



actalliance

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Situation Report #1 Lombok Earthquake

Emergency response for Earthquake affected communities in North

Country	Indonesia	Type of report	Situation report
Location of response	Bayan Sub-district, North Lombok District (KLU)	Number of report	#1
Prepared by	Anastasia Maylinda	Date of report	1 August 2018

Highlight

- Shallow 6.4 Magnitude Earthquake (10 km) struck Lombok at 5:47 local time on July 29, 2018. There were 346 aftershocks recorded until July 31, 2018 at 10.00 WIB.
- As many as 4 districts were directly affected by the earthquake; East Lombok District, North Lombok District, West Lombok District, and Central Lombok District, even to the West Sumbawa District (outside Lombok Island). The quake caused damage to 5,448 houses and also some vital facilities of the community; offices, schools, houses of worship, bridges and shops.
- There were 17 people died, 401 people injured, and as many as 10.062 people have to be evacuated¹.
- The earthquake also affected the tourist area of Mount Rinjani where 820 climbers were trapped after the earthquake.
- The District Government of North Lombok sets an emergency period until Sunday, August 5 2018 ².
- The main posts have been established in East Lombok and North Lombok.

Current Condition

Three day after the earthquake, people were still displaced at several emergency shelters and some of them evacuated independently. This is because most people are still afraid to sleep in the house, or because the house is damage.

Fulfillment of the needs in some shelter points haven't yet evenly distributed due to poor access to the locations and lack of coordination for distribution. The aid came from many parties, some distributed donations to the main posts to be registered, some personal donations were given directly to the affected community.

Urgent Needs:

1. Health
 - a) Mobile health services to reach remote emergency shelters.
 - b) Psychosocial support for children in remote shelters (not the one with large population)
2. WASH:
 - a) Clean water distribution, because water flow from the source in the slopes of Rinjani mountain was cut off. Coordination about water distribution is in the main post in each District.
 - b) Emergency toilet (mobile) at several evacuation points.

¹ Source: <https://bnpb.go.id/uploads/24/gempa-lombok/infografis/1agustus.jpg>

² Source: <https://www.republika.co.id/berita/nasional/daerah/18/07/30/pco2wo368-pemkab-lombok-utara-tetapkan-masa-tanggap-darurat-7-hari>

- c) Dissemination of clean and healthy lifestyle habits at the emergency shelters.
3. *Non-Food Items*
 - a) hygiene kits for specific age-groups; baby, under-five children, children, and elderly
 - b) Tarpaulins (as sleeping mats, tent, or as room divider so the wind doesn't get in too much)
 - c) Thermos
 - d) Blankets
4. Logistic management and data collection in emergency response posts at village level.

YEU's Response

From July 31st to August 1st, YEU with the medical team from Pelkesi (1 doctor, 1 nurse) which is supported by Jakomkris PGI has been in North Lombok, focused at Bayan Sub-District to conduct interventions such as:

1. *Assessment focused on health, WASH, and Livelihood recovery sector*

The assessment was carried out in Karang Bajo, Senaru and Sambik Elen Village with the findings of needs as mentioned above. The health system did not collapse, and health posts were concentrated in 2 public health centers (Puskesmas); Bayan and Senaru. We've had coordination with the Head of the Bayan and Senaru health center, and also the Head of Health Agency. The problem is related to manpower who runs health services. For example; in Karang Bajo there is only 1 nurse and 1 midwife who have to serve 18 evacuation points spread in 9 sub-villages with a considerable distance. There are health volunteers from nursing schools students and nutrition students, but the shift work for health team hasn't been done properly because it still relies on voluntary workers.

Related to livelihood recovery, based on the information gathered, some of the community members are farmers, porters, and guides for climbing Mt. Rinjani, breeders and traders. They supposed to harvest peanut, but because of the quake some of villagers flattened their land to set up emergency tents. There are not many middlemen come, so the prices go down. There is no assistance scheme related to the economic recovery from the government.

Based on the conditions at field and advices from the local parties, health service activities are better carried out at night, considering that during the day some of the people work in their fields. So that night health services will be more effective. The Puskesmas itself has a Jemari program (Night Explore) in their regular program (already in place before the disaster).

2. *Medical service*

The medical team conducts health services with "Jemput-bola" system to reach several points; Plabu Pati sub-village, Ancak Timur sub-village and Lokok Aur sub-village which are located in Karang Bajo Village. The total number of patients treated was 95 patients (42 women, 53 men) with the most diseases: gastritis (inflammation, stomach irritation), arthralgia (joint pain), cephalgia (headache), tinea corporis (fungal infection) and Upper Respiratory Tract infection.

3. *Provide assistance in establishing inclusive shelter*

Some of the posts in village level also become logistic center, but haven't yet equipped with:

- Structured data collection, related to affected population, data segregation based on age, and the needs gap in each village/ evacuation posts.
- Structured logistic bookkeeping; usually it only recorded in and out items, with no recapitulation.
- No shift changing
- Some of evacuation points are not in form of tents, but in the open space, sleeping in *berugak (bale-bale)* or just on sleeping mat.

Therefore, the team has socialized disaggregated data format and shared some examples of logistic bookkeeping template (items, medicine, and kind of support), and emphasized the importance of meeting the needs and ensuring accessibility for vulnerable groups (children, pregnant women, and the elderly) to the post coordinators.

Action Plan

The team will be in the location until August 4, 2018 with the following plans:

1. Purchase and distribute tarpaulins and thermos. Thermos are prioritized for families who have babies, toddlers, or elderly.
2. Continue health services in Sukadana or Sambik Elen
3. Socialize an inclusive shelter management that ensure accessibility for vulnerable groups and also healthy and safe.
4. Continue field coordination with relevant stakeholders, post in Bayan Sub-District, public health centers, Plan Indonesia, Jakommkris PGI, Humanitarian Forum Indonesia (HFI) and others.

Networking and Coordination

Currently, YEU and Pelkesi have been coordinating with:

- Public Health Center in Bayan and Senaru and the Head of Health Agency of North Lombok District to continue provide health services.
- Main post of Bayan
- Jakomkris PGI
- HFI
- Plan Indonesia to discuss further collaboration

Donation Account:

Bank Name : Bank Negara Indonesia (BNI)

Account Name : YAKKUM Emergency Unit

Account No. : 0376498166

Swift code : BNINIDJAXXX