

The Implementation of Health Promotion Concept During the Covid-19 Pandemic: The Case of the Neighborhood Alert Program in Surabaya City, Indonesia

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ABSTRACT

Coronavirus disease 2019 (Covid-19) is a disease caused by a virus from the Coronavirus group. Covid-19 has spread to almost all parts of the world and has increased the number of accumulative cases continuously to date. In Indonesia, East Java Province is one of the provinces with the highest cumulative confirmed cases of Covid-19. This problem has prompted the government to make efforts to contain Covid-19. Covid-19 Task Force Neighborhood Association Alert is a form of collaboration between Healthcamp.id and the Provincial Government of East Java through the East Java Covid-19 Task Force to promote health with a community approach within the Neighborhood Association. Therefore, one of the authors participated in this activity in helping to prevent and overcome Covid-19 in East Java Province, especially in the City of Surabaya. Volunteer activities are participatory observational with online and offline methods. Volunteer activities were carried out on 12 May 2020 - 2 July 2020. Volunteers made various efforts to tackle Covid-19, including health education, health screening, data collection of aid, monitoring of citizen health, monitoring of residents' territorial conditions, and distributing aid. These activities are then analyzed and evaluated based on what is health promotion action means. This activity concludes that all efforts to combat Covid-19 have been carried out according to the program. It is known that the knowledge of residents in the Neighborhood Association (NbA) Alert the City of Surabaya program area is mostly good with the implementation of the Covid-19 health protocol, namely as many as 99% of respondents. The attitude of residents in the NbA Alert the City of Surabaya program area is good with the protocol for implementing the Covid-19 health, which is 100% of respondents. Most of the actions of residents in the NbA Alert the City of Surabaya program area have been good with the implementation of the Covid-19 health protocol, namely as many as 97% of respondent.

Keywords: Covid-19, Neighborhood Association Alert (NbA Alert), Health Protocol

INTRODUCTION

Covid-19 is a disease caused by a virus from the coronavirus group. COVID-19 has spread to almost all parts of the world and there has been a continuous public health problem to date. Since the first report on December 31, 2019 in China there have been cases of mysterious pneumonia whose cause was previously unknown with the number of cases increasing

significantly. Samples of isolates from patients were studied with the results showing the presence of a coronavirus infection, a new type of betacoronavirus, named 2019 novel Coronavirus (2019-nCoV). Finally, on January 30, 2020, WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC). On February 12, 2020, WHO officially designated this novel coronavirus disease in humans as Coronavirus Disease (Covid-19). Covid-19 is caused by SARS-COV2, which belongs to the same large family of coronaviruses that caused SARS in 2003, only with a different type of virus. Symptoms are similar to SARS, but the death rate for SARS (9.6%) was higher than for Covid-19 (currently less than 5%), although the number of cases of Covid-19 was much higher than that of SARS. Covid-19 also has a wider and faster spread to several countries than SARS. The World Health Organization (WHO) has designated Corona Virus Disease 2019 (Covid-19) as a global pandemic, precisely on Wednesday, March 11, 2020. The determination is based on the distribution of 118,000 cases that occurred in 114 countries. According to WHO (2020) data, reported by covid19.who.int, the total global confirmed cases of Covid-19 as of May 14, 2020 were 4,248,389 cases with 294,046 deaths (CFR 6.9%) in 215 countries.

Indonesia is no exception also experiencing the impact of the spread of the viciousness of the virus. Since the identification of two people who were positive for the virus in mid-February 2020, Indonesia began to contract the virus pandemic. Based on data from covid19.kemkes.go.id the cumulative spread of Covid-19 until May 14, 2020 has spread to all provinces in Indonesia with a total of 16,006 confirmed cases of Covid-19 and a total of 1,043 deaths. The figure also shows that the three provinces with the highest cases are DKI Jakarta with 5688 cases, East Java with 1863 cases and West Java with 1565 cases. This can explain the trend of cases that are still high in Indonesia, especially one in East Java Province. East Java, which is a reference for the eastern region of Indonesia, especially in the economic, health and other sectors, is very vulnerable, especially in terms of the spread or transmission of Covid-19. This causes the cases to be higher and appear every day.

Based on the fact above, the total number of positive confirmed cases of COVID-19 in East Java is 3,642 cases. Meanwhile, the total number of patients under supervision (PDP = *Pasien Dalam Pengawasan*) is 5,628 cases and people under supervision (ODP = *Orang Dalam Pengawasan*) are 23,635 cases. The figure also shows the City/District with the highest cases, namely the City of Surabaya with 1,975 cases. Based on the data from opponentcovid-19.surabaya.go.id the trend of the development of Covid-19 in Surabaya continues to increase. Since April 1, 2020 with a total of 41 confirmed cases, then 1 month later on May 1 it increased to 496 cases and as of May 25, 2020 cases jumped to 2095 confirmed cases. This shows that cases are still increasing, even in less than a month in the city of Surabaya.

In addition, based on data on the spread of Covid-19 in Surabaya from the Surabaya City Health Office as of May 25, 2020, the total number of positive confirmations is 2,095 cases, with 2,000 cases in Surabaya residents and 95 cases in residents outside Surabaya. While the cumulative positive confirmations who died, a total of 171 cases with details of 108 cases in Surabaya residents and 6 cases in residents outside Surabaya.

Various efforts have been made by the Indonesian government, one of which is by establishing a Task Force for the Acceleration of Handling Covid-19 which was ratified through Presidential Decree No. 7 of 2020, which was later updated through Presidential Decree No. 9 of 2020. This

task is to increase national resilience in the health sector, increase synergies between ministries/agencies and local governments, anticipate escalation in the spread and increase readiness, ability to prevent, detect and respond to Covid-19. The Task Force for the Acceleration of Handling Covid-19 as the executor has also designated this incident as a National Disaster which was stipulated through BNPB Decree No. 13.A Year 2020 whose status will end on May 29, 2020. Based on the Status and Scale of the Disaster that has been determined, the Task Force for the Acceleration of Handling Covid-19 can prepare and establish a Protocol for Handling Covid-19 as a framework and guidelines for handling the pandemic. Governments at the Provincial and District/City levels can then form their respective regional Task Forces, and can use the established protocol as a reference. Furthermore, the regional Covid-19 Handling Acceleration Task Force can adopt through technical guidelines or service standards. Mechanisms for handling pandemics and disease outbreaks at the provincial and district/city levels respectively, it is possible that there will be differences in the handling process and the policies issued, this is adjusted to the potential distribution of cases that occur in the area concerned.

As of March 17, 2020, the Provincial Government has declared a disaster emergency through the Decree of the Governor of East Java Province Number 188/108/KPTS/013/2020 concerning the Emergency Status of the Disease Outbreak of Corona Virus Disease 2019 (Covid-19) in East Java Province. With the issuance of this decision, all activities also undergo changes to always comply with health protocols. All efforts are made to anticipate and prevent the spread of Covid-19 in the people of East Java, both from the East Java Provincial Government, as well as from their respective districts/cities. The Governor's decision was followed by all district/city local governments in the East Java Province by establishing a task force in each district/city as well as a Decree related to Covid-19. Then seeing the reality of the increasing number of cases in East Java, the East Java Provincial Government has announced to immediately implement Large-Scale Social Restrictions (PSBB).

Exactly on April 28, the implementation of PSBB in East Java was carried out in accordance with East Java Governor Regulation Number 18 of 2020 concerning Guidelines for PSBB in Handling Corona Virus Disease 2019 (Covid-19) in East Java Province. The PSBB in East Java was implemented for two weeks, starting on April 28, 2020 until May 11, 2020. The existing Governor's Regulation is also intended as a guide for the implementation of PSBB in the context of Accelerating Handling of Corona Virus Disease 2019 (Covid-19) in East Java Province.

Then on April 24, 2020, the Surabaya City government issued Surabaya Mayor Regulation Number 16 of 2020 concerning Guidelines for PSBB in Handling Covid-19 in the City of Surabaya. This Mayoral Regulation aims to limit certain activities and the movement of people and/or goods in preventing the spread of Covid-19. Restrictions on activities outside the home in the implementation of the PSBB as referred to, include: implementation of teaching-learning in schools and/or other educational institutions, implementation of learning in industry in the context of internships, Field Work Practices and/or other activities, work activities at work, religious activities at home worship, activities in public places or facilities, social and cultural activities, and the movement of people and goods using transportation modes.

In addition, the Surabaya City Government is also trying to provide basic health services according to medical needs properly, provide data and information about Covid-19, provide

easy access in making complaints related to Covid-19 and provide services for provide medical and funeral services for those who died due to Covid-19 and/or suspected Covid-19. The Surabaya City Government also provides cash assistance and/or non-cash food assistance to affected communities in meeting their basic needs during the implementation of PSBB for people in need. Other efforts carried out by the Surabaya City Government based on information from opponentcovid-19.surabaya.go.id include monitoring the implementation of health protocols in the community, carrying out tracing, health education, providing assistance to residents and so on. The process of implementing efforts to prevent and handle Covid-19 is not only carried out by the government or local officials. However, the role of the community in dealing with Covid-19 is also very necessary, especially in terms of the discipline of implementing the Covid-19 health protocol in the surrounding environment.

The implementation of the Covid-19 health protocol in the community is influenced by the knowledge and attitudes of the community itself (Yuliawati & Nur Djannah, 2020). Public knowledge about Covid-19 is obtained from government education through online and offline media by local regional officials, namely related to prevention of transmission, dangers and various kinds of Covid-19 prevention. However, efforts to provide education are still experiencing various obstacles, one of which is more access only through online media, as well as a lot of wrong education or hoaxes that are spread in the community regarding Covid-19. This has resulted in the implementation of the Covid-19 health protocol being still low by the community, such as the use of masks that have not been applied, washing hands using soap and running water which has not been carried out, the stigma that is not appropriate for confirmed cases of Covid-19 in the community and so on (Indrawati & Marni Br. Karo, 2022).

One of the efforts to minimize this is the existence of community-based health promotions, such as through the empowerment of the *Kampung Tangguh Semeru*, the resilient *Kampung Wani Jogo* and the Neighborhood Alert Program. In this case, the program is where the authors became volunteers. The purpose of the program according to HealthCamp.id(2020), was to suppress the spread of the Covid-19 virus, with the hope of decreasing the number of OTG (*Orang Tanpa Gejala* = people without symptoms), ODP (*Orang Dalam Pengawasan* = people under supervision), PDP (*Pasien Dalam Pengawasan* = patients under supervision) in the East Java Province, and furthermore, it was expected to increase the readiness of all neighborhood residents in dealing with Covid-19. This goal is carried out through activities, namely health education, health screening, data collection on assistance from various parties, health monitoring, monitoring of regional conditions and distribution of social assistance. And in every activity, we always try to include education and information regarding the handling of Covid-19 that residents can do, so that citizens' knowledge, attitudes and actions could be better. Related to the implementation of those activities, this article reports on the evaluation in the realm of knowledge, attitudes and actions for implementing the Covid-19 health protocol for residents in the pilot area of the Neighborhood Alert Program of the Surabaya City.

RESEARCH OBJECTIVES

To know the knowledge, attitudes and actions for implementing the Covid-19 health protocol for residents in the pilot area of the Neighborhood Alert Program of the Surabaya City based on health promotion concept.

Volunteer

Definition of Volunteer

According to the National Board for Disaster Management (BNPB) in the Regulation of the Head of the National Board for Disaster Management Number 17 of 2011 concerning Guidelines for Disaster Management Volunteers, a volunteer is a person or group of people who have the ability and concern to work voluntarily and sincerely in disaster management efforts. Meanwhile, according to the Department of Public Works, Directorate General of Human Settlements in the Special Module for the Role of Community Volunteers, volunteer work is all forms of assistance given voluntarily to help others. While a volunteer is a person or group of people who voluntarily (uncoerced) donate their time, energy, thoughts and expertise to help others (help others) and are aware that they do not get wages or salaries for things that have been donated (unremunerated).

The Role of Volunteers in Disaster Management according the Regulation includes:

A. The Role of Volunteers in Non-Disasters

1. In the absence of a disaster, volunteers can play a role in the following activities:
 - a. Disaster Risk Reduction or mitigation, among others through organizing trainings with the community, outreach to the community, providing information to increase public awareness in the context of disaster risk reduction, increasing public awareness
 - b. Training, including basic/advanced management training, technical disaster training, rehearsal and disaster simulation
2. In situations where there is a potential for disaster, volunteers can take part in the following activities:
 - a. Preparedness, among others through monitoring the development of community threats and vulnerabilities, counseling, training, and rehearsals on disaster emergency response mechanisms, provision and preparation of supplies to fulfill basic needs, provision and preparation of materials, goods, and equipment to fulfill the recovery of infrastructure and facilities, preparation of evacuation site
 - b. Early warning, among others through the installation and testing of early warning systems at the community level

B. Role of Volunteers in Emergency Response

During Emergency Response volunteers can assist in activities:

1. Quick assessment of the coverage of the affected area, the number of victims and damage, resource requirements, availability of resources and prediction of future developments of the situation
2. Search, rescue and evacuation of people affected by disasters
3. Provision of a communal kitchen
4. Fulfillment of basic needs in the form of clean water, clothing, food, and health services including environmental health
5. Provision of shelter/temporary shelter
6. Protection for vulnerable groups by giving priority to services
7. Emergency repair/recovery for the smooth supply of basic needs to disaster victims
8. Provision of an information system for handling emergencies
9. Psychosocial assistance for disaster victims
10. Other activities related to social, cultural and religious
11. Other emergency related activities.

C. The Role of Volunteers in Post-Disasters

In post-disaster situations, volunteers can assist in collecting and processing damage and loss data in the housing, infrastructure, social, economic and cross-sectoral sectors. Volunteers can also participate in physical and non-physical rehabilitation-reconstruction activities in the early recovery period.

THE NEIGHBORHOOD ALERT PROGRAM COVID-19 TASK FORCE EAST JAVA PROVINCE

The program is a collaborative program between the HealthCamp.id community and the East Java Provincial Government Covid-19 Task Force which mobilizes several elements of the community in the Neighborhood area, including the Neighborhood Association (NbA) Chair, PKK Cadre groups (PKK stands for Family Welfare Development, is a social organization that empowers women to participate in Indonesia's development). The sub-district PKK has the task of assisting the Local Government and is a partner in empowering and improving family welfare, youth organizations and local community leaders along with assistance from health volunteers. (*HealthCamp.id, 2020*)

The purpose of the Neighborhood Alert Program is to suppress the spread of the Covid-19 virus, with the hope of decreasing the number of OTG/ODP/PDP increases in the East Java region, and is expected to increase the readiness of all neighborhood residents in dealing with Covid-19. (*HealthCamp.id, 2020*).

Activities of the Covid-19 NbA Alert Program for the East Java Province Covid-19 Task Force

a. Health education

Health education is a consciously constructed opportunity for learning that involves several forms of communication designed to improve health literacy, including increasing knowledge, and developing life skills, which are conducive to individual and community health (WHO). Health education is carried out with the aim of providing information to the public regarding the management of risk factors, disease prevention, and behaviors that are expected to adapt during the pandemic (Wulandari, et al. 2020). Education is delivered through various media according to the conditions of the local community. Education can be done online through social media groups of citizens and also done by taking to the field to the community with verbal and visual delivery.

b. Health Screening and Aid Data Collection

Health screening and data collection for assistance is carried out through online data collection as well as with offline forms for residents who are constrained by using online forms. Health screening is carried out to determine the health condition of each resident, and if indeed from the analysis of the data collection it is found that residents are at risk so that they can get intervention more quickly. Health data collection is carried out by each individual and the community of each household. This health screening activity is carried out based on the 4th Revision of the Coronavirus Disease Prevention and Control (Covid-19) Guidelines.

Then, on the aid data collection activities begin with collecting data on each head of the family regarding the economic conditions before and during the pandemic. This is intended so that the data obtained is up-to-date and in accordance with reality. Data collection is carried out online

or in the field according to local community conditions. The data obtained is then processed and filtered to select residents who really need help.

c. Health and Area Monitoring

Monitoring or commonly referred to as supervision is an activity to observe a situation or activity with the aim of obtaining data to determine further action decisions (Government Regulation No. 39, 2006). Health monitoring is carried out together with the Head of the RT / Ms. PKK / Cadre / Youth Organization (*Karang Taruna*). The activity is carried out by considering the results of the health data collection that has been carried out, as well as the results of the rapid test/Swab from existing health facility providers. These results are further categorized into ODP/PDP/OTG Residents. Residents who are confirmed positive for Covid-19 will be immediately referred to a special Covid-19 referral health facility. Interventions for residents are adjusted to the health category of residents who require independent isolation or need to be referred for intervention from health facilities.

Monitoring of regional conditions is carried out to see the implementation of health protocols that must be carried out. The monitoring starts from the use of masks, the presence of hand washing facilities in front of the house, the presence of disinfectants in each house, the application of physical distancing, the application of self-isolation for those who must do so and other health protocols that must be carried out. This activity was also carried out together with the Head of the NbA / PKK / Cadre / *Karang Taruna*.

d. Aid Distribution

The distribution of aid activities was carried out to provide assistance with hygiene equipment and also to provide social assistance. The distribution of hygiene equipment assistance (masks, hand washing soap and disinfectants) was carried out directly door to door to residents' homes together with the head of the NbA / PKK / cadre / *Karang Taruna*. Activities are also carried out at the same time providing demonstrations to residents for proper use procedures. Through the method used, the public can see and know the correct way to use masks, apply the correct hand washing steps, and use the right disinfectant.

In addition to the distribution of hygiene equipment (face masks, hand soap and disinfectant), the provision of self-isolation assistance to residents who are in isolation, as well as social assistance in the form of basic food items is also carried out for residents in need. The assistance was in the form of basic food materials (rice, eggs, oil, noodles, tea, sardines, sugar) as well as hygiene equipment (masks, hand soap and disinfectant). This is aimed at easing the burden on residents, especially people with low incomes and residents who are self-isolating. In the process of self-isolation, daily monitoring is also carried out with reports of temperature conditions and felt pain.

Obligations and Duties of NbA Volunteers on Alert Covid-19 Task Force East Java Task Force
All volunteers who are members of the Covid-19 Task Force the NbA Alert program have general obligations that must be carried out, including:

1. Participate in a series of activities related to the Covid-19 Alert NbA Covid-19 Task Force.
2. Following every zoom meeting held by the Covid-19 Task Force NbA Alert Team.
3. Participate in mentoring conducted by the Covid-19 Task Force NbA Alert Team.

4. Report the actual data in the field to the center
5. Participate in training and quizzes held by the Covid-19 Task Force NbA Alert Team.
6. Maintain the confidentiality of data related to NbA Alert and it is prohibited to distribute it without the permission of the NbA Alert Covid-19 Task Force Covid-19 team.

Health Promotion

Definition of Health Promotion

In the Ottawa Charter for Health Promotion (First International Conference on Health Promotion, Ottawa, November 21, 1986), health promotion is defined as a process of increasing one's control over one's health through the attainment of a holistic physical, mental and social state. To achieve a complete physical, mental and social state, an individual or group must be able to identify and realize aspirations, to meet needs, and to change or cope with the environment. Therefore, health is seen as a resource for everyday life, not a goal of life.

According to WHO (2016), health promotion allows a person to have full control over himself which includes various social and environmental interventions. This combination of social and environmental interventions is designed to provide benefits and protect health status and improve people's quality of life by addressing and preventing the root causes of illness, not only focusing on treatment and healing activities.

According to the Decree of the Minister of Health No. 1114/MENKES/SK/VII/2005, health promotion is an effort to improve the ability of the community through learning from, by, for and with the community, so that they can help themselves, as well as develop community-based activities, in accordance with local socio-cultural and supported by health-oriented public policies. Health is a positive concept that emphasizes social and personal resources, as well as physical capacities. Therefore, health promotion is not only the responsibility of the health sector, but goes beyond a healthy lifestyle into well-being.

Activity Method

Activity Design

Volunteer activities carried out in the Covid-19 Alert Neighborhood Unit program of the Covid-19 Task Force of the East Java Provincial Government are participatory observational, where students participate in carrying out activities and are directly involved in activities in the Covid-19 Task Force NbA Alert Program Area program. Students participate in implementing coordination on health promotion in the Covid-19 Task Force NbA Alert Covid-19 program.

Location and Time of Activity

This volunteer activity was carried out in May 2020 – July 2020 and is located in the NbA Alert Program Area, Surabaya City, East Java Province, namely:

1. NbA 01/09 Jepara sub-district
2. NbA 03/03 Kejawan Putih sub-district
3. NbA 01/09 Pacar Keling sub-district
4. NbA 02/04 Mojo sub-district

The area was chosen, because it is an empowerment location that has been carried out previously by the community, and is in the red zone of the spread of COVID-19 in the City of

Surabaya. This is done with the aim of accelerating and facilitating coordination and implementation, especially to become a model for other regions.

Activity Goals

Table 3.2 Activity Targets by Region, Number of family, Number of Residents, and Evaluated Respondents

No	NbA Sub-district	Number of family	Number of Residents	Evaluated Respondent
1.	NbA 01/09 Jepara sub-district	110	325	25
2.	NbA 03/03 Kejawan Putih Tambak sub-district	115	308	15
3.	NbA 01/09 Pacar Keling sub-district	104	314	17
4.	NbA 02/04 Mojo sub-district	97	315	15

The number of evaluation respondents is not determined. Evaluation respondents are determined by the following criteria:

1. Residents of the pilot area of the NbA Alert City Surabaya program, namely:
 - a. NbA 01/09 Jepara Sub-district, Surabaya City, East Java Province
 - b. NbA 03/03 Kejawan Putih Tambak Sub-district, Surabaya City, East Java Province
 - c. NbA 01/09 Pacar Keling Sub-district, Surabaya City, East Java Province
 - d. NbA 02/04 Mojo Sub-district, Surabaya City, East Java Province
2. Join the whatsapp NbA group.
3. Willing to be a respondent.

Activity Method

NbA Alert Covid-19 volunteer activities include health education, health screening, data collection on assistance, health monitoring, monitoring of regional conditions and distribution of aid. These activities are carried out with a combination of online and offline. The details of the activity method can be seen in Table 3.3, as follows:

Table 3.3 Covid-19 Volunteer Activity Methods

No	Activity	Method	Tools and Instruments	Information
1.	Health Education	<i>Online</i>	Posters, infographics and videos	This education is related to health information about the dangers, efforts to prevent transmission, prevention, spread of hoaxes, and others regarding Covid-19. The activity aims to improve the skills of the residents of the Surabaya City NbA Alert pilot program during the Covid-19 pandemic.
		<i>Offline</i>	Posters, banners.	
2.	Health Screening and Data Collection Social assistance	<i>Online</i>	<i>Ms. Excel, Google form</i>	Health data collection in the form of health screening related to Covid-19 for each individual online and offline in every family in the Surabaya City NbA Alert program area. The data collection was carried out to determine the development of the health and economic conditions of the residents. Social assistance data collection is carried out offline and reported online
		<i>Offline</i>	Social assistance data collection form and health screening	
3.	Monitoring Areal Conditions and Residents' Health	<i>Offline</i>	Monitoring form	Monitoring activities in the form of urging the public to immediately report if they complain of symptoms related to Covid-19, urging residents to inform if foreigners or local people come from the Covid-19 distribution area and monitoring whether the community is still implementing health protocols or not and at the same time urges to always apply health protocol.
4.	Aid Distribution	<i>Offline</i>	Face masks, hand soap, disinfectant, thermogun and basic necessities.	This distribution is done door to door. Masks each individual gets one mask. Activities at the same time with socialization of how to use masks correctly, steps to wash hands etc. Assistance was obtained from the East Java Provincial Government and donors were distributed to residents in need.

Operational Framework

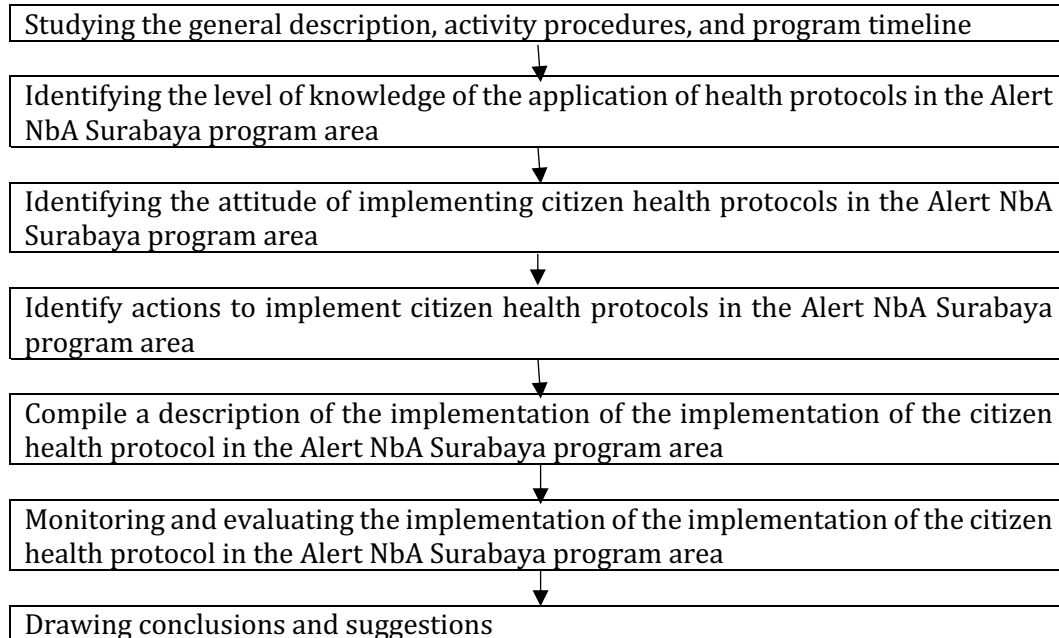


Figure 3.1 Operational Framework

Activity Results

Overview of Volunteer Activities

NbA Alert volunteer activities began on May 13, 2020 with the declaration of passing the recruitment on May 12, 2020. This activity was carried out during the Covid-19 pandemic. The main activities or tasks of volunteers are to disseminate education and information to the public, collect health data, monitor areas, monitor residents' health and distribute aid. This activity was also carried out together with local officials, namely the head of the NbA / PKK / Cadre and *Karang Taruna* and the local community. The results of each of these activities are described as follows:

Health Education Activities

Educational and training activities carried out in the NbA standby area, namely in NbA 01/09 Jepara sub-district, NbA 03/03 Kejawan Putih Tambak sub-district, NbA 01/09 Pacar Keling Sub-district and NbA 02/04 Mojo Sub-district, Surabaya City, East Java Province. Activities are carried out by providing educational media both offline and online. Education through online media is provided through the citizen's Whatsapp Group, in the form of posters, infographics, and videos. Meanwhile, educational activities through offline media are given in oral form as well as posters, stickers, and affixed banners before carrying out educational activities and others. The activities carried out are coordinating with the apparatus in the surrounding area, especially the head of the local NbA. This aims to explain in more detail the activities carried out, one of which is related to educating residents using Whatsapp groups where volunteers also have to join the group. In addition, the purpose of education through Whatsapp groups is to minimize meetings, and residents can freely ask questions in groups or contact volunteers personally if they have a desire to ask questions and discuss.

The material provided in educational activities consists of various things, ranging from basic understanding, tips and tricks and so on. For more details can be seen in the following table:

Table 4.1 Materials and Forms of Covid-19 Health Education

No	Theme	Method	Form	Information
1	Basic understanding and ways to prevent Covid-19	Online and offline	Video, Banner	Implemented
2	Instructions for proper use of face masks	Online and offline	Video	Implemented
3	Facts and Hoaxes about Covid-19	Online and offline	Poster	Implemented
4	The right way to wash your hands	Online and offline	Video, Poster	Implemented
5	Tips for overcoming boredom during the Covid-19 outbreak	Online and offline	Poster	Implemented
6	The reason for the ban on going home during the epidemic	Online and offline	Poster	Implemented
7	Health protocol in places of worship	Online and offline	Poster	Implemented
8	Tips for gathering without meeting face to face	Online and offline	Poster	Implemented
9	How to enter the house after traveling	Online and offline	Video	Implemented
10	Protocol to mourn during the outbreak	Online and offline	Poster	Implemented
11	Facts about the management of Covid-19 positive confirmation corpses	Online and offline	Poster	Implemented
12	How to make a disinfectant at home	Online and offline	Video, Poster	Implemented
13	Corona stigma	Online and offline	Poster	Implemented
14	Health protocols at work	Online and offline	Poster	Implemented

Source: Data NbA Alert Task Force Covid-19 East Java Provincial Government

Based on Table 4.1, it can be seen that there were 14 materials submitted to the residents. Submission of material is carried out through a combination of two methods, namely online through community social media groups and offline by directly meeting residents. Submission of material is also carried out using several forms, namely through posters, banners and videos. And all of the material has been conveyed.

Health Screening and Aid Registration

Data collection activities are carried out for two things, namely health screening and aid registration. The results of the health screening can be seen in Table 4.2.

Table 4.2 Health Screening Results

No	Case	Area			
		NbA 01/09 Jepara sub-district	NbA 03/03 Kejawen Putih Tambak sub-district	NbA 01/09 Pacar Keling sub-district	NbA 02/04 Mojo sub-district
1	Confirmation	0	0	1	0
2	PDP	1	1	0	0
3	ODP	0	0	0	2
4	OTG	2	0	2	0

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.2, the results of the health screening that have been carried out, it can be seen that in the area of NbA 01/09 Jepara sub-district, there are no confirmed Covid-19 residents, 1 PDP, no ODP, 2 OTG. Then in the area of NbA 03/03 Kejawen Putih Tambak sub-district, there are residents who have no confirmed Covid-19, 1 person PDP, no ODP, no OTG. Then in the area of NbA 01/09 Pacar Keling sub-district, there are 1 confirmed Covid-19 residents, no PDP, no ODP, 2 OTG. And in the area of NbA 02/04 Mojo sub-district, there are no confirmed Covid-19 residents, no PDP, 2 ODP, and no OTG.

Then, the results of the social assistance data collection that has been carried out can be seen in the following table:

Table 4.3 Results of Social Aid Registration

No	Area	Number of Family	Number of Recipients
1	NbA 01/09 Jepara sub-district	110	30
2	NbA 03/03 Kejawen Putih Tambak sub-district	115	15
3	NbA 01/09 Pacar Keling sub-district	104	70
4	NbA 02/04 Mojo sub-district	97	21

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on table 4.3, it can be seen that for residents who are entitled to social assistance in the area of NbA 01/09 Jepara sub-district as many as 30 recipients, in the area of NbA 03/03 Kejawen Putih Tambak sub-district as many as 15 recipients, then in the area of NbA 01/09 Pacar Keling sub-district as many as 70 recipients and in the area of NbA 02/04 Mojo sub-district as many as 21 people.

Residents' Health and Area Conditions Monitoring

Community health monitoring is a follow-up to the results of the health data collection that has been carried out. The target of monitoring activities is residents who based on the results of health data collection have the potential to be OTG, ODP, or PDP. Monitoring activities are carried out online through Whatsapp media. Data that needs to be recorded related to monitoring activities include:

- Name;
- Date of implementation of monitoring;
- Body temperature at 7 am and 9 pm (for those who do not have a personal thermometer, the temperature check is assisted by the youth organization using a thermogun);

- d. the presence or absence of additional symptoms; and
- e. History of meeting other people.

In addition, there are Standard Operational Procedures (SOP) related to reporting residents who have the potential to be ODP/OTG/PDP:

- a. Volunteers get results from health data collection activities, namely data on residents who have the potential to become ODP/OTG/PDP (unconfirmed).
- b. Volunteers report the ODP/OTG/PDP data to the NbA Chair, saying that this is the result of the health data collection used by the Ministry of Health.
- c. Give the understanding that this result is a provisional result of health data collection based on the question data on the form.
- d. Coordinate with the NbA Chair to refer people who are ODP/OTG/PDP to the Health Center to get a definite diagnosis.
- e. After receiving a definite diagnosis from the Puskesmas, the volunteers confirmed to the respective district/city volunteers regarding their new status.
- f. If the new status is the same as the old status, in the sense that from the results of the NbA Alert health data collection the person is OTG and from the results of the Health Center examination, the resident's status is OTG, then:
 - 1) Provide self-isolation package;
 - 2) Education related to self-isolation preparation;
 - 3) Educate that they will report on additional symptoms, temperature, and who they have met for 14 days of self-isolation. This is related to the health interests of these residents so that they can be monitored; and
 - 4) Reporting the results of the residents' data through screening and monitoring files, volunteers carry out personal input of data from residents' monitoring results via chat on the WhatsApp application.
- g. If the new status is different from the old status, in the sense that from the results of the NbA Alert health data collection the person is OTG, but from the results of the Puskesmas examination, the status of the resident is not OTG/does not include OTG/PDP/ODP, then;
 - 1) Report the new status to the District/City Coordinator;
 - 2) If the resident is willing, provide education that his condition will be monitored using the log symptoms form for 14 days, only education is not self-isolation.

During the period of volunteer activities, monitoring activities have been carried out on residents as indicated by the results of data collection that has been carried out, the following data can be seen in table 4.4, as follows:

Table 4.4 Results of Health Monitoring of Residents of NbA Alert Surabaya Area

No	Area	Resident #	Status	Day ? (since symptoms appear)				Action	Test Results Rapid/ Swab/ Go to a doctor/health center
				1	3	7	14		
1	NbA 01/09 Jepara sub-district	# 1	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
2		# 2	Close contact # 1	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
3		# 3		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
4		# 4		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
5		# 5		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
6		# 6		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
7		# 7		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
8		# 8		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
9		# 9		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
10	NbA 01/09 Jepara sub-district	# 10	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
11		# 11	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
12	NbA 03/03 Kejawen Putih sub-district	# 1	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
13		# 2	Close contact #1	✓	✓	✓	✓	14 days self-isolation	Non Covid-19

14		# 3		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
15		# 4		✓	✓	✓	✓	14 days self-isolation	Non Covid-19
16		# 1	Case	✓	✓	-	-	Referred to Health Facility	Confirm Covid-19
17		# 2	Close contact # 1	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
18	NbA 01/09 Pacar Keling sub-district	# 3	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
19		# 4	Close contact # 3	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
20		# 5	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
21		# 1	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19
22	NbA 02/04 Mojo sub-district	# 2	Case	✓	✓	✓	✓	14 days self-isolation	Non Covid-19

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on table 4.4, it can be seen that health monitoring was carried out on 22 residents who have the potential to be ODP/OTG/PDP. Health monitoring is carried out on the first day, 3rd day, 7th day, and 14th day since symptoms first appear. The case of resident 1 in the area of NbA 01/09 Pacar Keling sub-district, did not last for 14 days because on the 5th day of monitoring, resident 1 did a rapid test and the result was reactive, so resident 1 had to isolate at the Surabaya city government facility. Then for all residents other than residents of the area of NbA 01/09 Pacar Keling sub-district, have carried out self-isolation for 14 days and have carried out health checks to doctors or health centers and were declared non-Covid-19.

Then, the results of monitoring the trend of cases that have been carried out can be seen in table 4.5, as follows:

Table 4.5 Monitoring of Covid-19 Cases in the Alert NbA Area at Surabaya

No	Week	Date	Case	Area			
				NbA 01/09 Jepara sub-district	NbA 03/03 Kejawen Putih Tambak sub-district	NbA 01/09 Pacar Keling sub-district	NbA 02/04 Mojo sub-district
1	1	20/05/2020	Confirmation	0	0	0	0
			PDP	1	1	0	0
			ODP	0	0	0	0
			OTG	0	0	0	0
2	3	03/06/2020	Confirmation	0	0	1	0
			PDP	0	0	0	0
			ODP	0	0	0	2
			OTG	2	0	2	0
3	5	17/06/2020	Confirmation	0	0	0	0
			PDP	0	0	0	0
			ODP	0	0	0	0
			OTG	0	0	0	0
4	7	01/07/2020	Confirmation	0	0	0	0
			PDP	0	0	0	0
			ODP	0	0	0	0
			OTG	0	0	0	0

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.5, the results of case monitoring that have been carried out, it can be seen that in the area of NbA 01/09 Jepara sub-district, in the first week 1 person was found with PDP, then in the third week 2 OTG was found and no cases were found in the following weeks. next week. Then in the area of NbA 03/03 Kejawen Putih Tambak sub-district, in the first week there were 1 PDP residents, and no cases were found in the following weeks. but in the second week found 1 person with PDP and 2 people with OTG and in the following weeks there were no cases. Furthermore, in the area of NbA 02/04 Mojo sub-district, in the first week there were no cases, but in the second week 2 people with ODP were found and in the following weeks no cases were found.

Meanwhile, for monitoring the condition of the area that has been carried out, it can be seen in table 4.6, as follows:

Table 4.6 Results of Monitoring the Condition of the Alert NbA Area

No	Indicator	NbA 01/09 Jepara sub- district	NbA 03/03 Kejawen Putih sub- district	NbA 01/09 Pacar Keling sub- district	NbA 02/04 Mojo sub- district
1	Use of face masks	325 people	308 people	314 people	315 people
2	Centralized Quarantine	0	0	0	0
3	Hand washing facilities	40 pieces	52 pieces	45 pieces	42 piecces
4	Provision of Disinfectants	75 houses	90 houses	85 houses	78 houses
5	Disinfectant Spraying	3 times a week	3 times a week	2 times a week	2 times a week
6	Public Places According to Health Protocol	2 places	2 places	2 places	2 places
7	Cessation of Crowd Activities	All activities	All activities	All activities	All activities

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.5, it can be seen that almost all indicators have been implemented, including the use of masks, the availability of hand washing facilities, the availability of disinfectants in residents' homes, regular spraying of disinfectants in the neighborhood, public places implementing health protocols and stopping activities that cause crowds. Meanwhile, there are still indicators that are not implemented, namely the existence of a centralized quarantine in the local NbA. This is because there is no adequate place, one example is the NbA post which is small and full of goods.

Aid Distribution Activities

The distribution of aid activities is carried out after collecting data on the entire population. The distribution of aid includes several things, including NbA assistance for shared use, assistance for individual residents and social assistance. Details of assistance can be seen in table 4.7, as follows:

Table 4.7 Distribution of Aid

No	Aid	NbA 01/09 Jepara sub- district	NbA 03/03 Kejawen Putih sub- district	NbA 01/09 Pacar Keling sub- district	NbA 02/04 Mojo sub- district
Aid for NbA					
1	<i>Thermogun</i>	1 piece	1 piece	1 piece	1 piece
2	1 liter hand soap	1 piece	1 piece	1 piece	1 piece
3	Disinfectant liquid (bottle size 1.5 liter)	1 piece	1 piece	1 piece	1 piece
Recident Personal Aid					
1	Face masker	325 pieces	308 pieces	314 pieces	315 pieces
Basic Food Assistance					
1	Basic Food Assistance for self-isolation	3 packages	1 package	3 packages	2 packages
2	Basic Food Assistance for the Affected Economy	30 packages	15 packages	70 packages	21 packages

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Characteristics of Respondents by Age and Gender

Distribution of Respondents by Age

The age of the respondents came from various ages which were divided into 5 age ranges with the number of respondents being 70 respondents from 4 pilot areas of NbA as mentioned before.

Table 4.8 Distribution of Respondents by Age Range and Area

Age		Area				Total
		01/09 Jepara sub- district	03/03 Kejawen Putih Tambak sub-district	01/09 Pacar Keling sub- district	02/04 Mojo sub- district	
<21 year	N	7	2	2	2	13
	%	53,8%	15,4%	15,4%	15,4%	100%
21-30 years	N	5	6	3	3	17
	%	29,4%	35,3%	17,6%	17,6%	100%
31-40 years	N	7	3	10	3	23
	%	30,4%	13,0%	43,5%	13,0%	100,0%
41-50 years	N	2	3	1	5	11
	%	18,2%	27,3%	9,1%	45,5%	100%
>51 year	N	2	1	1	2	6
	%	33,3%	16,7%	16,7%	33,3%	100%
Total	N	23	15	17	15	70
	%	32,9%	21,4%	24,3%	21,4%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Distribution of Respondents by Gender

Gender is divided into male and female. The distribution of respondents by gender can be seen in Table 4.9 below:

Table 4.9 Distribution of Respondents by Gender

Gender		01/09 Jepara sub- district	03/03 Kejawen Putih Tambak sub-district	01/09 Pacar Keling sub- district	02/04 Mojo sub- district	Total
Male	N	15	10	7	8	40
	%	37,5%	25,0%	17,5%	20,0%	100%
Female	N	8	5	10	7	30
	%	26,7%	16,7%	33,3%	23,3%	100%
Total	N	23	15	17	15	70
	%	32,9%	21,4%	24,3%	21,4%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Distribution of Respondents Based on Knowledge, Attitudes and Actions

Distribution of Respondents Based on Knowledge

The distribution of respondents based on knowledge of symptoms and the risk of COVID-19 transmission can be seen in Table 4.10 below:

Table 4.10 Distribution of Respondents Based on Knowledge of the symptoms and risk of Covid-19 transmission

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	22	1	23
	%	96%	4%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	16	1	17
	%	94%	6%	100%
02/04 Mojo sub-district	n	13	2	15
	%	87%	13%	100%
Total	n	66	4	70
	%	94%	6%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.10, respondents who already have good knowledge regarding knowledge of symptoms and the risk of Covid-19 transmission are 94% and those who still have poor knowledge regarding knowledge of symptoms and risk of Covid-19 transmission are 6%.

The distribution of respondents based on knowledge about hand washing can be seen in Table 4.11 below:

Table 4.11 Distribution of Respondents Based on Knowledge of Hand Washing

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	12	11	23
	%	52%	48%	100%
03/03 Kejawan Putih Tambak sub-district	n	12	3	15
	%	80%	20%	100%
01/09 Pacar Keling sub-district	n	15	2	17
	%	88%	12%	100%
02/04 Mojo sub-district	n	12	3	15
	%	80%	20%	100%
Total	n	51	19	70
	%	73%	27%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.11, respondents who already have good knowledge regarding knowledge about hand washing are 73% and those who still have poor knowledge related to knowledge about hand washing are 27%.

The distribution of respondents based on knowledge about the use of masks can be seen in Table 4.12 below:

Table 4.12 Distribution of Respondents Based on Knowledge of the Use of Face Masks

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	13	2	15
	%	87%	13%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.12, there are 97% of respondents who already have good knowledge and 3% who still have poor knowledge regarding the use of masks.

The distribution of respondents based on knowledge about self-isolation can be seen in Table 4.13 below:

Table 4.13 Distribution of Respondents Based on Knowledge of Self-Isolation

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	n	16	1	17
	%	94%	6%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	67	3	70
	%	96%	4%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.13, respondents who already have good knowledge regarding knowledge about self-isolation are 96% and those who still have poor knowledge related to knowledge about self-isolation are 4%.

The distribution of respondents based on knowledge about mobility restrictions can be seen in Table 4.14 below:

Table 4.14 Distribution of Respondents Based on Knowledge of Mobility Restrictions

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	16	7	23
	%	70%	30%	100%
03/03 Kejawen Putih Tambak sub-district	n	13	2	15
	%	87%	13%	100%
01/09 Pacar Keling sub-district	n	10	7	17
	%	59%	41%	100%
02/04 Mojo sub-district	n	10	5	15
	%	67%	33%	100%
Total	n	49	21	70
	%	70%	30%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.14, respondents who already have good knowledge regarding knowledge about mobility restrictions are as many as 70% and those who still have poor knowledge related to knowledge about mobility restrictions are 30%.

The distribution of respondents based on knowledge about mobility restrictions can be seen in Table 4.15 below:

Table 4.15 Distribution of Respondents Based on Knowledge of Use of Disinfectants

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	18	5	23
	%	78%	22%	100%
03/03 Kejawen Putih Tambak sub-district	n	13	2	15
	%	87%	13%	100%
01/09 Pacar Keling sub-district	n	15	2	17
	%	88%	12%	100%
02/04 Mojo sub-district	n	11	4	15
	%	73%	27%	100%
Total	n	57	13	70
	%	81%	19%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.15, respondents who have knowledge about the use of disinfectants are 81% and those who still have poor knowledge of knowledge about the use of disinfectants are 19%. The distribution of respondents based on knowledge of travel procedures can be seen in Table 4.16 below:

Table 4.16 Distribution of Respondents Based on Knowledge of Travel Procedures

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	21	2	23
	%	91%	9%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.16, respondents who already have good knowledge regarding knowledge about travel procedures are 97% and those who still have poor knowledge related to knowledge about travel procedures are 3%.

The distribution of respondents based on knowledge of the implementation of the COVID-19 health protocol can be seen in Table 4.17 below:

Table 4.17 Distribution of Respondents Based on Knowledge of the Implementation of the COVID-19 Health Protocol

Area		Knowledge		Total
		Good	Bad	
01/09 Jepara sub-district	n	22	1	23
	%	96%	4%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	69	1	70
	%	99%	1%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.17, respondents who already have good knowledge regarding knowledge of implementing health protocols are 69 respondents (99%) and those who have poor knowledge related to knowledge of implementing health protocols are 1 respondent (1%) who comes from NbA 01/09 Jepara sub-district.

Distribution of Respondents Based on Attitude

The distribution of respondents based on the attitude of symptoms and the risk of transmission of Covid-19 can be seen in Table 4.18 below:

Table 4.18 Distribution of Respondents Based on Attitudes, Symptoms and Risk of COVID-19 Transmission

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.18, respondents who already have a good attitude regarding the symptoms and risk of Covid-19 transmission are 97% and those who still have a bad attitude regarding the symptoms and risk of Covid-19 transmission are 3%.

The distribution of respondents based on attitudes about hand washing can be seen in Table 4.19 below:

Table 4.19 Distribution of Respondents Based on Attitudes about Hand Washing

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	69	1	70
	%	99%	1%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.19, there are 99% of respondents who already have a good attitude about hand washing and 1% who still have a bad attitude about hand washing.

The distribution of respondents based on attitudes about wearing masks can be seen in Table 4.20 below:

Table 4.20 Distribution of Respondents Based on Attitudes for Using Face Masks

Wilayah		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawen Putih Tambak sub-district	n	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.20, respondents who already have a good attitude about wearing masks are 97% and those who still have a bad attitude about wearing masks are 3%.

The distribution of respondents based on knowledge about self-isolation can be seen in Table 4.21 below:

Table 4.21 Distribution of Respondents Based on Attitudes of Self-Isolation

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	N	23	0	23
	%	100%	0%	100%
03/03 Kejawen Putih Tambak sub-district	N	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	N	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	N	14	1	15
	%	93%	7%	100%
Total	N	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.21, there are 97% of respondents who already have a good attitude about self-isolation and 3% who still have a bad attitude about self-isolation.

The distribution of respondents based on attitudes about mobility restrictions can be seen in Table 4.22 below:

Table 4.22 Distribution of Respondents Based on Attitudes of Restricted Mobility

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	21	2	23
	%	91%	9%	100%
03/03 Kejawen Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	67	3	70
	%	96%	4%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.22, there are 96% of respondents who already have a good attitude related to mobility restrictions and 4% who still have a bad attitude related to mobility restrictions.

The distribution of respondents based on attitudes about the use of disinfectants can be seen in Table 4.23 below:

Table 4.23 Distribution of Respondents Based on Attitudes to Use of Disinfectants

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	21	2	23
	%	91%	9%	100%
03/03 Kejawen Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	67	3	70
	%	96%	4%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.23, respondents who already have a good attitude about the use of disinfectants are 96% and those who still have a bad attitude about the use of disinfectants are 4%.

The distribution of respondents based on attitudes about travel procedures can be seen in Table 4.24 below:

Table 4.24 Distribution of Respondents Based on Attitudes about Travel Procedures

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	22	1	23
	%	96%	4%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	69	1	70
	%	99%	1%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.24, there are 99% of respondents who have a good attitude about travel procedures and 1% who have a bad attitude about travel procedures.

The distribution of respondents based on the attitude of implementing the Covid-19 health protocol can be seen in Table 4.25 below:

Table 4.25 Distribution of Respondents Based on Attitudes for the Implementation of the Covid-19 Health Protocol

Area		Attitudes		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	70	0	70
	%	100%	0%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.25, all respondents have a good attitude in implementing health protocols, as many as 70 respondents (100%).

Distribution of Respondents by Action

The distribution of respondents based on actions related to symptoms and risk of COVID-19 transmission can be seen in Table 4.26 below:

Table 4.26 Distribution of Respondents Based on Measures Related to Symptoms and Risk of Transmission of Covid-19

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	22	1	23
	%	96%	4%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.26, respondents who have had good actions regarding the symptoms and risk of Covid-19 transmission are 97% and those who still have bad actions are 3%.

The distribution of respondents based on actions regarding hand washing can be seen in Table 4.27 below:

Table 4.27 Distribution of Respondents Based on Actions on Hand Washing

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	21	2	23
	%	91%	9%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.27, respondents who have had good actions related to actions regarding hand washing are 68 respondents (97%) and those who still have bad actions are 2 respondents (3%) who come from NbA 01/09 Jepara sub-district.

The distribution of respondents based on actions regarding the use of masks can be seen in Table 4.28 below:

Table 4.28 Distribution of Respondents Based on the Use of Face Masks

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	69	1	70
	%	99%	1%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.28, respondents who have had good actions regarding the use of masks are 99% and those who still have bad actions are 1%.

The distribution of respondents based on actions regarding self-isolation can be seen in Table 4.29 below:

Table 4.29 Distribution of Respondents Based on Self-Isolation Measures

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	23	0	23
	%	100%	0%	100%
03/03 Kejawan Putih Tambak sub-district	n	14	1	15
	%	93%	7%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	12	3	15
	%	80%	20%	100%
Total	n	66	4	70
	%	94%	6%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.29, respondents who have had good actions related to actions regarding self-isolation are 94% and those who still have bad actions are 6%.

The distribution of respondents based on actions regarding mobility restrictions can be seen in Table 4.30 below:

Table 4.30 Distribution of Respondents Based on Mobility Restriction Measures

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	21	2	23
	%	91%	9%	100%
03/03 Kejawan Putih Tambak sub-district	n	8	7	15
	%	53%	47%	100%
01/09 Pacar Keling sub-district	n	15	2	17
	%	88%	12%	100%
02/04 Mojo sub-district	n	11	4	15
	%	73%	27%	100%
Total	n	55	15	70
	%	79%	21%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.30, respondents who have had good actions related to actions related to knowledge about mobility restrictions are 79% and those who still have bad actions are 21%.

The distribution of respondents based on actions regarding the use of disinfectants can be seen in Table 4.31 below:

Table 4.31 Distribution of Respondents Based on the Use of Disinfectants

Wilayah		Tindakan		Total
		Baik	Buruk	
01/09 Jepara sub-district	n	16	7	23
	%	70%	30%	100%
03/03 Kejawan Putih Tambak sub-district	n	10	5	15
	%	67%	33%	100%
01/09 Pacar Keling sub-district	n	12	5	17
	%	71%	29%	100%
02/04 Mojo sub-district	n	12	3	15
	%	80%	20%	100%
Total	n	50	20	70
	%	71%	29%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.31, respondents who have had good actions regarding the use of disinfectants are 71% and those who still have bad actions are 29%.

The distribution of respondents based on actions regarding travel procedures can be seen in Table 4.32 below:

Table 4.32 Distribution of Respondents Based on Actions on Travel Procedures

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	21	2	23
	%	91%	9%	100%
03/03 Kejawan Putih Tambak sub-district	n	12	3	15
	%	80%	20%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	15	0	15
	%	100%	0%	100%
Total	n	65	5	70
	%	93%	7%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.32, there are 90% of respondents who have had good actions related to travel procedures and 10% who still have bad actions.

The distribution of respondents based on the implementation of the Covid-19 health protocol can be seen in Table 4.33 below:

Table 4.33 Distribution of Respondents Based on Actions for implementing the Covid-19 health protocol

Area		Action		Total
		Good	Bad	
01/09 Jepara sub-district	n	22	1	23
	%	96%	4%	100%
03/03 Kejawan Putih Tambak sub-district	n	15	0	15
	%	100%	0%	100%
01/09 Pacar Keling sub-district	n	17	0	17
	%	100%	0%	100%
02/04 Mojo sub-district	n	14	1	15
	%	93%	7%	100%
Total	n	68	2	70
	%	97%	3%	100%

Source: NbA Alert Covid-19 Task Force East Java Provincial Government

Based on Table 4.33, respondents who had good actions related to implementing health protocols were 68 respondents (97%) and those who had bad actions related to health protocol implementation actions were 2 respondents (3%), of which one respondent came from NbA 01/09 Jepara sub-district and one respondent came from the area of NbA 02/04 Mojo sub-district.

DISCUSSION

Identification of Volunteer Activities

Identification of Health Education Activities

In volunteer activities, health education is one of the activities that must be carried out. Health education is carried out with the aim of providing information to the public regarding risk factor management, disease prevention, and behaviors that are expected to adapt during the pandemic. Educational activities are a stimulus to be able to change actions or responses from residents, especially in dealing with Covid-19. Providing online education or through electronic media can increase interest in learning based on the results of reviews from several previous journal studies. Stimulus and response are important and needed to change the desired behavior. Changes in behavior cannot be instant, so the need for stimulus and response is given to each lesson so that the stimulus given and accustomed by the teacher to students can be implemented properly, especially for the students themselves or for the learning process (El-Seoud, 2014; Gustiani, 2020; Holland, 2008).

Educational activities are carried out using two methods, namely online and offline. Online health education is carried out by means of the residents' whatsapp (WA) group which contains representatives of each house or per family. Education with online media aims to reduce face-to-face meetings and education can be accessed more easily according to free time or from their respective places. According to Elshareif & Mohamed (2021), states that E-learning is learning that uses advanced ICT facilities that make it easy for users to study independently, anywhere, anytime, thus encouraging them to enjoy learning and trying to improve their learning competencies. In addition, online learning was assessed by some informants to be effective when applied during the Covid-19 pandemic, because it was related to health protocols (Gustiani, 2020).

In addition to using online media, activities are also carried out through direct education. This was done, because not all residents received online education with various obstacles. So that this is done with the aim that all residents get health education and can implement it. Offline education is carried out when conducting field activities, including health screening, aid data collection, regional monitoring and distribution of aid. Volunteers conduct further education and discussions with residents directly to answer questions and confusion faced by the community, especially regarding knowledge, attitudes and actions that must be taken in dealing with Covid-19. Volunteers along with local officials also appealed to residents to remain vigilant and continue to comply with applicable health protocols. In the activities carried out, some residents find it easier to understand if they are given direct education, because they are constrained in using online media, and limited resources to access online media. This is in line with the research of Gustiani (2020), which states that the obstacles faced by respondents in online learning are: the availability of internet quota, sometimes unstable networks, and supporting tools such as gadgets and laptops.

Identification of Health Screening Activities and Aid Registration

Data collection activities are carried out for two things, namely health screening and data collection on assistance. Data collection was initially carried out using an online method by distributing google forms in the whatsapp group so that each citizen could directly fill out the form. This is also done to avoid meetings being held. However, on the first day of distributing the online form, there were still few people who filled it out. So that several methods were

carried out, namely maximizing the role of youth in every home to help families in filling out online, as well as distributing offline forms to residents' homes, especially for residents who were constrained by filling out online and there were no youths in the family. Then the activities of filling out offline forms to recording are also carried out with youth organizations and local officials.

Regarding health screening, at first the community did not fill it out, because they were afraid to know the results, especially when they were categorized as PDP/ODP/OTG. So that the volunteers and local officials / cadres / youth youth organizations provide explanations and the purpose of the health screening, namely to find out the health condition of the residents so that treatment can be carried out from the start, if residents are found to be sick or have symptoms, especially due to Covid-19. It also aims to anticipate a wider spread to the surrounding community. In addition, the purpose of screening is to maintain the safety of health workers and the community, early screening and appropriate PPI (infection prevention and control) behavior should be part of all community-based health service activities. Screening for Covid-19 must be carried out in all places according to indications of transmission scenarios and/or local policies, in every health service activity (WHO, 2020).

Then regarding the collection of aid data, the purpose of the aid data collection is to find out the economic conditions of the residents, especially those who are heavily affected by Covid-19, so that assistance can be provided. Completion of aid data collection is carried out by each family. And the results of the aid data collection will be prioritized for residents who have not received any assistance at all, especially from official government assistance. Because, indeed there are still many people who should need help, but do not get help. This is in line with a survey conducted by LIPI (Indonesian Institute of Sciences) (2020), which stated that the government had actually allocated basic necessities assistance, but only 11.4% of respondents knew about this. However, the majority of respondents did not receive assistance for basic needs because they were not included in the category of recipients of assistance (48.4%), but the percentage who should have been entitled but did not receive assistance was still quite high, 7.2% admitted that they were not recorded and 10.9% claimed to have registered but still did not receive assistance.

Residents' Health and Area Conditions Monitoring

In volunteer activities, monitoring activities are divided into two, namely area monitoring and community health monitoring. Monitoring activities are carried out to ensure the implementation of health protocols in the community. The activity was carried out by volunteers together with the NbA Chair/PKK (Family Welfare Development) / Cadre / Youth of *Karang Taruna*. The area monitoring activity aims to identify and ensure the implementation of health protocols in the community, namely the use of masks, hand washing facilities in residents' houses, manufacture of disinfectant liquid, spraying of disinfectants regularly, having a centralized quarantine place, implementing social distancing by not holding crowd-based activities, and regulating social distancing in public facilities such as places of worship.

Based on the results of the monitoring activities, an overview of the implementation of health protocols in the community as a whole has been carried out. The application of health protocols in the use of masks has been carried out, especially when doing activities outside the home, people have used masks. The public also understands the benefits and importance of using

masks during the Covid-19 pandemic. However, some residents who do not use masks reasoned that they forgot. So it is advisable not to repeat it again and remind to get used to it. Then for residents who do not wear masks, they are given instructions to return home to take and wear masks.

Regarding hand washing facilities in every house, there are already provided, but not all of them. Some of the communities already have hand washing facilities with soap and running water. However, there are still some people who do not have hand washing facilities. So that the volunteers together with the residents took the initiative to build a hand washing place using nearby items, such as used drums. The hand washing facilities that have been made are then placed between three residents' houses in order to ease the burden on other families and increase mutual cooperation among the residents. Meanwhile, hand washing facilities in public facilities are available including running water and soap, and the community has taken advantage of the facilities to wash their hands when they are required.

Then related to the presence of disinfectant in the house has been done. Even though in the beginning, after the training on making disinfectant at home, not many people practiced it themselves. However, residents always ask for disinfectant liquid when the spraying schedule is carried out, so volunteers and youth organizations take the initiative to reproduce and disseminate it to residents, especially when the spraying schedule is scheduled. This is in line with the statement of Dhama et al. (2021), stating that families can independently carry out prevention efforts by disinfection. A simple step for making disinfectants is the use of vinegar or sour liquid and other raw materials. By using half a cup of vinegar, with half a glass of water, plus 12 to 24 drops of essential oils, such as cinnamon, cloves, eucalyptus, and lime, then this will become a disinfectant, namely antiseptic. In addition, related to the activity of spraying disinfectants in the neighborhood of residents' homes, it has been carried out regularly 2-3 times a week. In addition to spraying in the home environment, spraying is also carried out in public facilities, including places of worship, stalls and NbA Posts. This is in line with the research of Ghafoor et al., (2021) which states that for places to spray disinfectant, it can be sprayed all over the house or room, but care needs to be taken not to touch items that will be used for eating or drinking. In addition, the Ministry of Health (2020), provides guidelines for activities to maintain environmental cleanliness and disinfection steps in the context of handling Covid-19 through cleaning efforts with disinfectants/cleaning liquids periodically at home and in public places, including public transportation, markets. street vendors, schools, Islamic boarding schools, places of worship, and restaurants.

Regarding the implementation of restrictions on mass gathering activities, it has also been implemented. Many residents' activities have been diverted through online media or even temporarily suspended. As well as the implementation of physical distancing in public facilities such as places of worship (Aula, 2020), places to eat and places of buying and selling have also been implemented. The implementation of physical distancing in places of worship is carried out by giving signs to keep a distance and urges through announcements to implement health protocols, one of which is that people carry out worship by maintaining distance and implementing physical distancing. This is in line with the statement of Doni, M., (2020), Head of the National Disaster Management Agency (BNPB), who stated that the government had decided social distancing and physical distancing. The policy must involve leaders at the sub-district/village level to the NbA (Neighborhood Association) in language that is easily

understood by the community. Because, keeping a distance is a very principal thing in doing this physical distancing and this should be done not only in public spaces, but also throughout the house, in every citizen.

In addition to monitor the condition of the area, monitoring of the health condition of residents is also carried out. In addition to the initial health data collection, you must check every time if there are residents who initially had no complaints, but later found complaints. As well as monitoring and collecting data on residents who leave and enter from outside the region and abroad. This can be reported to the volunteer / NbA Chair / PKK / cadre / youth *Karang Taruna*, especially for those who experience symptoms so that immediate follow-up and treatment can be given more quickly according to the guidelines or SOPs (Standard Operating Procedures) that have been set, for example if People who are sick and have symptoms resembling Covid-19 are given instructions to immediately check with health services, then rest or self-isolate first. Based on the activities that have been carried out, the residents have done this along with the role of a disciplined apparatus to monitor the condition of residents and record residents who leave or enter the local environment.

Health monitoring is also carried out to see the achievement of the goals in reducing and preventing the increase in cases in the local area. From the monitoring results, it can also be seen that in the first week cases were found, then in the third week there was a decrease in cases, and in the fifth and seventh weeks there were no cases. The decreasing number of cases also cannot be separated from the joint response efforts carried out by the community. This is also in accordance with the statement from Wiranti et al. (2020) which stated that the community's response in an effort to tackle Covid-19 cannot be separated from the role of the community itself. The handling of Covid-19 is not only carried out by the central government or local governments or only relies on medical personnel. With such a massive scale of disasters, it cannot only rely on a few parties, but this can be done by working together with the community. Some of the roles that the community can play, although they are not limited to this, include being citizens of obeying the rules submitted by the government, ensuring that their families and environment are safe, so they need to care more about the surrounding community. Also plays an active role in educating the public about Covid-19.

Overall monitoring activities cannot run properly without the role of the relevant sectors, namely residents, cadres, local officials and policy makers. This is in line with the research of Djalante et al., (2020), which examined growth monitoring and promotion programs. In the study, it was explained that the success of the monitoring program could be achieved if it received comprehensive support in terms of the demand side / service recipients (the community), the support side / service providers (government, NGO, cadres, health workers) and the policy side / policy makers (government/Public health Office).

Identification of Aid Distribution Activities

The distribution of aid is divided into several types, namely aid for NbA, aid for personal residents and aid for basic food necessities. Aid for NbA includes a thermogun, 1 liter hand soap, and a 1.5 liter bottle of disinfectant liquid, then aid for personal residents in the form of masks according to the number of family members and aid for basic food necessities which includes self-isolation aid and basic food aid for affected residents economically.

The distribution of mask aid is carried out directly door to door to residents' homes with the NbA chair / PKK / cadre / *Karang Taruna*. The activity was carried out at the same time providing demonstrations to residents for proper use, especially the use of masks, disinfectants and proper hand washing steps. In this activity, each resident gets one mask to use. Meanwhile, hand soap is distributed and placed in every hand washing place, both in residents' homes and public facilities. And for disinfectant, it is used for spraying which is done periodically and given to each house for daily use.

In addition to the distribution of hygiene equipment (masks, hand soap, disinfectants), self-isolation assistance was also provided to residents who were in isolation, as well as social assistance in the form of basic necessities for residents in need. The self-isolation assistance is in the form of basic materials (rice, eggs, oil, noodles, tea, sardines, and sugar) as well as hygiene equipment (masks, hand soap and disinfectant). Meanwhile, social assistance is provided in the form of basic materials, namely rice, eggs, oil, noodles, tea, sardines, and sugar. The basic food assistance was obtained entirely from independent donors, PERSOS, TNI, Grand City Mall, Ksatria Airlangga Floating Hospital and YDSF Institution.

The distribution of aid activities aims to ease the burden on residents in general who are affected by Covid-19 and especially those who must self-isolate. In the aid distribution activities that have been carried out, the community response is very enthusiastic because with the distribution activities, the community feels helped by the assistance that has been given. So that residents can more easily apply the applicable health protocols. In addition, residents who must self-isolate also give a good response, because they get attention and do not get ostracized by local residents. As well as for residents who are economically affected, they also feel very helped by the assistance that has been given, because not all affected people, especially during the pandemic, receive assistance. The distribution of citizen assistance, especially during this pandemic period is very important, this is in line with a survey conducted by LIPI (2020), which stated that only 43% of respondents were able to survive without government assistance. Most could not survive without government assistance with varying survival times, not even 3% today.

Identification of Community Conditions in the NbA Alert Area Related to Community Knowledge, Attitudes, and Actions in the Implementation of the Covid-19 Health Protocol

Identification of Community Knowledge Regarding the Implementation of Health Protocols during the Covid-19 Pandemic

Based on the results of the evaluation carried out, respondents' knowledge regarding the implementation of the Covid-19 health protocol was classified as good, as many as 69 respondents (99%), although there were still respondents who had poor knowledge. This good knowledge of respondents can occur because of the information and educational media obtained. So far, the community has received education from various sources, such as print media, mass media and online media from the devices they have, as well as education and information directly from family, neighbors, cadres, volunteers, apparatus, community leaders and puskesmas also support the knowledge of the local community. This is also in accordance with the research of Pascawati and Satoto (2022), which states that through the role of women as housewives, cadres, and community leaders, they can participate in socializing the movement to comply with PSBB policies to reduce the spread of Covid-19. Suneki and Haryono

(2022), which states that the role of community leaders in providing informative support appears in the efforts of community leaders to disseminate information about the pandemic and its prevention. Information is first disseminated to family members, after that it is disseminated to neighbors. In addition to disseminating information, community leaders also promote clean and healthy living behavior for village residents which includes, socializing social restrictions and maintaining distance (social distancing and physical distancing) to villagers; use of masks when leaving the house; avoid crowds, clean the house with disinfectant, sunbathe, eat healthy food and do exercise.

From the results of the monitoring carried out, most of the residents have confidence in the sources of information and educational media provided by the apparatus and community leaders. This is in line with the statement of Pascawati, et al. (2022) saying that the initial priority targets for the delivery of information are community leaders (TOMA) who can become cadres of information transmission to other communities. In addition, according to Izwardi (2020) as the Head of the Research and Development Center for Public Health Efforts in a survey that has been carried out, stated that the three social capitals measured are trust, cooperation, and the existence of rules/sanctions, trust as social capital that exists in the community. with the highest value (90.7 percent). One of the recommendations that need to be made by the regional government and its staff is the need to strengthen social capital through increasing public understanding regarding Covid-19 prevention through the provision of socialization or information related to Covid-19 prevention, such as information on the 3 M (washing hands with soap, wearing masks properly and maintaining personal distance), as well as other information by local officials and community leaders. The existence of a good understanding fosters trust and cooperation among the community in efforts to prevent Covid-19 and the formation of mutual agreements regarding rules/sanctions.

Identification of Community Attitudes Regarding the Implementation of Health Protocols during the Covid-19 Pandemic

As described in the tables the results show that all respondents have a good attitude of implementing the Covid-19 health protocol which is classified as good, namely 70 respondents (100%). This shows that all respondents already have a positive attitude, readiness, and encouragement to change the application of more appropriate health protocols. This can not be separated from knowledge about the implementation of public health protocols, which are mostly good. This is in line with the research of Sarte (2020); Imam Adli (2022) which states that this knowledge fosters an attitude of concern for them at the rapid spread of the virus and its effects. This attitude prompted them to take action to invite citizens to make efforts to prevent and overcome the impact of the pandemic.

Based on this, education and health promotion media regarding the implementation of the Covid-19 health protocol also contributed to changing respondents' attitudes to be able to properly implement the Covid-19 health protocol. This is in line with the objectives of the Ministry of Health (2020), which states that information dissemination activities are channeled through mass media such as TV, radio and social media so that they are expected to touch and influence attitudes, opinions and create an environment that supports behavior change (Syaipudin, L, 2020; Vino Rika Nofia, 2021; Fakhriyah, et al., 2022).

Then based on the results of monitoring or fieldwork carried out, community attitudes are also influenced by suggestions or appeals made by volunteers, cadres, apparatus, community leaders and local health centers. This is in line with the research of Pascawati et al (2022); Oktarianita (2022); which states that health promotion carried out by puskesmas requires the active role of health cadres, religious leaders, community leaders, civil society networks, community organizations, and local security officers. The community can be more obedient to health protocols, if all elements of the community are always active in advocating and implementing health protocols in their area.

Identification of Community Actions Regarding the Implementation of Health Protocols during the Covid-19 Pandemic

Based on the results that have been obtained, that most of the respondents already have good measures for implementing the Covid-19 health protocol, as many as 68 respondents (97%) and there are still 2 respondents (3%) who have bad actions. The act of implementing a good Covid-19 health protocol is compared to the knowledge and attitude of citizens who are also good. This is also in line with the research of Sarte (2020), Retnaningsih et al. (2020), Syafrida & Hartati (2020); Imam Adli, et al. (2022) which states that the understanding and attitudes formed can influence people's actions. In addition, according to research by Rosidin, et al.. (2020) and Pascawati et al (2022), stated that knowledge and attitudes about Covid-19 among community leaders can encourage them to take action in an effort to respond to the pandemic. Actions taken by community leaders include disseminating information about Covid-19 and how it is spread, campaigning for PHBS as an effort to prevent infection, helping residents whose socio-economic conditions have fallen due to the pandemic; and provide various forms of support to community members.

Then, most of the community has also used masks (especially when outside the house), washed their hands with soap and running water and kept their distance from other people. This is in accordance with the WHO (2020) recommendation, which states that related to efforts to deal with the Covid-19 outbreak, basic protection consists of wearing a mask, washing hands regularly with alcohol or soap and water, keeping a distance from someone who has symptoms of coughing or sneezing, practicing coughing or sneezing etiquette, and seeking treatment when you have a complaint that fits the suspect category as well as implementing the recommendation to keep a distance of one meter.

Some of the measures to implement the Covid-19 health protocol are always wear a mask and throw away used masks in the designated place. And if you feel sick (there are symptoms of fever, flu and cough), then stay at home, not to go to work, school, to the market or to public spaces to prevent community transmission. Then use telemedicine facilities or health social media and avoid public transportation, notify doctors and nurses about complaints and symptoms, as well as a history of working in infected areas or in contact with Covid-19 patients. While at home, can do work from home, use separate rooms from other family members, and maintain a distance of 1 meter from family members, check daily temperature, observe coughs and shortness of breath, avoid sharing eating and bathing utensils and beds, apply clean and healthy living behavior, as well as consuming nutritious food, washing hands with soap and running water and practicing cough and sneezing etiquette, maintaining cleanliness and home health with disinfectant liquid, always being in an open space and basking in the sun every morning ($\pm$ 15 -30 minutes) and immediately contact health care facilities if the illness persists,

such as shortness of breath and high fever, to get further treatment (Ministry of Home Affairs, 2020).

Based on the results of monitoring carried out, community gathering activities during the Covid-19 pandemic were completely eliminated, especially during the implementation of large-scale social restrictions (PSBB), this was done not only to comply with applicable decisions, but also to maintain the safety and health of residents in the environment local. This is also supported by Güner, S. et al., (2020); Syadidurrahmah, et al. (2020) and Wiranti, et al. (2020), stating that at the community level, mitigation efforts that can be carried out include travel restrictions and mass gatherings at large events (social distancing).

Then, related to the use of antiseptics and disinfectants in the community environment has also been carried out starting from the use of residents' belongings, especially after leaving the house. As well as routine spraying which is carried out 2-3 times a week in local residents, as well as public places such as places of worship and meeting halls. This is in line with the research of Larasati & Haribowo (2020) and Guo, et al. (2021), which stated that to be able to help the community to prevent the spread of the Covid-19 outbreak by carrying out disinfection. The targets are public places, especially places of worship and meeting halls. Then in Dhama, et al. (2021), stated that one way to prevent transmission and spread is to always keep oneself and the environment clean. Maintaining personal and environmental hygiene can be done by using antiseptics and disinfectants.

Regarding the actions of residents after leaving the house, most of them had washed their hands after traveling or leaving the house and some also took a shower immediately. This is in line with research by the Libangkes Agency of the Ministry of Health (2020), which stated that the behavior of respondents after going out of the house, as many as 91.67% answered washing hands with soap, as many as 73.50% also answered taking off shoes or footwear outside the home. , then as many as 70.41% also answered that they took off their clothes and put them in the laundry, then as many as 64.48% of respondents answered bathing, then 40.42% answered leaving their luggage in one place and cleaning it, then 34.89% of respondents also answered disinfecting their luggage, and 0.25% answered others.

Then related to the tradition of going home on the Eid al-Fitr most residents have decided not to go home, because they are worried that the spread of Covid-19 will spread to their hometowns. This is in line with a survey conducted by the Covid-19 Handling Task Force (2020), which stated that as many as 84% of people did not plan to go home or go home. In addition, there were 97% of respondents said they understood the government's reasons for the ban on going home.

In addition, measures to maintain and improve the residents' immune system are also carried out, including maintaining a healthy diet, exercising regularly, and quitting smoking. This is in line with research by Hanafi, et al., (2021) which states that quitting smoking and alcohol consumption, improves sleep quality, and takes supplements. Because, quitting smoking can reduce the risk of upper and lower respiratory tract infections. In addition, the Ministry of Health (2020), stated that things that can increase endurance are eating a balanced nutritious diet, washing hands with running water and soap, and exercising regularly.

CONCLUSION

1. The main activities or tasks of NbA Alert volunteers are to disseminate health education and information to the public, collect health data, monitor areas, monitor residents' health and distribute aid to residents. All of the activities have been carried out by volunteers in collaboration with cadres, community leaders and local officials.
2. The knowledge of residents in the NbA Alert of the Surabaya City program area mostly shows good knowledge of the implementation of the Covid-19 health protocol, which is 99% of the respondents.
3. The attitude of residents in the NbA Alert program area of the Surabaya City as a whole showed a good attitude towards the implementation of the Covid-19 health protocol, as many as 100% of respondents.
4. The actions of residents in the NbA Alert of the Surabaya City program area mostly showed good actions towards the implementation of the Covid-19 health protocol, namely 97% of respondents.
5. Community behavior in dealing with Covid-19 by following health protocols (wearing face masks, washing hands with running water and soap, maintaining distance) can be facilitated by facilitation other than government regulations.
6. The concept of health promotion according to the Ottawa Charter has been implemented in this program (NbA Alert) with very satisfactory results.

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