



# Reinventing Kampung Role in Health Policy: Some Lesson From Covid-19 Prevention in Surabaya

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**Abstract.** This article explored kampung role in the context of public health system. This study will take cases in the city of Surabaya, especially in the Balongsari, Surabaya, particularly in the midst of Covid-19 pandemic. Based on qualitative descriptive method, this article demonstrated that implementation of Kampung Tangguh Semeru policy in Balongsari, Surabaya, quite effective in reducing the number of positive cases. There were several aspects on this program such as supported groups namely Covid volunteers who responsible in many task forces called as Wani Sehat, Wani Jogo, Wani Ngandani, Wani Sejahtera. However, behind the success itself, there are several factors that hinder the implementation of the Tangguh Semeru village program, including the lack of support from the local government and lack of public awareness

**Keywords:** Implementation policy, urban kampung, health policy, urban governance, pandemic.

## 1 Introduction

In this study, we will underscore the importance of the village in the policy ecosystem, more specifically health policy by paying attention to the role of the urban village. Through case studies on the implementation of health policies in the formation of Kampung Tangguh Semeru in the context of the Covid-19 pandemic, we analyze the importance of villages in the policy ecosystem. We will specifically take this study in Balongsari Village, Tandes District, Surabaya City, East Java Province. Surabaya is a big city with a population of 2,904,751 and a population density of 8,217 people per square kilometer. One of the breakthroughs made by the Provincial Government of East Java, which at that time was in the top position with the highest spread of Covid-19, was to create a policy program called "Kampung Tangguh Semeru". Through this tough village program, it is hoped that it will have a good impact on the welfare and independence of the community through the development of village potential based on the principle of mutual cooperation which is a form of social solidarity that occurs in people's lives.

Fundamentally, the existence of villages in Indonesia has been widely reviewed by social science experts, especially villages as development policy targets [1], village resilience spatially and culturally in the face of urban modernization [2]. This study will take a position by placing the village as an important actor in the policy ecosystem,

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especially in the context of health policy [3]. In addition, many studies have been carried out on tough village policies in dealing with Covid-19, especially those that question the implementation of health protocols [4], government collaboration [5], public communication [6], and level of community participation.

Public authorities have provided a reasonable basis for accelerating the handling of COVID-19 infections in order to reduce the positive number of COVID-19 infections, especially in places with red zone status. COVID-19 must be anticipated with friendly control so that the laws and guidelines that apply to amend the law can overcome the difficulties that arise and interfere with public demand and creatio. Therefore, almost all countries even in the regional realm have implemented some type of mobility restriction as a risk mitigation strategy. These restrictions are intended not only to slow the spread of the virus, but to increase public awareness about the risks associated with COVID-19 so that individuals engage in protective behavior which is already stipulated in the Decree of the Sub-District Head of Tandes City of Surabaya Number 148/104/436.9.14/2020, Surabaya Mayor Regulation Number 48 of 2020 Concerning Tangguh Village Task Force Grants Surabaya City Regional Regulation Number 67 of 2020 concerning Implementation of Health Protocols in the Context of Eye Prevention and Termination Jogo Suroboyo Chain and Wani Related to the Impact of Coronavirus Disease 2019 (COVID-19) in the City of Surabaya. Surabaya, Indonesia, is facing an outbreak of Corona infection. Not only that, the Kampung Tangguh Installation is also the task of Balongsari Village to make efforts to tackle pollution, as mandated by Health Law Number 36 of 2009.

## 2 Method

This article uses qualitative methods as explained by Tisdell and Merriam, that qualitative researchers are interested in understanding the meanings that people construct; that is, how people make sense of the experiences they go through in their lives. Thus, the overall goal of this article is to reach an understanding of how people make sense of their lives, describe the process (not the outcome or product) of making meaning, and describe how people interpret what they experience. in a study entitled "Rediscovering the Role of Villages in Health Policy: Some Lessons from Covid-19 Prevention in Surabaya" is suitable for using qualitative research methods for several reasons. First, qualitative methods are very suitable for understanding the meanings constructed by the community, in this case how people in the village interpret their role in efforts to overcome the pandemic. Second, qualitative methods allow researchers to describe the process of how people create meaning in a particular context, which is relevant in this study to understand how people in the villages in Surabaya redefine their role in the Covid-19 health policy. Third, qualitative research is able to capture and explore the experiences of certain individuals or groups, which is the main focus in this study, namely the experience of the village community in participating in Covid-19 countermeasures. Lastly, qualitative methods generally involve in-depth data analysis, including interviews, observation, and documentation, which is in line with the aim to understand and describe how communities experience and interpret their role in Covid-19 health policies. Therefore, a qualitative research method with a narrative-

described approach is appropriate for answering the research question that aims to understand the role of villages in the Covid-19 health policy in Surabaya and how people in these villages interpret their experiences in this situation. This method will help reveal perspectives and processes that may not be well captured by quantitative research methods.

In this article, we interviewed him in a structured way with 8 informants. It consists of three villagers and five people from agencies/executors of the Semeru tough village program. We selected informants purposively or called purposive sampling based on the need for information about Kampung Tangguh Semeru and the active involvement of the residents in the program. We will then analyze interview, observation, and documentation data through three stages as referred to by Huberman and Miles, including data reduction, data display) and drawing conclusions and verification.

### **3 Results and Discussion**

Regarding the increasingly widespread and rapid spread of COVID-19, the government issued several policies, especially policies regarding the establishment of the Tangguh Village program in several sub-districts in Surabaya. In order to control the spread of the corona virus to achieve the expected results, apart from always complying with the 6M health protocol, we should also comply with applicable procedures related to preventing the spread of the corona virus, including being willing to do swabs or vaccines according to the puskesmas schedule, immediately reporting to the RT or RW or the Task Force. Kampung Tangguh, if there are family members who test positive, they should immediately receive treatment from the puskesmas.

Based on this, the Tandes District, Surabaya City has decided to form a Tangguh Semeru Village task force named Wani Jogo Suroboyo, whose main task is to socialize the community in the local RW regarding the prevention of COVID-19, and to coordinate with related parties. the head of the RT, sub-district or sub-district, health center or agency related to the prevention and control of COVID-19 in the local RW increase the readiness and participation of the community in carrying out personal and home hygiene efforts as part of the realization of the Healthy Living Community Movement, revive regional status and interest in completing individual hygiene efforts and housing as a recognition component of the Healthy Communities Movement, empowering regional support in the use of real contact as an effort to prevent, recognize, and conquer COVID-19, energizing regional status and interest in completing individual and home hygiene efforts as a component of recognition of the Healthy Living Community Movement as a the local empowerment movement to focus on these tasks, a task force membership was formed as stated in the Decree of the Sub-District Head of Tandes City of Surabaya Number 148/104/436.9.14/2020 consisting of the task force:

#### **3.1 Wani Sehat Task Force**

The Healthy Wani Task Force has the following tasks:

**Monitoring ODP, PDP, OTG Patients and Outpatient Confirmations from the Task Force/District.** In carrying out monitoring of Persons Under Monitoring (OPD), Patients Under Monitoring (PDP), Persons Under Monitoring (OTG), in this treatment the task force for healthy women differentiates between ODP, PDP and OTG patients, in handling and monitoring ODP patients the task force for healthy women only controls patients for 2x1 week to provide education and care, in handling PDP cases, the healthy women task force checks and controls patients regularly 3x a week and provides a supply of vitamins and medicines given, in handling cases of patients in OTG conditions, patients who are isolated inside the house are required to wear a mask, OTG patients are isolated at home for 14 days, and a SWAB-PCR test is carried out on day 1 and day 14, Assuming that the consequences of the primary assessment show adverse results, the following treatment is autonomous by carrying out PHBS and physical removal and re-evaluate in the next 10 days. Assuming a positive re-evaluation result on the next test, then, at that point, proceed with two consecutive RT PCR assessments for 2 consecutive days, in a laboratory equipped to perform RT PCR assessments. Assuming the primary experimental result is positive, the next stage of treatment is a free assessment combining PHBS and actual partitioning, and for 10 days. Assuming the consequence of a positive reconsideration on the next test, perform RT PCR assessments twice in a row over two days at an inspection research facility that can perform RT PCR assessments.

**Monitoring ODP, PDP, OTG and confirmed outpatient patients from the task force/sub-district.** In monitoring People Under Monitoring (OPD), Patients Under Monitoring (PDP), People Under Monitoring (OTG), in this handling the wani sehat task force team distinguishes between ODP, PDP, and OTG patients, in handling and monitoring ODP patients the wani sehat task force only controls patients for 2x 1 week to provide education and treatment, in handling PDP cases, the wani sehat task force checks and controls patients periodically 3x a week and provides vitamin and drug supply the medicines given, in the handling of cases of patients in OTG conditions, patients who isolate in the house are required to wear masks, OTG patients isolate at home for 14 days, and swab-PCR tests are carried out on day 1 and day 14, Assuming that the consequences of the primary assessment show adverse results, the following treatment is autonomous by carrying out PHBS and physical transfer and re-evaluation in the next 10 days [17]. Assuming the re-evaluation result is positive on the next test, then, at that time, proceed with the RT PCR assessment.

**Collecting data on residents who are in close contact with patients.** In probable or symptomatic confirmed cases to find close contacts in probable cases or symptomatic confirmed cases, the contact time was estimated from two days before a case developed to fourteen days after a symptomatic case. In this data collection, the Wani Sehat Task Force works in groups to obtain data on anyone who has close contact with COVID-19 sufferers, starting from conducting interviews with confirmed COVID-19 patients, to find out with whom the confirmed Covid-19 patient interacts and where to do it.

interaction, and then the Healthy Wani Task Force will conduct a swab of the person who last interacted with the COVID-19 patient to determine the extent of the COVID-19 transmission case. The task of collecting data on residents who are in close contact is in accordance with the rules of the Guidelines for Prevention and Control of the coronavirus disease (COVID19) revision 5 p 38 describes the importance of Contact Tracing, >80% Close contacts can be identified as new cases, and quarantine begins 72 hours after a new patient is confirmed, indicating adequate case monitoring and contact capacity in scenarios In this case, in order to break the chain of distribution of Covid so that it is not transmitted, the results in the field show that there are still residents who have close contact with Covid patients, but these residents do not want to self-isolate at home, they are still carrying out normal mobility, they must be visited by the Healthy Wani Task Force Team to provide education. COVID-19 is mostly spread by droplets from a patient's symptom (symptoms) to others around them, according to current epidemiological and virological investigations. Drops filled with water that have a diameter of >5-10 m are called droplets. Droplet transmission occurs when someone is within 1 meter of someone who has respiratory side effects (for example, coughing or wheezing), places drops on the mucosa (mouth and nose) or conjunctiva (eyes), therefore tracking is very important. for residents who have direct contact with patients affected by COVID-19, in order to stop transmission and prevent the spread.

**Report to the Puskesmas, Kelurahan, and Kecamatan if there are residents who show symptoms of COVID-19.** Based on the results found in the field, if residents are found with indications of COVID-19 cases, residents must report to the healthy women task force, who will later be guided to carry out independent isolation at home, when residents are in a state where independent isolation is not possible, the healthy women task force will report to the health center The nearest Balongsari/Puskesmas to be picked up and handled further by the puskesmas, after that the puskesmas will conduct a Covid task force at the sub-district level and will report it to the district level for input into the online application by the district/city health office. Online applications that have been prepared as a COVID-19 recording and reporting system are: All Record TC-19 (<https://allrecordtc19.kemkes.go.id>), and the COVID-19 Daily Online Reporting System (<https://s.id/reporthariancovid>).

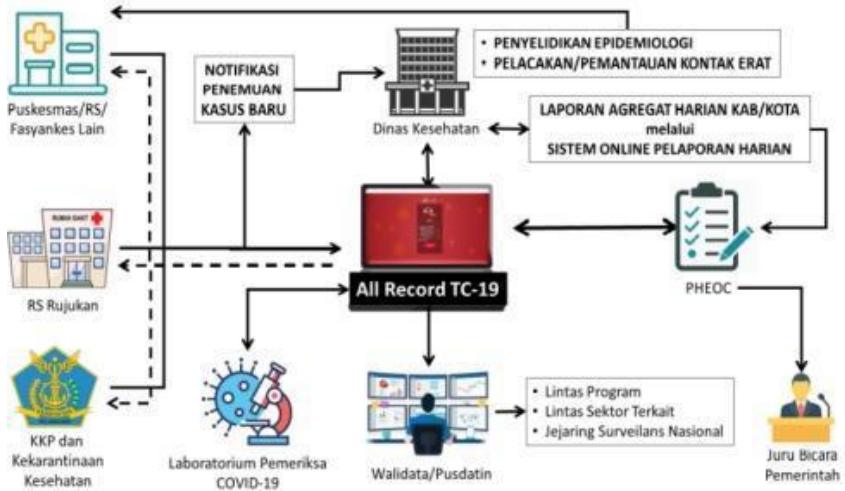


Fig.1. Procedure for reporting active positive cases of covid

In the picture flow related to the reporting of active positive cases of Covid above, the flow related to handling positive COVID-19 residents is in accordance with what was instructed by the Ministry of Health, in research it was found that residents affected by Covid 19 were reluctant to report to the task force for healthy women for reasons of embarrassment and fear that if the neighbors find out, but if this is allowed to happen it will cause an increasingly acute illness and the consequences can be fatal.

### Reporting the Results of Task Implementation to the Head of the Task Force.

Regarding its implementation, the coordinator and members of the Healthy Wani Task Force report the results of carrying out their duties once a week to the head of the task force in Balongsari Village in the form of a photo sent via Whatsapp. However, in conditions in the field it is often found that the Healthy Wani Task Force does not report the results of carrying out their duties to the task force head, and often the reporting to the task force head is not on time, this is because the coordinator and members often forget because on the other hand they also have tasks outside of that so there is a lot of time consumed by the activity or activities.

## 3.2 Wani Sejahtera Task Force

The Wani Sejahtera Task Force has the following tasks.

**Determining the Nutritional Needs of ODP, PDP, and OTG Patients, and ensuring outpatient care according to predetermined criteria.** The Wani Sejahtera Task Force visits the homes of patients affected by COVID-19 while still implementing health protocols or via Whatsapp to ask what needs these patients need. Usually, patients need

basic necessities such as rice, noodles, soy sauce, oil, medicines, masks, hand sanitizers, etc. Then these needs are provided indirectly by placing them on the patient's fence to keep complying with health protocols. The results of the study further found, in the implementation of confirming outpatient care with predetermined criteria, the Wani Sejahtera Task Force ordered OTG patients to self-isolate for 10 days from diagnosis to reduce virus levels for 10 days from the time of determination to reduce the rate of transmission locally, ODP patients for as long as 10 days from initial indication other than 3 days free from side effects and respiratory problems, and ODP patients with holes for 10 days with manifestations other than 3 days free from side effects and respiratory problems, and autonomic ODP separation 10 days from initial manifestations other than 3 days of fever manifestation.

PDP who has been given indicative treatment by the emergency polyclinic which can be released until the side effects disappear and isoman is performed. Moreover, the Wani Sejahtera Task Force consistently asks about patient progress via Whatsapp or in person. Implementation of the food needs of ODP, PDP, and OTG patients according to the Guidelines for Community Empowerment in Prevention of COVID-19 in RT/RW/Kelurahan, Head of RW 06 Balongsari who is also Head of the Task Force for the Acceleration of the COVID-19 Pandemic RW 06 Balongsari, namely allocating residents/unit delegates (Wani Sejahtera Task Force) to help prepare ready-to-eat food and various needs such as personal hygiene and individual treatment for residents who are hiding. Short-term execution of ODP, PDP, and OTG patients self-segregated for 10 days from analysis to reduce the rate of local transmission, ODP patients survived for 10 days from initial side effects in addition to 3 days of treatment. indications of fever and respiratory problems, and ODP patients hiding from many people for 10 days from initial manifestations other than 3 days being free of fever and respiratory signs, and being independent from ODP 10 days from start is not the same as 3 days being free from fever. Clinically, Patients with Confirmed COVID-19 are Asymptomatic, Mildly Ill, or Moderately Ill, according to the Guidelines for the Prevention and Control of Coronavirus Disease 19 (COVID-19), namely Clinical Management of Patients with Confirmed COVID-19 Asymptomatic, Mild Pain, or Moderate Pain among others.

*The patient was confirmed asymptomatic.* In principle, COVID-19 affirmation patients should not be hospitalized, but should be separated for 10 days from the time the conclusion of the example is affirmed, both at home and in government-owned foundations. Local dispersion Patients in confinement must agree to PPI guidelines and be observed consistently by FKTP officers, through home visits or telemedicine. Patients should be given leaflets that provide data to reach and perform, and they should take their temperature twice a day. The patient will visit the nearest FKTP after ten days.

*It is not certain that the patient is only slightly unwell.* Treatment of patients with demonstrated COVID-19 who have a mild illness overall with a confirmed COVID-19 condition that is asymptomatic. Patients should be separated for not less than 10 days after the onset of side effects, the same as 3 days without fever or respiratory distress. Separation should be possible quietly at home or in an open office given by a public

authority. Assuming that the patient is only slightly unhealthy, indicative drugs can be given, such as antipyretics assuming that fever is available. The patient should be educated about possible indications and indications of damage, as well as a phone number that should be contacted each time assuming there are side effects caused. appear. Officers from FKTP are relied upon to continue to follow the patient's condition. After the separation deadline is complete, it will be sent from the nearest FKTP.

*Patients with verified moderate illness or mild illness with complications.* The hospital will treat confirmed COVID-19 patients who are unwell, as well as patients who are mildly ill but have complications or comorbidities. The provision of symptomatic therapy for current symptoms, as well as the monitoring function, is the mainstay of management for moderately ill patients until the symptoms subside and the patient meets the requirements for discharge from the hospital.

**Identify affected residents who are incapacitated.** The results of the study found that in the implementation of identifying affected residents who were incapacitated, the Wani Sejahtera Task Force collected data on affected residents who were incapacitated through filling out the formula for updating the Data of Low Income Communities in the City of Surabaya which was determined by the Social Service Office. Implementation of identification of affected residents who are incapacitated in accordance with the Surabaya Mayor Regulation Number 17 of 2019 concerning Procedures for Collecting, Processing, Utilizing, and Reporting Data on Low Income Communities Article 5 Paragraph 2 which reads "surveyors from kelurahan or regional devices identify and/or verify low-income communities by filling out the Surabaya City Low Income Community Data Update form determined by Social Service". Based on the results of research and Surabaya Mayor Regulation Number 17 of 2019 concerning Procedures for Collecting, Processing, Utilizing, and Reporting Data on Low Income Communities, conclusions can be drawn, namely the Wani Sejahtera Task Force has succeeded in carrying out its duties in identifying affected residents who are incapacitated.

**Making Efforts to Handle Affected Residents in Mutual Cooperation.** The results of the study found that in carrying out efforts to handle affected residents in a mutual cooperation manner, the Wani Sejahtera Task Force made voluntary donations from members of the task force and the surrounding community which could be in the form of money, groceries, masks, hand sanitizers, and others which would then be given to the affected people in mutual cooperation. Implementation of efforts to manage affected residents in mutual cooperation according to the direction of the RW Head in the Handbook for Community Empowerment in Prevention of COVID-19 in RT/RW/Village, especially seeking funding needs for displaced residents (RT/RW/Desa). /RW/Village social assets, community gifts/assistance from different get-togethers, and so on) Given the results of the inspection and Guidelines for



Community Empowerment in Prevention of COVID-19 in RT/RW/Villages, it is very likely that the Wani Sejahtera Task Force has succeeded complete their obligations in carrying out efforts to deal with affected populations in a communitarian manner. As well as in article 7 paragraph 3 which reads "If the validity results are declared incomplete, then it will be further coordinated with the sub-district or regional apparatus to be completed". Based on the research results and Surabaya Mayor Regulation Number 17 of 2019 concerning Procedures for Collecting, Processing, Utilizing, and Reporting Data on Low-Income Communities Article 5 Paragraph 2-3 it can be concluded that the Wani Sejahtera Task Force has succeeded in carrying out its duties in ensuring government social assistance reaches recipient.

**Government Social Assistance Reaches Beneficiaries.** The results of the review, in the implementation of administrative social assistance guarantees reaching beneficiaries, the Wani Sejahtera Task Force through improving the information refresh structure for low-cost networks in the city of Surabaya which is controlled by the Social Service as an assessment of the announced results is complete to ensure government social assistance reaches beneficiaries. Implementation of guarantees for government social assistance to beneficiaries according to Surabaya Mayor Regulation Number 17 of 2019 concerning Procedures for Collection, Processing, Utilization and Reporting of Public Income Data Article 5 Paragraph 2 which reads "evaluators from sub-districts or regional apparatus leaders" perceptions and payment networks and inexpensively by filling in the information on the Data Update for Low-Income Communities in Surabaya City dictated by the Social Service."

### **Reporting the Results of Task Implementation to the Head of the Task Force.**

Regarding its implementation, the coordinator and members of the Wani Sejahtera Task Force report the results of carrying out their duties once a week to the head of the task force in Balongsari Village in the form of a photo sent via Whatsapp. However, in conditions in the field it is often found that the Wani Sejahtera Task Force does not report the results of carrying out their duties to the task force head, and often reporting to the task force head is not on time, this is because the coordinator and members often forget because on the other hand they also have tasks outside of that so there is a lot of time consumed by the activity or activities

### **3.3 Wani Jago Task Force**

The Wani Jago Task Force has the following tasks.

**Restrictions and recording of people and vehicles coming in and out (*one gate system*).** The results of the research carried out related to the task of one gate system by providing a disposition form for visit permits to residents of balongsari village, tandes rw 06 district, Surabaya city during the micro-scale ppkm period which was extended until August 2, 2021 in balongsari village, tandes district, Surabaya city, in the restriction of vehicles going in and out only until 9 pm, the rest will be closed to

implement existing regulations. however, when the lowering of this micro-scale PPKM to level 1, easing was carried out as there was no curfew, residents' activities could be said to be normal even though it was not fully but still with the established health protocols such as wearing masks when leaving the house carrying a hand sanitizer and not forgetting to wash their hands. The results of the analysis carried out by the wani jogo task force related to the one gate system are in accordance with the guidelines for community empowerment in preventing covid-19 in rt/rw/village p. 5 with the strengthening of the local area in the fight against the coronavirus in rt/rw/city page 6 number 4. Prepare an Activity Plan in the Community with the Implementation of Activities Carried out with a schedule that has been prepared together. Exercises are recorded and expressed using the Activity Report design. Results Based on the search, finally the security of the city during the coronavirus pandemic is in accordance with the guidelines set within the scope of the RT/RW/Village. Stages of Community Empowerment in COVID-19 Prevention 1. Data Collection of Residents' Health in RT/RW/Village a. The assortment of information about the strengths of all residents utilizes the structure of the population information pool, including residents who are in high danger b. Records residents in and out of its territory c. Approaching residents to be educated assuming that there are outsiders or residents who come from covid-19 affected areas who enter their territory. Based on the results of the analysis, it was concluded that the task of one gate system has been carried out / in accordance with the predetermined regulations, it is evidenced by the disposition of the visit permit.

**Make a schedule to guard the village.** The results of the research on how to make a village guard schedule are by means of joint deliberation within a predetermined period of time and then determined by the head of the RW with a joint decision in urgent matters such as the occurrence of micro-scale ppkM deliberation activities that should be carried out face-to-face, it is effective to be carried out virtually for the continuity of the event and the smooth running of inevitably members must implement the agreed provisions for other things if one cannot do the guard the village at the time of its turn is to be replaced by another person who is willing in the hope of keeping the village running according to the day and there are no obstacles. With the local area's response to the coronavirus in rt/rw/city page 6 number 4. Prepare an Activity Plan in the Community with the Implementation of Activities Carried out with a schedule that has been prepared together. Exercises are recorded and expressed using the Activity Report design. Results Based on the search, finally the security of the city during the coronavirus pandemic is in accordance with the guidelines set within the scope of the RT / RW / Village.

**Monitor and ensure residents who are self-isolating not to leave the home environment except for the purposes of health facilities.** The wani jogo task force conducts monitoring with volunteers by paying attention to the complete PPE used according to operational standards, usually volunteers who are in charge of monitoring

also participate in recording what facilities and needs are needed by residents who are self-isolating before monitoring volunteers are equipped with knowledge of procedures for communicating with residents who are self-isolating, usually residents who are self-isolating also send messages via whatsapp to informing his progress to the volunteers of the wani jogo task force who are in charge of monitoring. With the guidelines of decision Number Hk.01.07 / Menkes / 413/2020 of the Minister of Health of the Republic of Indonesia concerning Guidelines for prevention and control of Corona Virus Disease 2019 (COVID-19) Page 54 According to the Regulation of the Minister of Health Number 45 of 2014 concerning the Implementation of Health Surveillance, Health Surveillance is a methodical and consistent approach to collect information and data on the level of disease or medical problems, as well as conditions that affect the development and transmission infections or medical problems, to obtain data effectively. and efficiently control and control the gauge. It is further stated that health reconnaissance activities are carried out using information collection, information handling, and distribution as a unit to provide objective data that can be compared over time, between locations, and between local meetings as dynamic materials. COVID-19 surveillance has also been carried out in accordance with the order of the Minister of Health Number 45 of 2014 including recording, detailing, processing information, and submitting information and data as material for community and provincial-based COVID-19 anticipation and control plans. Based on the results of the analysis, conclusions were drawn related to this is in accordance with the recommendations of who with the Minister of Health on systemic observations and has been carried out by RW 06 in balongsari village.

**Maintain and ensure that all residents, especially the elderly, disabled and children, are protected from the risk of transmission.** The task force also cooperates and collaborates with local religious leaders/community leaders to remind them of the dangers and impacts caused by COVID-19 and campaign through the whatsapp or toa application by going around, reminding each other to protect against clean weather and the environment, as well as ensuring residents, especially the elderly, disabled and children to stay at home if there is no urgent need that requires them to leave the house usually also in the voice through a local mosque with a loudspeaker about how the virus can transmit from one person to another quickly in the hope that local residents can hear the appeal. Regulation on Prevention and Control of Coronavirus Disease (COVID-19) of the Ministry of Health of the Republic of Indonesia CHAPTER VI Prevention and Control, Transmission, Avoidance of Transmission to Humans Transmission of COVID-19 occurs through droplets containing SARSCoV-2 infection that enter the body through the nose, mouth and eyes, For this explanation, prevention of transmission of COVID-19 to humans is carried out with several steps, for example,

- Clean hands regularly by washing hands with sanitizer and running water for 40-60 seconds or using a liquor-based germ-killing drug (hand sanitizer) for 20-30 seconds. Try not to touch your eyes, nose and mouth with messy hands.
- Use individual defense gear as a nose and mouth cover assuming you have to take off from home or interact with others whose health status is unclear (who

may be transmitting COVID-19).

- Keep a distance somewhere about 1 meter from others to try not to get a drop from hacking or sobbing individuals. Assuming that it makes no sense to expect separation, it tends to be solved by other specific and authoritative strategies.
- Limit yourself to communication/contact with other individuals whose welfare status is unclear.
- When returning home after traveling, take shower and change clothes before meeting relatives at home.
- Increase endurance by carrying out a good and correct lifestyle (PHBS, for example, the use of adjusted sustenance, real work approximately 30 minutes per day, adequate rest.
- Based on this, it was concluded that the task of the Tangguh village in the wani jogo task force if it is related to the Guidelines for The Prevention and Control of Coronavirus Disease (COVID-19) of the Ministry of Health of the Republic of Indonesia CHAPTER VI Prevention and Control of Transmission is appropriate and feasible to be implemented in order to prevent the risk of transmission.

**Ensuring that social and security activities are carried out in a mutual cooperation manner.** In this task force wani jogo and residents of rw 06 balongsari sub-district tandes which are monitored directly by the head of the rw are usually carried out in the sector of fulfilling the logistics of residents, the next social activity that is compiled is the fulfillment of food barns which are usually filled by the results of local self-help there is no coercion because with the expectation of residents for residents to help each other and work together in the prevention of this covid-19 virus, for the security sector, it can be done by guarding the village whose schedule has been prepared and reprimanding if there are stubborn residents such as residents who are self-isolating but still going out, notifying and minimizing residents who should hold crowds such as meetings between families with courtesy and courtesy. This is guided by Community Empowerment in the Prevention of Covid-19 in RT / RW / Village Part 1 Number 6 concerning the continuity of activities, namely carried out by the community together with RT/RW/Village administrators and technical assistants (puskesmas), to ensure the continuity of community empowerment and social activities in Part 4 Community Organizing in Fulfilling Logistics:

- a) Assigning representatives residents/cadres to help prepare food and other needs for residents who are self-isolating
- b) Seeking cost needs for residents who are self-isolating (RT/RW/Village social funds, donations from residents/assistance from other parties, etc.

Based on the results of the analysis, it was concluded that the social and security activities that are the task of the wani jogo task force have been carried out properly and in line with the stipulated provisions.

**Ensure the implementation of the solidarity protocol (physical distancing, wear a mask, wash hands, use soap).** In this task, the Wani Jogo Rw 06 Task Force of Balongsari Village, Tandes District, Surabaya City, carried out by campaigning and educating the importance of self-care in overcoming the COVID-19 virus from holding hand washing stations and wearing masks when leaving the house and then recommending taking a shower immediately after going out or doing activities outside the home. In this task, the wani jogo task force covers all aspects of the implementation of health protocols and does not relax the health protocols from the micro-scale PPKM time set to date. In the task it already corresponds to the group, Assuming it is outside the field of possibilities to expect to keep the separation, which different managerial and special designs can do. From the results of the examination, it was concluded that in the implementation of the duties of the women's team, the Public Health Protocol in Public Places and Facilities for the Prevention and Control of Corona Virus Disease 2019 (COVID-19) in Chapter II the Principles of Health Protocols in the Prevention and Control of Corona Virus Disease 2019 (COVID-19) in the Announcement of the Minister of Health of the Republic of Indonesia Number Hk.01.07 / Minister of Health / 382/2020 in Chapter II General Principles of Health Protocols in the Prevention and Control of Corona Virus Disease 2019 (COVID-19) Overall, COVID-19 Health events should include: 1. Individual well-being guarantees COVID-19 spreads through drops that can cooperate with people by entering the body through the nose, mouth and eyes with drops containing SARS-CoV-2 infection. Staying away from part of the transmission through three doors with some activities, such as a, is a guideline for preventing the transmission of COVID-19 to humans. If you need to leave the house or interact with those whose health is at risk, use personal protective equipment such as a veil that covers the nose and mouth to an obscure jaw (which may communicate COVID-19); 2. Wash your hands frequently with sanitizer and running water, or use alcohol-containing hand sanitizer. Try to keep your hands away from your eyes, nose and mouth at all times (which may be contaminated with beads containing infections); 3. Maintain a distance of one meter from others to avoid falling from people talking, hacking, or sobbing, and keep away from crowding. Jogo rw 06 balongsari sub-district tandes already meets the standards set by the decree of the Minister of Health.

**Carry out disinfectant spraying.** This was done by the wani jogo task force by spraying from house to house with complete PPE and in accordance with strict health protocols also for members who sprayed disinfectants in accordance with the members of the task force from the last scheduling for disinfectant spraying tools from the community itself but also the assistance of disinfectant liquids came from the government to be sprayed from the homes of residents rw 06 balongsari village, tandes district, tandes city. Surabaya, spraying this disinfectant is usually done once a week once, it can also be one week twice for the day of this disinfectant spraying activity can be Saturday or Sunday. This is in accordance with the Guidelines for The Prevention of Covid-19 RT /RW / Village in Part III Number 7, namely.

**Report the results of the implementation of duties to the head of the task force.**

Regarding its implementation, the coordinator and members of the Wani Jogo Task Force report the results of the implementation of their duties once a week to the head of the task force in Balongsari Village in the form of photos sent via Whatsapp. However, in conditions in the field, it is often found that the Wani Sejahtera Task Force does not report the results of the implementation of its duties to the task force head, and often the reporting to the task force head is not timely, this is because the coordinator and members often forget because on the other hand they also have tasks outside of it so that their time is consumed a lot by these activities or activities.

**3.4 Wani Ngandani Task Force**

The Wani Ngadani Task Force has the following tasks.

**Providing Information and Education to Residents Regarding the Prevention and Handling of COVID-19.**

In providing information and education, the task force coordinator has carried out his duties well, he continues to urge residents to always carry out the 6M Movement, such as wearing masks, washing hands, preventing crowds, maintaining distance, reducing traveling or leaving the house and maintaining body immunity. The method of implementation is that he always conveys this information through the whatsapp group of residents of the Balongsari sub-district. Apart from going through the whatsapp group, Mr. Amin also provided direct outreach to his citizens accompanied by the National Police. Mr. Amin is also assisted by members who are also members of this task force, so the tasks of this task force can run as stated in the SK Sub-District Head of Tandes City of Surabaya Number 148/104/436.9.14/2020. Based on the explanation above, it can be concluded that the coordinator of this task force has carried out their duties as well as possible, and is in accordance with the Guidelines for Prevention and Control of Coronavirus Disease (COVID-19) revision 5 page 149 issued by the Indonesian Ministry of Health regarding educating individuals, groups/communities to make efforts to prevent/protect against the transmission of epidemics.

**Communicating with Various Parties Related to COVID-19.** The coordinator and members of this task force communicate directly or indirectly with parties related to COVID-19 which include volunteers and sufferers. Communication with sufferers includes: a) Encourage sufferers to stay at home and carry out independent isolation, b) Provide support or motivation so that sufferers are not stressed and can recover quickly, c) Ask via whatsapp or telephone about what needs the sufferer needs so that volunteers buy these needs and then put them in front of his house or hang them on the fence, usually these needs are in the form of vegetables, medicines and basic necessities. This was done to minimize the transmission of Covid-19 in the environment.

Meanwhile, communication with COVID-19 volunteers includes: a) Is the implementation running smoothly and are there any difficulties being faced when the volunteer is carrying out his duties, b) What can the wani ngandani task force do in

assisting the implementation of other task forces or the volunteers. As shown by the clarification above, the correspondence has been carried out by the coordinator of the healthy women's task force and the members who are members of this task force are already very good and running in two directions, this can be proven by the positive response of the people of Balongsari Village in complying with health protocols and warnings appeals that have been conveyed through outreach activities related to the prevention and handling of COVID-19. c) Reporting on the progress of handling ODP, PDP, OTG and confirming outpatient care through the [opponentcovid19.Surabaya.Go.Id](http://opponentcovid19.Surabaya.Go.Id) website. If residents are found with indications of a COVID-19 case, residents must report to the healthy women's task force first, then later they will be directed to carry out independent isolation at home if their condition is not too severe. Meanwhile, if there are residents whose conditions do not allow independent isolation, the Health Wani Task Force will first report to the Balongsari Health Center/nearest Health Center so that they can be picked up immediately and handled further by the Health Center. Here the role of the ngandani and healthy wani task force is very important because the existing data in the healthy wani task force regarding people under monitoring (OPD), patients under monitoring (PDP), people without symptoms (OTG) will be inputted into a website that can be accessed on the internet namely [opponentcovid-19.surabaya.go.id](http://opponentcovid-19.surabaya.go.id). Based on the clarification above, it can be said that the Wani Ngandani Task Force is in accordance with the Guidebook for Prevention and Control of Coronavirus Disease (Coronavirus) update 5 page 149 which was distributed by the Indonesian Ministry of Health regarding the recording and disclosure of COVID 19 cases completed electronically in the web application. d) Reporting the Results of Task Implementation to the Head of the Task Force. Regarding its implementation, the Coordinator and members of the Wani Ngadani Task Force report the results of carrying out their duties once a week to the head of the task force in Balongsari Village in the form of a photo sent via Whatsapp. However, in conditions in the field it is often found that the Wani Ngadani Task Force does not report the results of carrying out their duties to the task force head, and often reporting to the task force head is not timely, this is because the coordinator and members often forget because on the other hand they also have tasks outside of that so there is a lot of time consumed by the activity or activities.

### 3.5 Factors Hindering The Implementation Of Kampung Tangguh Semeru

In a program there must be a problem that hinders the implementation of a policy, the implementation of the semeru resilient policy, namely:

**Lack of Support from Local Government.** From the data obtained, this resilient village policy is purely funded by self-help communities, the money collected from the community itself will be used to purchase equipment to break the chain of spread of COVID-19, such as purchasing hand sanitizers, purchasing masks for newcomers. not wearing masks, buying water tanks to wash people's hands, buying disinfectant liquid, and buying tanks to spray disinfectants, related to the lack of funds provided by the government to the Tangguh village implementing task force, which makes implementation difficult, when there is a need to buy tools used to breaking the chain

of covid distribution, on another occasion Balongsari Village also received aid supplies from outsiders, both from the local police agency and from the Koramil, in the form of masks, hand sanitizers, as well as basic community needs (groceries).

**Lack of Public Awareness.** This can have a significant impact on the safety of local residents in RW 06, Balongsari Village. Lack of awareness, such as traveling without wearing a mask, underestimates the aspect of washing hands and stays out late at night and there are also PDPs who still go out just to sit outside the house which should not be allowed, and there are residents who hold friendly activities which can cause crowds and crowd. In this case the head of the RW directed the wani ngandani and wani jogo task forces to socialize how important it is to minimize the transmission of this Coronavirus infection and break the chain of distribution in RW/RT/Town. A public administration will be successful if it is implemented and has an empathetic impact on the community. In the end, human activities or activities as citizens must be in accordance with what the Government or the State wants, so assuming their behavior or activities are not in accordance with the wishes of the public or State authorities, then, at that time, the public strategy will succeed. Assuming the above understanding is combined with public arrangements, then at that time, the implementation of a public strategy can be interpreted as the result or end of a public approach that is not really resolved/supported by using means (tools) to achieve strategic goals. Furthermore, in the public structuring process, strategy execution is a functional phase and is not the same as the strategy definition which can be viewed as a hypothesis.

## 4 Conclusion

Based on the results and discussions from the research on the implementation of the Kampung Tangguh Semeru program case study in Balongsari Village, it can be concluded that the level of transmission of the COVID-19 virus can be reduced to the smallest scope as directed by the government in this case the participation of the community also participates in the smooth implementation of the Semeru Resilient Village program, cooperation between networks and cities, reducing disaster reserves, the cooperation of citizens in volunteer groups, the contribution of women in volunteer groups, and the implementation of variations. Semeru's intense approach program is in accordance with the understanding of the strategy proposed by M. Irfan Islamy. It provides an understanding of strategy as an activity that is not actually completed and carried out or is not carried out by an administration that has certain reasons or objectives as well as the interests of the entire society. That this resilient village program is a positive thing done to break the chain of spread of covid-19 which is increasingly massively spreading in Indonesia, especially in Surabaya.

Based on the results and discussions of the research on the Implementation of the Kampung Tangguh Semeru Program case study in Balongsari Village, the researchers have several suggestions, namely: a) The local government can increase the budget for the Semeru Resilient Village Program. Because, the Semeru Resilient Village Program can be said to be effective in reducing the spread of COVID-19 within the scope of RT/RW/Village, and b) Local governments can hold COVID-19 prevention



socialization for communities within the RT/RW/Village scope so that people who are still "recalcitrant" understand the importance of preventing COVID-19 in the surrounding environment.

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