



IMPLEMENTATION OF THE EMERGENCY RESPONSE PROGRAM TO ACHIEVE COMMUNITY INDEPENDENCE IN ROBAN VILLAGE, CENTRAL SINGKAWANG DISTRICT

IMPLEMENTASI PROGRAM TANGGAP DARURAT UNTUK MENCAPAI KEMANDIRIAN MASYARAKAT DI DESA ROBAN, DISTRIK SINGKAWANG TENGAH

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DOI: <https://doi.org/10.62567/micjo.v3i2.2399>

Abstract

The purpose of this study is to describe and analyze the process of organizing, interpreting and applying the implementation process of the Active Emergency Village program in realizing community independence in Roban Village, Singkawang City. The results of the study indicate that the Implementation of the Active Emergency Village program in Realizing Community Independence in Roban Village, Singkawang Tengah District, Singkawang City has been implemented but has not been maximized. This can be seen from the implementation of the organizing process that has not been carried out in accordance with the activities of selecting the administrators and cadres of the Active Emergency Village through a special meeting of the formal leaders of the Village and community leaders and several community representatives. The election was carried out through deliberation and consensus, in accordance with the applicable procedures and criteria, facilitated by the Roban Health Center. The implementation of the interpretation process of the implementation of the socialization process through the transmission or distribution of information is not clearly received by the implementers such as the village head and the health center, so that not all people know or understand the program. The implementation of the application process such as the adequacy of implementing personnel, authority as authority or legitimacy for implementers in implementing the established policies is still limited, so the power of the implementors in implementing the program in the eyes of the community is not in accordance with the Decree of the Minister of Health of the Republic of Indonesia, Number 1529 / MENKES / SK / X / 2010 Concerning General Guidelines for the Development of Active Emergency Villages and Sub-districts.

Keywords : The active of Emergency Village Program, Community Independence, Singkawang City.

Abstrak

Tujuan penelitian ini adalah menggambarkan dan menganalisis proses pengorganisasian, interpretasi dan aplikasi dalam proses implementasi program Kelurahan Siaga Aktif dalam mewujudkan kemandirian masyarakat di Kelurahan Roban Kecamatan Putusibau Selatan Kota Singkawang. Hasil penelitian menunjukkan bahwa Implementasi program Kelurahan Siaga Aktif dalam Mewujudkan Kemandirian Masyarakat di Kelurahan Roban Kecamatan Singkawang Tengah Kota Singkawang sudah terlaksana namun belum maksimal. Hal tersebut dapat dilihat dari pelaksanaan proses



pengorganisasian belum dilakukan sesuai dengan kegiatan pemilihan pengurus dan kader Kelurahan Siaga aktif melalui pertemuan khusus para pemimpin formal Kelurahan dan tokoh masyarakat serta beberapa wakil masyarakat. Pemilihan dilakukan secara musyawarah dan mufakat, sesuai dengan tata cara dan kriteria yang berlaku, dengan difasilitasi oleh Puskesmas Roban. Pelaksanaan proses interpersasi dari pelaksanaan proses sosialisasi melalui transmisi atau penyaluran informasi kurang jelasnya diterima para pelaksana seperti lurah dan pihak puskesmas, sehingga tidak semua masyarakat mengetahui atau memahami program tersebut. Pelaksanaan proses aplikasi seperti ketercukupan tenaga pelaksana, kewenangan sebagai otoritas atau legimitasi bagi para pelaksana dalam melaksanakan kebijakan yang ditetapkan masih terbatas maka kekuatan para implementor dalam melaksanakan program tersebut dimata masyarakat kurang sesuai dengan Keputusan Menteri Kesehatan RI, Nomor 1529/MENKES/SK/X/2010 Tentang Pedoman Umum Pengembangan Desa dan Kelurahan Siaga Aktif.

Kata Kunci : Program Desa Siaga Aktif, Kemandirian Masyarakat, Kota Singkawang.

1. INTRODUCTION

Active Emergency Villages is a development of the Active Emergency Village program, which began in 2006. Active Emergency Villages (Kelurahan Siap Aku) are villages whose residents have easy access to basic health services, provided daily through Village Health Posts (Poskesdes) or local health facilities, such as Assistant Community Health Centers (Pustu), Community Health Centers (Puskesmas), or other health facilities. They also include villages whose residents develop Community-Based Health Centers (UKBM) and implement community-based surveillance (including disease monitoring, maternal and child health, nutrition, environmental and behavioral health), health emergency and disaster management, and environmental sanitation, enabling residents to practice Clean and Healthy Living Behaviors.

The goal of the Active Emergency Village program is to improve the level of public health to the highest possible level, creating a Healthy and Independent community that is aware, willing, and able to prevent and address various threats to public health, such as malnutrition, infectious diseases and diseases that have the potential to trigger Extraordinary Events (KLB), disasters, accidents, and other diseases, by leveraging local potential through mutual cooperation. The emergency sub-district actively encourages improving the health of residents in the sub-district, so it is very important to continue developing it.

The implementation of the Active Emergency Village program has a real impact on the community. The large number of people participating makes this program easier to run, because the community is starting to be able to independently solve problems that exist in the community. In Roban Village, Singkawang Tengah District, Singkawang City, households with Clean and Healthy Living Behavior in 2020 obtained 60.72% of families who practice Clean and Healthy Living Behavior with a target of 65%. The coverage obtained is as follows: delivery by health personnel (Nakes) 96.74%, exclusive breastfeeding 56.23%, weighing toddlers every month 80.65%, using clean water 85.83%, washing hands with clean water and soap 95.64%, using a healthy toilet 87.60%, eradicating mosquito larvae 90.64%, eating fruit and vegetables every day 87.53%, doing physical activity every day 90.64%, not smoking in the house 59.70%. The implementation of the Active Emergency Village program has a real impact on the community. The large number of people participating makes this program easier to run, because the community is starting to be able to independently solve problems that exist in the community. In Roban Village, Singkawang Tengah District, Singkawang City, households with Clean and Healthy Living Behavior in 2020 obtained 60.72% of families who practice Clean and Healthy Living Behavior with a target of 65%. The coverage obtained is as follows: delivery by health personnel (Nakes) 96.74%, exclusive breastfeeding 56.23%, weighing toddlers every month 80.65%, using clean water 85.83%, washing hands with clean water and soap 95.64%, using a healthy toilet 87.60%, eradicating mosquito larvae 90.64%, eating fruit and vegetables every day 87.53%, doing physical activity every day 90.64%, not smoking in the house 59.70%.



Research on the implementation of programs related to the active emergency village program is still lacking by other researchers, therefore this research is interested in examining this case from a policy perspective. Research on the implementation of programs related to the active emergency village program is still lacking by other researchers, therefore this research is interested in examining this case from a policy perspective. At the policy implementation level, many parties are involved in achieving program success and this is what causes findings in the field to always be dynamic (Arifin & Mulia, 2021; Rochmawati et al., 2022; Zulkarnaen et al., 2023).

As an analytical tool in this research, the researcher used the Jones concept in implementing the program. As an analytical tool in this research, the researcher used the Jones concept in implementing the program (Nova Elsyra, Syah Amin Albadri, 2020)(Rohmani et al., 2015; States et al., 2009; Yuliani & Sadad, 2022).

Policy implementation, in principle, is a way for a policy to achieve its objectives. Nothing more, nothing less. To implement public policy, there are two options: directly implementing it in the form of a program or through the formulation of a derivative policy derived from that public policy. The policy implementation process can be clearly observed, starting from the program, then moving on to the project, and then to the activity. This model adapts common mechanisms in management, particularly public sector management. Policies are translated into programs, which are then translated into projects, and finally, they are embodied in activities, whether carried out by the government, the community, or in collaboration with the government and the community (Arifin, 2021; Bolkiah et al., 2021; Lestari & Firdausi, 2017).

The implementation process is an activity intended to operationalize a program, with three stages as its pillars. a. The Organizational Stage, which involves the formation or restructuring of resources, units, and methods to implement the program, b. The Interpretation Stage, which interprets the program to create an appropriate, acceptable, and implementable plan and direction. c. The Application/Enforcement Stage, which involves the routine provision of services, payments, or other matters aligned with the program's objectives(Bolkiah et al., 2021; Nopriani et al., 2022; Sani et al., 2023; Zulkarnaen et al., 2024).

2. RESEARCH METHOD

The type of research to be used is determined by the problem, nature, and objectives of the study. In this study, the type of research used was descriptive research with a qualitative approach. According to Sugiyono (Harbani Pasolong, 2020), descriptive research is research conducted to determine independent research indicators, either one or more, without making comparisons or connecting one indicator to another.

The research location was Roban Village, Singkawang Tengah District, Singkawang City, considering that the guidelines used only referred to those issued by the Ministry of Health and the Singkawang City Health Office. Technical guidelines specifically tailored to the conditions of the Roban Village/local community do not yet exist, even though the Ministry of Health provides the opportunity for regions to develop guidelines that accommodate the characteristics of each region.

Data analysis is performed after data collection is complete. The data presented in qualitative research is in the form of words, not strings of words. After obtaining the data, the next step is to process the collected data by analyzing, describing, and drawing conclusions. Data analysis is performed after data collection is complete. The data presented in qualitative research is in the form of words, not strings of words. After obtaining the data, the next step is to process the collected data by analyzing, describing, and drawing conclusions.



3. RESULT AND DISCUSSION

The implementation of the Active Emergency Village program initially required considerable time to introduce this policy to all groups. Furthermore, the implementation of the Active Emergency Village program in Roban Village, implemented by the government, was previously unheard of. However, now it is required to serve the community with emergencyness. Organizationally, the formation of the Active Emergency Village in Roban Village was carried out through the selection of the Active Emergency Village administrators and cadres through a special meeting of the Village's formal leaders, community leaders, and several community representatives. The selection was carried out through deliberation and consensus, in accordance with applicable procedures and criteria, facilitated by the Roban Community Health Center.

The success of the efforts to develop the active Emergency Village program can be seen from four indicators, namely input indicators, process indicators, output indicators and impact indicators. In addition, the success of the Active Emergency Village Program in realizing community independence in Roban Village can be seen from the strata of the Active Emergency Village consisting of the Pratama Strata, the Madya Strata and the Main Strata. One of the successes of the Active Emergency Village Program process is the functioning of the community-based surveillance system. The community-based surveillance system is a self-awareness survey system developed in the community by community leaders with the guidance of health workers to identify health problems. According to field observations, in Singkawang City, several Villages have not succeeded in developing the Active Emergency Village because at the time of the initial formation of the Active Emergency Village, the information conveyed by the cadres about the information of the Active Emergency Village to the community was incomplete. The cadres did not explain thoroughly about the development of the Active Emergency Village and what activities must be agreed upon.

The success of the active and emergency village development program requires a strong commitment/agreement and adherence to principles from decision-making officials (Provincial and Regency/City) to the ranks of health service implementers, as well as attention from stakeholders to carry out community empowerment programs, especially understanding about the development of active and emergency villages is very necessary, so that it can contribute to the improvement of proactive Indonesian human resources. This is in line with other research related to program implementation. This is in line with other research related to program implementation (Gunardi, 2020; Yuliani & Sadad, 2022).

To understand the initial steps in implementing the Active Emergency Village, the community health center (Puskesmas) formed an Active Emergency Village team for its area. This team consisted of the head of the community health center, a coordinating midwife, and a village midwife. They then developed an activity plan for the development of the Active Emergency Village. Advocacy was conducted with stakeholders at the sub-district level, with the goal of gaining support and commitment for the implementation of the Active Emergency Village. Advocacy began with an informal approach to the village head. The Active Emergency Village program was announced and would be followed up at the sub-district level. It was also stated that the Active Emergency Village was a revitalization of the Village Community Health Development Program (PKMD), and therefore was not a new program.

The Active Emergency Village activity included conducting outreach. The first task of this forum was to map existing UKBM activities in Roban Village. Subsequently, regular meetings were held at the village health post. Outreach continued, with the next meeting being held with health cadres, who already held regular monthly meetings. Each Posyandu meeting is attended by two cadres. The hope is that the cadres who attend will pass on the information to other cadres at each integrated health post (Posyandu), which averages five to ten people. The next step is training for active Kelurahan Siaga cadres. Each hamlet selects and sends one person to participate in the training. These cadres are community members who possess the knowledge, willingness, and ability to mobilize the community to participate in community empowerment and participatory development in the Kelurahan.



The criteria for an active Emergency Village is if the Village has at least one Village Health Post (Poskesdes). Poskesdes is a Community-Based Health Effort (UKBM) established in the Village to bring basic health services closer to the Village community. The services provided include promotive, preventive, and curative efforts carried out by Health Workers, especially Midwives. In the Village, Midwives are the Health Workers closest to the community and live with them. In addition to Midwives, the Active Emergency Village activities are also assisted by cadres and the community. The role of Midwives in the Active Emergency Village program is as a guide and implementer of community mobilization and empowerment through partnerships and as an implementer of health services according to their competence and authority.

The implementation of the Active Emergency Village program in Roban Village is carried out through the Community Health Center (Puskesmas), which is the spearhead of the community in Roban Village. The Roban Community Health Center is tasked with facilitating the Active Emergency Village program. However, in this study, the Community Health Center did not receive sufficient training from the Health Office or the local government, either on facilitation techniques or on the Active Emergency Village itself. This hampered the Community Health Center's ability to develop a work plan for the implementation of the Active Emergency Village.

The Community Health Center is required to implement the Active Emergency Village program, which is a top-down initiative, into activities that foster community empowerment. This is undoubtedly a challenging task for the Community Health Center. The planning process depends on the perception and creativity of the Community Health Center head and midwives, who form the Active Emergency Village facilitator team. Facilitation is the creation of an atmosphere in which a team can be guided through the process, thus addressing problems and achieving success within limitations. Facilitation is an art, not simply imparting an idea to another person's mind, but enabling that idea to be absorbed within them. However, skills remain the main thing, even though intuition is important in facilitation, it must be emphasized that intuition alone cannot replace the role and skills and techniques that are the foundation of a facilitator.

Facilitators must focus on effective processes; group dynamics allow participants to focus on the content or substance. Effective facilitators have responsibilities including planning participation, organizing, encouraging the group to self-evaluate the development and progress of their work, ensuring that the group represents a collection of knowledge, experience, and creativity, and maintaining a neutral stance.

The implementation of the Kelurahan Siaga Active program through community forums has resulted in many villages not actively holding meetings at the village health posts. Consequently, community health centers (Puskesmas) have also been unable to complete their reports. Conversely, community health centers (Puskesmas) feel their task is complete and consider community mobilization to be the responsibility of the village head or the head of the social welfare department, who has the authority to mobilize the community to carry out activities. Both Puskesmas and cross-sectoral stakeholders appear to feel their tasks are complete, thus awaiting initiative from others.

4. CONCLUSION

Based on the research results and discussion, several conclusions can be drawn regarding the implementation process of the Active Emergency Village Program in Realizing Community Independence in Roban Village, Central Singkawang District, Singkawang City. These include:

1. The organizational process for implementing the Active Emergency Village program to realize community independence in Roban Village has been implemented, but has not been optimal. Specifically, the formation of the Active Emergency Village in Roban Village has not been carried out in accordance with the selection of the Active Emergency Village administrators and cadres through a special meeting of formal village leaders, community leaders, and several community representatives. The selection was conducted through deliberation and consensus, in accordance with applicable procedures and criteria, facilitated by the Roban Community Health Center.



2. The interpretation process for implementing the Active Emergency Village program to realize community independence in Roban Village has been implemented, but has not been optimal. This is evident in the implementation of the socialization process through transmission or distribution of information, which was not clearly received by implementers such as the Village Head and the Community Health Center, resulting in not all residents being aware of or understanding the program.
3. The implementation of the application process for the Active Emergency Village program to realize community independence in Roban Village, as outlined in the operational guidelines for the establishment of the Active Emergency Village program, has been carried out but has not been optimal, such as: the adequacy of implementing personnel, the authority as authority or legitimacy for implementers in implementing the established policies is still limited, so the power of implementers in implementing the program in the eyes of the community is not in accordance with the Decree of the Minister of Health of the Republic of Indonesia, Number 1529/MENKES/SK/X/2010 Concerning General Guidelines for the Development of Active Emergency Villages and Villages.

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