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Research Article

Strengthening Government and Community Institutions in Disaster Communication in Kesugihan Sub-District, Cilacap District: Lessons from the COVID-19 Pandemic

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Abstract.
The COVID-19 pandemic in Indonesia has entered its third year and seems to be nearing its end. The COVID-19 disaster provides many life lessons for society, nation, and state. One of the takeaways from the COVID-19 disaster is improving how humans communicate during a disaster. This paper is part of the research results during the response and recovery phases of the COVID-19 pandemic in the Kesugihan sub-district. This study interviewed leaders of government institutions and FGDs with community leaders in the Kesugihan sub-district, comprising 32 informants. The most important finding in the research is the importance of social capital in fostering solidarity so that cooperation is established between government agencies and community institutions in dealing with disasters and eliminating obstacles.

Keywords: communication, disaster, community, government, COVID-19

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1. Introduction

Disaster is a phenomenon often spotted in Indonesia, and it is not uncommon for disasters to bring suffering and material loss. The Indonesian community can already understand the characteristics of disasters that will happen long before advanced technology develops, like today's era. However, in reality, technology can help minimize the losses caused by natural disasters.

Law of The Republic of Indonesia No. 24 of 2007 concerning Disaster Management mentions three types of disasters: natural, non-natural, and social. COVID-19 can be categorized as a non-natural disaster according to the explanation of article 1, paragraph 3, which states that a non-natural disaster is a disaster caused by a non-natural event or series of events which include technological failure, failed modernization, epidemics,

and disease outbreaks. After the Government of Indonesia announced the first case of COVID-19 to the public on March 2, 2020, new priorities were faced together. Central and regional governments, with community involvement, are required to overcome the chain of the spread of the COVID-19 pandemic.

On May 5, 2020, the Regent of Cilacap announced through a video distributed to the public that more than 100 percent of the positive cases of COVID-19 had been added. This significant increase was assessed from the number of positive COVID-19 cases, initially from 20 people to 41 people in just one day [1]. The first case of COVID-19 in Cilacap occurred in Kesugihan District, namely Bulupayung Village. The regional government is trying to prevent the spread of the virus by forming a COVID-19 Handling Task Force (Satgas COVID-19), which refers to the Minister of Home Affairs Circular Letter No. 440/5184/SJ. The local community participated independently by limiting the activities of the residents.

In some cases, activity restrictions for people with COVID-19 can cause horizontal conflicts in the community. The horizontal conflict is related to the high negative emotional level of COVID-19 sufferers. According to research [2] the high level of negative emotions of COVID-19 sufferers is caused by a lack of synchronous communication with others.

During the COVID-19 pandemic, synchronous communication experiences are carried out using information communication technology. The significant increase in the use of information communication technology brings adverse side effects. For example, it becomes a communication discouragement in the family when together [3]. In addition, the high intensity of social media access makes the public confused with information about the COVID-19 pandemic from government officials.

We saw an example of public confusion with government officials' communications in Eid Celebration 1442 H [4]. At that time, the COVID-19 Task Force confirmed the ban on going home from May 6-17, 2021. Vice President Ma'ruf Amin then proposed issuing a permit (dispensation) to prohibit students from going home to Islamic boarding because Lebaran is the time to return home after a long study. However, the proposal was rejected by Yaqut Choulil Qoumas as Indonesia's Minister of Religion. The proposal for a homecoming dispensation has also been criticized by various groups or institutions, including the chairman of the Advocacy and Community Division of the Indonesian Transport Company (MTI), Djoko Setijowarno. There are still many examples of government communication confusing the public during the COVID-19 pandemic, like suggestions from local governments for visiting tourist attractions after that debate [5].

The communication problem between government agencies is reasonably complex. Scholars [5] take inventory of these issues, including sectoral egos, the inconsistency of messages sent by government institutions, the use of non-universal reference symbols, many unnecessary ceremonial aspects, and the gap between the formulation and implementation of ideas and stakeholder participation in the spirit of voluntarism.

The handling of the COVID-19 pandemic is still ongoing indefinitely, proving the importance of sustainable disaster communication. One of the most important points of concern regarding disaster communication is uncertainty situations [6]; communication is the key and part of the solution in uncertain conditions and is full of suspense. This study focuses on the communication dynamics between local government and community institutions during the COVID-19 pandemic, especially concerning local wisdom and community social capital. The Kesugihan sub-district, which has a COVID-19 alert village, has a strong religious culture as social capital and the collaboration availability of government, private, and community to improve disaster patterns, development, and management.

As far as the authors know, no comprehensive work is dedicated to government and local institutions in COVID-19 disaster communication. The role of universities in community empowerment in the COVID-19 era [7], government public communications published by national online media [8], disaster communication in earthquake mitigation [9], and public perceptions of Indonesia's disaster management authorities [10] are a few prior studies that the author considers relevant to this paper. The combination of cooperation between community institutions and governmental institutions in long-term catastrophe communication, specifically the COVID-19 pandemic, needs to be thoroughly covered in this research, though.

An important research question is about lessons learned from the dynamics of the COVID-19 pandemic disaster communication that can be used in future disaster situations. The research recommendations are expected to become discussion material for strengthening local government and community institutions to prepare them more for a future disaster.

2. Method

The method attempts to solve the problem following a two-step process. Firstly, in-depth observation mapping the people and institutions involved in the research. Secondly, conducting in-depth interviews and focus group discussions to obtain qualitative data.

This research divides participants into groups according to their role in handling COVID-19. First, people in official government institutions: members of the COVID-19 Task Force, village officials, and health workers. Second, COVID-19 survivors and their neighbors. The informants were selected using a purposive sampling technique because they were considered the most knowledgeable about the information needed by researchers [7]. It used various considerations based on theoretical concepts, personal curiosity, empirical characteristics, and others [8], which amounted to 32 people.

Research data were collected from the mid-pandemic period in early 2021 until the end of the pandemic in mid-2022. The disaster communication management phase between the two years was the response and recovery phases [9]. The communication phenomenon studied includes three processes. First, communication for disaster alerts, such as preparing isolation procedures, family readiness, village data capacity, community profiles, isolation sites, strengthening volunteers, and drafting standard operating procedures. Second, emergency response communication, for example, assessment of needs during a disaster, fulfillment of basic requirements, tracing methods, and integrated isolation service facility. Third, communication during recovery, like post-disaster rehabilitation and reconstruction, data on affected communities, assistance for normalizing people's lives, and information on vaccinations.

3. Results and Discussion

3.1. Research Context

Kesugihan sub-district is 17 km from the center of the Cilacap district to the northeast, so it becomes a relatively far area from the center of information and trade development. Geographically, the area of the Kesugihan sub-district is 82.34 hectares and located between 7.6201° S - 109.0810° E, with varied regional morphological types, lowlands, and beaches in the south and highlands in the north.

The age of 60 is categorized as the elderly (Law No. 13/1998) and vulnerable to COVID-19. The elderly population of the Kesugihan sub-district is 481 people (13 percent). In addition to being vulnerable to health, this age group is economically unproductive. 794 people (4.38 percent) work as housewives, and 844 people (25.91 percent) have not. It can be concluded that the economic vulnerability in the Kesugihan sub-district is relatively high. On the other hand, the Kesugihan sub-district monograph shows the urgency of women's participation in efforts to deal with COVID-19.

Based on the previous research, the government needs to pay attention to data on the education level of the Kesugihan community. Research shows that the level of education is correlated with the level of knowledge and the tendency to participate in handling COVID-19 [10]. High knowledge scores are associated with a higher educational background, a higher income category, and living with people at higher risk of developing severe COVID-19. They were more willing to vaccinate if they were more educated, younger, and female.

TABLE 1: Education Level of Kesugihan Sub-District Population.

No	Age Group	Amount	Percentage (%)
1.	Graduated College	127	4,82
2.	Graduated Diploma	321	12,18
3.	Graduated Senior High School	386	14,64
4.	Graduated Junior High School	451	17,11
5.	Graduated Elementary School	854	32,39
6.	Elementary School Drop Out	211	8,00
7.	Not Yet School	286	0,11
	Total	**3.697**	**100**

Source: Kesugihan Sub-District Monograph, 2021

Table 1. shows the low level of education of the Kesugihan District community. There is 57.61 percent of the population completed primary education or lower. The low level of education correlates with the quality of human resources and becomes a challenge in handling COVID-19.

The situation in the community is the main consideration that determines the effectiveness of communication strategies concerning five key assumptions of disaster communication strategy [9]. 1) Focus on understanding the information needed by the community or volunteers. 2) The leader's commitment to effective communication and involvement in emergency response situations. 3) The involvement of communication experts in planning and countermeasures activities ensures accurate and timely communication. 4) Effective and transparent collection, analysis, and dissemination of information from disaster areas. 5) Understanding the needs of the media in conveying disaster information to the public.

3.2. Local Government and Community Institutions

Interesting things occurred while we were carrying out the research process. Previous work in this regard showed that the socialization of a policy through various communication media, such as print media, electronic media, and online media, as the main tool of local government to disseminate policies had gone very well. Another type

of socialization is direct media or contacting each village [11], which means the local government has a big role in handling COVID-19. This role has inspired the Kesugihan sub-district government to establish a Task Force, which is regulated in the Kesugihan Sub-District Head Decree No. 440/34/16/2020 concerning the Establishment of a Task Force for the Acceleration of Handling COVID-19. Some of the informants in this study were leaders and members of the task force, as listed in Table 2.

TABLE 2: Informants from Government Institutions.

No	Informant	Taskforce C-19 Position
1.	Sub-District Head	Chairman
2.	Sub-District Military Commander	Vice Chairman 1
3.	Sector Police Chief	Vice Chairman 2
4.	Sub-District Secretary	Secretary
5.	Head of Kesugihan Public Health Center	Assistant Secretary 1
6.	Headmaster of Junior High School 1 of Kesugihan	Member
7.	Headmaster of Junior High School 2 of Kesugihan	Member
8.	Headman of Bulupayung village	Member
9.	Headman Secretary of Bulupayung village	Member
10.	Midwife of Bulupayung Village	Member
11.	Apparatus of Bulupayung Village	Member

Source: Kesugihan Sub-District Head Decree No. 440/34/16/2020

Numbers 1-5 in Table 2 are the leaders in the COVID-19 task force. The duties of the leaders in handling COVID-19 are 1) Providing direction for the acceleration, 2) Monitoring the implementation, and 3) Conducting evaluations on the implementation.

Number 6-11 in Table 2 is the implementer of the COVID-19 task force. The duties of the implementer are 1) Establish operational plans, 2) Implement accelerated operational plans, 3) Coordinate the implementation of activities, 4) Control the implementation of activities, 5) Supervise implementation, 6) Mobilize resources for implementation, and 7) Provide implementation report notes.

In the COVID-19 disaster communication, government communication for managing people provides information about various government policies and regulations to the community and non-government organizations. At the same time, government communication seeks to obtain information from non-government organizations and the community about the impact of decisions made by the government to determine whether the policy or regulation is continued or discontinued, revised or modified.

Another role of government in disaster communication is exchanging and sharing information with legislative and corporate parties. The government's role is to influence attitudes, understanding, and behavior as an administrator. In the context of the local area, everyone involved in handling COVID-19 in the Kesugihan sub-district is part of the government's communication process.

The government also has an important role in the COVID-19 pandemic budget policy, especially in providing health facilities and infrastructure, incentives for health workers, renting shelter houses as isolation rooms for patients under surveillance, and laboratory examinations for people who have potentially been infected by COVID-19. Handling the economic impact must also be the focus of the budget during the pandemic, such as the procurement of food and necessities, providing incentives in the form of reduction/exemption of local taxes, and providing business capital for micro, small, and medium enterprises (MSME) actors who are economically affected due to COVID-19.

Table 3 shows the Cilacap district government's budget policy in the COVID-19 pandemic situation. Three areas are supported in the COVID-19 handling budget policy: the health sector, social sector, and economic support. The health sector budget includes vaccination, COVID-19 handling in villages, and incentives for health workers. Social assistance, provision of supplementary food, disaster management, and cash social assistance are part of the social budget. Lastly, economic support that including the empowerment of MSMEs, job training programs, fisheries management programs, and the development of agricultural facilities. Overall, the absorbed budget reached around 139 billion.

TABLE 3: Budget Reallocation for COVID-19 Handling in Cilacap District 2021.

No.	Sector	Budget Allocation	Budget Realization
1.	Health	Rp. 87,325,354,091	Rp. 68,343,614,493
2.	Social	Rp. 25,636,230,580	Rp. 20,952,203,030
3.	Economic Support	Rp. 49,732,778,043	Rp. 49,546,632,950
	Total	Rp. 162,694,362,714	Rp. 138,842,450,473

Source: Notes to the 2021 Financial Statements of Cilacap District

The role of community institutions in reducing the impact of COVID-19 is quite significant. The community performs independent activities that can inhibit the spread of the virus, for example, locking down the residence of COVID-19 carriers, donating food to families affected by COVID-19, and carrying out contact tracing activities independently.

The neighborhood leader is equipped with knowledge about the core activities of the COVID-19 task force, such as contact tracing activities and providing directions for conducting rapid tests and swab checks. These activities are important in identifying and managing those with a history of contact with patients with COVID-19 to prevent further transmission. Medically, patients with COVID-19 can transmit the disease from 2 days before symptoms to 14 days afterward. The regular procedures usually carried out are 1) At least 80% of contact tracing results are known from the origin of the cluster

with a ratio of 1:10, and 2) 90% of contact tracing results are isolated in less than 48 hours.

Involving community institutions in dealing with COVID-19 is a member's concern for disasters in their area. Their actions to solve the problems around them are driven by social capital. Social capital is an aspect of the social structure and allows individual action within the social structure [12]. Social capital is defined by its function. It is not a single entity but a multitude of different entities with two common characteristics. They all consist of some aspect of the social structure and facilitate certain actions by individuals within it. Like another form of capital, social capital is productive and makes it possible to achieve certain goals that would not be achievable without it.

Social capital exists because of individuals' inability to solve their own problems. On the other hand, social capital exists due to the need for problem-solving that is not provided with outside help. Therefore, they must also think together and solve problems by mobilizing all available potential and resources. Thus, social capital emphasizes the need for independence and unity in tackling social and economic problems. At the same time, external assistance is considered a complement to the initiatives and products that arise within the community.

The scholars mentioned three types of social capital [12,13]. 1) Bonding social capital - ties between individuals with a relatively high closeness. This social capital is often described as horizontal ties between individuals within the same social group. Bonding social capital is also associated with local communities where many people know others and have strong norms, customs, and trust. Many members access similar network resources for this type of social capital, such as close family, friends, and neighborhood associations. 2) Bridging social capital – ties between individuals crossing social divides or between social groups. This type of social capital is also described as a vertical bond, which often works through formal hierarchical structures. For example, the social bond between colleagues. 3) Linking social capital is the norm of respect and networks of trusting relationships between people through explicit, formal, or institutionalized gradients of power or authority in society. In many respects, this type of social capital does not differ significantly from the type of bridging social capital.

3.3. Disaster Communication in the Response Phase

Disaster communications include the information disseminated to the public by governments, emergency management organizations, and disaster workers, as well as the disaster information created and shared by journalists and the public [14], also the ability

to distribute accurate information to the general public, elected officials, community leaders, and the media reduces risk, saves lives and property, and accelerates recovery. The context of this research is how a strategy using communication elements can help in the disaster phase, including mitigation, preparedness, emergency response, and recovery or recovery with all stakeholders involved, namely local government and community participation.

We are specifically interested in the aspects of communication activities carried out by the COVID-19 Task Force in Kesugihan District. For example, the socialization of protection against COVID-19 by wearing masks, washing hands frequently with soap and water or alcohol-based rub, and maintaining social distancing. The COVID-19 Task Force, in collaboration with the Cilacap district Civil Servant Police, also carried out mask operations, contact tracing, and providing a swab test on the spot as a treatment that involves communication elements.

We conducted observations and interviews with community members regarding the communication situation in the response phase. They were also asked about their problems and the impact on communication, then about the coping mechanisms when dealing with COVID-19. Then about how to apply social capital in the community and the communication state experienced by people affected by COVID-19 and their families.

Disaster communication management is divided into four stages [9]. Each phase requires a communication strategy that provides regular and accurate information. The four stages are 1) mitigation, promotion, and implementation of policies, technologies, and measures expected to reduce loss and damage in the event of a disaster; 2) preparedness to communicate messages that support and educate the public about disasters; 3) Response, public notification, warning, evacuation and development of the situation during a disaster; 4) Recovery, assistance to individuals and communities affected by disasters.

In the response phase, local government officials act as directed by the health ministry. The form of communication carried out tends to be structured as an effort to convey single information with the aim of not causing confusion and public panic.

"Based on directions from the Minister of Health, where people often congregate and also have the potential to spread COVID-19, they are ordered to implement health protocols, such as washing hands, wearing masks, and social distancing. We also carry out public health socialization to maintain the health protocol strictly and consistently." (Cardian - Kesugihan Sub-District Secretary)

The communication established by the local government is channeled through various social media and mass media, in collaboration with Islamic educational institutions, and through direct socialization with the local community.
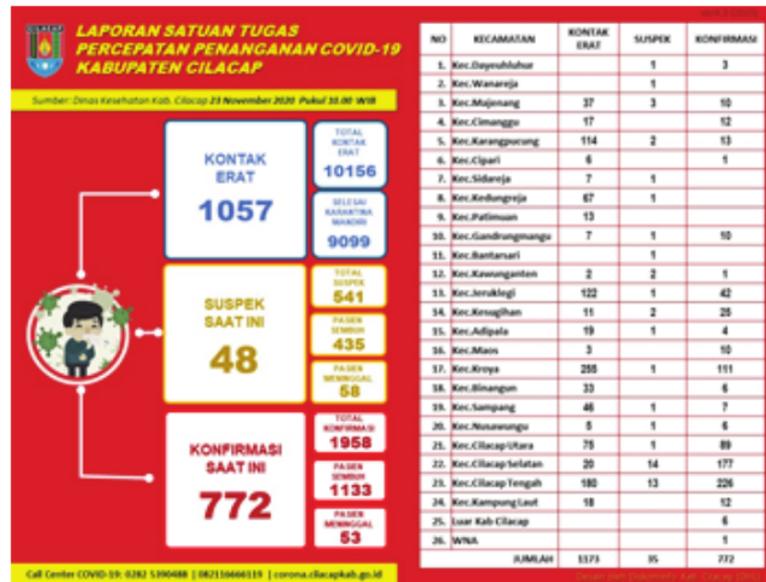
Figure 1: Task Force Communication Through Online Media in Response Phase.

On the official website of the district government, the COVID-19 Task Force always updates the latest situation reports. Figure 1 shows updated data on the increase in the COVID-19 positivity rate in the respective local regions. The updating data's purpose is to increase public awareness and as a basis for broader government action against the situation. For example, a sudden increase in the positivity rate in an area will be followed up with a local lockdown by the district task force so that the problem does not spread to other places.

Official information disseminated through the Internet network has problems with residents who do not have the equipment and lack adequate Internet infrastructure. These problems were overcome by direct socialization by forming a joint team. The local government also formed the Structured Behavior Change Ambassador team to provide examples of health protocols in the pandemic era. The team comprises selected village residents who are considered capable of influencing their neighborhood.

Another quite disturbing obstacle is the public's distrust of the government's efforts and policies or the COVID-19 Task Force due to receiving hoax information from social

media. For example, some residents do not believe in the existence of COVID-19 and consider it part of a conspiracy.

"At first, I did not believe in COVID-19 and thought it was a form of conspiracy. I knew that from the Whatsapp posts I often read from the groups I follow. Then I was infected with COVID-19 and had to be isolated at a government facility for two weeks. I feel tortured and realize that COVID-19 exists." (Wahyu – COVID-19 survivor)

The community institutions perceived confusion in communication during the COVID-19 pandemic in the response phase. People act based on panic and irrationally. At the beginning of the pandemic, the stock of hand soap in the market ran out because they were bought out; the same happened with hand sanitizer. The panic also led to the refusal to bury the bodies of COVID-19 patients in public graves. In the response phase, public confusion still occurs with the blockade of roads around the homes of people exposed to COVID-19. Their initial goal was to prevent the spread of COVID-19, but in the end, the blockade made it difficult for COVID-19 patients.

"All-access roads to my house are closed, so guests do not visit us because afraid. The situation was terrible, like war. Our entire family is affected by COVID-19 and can only rely on the help of our son-in-law, who delivers daily food. I even had to be quarantined at Pertamina hospital." (Yanto – COVID-19 Survivor)

In general, disaster communication in the response phase strains social cohesion in the community. One of the causes of the rift in social cohesion in the community is the widespread circulation of hoax information on social media. Several conflicts between community members occurred during the pandemic due to the hoax information they received.

3.4. Disaster Communication in Recovery Phase

The COVID-19 pandemic situation proves the need for consistent disaster communication. People find it challenging to comply with government policies during a pandemic because they are considered inconsistent. One form of inconsistency seen by the public is statements from officials in the public sphere or through the mass media. However, research shows that most people agree with the COVID-19 vaccination policy [19].

The recovery phase can be established as the vaccine is administered to the community. Since the vaccination movement intensified, the positivity rate tended to decrease. In the recovery phase, fewer and fewer people are being taken to hospital ICUs due to the effects of COVID-19. However, until now, the government has not lifted the pandemic status.

In this recovery phase, government communications are related to the vaccination movement and orders for the public to continue to apply health protocols. Figure 2 is an example of government communication in the recovery phase that explains the vaccination schedule in a local health facility. The government also provides information on vaccination schedules at predetermined points that are considered close to residents.

Figure 2: Disaster Communications in Recovery Phase: Vaccinations Schedule.

Vaccination activities are not only initiatives of the government. Several private and state-owned companies also have CSR activities by conducting free vaccinations. In Cilacap, several companies, such as Pertamina and Semen Dynamix, have large CSR funds to finance vaccinations independently.

Communication challenges in the recovery phase are hoaxes about vaccines, such as the halal issue. Hoaxes on several social media say that vaccines from the government are haram because they contain pork residue. The Kesugihan community, predominantly Muslim, considers the halal of vaccines an important aspect that must be ensured, making them willing to be vaccinated.

The government is tackling the issue of vaccine hoaxes by cooperating with the ulama. Ulama were asked for their fatwas to ensure the halal of the vaccines given to the public. In addition, the government also organizes vaccination activities in Islamic boarding schools, thus providing a positive image of vaccines for the community.

The government also issued policies to encourage vaccination. For example, the obligation to show a vaccine card for residents who want to travel out of town. The

government issued this policy before Idul Fitri, which usually involves many people traveling. This policy increases the enthusiasm of the people to be vaccinated. The policy of having a vaccine card is also enforced for residents who want to disburse government aid.

"Maybe 80 percent of the population has been vaccinated with the first dose. The obligation of vaccines drives this vaccination as a condition of taking aid, such as BLTDD, PKH, and PPNT. Residents must show a vaccine card; if they do not have one, the village government has asked the Puskesmas staff to vaccinate on the spot." (Akur - Bulupayung village apparatus).

Policies to encourage vaccination are necessary because citizens tend to be reluctant to do so. People believe that vaccinations cause side effects of fever for a few days, so they cannot work.

The important thing the government should take advantage of is increasing vaccination activities in cooperation with the ulama and Islamic boarding schools. Most Kesugihan residents are Muslim, and they will obey the fatwas of the ulama and often participate in religious activities, thus facilitating the implementation of vaccinations.

"Before Idul Fitri 2022, the officers boosted vaccinations in the village. They opened a vaccination booth in the mosque and were vaccinated at night after tarawih. Currently, there are fewer and fewer booster vaccine enthusiasts, so the officers focus on vaccinations at the Kesugihan Health Center. The schedule is every Tuesday - Thursday." (Ainus – Village health center)

Implementation of the disaster communication strategy as a response to COVID-19 in the Kesugihan district cannot be separated from transparency and community involvement in every policy taken by the task force; because the community receives, interprets, and evaluates messages before taking action by emphasizing the importance of paying attention to the elements of the risk communication strategy as follows [20]:

1. Information accuracy and delivery speed. The entity that provides the information first is considered the primary source of information and indicates good system implementation and appropriate action. However, speed in providing information or responses does not mean sacrificing the accuracy of the information. Information corrected later reduces credibility. The information must be based on data and facts and brought in by competent implementers from positions, knowledge, training, or experience in related topics. If there is no immediate information or answers, the public may lose confidence in the organization's responsiveness and turn to other less credible sources.

2. Empathy and openness. Empathy can be felt by the public if the messenger and the content of the message show concern, sincerity, commitment, and dedication. Additionally, the message and the messenger must be trusted, honest, and open. Openness does not mean that you have to provide all the information, but that it must be considered not to cover up the facts, and it can be achieved by carrying out two-way communication between the messenger and the intended public. The choice of media channels plays a role in showing empathy and openness to the carrier and the content of the message. For example, through socialization that allows two-way dialogue, television allows the public to witness sincerity and dedication when the messenger is among disaster victims.

In the recovery phase, social capital is a determining factor for success in disaster management, especially for disaster communication strategies in handling COVID-19. A high level of social capital will increase the solidarity to solve problems within the community. In a disaster, social capital is related to the relationship between authority and information, which can be obtained by identifying communication networks in the community. Social capital is a soft power approach in disaster management (6). This approach prepares the community for preparedness through socialization and providing disaster information. Communicating risks before, during, and after a disaster is as important as initiating and taking immediate protective action [21].

Social capital in the community context is described in five components [22], namely community networks (community participation and personal networks), community commitment (active participation from the community), local community identity (there is a balance between rights and obligations that are fulfilled), and trust (mutual trust as the main point of social capital). These five components must be implemented to produce effective and efficient disaster communication.

4. Conclusion

Government and community institutions must cooperate in handling COVID-19 disaster communications in Kesugihan District. The challenges faced in the response and recovery phases cannot be partially solved. The cooperation of the local government with the village government, police, youth organizations, ulama, Islamic boarding schools, and cadres at the neighborhood level is very much needed to socialize during the current pandemic situation. The use of mass media and social media is also necessary for the speed and accuracy of the information, as well as to prevent the spread of hoaxes. The

problem of funding activities for the handling of COVID-19 can be resolved with the cooperation of state-owned or private companies.

Conflict of Interest

The authors whose names appear directly above certify that they have NO affiliations with or interest in any organization or entity having any financial interest (such as honoraria, educational grants, participation in speaker bureaus, membership, employment, consulting firms, stock ownership, or other assets and expert testimony or patent license agreements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject matter or materials discussed in this manuscript.

Acknowledgement

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