IMPLEMENTATION OF THE COVID-19 RISK COMMUNICATION POLICY IN PANDEGLANG 2022

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Abstract. Currently, the world is experiencing a non-natural disaster, the COVID-19 pandemic. The Indonesian Government issued instructions for handling and controlling COVID-19 by implementing health protocols and vaccinations to reduce the rate of COVID-19 cases. The handling and control of COVID-19 are delivered by increasing public knowledge about COVID-19 through a risk communication approach. Pandeglang area, Banten, had the lowest dose one and two vaccination coverage rates in Banten Province in 2021. Implementing the risk communication policy needs to be considered in successfully handling and controlling COVID-19. This research is qualitative with case study type research. The method of collecting data is using in-depth interviews. In-depth interviews were conducted with four informants. The informants came from Pusdalops – PB BPBD Pandeglang Region, Health Promotion Division and Disease Prevention and Control Division, Pandeglang District Health Office. This study aims to analyze the implementation of risk communication policies carried out by BPBD and the Health Office in handling and controlling COVID-19 in the Pandeglang Region. The analysis results show that the risk communication policies’ standards and targets are divided into clear communication action plans between BPBD and the Health Office. However, there was an obstacle in the availability of the program's budget. The budget was diverted for handling and controlling COVID-19 situations. In addition, the working period of the head of the organization is felt to be a barrier to inter-organizational relations because it takes time to adapt to re-coordinate with the new leader.

Keywords: Risk Communication, COVID-19, Disaster, BPBD, Health Office

INTRODUCTION

During the COVID-19 pandemic, it is necessary to increase people's knowledge to determine health conditions in emergencies. In The International Health Regulation 2005 (1), The World Health Organization (WHO) instructs member countries to carry out risk communication, which aims to strengthen national and global systems in public health defense. The risk communication approach refers to increasing public knowledge about potential risks and threats to health problems so that people can decide on actions to protect themselves or the environment. (2).
Based on a survey of constraining factors in the vaccination program conducted by Charta Politica to 1200 respondents (3), The results showed that 29.4% of respondents said that vaccination problems were caused by unclear information about COVID-19 and 26.3% said that vaccination problems were caused by not believing in COVID-19. This data proves that in Indonesia, many still do not understand the urgency of the vaccination program in handling COVID-19. It is supported by a statement from the Health Research and Development Agency, in which the implementation of COVID-19 vaccination in Indonesia has experienced problems because people doubt the effectiveness and efficacy of the COVID-19 vaccine.

The public’s reaction influences the level of compliance with the implementation of the COVID-19 handling program in responding to the COVID-19 outbreak. During the COVID-19 Pandemic, the Government of Indonesia increased public knowledge by following the Regulation of the Minister of Health (Permenkes) Number 75 of 2019 concerning Health Crisis Management (4), which formed the Health Promotion Team in charge of health promotion efforts. Then the Government issued Risk Communication Guidelines for Health Crisis Management issued by the Communication and Public Service Bureau of the Ministry of Health of the Republic of Indonesia (5). Then, formed a Gugus Tugas Team, as stated in the Presidential Decree of the Republic of Indonesia Number 7 of 2020, which instructs the role of the Health Service and BPBD at the regional level in handling and controlling COVID-19 (6).

The situation of countries in Southeast Asia has sociodemographic conditions that make these countries vulnerable to disasters. This diversity shapes the reception of different information, including responding to information about emergencies. Disasters are divided into three categories, natural disasters, non-natural disasters, and social disasters (7). Disasters affect people’s communication behavior because of feelings of threat and confidence in their ability to respond to these threats (2). The Government issued Regulation of the Head of the National Disaster Management Agency Number 15 of 2012 to handle disaster information (8). Disaster-related information is collected, processed, and analyzed by the Center for Disaster Management Operations Control (Pusdalops PB).

The spread of COVID-19 in the City of Tasikmalaya has decreased (9). It was probably the result of well-implemented discipline and communication conveyed to the community with the right strategy. However, there are some obstacles to the risk communication approaches. The obstacles include the stigma of the community about programs or policies, the lack of literacy in the community, the lack of bureaucratic attitude, and the speed of the Government in responding to or neutralizing issues. Besides that, the growth in society is relatively slow (9).

Public policy guidelines provide direction to take action or not to take action related to the government administration process. Public policy standards and targets become indicators of the course of the policy, resources become funds that support policy implementation, and inter-organizational linkages become an illustration of policy implementation. This study aims to see the implementation of the risk communication approach carried out by BPBD and the Health Office in handling non-natural disasters, COVID-19, in the Pandeglang area. The Pandeglang area was chosen because the dose one and two vaccination coverage rates in the Pandeglang Region are always the lowest in Banten Province (10). The coverage rate for the first dose on October 15, 2021, is below 30%, in contrast to other regions, which have reached 50% on that date (10). The second vaccination coverage rate on November 28, 2021, is also below 30%, the same as the development of the first dose of vaccination coverage (11). The Indonesian Government seeks to establish regulations and guidelines regarding risk communication to deal with unclear information circulating during the handling and control of COVID-19 so that local governments can deal with obstacles related to the program’s implementation.

**METHODS**

This manuscript was built using qualitative research methods with a case study approach and in-depth interviews for data collection carried out in Pandeglang Regency, Banten Province, May 2022. Pandeglang Regency was chosen because of the low coverage rates of the first and second COVID-19 vaccinations.

Concerning the perspective of policy implementers, four informants in this study were taken from organizations implementing disaster risk communication policies in the community. The informants were the Manager of Disaster Management Operations Control Center of Regional Disaster Management Agency (Pusdalops PB BPBD) Pandeglang Regency, the Head of Health Promotion Division and Disease Prevention and Control Division of Pandeglang Regency Health Office, the Head of Health Promotion Division of Health Office, and Head of the Surveillance and Immunization Section of the Prevention Sector and Disease Control Pandeglang District Health Office.
This research has obtained a certificate of ethical review results Number: Ket-209/UN2.F10.D11/PPM.00.02/2022. Then, policy analysis using the theory of Van Meter and Van Horn (9): policy standards and objectives, resources, and quality of inter-organizational relations.

Informant Data
The research was conducted in May 2022. This research includes the licensing stages of in-depth interviews, data collection, data analysis to report preparation. Data collection with informants is carried out in two ways, direct and online: Data retrieval of BPBD informants by direct interviews and data collection of Health Service informants by interviewing through the Zoom Meeting application. After the recordings are obtained, they are rewritten in the form of transcripts. BPBD is in charge of formulating and implementing government policies in disaster management. The Disaster Management Operations Control Center (PUSDALOPS – PB) has a role in organizing information and communication. Then the Regional Health Office is in charge of coordinating local government affairs in the health sector.

<table>
<thead>
<tr>
<th>No</th>
<th>Informant</th>
<th>Institute</th>
<th>Length of Work</th>
<th>Interview Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Informant 1 (IF1)</td>
<td>Pusdalops-PB BPBD Manager</td>
<td>Seven years</td>
<td>BPBD action plan during the handling and controlling of COVID-19, as well as a form of cooperation with the Health Office in handling non-natural disasters</td>
</tr>
<tr>
<td>2</td>
<td>Informant 2 (IF2)</td>
<td>Disease Prevention and Control Division of Kabupaten Pandeglang Health Office</td>
<td>Eight years</td>
<td>Action plans, risk mapping, and forms of cooperation with BPBD in handling and controlling COVID-19</td>
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<td>3</td>
<td>Informant 3 (IF3)</td>
<td>Health Promotion, Department of Health</td>
<td>Three years</td>
<td>Action plans and forms of collaboration with BPBD in handling and controlling COVID-19</td>
</tr>
<tr>
<td>4</td>
<td>Informant 4 (IF4)</td>
<td>Surveillance and Immunization Section for Disease Prevention and Control, Pandeglang District Health Office, Health Office</td>
<td>25 years</td>
<td>Action plans and forms of collaboration with BPBD in handling and controlling COVID-19</td>
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RESULTS

Policy Standards and Objectives
This variable describes the informant's understanding of the action plan and risk mapping. Based on the interviews, BPBD has a role in modifying evacuation facilities during COVID-19 by forming special evacuations for self-isolation.

"...for example, in the place of refuge, those who are exposed to COVID do not mingle with others." (IF1)

The President conveyed this statement through Decree Number 7 2020 concerning the Gugus Tugas for the Acceleration of Handling Corona Virus Disease 2019 (COVID-19). It is stated in article 7 that the role of the Gugus Tugas for the Acceleration of Handling COVID-19 is assisted by a secretariat based in the National Agency for Combating Disaster (6). Another supporting document is the Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2019 concerning Health Crisis Management, which states that BPBD is one of the drafters of action plans at the district or city level in the health sector (4).

To increase public knowledge, the Immunization and Health Crisis Surveillance Section coordinates with Puskesmas in each sub-district area to monitor the development of cases of COVID-19 or other infectious diseases.

"...we are technically related to the program manager (Puskesmas), there is an increase in the surveillance program." (IF4)

The Health Promotion Section carries out the socialization function. Socialization is still being carried out, even though the number of COVID-19 has decreased and the vaccination rate has increased.

"...we still have to socialize even though the COVID-19 case is zero." (IF2)
Minister of Health of Indonesian Republic supports this statement in ac Number 75 of 2019 concerning Health Crisis Management, which outlines the role of health promotion such as the installation of health promotion media, counseling, group, family, and environmental counseling with various health messages, as well as strengthening the capacity of regional health promotion personnel through orientation (4). Health promotion actions include socialization to increase knowledge and control community stress against the coming disaster.

This socialization has produced results; based on the results of the interviews. It can be seen that the behavior of the community has changed. Currently, most are in front of people's homes; there are simple sinks for washing hands and permanent sinks available in front of village offices.

"...there are houses that install simple-made sink for washing hands. Then the village office also installed a better-made sink..." (IF3)

Risk communication mapping is carried out between BPBD and the Health Office through case report-based area analysis. The Health Office analyzes areas with a history of infectious diseases or suspected cases of COVID-19. Then, the information is reported daily to BPBD and relayed to the public.

"...For example, this time there is someone positive in the Carita, later the sub-district head will be more prepared, that there is a special action in the Carita, the data can be obtained from the health office, mapping from the Pusdalops ..." (IF1)

"...Before we make the mapping, we analyze the previous case, to reduce the number of cases." (IF2)

Minister of Health of the Indonesian Republic supported these statements in Number 75 years 2019 concerning Health Crisis Management, which discusses the report on the assessment results submitted in stages from the health office to the province to the ministry of health BPBD and BNPB. (4).

**Resources**

This variable describes a unique budget to find out the implementation of the risk communication program at BPBD and Pandeglang District Health Office. Based on the results of in-depth interviews, the average informant agreed; that in COVID-19 situations, several programs must be hampered because funds had to be diverted into handling and controlling COVID-19.

"..... It is very different, all budgets are diverted to central and regions for pandemic.. so the tough village program is eliminated." (IF1)

"...our budget for surveillance this year is no budget, there is only a budget for COVID-19." (IF4)

The Health Promotion Section said there was a health promotion budget for COVID-19 cases. The funding for health promotion is diverted to collaboration with the media, such as print media, banners, posters, online media, public service advertisements, holding talk shows, radio-electronic media, and televise electronic media.

"...For this COVID-19 case, there is a budget for health promotion, Ms..." (IF3)

Pusdalops PB and the Health Crisis and Immunization Surveillance Section seek budget availability differently. Immunization and Health Crisis Surveillance Section combines the surveillance program with the COVID-19 program. Pusdalops PB with the help of third parties with programs to go to disaster areas, such as non-government organizations.

"...We seek funding from third parties, for example, NGOs.." (IF1)

The Summary of Documents also supports the obstacles to program implementation at BPBD and Health Office for the Implementation of Budget Changes for the Pandeglang Regency Regional Apparatus Work Unit, the BPBD Organization, and the Health Office. In the BPBD organization, indirect expenditure funds used is Rp. 1,506,457,964.26 and direct expenditure is Rp. 81,155,333,000.0 (12). In contrast to the budget at the Health Office organization, the use of indirect expenditure funds is Rp. 80,480,810.77, and direct expenditure is Rp. 210,377,282,135.63 (13). There is a significant difference where the direct expenditure of the Health Office is 2.5 times greater than BPBD.

Whereas at the time of handling the health crisis, it has a special budget allocation It is as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 75 2019 concerning Health Crisis Management Article 22 paragraph 2. Funding for Health Crisis Management activities is sourced from the State Revenue and Expenditure Budget (APBN), the State Revenue and Expenditure...
Budget, and Regional Expenditures (APBD), and/or the community (4). Each stage of the health crisis already has a funding readiness mechanism. It is supported by the President of the Republic of Indonesia's Decree Number 7 of 2020 concerning the Gugus Tugas for the Acceleration of Handling Corona Virus Disease 2019 (COVID-19). Article 13 states that the funding required for the Gugus Tugas for the Acceleration of Handling COVID-19 shall be charged to the Revenue and Expenditure Budget. State, Regional Revenue and Expenditure Budget, and/or other legal and non-binding sources under the provisions of laws and regulations (6). It is also supported by the Law of the Republic of Indonesia Number 24 of 2007 concerning Disaster Management, in which the allocation of funds for disaster management is an adequate regional expenditure budget (14).

Quality of Interorganizational Relations

This variable describes the coordination between sectors or across programs. Based on the results of interviews, program bottlenecks occurred due to inadequate coordination caused by the rapid change of heads of institutions and the selection of inexperienced new leaders.

"...if the head changes, then the urgency is different again, especially the head without any experience." (IF1)

Regulation Document of Head of National Disaster Management Agency, Number 15 of 2012 concerning Guidelines for the Control Center for Disaster Management Operations, supported this. It contains provisions for the Manager of Pusdalops-PB such as being willing to work at Pusdalops PB for a minimum of 4 (four) years from the date chosen by the Head of BNPB or Regional Head (8). The information regarding the term Health Service Office, whether it is Head of the field or the Head of the section, is challenging. Referring to the Regulation of Health Minister of Indonesian Republic Number 49 2016, concerning Technical Guidelines for Organizing Provincial and Regency / City Health Offices, there are some criteria for occupying Head of field or Head of Section. So, the Head of the agency should have understood coordination with external parties, one of which is BPBD (15).

Based on the interview results, all informants agreed that there were no barriers to coordination between regional agencies and the central Government. Since the COVID-19 pandemic, there has been an increase in coordination between central and regions because there are mandatory daily and weekly reports.

"...In fact, we regularly coordinate, so the central Pusdalops often asks about the conditions in Pandeglang." (IF1)

"...The coordination is also frequent, so you can immediately move quickly to convey to the community." (IF3)

In handling health crisis disasters, the Health Service and BPBD prepare an Action Plan (Renaksi) for Health Rehabilitation and Reconstruction. It is stated in the Minister of Health, Indonesian Republic Number 75 2019’s document concerning Health Crisis Management. All action plans and activities must align with the policies and strategies developed by the Health Office and BPBD. One of the Health Sector Action Plans is an overview of health problems for victims and refugees, the amount of damage and loss of health resources due to disasters and health impacts on the community, and the risk of post-crisis health problems.

DISCUSSIONS

Research Limitations

This study has limitations in informants selection. In the Regulation of Minister of Health Indonesian Republic Number 75 of 2019 concerning Health Crisis Management, there are Rapid Action Team and Rapid Health Assessment Team in delivering information or risk communication approaches during a health crisis. However, at the Pandeglang Regional Health Office, the team’s performance is carried out by the Disease Prevention and Control Division of Pandeglang District Health Office. So there is no specific information on the performance of the Rapid Action Team and Rapid Health Assessment Team as stated in the regulations.

Policy Standards and Objectives

The action plan is the standard and policy target of the risk communication approach. In the Risk Communication Guidelines for Health Crisis Management, local level action plans such as routine reports are reported daily to the center or the province. In this study, BPBD has the role of fulfilling facilities during a disaster. During COVID-19, BPBD prepared two evacuation sites for a natural disaster: general evacuation and particular evacuation of self-isolation. BPBD determines residents placed in special evacuations for self-isolation. BPBD determines residents placed in special evacuations for self-isolation depending on the sources provided by the Disease Prevention and Control Division of the Pandeglang District Health Office. This field submits case reports every day to Pusdalops PB. The report data becomes an essential sign of a subdistrict in Pandeglang if the area is immediately prepared for an independent evacuation when a disaster hits the spot.
The Health Crisis and Surveillance Section of the Pandeglang District Health Office plays a role in detecting or analyzing cases in technical risk units such as Puskesmas. This implementation is per the Regulation of Minister of Health of the Indonesian Republic Number 75 of 2019 (4), which states that the Health Office must ensure a common understanding of health crisis management and the health cluster system approach. Then, the Health Promotion Section of the Health Office plays a role in socialization. Socialization through electronic media, print media, social media, and advertising media. This role is in line with the objectives of risk communication as stated in the Risk Communication Guidelines: the Health Office plays a role in socialization at the pre-crisis and post-crisis stages (5).

Resources
Budget availability is one of the factors of the risk communication approach (5). Resources include funds or other incentives in the program that can encourage or facilitate effective implementation or contribute to the policy program's failure (16). Based on the research, BPBD experienced budgetary constraints in its preparedness program for natural disasters. The five resilient village program, targeted to be completed this year, was postponed because the budget was diverted for handling and controlling COVID-19. The budget constraints that occur do not discourage other Pusdalops-PB programs. Pusdalops-PB cooperates with non-government organizations to provide the funding. NGO party as a third party that unites with BPBD. The Department of Health also experienced a budget shift. The budget for each section and field is diverted to handle and control COVID-19. Such as the Surveillance and Health Crisis Section finally carried out a joint program between the monitoring program for endemic infectious diseases and handling COVID-19. The Health Promotion Section's budget is used to collaborate with service advertising media.

This study's results align with the Direct Expenditure section in the Implementation Document of Budget Changes for the Regional Work Units of the Health Service Organization (13) and BPBD (12) 2021. The two documents show a significant difference in the description of direct expenditure, in which direct expenditure of the Health Office amounted to Rp. 210,337,282,135 while the direct expenditure of BPBD was Rp. 81,155,333,000. The difference is that the direct expenditure budget of the Health Office is 2.5 times higher than the direct expenditure budget of BPBD. Direct Expenditures, namely, expenditures that are directly used to implement policy programs.

Quality of Interorganizational Relations

Effective implementation depends on the standards and objectives of the program being held by the person responsible for that. Communication within and between organizations is a complex process, as it transports messages throughout the organization or to other organizations (16). If different communication sources provide inconsistent or conflicting interpretations of standards and objectives over time, implementers will find it challenging to understand the policy. Similar to the results of the study, implementers experience problems if they change heads of organizational institutions too often. Constraints are not only felt by the internal organization but also by inter-organizational conditions; there will be differences in inter-organizational coordination instructions. Successful implementation requires organizational mechanisms and procedures, which higher positions can increase the ability of implementers to act consistently and according to standards.

The head of the organization can simplify administrative mechanisms through standard personnel strengths such as recruitment and selection, assignment and relocation, promotion, and dismissal. (16). The head of the organization has control over budget allocation or the location of the policy field. Indirectly, if the distance between the head of the institution is relatively fast, there is a need for adaptation between organizations. This condition hampers organizational performance. Heads of higher-level organizations can often facilitate implementation by assisting implementers in interpreting central government regulations and guidelines, developing responses to policy initiatives, and obtaining the physical and technical resources needed to implement policies (16). Based on the research conducted, it was recommended that there should be regulations regarding a relatively long active term of office and the election of the head of the institution based on ability and length of service in the agency.

Based on the study results, there is routine coordination between BPBD and the Health Office in the form of daily case reports. In addition to daily case reports, BPBD assists the Health Office in providing facilities for several health agendas, such as mass vaccinations. It is in line with the Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2019 (4) Regarding Health Crisis Management Article 7 paragraph 1. The Head of the Provincial/Regency/City Health Office is responsible for implementing Health Crisis Management at the regional level and coordinates with the Regional Disaster Management Agency (BPBD). Daily case reports are one of the strategies of the Central Government in involving local governments to achieve central policy objectives. In addition to the procedural requirements strategy,
there are several main government strategies to improve quality relations between organizations, such as providing symbolic and material rewards, inviting local governments to participate in a program, asking local governments to develop complex plans, allocating funds in the program and conducting direct supervision (16).

CONCLUSION

Standards and targets for risk communication policies on handling COVID-19 in disaster-prone areas have a transparent distribution of action plans. Disease Prevention and Control, The Pandeglang District Health Office, plays a role in analyzing cases in the field by collaborating with puskesmas implementers in the sub-district. At the same time, Pusdalops-PB BPBD provides informational conclusions to the public regarding the daily number of COVID-19 cases in Pandeglang. The report data becomes a reference for general evacuation plans and self-isolation if the sub-district area experiences a natural disaster. Then, BPBD experienced budget constraints because the budget was diverted for handling and controlling COVID-19. The health office has a budget because the health program is in line with the handling and control of COVID-19.

The rapid change of the head of the organization can be one of the obstacles to implementing the risk communication policy. Every change in the head of the organization means that it takes time to adapt to know the organization. In comparison, the head of the organization has a strategic role in policy direction. The head of the organization has standard personal control and power to facilitate communication between organizations. The central Government involves local governments such as BPBD and the Health Office in handling and controlling COVID-19 through daily case reports. The involvement of local governments makes it easier for the central Government to achieve policy objectives.

RECOMMENDATIONS

The difference in budget availability between BPBD and the Health Office needs to be reviewed and re-evaluated by Pandeglang Regency Government due to the budget availability at the Health Office and BPBD under the command of the Pandeglang Regent. There also needs to be a review of budget availability, considering that the natural disaster risk mitigation program created by BPBD is no less important than the program at the Health Office. BPBD has regular inter-organizational relationships with BNPB. BNPB can submit recommendations for realistic BPBD budget needs to the Pandeglang Regent. BNPB, as the central government implementer, uses standard personal power in proposing the budget needs of each region. In addition, there is a need for a review of the tenure of the head of the organization. There is also a need to review the head of the organization’s term of office. If the tenure for strategic policy position changes quickly, there needs to be adaptation time for the new head of the organization, thus hampering the performance of the executive or subordinates of the head of the organization.

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