

Challenges for Disaster Management During the Covid-19 Pandemic

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Observing the field conditions of the earthquake in West Sulawesi, Joko said the current disaster in Indonesia caused more perils due to the presence of two threats. This situation will certainly decrease the capacity of handling disasters to a great extent following these two, namely the threat from the earthquake itself and coupled with the Covid-19 threat.

“Yesterday, during the coordination meeting at the Crisis Center at the Health Cluster Coordination Center led by the Head of the Crisis Center, it was revealed that, even before the earthquake, the Covid-19 Response Task Force in West Sulawesi was not effective. Would be even worse in the current earthquake situation,” he said

He gave an example that about 15 families with about 50 people total inhabited a tent less than 2 meters high. Calculated according to WHO standards, if there is a positive rate of 5, the positive number can be estimated to be at a high rate. Based on the fifth-revised definition of Covid-19 Response, such tent condition is no longer what it means to be physical contact but already highly close contact. These people must be extra careful.

Not to mention the difficulties of handling earthquakes, certain areas have yet been handled until the fifth or sixth days due to their remote locations. It takes 8 hours to reach these areas, even 24

hours for some more distant ones.

“If we read about disaster management, there are five parties (Penta helix) involved, namely the government, society, universities, business, and media. These five parties are expected to continue to carry out excellent coordination, cooperation, and collaboration, although this is indeed not easy to practice in the field,” he explained.

From several disaster incidents, Joko explained the volunteers involved in disaster management were wonderful people. In these extraordinary working conditions, the volunteers always lack sleep and eat less nutritious food.

Seeing the dual disaster management in West Sulawesi, he advised the volunteers to take care of their physical health. Lack of sleep and malnutrition can cause a potential exposure to Covid-19.


“What I want to emphasize here is the issues regarding rest. In several reports of Covid-19 exposure, one of the factors is lack of rest. Thus, at Puskor, we ask volunteers to maintain their body condition. Please have a rest at 10 pm. Don’t sleep at 1 am and wake up at 5 am. It has the potential for transmission, while we don’t know exactly how far the transmission rate is in the field,” he added.

Having several health center visits in Mamuju, Gde Yulian said the current earthquake was entirely different. Apart from responding to the disaster, the related parties also had to pay attention to health protocols, which made handling very difficult.

He acknowledged there were evacuation points. But, these points were very different from the ones in previous disasters. According to him, the evacuation points in West Sulawesi are currently not concentrated. Many small evacuation points complicate the health center workers.

“They have to go around to the relatively not big but also not small points which consist of nuclear families. It is not easy because other families sometimes are joining. This fact is a must-know as it leads to high mobility. It is what happened in the field. A bit difficult to help health center workers to screen the affected population,” he said.

Gde Yulian said the situation in the field required more mobile type 1 IMTs. Those who joined this team had to face a different reality as the current IMT did not encounter large evacuation points with large patients, but they had to comb a large number of evacuation points.



“I think it requires a lot of time and energy from the teams that will come to the disaster site. That is the difference between disasters during and before the pandemic,” he said.

According to Gde, the disaster that occurred in Indonesia during the pandemic was a valuable lesson. Disaster management during pandemics makes self-sustainability very important, namely to try to maintain the Covid-19 service flow.

“What I found here when the disaster broke out was panic and disbandment of Covid-19 Task Force. It was similar to what happened in the Palu earthquake, where health workers and health center personnel were temporarily displaced. Though, at the same time, they were actually the key in Covid-19 handling. So what happened in West Sulawesi was a confusion of flow, patients, and Covid-19 information that baffled the team that came,” he said.

dr. Bella Dona, M.Kes added that the Ministry of Health and the Ministry of Social Affairs have actually issued many disaster handling guidelines during the Covid-19 pandemic for volunteers and health workers. Thus, in the event of chaos during a disaster, to be willing to read the guidebook could complement the readiness of volunteers and health workers who were leaving for the disaster area.

She agreed that the natural disaster handling during the Covid-19 pandemic was an extraordinary situation and required much higher costs. Hence all of them had to be prepared more. For example, when some parties were about to send a health team, such as the UGM health team, there were many elements to consider.

“Usually, they can go straight away, but this time, volunteers have to be sorted first. As it is a disaster amid a pandemic, those who leave must be completely healthy, younger, and have to undergo a re-screen. Once arriving, they have to know the strategies for examining patients, whether it requires screening. Furthermore, these health workers must regularly get tested with anti-genes and nasal swabs per several days to check their latest condition. It is double handling. Hopefully, all the soon leaving volunteer teams will prepare carefully,” she added.

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