

## DESCRIPTION OF CLEAN AND HEALTHY BEHAVIOR PROGRAM IMPLEMENTATION AT SCHOOL DURING COVID-19 PANDEMIC AT DEPOK CITY HEALTH OFFICE IN 2021

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### ABSTRACT

COVID-19 pandemic has had an impact on social activities, one of which is teaching and learning activities in schools. This research aims to discuss an overview of the implementation carried out by the Depok City Health Office in order to increase the coverage of School PHBS during the COVID-19 pandemic in 2021. This preliminary study is a qualitative research with a descriptive approach. The data collection process was carried out using in-depth interviews and document review methods. This research shows that the implementation of the PHBS program in school settings is carried out through health human resources who adapt to teamwork mechanisms, available facilities and infrastructure, budgets and technical instructions that go through an adaptation process during the COVID-19 pandemic as well as the dynamics of school activities based on existing regulations. applies in Depok City related to learning activities in schools. The obstacles experienced include limited facilities in schools and the process of implementing online monitoring and coaching activities has resulted in a gap in response in several schools implementing the PHBS program. The implementation of the PHBS program for schools during the COVID-19 pandemic at the Depok City Health Office, which was reviewed through the structure, implementation process and applicable regulations, experienced several obstacles in online activities and supporting facilities that had not been fulfilled. However, the indicators for the PHBS program in school settings can be implemented through various adaptations of the activities that have been carried out.

### Keywords

*Implementation; PHBS; COVID-19; PTMT*

### INTRODUCTION

As the nation's next generation, children's health is an important thing to guard together. The health condition of children, especially in the school-age stage, is related to one of the goals of sustainable development (SDGs), namely the pillar of Quality Education. By increasing education for the Indonesian people it is hoped that it will spur achievement of the goals and objectives of the SDGs which are mutually sustainable with the development of human resources in Indonesia, so that it is hoped that through the role of quality education it is able to improve the quality of Indonesia's competitiveness in supporting the SDGs 2030 goals (UNDP, 2022)

In order to improve the quality of education and learning achievement of students who pay attention to healthy behavior and living environment, it is necessary to foster and develop school / madrasah health businesses in each school / madrasah; Law Number 36 of 2009 concerning Health in Article 79 paragraph (1) states that school health is organized to improve the ability to live a healthy life of students in a healthy living environment so that students can learn, grow, and develop harmoniously and as high as possible into quality human resources.

According to WHO, school children (7-15 years old) are still vulnerable to disease. In school-age children, several diseases that often suffer include diarrhea, ISPA, intestinal worms, caries, and anemia (Mamat, et al. 2016). Based on the WHO report, 80% of children experience problems with diseases related to infection. This percentage is much higher in developing countries and underdeveloped countries (WHO, 2021). The incidence of infectious diseases in children in Indonesia is still high when compared to other ASEAN countries. According to the Indonesian Ministry of Health, 2 children in Indonesia are prone to illnesses, such as respiratory infections, diarrhea, intestinal worms and other types of respiratory infections (RI Ministry of Health, 2019). When compared to developed countries, the percentage of morbidity of school-age children who do not attend school for more than 11 days in the United States due to injury or illness in 2018 is 4% (CDC, 2018).

In 2019 the pandemic hit the world through the COVID-19 virus which attacks the respiratory system and failure of other organs (Bedford et al., 2020). The spread of COVID-19 is very fast, for example when coughing, sneezing or talking, through direct contact, and through objects around us. People who have an infection usually have symptoms of cough, sore throat, fever, shortness of breath and flu (corona.jakarta.go.id).

The COVID-19 pandemic certainly has direct and indirect impacts on human life, one of the conditions affected is social activity which in this research will focus on teaching and learning activities in schools. Research by Jeffs et al., in 2020 stated that of 1,191 study participants, 721 (60%) expressed some level of concern (14.5% were very or very worried) that their child would contract COVID-19 at school. Most (79% or 941 respondents) think it is highly likely or very likely that their child will catch COVID-19 at school if there is widespread community transmission.

Various diseases, especially during the COVID-19 Pandemic that were experienced by school-age children in general, were related to individual and environmental health behaviors. UN Habitat (2020) states that more than 1,430 cities in 210 countries are infected with COVID-19 and more than 95 percent of the total cases occur in urban areas. This condition certainly has an impact on the health conditions of children in urban areas.

There is concern among parents, schools and related policy makers such as the health office regarding the health status of school children regarding the risk of transmission of COVID-19, the Clean and Healthy Behavior (PHBS) program is accompanied by a special Health Protocol for preventing COVID-19 in Schools echoed back. This is in line with research conducted by Novia (2021) where health education is more focused on counseling on Clean and Healthy Behavior (PHBS) and health protocols by conducting health education to students regarding PHBS indicators, how to use masks, wash hands, brush teeth that's right, cutting nails, and the importance of having breakfast before going to school, which is done alternately by the UKS coach teacher and the local Public Health Center.

PHBS is a government program launched in 2006 where there is one arrangement, namely PHBS Schools. PHBS. There are 14 indicators in the two PHBS Schools, namely: keep hair clean and neat, wear clean and tidy clothes, keep nails short and clean, wear clean and tidy shoes, wash hands with running water and soap, do regular and measured exercise, don't smoke at school, don't use drugs, eradicating mosquito larvae, using clean and healthy latrines, using clean water, disposing of waste in segregated waste bins (wet, dry and hazardous waste), consuming healthy snacks from the school canteen, and weighing and measuring height every month. 14 These behavioral indicators are practiced by students, teachers, and the school community on the basis of awareness as learning outcomes, so that they are independently able to prevent disease, improve their health, and play an active role in creating a healthy environment (Proverawati & Rahmawati, 2012).

The habit of washing hands contained in the 14 indicators of School PHBS is a way to implement clean and healthy living behaviors in children in addition to being an effort to form clean and healthy behavior habits during the golden period of children's lives (Drajatun, 2020), because children also have a high risk of spreading viral infections (Kemendikbud, 2020). One of the positive habits that can be trained in children is washing hands with soap. This simple habit is often forgotten by children after playing, before going to bed and before eating children (Rahmawati et al., 2020). In line with research conducted by Burgess (2021) with the existence of a hygiene insemination program in elementary schools to promote cleanliness and sanitation in schools, stimulating healthy behaviors in teachers, students, and families during the COVID-19 pandemic can reduce the pain caused by the virus.

The spread of COVID-19 that can and is easy to do in school settings is a clean and healthy lifestyle (PHBS) such as washing hands with soap (Saida et al., 2020). This was reinforced in research conducted by Cahyorini (2021) that with the increasingly widespread spread of COVID-19, the Clean and Healthy Behavior (PHBS) that has been carried out so far needs to be increased in information and implementation, especially with the implementation of PHBS which is related to preventing disease transmission.

Several studies have revealed that the practice of hand washing can reduce the number of microorganisms on the hands, thereby reducing the incidence of respiratory diseases (Patel et al., 2012). This is related Hand hygiene is considered one of the most effective ways to reduce health care-related infections (Gould et al., 2017). Hand hygiene can be done by washing hands either with soap and water or hand sanitizer which is now widely available in all health care settings (Ridley, 2020).

Clean and healthy living behavior during the COVID-19 pandemic is a form of embodiment to create a conducive condition for individuals, groups and communities to improve behavior by implementing healthy ways of life and complying with health protocols in order to maintain, maintain and improve the health of one what can be done most often is by washing hands (Gani et al., 2015). In this regard, hand hygiene is an act of washing which is interpreted as a sanitary act by cleaning the fingers using water, soap or other liquids with the aim of being clean (Desiyanto & Djannah, 2013).

The Central Statistics Agency (BPS) for 2021 stated that the child morbidity rate due to the COVID-19 pandemic in urban areas was 13.26 percent higher than in rural areas, namely 9.87 percent. In West Java provincial data, Data from the West Java Committee for Handling Covid-19 and Economic Recovery as of 7 February 2022 stated that the highest number of confirmed cases in West Java were in Depok City, with 117,499 cases. Of that number there were 11,324 active cases, 103,998 recovered and 2,177 died. The journey of the COVID-19 case in Depok City has also been in the spotlight because the trend of new confirmed cases is very high. This condition has an impact on learning and teaching activities in schools. Meanwhile, 34 schools in Depok City have temporarily suspended face-to-face learning (PTM) with a classroom capacity of 100 percent. an increase in active cases of school age children in Depok City as many as 239 new cases of COVID-19 in the school environment by the end of 2021 (Depok City Covid Task Force, 2021).

The 2018 Public Health Development Index (IPKM) shows a national average PHBS percentage of 35.7% and at the educational institution level only 67.52%. According to Basic Health Research Data (Riskesmas) for 2018, the proportion of household members over 10 years of age who had the correct behavior to wash their hands properly in Indonesia was only 49.8%. Likewise, what happened in the implementation of PHBS in schools was still not optimal because many indicators from PHBS had not been implemented. In Depok City itself, the coverage of PHBS in 2021, where in that year the number of COVID-19 reached a high number of cases, reached 85.56% where this figure consisted of PHBS coverage of Elementary Schools of 83.55% from 304 schools there are 33 elementary schools with a coverage of below 70%, while for the junior high school level of 84.34% of 142 schools there are 16 junior high schools with a coverage of below 70%, and then the senior high school level of 83.09 % of 91 high schools there are 19 schools with PHBS coverage below 70%. The achievement indicators for 2021 have increased from the previous year, namely 80.98% in 2020 and 58.9% in 2019.

Given the importance of increasing awareness of clean and healthy living behavior or PBHS, especially in school settings and reducing the rate of spread of the COVID-19 virus, it is important to study an implementation or implementation of PHBS in school settings during the COVID-19 pandemic carried out by the person in charge of a region or urban areas where in this study is the Health Service. This study aims to discuss the implementation carried out by the Depok City Health Office in order to increase the coverage of PHBS in Schools during the COVID-19 pandemic in 2021.

## **METHODS**

This research is a qualitative research with a descriptive approach that aims to identify an overview of the implementation of the PHBS program in schools during the COVID-19 pandemic by the Depok City Health Office in 2021. The approach in this study looks at the implementation components through the structure, processes and outcomes of implementing PHBS in schools by the Depok City Health Office and the dynamics of learning activities in schools are reviewed of the regulations in effect in Depok City in 2021. The structures

that will be discussed in this study are health human resources, facilities and infrastructure, activity budgets and technical instructions. The process will discuss the implementation of PHBS Monitoring activities in schools during the COVID-19 Pandemic by the Health Office/ Public Health Center. The output will discuss indicators of achievement of PHBS in schools during the COVID-19 pandemic in 2021. The data collection process was carried out using in-depth interviews and document review with related informants, namely the Depok City Health Office, namely the Head of the Health Promotion Section (Code D1) and Promkes Officers from the District Health Center (Code P1) and Promkes Officers from the Kelurahan Health Center (Code P2) in the City Depok. In-depth interviews were conducted using interview guidelines that had been prepared. Data triangulation by confirming the secondary data obtained, namely data on PHBS coverage at the Depok City Health Service School in 2021 and the person in charge of health promotion at the Public Health Center and published policies related to school activities during the pandemic in Depok City in 2021.

## RESULTS

Depok City has 537 schools consisting of 304 public and private elementary schools, 142 public and private junior high schools and 91 public and private senior high schools. The results of this study include structural variables, namely health human resources, facilities and infrastructure, and activity budgets, and technical instructions. Next is the process variable, namely the technical implementation of PHBS Monitoring activities in schools during the COVID-19 Pandemic by the Health Office/ Public Health Center. The final variable is the output, namely the achievement indicator of PHBS in schools and the report on the number of positive cases of COVID-19 in schools.

## STRUCTURE

### Human Resources of Health Worker

The results of in-depth interviews with informants found that the SDM involved in implementing the PHBS School Order program in 2021 worked as a team. This is done as a cross-program coordination step and also in anticipation when team members experience problems such as being exposed to COVID-19 who have to self-isolate. So that the activities of implementing PHBS monitoring of School Orders are still carried out with these limitations.

"Resources related to implementing the health promotion work together between health promotion workers at the Health Office and at the Public Health Center, because the Public Health Center holds their respective territories so that the community is more accessible" – D1

"There is 1 health promotion officer at the sub-district health center. For school PHBS, I work with the PJ UKS. For junior high schools, there are PJ NUTRITION and PKPR working together, for SD, the PJ UKS is often the PJ Kesling." – P1

"To go down alone, it's not promoting health itself, so there are a lot of other PJs who help for sure, of course from PJ UKS, from PJ Kesling who help get off, yes, to get off the field. Because our activities coincide with the screening activities." - P2

In overcoming the constraints of limited HRK, the staff or team in charge of the Health Promotion section at the Depok City Health Office implemented a rolling system for employee WFH. At the Public Health Center itself, to face obstacles related to the lack of staff or teams involved in carrying out field trips by implementing a cross-program coordination system, as conveyed by informants as follows:

"Not only at the Health Office, but also at the Public Health Center to maintain sanity and health, we implement a rolling WFH system, so first to avoid crowds, second to maintain the immunity of each employee, which is regulated by each Public Health Center and the Health Office" – D1

"But if we really have to be alone, so far we are not going alone. At least the two of us or just reschedule the schedule. If for example there is an incident, one of our officers is a team, the positive ones are usually we ask for help from others who have more or less free time" – P2

Related to increasing the competency of Health Promotion staff in monitoring PHBS School Order during the COVID-19 Pandemic, based on the information obtained there was no special training regarding this condition. As for information that is dissemination of regulations or the latest information, it will still be carried out through limited meetings or via online such as webinars.

"PHBS training actually doesn't exist..." – D1

"It just seems like 2021 specifically for prokes schools doesn't exist. Sometimes, yes, from the service, if there is training for schools, UKS officers are often invited, and webinars, there are lots of webinars, we can participate at any time, there are many choices. But for training, there isn't any" – P1

"As for special training, there isn't any special training. It's just that we have a meeting, a meeting of all PJ Promkes in the Office, we discuss what problems in the field we discuss together" – P2

### **Facilities and infrastructure**

Based on information obtained through in-depth interviews with informants, related to the fulfillment of facilities and infrastructure for implementing the activities of the School Order PHBS program, it is considered sufficient for several sectors, for example the provision of hand washing facilities in several school areas, especially for private schools. The involvement of the private sector in CSR (Corporate Social Responsibility) activities or social responsibility from companies also colors the fulfillment of PHBS facilities, especially for hand washing facilities. However, there are also gaps in several sectors such as healthy latrines according to the PHBS indicator criteria. Meanwhile, school readiness in fulfilling the facilities and infrastructure for PHBS activities during the COVID-19 pandemic was carried out by improving health facilities such as providing hand washing equipment with soap and running water. The Public Health Center itself has a role in completing technical facilities such as providing promotional media in the form of leaflets, posters and electronic media such as videos.

"Incidentally, yesterday's pandemic apart from getting used to washing hands, there are also many CSR CSR programs that donate hand washing facilities, so in my opinion the facilities related to PHBS are sufficient, especially yesterday with the pandemic conditions everyone, all companies, all institutions are competing how to get people to have PHBS" – D1

"We make educational media, through videos-flyers-flyers, also directly with counseling" – D1

"In terms of facilities and infrastructure, the condition of the buildings is still a lot of concern" – P1

"If it's from school, I'm ready. What about us, from the Public Health Center? For example, when we visit, we bring leaflets or posters, of course the Health Office will provide them for that, we will bring them to school, we will distribute posters." – P2

### **Activity Fund Budget**

Based on the results of in-depth interviews with informants, there were no significant obstacles to the implementation of the PHBS program in the school setting. Even though it says there is a refoconsidering the budget in several budget lines for COVID-19 3T (Testing, Tracing, Treatment) activities, PHBS monitoring activities in the school setting can still be carried out with some adjustments related to the activity budget.

"So, that's enough. There is definitely a shift in funds, even in 2020 all budgets are shifted. There is no promotion budget at all, 2020 was the start of the pandemic, so we didn't have any budget at all, the promo workers at the Health Office were diverted to help the call center. But in 2021 the budget is rolled out again even though there are also many shifts, so yes, we are really sorting and selecting activities that are really useful and related to this pandemic" - D1

"PHBS funds from BOK, especially in 2021, will not be available because the funds are focused on COVID-19. There is only a budget for germas socialization at the sub-district level. In 2020 there will still be socialization of PHBS in 4 schools, for 2020 there will only be meetings at the beginning of the year, while in 2021 health promotion will only be for GERMAS" – P1

"As for the actual budget, we don't need to spend a lot of money for school PHBS, actually it's more about our time." – P2

Regarding financial support or donors from external parties, other than the Health Office or from the center, namely the Ministry of Health, it is known that there is no flow of support in the form of money but it is delivered in the form of activity facilities carried out by the Health Office and Public Health Center such as hand washing facilities donations for several selected schools, distribution of hand sanitizers and hand washing soap.

"So they support more for the activities we carry out, such as when the GGS was held in 2021 yesterday, to be precise during World CTPS Day on October 15." – D1

## Technical Instructions

Based on information obtained through in-depth interviews with informants, there were no specific technical instructions that were handed down during PHBS monitoring in school settings during the COVID-19 pandemic. In terms of handling COVID-19, the technical instructions socialized by the Depok City Health Office are derivatives from the Ministry of Health which were adapted to the issuance of the Mayor's Decree related to COVID-19 Management in the School environment.

"Yes, actually for school PHBS technical guidelines during the COVID-19 pandemic new normal and our health protocols refer to the Ministry of Health, now from the Ministry of Health derivatives we break into socializations in the form of webinars to reach the community, we also accept invitations from schools for socialization of the new normal adaptation" – D1

"Regarding Prokes, I have received it, but I forgot whether it was in the form of a book or a manual in PDF form, but not specifically related to PHBS. In PHBS meetings at the Office, a complete technical guideline has been given regarding PHBS indicators, starting from the PHBS guidelines for households, schools, PTUs, workplace institutions, and health agencies, but specifically discussing PHBS during a pandemic and there was no health program." – P1

"If there is this guide, the name is Prokes at school, so it's not the title PHBS. During the COVID-19 pandemic" – P2

The Health Service carried out a strategy in disseminating PHBS technical guidelines in schools and other settings by coordinating across sectors. This is also carried out by the Public Health Center who take the initiative in various ways and media such as holding webinars and interactive communication through social media.

"So usually this activity is the first socialization to the Depok City COVID-19 Task Force which in 2021 routinely holds coordination meetings to explain all kinds of developments not only related to school PHBS, but also for example what the development of COVID-19 was like at that time, what was the management like. , because the management of COVID-19 itself is very dynamic following the existing guidelines" – D1

"In 2021 the socialization will be carried out to children concurrently with official immunization (BIAS), and even then, the budget is limited and the conditions cannot meet face to face due to COVID-19 so it is also carried out via zoom webinars" – P1

"Past that zoom. But at that time, the one who provided information regarding the zoom was at our Public Health Center with an internship doctor" – P2

## PROCESS

### Implementation of the PHBS Program in School Settings

Overall, the description of the process of implementing the PHBS program in School Orders in 2021 which is known based on in-depth interviews and document review can be said to be good with the limitations and obstacles that occurred in the field during the COVID-19 pandemic. However, with the adaptation process that has been carried out, there are still some gaps in the process of implementing School PHBS to be improved again like in terms of facilities that allow it to be held by the school and Public Health Center.

"Due to the pandemic, PHBS has increased because there are more aware, yes, the teachers are also parents too, from before it was just sober." – D1

"In 2021, because there are still an average of not face-to-face meetings, so the school's PHBS has not maximized supervision and guidance. For public schools, the facilities are generally similar, but for private schools, you can see the gap. If the school entrance fee is expensive, the facilities are good, but if it's normal, then the facilities are also ordinary." – P1

"Yes, it's definitely different, there were a lot of shortcomings last year, even though the PHBS program was running during the pandemic. Yes, that's the only benefit, maybe it's made by children at school. We can't say 100% for sure it's not enough for the benefits" – P2

The informants also explained that the most influential factor in the success of implementing the PHBS program in school settings was inseparable from the ability of the SMDK itself to be able to convey PHBS messages and carry out maximum monitoring amid the COVID-19 pandemic. Apart from the SMDK factor, the

informants also assessed the importance of providing facilities and infrastructure to support PHBS activities in a better school order.

"The most influential thing is the joint determination of all elements in the school and the health service, it can be implemented if all elements in the school also support, starting from human resources, resources, facilities and infrastructure, everything moves, everything supports" – D1

"The first, in addition to knowledge from the school, is the school's commitment to implementing PHBS. Then the availability of resources and budget. Because there are schools that have a budget, but it is allocated for other things" – P1

"The most influential thing, maybe it's from us who provide information. If we give counseling more often, we meet more often with school officials. That can possibly improve behavior change at school" – P2

The real role of the Health Office and the Public Health Center in the process of implementing PHBS in schools was identified based on in-depth interviews with informants, namely by conducting cross-sectoral coordination, supporting PHBS activities in schools with available facilities and infrastructure by distributing them evenly to schools and innovating face-to-face activities. with various activities through online platforms such as webinars and interactive communication through social media so that the PHBS message continues to reach.

"Coordinate with the school, so record which schools start to attend to be visited on the first day of admission to monitor the health program, besides that if we receive an invitation to socialize the health program to schools, for example, those who have never been on live IG have now become live IG" – D1

"In accordance with the health promotion strategy, such as counseling for the implementation of the PHBS program to school from the Public Health Center. How do we build an atmosphere with schools that definitely use available media, videos, posters, leaflets or stickers like that. Continue advocating for school principals who are sometimes really important for leadership in their schools. We want to have PHBS counseling, approach it to school principals" – P2

**Achievement Indicators of PHBS School Order**

Based on in-depth interviews and document reviews, the data obtained regarding the Coverage of PHBS School Arrangements was only 475 schools out of 537 schools that were surveyed in 2021 or around 88.45% with the following coverage:

**Table 1. Coverage of PHBS Data for Schools at the Depok City Health Service in 2021**

Indicator	Elementary School	Junior High School	Senior High School
	in percent (%)		
1. Maintain hair to be clean and neat	93.42	92.60	93.40
2. Wear clean and tidy clothes	94,24	94.71	95.60
3. Keep your nails short and clean	78.94	79,92	74,17
4. Wear clean and neat shoes	93.91	94.01	95.05
5. Washing hands with running water and soap	94.81	95.95	95.32
6. Exercise regularly and measured	87,28	84,27	81.68
7. No smoking in school	88.15	90.61	88.64
8. Do not use drugs	97,69	97.88	96.70
9. Eradicate mosquito larvae	83,22	91.19	92.85
10. Using clean and healthy latrines	87.30	89,29	87,91
11. Using clean water	98.84	99.64	100
12. Dispose of waste in segregated waste bins (Wet, Dry and Hazardous waste)	69,29	66,43	68,49
13. Consuming healthy snacks from the school canteen	69,73	72,76	71,79
14. Weigh and measure height every month	67,59	63,20	56,86

The policies issued in 2021 related to the implementation of learning activities in schools during the COVID-19 pandemic in Depok City are:

**Table 2. Policies Applicable in the City of Depok Regarding School Learning in 2021**

No	Policy	Date of issue	Number	About
1	Joint Decree of the Minister of Education and Culture, Minister of Religion, Minister of Health, Minister of Home Affairs of the Republic of Indonesia	March 30, 2021	No. 03/KB/2021, No. 384 of 2021, no. HK.01.08/MENKES/424 2/2021, No. 440-717 Year 2021	Guidelines for Organizing Learning During the COVID-19 Pandemic
2	Circular Letter (SE) of the Mayor of Depok	July 10, 2021	No. 420/367/Huk/Disdik	Learning for the 2021/2022 Academic Year During the COVID-19 Pandemic in Depok City, PTM was abolished
4	Instruction of the Minister of Home Affairs of the Republic of Indonesia	August 2, 2021	No. 27 of 2021	Implementation of PPKM. Depok Level 4
5	Depok Mayor Regulation	September 20, 2021	No. 66	Implementation of Limited Face-to-Face Learning
6	Decree of the Mayor of Depok	October 19, 2021	No. 443/463/Kpts/Satgas /Huk/2021	Implementation of Restrictions on Community Activities Level 2 of the COVID-19 Pandemic
7	Circular Letter (SE) of the Mayor of Depok	November 18, 2021	8.02/648/SATGAS/2021	Limited Temporary Suspension of the Implementation of PTMT
8	Instruction of the Minister of Home Affairs of the Republic of Indonesia	December 13, 2021	No. 67 Year 2021	Implementation of PPM Level 1,2,3. Depok Level 1
9	Joint Decree of the Minister of Education and Culture, Minister of Religion, Minister of Health, Minister of Home Affairs of the Republic of Indonesia	December 21, 2021	05/KB/2021, 1347, HK.01.08/ MENKES /6678/2021, 4943-5847	COVID-19 Pandemic Learning Guide, Level 1,2,3 is possible for limited face-to-face learning.

Based on the results of a document review in the form of the results of the coverage of PHBS indicators for school settings and regulatory documents stipulated in Depok City regarding learning activities in schools, it appears that the dynamics of schools to carry out limited face-to-face learning activities (PTMT) have an effect on survey activities carried out by officers. Health Promotion to supervise schools in implementing PHBS. The Health Promotion Officer conducts an online survey through an online form provided to UKS teachers, and direct monitoring when schools carry out PTMT activities. As for students undergoing Distance Learning activities, PHBS monitoring surveys were not carried out at home, this was recognized as an obstacle for Health Promotion Officers to supervise PHBS School Orders which were carried out at each student's home. "The activity of monitoring the PHBS survey and the outreach of the juknis-juknis because it is also related to the president's institution, we have also adopted the Ministry of Home Affairs regarding the level in Depok City, so that will affect the activities that can be carried out as previously the day was open only 4 days, the number of students 50% is adjusting the field or not " -D1

"Monitoring activities cannot be carried out directly, look at schools that have PTMT. If we have a survey. Only a few schools in 2021, less than 50 percent of the total schools in the working area of our Public Health Center" - P1

"We gave an online form, so the UKS teacher filled it out. Just a sample of students, for example, 10-20 students. If there is one checklist that is not fulfilled, the indicator cannot be filled. For students who are not surveyed at home, it's just an appeal to carry out probes " -P2

The incompleteness of the school survey conducted was related to the obstacles experienced by those in charge of Health Promotion who were at the Public Health Center to conduct field work due to the conditions



of the COVID-19 pandemic. Problems with health workers who were exposed and also the condition of the Public Health Center which had to work hard with the 3T COVID-19 activities, where all Public Health Center staff were deployed to manage the 3T activities. As is known above, in 2021, Depok City will experience a sharp increase in COVID-19 cases. So that the workload at the Public Health Center indirectly affects the performance of other programs such as monitoring the implementation of this school's PHBS.

"The space for outreach and monitoring is also limited because we at the Public Health Center are preoccupied with 3T activities so the focus is divided" – P1

"So our (Public Health Center) monitoring of school PHBS is not optimal, most of the Public Health Center only carry out technical work from the Office, especially in 2021 where school PHBS is shifted by COVID-19 because it is currently at a high level, so Public Health Center staff are directed to focus on 3T" – P1

"Data collection in 2021 will be carried out by direct observation with a sampling of 9 schools (out of 21 schools), not half of which has yet been reached. This is because the Public Health Center has overloaded with 3T activities" – P2

There are several conditions that cause low school PHBS achievement rates when viewed from the indicators above, there is a checklist regarding the availability of facilities and whether the operation of these facilities is carried out or not. Based on the document review, for the indicators of weighing, there are several schools that have provided rooms for measuring weight and height but are not recorded regularly so that the scores for these indicators cannot be filled in. It is a different case with the condition of healthy latrines, where there is an indicator of the use of healthy latrines with a ratio of the total population of the school community where not all schools can meet this number of comparisons. In the end, the number of school PHBS indicators decreased.

"Because of the pandemic, PHBS at this school has greatly increased because they (schools) are so strict about implementing the health protocol, in my opinion it is very strict, but it is undeniable that there are still school clusters" – D1

"As for the infrastructure, if it comes from school, I can see that it's complete, even if it's from elementary school, they look like it's already there. Be prepared to face face-to-face learning, which at the start of 2021 is like a hand washing facility" – P2

"The indicators of PHBS in 2021 as a whole that are not fulfilled are bathrooms and trash cans, while for washing hands due to a pandemic, the average is still good. But like the bathroom with comparisons for students, there are many that are not fulfilled, also the trash cans are separated by plastic lining, covered, there are no plastic bags. The infrastructure at school is still rather minimal" - P1

"Then there is a canteen, only the canteen is provided, but it seems like there is not enough supervision from the school either. Sometimes there are people, traders from outside, selling in the canteen." – P1

## **DISCUSSION**

Health human resources is an important instrument for the implementation of a health service or program. To achieve the success of a service, health human resources, both at the Health Service and Public Health Center, must be able to adapt to the conditions of the COVID-19 pandemic that hit by forming teamwork. As quoted in the book *Tips for Successful Work Team Management* what is meant by teamwork is a collection of individuals with specific skills who work together and interact to achieve common goals (Ilyas, 2003). The COVID-19 pandemic has not necessarily stopped the steps of the health promotion unit at the Health Office and the Public Health Center in Depok City from continuing to carry out their performance in terms of monitoring PHBS in the school setting. Work team is a group of people with complementary abilities and are committed to the same goals, performance, and approach and feel mutually responsible for achieving them (Ballangrud et al., 2017).

The Public Health Center, in carrying out field trips to monitor PHBS in the School Order as an effort to prevent COVID-19, often encounter obstacles that limit the space for officers to move. This is because Public Health Center are the community's first line in breaking the chain of transmission of COVID-19 where the location of the Public Health Center is close to the community in each sub-district and has its own working area concept (Umpung et al., 2020). The obstacle often faced by health center staff is the risk of exposure to COVID-19 between fellow health center staff. Regardless of the obstacles encountered, in line with the results

of research by Hasanah (2020) note that the Public Health Center continues to carry out its functions as UKP and UKM in accordance with what is stated in Permenkes No. 43 of 2019 during the COVID-19 Pandemic. Therefore, forming a good work team helps the Public Health Center to better organize the activities to be carried out.

The work team that has been formed is considered capable of supporting Public Health Center to continue to carry out its function as UKP during the COVID-19 pandemic by continuing to make efforts to prevent and treat patients who are exposed due to the very fast spread of COVID-19. These efforts include changing the flow of patients, utilization of facilities and infrastructure, tight probes, disinfection before and after service. Whereas in SME services apart from forming a work team, Public Health Center carry out their functions using more social media and strengthening cross-sector relations in disseminating information in the community from the RT to sub-district levels including the health network (Hasanah et al., 2020).

Through a good work team in terms of the quality of human resources that have been adapted by the Health Service and Public Health Center in Depok City, the availability of facilities and infrastructure has also become one of the success factors in fulfilling the 14 indicators of PHBS in school settings. The Depok City Health Office and Public Health Center have provided and distributed various facilities and infrastructure such as educational media, PHBS supporting facilities such as proper handwashing facilities, distribution of health protocol instruments such as masks and hand sanitizers. However, in several work areas, schools experience disparities in terms of facilities, such as a lack of handwashing facilities, availability of clean water and availability of healthy latrines according to indicators.

Research conducted by Messakh et al., on elementary school students found that the implementation of PHBS was still lacking due to several factors such as the human resources of educators and facilities (Messakh et al., 2019). Deficiency in fulfilling these facilities is certainly an obstacle in the process of implementing PHBS in school settings. This does not only occur in the Depok City area, but the results of a literature study by Poague (2022) stated that of the 18,456 schools described based on 65 articles from 30 countries, it indicated a lack of appropriate water, sanitation and hygiene conditions in schools. Even though the infrastructure is available, the amount is inadequate and cannot guarantee the health of school residents. The majority of schools do not meet WHO/UNICEF standard ratio sanitation facilities. These facilities tended to be dirty, unusable, and in poor condition. Poague (2022) also found that during the COVID-19 pandemic as it is today, the condition of the school's infrastructure prevented students from practicing hand-washing behavior which is a basic strategy to stop the spread of COVID-19 in the school environment.

To overcome the gap in the provision of facilities according to WHO standards, UNICEF and the Ministry of Health itself, the government should also pay attention to the condition of the facilities available in schools, both public and private schools. As is the fact found in literature studies in Japan that basic education and school environmental hygiene have a legal basis, namely the School Health and Safety Law (Gakko hoken anzen hou) and the Health Promotion Law (Kenkou zoshin hou), then more detail will be provided in the notification. public MEXT called School Environmental Health Standards (Gakkou kankyuu eisei no kijyun). Regarding the obligation to provide high quality clean water in schools, it is regulated in the Water Supply Law (Suido hou) and several related ministerial regulations such as the Ministry of Health, Labor and Welfare (MHLW) (Sugita, 2022). Meanwhile in Indonesia the regulations set out in PMK No. 25 of 2014 concerning Children's Health Efforts, has not regulated the standardization of health support facilities available in schools such as regulations regarding clean water and sanitation, although the PMK has mentioned school children's health efforts such as the operation of the UKS (School Health Business) and PKPR (Adolescent Care Health Services).

The availability of adequate facilities and infrastructure is of course inseparable from the budget for supporting activities. During the COVID-19 Pandemic, several budget items were refocused for the prevention and handling of COVID-19. This has had an impact on program implementation in which the budget line has shifted including PHBS activities in the school children setting. Regarding budget refocusing, this is regulated in Perppu no. 1 of 2020 followed by the issuance of Presidential Instruction No. 4 of 2020 which is used as an instrument for refocusing K/L budgets including the Ministry of Health as the coordinating center for the Health Office and also the Public Health Center. Budget refocusing also occurs as a result decreased budget transfers from the central government to regional governments due to decreased overall revenue during the COVID-19 pandemic (Martania, 2022). Refocusing the budget is carried out in order to focus its financing on tackling the

COVID-19 pandemic and overcoming economic problems and preventing Indonesia from falling into an economic recession (Sopanah et al., 2022).

The Depok City Health Office cooperates with companies in CSR (Corporate Social Responsibility) activities to get around constraints on activity budget factors. Although not in the form of funds, CSR in its role provides support for the implementation of PHBS activities by providing hand washing facilities which are technically distributed by the Health Office to schools or public facilities that need these tools. Implementation of the CSR program is the realization and actualization of the company's efforts to maintain close contact with the community which is basically an important factor for sustainability which includes economic, environmental and socio-cultural aspects (Setyaningrum & Prastiwi, 2011). The literature study also reveals that the CSR focus of most companies during this pandemic has almost all been diverted to optimizing the handling of COVID-19 through the distribution of Personal Protective Equipment and also other health equipment, such as probes support facilities, one of which is hand washing equipment which can also be followed for moving the wheels of the community's economy through integrated MSMEs so that they can remain empowered during the COVID-19 pandemic.

The implementation of activities was carried out during the COVID-19 Pandemic, apart from the human resource factor, facilities and infrastructure as well as the budget, technical instructions were an engine driving the implementation of an activity or program. The technical instructions contain details of the flow of activities to what needs must be met by the implementer for the continuation of the program. During the COVID-19 pandemic, starting from the President, the Ministry of Health, the National COVID-19 Task Force and also layers of community stakeholders managed the information that was later needed to be used as a technical guide for activities. This is aimed at organizing joint steps to create a real and simultaneous national movement for the prevention and treatment of COVID-19. Related to PHBS activities in the School Order, no standard technical guidelines were issued during the pandemic. However, the National COVID-19 Task Force in collaboration with Ministries/Institutions such as the Ministry of Education and Culture, Ministry of Health, Ministry of Religion, Ministry of Home Affairs, BNPB issued Guidelines for Adjusting Learning Implementation during the COVID-19 Pandemic on August 7 2020, in the guide there are additional technical instructions such as managing Health Protocols in the School Order which complements the indicators in the PHBS school order which refers to the Joint Decree of 4 Ministers.

The Depok City Health Office in its commitment during the COVID-19 pandemic to continue providing health services to the community. The socialization strategy is carried out as a real step by carrying out various innovations such as replacing face-to-face socialization meetings with online ones that utilize information technology, also through print and electronic media. This is in line with research which says that in an online environment learning is obtained which aims to reach massive and broad community groups by utilizing the internet network (Assidiqi & Sumarni, 2020). The hope with this socialization is that the process of delivering policies and technical guidelines that have been published will later be received by health workers and the public as up to date information.

The involvement of the structure for the implementation of the school-order PHBS program during the COVID-19 pandemic in Depok City ultimately gave birth to a good implementation process through limited face-to-face and online activities. However, it was found the limitations of program implementation during this pandemic, which were mostly carried out online, turned out to have an impact on the information provider, in this case the health promotion officer and the health center, to the recipient of the information, in this case the community at school, starting from school principals, students and also other educators.

The feedback on information conveyed online is certainly different compared to direct monitoring. Research conducted in Sweden found that changes in the work methods of health workers with students/guardians such as chatting about health using digital platforms and recording video information about health with school staff such as meetings held online can facilitate coordination, but can also have a negative impact because the information shared digitally is not very detailed (Kleynhans et al., 2021). The phenomenon of the impact of online monitoring provides learning for Promkes officers at the Health Service and Public Health Center where they are aware that the biggest influence on the success of the School PHBS program is the ability of human resources to provide information and process the information provided. In addition to the

ability of health promotion officers, the school's acceptance is also a factor that increases the achievement of PHBS indicators in the school setting.

In this case the involvement of all the school community in the importance of PHBS during the pandemic was able to provide a school climate to practice PHBS properly. Furthermore, through active methodological learning, where students are the center of the learning process by promoting PHBS activities to students to then process in groups for other students (Brivio et al., 2021). In this study, elementary school teachers also agreed that the topic of COVID-19 prevention and health promotion related to PHBS and its implementation process was even more important during the COVID-19 pandemic.

The outputs from a series of program support structures to the process of implementing PHBS monitoring activities at school settings were stated to be capable enough to implement PHBS activities at school settings during the COVID-19 Pandemic. However, conditions were also found where not all schools were successful in carrying out monitoring surveys, this was due to the dynamics of school activities based on applicable regulations, such as changes in regulations from Limited Face-to-Face Learning (PTMT) activities to Distance Learning regarding the development of the COVID-19 case. 19, there is also overlapping activities at the Public Health Center related to the 3T series for the prevention of COVID-19.

If seen in Table 1, school PHBS numbers tend to have high scores. This is known as the impact of a pandemic, where schools, with their respective abilities, prepare facilities to reduce the rate of transmission of COVID-19 in the school environment. However, there are several facilities and infrastructure that schools have not been able to fulfill in terms of facilities to support PHBS, such as healthy latrines that are in accordance with the ratio of the number of students and teaching staff at the school. At the elementary, middle and high school levels, the highest achievements were found in using clean water, not using drugs and washing hands with soap. Low coverage gains are found in the indicators of throwing garbage into segregated bins, consuming healthy snacks, weighing and measuring height every month.

The activities listed in the PHBS indicator for school settings included in the COVID-19 Health Protocol are washing hands with soap with clean running water and the condition of proper toilets being cleaned every day (PTMT FAQ Pocket Book, 2020). As for the differences in the indicators of toilets available in schools listed in the school health protocol regulations and school indicators, it is best to conduct a deeper study so that the survey results can also describe the condition of the feasibility of toilets in schools during the COVID-19 pandemic. Meanwhile, activities with low coverage, such as consuming healthy snacks, are influenced by the regulations contained in SKB 4 of the Minister concerning Guidelines for Organizing Learning During the COVID-19 Pandemic where the closure of canteens was carried out both at schools that carried out PTMT or Distance Learning (PJJ). Activities with a high scope are supported by a good structure and process implementation in line with research conducted by Odone (2021) where the awarding processed educational interventions (66.6%) and provision of sanitation (82.5%) have a big role and have a very good impact on students' healthy behavior.

With regard to school learning methods that are carried out face-to-face or remotely online, the regulations that apply in Depok City are based on the issuance of SKB 4 Ministers about Guidelines for Organizing Learning During the COVID-19 Pandemic in March 2021. To maximize the process of limited face-to-face learning activities, the health and safety factors of the community in schools are taken into consideration, then evaluate the need to carry out limited face-to-face learning for students who experience problems in carrying out distance learning, as well as health priorities for all school members, interventions in the form of vaccinations for educators and teaching staff are needed as an effort to accelerate the implementation of limited face-to-face learning. Apart from that, the behavior of maintaining and following strict health protocols is still carried out in the school environment. By going through this process, it is hoped that schools can restart Limited Face-to-Face Learning, so that teaching and learning activities can be carried out back in school. Having an impact on this, the supervision and implementation of the school order PHBS survey will be more reliable if it is carried out by observation and direct activities at school rather than using the online method.

However, seeing the conditions on the ground, in July 2021, school activities are also required to undergo Distance Learning on the basis of case developments. as of July 9, 2021 which reached high numbers, where the positivity rate was 41.65%, child cases were 19.05% (ages 0 to 5 years were 3,136 cases and ages 6 to 19 years were 9,933 cases). Then the Bed Occupancy Rate (BOR) at the hospital averaged 95 to 100% and the discovery of Covid-19 Variant Delta B1.671.2 in Depok City (Depok City COVID-19 Coordination and

Information Center, 2021). Noticing the incident in this case, the government adopted a policy to temporarily stop PTMT through the Mayor of Depok Circular Letter No. 420/367/Huk/Disdik as of 10 July 2021. This certainly affected the monitoring activities of PHBS in school settings carried out by Health Promotion Officers, by returning to conduct online surveys via online forms.

In September, the Depok City government again issued Mayor Regulation No. 66 of 2021 concerning Implementation of Limited Face-to-Face Learning, which contains guidelines for implementing health protocols in the context of PTMT during the Covid-19 Pandemic in Schools. The regulation also regulates PTMT procedures in educational units, starting from the condition of the classroom, the minimum distance between student seats is 1.5 meters and a maximum of 20 students in one classroom. The implementation of the health program is also something to pay attention to in this regulation, which is to continue to actively use masks that cover the nose, mouth to chin, then wash hands with soap with running water or hand sanitizer and apply cough and sneeze etiquette. PHBS indicators that are included in health protocol activities experience a high tendency for financing, schools support these activities one of which is by providing handwashing facilities with soap. Sports and extracurricular activities are also not permitted by this regulation, so that during the survey in the PHBS indicator column related to physical activity, several schools were unable to fulfill the existing checklist.

## CONCLUSION

The management of health human resources by forming teamwork by the Depok City Health Office and Puskesmas in carrying out PHBS monitoring at school settings is considered an effort to maintain the quality of services provided during a pandemic as well as adaptation for officers who are at risk of exposure to COVID-19. The facilities and infrastructure that support the implementation of PHBS in school settings have been provided and distributed to schools that are considered unable to fulfill PHBS facilities. This was done to increase the awareness of school residents about PHBS behavior and the implementation of the Health Protocol. However, there are still problems with facilities and infrastructure in several schools, this is due to the limited budget for implementing PHBS. Budget refocusing is an issue in fulfilling PHBS facilities and infrastructure in school settings. Regardless of the implementation of PHBS in school settings during the pandemic with existing limitations, technical instructions regarding health protocols that complement each other's PHBS indicators are still being disseminated to related institutions or agencies so that information can reach the community as a whole.

There are obstacles encountered in the field related to the implementation of monitoring activities and the information provided online in the implementation of PHBS monitoring in school settings is considered to have advantages and disadvantages. The response rather than receiving information becomes a critical point of how the information provided can finally be processed into a PHBS behavior in the school environment.

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