

**Disclaimer**:.All key statistics quoted by AHA Centre are those received from the National Disaster Management Authority (BNPB) of Indonesia.

(\*) This is a corrected version. In the previous version, 2,736 refers to # of exposed school buildings within intensity V MMI. We are ssincerely apologize for this mistake



#### **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). BNPB figures are available at the following site: <a href="https://sites.google.com/view/gempadonggala/beranda">https://sites.google.com/view/gempadonggala/beranda</a>
- b. The AHA Centre has closed the portal for receiving the offers of assistance. As per guidance from the Government of Indonesia, INGOs are strongly advised to contribute cash donations to PMI's account (Figure 1), or channel it through local CSOs. IGOs may channel their support in the form of cash contributions to BNPB bank account, or through relevant ministries and/or the AHA Centre.
- c. 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 <u>kantorsahli@kemlu.go.id</u>).

Bank Bank account Account number SWIFT Code Branch : Bank Negara Indonesia (BNI) : RPL 175 BNPB PDHLN PALU : 75520903-8 : BNINIDJA : Bank Negara Indonesia (BNI) KCU Harmoni

d. Between 1 Oct and 15 Oct 2018, Indonesia Red Cross (PMI) had gathered a total of IDR 31.5 billion and USD 716,684 in donations and proceeds for the emergency.



💟 @palangmerah 🖸 palangmerah\_indonesia 👔 www.facebook/PALANG MERAH INDONESIA

Figure 1 PMI's donation proceeds

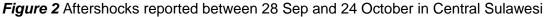


- e. BNPB stresses that humanitarian partners must send the following documents, together with a cover letter regarding the mobilization of relief items, to BNPB (<u>ksibnpb@gmail.com</u> and cc to <u>eoc@ahacentre.org</u>) before mobilising any relief items: Donation Certificate, Packing list, Invoice, and Manifest.
- f. **Operations at Balikpapan staging area will close on 26 October.** Assistance designated for Palu will have to be transported via commercial chartered flights with costs borne by the respective assisting entities after 26 October. Further guidance will be provided by BNPB.
- g. BNPB has requested from assisting entities at the coordination meeting to channel the remaining funds from the emergency response into early recovery efforts. Emphasis was placed on cash donations as this provides greater flexibility in supporting the early recovery plan which is being developed by the Government of Indonesia.

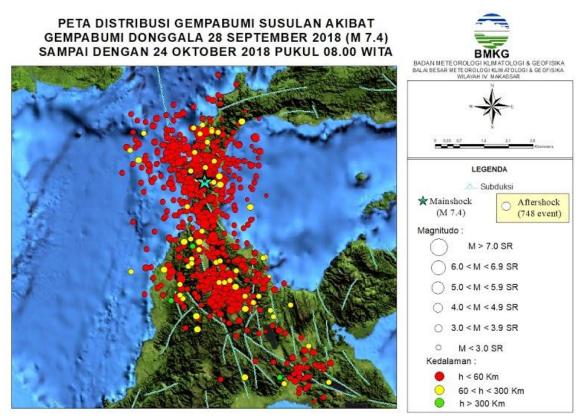
### 2. SUMMARY OF EVENTS, FORECAST AND ANTICIPATED RISK

- 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. There have been 591 aftershocks with 28 times a felt earthquake after the M 7.4 earthquake up till 24/10/2018 at 0900hrs (UTC+7). The aftershocks trend continues to weaken. Should there be an earthquake, do not panic and evacuate in a calm and orderly fashion. Refer to official sources such as BMKG for more information. BNPB will definitely convey information if it damages.



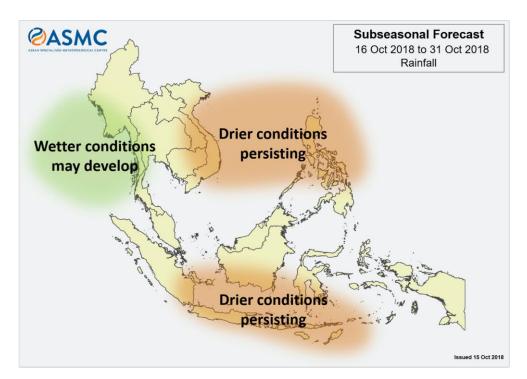






*Figure 3* Graphical representation of aftershocks reported between 28 Sep and 24 October in Central Sulawesi

c. According to ASEAN Specialised Meteorological Centre (ASMC), the sub-seasonal forecast indicates that Central Sulawesi may be experiencing rain and responders may wish to watch out for slightly wetter conditions.





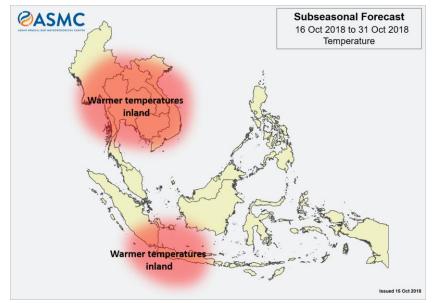
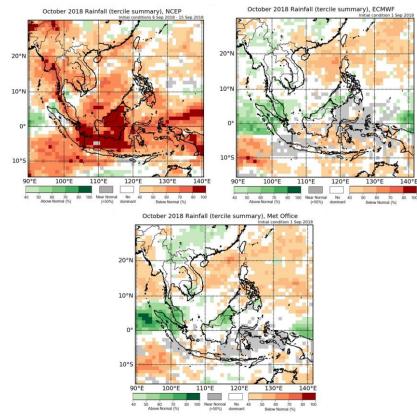


Figure 4 Rainfall and temperature outlook for ASEAN between 16 Oct and 31 Oct (Source: <u>ASEAN Specialised Meteorological Centre</u>)

d. Based on generated models for monthly rainfall outlook (Figure 5), below-normal to near-normal rainfall is favoured over southern ASEAN region. There is some chance of above-normal rainfall (darker pixels) in the near equatorial parts of the ASEAN region. Responders are to take note of flash floods and landslides in the coming months.



*Figure 5* Rainfall tercile summary predictions for October 2018 for a) NCEP model, b) ECMWF model, c) UK Met Office model (Source: <u>ASEAN Specialised Meteorological</u> <u>Centre</u>)



# 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=9570047442184 e81aa118a5ddb44ade4&autoplay
- b. Additional crisis maps with photos are available at the following link: <u>https://www.google.com/maps/d/u/0/viewer?mid=1Bbyp1GgBB3SVL4-</u> <u>rS2CljFrzpMq2XfSa&ll=-0.802302226056875%2C119.8254902115234&z=12</u>
- c. 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=6081f7 61fc274f9c8279942bfadc4698&\_ga=2.38091811.1678217635.1539773702-216462165.1539597140
- d. The following 4W data as at 24 October 2018 consolidated by UN OCHA with relevant partners are available on ReliefWeb and <u>Humanitarian Data Exchange</u>. We would like to urge all actors on the field to provide their 3W/4W/5W data to us or UN OCHA colleagues for updating of the figure every Monday. This would greatly facilitate and help the Government of Indonesia in understanding the extent of assistance on the ground and to better target efforts in a coordinated manner.

MA CEL	Early Recovery		Food Security	Protection	Health	Nutrition	Shelter	WASH
ОСНА	<b>&gt;</b>		<u>الله</u>	<b>\$</b>	Ale contraction of the second se	Q	Ê	-
Donggala	ASB-I, MCI	WVI, YSTC		WVI, YSTC	DT, FH Indonesia, Bisnas, PELKESI, PMI, YSTC, Baznas	wvi	CRS, CRS-MDMC, CRS- PKPU, JMK, WVI, FH Indonseia, MDS, YSTC, CWS/LSM, PMI	ASB Indonesia, CRS, CRS-MDMC, CRS-PKP CWS/Yasagan Inanta, JMK, PMI, WVI, YSTC
Palu		WVI, YSTC	BTB	YSTC, UNCICEF/ Kemensos-Dinsos	BRND, FKUI/RSCM, HOPE, MC HOPE, PMI, Wahada Peduli, YSTC	WVI	CRS, CRS-MDMC, JMK, PMI, YPII, YSTC, WVI	CRS, CRS-MDMC, CV LSM, MAI (y/YKM, PN WVI, YSTC
Parigi Moutong		WVI		WVI	BTB	WVI	WVI	wvi
Sigi	ASB-I, MCI	WVI, YSTC	FH Indonesia	WVI, YSTC	BTB, Medis, PELKESI, PMI	wvi	CRS, CRS-MDMC, WVI, CWS/LSM, PMI, YPII, YSTC	ASB Indonesia, CRS, CRS-MDMC, CWS/L JMK, PMI, WVI, YST

Disclaimer: Some organizations, may not appear on this output file, if key information such as location data is missing on the data received. There is ongoing data processing and cleaning to the fix errors on the data with these discrepancies.
Data source: Interagency 4W: OCHA, AHA Centre.
24-Oct-18
Data Processing by SAP, Map Action

*Figure 6* 4W data as at 24 October 2018



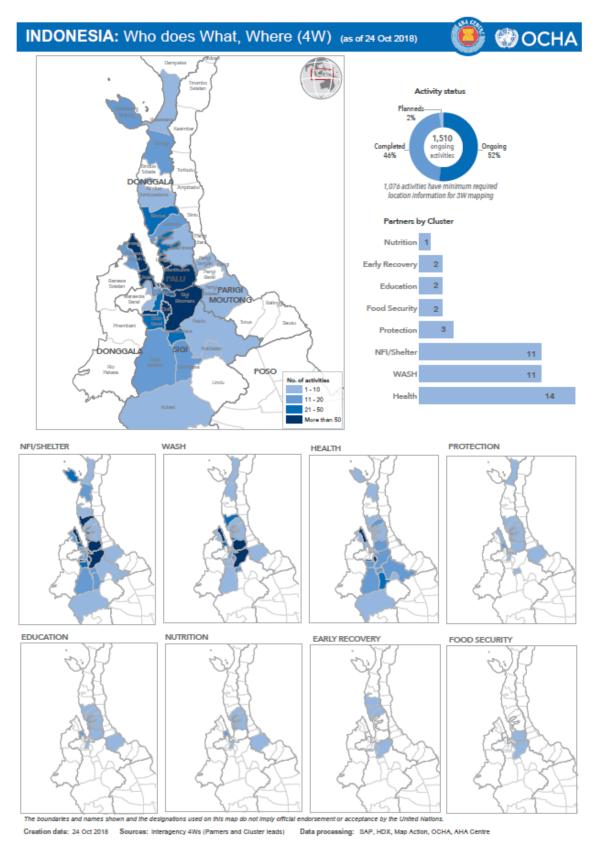


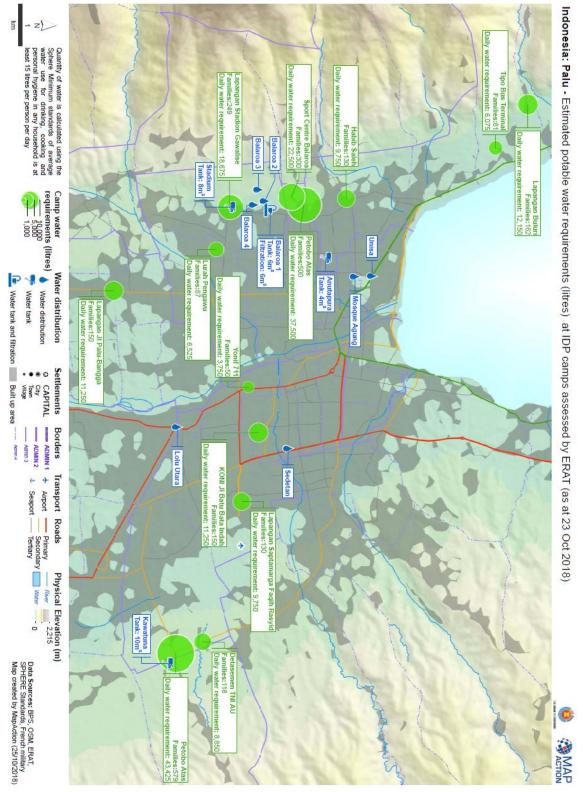
Figure 7 4W data as at 24 October 2018



Ö		Child Protection	Early Recovery	Food Security	Health		Shelter	Nutrition	Protection	WASH	Grand Total
District Su						*	Ê	Q	Υ.	-	
Donggala	Balaesang						1		1	2	4
	Balaesang Tanjung					3	12				15
	Banawa					29	62		1	37	129
	Banawa Tengah					5	6			4	15
	Dolo		1			18	42			9	70
	Dolo Barat					7	18			2	27
	Dolo Selatan					9	6			3	18
	Gumbasa					12	8				20
	Kinovaro						6				6
Pəlu	Kulawi					5	4				9
	Lebuen		1	1		6	1	1	1	2	13
	Mantikulore			1	1	7	34		2	25	70
	Marawola			3			15	3	3	10	34
	Nokilalaki					2					2
	Palolo					6	4				1(
	Polu Borot			6	1	3	23	6	7	15	61
	Palu Selatan					5	29		10	10	54
Parigi Moutong	Palu Timur			1		26	54			12	93
	Polu Utoro			6		5	39	6	8	14	78
Sigi	Perigi			4		1	4	4	4	4	21
	Parigi Selatan			2			2	2	2	2	1(
	Sigi Biromaru		2	6	2	7	46	1	3	30	97
	Sindue		2	1		3	18		1	15	4(
	Sindue Tombusabora		1				1				1
	Sirenja					2	9			6	17
	Tanambulava					10	8		1	7	20
	Tanantovea			1		5	3	1	1	3	14
	Tatanga					3	10		1	4	18
	Tawaeli			6		4	14	6	6	7	43
	Ulujedi			7		4	19	7	7	16	60
Grand Total	1		7	45	4	187	498	37	59		1070

Table 1 4W activities as at 24 October 2018



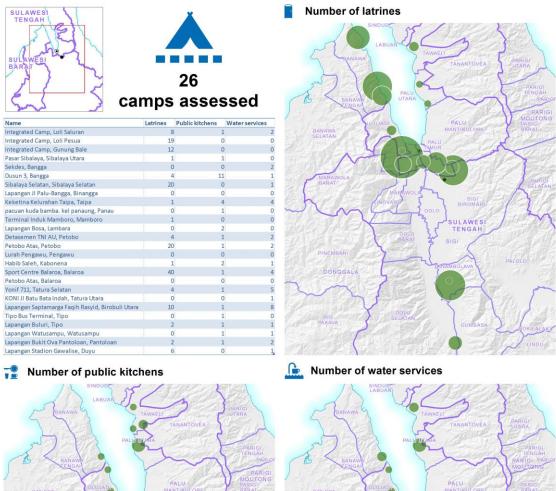


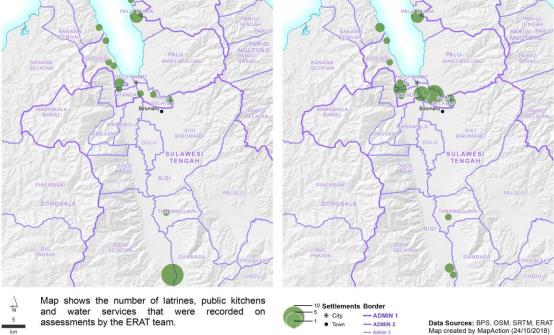
*Figure 8* Potable water requirements of IDP camps (23 October 2018)

e. ASEAN-ERAT and UN OCHA colleagues have conducted assessments for the following 26 locations to map out the <u>number of latrines</u>, <u>public kitchens and water</u> <u>services</u> within these locations (Figure 9). The <u>number of households</u> were also recorded in Figure 10.



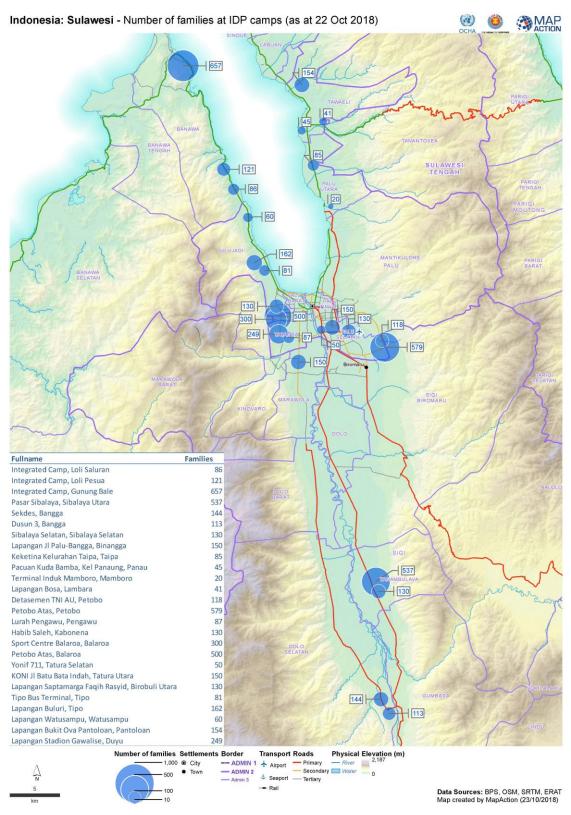
Indonesia: Sulawesi - Number of latrines, public kitchens and water services at IDP camps 🥘 🧾 MAP (as at 22 Oct 2018)





*Figure 9* Number of latrines, public kitchens and water services in 26 locations as at 22 October 2018





*Figure 10* Number of families across 26 identified IDP locations as at 22 October 2018



# 4. ACTIONS TAKEN AND RESOURCES MOBILISED

# **Response by Government of Indonesia & State-Owned Companies**

- a. The Government of Indonesia is currently being supported by IOM, UNFPA and other relevant stakeholders and volunteers in carrying out the needs assessment for the affected areas. The results will be available soon which will be announced by Government of Indonesia. A second round of assessment focusing on specific clusters will be conducted at a later date to facilitate the recovery efforts.
- b. Ministry of Health had delivered 5.50 tons medicines, 2.81 tons complementary food for pregnant women, 3 tons of complementary food for children, 6,725 surgical masks, 583 polybags, 1500 body bags, 10 sprayers, 150 kg of liquid disinfectants, 5,000 disinfectants, 23 insecticides, 50 jerry cans, 216 gloves, 18 tents, 1 orthopedic set, 4 Doppler equipment, 50 boots, 50 pregnant women kits, 240 kit delivery sets, 27 midwife kits, 5 delivery sets, 5 minor surgery kits.
- c. Ministry of Health will take into account the potential IDP locations and coordinate with agencies in charge of camp management. This will go along with the plan to build temporary housing while ensuring access to basic health services, monitoring of IDP location and mapping of it is crucial to ensure widespread access to health facilities.
- d. A <u>web portal on BNPB's page</u> 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: <u>https://cloud.big.go.id/index.php/s/sxb9TEStoDYT276</u>

# Response by the AHA Centre, ASEAN-ERAT and Operational Support Groups (OSGs)

- 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. AHA Centre has verified the distribution of family tents from the Philippines (DSWD) and regional stockpiles of Disaster Emergency Logistics System for ASEAN. Most of the delivered family tents have reached its destination, while others are still in construction. In general, family tents are distributed based on the needs to complement government efforts, including for supplementing a minor gaps in various IDPs sites. This leads scattered distribution of Philippines and DELSA tents. However, AHA Centre confirmed a large number of distributed Philippines and DELSA tents in four villages: (i) Fifty-five family tents from Philippines were placed in Kabobena Village IDPs site, Ulujadi District, Palu City; (ii) Sixty-six family tents from DELSA stockpiles were distributed in Kabobona Village, Dolo District, Sigi Regency, which benefitted people displaced by the mudflow following the earthquake; (iii) Twenty-seven family tents from DELSA stockpiles dispatched to Sambo Village, South Dolo District, Sigi Regency; and (iv) Twenty-three family tents from DELSA stockpiles dispatched to Wala Tana village, South Dolo District, Sigi Regency.





*Figure 11* Family Tents from the Philippines in Kabobena Village IDPs Site, Palu city





*Figure 12* Family Tents from DELSA Stockpiles in Kabobona Village IDPs sites (three sites), Sigi Regency



- c. A subsequent assessment for early recovery, rehabilitation and reconstruction efforts are currently underway in four sites where the community benefitted from ASEAN Member States and AHA Centre's assistance, e.g. received family tents, for potential support from ASEAN collectively in early recovery and recovery phases. This will be reported in a separate early recovery assessment report for ASEAN stakeholders.
- d. 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.
- e. For the latest maps, please visit <u>MapAction's webpage</u> relating to this response.
- f. <u>Télécoms Sans Frontières</u> deployed two teams equipped with emergency satellite equipment, from the headquarters and base Asia to support in the emergency operations.

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

- a. The latest <u>Humanitarian Country Team situation update #5</u> (as at 23 Oct) is available.
- b. Latest situation update from WHO for 19 October is available on the following site: <u>http://www.searo.who.int/indonesia/areas/emergencies/earthquake/en/</u>
- c. World Food Programme (WFP) is supporting the logistics management at Balikpapan and Palu, together with AHA Centre and BNPB. A warehouse has been identified at the seaport and WFP is working with the seaport authority and operators to secure the facility as common storage.
- d. <u>UNICEF</u> has been supporting the Government-led emergency response which includes provision of educational supplies, psycho-social support for and reunification of children, management and prevention of malaria, acute malnutrition and child health management (IMCI). UNICEF is also supporting water treatment, hygiene promotion, desludging, construction and rehabilitation of latrines.
- e. UNICEF is supporting the Ministry of Social Affairs (MoSA) in family tracing and reunification and through the supply of recreational kits for children. Besides data management and coordination, UNICEF is supporting the Ministry of Education and Culture (MoEC) with the provision of temporary learning space (TLS) tents, school in a box and recreational kits. Across all sectors, UNICEF is actively contributing with information management and coordination, which is in line with its Core Commitments for Children in humanitarian action (CCCs) and inter-agency commitments.
- f. <u>UNFPA</u> estimates that 352,000 women of reproductive age have been impacted by the earthquake and tsunami, including 45,300 women who are pregnant. More than 14,000 of these women will give birth in the next three months, with about 2,100 expected to experience childbirth complications that require emergency care. With hospitals and health centres damaged and public transport severely compromised, efforts to meet their sexual and reproductive health needs are under strain. UNFPA is on the ground, reinforcing the government-led humanitarian response to ensure lifesaving services reach women and girls.
- g. <u>World Food Programme</u> (WFP) is supporting the Government of Indonesia's relief response with logistics assistance. This includes 40 trucks and 10 mobile storage facilities for relief items. WFP continues to assess the food security situation of people in the affected areas. <u>WFP</u> has 40 trucks (free-to-user) available for common transport in support of the humanitarian response. From 12 October to date, the trucks have conducted a total of 178 trips to various locations.
- h. WFP is liaising closely with BNPB, AHA, Ministry of Social Affairs, the Indonesian National Armed Forces (TNI) and the Indonesian Red Cross (PMI) regarding distribution mechanisms and structures to ensure coordination at all levels.



- i. WFP is implementing the Relief Item Tracking Application (RITA), with a standardized request system, to facilitate the provision of common trucking and storage services to requesting partners.
- j. Organisations who wish to request for transport or temporary storage from WFP would need to fill out the <u>Service Request Form</u> (<u>Bahasa Indonesia</u> / <u>English</u>) as accurately as possible to ensure successful tracking and documentation of the services provided. The <u>user introduction guide is available here</u>. Once the SRF has been completed, it must be submitted to <u>indonesia.clustercargo@wfp.or</u>
- k. Latest Situation Report from Logistic Cluster is <u>available here</u>.

# **Response by Humanitarian Partners and others**

- a. ICRC released a link <u>https://familylinks.icrc.org/indonesia</u> dedicated for people to track their lost family members.
- b. 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: <u>http://tasks.openstreetmap.id/project/45</u>
  - OSM Tasking Managers for Palu city available here: <u>http://tasks.openstreetmap.id/project/78</u>
- c. Yayasan Plan International Indonesia (YPII) is continuing the mobile recreational activities for 307 children across 8 IDP camps::Sigi (2), Palu (5), Donggala (1).
- d. YPII has distributed 333 shelter kits and hygiene kits in Kulawi sub-district with the support from BNPB helicopter and facilitation from ASEAN-ERAT. As of 25 October 2018, YPII have reached 1,185 families with shelter kits and a further 400 shelter kits be distributed next week. In addition, YPII have distributed 1,163 hygiene kits and a further 1,500 kits will be distributed next week.
- e. YPII with UNICEF, YSTC, WVI and the Education authorities has jointly facilitated a training of trainers for 52 teachers and 14 NGO staff from 23 25 October 2018. The training consist of Education in Emergencies and Child Protection in Emergencies component. In addition, YPII is committed to provide 20 temporary leaning spaces including appropriate sanitation facilities and 2,000 school kits.
- f. Between 21 and 23 October 2018, YPII colleagues undertook a menstrual hygiene management (MHM) focus group discussion with adolescent girls, boys and women in 3 IDP camps in Palu. Key recommendations include: (1) ensure community have access to water to wash sanitary pads before disposal; (2) gender-sensitive water and sanitation facilities; (3) ensure appropriate MHM material and supplies are available; (4) ensure adolescent girls have access to information on MHM; (5) Include MHM information targeted at adolescent boys to raise awareness.
- g. <u>Direct Relief</u> is supporting the Muhammadiyah Disaster Management Center (MDMC), which is conducting search and rescue, as well as medical outreach throughout the affected area. Direct Relief is also supporting Yayasan Bumi Sehat, which has a maternal and child health-focused medical team currently providing medical outreach in underserved areas. Direct Relief will continue to support partner organizations in Indonesia like Bumi Sehat that are providing care for patients.



- h. Direct Relief has been working to pre-position and supply medicines and medical assistance to countries within the ASEAN network after signing an agreement in 2016 with the AHA Centre.
- i. The <u>Joint Team of the Indonesian Red Cross (PMI)</u> supporting the relevant government authorities sprayed disinfectants in several areas severely affected by the earthquake, tsunami and liquefaction in Central Sulawesi, one of them in the Kayumalue coastal area of Panau, Tawaili and the liquefaction impact area in Upper Petobo.
- j. <u>PMI</u> has established emergency shelters for residents in Donggala District (120 families in Loli Channel, 86 Kk in Loli Oge & 78 households in Gunung Bale), Kota Palu (300 families in Balaroa & 150 families in Petobo) and Kab Sigi (200 families in Jono Oge). Emergency shelter is equipped with health services, PSP and water and sanitation. This residence is prioritized for residents who have reported severely damaged houses, collapsed or totally destroyed house, and vulnerable groups (pregnant women, children, the elderly and disabled)
- k. World Vision had released the following infographic to detail their work:

# 5. UPDATE ON HUMANITARIAN ACCESS

- a. Further guidance will be provided on the CIQP and it will be announced later by the Government of Indonesia
- 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 <u>Finance</u> <u>Ministerial Decree No. 69/PMK.04/2012</u>. Countries and organisations are required to apply for tax exemptions by submitting documents to BNPB.
- c. Logistic Cluster is providing a summary on the CIQP process for the mobilisation of humanitarian relief items, which is available <u>here</u>.
- d. The Balikpapan airbridge has been extended for an additional two (2) weeks till 26 October. Approximately 100 metric tons of relief goods are planned for 12 October. Organisations wanting to send their aid through Balikpapan need to obtain a <u>flight</u> <u>clearance</u> from the Ministry of Foreign Affairs (MoFA) in addition to the usual documentation.

### **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 organic waste (toilets, chemical treatment of sludge and solid waste disposal), can greatly reduce the exposure of the population to diseases such as diarrhoea, hepatitis A, cholera, typhoid, intestinal helminths, leptospirosis, malaria and trachoma. Guidance on the development of techniques for proper sanitation and human waste disposal in emergencies can be found <u>here</u>.
- b. 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.



- c. 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.
- d. 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.
- e. 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.
- f. 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.
- g. 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 in accessing clean water, and maternal and child related immunizations should be advocated.
- h. On the management of medical waste, proper disposal of medical waste would require Personal Protective Equipment (PPE), placing wastes in properly labeled drums, bins or other container before loading onto trucks for haulage and eventually disposal at sanitary landfill under controlled management. If no controlled disposal is available, store until sanitary landfill available. Additional information can be obtained from: United Nations Office for Coordination of Humanitarian Affairs <u>https://www.msb.se/RibData/Filer/pdf/26599.pdf</u>
- i. Promote mental health intervention pyramid, a referral system, from basic services provided at the community level to specialized/ psychiatric services in hospitals to help provincial and district health offices harmonize response strategies with needs of communities and appropriate mental health expertise. Other references: Psychological first aide: Guide for field workers:

http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205\_eng.pdf?sequ ence=1

# **Recommended actions on humanitarian logistics**

a. We would like to encourage 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.

### **Recommended actions for humanitarian actions**

a. We would like to encourage partners to report their 3W/4W/5W activities. Information sharing on planned and ongoing activities are crucial in ensuring coordinated and efficient actions for the benefit of targeted communities.



#### 6. PLAN OF ACTIONS

#### AHA Centre's plans

- a. AHA Centre will still be supporting BNPB on the humanitarian operations in Central Sulawesi, by ensuring the presence of JOCCIA as long as Pospenas exist for providing field coordination platform.
- b. AHA Centre will also be developing early recovery plan in consultation with BNPB and stands ready to support the early recovery efforts.
- c. This will be the final Situation Update for Central Sulawesi Earthquake, in line with the closure of emergency response period from the government (by 26 October 2018). AHA Centre's will be providing updates of the situation either in our Weekly Disaster updates or a separate Situation Brief. In the meantime, do refer to <u>BNPB's website</u> for the official figures.

#### 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.

The ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre), Graha BNPB 13<sup>th</sup> Floor, JL Raya Pramuka Kav 38, East Jakarta, 13210, Indonesia Phone: +62-21-210-12278 | <u>www.ahacentre.org</u> | email: <u>info@ahacentre.org</u> Facebook: fb.com/ahacentre | Twitter and Instagram: @ahacentre

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