

ABSTRAK

Latar Belakang: World Health Organization menetapkan COVID-19 sebagai Kedaruratan Kesehatan Masyarakat Dunia. Penanganan COVID-19 dilakukan dalam 3 fase yaitu kesiapsiagaan, fase respon, dan fase pemulihan. Keberhasilan tingkat kabupaten dalam penanganan COVID-19 ditentukan dengan upaya yang dilakukan pada 3 fase tersebut. Kabupaten Sleman yang memiliki karakter perkotaan memiliki kerentanan dan sumber daya tersendiri dalam situasi pandemik COVID-19.

Tujuan: Penelitian ini bertujuan untuk mendapatkan gambaran kesiapsiagaan, respon, dan pemulihan Kabupaten Sleman dalam pengendalian COVID-19, dikaji menggunakan *Checklist Practical Actions in Cities to Strengthen Preparedness for the COVID-19 Pandemic and Beyond* dari WHO.

Metode: Penelitian kualitatif dengan rancangan studi kasus di Kabupaten Sleman dengan menggunakan *Checklist Practical Actions in Cities to Strengthen Preparedness for the COVID-19 Pandemic and Beyond* dari WHO. Subyek penelitian adalah informan yang berperan dalam Satuan Tugas COVID-19 Sleman. Data dikumpulkan dengan studi dokumentasi, observasi, dan wawancara mendalam. Validasi data dilakukan dengan triangulasi sumber dan data penelitian.

Hasil: Akademisi ahli dan masyarakat kurang dilibatkan sehingga mengakibatkan identifikasi kerentanan dan sumber daya yang tidak maksimal, serta kurangnya pertimbangan berbasis bukti dalam pengambilan keputusan. Komunikasi risiko di awal pandemi kurang optimal membentuk kewaspadaan *stakeholder* di pemerintah maupun masyarakat karena kurangnya pelibatan masyarakat, akibatnya kepatuhan masyarakat terhadap protokol kesehatan dan tindakan kesehatan masyarakat kurang baik. Tindakan kesehatan masyarakat berupa pembatasan mobilitas mengikuti arahan nasional, namun pengawasan kepatuhan dan penindakan pelanggarannya lemah. Layanan kesehatan perlu perbaikan karena kapasitas *testing* dan *tracing* masih jauh di bawah standar. Strategi peningkatan kapasitas tempat tidur COVID-19 di rumah sakit kurang mengantisipasi lonjakan kasus, dan pembentukan *shelter* di tingkat Kalurahan belum maksimal. Layanan *telemedicine* sudah dikembangkan di puskesmas tetapi kurang promosi sehingga utilisasi rendah. Pemerintah Kabupaten Sleman juga kurang mengoptimalkan sumber daya relawan/*stakeholders* non pemerintah.

Kesimpulan: Perencanaan dan koordinasi memerlukan perbaikan dengan lebih memperhatikan kerentanan yang ada di wilayah Kabupaten Sleman, dan melibatkan seluruh sumber daya di masyarakat. Strategi komunikasi risiko perlu diperkuat sesuai dengan perubahan situasi dan disesuaikan dengan sasaran yang spesifik menggunakan media yang lebih efektif, selain mengoptimalkan pelibatan masyarakat. Pentingnya melakukan penyesuaian tindakan kesehatan masyarakat secara hati-hati mempertimbangkan situasi epidemiologi, kapasitas sistem kesehatan, dan kondisi sosioekonomi masyarakat.

Kata Kunci: Kedaruratan kesehatan masyarakat, tata kelola COVID-19, kesiapsiagaan, respon, pemulihan, perencanaan, koordinasi, komunikasi risiko, keterlibatan masyarakat, Tindakan kesehatan masyarakat, layanan kesehatan.

ABSTRACT

Background: The World Health Organization has designated COVID-19 as a World Public Health Emergency. The handling of COVID-19 is carried out in 3 phases of preparedness, response phase, and recovery phase. The success of the district level in handling COVID-19 is determined by the efforts made in these 3 phases. Sleman Regency which has an urban character has its own vulnerabilities and resources in the COVID-19 pandemic situation.

Objective: This study aims to obtain an overview of the preparedness, response, and recovery of Sleman Regency in controlling COVID-19, studied using the Checklist Practical Actions in Cities to Strength Preparedness for the COVID-19 Pandemic and Beyond from WHO.

Methods: This is qualitative research with a case study design in Sleman Regency using the WHO Practical Actions in Cities to Strength Preparedness Checklist for the COVID-19 Pandemic and Beyond. The research subjects are informants who play a role in the Sleman COVID-19 Task Force. Data were collected by means of documentation studies, observation, and in-depth interviews. Data validation was done by triangulation of sources and research data.

Results: Expert academics and the public are less involved, resulting in the identification of vulnerabilities and resources that are not optimal, as well as a lack of evidence-based considerations in decision making. Risk communication at the beginning of the pandemic was less than optimal in forming stakeholder awareness in the government and the community because of the lack of community involvement, as a result, public compliance with health protocols and public health measures was not good. Public health measures in the form of restrictions on mobility follow national directives, but compliance monitoring and enforcement of violations are weak. Health services need improvement because testing and tracing capacity is still far below standard. The strategy to increase the capacity of COVID-19 beds in hospitals does not anticipate a surge in cases, and the formation of shelters at the village level has not been maximized.

Conclusion: Planning and coordination need improvement by paying more attention to the existing vulnerabilities in the Sleman area, and involving all resources in the community. Risk communication strategies need to be strengthened according to changing situations and adapted to specific targets using more effective media, in addition to optimizing community involvement. The importance of making adjustments to public health measures carefully considering the epidemiological situation, the capacity of the health system, and the socioeconomic conditions of the community.

Keywords: Public health emergencies, COVID-19 governance, preparedness, response, recovery, planning, coordination, risk communication, community involvement, public health action, health services.