

Trauma Healing during the Earthquake Disaster Emergency Response Phase in Lombok, Indonesia

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Abstract

An earthquake measuring 7 on the Richter Scale struck West Nusa Tenggara, and caused many casualties, property losses, damage to community facilities, suffering and psychological problems. Hundreds of people died and many were buried in the ruins of buildings, buildings and houses of worship. Hundreds of people were injured and thousands of houses were damaged and living in the refugee camp. Team of Health Polytechnic of Surabaya held a Community Service, entitled Trauma Healing in the Earthquake Disaster Emergency Response Phase, in Lombok in August 2018. The purpose of this service was to apply trauma healing during the emergency response phase of the earthquake in Lombok in August 2018. The location of trauma healing services was focused in the Pamenang Sub-District and Nipah Sub-District. Implementation time was 11-17 August 2018. This team was based on the base camp at the Health Polytechnic of Mataram. The number of healing trauma team members was 7 health professionals. Among the victims who were the hardest hit were children. They witnessed his home, school, mosque and mosque being destroyed badly. Children desperately need physical recovery, health services and psychological assistance. The outputs of this activity were: 1) There were several trauma healing models for victims, especially children; 2) publication of online media; 3) Commitment documents.

Keywords: *emergency response, trauma healing, disaster*

Introduction

Background

Disasters are events that can cause damage and loss to both material, psychiatric disorders and casualties. Sources of Disasters come from nature and non-nature, namely humans themselves. The understanding of the disaster is contained in the explanation of RI Law No. 24 of 2007 concerning disaster management, stating that disasters are events or a series of events that threaten and disrupt people's lives and livelihoods caused by natural factors and / or non-natural factors as well as human

factors so resulting in human casualties, environmental damage, property losses and psychological impacts (1).

Natural disasters originate from natural events while non-natural disasters come from non-natural. Natural disasters caused by natural activities that occur naturally or according to cycles as well as human actions, there are predictable such as volcanic eruptions and there are also those that occur suddenly like landslides, flash landslides, hurricanes, while non-natural disasters are caused by social, economic, disease outbreaks and understanding differences between humans, for example the outbreak of bird flu virus, student fighting, war and so on(2).

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Community service is based on the results of research by Hery et al, entitled Vulnerability and Capacity as a determinant of Disaster Risk Mapping in Families Who Experienced Maternal and Child Health Problems. This research has been published in international journals. This research product is a disaster risk instrument for children under five years of age, which has received

recognition from kemenkumham through certificate no EC00201802909, dated February 7, 2018(3). This community service was designed as a community service activity in the form of Trauma Healing in the Earthquake Disaster Emergency Response Phase in Lombok in August 2018. West Nusa Tenggara, especially Lombok, was chosen as the location of the service, given the many casualties, both lives, property and the large number of refugees in various camps.

This activity be carried out by the Health Care team of Health Polytechnic of Surabaya in collaboration with the Health Care team of Health Polytechnic of Mataram and related agencies in NTB Province. This activity was in the form of trauma healing with several models of activities that seek to alleviate the burden of suffering for victims, especially for children

Purpose

The general purpose of this service was to do trauma healing in the earthquake disaster emergency response phase in Lombok, West Nusa Tenggara Province, in August 2018, especially for children, productive age and the elderly affected by the disaster.

Method

The method used was divided into 3 activities, namely:

1. Activity 1: apply to the field in the form of trauma healing to affected communities, especially children.
2. Activity 2: signing of the MOA commitment together with the Ministry of Health Ministry of Health in trauma healing to affected children.
3. Activity 3: follow-up plan, publication and report on the results of activities. The next step is to complete the administration and evaluation of activities.

Findings

In the implementation of trauma healing community service activities, the earthquake disaster in Lombok was divided into several activities, namely the preparation, implementation and evaluation of the final report. The location of this trauma healing service was focused in the Pamenang Sub-District and Nipah Sub-District. The time for the implementation was 11-17 August 2018. The base camp was at the Health Polytechnic of Mataram. The number of healing trauma team members

was 7 health professionals.

Basic data

The number of victims died in Pemenang district as many as 80 people with details of Pemenang Timur Village as many as 11 people, 31 Pemenang Barat Village, Malacca Village = 23 people; Manggala Village = 4 people; Gili Indah Village = 11 people (Primary data from the Puskesmas Pemenang Center as of 12 August 2018).

The number of refugees in Pemenang sub-district was 7224 families or 37,514 people. There were 2 posts that had trauma healing interventions, namely the Block A main command post and the Gili Air command post. At the Block A evacuation post, there were 293 people. Of these 293 people aged children (toddlers, kindergarten, elementary and under junior high school as many as 57 people, 16 men and 21 women). At Gili Air Command Post there were 530 people, while the age of children is 45 people. Among the victims who were the hardest hit were children. They witnessed his home, school, mosque and mosque being destroyed badly. Children desperately need physical recovery, health services and psychological assistance. In the implementation of trauma healing community service activities, the earthquake disaster in Lombok was divided into several activities, namely the preparation, implementation and evaluation of the final report.

Preparation

The preparation stage for this community service activities included: briefing and debriefing from the Director of the Surabaya Ministry of Health Poltekkes, coordination meeting of team members, division of tasks, preparing equipment, logistics and assistance as well as drafting voluntary donations from each study program.

Implementation Phase

At this stage the team departed to NTB, by the Director of Health Polytechnic of Surabaya, on 11 August 2018. Volunteer teams departed through the air. Arriving at the Health Polytechnic of Mataram at 21.00 WITA. Then stay in Health Polytechnic of Mataram for briefing, preparation and signing of the MoA between the Director of the Health Polytechnic of Surabaya (drg. H. Bambang Hadi Sugito) and the Director of Health Polytechnic of Mataram (H. Awan Dramawan,

S.Pd., M.Kes). The MoA contains the mutual synergy cooperation. The MoA contained 3 things, namely International Community Service; Higher Education Research Collaboration and Scientific Publication Cooperation.

On the second day (12 August 2018), the activity began with a coordination meeting with the Health Polytechnic of Mataram. Results: will establish a post in Pemenang Sub-District, divided into 2 shifts. Then report to the post about the Health Polytechnic volunteer team coordinating with midwife Sri Ikhlas and the Head of Pamenang Health Center as the team that was BKO right. The team's work area was in the Pamenang and Nipah, which lacks volunteers. Together with Midwife Sri Ikhlas, combing and orienting the area to the Nipah Health Center, built the coordination with the Handini midwife. The trauma healing team identified the needs needed urgently by the community, including medical equipment, medicines, tarps, blankets. Technical activities help treat other (non-medical) volunteers who were sick.

Activities on the 2nd day began with packing assistance based on the needs of refugees and health center. One team distributed logistics to 8 health center and one team provided trauma healing and medical services in the refugee camp of the Main Post in Pemenang.

The trauma healing activity that was carried out gave trauma healing to the children around the refugee tent in front of Pemenang sub-district office. The number of children given trauma healing was around 55 children. Children were very enthusiastic about participating in trauma healing activities. The residents and parents of the children were grateful because with these activities their children were cheerful again and looked very happy. Furthermore, providing psychological assistance to affected people including pregnant women and postpartum mothers in refugee camps. Providing medical services in refugee tents.

After doing trauma healing, evaluation and planning were always done for the next day. The activity on the 14th of Agenda 2018: Joining another volunteer team at the Nipah Health Center to conduct sweeping and service to the refugee camp in Klui. Giving trauma healing to children around the evacuation tent in Klui Hamlet, Malaka Village. The number of children was around 30 children. Children were very enthusiastic about

participating in trauma healing activities. The parents of the children were thankful that with these activities their children were cheerful and looked very happy. So far they had received assistance still focusing on physical health and food ingredients. Providing psychological assistance to residents including pregnant women, health services including general health checks, toddler health services and examination services for pregnant women. The trauma healing team continued the health service at the Nipah health center and visited the wound care in the refugee camp.

Activities on the 3rd day (15th August 2016): Together with nurses of Gili Air Health Center conducted sweeping and service on Gili Air Island. Giving trauma healing to children on Gili Air Island, Malaka Village. The number of children was around 30 children. Children were very enthusiastic about participating in trauma healing activities. The parents of the children were thankful that with these activities their children were cheerful and looked very happy. So far they had received assistance still focusing on physical health and food ingredients. Providing psychological assistance to residents including pregnant women, mothers and mothers after breast surgery, health services including general health checks, toddler health services and examination services for pregnant women, maternal sores and postoperative breast care treatments.

In the afternoon handed over trauma trauma healing and medical medicines to the Nipah Health Center. Handover of data on the activities of the Health Polytechnic of Surabaya team to Midwife Handini, as well as saying goodbye. The team returned to Mataram to hold a daily evaluation meeting and coordinate further activities.

Activities on the 4th day (August 16, 2018): 1) presentation and evaluation at the Directorate of Health Polytechnic of Mataram, 2) discussion on the activities of the Health Polytechnic of Surabaya volunteer team, 3) discussion of follow-up activities.

Evaluation Stage

Evaluation included evaluation of process and results. Evaluation of process showed that the activities of the trauma healing team were very important and beneficial for the community. Capacity building was needed for the volunteers so that they will had better resilience and capability. Evaluation of results was done by referring to the achievement of the stated goals. There

were three achievements, namely: 1) the implementation of several trauma healing models; 2) publication; 3) commitment documents.

Discussion

This community service activity is a follow-up of the results of the study. This community service is based on the results of research by Hery et al, entitled Vulnerability and Capacity as a Determinant of Disaster Risk Mapping in Families who Experienced Maternal and Child Health Problems. This research has been published through international journals(3). This community service was designed as a community service activity in the form of Trauma Healing in the Earthquake Disaster Emergency Response Phase in Lombok in August 2018(4).

The trauma healing activities carried out in Lombok include: inviting children to play (gobaksodor, delikan, marbles racing competitions, crackers, betengan, etc.), along with other volunteers to design flag ceremony activities before the seventeenth August, provide psychological services for refugees, invite storytelling. Psychological assistance activities for residents, psychological services to pregnant women, mothers to breastfeed post-breast surgery and the elderly. Helping to provide health services including general health checks, toddler health services and examination services for pregnant women, maternal sores and postoperative breast care treatments(4).

The community welcomed this trauma healing service. This shows that disaster victims need activities to reduce the psychological burden of a disaster. Very affected children become victims of this disaster. They need psychological recovery to get rid of the trauma

Conclusion

Sufficient and continuous time is needed to restore the psychological condition of the earthquake victims. Especially for children, pregnant women, breastfeeding and the elderly. They need not only physical assistance, but also psychological recovery. Psychological recovery makes them able to rise again to build new hope. The outputs of this activity were: 1) There were several trauma healing models for victims, especially children; 2) publication of online media; 3) Document of commitment to participate in emergency response activities in NTB.

Ethical Clearance: Yes

Source of Funding: Authors

Conflict of Interest: No

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