Dolo health center.
  - Vaccine stock assessment in five PHC in Sigi covering HBO, BCG, Polio, IPV, Measles, MR, Td, DPT-HB-Hib, and DT. Out of five PHC assessed in Sigi, only four PHC are accessible. PHC Baluase is not accessible. As of 11 October 2018 BCG, IPV, Measles and MR are available in four PHC (Tinggede, Kaleke, Dolo, Marowala), HBO vaccine is available in Kaleke and Dolo PHC, Td and DPT-HB-Hib are only available in Kalele, Dolo Marowala while no stock for DT vaccine in all assessed PHC.
MR Campaign Coverage

- Sulawesi PHO released circular letter no 443/191.01/Diskes P2PL dated 12 October 2018 regarding resumption of immunization activity in health centers and health posts as per Standard operating procedures; continue implement MR campaign in IDP camps, monitor vaccine vial monitor (VVM) and develop microplanning to calculate the target.
- MR campaign is still ongoing in three districts affected and being delivered in the IDP camps. As of 11 October 2018, 620,357 children aged 9 months up to below 15 years old have been vaccinated against measles and rubella under MR campaign in Central Sulawesi province.
- As of 11 October 2018, MR campaign coverage in Sigi District was 66.04% reaching 41,314 children, and 73.6% in Tinggede health center. Vaccine hesitancy was reported in SD IT Wahdah where only 8 out of 150 children were vaccinated with MR vaccine. MR campaign coverage in Palu city was 50.06% reaching 44,307 children and 65,830 (75.16%) have been vaccinated in Donggala district.

![MR Vaccination Coverage In Central Sulawesi Province](image)

- MoH has conducted diphtheria (Td) vaccination at Palu for 3,456 health volunteers as of 11 October 2018. Td immunization for community will be integrated into routine national immunization programme.

![Td vaccination in an Central PHO IDP camp.](image)

![DG Disease Control MOH monitored the surveillance activity in the affected areas including VPD surveillance.](image)
COORDINATION

- Health coordination meeting in the field has been conducted focusing on EMT management. These include EMT mapping, deployment and information management.
- Health sub clusters have been conducting coordination meetings for response in the field.
- Health partner meeting on 12 October 2018 shared information on health center function mapping and health partner response update.
- Health Cluster lead (Crisis Center MoH) plans a national health cluster meeting on 16th October involving International partners.

GAPS AND CHALLENGES

- Limited vaccine stockpiles at Sigi district will hamper resumption of routine immunization programme.
- MoH indicated additional medical resources would be needed during the coming weeks including medical doctors, specialists (obstetric and gynecologist, pediatricians, anesthetist, and surgeon), psychiatrist, psychologist, nurse, midwife, radiographer, environmental health Officers and nutritionist.
- Rapid Diagnostic Tests (RDT) for Dengue and Leptospirosis are not available. RDT for Malaria are available in primary health center, however the number is uncertain.

HEALTH CLUSTER AND WHO RESPONSE

- Six WHO personnel are currently supporting health cluster coordination and technical response on-ground; including EMTs coordination, health response mapping, health facility mapping, surveillance, risk assessment, water and sanitation situation, mental health and immunization as part of response to earthquake in Palu.
- Two EPI focal persons are supporting Ministry of Health to conduct EPI program assessment including the cold chain assessment in the three districts affected. MR monitors are assisting technically in 8 districts.
- Health partners response:
  - IFRC and ICRC support Indonesia Red Cross have deployed 64 national personnel including 7 Psychosocial Support Service (PSS) staff, 5 PMI Mobile Medical Teams and 1 EMT (type 1), and distributed 1,900 hygiene kits, 250 mosquito nets, and 100,000 masks. Joint assessment (IFRC, PMI, JRCS, SRCS, & HKRC) has been conducted to support deployment at 1 Basic health Unit (Type 1 EMT)
  - UNAIDS is setting up HIV sub-station at UNFPA reproductive health center, to provide information and support for people living with HIV. There are 333 people including 3 children registered as taking ARVs. Local CSOs continue to ensure emergency supplies from center in Makasar to Palu.
  - Save the Children has deployed 20 personnel on-ground to support the health and nutrition support needs for infants, young children and mothers. These include establishing public kitchen for young children and complementary food for pregnant women and scaling up the breastfeeding, and assessing gaps in nutrition.
  - Four UNFPA personnel in the field are supporting reproductive health cluster and women protection sub cluster. This included assessment, establishing three reproductive health tents, and distributing maternity kits, newborn baby kits and 32 mosquito nets (without insecticide) for baby with plans to surge up the supplies.
  - Muhammadiyah (MDMC) established six medical posts in Palu and maternity clinics. Up to date, 1561 patients have been treated. MDMC is supporting clinical management for cases and health sector response in Palu, Donggala and Butong.
  - Handicap International is supporting response to people with disability and working to compile statistical data for people with injuries (fractures, people with wheel chair, etc).
• UNICEF has deployed personnel to support WASH, risk communication, child protection, health, including MR campaign. UNICEF in collaboration with WHO also supported rapid health assessment on cold chain.
• IOM is focusing on distribution of water and implementing displacement tracking matrix in coordination with universities to track internally displaced population.
• DFAT partnering with Muhammadiyah and Indonesia Red Cross (PMI) to support response, including medical services.

**FUNDING**

• WHO has partnered with UN agencies to propose surge funds from UN Central Emergency reserve funds (CERF), with proposal in review process. WHO has requested 0.9 million USD to support health cluster response. WHO response will focus on restoring EWARS in 22 primary health centers, strengthening health cluster coordination, mobilization of FETP students from universities to support surveillance during outbreak, vector control, and collaboration with professional associations in supporting mental health.

**CONTACTS**

Key contacts at WHO Country Office for Indonesia are:

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**Reference:**

• OCHA Situation report No 1, 9 October 2018
• BNPB update as of 11th October 2018