

Government Policy in Handling Stunting and Malnutrition in Children during the COVID-19 Pandemic

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Abstract

The COVID-19 pandemic that is currently hitting the world has developed from a non-natural disaster to a human tragedy and a multidimensional crisis that impacts all fields. One of them is the effect on social conditions, in this case, is the nutritional condition of children. Stunting is a condition in which increasing and growth are inhibited in the first 1000 days (HPK). Stunting is a health problem that has long been a concern of the government because it affects Indonesia's human resources quality. This study takes a study of the government's policies in handling stunting in Indonesia as a consequence of the virus outbreak. This research uses descriptive qualitative analysis in processing data related to this research. This analysis's findings indicate that the virus outbreak has had a notable influence on the increase in malnutrition cases and stunting by the government. The government has made several policies to deal with stunting in children during this pandemic. These policies include WFH for pregnant and breastfeeding women; SEJIWA Program for people who experience psychological disorders caused by COVID-19; BERJARAK policies to protect pregnant and breastfeeding mothers and children under five from exposure to COVID-19; and finally made a pilot project for the Kampung Anak Sejahtera and Siaga COVID-19 which involved community participation in handling stunting and malnutrition.

Keywords: COVID-19 Pandemic, Stunting, Government Policy, Work from Home, SEJIWA, BERJARAK.

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A. INTRODUCTION

According to the United Nations, the social and economic crisis as a consequence of the coronavirus outbreak has the potential to cause nearly seven million children to be stunted due to malnutrition (Littlejohn & Finlay, 2021; Torlesse & Le, 2020), stunting is a failure situation growth in children (body and brain growth) due to malnutrition. Even before COVID-19, it was estimated that 47 million children under five were experiencing moderate to severe wasting, most of whom lived in Southeast Asia and sub-Saharan Africa (Coker et al., 2020; Headey & Ruel, 2020). Now, as a result of lockdowns and disruption of vital aid routes in international trade, the United Nations warns that the coronavirus pandemic will create an "intergenerational effect" on the health of millions of people (Hong, 2020)

In Indonesia, BNPB also issued BNPB Decree Number 9 of 2020 concerning Determination of Certain Emergency Status for Disease Outbreaks due to Corona Virus which was later extended through the Decree of the Head of BNPB Number 13A of 2020. As a result of the spread across regions and countries with an increasing number of cases, the government has established a State Regulation on Massive Public Restrictions (PSBB) for the Amplification of Corona Virus Disease 2019 (COVID-19). It has defined this non-natural catastrophe as a national disaster by Presidential Decree No. 12 of 2020. This situation has affected different areas of health, particularly on the health of mothers and infants.

The term stunting or stunted toddler is a condition of chronic malnutrition or lasts for a long time and is indicated by the results of measurements of height according to age that is less than 2SD centered on the WHO growth standards (Wellina et al., 2020; Candra, 2013). Stunted children have a four times greater risk of death than children weighing over 2SD. The fetus in the womb and children aged the first two years have the chance of experiencing stunting, thus inhibiting linear growth and brain development, which occurs very rapidly during that period (Rahayu et al., 2015; Kusuma & Nuryanto, 2013).

The duration of the first 1000 days (1000 HPK) is a crucial node as the start of stunting development (Aryastami, 2017), which, has a long-term effect before it recurs in the life cycle. As a direct cause, malnutrition, especially in children under five, has a short-term impact on increasing morbidity (De Onis & Branca, 2016). If this issue is recurrent, the cognitive function, especially the low intelligence level, and the effect on human resource output is impaired. Children with early malnutrition (1000

HPK period) are vulnerable to non-communicable diseases in adulthood under repeated conditions (during life cycle) (Osmond & Barker, 2000; Black, 2008). Indonesia is one of the comparatively large stunting countries compared to other countries with middle revenues. If this situation is not resolved, it can affect Indonesia's development performance, both economic growth, poverty and inequality. If children are born healthy, grow well and are supported by quality education, they will become a generation that promotes nation building's success. While stunting can have an impact on reducing the IQ of Indonesian children by 10-15 points, the low academic achievement of children, furthermore children are predicted to earn 20% lower income at working age, thus exacerbating poverty and threatening the survival of future generations (Beal et al., 2018; Prendergast & Humphrey, 2014).

According to the Indonesian Toddler Nutrition Status Survey (SSGBI) in 2019, this figure dropped to 27.7 %. The reduction in stunting rates has been declared a national priority program. Currently, the government is continuing to organize the implementation tools to accelerate the prevention of stunting and formulate the National Strategy (Stranas) for the Acceleration of Prevention of Stunting for 2018-2024. Through the Governmental Medium-Term Growth Strategy (RPJMN) 2020-2024, the government has also set a target for the national stunting rate to decrease to 14%. However, with the COVID-19 pandemic, this target is not expected to be achieved.

UNICEF reports that the COVID 19 pandemic will cause 15% or the equivalent of 7 million patients worldwide to raise the number of cases of stunting due to acute malnutrition (wasting) (Popkin et al., 2020). Stunting is a major nutritional problem and the biggest challenge for the Indonesian nation, where 1 in 3 children under five suffer from stunting (Azwar, 2004). In the Policy Direction and Action Plan for the Public Health Program for 2020-2024, the government has targeted a reduction in the number of stunting cases to 14 per cent by 2024 or below 680 thousand issues per year. However, due to the COVID-19 outbreak, the amount of stunting cases in Indonesia is expected to rise. This can be caused by obstructed access for mothers and children to get optimal health services. It was recorded that only 19.2 per cent of Puskesmas continued to carry out Posyandu activities during the pandemic period. Centred on data provided by the Ministry of Health, the number of visits to antenatal care and health services for infants, toddlers and children has decreased so that immunisation services, monitoring activities for the development and growth of infants and toddlers, and maternal and child health interventions cannot run optimally.

Based on several studies that have been carried out, the prevalence of stunting is caused by many causes, both internal and external. Internally, stunting is influenced by factors directly related to infants or toddlers' growth and development, such as parenting, exclusive breastfeeding, complementary feeding, complete immunisation, protein and mineral adequacy, infectious diseases, and genetics. It is shaped externally by household socio-economic factors, such as education for mothers, the working status of mothers and family revenue (Pratama et al., 2019; Syaffi'i, 2021). Based on this, it can be concluded that the holistic handling of stunting is not sufficient only in the health sector, but also must touch the socio-economic aspects.

Besides, the introduction of the Massive Social Constraints (PSBB) in various areas has an overall effect on the population's social and economic conditions and has had an impact on the rising rate of decline in Indonesia (Lawaceng & Rahayu, 2020). The reduction of various trading partners' activities has forced several workers to be laid off, and not a few have experienced layoffs (layoffs). This has caused many families to lose their household income source and lead to poverty (Hanoatubun, 2020). Poverty is an indicator of a family's inability to obtain adequate food so that children's nutritional needs cannot be fulfilled. Besides, the existence of a strict policy of large-scale social restrictions implemented by the government has resulted in obstacles to distributing food to the regions. It's one of the causes of stunting in infants, too (Efrizal. 2020).

Seeing the problems described above, the government feels the need to make policies to prevent an increase in stunting and malnutrition in children, especially during the COVID-19 pandemic. These policies are expected to be a solution for people, especially those vulnerable to this stunting.

Therefore, in this situation, the author is involved in undertaking a government policy research report on stunting and malnutrition in children during the COVID-19 pandemic. This is very critical in determining the very severe effect of the stunting issue; among others, the short term is related to morbidity and mortality in infants/toddlers, the medium term is related to low intellectuality and cognitive abilities, and the long time is associated with the performance of human capital and the problem of degenerative diseases in adulthood. This report aims to recognise and evaluate all government policies to avoid and mitigate child stunting and malnutrition during the virus outbreak. This analysis is hoped to enrich a literature and become the basis for the government to implement policies that are more targeted so that stunting cases in Indonesia can be reduced or at least not exploded due to this pandemic.

B. METHOD

This research results from scientific thought are written using qualitative methods, namely collecting data and information through examination and analysis of data and data using secondary data, both in the form of documents, related laws and regulations, reports, etc. The results were analysed descriptively. A qualitative research methodology is a continuum of research and interpretation focused on analysing psychological factors and human issues. In this analysis, the researcher created a dynamic vision, looked at the terms, gave thorough reports on the respondents' opinions, and carried out studies on realistic situations. Qualitative research is carried out in natural circumstances and exploration of nature (Somantri, 2005). An analyst is a central tool of qualitative analysis. Researchers must also have broad theoretical and informative provisions to pose questions, examine and construct the object under review to be more transparent. This research focuses mainly on the significance and is related to values (Gunawan, 2013).

Qualitative analysis is performed under normal and exploration conditions. An analyst is a central tool of qualitative research. Researchers must also have broad theoretical and informative provisions to pose questions, examine and construct the object under review to be more transparent. This research puts further focus on sense and value-bound (Creswell & Miller, 2000). Besides, as described by Moloeng, qualitative methods are implemented with many factors; the first modification of qualitative methods is more straightforward when dealing with several realities; Second, this approach creates a clear interaction between the researcher and the respondent; third, this method is more adaptive and can respond to the multiple sharpening of the collective impact and the trends of value that confront it (Moloeng, 2007).

In presenting the research results, the writer used a descriptive qualitative method. This qualitative descriptive research is a research method that utilises qualitative data and describes a descriptive history. This type of qualitative descriptive study is often used to analyse social events, phenomena or circumstances. Descriptive analysis is one form of research to provide a full picture of the social environment or investigate and clarify the social phenomena or reality (Arikunto, 2010). You do this by defining various variables concerning the problem and the unit under study between the phenomenon being evaluated. The descriptive research aims to provide an accurate picture of a group, to define a process or relationship structure, to provide a full picture in either verbal or

numerical form, to present specific facts on a relationship, to establish a collection of categories and to identify research subjects (Nazir, 1988).

C. RESULT AND DISCUSSION

Corona Virus Disease 2019 (Covid-19)

Viruses are a new type of coronavirus-induced disease, namely SARS-CoV-2, also known as coronavirus. COVID-19 can cause diseases of the lungs that can range from mild symptoms such as influenza to lungs, such as pneumonia (Vourinen et al., 2020; Stadnytskyi et al., 2020). The first disease outbreak took place at the end of December 2019 in Wuhan City, China. COVID-19 then soon spread to people and in just a few months spread to hundreds of countries like Indonesia.

COVID-19 was first passed to humans from animals. It was then understood that this virus could also be spread from human to human (Shereen et al., 2020). Transmission could be achieved in the following forms:

1. I was inadvertently breathing the particles that occur when an individual with COVID-19 sneezes or coughs.
2. You are keeping your lips, nose, or eyes After touching COVID-19 fall, without washing your hands first.
3. Near touch (less than 2 meters) with COVID-19 people without wearing a mask.

The CDC and WHO stated that COVID-19 could also be transmitted through aerosols (particles of substances in the air). However, this transmission mode only occurs in specific medical procedures, such as bronchoscopy, endotracheal intubation, mucus suction, and administration of inhaled drugs through a nebuliser (Nugroho et al., 2020).

COVID-19 can infect anybody, but the result would be more severe or even lethal if it attacks older adults, pregnant women, cigarettes, patients with some illnesses, and low immune systems, such as those who have cancer (Kartikawati, 2020).

Symptoms of flu, such as fever, runny nose, dry cough, sore neck and headache, will epitomize early symptoms with COVID-19. The signs will then vanish and recover or deteriorate. High fever, coughing, shortness of breath or chest pain can be found in patients with serious symptoms (Tian et al., 2020). The signs described above occur as the body responds to the COVID-19 virus.

In specific, three primary indications may suggest that a person is infected with COVID-19, i.e.:

1. Fever (body temperature above 38 ° C)
2. Dry cough
3. Hard to breathe

Apart from the above symptoms, several other symptoms are rare, but can also appear in COVID-19 infection, namely:

1. Tires easily
2. Muscle ache
3. Chest pain
4. Sore throat
5. Headache
6. Nausea or vomiting
7. Diarrhoea
8. Cold or nasal congestion
9. Chills
10. Sneezing
11. Loss of taste ability
12. Loss of smell (anosmia)

Symptoms of COVID-19 can occur within 2 days to 2 weeks after a person is infected with the virus that causes it. Some COVID-19 patients also experience decreased oxygen without any symptoms. This condition is called happy hypoxia. Several case reports also state that some COVID-19 patients can experience skin rashes (Tian et al., 2020).

In some sufferers, COVID-19 can cause no symptoms at all. People who have obtained positive confirmations for COVID-19 via RT-PCR but have no symptoms are referred to as cases of asymptomatic confirmation. These sufferers can still transmit COVID-19 to other people.

Until now, there is no cure for COVID-19. If you are diagnosed with COVID-19 but have no symptoms or only experience mild symptoms, you can do self-care at home, namely:

1. Perform self-isolation for 2 weeks by not leaving the house and keeping a distance from people in the same place.
2. Take temperature 2 times a day, morning and evening.
3. Wash hands with soap, running water, or hand sanitiser.
4. Drink lots of water to maintain body fluid levels.
5. Get enough rest to speed up the healing process.
6. Take cough, fever and pain relievers after consulting a doctor.
7. Pay attention to your symptoms, and contact your doctor immediately if they get worse.

Currently, Indonesia is regularly vaccinating the people of Indonesia for COVID-19. Even though vaccinations have started to be carried out, the best strategic protection is to remove factors that can lead you to get this virus infected, namely:

1. Apply physical space which should not first be left at a distance of at least 2 meters from all residents until the urgent need arises.
2. When I do civic service, traffic or shopping in a grocery store, I have a mask.
3. Wash your hands regularly with soap and water or alcohol-containing hand sanitiser, particularly after doing business abroad or in public areas.
4. Do not cross your eyes, lips or nose until your face is washed.
5. Enhance endurance for safe living.
6. Avoid COVID-19 contact, persons charged with COVID-19 positive or persons with fever, cough, and fluid nose Contact.
7. Split the mouth and nose into the trash with the cloth when coughing or sneezing.
8. Keep sterile materials that are always affected and safe from the environment, such as household sanitation.

Stunting

Stunting is a condition when the child is shorter than other children his age, or in other words, the child's height is below the standard (Golden, 1994). The standard used as a reference is the World Health Organization (WHO). Stunting occurs due to lack of nutritional intake in children in the first 1000 days of life, from when the child is still in the womb until the child is 2 years old (Robertson et al., 2019). One of the causes is the lack of protein intake. According to the Indonesian Ministry of Health, short or stunting toddlers can be identified if a toddler has been measured for length or height, then compared with the standard. The results of this measurement are below average.

Environmental and genetic factors cause stunting. Environmental factors that play a role in causing stunting to include the mother's nutritional status, the pattern of feeding the child, environmental cleanliness, and the incidence of infection in children. Environmental factors are an essential aspect that can still be intervened so that stunting can be overcome. Apart from being caused by the environment, stunting can also be caused by genetic and hormonal factors. However, most of the stunting is caused by malnutrition (Ngaisyah, 2016). Stunting in children can be caused by problems during pregnancy, childbirth, breastfeeding, or afterwards, such as providing complementary foods with insufficient nutritional intake. In addition to poor nutrition, stunting can also be caused by poor environmental hygiene, so that children often get infections. Poor parenting also contributes to the occurrence of stunting. Low parenting style is usually caused by the mother's condition who is still too young, or the distance between pregnancies is too close (Sulistianingsih & Madi Yanti, 2016).

Stunting in children can be seen from the stunted children when they reach the age of 2 years, or shorter than children of the same period. Besides being short or stunted, children who are stunted also look thin. Even though it seems straightforward and light, the child's body is still proportional. But keep in mind, not all short children are called stunting. Besides experiencing growth problems, stunting in children also affects their development. Children with stunting will experience decreased levels of intelligence, speech disorders, and difficulties in learning. As a result, children's performance in school will be below. A further impact of stunting is on the child's future, where it will be difficult for him to get a job as an adult (Kusumawati et al., 2015). Children with stunting also have a low immune system, so they get sick more quickly, mainly due to infectious diseases. Besides, children who are stunted will find it more difficult and take longer to recover when ill.

Stunting also has a long-term impact on children's health. Like adults, children will be susceptible to diabetes, hypertension, and obesity (Lestari et al., 2014).

These characteristics of stunted children are the impact of lack of nutrition, frequent illnesses, and bad parenting in the first 1000 days of life, which can be prevented but cannot be repeated. The references used for each age group can be different. Currently, Indonesia uses the growth curve belonging to the WHO and CDC. The indicator commonly used in Indonesia is the weight for height (BB / TB), although there are other indicators (Anindita, 2012).

The BB / TB indicator determines nutritional state of the infant by comparing a weight with the ideal weight according to a height. It can be interpreted as obesity, over nutrition, good nutrition, undernutrition, and poor nutrition. The TB / U indicator compares the size of a child with children of the same sex the same age. The interpretation is tall, average, short stature, and a concise length. The BB / U indicator divides the child into average weight, underweight, and overweight. This indicator compares a child's weight with children his age (Hidayat & Fuada, 2011). According to age, a child is classified as short stature if the body length or height falls below the Z score -2 WHO Growth Standard. According to age, concise measurement if the body length or size is below the Z score -3 WHO Growth Standard. They were stunting if the short stature is caused by suboptimal health or nutritional conditions. Stunting should be differentiated from another short length by a paediatrician to determine further management. Sometimes, a storyteller's non-short stature requires leg lengthening therapy, hormone replacement, or enzyme replacement (Sundari & Nuryanto, 2016).

As previously explained, growth and development disorders due to stunting are permanent, which means they cannot be overcome. However, this condition is very preventable, the foregoing for the first 1000 days of a child's life in total:

1. Meet the mother's nutritional adequacy during pregnancy and breastfeeding, especially iron, folic acid, and iodine.
2. Act out early breastfeeding and breastfeeding exclusive.
3. Complete the knowledge of good complementary solids and apply it.
4. Get used to a clean and healthy lifestyle by washing hands with soap and water, especially before preparing food after defecating or urinating, drinking water that is guaranteed

cleanliness, and washing utensils with dish soap. All of this is done to prevent children from contracting infectious diseases (Ekayanthi & Suryani, 2019).

Parents also need to have their little ones checked into Posyandu or Puskesmas regularly, so that their little one's growth stages can be monitored, to be compared with the growth curve from WHO. This examination can detect failure to thrive and is recommended every month for children under one year of age, and every three months for children aged 1-2 years. In addition to monitoring height and weight, routine checks are also needed to evaluate the possibility of infection in children, such as worms, tuberculosis, urinary tract infections, and recurrent diarrhoea (Megawati & Wiramihardja, 2019).

It is feared that the COVID-19 pandemic that has taken place in 2020 will raise the rate of stunting in Indonesia. Overburdened health facilities, interruption of food supply chains, and loss of income due to COVID-19 could lead to a sharp rise in Indonesia's number of malnourished children. Latest UNICEF figures say that, in the absence of prompt intervention, the number of children losing or chronically malnourished under 5 could rise globally by around 15% this year due to COVID-19. This means that there is an increased risk of loss, a disease marked by low body weight relative to height, and many families in Indonesia have lost household income and are less able to afford safe and nutritious food for their children. Children with stunting and loss are vulnerable to long-term developmental disabilities.

Policies for Handling Stunting in Indonesia during the COVID-19 Pandemic

The issue of stunting or the state of lack of progress in children under five so that they have a too short body compared to their age is still a big challenge facing this nation. Based on the Global Nutrition Report in 2018, Indonesia's Stunting Prevalence from 132 countries was ranked 108th, while in the Southeast Asia region, Indonesia's stunting prevalence was the second highest after Cambodia. This figure is undoubtedly very worrying, considering that the most valuable resource for a country is quality human resources (HR). Our nation's future is in the hands of 79.55 million Indonesian children (BPS, 2019). We can thus see how important it is today for the quality of services in the futures to satisfy the rights of our children. Any causes of stun are inadequate parenting, insufficient health insurance, a lack of access to healthy food by family members and a lack of access to clean water and healthcare. For this reason, all parties must optimise the improvement of nutrition to ensure the fulfilment of balanced nutrition for children.

The President of the Republic of Indonesia, Joko Widodo, instructed that human resources development, including children, is the focus of development in 2024. Therefore, all parties must pay attention to children's story, from when they are in the womb to babies, until they enter their golden age. It is necessary to raise awareness of all parties about the importance of preventing stunting, especially with the non-natural disaster of the Covid-19 pandemic. This is the right momentum to realise the goals of sustainable development or Sustainable Development Goals (SDGs), in line with efforts to achieve health recovery and sustainable equity. According to the Basic Health Research data, the national stunting rate had decreased from 37.2% in 2013 to 30.8% in 2018. According to the Indonesian Toddler Nutrition Status Survey (SSGBI) in 2019, this figure dropped to 27.7 %. The reduction in stunting rates has been declared a national priority program. Currently, the government is continuing to organise the implementation tools to accelerate the prevention of stunting and formulate the National Strategy (Stranas) for the Acceleration of Prevention of Stunting for 2018-2024. Through RPJMN 2020-2024, the government has also set a target for the national stunting rate to decrease to 14%.

Following up on President Joko Widodo's direction on May 8, 2020, regarding the Strategy for the Acceleration of Stunting Reduction during the Covid-19 pandemic, the government has made various efforts to accelerate stunting prevention, namely imposing a flexible work from the home mechanism, including for women who are breastfeeding and/or have children under three years of age, to pay attention to the need for balanced nutrition for child development; presenting the National Mental Health Service (SEJIWA) to fulfil the rights of women and children affected by Covid-19, including pregnant and lactating women.

Besides, initiating a joint movement to protect our families (BERJARAK) resulted in various IEC related to the protection of women and children during the pandemic, including the Guide to Breastfeeding in a COVID-19 Pandemic Situation. They were conducting a pilot project in the form of the Kampung Anak Sejahtera (KAS) program in 8 (eight) villages with high stunting rates, namely through providing additional food for toddlers; education on balanced nutrition and proper sanitation for children for families and pregnant women; child rights-based parenting training; reproductive health education for adolescents; and local food processing skills for complementary foods and healthy foods. After 4 months of implementing this activity, an evaluation was carried out, and 16% of the children from the eight villages were known to have increased their nutritional status.

The Work from Home policy for women who breastfeed and/or have children under 3 years of age is one of the government's policies during the Covid-19 pandemic. This policy aims to prevent mothers and babies from being exposed to the COVID-19 virus and ensure that mothers and babies receive balanced nutrition and breast milk (ASI) to increase the body immunity and reduce maternal mortality and childbirth, and mortality. Baby. COVID-19 can be prevented by consuming a balanced and healthy diet because it can increase the body's immunity, reduce the risk of chronic disease and infectious diseases. Pregnant and lactating women are categorised as vulnerable to infection with the COVID-19 coronavirus. One reason is that they have low immunity due to hormonal changes during pregnancy and breastfeeding. Therefore, pregnant and nursing mothers need to know how to protect themselves during this pandemic adequately. With the government's WFH policy, it is hoped that it can protect mothers and children from the risk of being exposed to a virus that has not found a cure.

The government also launched a national psychological service policy for mental health called SEJIWA. This service is aimed at meeting the mental health needs of the community amid the Covid-19 pandemic. This program is essential to exist amid the emergence of various psychological and mental problems due to the COVID-19 pandemic. The government considers that not everyone can face a pandemic, which can lead to mental health problems. Depression can arise due to the cessation of production activities, resulting in loss of jobs and income, which affects the family economy. Mother and child are the people most vulnerable to the impact, including pregnant and lactating women and babies. Therefore, the government exists in the form of a Mental Health Service (SEJIWA) policy to prevent acts of violence against women and children and protect their rights. This means that this policy is a tangible form that the state is here to protect its citizens, one of which is to maintain mental health through counselling and education services to people affected by Covid-19. The public can access this service via telephone line 119 ext 8. 119 services have been devoted to providing health services around Covid-19. Callers will be connected to volunteers from HIMPSI and will have the opportunity to conduct counselling for 30 minutes. There are three psychological treatment steps, namely public education, initial psychiatric consultation, and mentoring.

The rapid spread of the covid-19 virus makes it necessary for us to take precautions to protect women and children from the dangers of exposure to COVID-19 in Indonesia. Through the Ministry of Women's Empowerment and Child Protection, the government took the initiative to carry out

the Joint Movement to Protect Our Families or the Distance Movement. 10 long distance acts to avoid covid-19 will be performed, namely:

Action # 1 Stay Home

By staying at home, you can contain the spread of the coronavirus. The fewer people are doing activities outside the house, the fewer chances of meeting or contacting an infected person. The choice to stay at home alone is the best way to protect ourselves, children, women and the elderly from exposure to Covid-19. So just go home ...

Action # 2 The Rights of Women and Children are Fulfilled

Ensure that the basic needs of women and children are met in every house, including basic health and reproductive health needs, social needs, and economic needs. If there is a fulfilment of basic requirements that require assistance, coordinate with the Referral House, #BERJARAK LWG at the district/city level to be followed up, and other agencies.

Action # 3 Personal Protection Tools Available

Even though they are required to stay at home, those who do have to continue working outside the home can still carry out their activities on conditions. What needs to be prepared is to ensure that all homes and families provide standard personal protective equipment such as masks, water, hand sanitisers, and handwashing soap. Women who work in vital sectors (such as hospitals or related to basic needs) ensure that they wear standard equipment that is safer to wear outside the home.

Action # 4 Take care of yourself, family and the environment

We need to maintain the cleanliness of ourselves, family members and the environment around the house. As for how to maintain personal and environmental hygiene, namely: 20 seconds after outdoor activities wash hands with soap and running water; do not touch your skin, with dirty hands, if we keep touching it with dirty hands, it is the same as opening the door wide; Cover your mouth with a towel while hacking and sneezing. If you don't have any clothing, put your inner elbow on your lips so that the drops come out (which could contain the virus that causes COVID-19) don't spread quickly to other places; immediately clean yourself after activities outside the

room; use a mask when you are sick; it is advisable to clean frequently touched objects, such as cell phones, door handles, computer keyboards, and desks; you can clean it using a disinfectant liquid; immediately see a doctor if you show any symptoms.

Action # 5 Creating Warning Alerts

Make warning signs such as please wash your hands before entering the house, do not touch outside food, make sure door handles are clean, and so on.

Action # 6 Maintaining Physical Distance

Women, children and families always make sure to keep a distance of at least 1.5-2 meters from other people when outside the home, in public spaces, in markets and other crowded places. Droplets of saliva splashes containing the coronavirus can fly as far as approximately 2 meters. If you stand cramped or don't keep your distance from people who are positive for COVID-19, the droplets will easily stick to the body, and the virus will move along.

Action # 7 Watch Outs for the Entry of People and Goods

Form a supervisory team that oversees the movement of goods and people into the environment.

Action # 8 Spread Correct Information

In addition to physical health, we also need to maintain our psychological health by cleverly browsing through verified and valid news and information to protect us from stress and anxiety. Safe also means that women and children are always properly informed.

Action # 9 Activation of Online Communication Media

During this pandemic, avoid direct contact and replace it with indirect interactions via WhatsApp Group and Community Radio. The communication flow will rely on the activation of online communication media. All activities are carried out online and refer to the Task Force's guidelines for the Acceleration of Handling COVID-19.

Action # 10 Referral Home Activation

Establish a "Referral Home" as a centre for information and communication in your environment. The Referral House will be the centre for daily data and information flow. Determination and activation of Referral Homes are carried out in coordination with the Regency / City Level Covid-19 Acceleration Task Force.

Apart from the policies above, the government has also made a village pilot project for the Kampung Anak Sejahtera (KAS) program in 8 (eight) villages with high stunting rates, namely through the provision of additional food for children under five; education on balanced nutrition and proper sanitation for children for families and pregnant women; child rights-based parenting training; reproductive health education for adolescents; and local food processing skills for complementary foods and healthy foods. Besides that, the government and the government have also made villages alert for COVID-19 by involving the community. The Covid-19 Alert Village is a village whose residents have the readiness of resources and the ability to deal with health problems, both physically and mentally, independently in dealing with Covid-19. Desa Siaga Covid-19 was later downgraded to RT / RW Siaga Sehat Jiwa to work together with cross-related professions, from the provincial and district health offices to Puskesmas. Here, clinical psychologists educate and provide practical skills guidance to the community to apply mentoring principles independently. It appears that the steps taken by the government are comprehensive, involving cross-sectoral, private and public so that it can be the right strategy in efforts to prevent and alleviate community mental health problems due to the Covid-19 pandemic.

C. CONCLUSION

A part from the policies above, the government has also made a village pilot project for the Kampung Anak Sejahtera (KAS) program in 8 (eight) villages with high stunting rates, namely through the provision of additional food for children under five; education on balanced nutrition and proper sanitation for children for families and pregnant women; child rights-based parenting training; reproductive health education for adolescents; and local food processing skills for complementary foods and healthy foods. Besides that, the government and the government have also made villages alert for COVID-19 by involving the community. The Covid-19 Alert Village is a

village whose residents have the readiness of resources and the ability to deal with health problems, both physically and mentally, independently in dealing with Covid-19. Desa Siaga Covid-19 was later downgraded to RT/RW Siaga Sehat Jiwa to work together with cross-related professions, from the provincial and district health offices to Puskesmas. Here, clinical psychologists educate and provide practical skills guidance to the community to apply mentoring principles independently. It appears that the steps taken by the government are comprehensive, involving cross-sectoral, private and public so that it can be the right strategy in efforts to prevent and alleviate community mental health problems due to the Covid-19 pandemic.

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