



SITUATION UPDATE NO. 10

M 7.4 EARTHQUAKE & TSUNAMI

Sulawesi, Indonesia

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

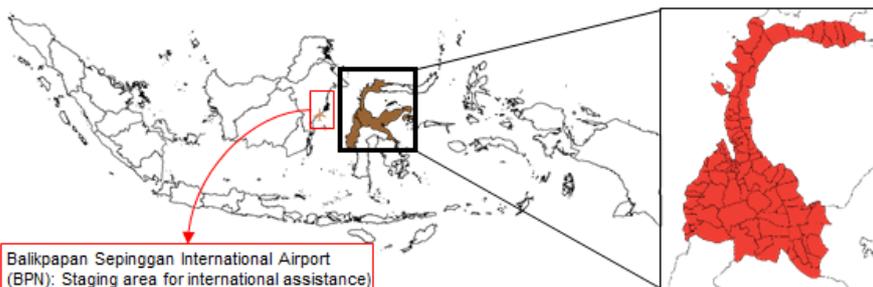
Wednesday, 10 October 2018, 17:00 hrs (UTC+7)

No. **10**

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.

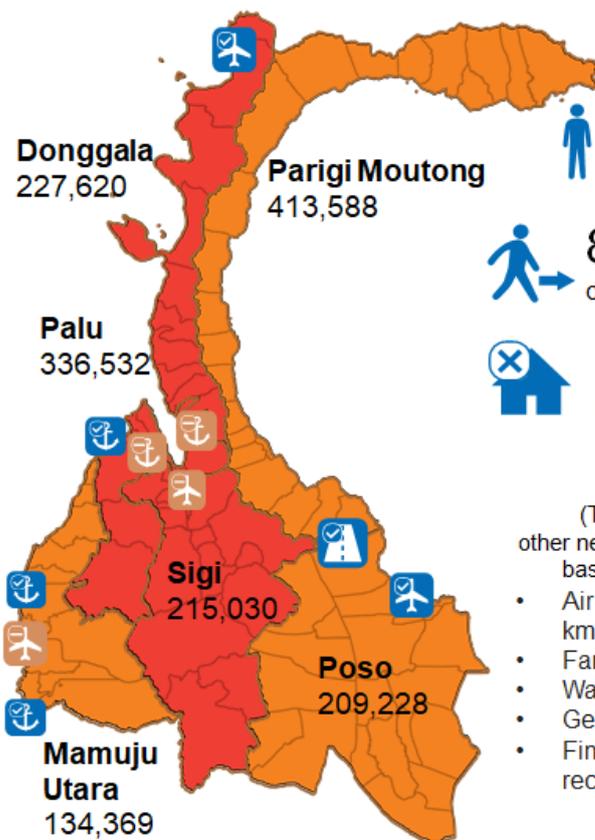
M 7.4 EARTHQUAKE & TSUNAMI, CENTRAL SULAWESI, INDONESIA

Correct as at 10 October 2018



Most-Affected areas:

- Donggala
- Palu city
- Sigi



2,045 fatalities

10,679 injuries

82,775 displaced

671 missing

67,310 Houses damaged

2,736 Health facilities damaged

Priority Needs

(To be fulfilled with international assistance, other needs are to be fulfilled from in-country resources; based on MOFA Letter D/01853/10/10/2018/16)

- Air transport capable to land in short runway (2 km airstrip)
- Family Tents / shelter kits
- Water treatment
- Generator sets
- Financial condition (MoFA has specific recommendation)



Closed	Limited operating capacity	Open

Disclaimer: AHA Centre's Situation Update for this event will be released daily at around 1700 hrs (UTC+7). All partners who would like to share their information must do so by 1500 hrs (UTC+7). All key statistics quoted by AHA Centre are those received from the National Disaster Management Authority (BNPB) of Indonesia.



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).
- 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 10 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 10 October

No	Item	Category	Remarks and Thresholds	Total Needs based on Individuals	Total Needs based on approximate 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	N/A	20694			0		0
2	Tents	Shelter	Per displaced Family	N/A	20694	2877	785	3356	4141	16553
3	Mosquito Nets	NFI	3 pcs per family	N/A	62082	600	600	3205	3805	58277
4	Hygiene Kits	WASH	Individual, for 2 month	82775	-	36	452	1855	2307	80468
5	Blankets	NFI	Individual	82775	-	200	1600	17239	18839	63936

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. Based on the Letter D/01853/10/10/2018/16 from the Ministry of Foreign Affairs (MoFA) sent to the AHA Centre on 3 October 2018, it had informed all that Government of Indonesia has decided to receive, for the time being, assistance as follows:
 - Air transportations (preferably C-130 or alike);
 - Tents (shelter kits);
 - Water treatment;
 - Electric generators; and
 - Financial donation, i.e. from the foreign governments and international organisations preferably to National Disaster Management Authority (BNPB) and Indonesian Red Cross (PMI).
- 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).
- g. Humanitarian partners may also wish to take note on the information management flow of the Joint Operations and Coordination Centre for International Assistance (Figure 2) as well as logistics support plan for international assistance (Figure 3). 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**.
- h. 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.

Regulations for International NGOs aim to provide assistance in Central Sulawesi

<p>1. Foreign NGOs are not allowed to go directly to the field. All activities must be conducted in partnership with local partners.</p> <p>2. Foreign citizens who are working with foreign NGOs are not allowed to conduct any activity on the sites affected by disasters</p> <p>3. Foreign NGOs who already procured/prepared relief items in Indonesia need to register their assistance with the relevant ministries/agencies & mandated to work with local partners in distributing the aid.</p> <p>4. If the respective NGOs have not registered their assistance with the relevant ministries/agencies, they are asked to register with BNPB for the distribution to the affected population on the field.</p>	<p>5. Foreign NGOs wishing to provide aid can do so through the Indonesian Red Cross (PM) or PMI's - with the guidance of the related ministries/agencies or local partners.</p> <p>6. Foreign NGOs who have deployed its foreign personnel are advised to recall their personnel immediately.</p> <p>7. A monitoring of foreign volunteers is required.</p> <p>8. The delivery of relief items are being coordinated temporarily by BNPB through Balikpapan.</p>
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National Disaster Management Authority **BNPB**

Figure 1 Conditions for International NGOs providing assistance in Central Sulawesi





BNPB

JOINT OPERATION AND COORDINATION CENTRE FOR INTERNATIONAL ASSISTANCE INFORMATION MANAGEMENT WORKFLOW

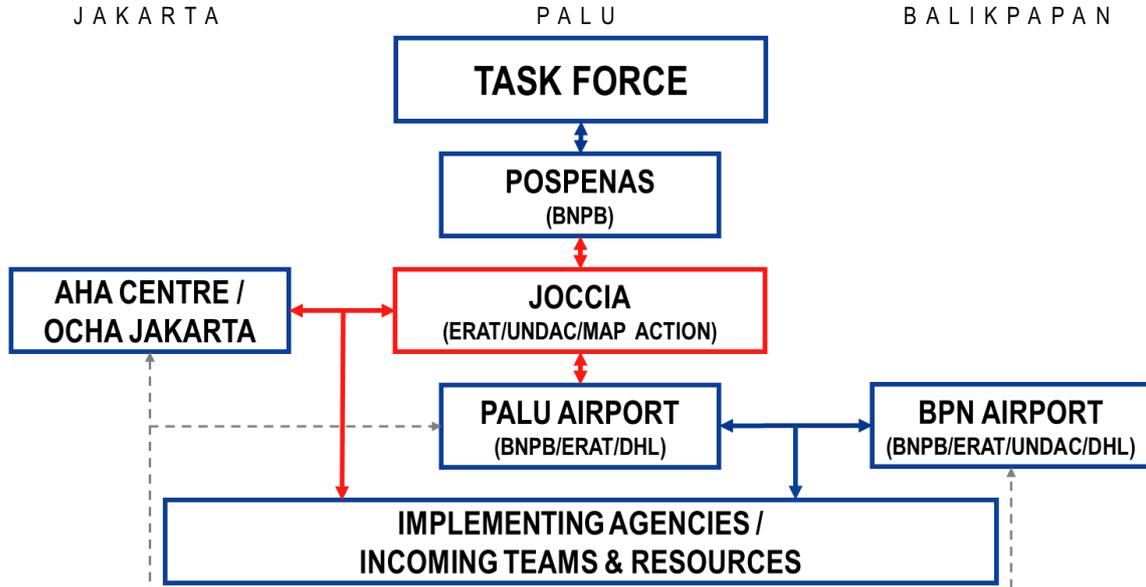


Figure 2 Information management workflow across three locations (JOCCIA, staging area and EOC)



BNPB

LOGISTICS SUPPORT PLAN FOR INTERNATIONAL AID

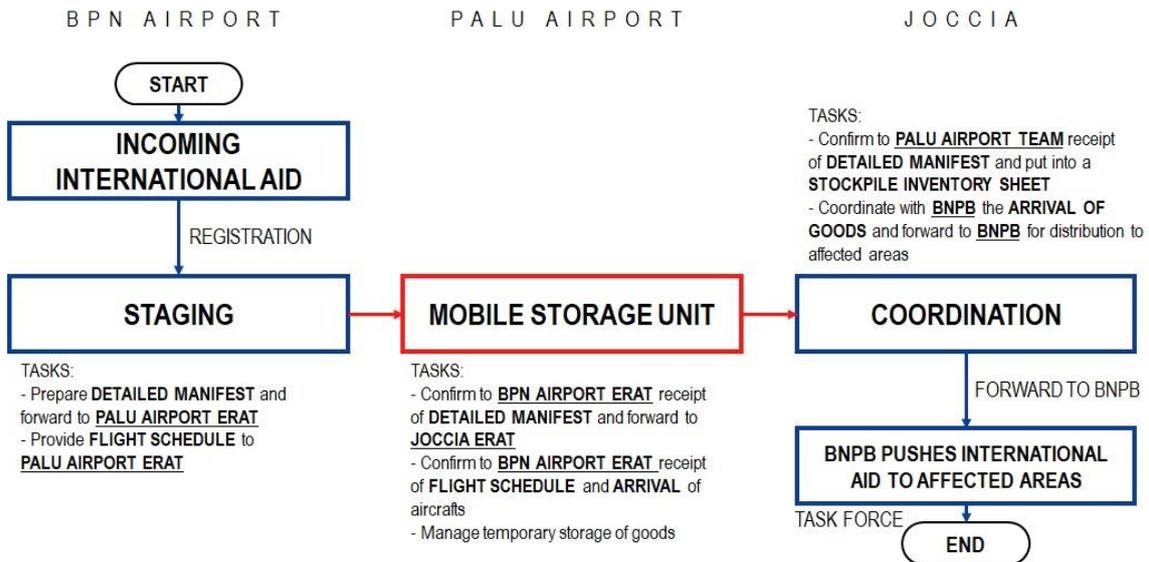


Figure 3 Logistics Support Plan for international aid (JOCCIA, staging area and EOC)



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).
- b. Agency for Meteorology, Climatology, and Geophysics (BMKG) has deployed a field team for data collection and verification of tsunami height and run-up in Palu City and Donggala regency. Initial result suggests that the highest tsunami height was observed around 11.3 meter in Tondo Village, East Palu; while lowest tsunami height was around 2.2 meter in Mapaga, Donggala. Maximum tsunami run-up is around 468.4 meter at around Mercure Hotel, Lere, East Palu (Figure 4).
- c. Given the frequency of aftershocks is still relatively high, mapping the IDP sites against the landslide and liquefaction risk areas provide responders with better information on safe areas to set up temporary shelters and eventually areas that are safe for more permanent dwellings (Figure 5 and 6). There are 22 sites are currently situated in areas at high risk of liquefaction.

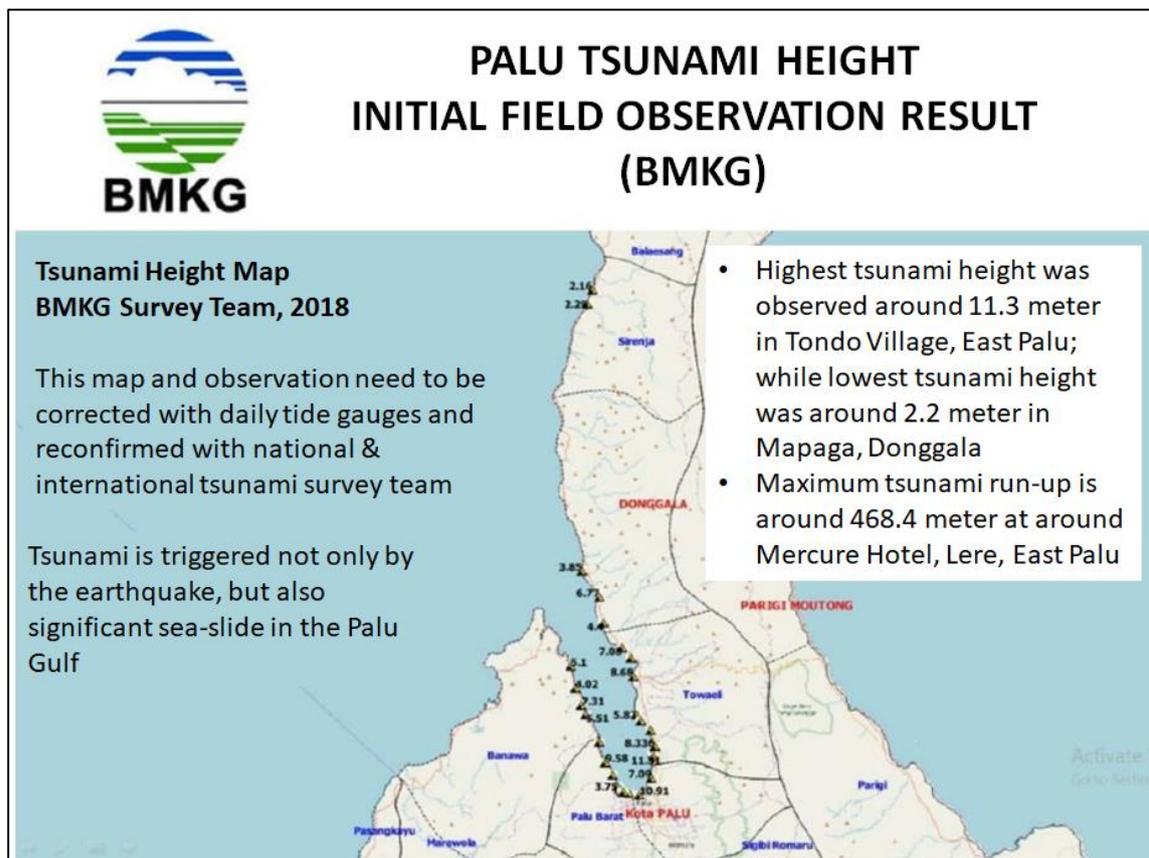


Figure 4 Initial Field Observation Result on Palu Tsunami Height and Run-up (BMKG)

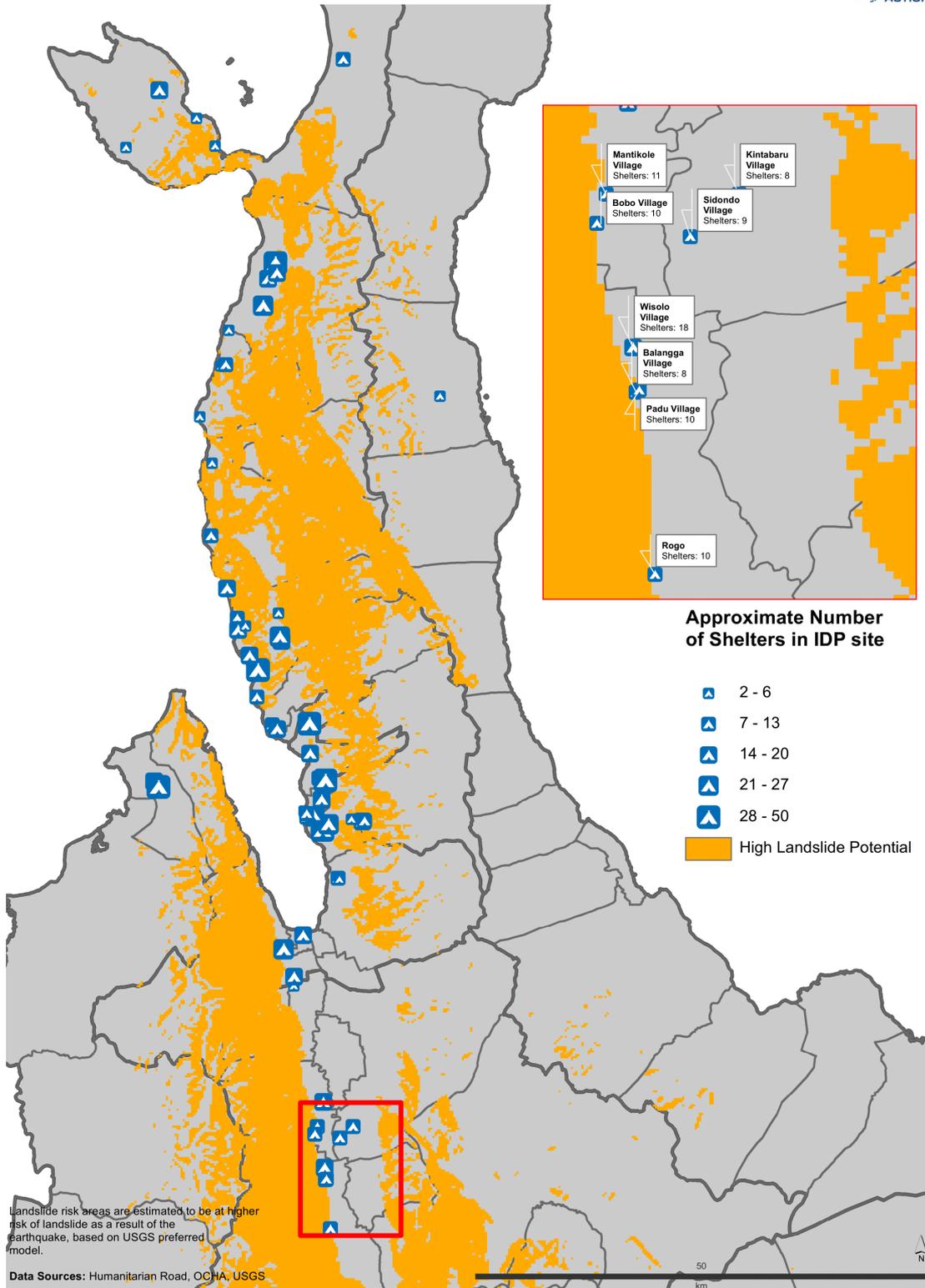


Figure 5 IDP sites within modelled potential landslide areas in Central Sulawesi

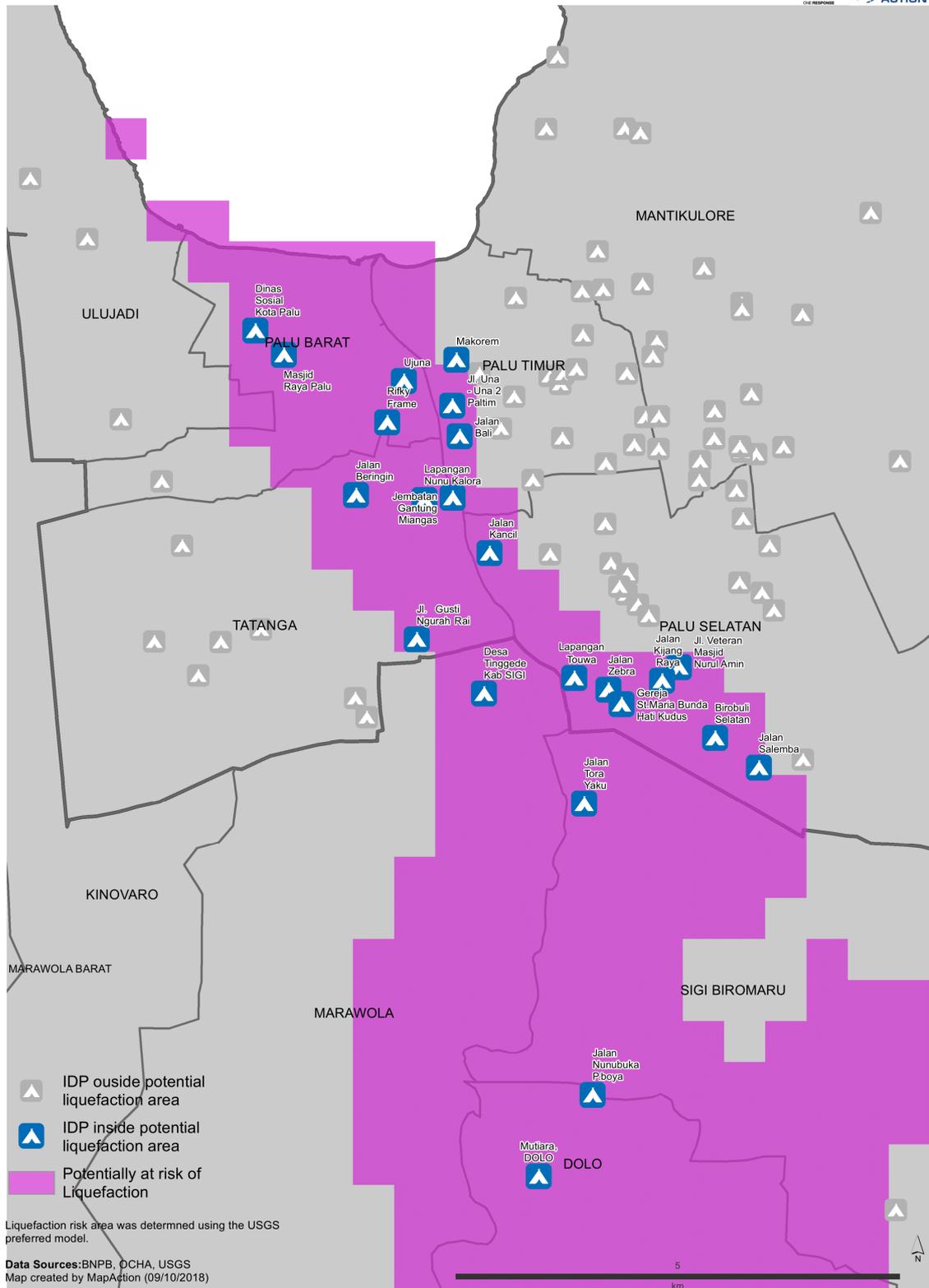


Figure 6 IDP sites within modelled potential liquefaction areas in Central Sulawesi

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. 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>
- c. Table below summarises BNPB's information on the disaster human casualties and damages in most affected areas in Central Sulawesi (as of 8 October). In total, 1,948 fatalities were confirmed (1 fatality in West Sulawesi, which is not recorded in the table below). According to BNPB, as at 10 October, all the 2,045 dead bodies are already buried.

As at 10 October, BNPB has confirmed 67,310 houses damaged across Palu, Sigi, and Donggala. The distribution can be seen in the table below, i.e. 97.6% of the damaged houses is in Palu city due to the combination of direct damages due to earthquake, tsunami in the coastal area, and two soil liquefaction sites. Figure 7 exhibits damaged houses by village.

Table 2 – Human casualties and damages by city/regency (Source: BNPB)

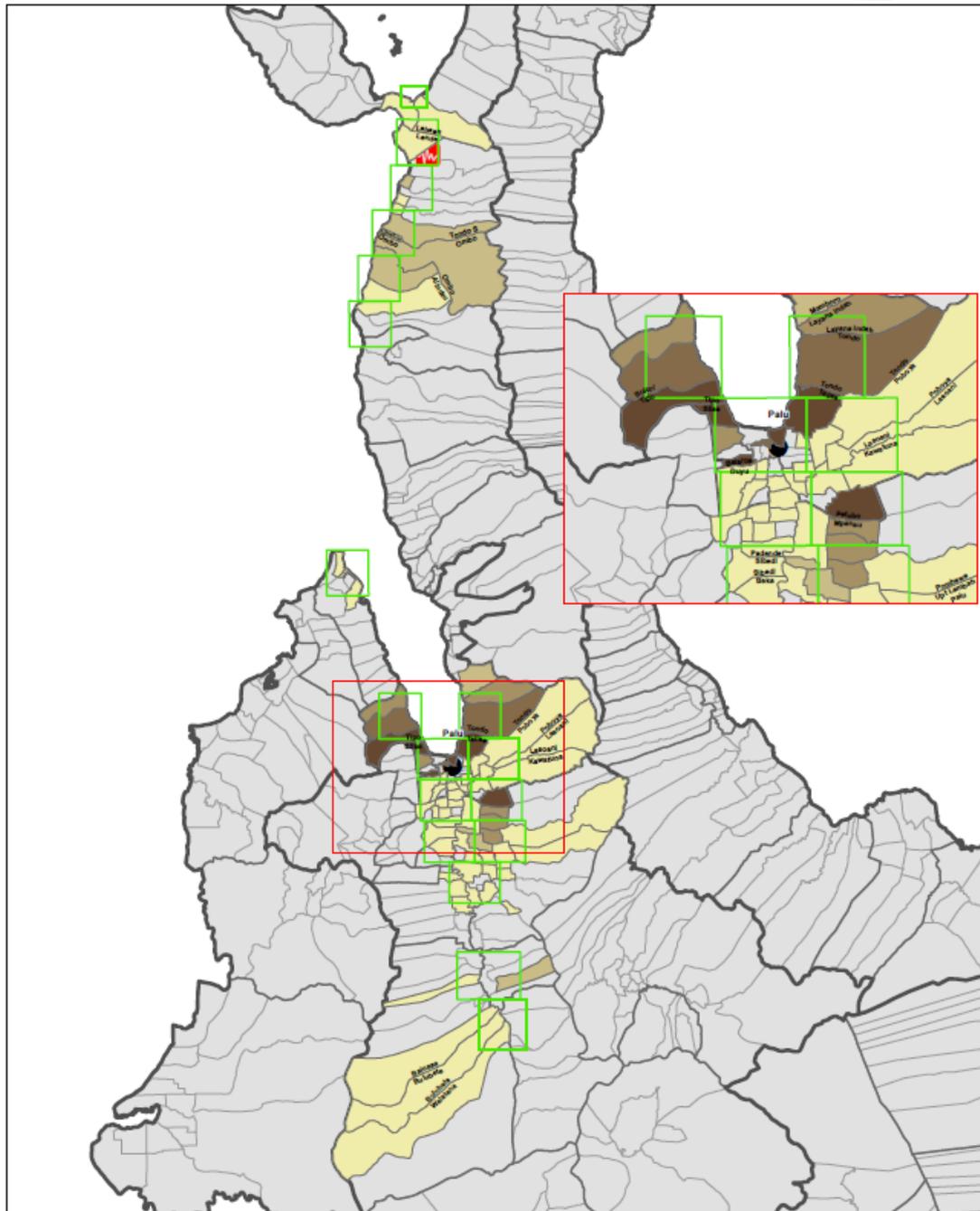
City/Regency	Palu city	Donggala Regency	Sigi Regency	Parigi Moutong Regency
Human Casualties and damages				
Fatalities	1,636	171	222	15
Injuries	Severe injuries: 2,549; Light injuries: 8,130			
IDPs	38,621	20,223	15,600	<i>t.b.a.</i>
Damaged houses	65,733	680	897	<i>t.b.a.</i>

From the table above, BNPB confirmed the number of IDPs at 10 October is around 82,775 people across Palu, Donggala, and Sigi. Humanitarian partners may wish to take note that around 12,742 people have opted to evacuate outside of Palu city (not part of the total number 82,775 IDPs). BNPB released the record of people evacuated outside of Palu city as follow:

Table 3 – IDPs in Palu City evacuated outside of the affected areas (Source: BNPB)

Destination of evacuation	Makassar	Balikpapan	Jakarta	Manado	Kendari	Surabaya	Nunukan	Maros
Mode of transport								
Air transportation	10,623	4,474	385	526	36	180	-	-
Sea transportation	1,853	-	-	-	-	-	55	-
Land transportation	-	-	-	-	-	-	-	211





Based on Copernicus analysis, this map summarises the building damage detected in the areas where satellite imagery was captured and processed. The total numbers mapped include damaged, destroyed and possibly damaged buildings. These are largely residential buildings (99%). This map is intended to be indicative only and recognises large areas where remotely sensed data was not captured or analysed. This map is accompanied by summary data tables.

Affected Households per Village

- 1 - 75
- 76 - 250
- 251 - 500
- 501 - 1000
- 1001 - 2412

0 5 10 15 20 Km
 Data Sources: Copernicus, AHA
 Map created by MapAction (08/10/2018)

Figure 7 Damaged buildings per administrative village boundary (Data source CAA 8 October)

- d. Since 29 September 2018, the number of injury cases and fatalities has been increasing, including the number of internally displaced people (IDPs). These trends can pose additional challenges to the health care delivery system that generally covers the health needs of individuals in most affected areas. Such include

addressing medical and public health needs, particularly the prevention and control of communicable and non-communicable diseases. These can be aggravated by limited access to health workers in addition to existing problems such as the disruption to the delivery of primary healthcare, damage to sanitation services, water supply and housing as well as interruption to usual sources to safe and sufficient food in the community. As of 10 October, 14 hospitals (Palu -11; Donggala- 2 and Sigi- 1) and 50 primary health centres in the most affected areas (Palu -13; Donggala- 19 and Sigi - 18) have also been receiving and treating patients and are supported by national EMTs and volunteer health workers. Patients have also been referred to higher level hospitals in Makassar. There are also 8 functional pharmacies in Palu and 3 in Sigi (Source: BNPB).

On the supply of health workforce in the field, there are 1,793 medical personnel on the ground delivering health services to people in the most affected areas, namely, Donggala, Palu and Sigi. These comprise 387 medical doctors, 78 specialist doctors, 16 Anesthesia administrators, 79 Midwives, 446 nurses, 34 Pharmacists, 84 other medical personnel and 669 non - medics/paramedics (Source: BNPB, 10 Oct 2018).

Based on Ministry of Health requirements, health workers that are in need include physicians, ob-gynecologists, pediatricians, anesthesiologists, surgeons, psychiatrists, nurses, midwives, radiographers, environmental health officers and nutritionists (Source: WHO Situation Report #5, 8 Oct 2018).

Though number of deployed health workers is increasing, as calculated, this is still below the health worker emergency requirement based on the ASEAN Initial Needs Assessment Checklist (INAC) Standards. The types of health workers, their expertise and skills and how the health workforce is distributed across the affected areas are also vital considerations to ensure that health services are delivered where they are needed.

Table 4 - Health Service Needs of Population Exposed in Donggala, Palu and Sigi and Available Health Workforce in Central Sulawesi as of 10 Oct 2018

Population exposed in affected areas	ASEAN INAC Standard for HW Emergency Requirement	Health Workers on the ground (Source: BNPB)	Current Health Worker to population ratio
916,684 individuals	60 Health Worker per 10,000 population	1,793	20 Health Worker per 10,000 population

Based on Ministry of Health requirements, health workers that are still in need include physicians, ob-gynecologists, pediatricians, anesthesiologists, surgeons, psychiatrists, nurses, midwives, radiographers, environmental health officers and nutritionists (WHO Situation Report #5).

The number of health workers and the services that they are able to deliver can have an immense impact on the overall health outcomes of the affected populations especially in the prevention and control of communicable and non-communicable diseases. Based on the result of the rapid assessment among the leading health conditions and diseases found in evacuation sites are injuries, unsafe maternal delivery, diarrhoea, acute respiratory infection (ARI), malaria, chronic diseases and skin diseases. Diarrhoea as a symptom of several communicable diseases is primarily due to the unsafe drinking water and inadequate WASH facilities.



The spread of communicable diseases can potentially compound issues in overcrowded evacuation sites and in usual instances, the vulnerable groups (children and elderly) are most affected. Overcrowding may be anticipated as currently there are only 112 camps to cater to the needs of 82,775 displaced individuals (as of 9 October 2018). The number of IDPs, though increasing, only comprises 3.43% of the total number of those exposed to moderate to strong intensity above V MMI (2,441,386) and 9% of those needing urgent humanitarian assistance in most affected areas, namely, Donggala, Palu and Sigi (916,684).

- e. The pictures show the areas affected by liquefaction. The areas affected are 1) Balaroa (Palu Barat District), 2) Petobo (Palu Selatan District), and 3) Biromaru (Sigi Biromaru District). Initial calculations made by BNPB indicated that a total of 430.7 hectares of land area had been inundated due to liquefaction. This had resulted in 3,773 buildings being affected; i.e. including 2 pharmacies, 1 hospital, 1 health centre 1 village office, 1 orphanage, 1 junior high school, 1 elementary school, and 1 supermarket (Figure 7 to 9).

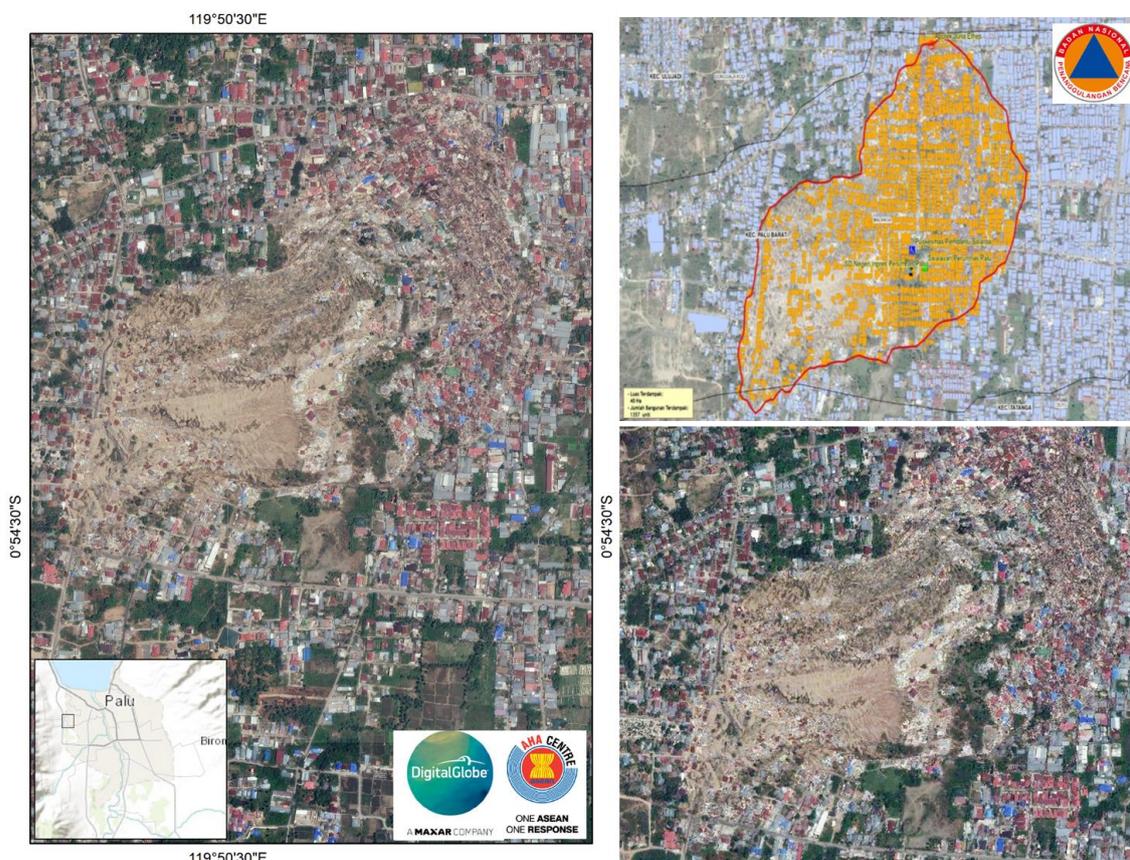


Figure 8 Balaroa area affected by liquefaction (satellite images courtesy of DigitalGlobe)

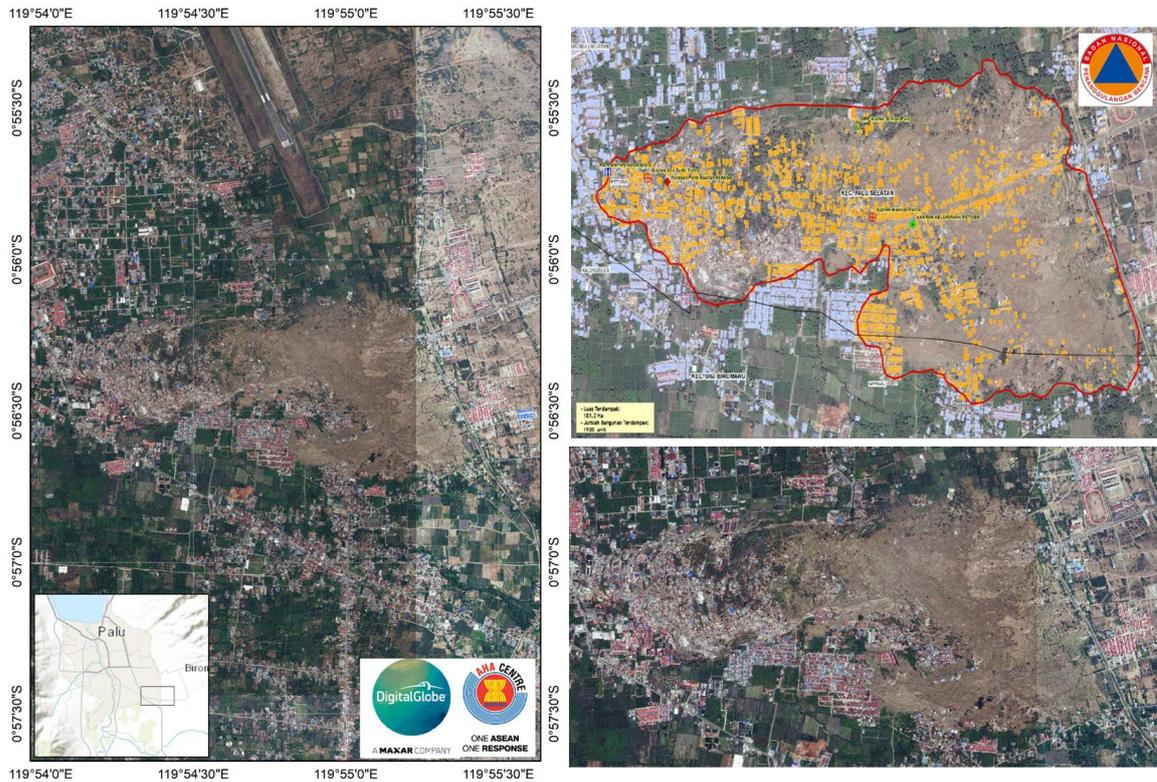


Figure 9 Petobo area affected by liquefaction (satellite images courtesy of DigitalGlobe)

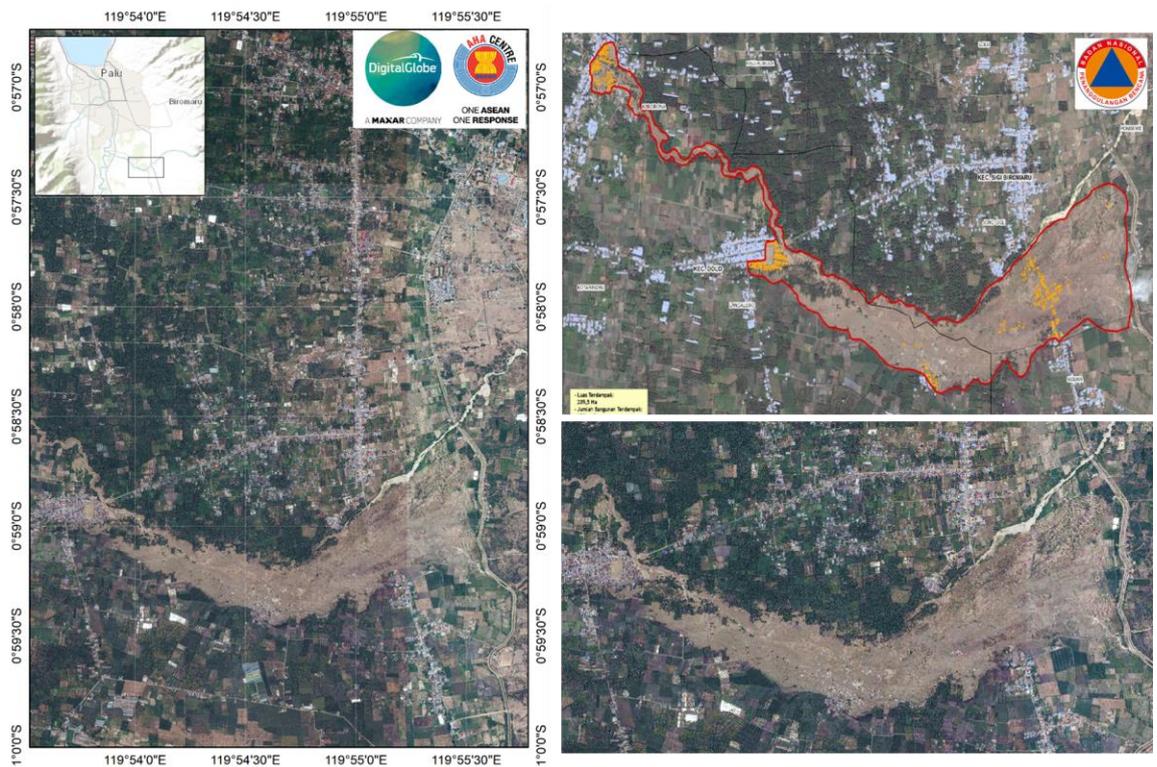


Figure 10 Biromaru area affected by liquefaction (satellite images courtesy of DigitalGlobe)

4. ACTIONS TAKEN AND RESOURCES MOBILISED

Response by Government of Indonesia & State-owned Companies

- a. 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.
- b. 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

- c. 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 civilian.
- d. A [web portal on BNPB's page](#) has been prepared for sharing maps, providing updates and information to public and media.
- e. 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/
- f. 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 and ASEAN-ERAT

- 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. AHA Centre hosted the visit of H.E. Deputy Prime Minister of Malaysia, TAB Dato Seri Dr. Wan Azizah Dr. Wan Ismail, together with a high delegation from Malaysia at the Emergency Operations Centre of AHA Centre and provided a special briefing on the Central Sulawesi emergency response.
- d. ASEAN-ERAT Batch 1 have returned to Jakarta and a debriefing session has been conducted on 10 October 2018.
- e. Two ASEAN-ERAT members from Brunei Darussalam are being deployed to Sulawesi on 10 October 2018.
- f. Executive Director of AHA Centre had visited the staging area in Balikpapan Airport and is currently in Palu City to assess the extent of the situation.
- g. Two ASEAN's Mobile Storage Unit had arrived and been set up in the vicinity of Palu Airport. The MSU will provide a temporary storage solution to the incoming relief items. In parallel, ASEAN-ERAT in Balikpapan and Palu will continue their support on logistic management and airlifting of cargo.



Figure 11 Visit of YAB Dato Seri Dr. Wan Azizah Dr. Wan Ismail and High Delegation from Malaysia to AHA Centre



Figure 12 Continued support by ASEAN-ERAT in Balikpapan and ASEAN's Mobile Storage Units (MSUs) constructed in Palu

Response by ASEAN Member States

Figure 13 below exhibits the cumulative response by ASEAN Member States to the Central Sulawesi Earthquake and Tsunami. The most recent being the incoming support and relief items from the Philippines delivered on 10 October.

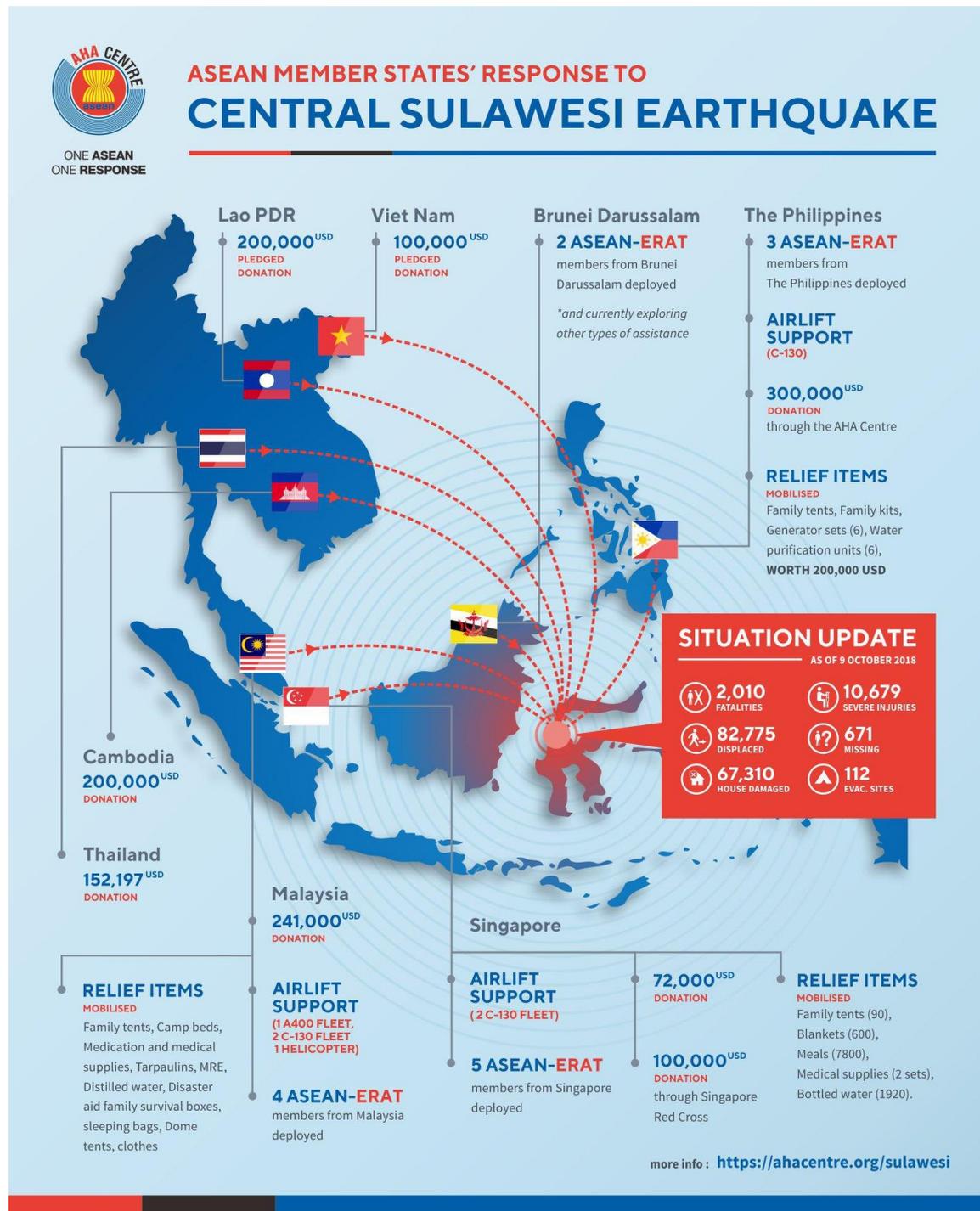


Figure 13 ASEAN Member States' Response to Central Sulawesi Earthquake

Response by ASEAN Dialogue & Development Partners

On 9 October 2018, the first sortie of humanitarian aid from [Chinese Government](#) arrived in Balikpapan Airport, staging area for international assistance, and has been handed over to National Disaster Management Authority (BNPb). In accordance with the need of the Indonesian side, the Chinese government has decided to provide the Indonesian



government with tents, water purifiers, fogging equipment, generators, and other disaster relief assistance. They will be sent to Indonesia in five charter flights within a few days.

Response by the United Nations and Humanitarian Country Team (HCT)

- a. Humanitarian Country Team is starting to release [situation updates](#) with initial frequency of two updates per week, every Tuesday and Friday.
- b. The United Nations' Central Emergency Response Fund (CERF) has committed \$15 million in funding to kickstart HCT support for the response. A number of UN agencies have also mobilized internal funding to support the initial phase of the response, this includes, \$4 million mobilized by UNICEF; \$1.5 million by WFP; \$1 million by UNHCR; \$650,000 by UNDP; \$200,000 each by FAO and IOM; and \$100,000 by UNFPA. In addition, the Red Cross also mobilized CHF 1.25 million. Additionally, UN agencies and NGOs have launched funding appeals, including a UNICEF appeal for \$5 million and an appeal for CHF 22 million for IFRC.
- c. World Food Program ([WFP](#)) has eight staffs in Palu supporting the response, with additional Logistic Coordinator mobilised to Palu on 10 October.

Response by Humanitarian Partners and others

- a. Indonesian Red Cross (PMI) headquarter is supporting the branches and has been on the ground from the onset. The followings are the sectoral highlights on initial emergency relief phase and services provided by PMI through the support of IFRC and the partner national societies as of 7 October 2018. There is a total of 494 PMI volunteers on the ground, including 3 units of helicopter and 2 Haglunds supporting the emergency response for assessment, evacuation, health, WASH, RFL, field kitchen, logistics, coordination, etc. IFRC has revised the appeal to CHF 22 million to enable assistance to 20,000 households in Lombok and 20,000 households in Central Sulawesi.
- b. ICRC released a link <https://familylinks.icrc.org/indonesia> dedicated for people to track their lost family members.
- c. Yayasan Plan International Indonesia (YPII) YPII continues to distribute drinking water to the affected people especially self-managed IDPs camps in Sigi, Donggala and Palu, since 8-9 October, 100 boxes of drinking water (1 box @24 bottle - 600 ml). In addition, YPII have start the mobile recreational activities in IDP camps targeting children and adolescent girls. From 8-9 October, YPII have reached 105 children in 5 Camps (Donggala: Tosale and Loli besua ; Palu: besusu timur and kabonena ; Sigi : Lange lesu). This mobile recreational activity will continue at least for a month. The shipment of 1,000 shelter kits and 1,000 hygiene will be arriving by 11 October and will be distributed soonest. For YPII, it is vital that children whose lives have been disrupted by the earthquake and tsunami – get the support they need to help them cope with what has happened to them.
- d. [Asian Development Bank](#) approved a USD 3 million in grant assistance for immediate relief efforts in Central Sulawesi, whereas the funding will be taken from Asia Pacific Disaster Response Fund. ADB is also exploring other ways of mobilizing additional resources for emergency assistance, including reprogramming and increased financing under ongoing loan projects to rehabilitate and restore critical services such as electricity, water supply, and sanitation.
- e. [OPEC Fund for International Development](#) approved a USD 400,000 grant to the Indonesian Federation Red Cross and Red Crescent (IFRC) to support delivery of shelter and immediate basic needs being supplied by the Indonesian Red Cross.
- f. Church World Service ([CWS](#)) is in partnership with ACT Alliance and Humanitarian Forum Indonesia in responding to Central Sulawesi Earthquake and Tsunami. CWS currently has an emergency response team on the ground in Palu. In addition, CWS is supplying clean water daily to 2,500 people in Sidera, Jono'oge, Loru and Kabobona villages in Sigi Regency. CWS also sent one truck with relief items: 100 tarps, rope, 200 mats, 1,000 blankets as well as 100 six-liter bottles of water and



hygiene supplies for women and babies. So far the team has distributed 100 tarpaulins, 400 blankets and 200 mattresses to 100 households in Sidera district, Sigi Regency. A second truck carrying 300 hygiene kits (80-liter buckets with soap, toothbrushes, toothpaste, shampoo etc) departed Makassar on 8 October.

- g. [ACT Alliance](#) and its members, Church World Service (CWS), Indonesian Christian Association for Health Services (ICAHS), and YAKKUM Emergency Unit) is conducting fund raising up to USD 3 million for a 12 months programs targeting 100,000 affected communities in Palu, Donggala, and Sigi.
- h. [Oxfam](#) and its local partner, CIS Timor, is distributing 1,000 hygiene kits and mobilised water treatment equipment capable of producing 20 litres of clean water per minute from a bore hole, and sufficient for 500 people per day.
- i. The [Red Cross Society of China](#) provided USD 200,000 emergency cash assistance to Indonesian Red Cross (PMI).
- j. 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>

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. BNPB, AHA Centre, and WFP have agreed on the locations for Mobile Storage Units (MSUs) in the vicinity of Palu Airport. ASEAN's MSU has been setup collaboratively on 9 October 2018, at -0.917841, 119.904264.
- d. Logistic Cluster is providing a summary on the CIQP process for the mobilisation of humanitarian relief items, which is available [here](#).



Figure 15 ASEAN's Mobile Storage Units (MSUs) and from other organisations are being constructed in Palu City, Central Sulawesi

- e. Electricity, telecommunication, and access to fuel are significantly increased in Palu city. However, it is still a limited supply for Sigi and Donggala.
- f. Humanitarian access and mobilisation of relief items have been improved with the deployment of military assets in Balikpapan and Palu. The figure below exhibits in-country and foreign military assets mobilised to support humanitarian operations to Central Sulawesi Earthquake.

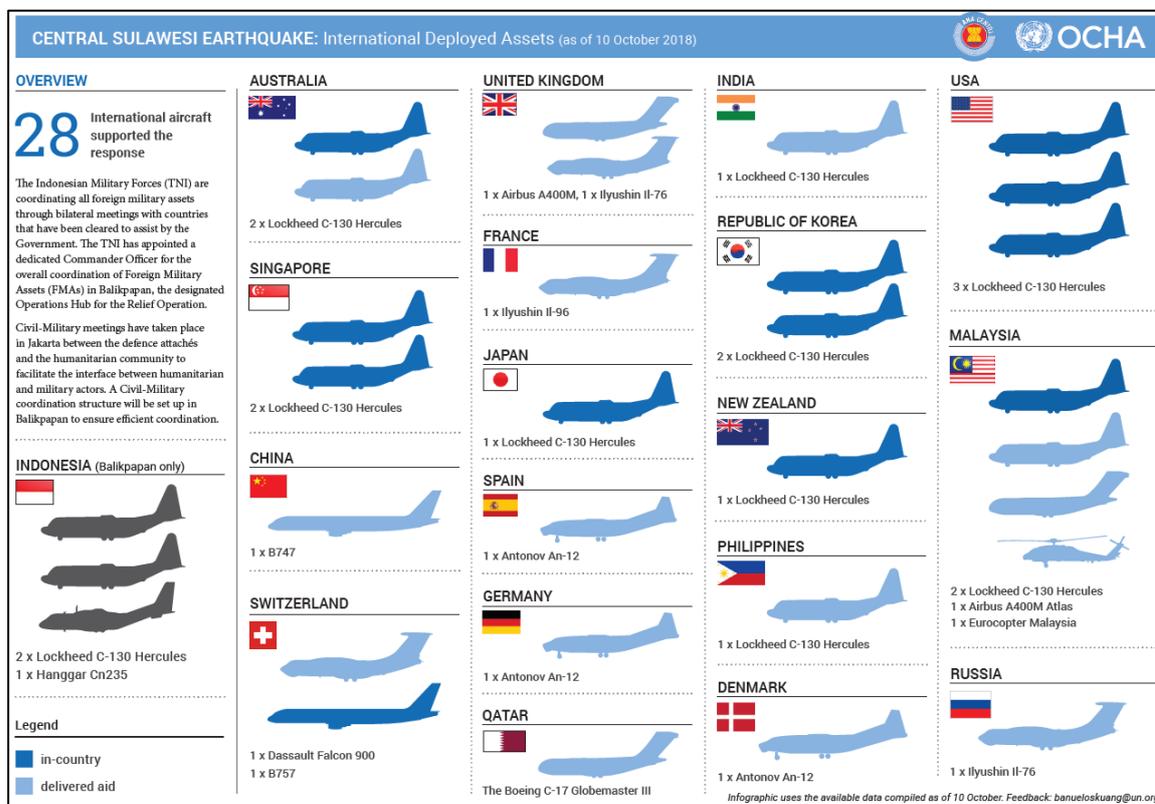


Figure 14 International Deployed Assets to Balikpapan and Palu

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 ensuring 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. Logistical planning is highly recommended to ensure that bottlenecks are reduced to the minimum. For international donors who have been given the green light, it would be prepare all relevant document prior to landing and after obtaining the clearance from the government. Instead of just trying to prioritise the items and flying them out at whim. It would be best to consult the ASEAN-ERAT or teams on the ground.
- b. In relation to this point, a tracking database would be highly desirable to support tracking needs, responses and gaps, including encouraging 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.**
- c. Given that the staging area will face logistical constraints as aid starts pouring in, this would better work out if there is an integrated distribution mechanism attached to the tracking database. Such initiative will circumvent fuel availability and transportation constraints. Furthermore, better scheduling of flights can be done.
- d. Linked to the point above is the availability of fuel to support all operations. Having a steady fuel supply pipeline as offered by Fuel Relief Fund would greatly ease the constraints and allow responders to move into areas desperately in need. Deliberation of the utmost priority should be made in consideration to field operations.
- e. Auxiliary to the sending of the relief items, it is prudent practice to consider the temporary storage and distribution challenges. Having a smart schedule in consideration of the availability of space at the affected site would greatly reduce bottlenecks, risk of tampering or theft of goods.
- f. It is also essential to support the local government (including technical support from partners if needed) in developing sound and sustainable IDP management plans and structures. The plan should focus on providing temporary shelter while the PDNA process is complete and housing reconstruction is carried out. This should be coupled with recovery plans ensuring the return to normalcy for the affected populace.
- g. As the hazards are still present despite signs may be suggesting that it is slowing down, it would be crucial to re-establish public information communications channels to disseminate information on available assistance via SMS, television programmes



or radio broadcast. The main identified communication channels are: 1) mobile phones, 2) CCM staff, 3) friends, 4) radio broadcast, 5) printed materials.

- h. Following such a disastrous event, special protection needs of children, women, elderly and vulnerable should be taken into account. This development of focused response plans to meet the immediate needs should include the needs of the vulnerable and disadvantaged populace so that it is inclusive.

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. From the second week of emergency response, AHA Centre is providing Situation Update once every two-days, i.e. in support of dissemination of BNPB's information for regional and international stakeholder through inclusion to its Situation Update.

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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