

**STUDY OF POLICY IN THE EFFORT TO HANDLE THE PROBLEMS OF
THE COVID-19 PANDEMI FOR VULNERABLE INDIVIDUALS
(CHILDREN, ELDERLY, AND DISABLED) IN ADI REJO VILLAGE, EAST
LAMPUNG REGENCY**

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ABSTRACT

During the COVID-19 pandemic in Indonesia, the central and regional governments have issued a series of policy packages in handling the disease outbreak. The current pandemic situation has become extraordinary due to several aspects. First, this situation has a long-lasting impact on the health, mental, economic and social conditions of the community. Second, the handling of COVID-19 will not be effective in alleviating the suffering of the affected community, especially for vulnerable individuals (children, elderly, and disabled) if without adequate implementation arrangements. Third, Indonesia has almost no experience in dealing with pandemic situations of this scale. The goal to be achieved in this community service activity is as a form of introducing and providing understanding to the public about policy studies in overcoming COVID-19 problems in vulnerable individuals. The service activity was carried out on Thursday, August 5, 2021 in Adi Rejo Village, East Lampung Regency. This activity took place in the form of socialization and discussion with the community and local village officials. The result of this activity is the achievement of goals and benefits in community service activities.

Keywords: Public Policy, COVID-19 Pandemic, Vulnerable Individuals.

A. Introduction

The dynamics of handling the COVID-19 outbreak raises new problems and challenges that require precision and accuracy of action from time to time. Globally, the World Health Organization (WHO) has designated COVID-19 as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020. WHO then upgraded its status to Global Pandemic on March 11, 2020.

The determination of the COVID-19 outbreak as a pandemic by WHO shows that the affected externalities are global in scale, as a result of human mobility among countries. Similarly, what has happened at the national level, due to population mobility among regions, externalities affected by COVID-19 are also on a national scale, they can no longer be limited to the scope of each region, such as villages/kelurahan, districts/cities, or provinces.

In response to the situation of the spread of COVID-19, the government has issued a series of policy packages, including: Presidential Regulation No. 11 of 2020 concerning the Establishment of a Corona Virus

Disease 2019 (COVID-19) Public Health Emergency, Government Regulation No. 21 of 2020 concerning Large-Scale Social Restrictions. In the context of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19), Government Regulation in Lieu of Law (PERPU) Number 1 of 2020 concerning State Financial Policy and Financial System Stability for Handling the Corona Virus Disease 2019 (COVID-19) Pandemic and/or In the context of Facing Threats That Endanger the National Economy and/or Financial System Stability, Presidential Decree (KEPPRES) No. 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (COVID-19) as National Disasters. (Wardhana, 2020).

Then from various Ministries/Institutions at the central level, around 208 policies have been issued, and there are 288 Regional Government policies by the end of 2020, the actual number must be much more. At first glance, it is not much different from the general governance process, where central policies are then translated into various sector and

regional policies, only things are going fast.

In addition to demanding speed, this situation becomes extraordinary due to several aspects. First, this situation will have a long-lasting impact on the welfare of the population, including the health, mental, economic and social conditions of the community. Second, it must be demanded to be fast-paced, the COVID-19 policy package will not be effective in alleviating suffering and addressing the needs of the people affected, especially vulnerable individuals without adequate implementation arrangements. Third, even though Indonesia has often handled disaster situations, Indonesia has almost no experience in dealing with pandemic situations of this scale. There is minimal assistance from other parties, because various other countries are facing the same situation.

The Government of Indonesia realizes that how to handle emergencies and prepare for recovery and rehabilitation for the current COVID-19 pandemic determines how much Indonesia can prevent worse

impacts in the future, especially on vulnerable individuals.

Children, the elderly, and people with disabilities are vulnerable individuals in the COVID-19 Pandemic. There are several classifications related to groups of vulnerable individuals, namely: 1) children, the elderly, and disabled in very poor and poor households, 2) children in households headed by single parents, women, the elderly, and children aged children, 3) children, elderly, and disabled without legal identity, 4) children, elderly, and disabled in households without clean water, electricity, and proper sanitation, 5) children, elderly, and disabled who have not have health insurance, 6) children who are cut off from learning opportunities, 7) children who are directly affected by COVID-19.

In addition to the groups who are vulnerable and have become vulnerable due to the COVID-19 pandemic above, there are a number of other vulnerable groups whose numbers are difficult to estimate and identify in statistical maps. They are a hidden group, even before the

pandemic, due to the lack of an adequate recording and monitoring system for their characteristics. Overall, they face various limitations of life and the COVID-19 pandemic may multiply these limitations, both those who are inside and outside the affected area. Some of these groups are: 1) children in detention and prison or children living with caregivers who are being detained, 2) children in care institutions (orphanages), 3) children in boarding schools and Islamic boarding schools, 4) street children, 5) children and adults living with perpetrators of domestic violence, 6) children and adults who are homeless (homeless), 7) asylum seekers in transit and refugees, 8) children who receive assistance social.

B. Method of Implementation

The implementation of community service activities is carried out with the following methods:

1. Preparation before the activity

In implementing community service activities, the steps taken include:

a. Inviting 6 STISIPOL Dharma Wacana students to assist the

process and technical implementation of activities.

b. Visiting Adi Rejo Village, East Lampung Regency to ask permission from the Village Head to be able to carry out community service activities in the village.

c. Explaining the job desk of the presenters and student committees involved in the activities.

d. Discussing with the Village Head and several Village Apparatus related to problems and phenomena that existed in the village.

e. Preparing materials and other support for the implementation of community service activities.

2. Implementation of activities

The implementation of community service activities with the title "Policy Studies in Efforts to Handle COVID-19 Pandemic Problems in Vulnerable Individuals (Children, Elderly and Disabled) in Adi Rejo Village, East Lampung Regency" was carried out with a lecture and discussion model with activity participants or the local community

of Adi Rejo Village. East Lampung Regency.

C. Result and Discussion

Community Service Activity was held on Thursday, August 5, 2021, at the Adi Rejo Village Hall, Pekalongan District, East Lampung Regency. This activity was attended by 20 participants consisting of local communities and village officials.

In this Community Service activity, activities were carried out in the form of socialization and discussion, the material presented is about policy studies in an effort to handle the problem of the COVID-19 pandemic in vulnerable individuals (children, elderly, and disabled).



Figure 1. Discussion with the Village Head and Students before the implementation of the activity.



Figure 2. Implementation of Community Service activities.



Figure 3. Participants in Community Service activities.

Based on the conceptual framework on vulnerability, considering existing data, and reviewing existing theoretical thinking, vulnerability can be defined as a condition that is disproportionately experienced by certain individuals due to lack of access due to poverty, remoteness, or limited mobility, inequality in service quality. public, and age, disability, and social identity-based exclusions.

The commitment of the government, both central and regional, to strengthen systems and services to be more responsive and integrated for children and vulnerable groups has become part of the National Medium Term Development Plan (RPJMN) and Regional Medium Term Development Plan (RPJMD). The process had already run even before the COVID-19 pandemic. However, this pandemic has

made everything that used to be important, is now even more urgent. Now is the time to make these changes while waiting and after this pandemic can be overcome. There are several policy steps that need to be taken.

1) Reducing exposure to COVID-19.

The top priority is reducing the population's exposure to COVID-19. Broadly speaking, this is achieved by increasing self and community protection. Some populations that are disproportionately more vulnerable to being exposed to and infected with COVID-19 include children or the elderly from families with members who are positive for COVID-19, children or the elderly who live in crowded environments without access to clean water, sanitation facilities, and children or the elderly who are living in non-family institutions such as orphanages, dormitories/Islamic boarding schools, and prisoners.

a. Continuing to implement the policy for the Implementation of Community Activity Restrictions (PPKM) in accordance with the

indicators determined by the government.

b. Prioritizing testing, tracing, tracking, and treatment for family members infected with COVID-19, as well as supporting self-isolation.

c. Reducing the physical contact of children or the elderly with people from outside the home or institution, as well as increasing channels and communicating virtually.

d. Ensuring that health protocols and clean and healthy living behavior (PHBS) are understood by caregivers and supervisors of orphanages, dormitories/Islamic boarding schools, and detainees and provide tools and means of preventing transmission in these places.

e. Ensuring the availability of clean running water, soap, and sanitation infrastructure as well as individual hygiene, especially in densely populated areas, nursing homes, dormitories/Islamic boarding schools, and detainees.

f. Mobilizing communities (village level, RT/RW) to identify

residents who need to self-isolate and facilitate self-isolation for residents returning from outside the area.

g. Switching some possible services from face-to-face/physical to virtual services, such as counseling services and teaching and learning activities.

2) Reducing the impact of COVID-19 infection.

As long as local transmission persists, the total number of infected individuals will continue to increase (although infection rates can be reduced). Some groups of children and the elderly have vulnerabilities that cause COVID-19 infection to have a proportionally more severe impact than other individuals. Broadly speaking, finding infected individuals and providing intensive and specific care is a necessary policy direction. This group includes children or the elderly with COVID-19, children or the elderly with disabilities, and children with congenital conditions/diseases.

a. Increase the capacity and reach of PCR tests and speed up the testing process by communicating the results to those concerned so that follow-up can be taken immediately.

b. Prioritizing PCR testing for children or the elderly with congenital disabilities and morbidity even if they show mild symptoms.

c. Prioritizing PCR tests for children, the elderly and caregivers who live in dense environments such as orphanages, Islamic boarding schools, dormitories, prisons/detainees, and densely populated communities. Expanding the reach of PCR assays to reach other vulnerable groups as well.

d. Covering all testing and treatment costs, including for individuals who are not tested positive for COVID-19.

e. Preparing systems ranging from regulations, budgets, to procedures for procurement, distribution, and delivery of COVID-19 vaccines and drugs as soon as they are available.

D. Conclusion

After this service activity was carried out, several conclusions could be drawn including: 1) During the activity, the community and village officials participated from the beginning to the end of the event. 2) The community and village officials were very enthusiastic in discussing the suitability of the service material with the problems and phenomena they are facing. 3) The community and local village officials got new knowledge about policy studies in handling COVID-19 in vulnerable individuals.

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