www.bircu-journal.com/index.php/birci
Budapest International Research and Critics Institute-Journal (BIRCI-Journal)
Humanities and Social Sciences
ISSN 2615-3076 Online)
ISSN 2615-1715 (Print)
Budapest Institute

Efforts to Increase the Coverage of Child and Adolescent Health Screening during the COVID-19 Pandemic through Health Advocacy

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Abstract

Health screening of children and adolescents is carried out to prevent and overcome health problems as early as possible. This activity is an indicator of the health promotion program and community empowerment to achieve 100%. The coverage of screening for children and adolescents during the COVID-19 pandemic, the Pelalawan District Health Office, only reached 18.23%. The objectives are to identify problems, prioritize problems, look for alternative solutions to problems, and make an intervention plan (Plan of Action) by alternative solutions to increasing screening coverage for children and adolescents during the COVID-19 pandemic health advocacy. A qualitative method, with Rapid Assessment Procedures (RAP) approach. Informant retrieval technique using purposive sampling, namely the Head of Public Health, Head of Section, and Manager of Health Promotion and Community Empowerment Programs. Data analysis with in-depth interviews, document searches, and observations. The priority problem is the low coverage of screening children and adolescents during the COVID-19 pandemic. The most important alternative problem-solving is to do health advocacy to local governments and related SKPDs for screening during the COVID-19 pandemic. For efficiency and to reduce contact transmission, fill out a Google Form and do it door to door in areas where the internet network is complicated. The most important alternative problem-solving is to do health advocacy to local governments and related SKPDs for screening during the COVID-19 pandemic. For efficiency and to reduce contact transmission, fill out a Google Form and do it door to door in areas where the internet network is complicated. The most important alternative problem-solving is to do health advocacy to local governments and related SKPDs for screening during the COVID-19 pandemic, for efficiency, and to reduce contact transmission by filling out a Google Form and doing it door in areas where the internet network is complicated.

Keywords
Coverage; screening; children and youth; advocacy

I. Introduction

Based on the Profile of Indonesian Children, the total population of Indonesia in 2019 for the age category of children is around 31.56% of the total population of Indonesia. Children are the nation's generation and asset, which is an indicator of the quality of human resources in the future. The number of boys reached 43.2 million and girls around 41.1 million in 2019. There was an increase in the percentage of Indonesia's child population from 31.6% in 2018 and an increase of 1.5% (4.9 million people) in 2019 (Ministry of Health RI, 2020a).

DOI: *https://doi.org/10.33258/birci.v5i1.4182*

Health screening in children and adolescents includes examining nutritional status, dental and oral health, vital signs, visual acuity, and hearing acuity. This screening aims to find out early on the health problems of children and adolescents so as early as possible to prevent a worse situation (Permenkes No. 4 of 2019).

The health problems experienced by children and adolescents are many and varied. Elementary school children have health problems regarding nutritional status, dental health, refractive errors, worms, and infectious diseases related to clean and healthy living behavior. While in adolescents, namely risky behavior such as smoking, drinking alcohol, and having premarital sexual relations (Kemenkes RI, 2018).

According to Riskesdas data in 2013, nutritional problems in school children are still high; namely, 11.2% of schoolchildren aged 5-12 years with underweight nutritional status (an indicator of BMI/U), and the prevalence of obesity nutritional status reaches 18.8% (Mawarni et al., 2016). The results of Riskesdas 2018 for the majority of children experiencing dental and oral health problems are 41.4% in children aged 10-14 years. Smoking is also a health problem in children and adolescents due to the high use of nicotine in Indonesia. There was an increase in smoking prevalence in children aged ten years in 2013 by 28.8%, increasing in 2018 by 29.3% (Kemenkes RI, 2018).

As a result of the implementation of learning activities through the modelonlineHealth screening activities for children and adolescents were not carried out during the COVID-19 pandemic. Based on the Pelalawan District Health Office profile, there has been a decline in the coverage of health services for children and adolescents. The 2019 and 2020 MSS targets are 100% for child and adolescent health services, with coverage results in 2019 of 99.73% in 2020 18.23% (Pelalawan District Health Office, 2020).

Novia et al. (2021), at the Tuah Negeri District Elementary School, continued to carry out health screening activities during the COVID-19 pandemic. Still, the activities carried out were only for monitoring nutritional status, measuring weight and height. For immunization activities are only partially carried out to not reach the set targets. This is due to regulations regarding the prevention of COVID-19. The number of students is regulated and learning time at school is also shorter. For screening activities for children and adolescents to continue during the COVID-19 pandemic, various program innovations are needed to minimize transmission contacts. For this reason, the authors are interested in identifying efforts to improve child and adolescent health services

II. Review of Literature

2.1 Child and Adolescent Health Screening

According to the Regulation of the Minister of Health Number 25 of 2014 concerning Child Health Efforts article 28, health services for school-age children and adolescents are carried out through school health efforts and health care services for adolescents. School health Unit is cross-sectoral activity, which includes various measures, including health screening and periodic checkups, giving blood-added tablets for young girls, fostering healthy school canteens, immunization, and coaching school health cadres (Kemenkes RI, 2014).

Health workers and school health cadres carry out health service activities in schools with a minimum of nutritional status checks (height and weight), dental examinations, visual acuity, and hearing sharpness. Health services for school-age children aim to detect early risk of disease in schoolchildren so that they can be followed up early, promote

optimal growth and development of children to support their learning process, and ultimately create healthy and high-achieving school-age children. The results of health services in schools can also be used as School health Unit planning and evaluation materials for community health centers, schools, and the School health Unit Guidance Team so that the implementation of improving the health of school children can be more targeted and targeted (Kemenkes RI, 2020b).

2.2 Child and Adolescent Health Screening during the COVID-19 Pandemic

The Covid-19 pandemic caused everyone to behave beyond normal limits as usual. One of the behaviors that can change is deciding the decision to choose a college. The problem that occurs in private universities during covid 19 is the decrease in the number of prospective students who come to campus to get information or register directly to choose the department they want. (Sihombing, E and Nasib, 2020)

The world health agency (WHO) has also announced that the corona virus, also called COVID-19, is a global threat worldwide. The outbreak of this virus has an impact especially on the economy of a nation and globally. These unforeseen circumstances automatically revised a scenario that was arranged in predicting an increase in the global economy. (Ningrum, P. et al. 2020)

Based on the technical guidelines for health service guidelines during a pandemic issued by the Indonesian Ministry of Health (2020b) to carry out health screening during a pandemic, it is better if the service flow is to avoid crowds in the waiting room and shorten patient waiting time. Prepare contact officers that can be accessed by school-age children and adolescents, both meeting directly at the Community Health centers or through the use of information technology and social media.

In areas where the internet network is complicated, it is necessary to do a plan B and make google forms. Using Google Forms can be done in areas where the teaching and learning process is carried out online, and smooth internet access; students assisted by their parents can fill in their health status through google forms. Meanwhile, through a printed form for areas where internet access is difficult. If a health problem is found, the health officer can visit the student or make an appointment at the Puskesmas (Kemenkes RI, 2020b).

2.3 Health Advocacy

An effort that can influence policymakers or decision-makers to make public policies beneficial for improving public health is referred to as advocacy in the health sector (Kadin Indonesia, 2007). Based on curriculum books and technical training modules, the development of media promotions for health promotions is an activity for informal conversations with policymakers or policymakers to inform strategic issues that become problems in the community. Advocacy conveys the seriousness of health problems faced in an area and their impact on people's lives. This is the first stage of lobbying activities (Kemenkes RI, 2013).

III. Research Method

This research is qualitative research, with the form of Rapid Assessment Procedure. The research was conducted at the Pelalawan District Health Office from November 15 to November 30, 2021. The data collection method included in-depth interviews with three informants, namely, Head of Public Health, Head of Health Promotion & Community Empowerment, and Program Manager of Health Promotion & Community Empowerment. Informant retrieval technique uses the technique of Purposive Sampling. Data collection by

way of observation is done by looking directly at the Promkes & Community Empowerment Section's program activities and searching for documents such as activity reports and achievement of work program indicators. From the results of interviews, field observations, and document searches. In determining the priority of the problem. The scoring technique is done by looking at the aspects of Urgency (U), Seriousness (S), Growth (G). Then, from the scoring results on each problem identification, in POA (Plan of Action).

IV. Result and Discussion

4.1 Results

The management function at the Pelalawan District Health Office will be described regarding the management function of the Health Promotion & Community Empowerment Section, which includes the planning function, organizing function, directing function, and controlling function. The first function is the planning function of the health promotion program section and community empowerment, referring to the Minimum Service Standard No. 4 of 2019 and also contained in the strategic plan of the Ministry of Health 2020-2024. The author's interviews showed that there were ten program indicators planned by the health promotion and community empowerment section unit.

The health promotion and community empowerment section units are headed by Ms. Baiti Marlina, SKM, who two program managers assist with primary health educators. The job descriptions in the health promotion and community empowerment unit are 1) Formulating policies, implementing policies, drafting norms, standards, procedures, and criteria, providing technical guidance and supervision, and monitoring, evaluation, and reporting in the fields of communication, information and health education, advocacy. And partnerships, potential health promotion resources and community empowerment; 2) Develop a plan for health promotion service activities based on program data and applicable laws and regulations as work guidelines; 3) Coordinate and be responsible for all actions of the Health Promotion and Community Empowerment Section; Planning, carry out and evaluate the activities of the Health Promotion and Community Empowerment Section; 5) Carrying out health promotion activities including health counseling, coaching community participation/Community-based Health Unit, fostering clean and healthy lifestyle and village facilitators on standby as well as coordination across related programs in accordance with the procedures and provisions of applicable laws; 6) Empowerment of Community Based Health Efforts (Community-based Health Unit) which includes Village health post, Integrated service post, Saka Bakti Husada (SBH), Islamic boarding school, Occupational Health Business Posts (Family Health Unit); and 7) Make notes and reports on activities in the field of duty as information material and accountability to superiors; and 8) Carry out other official duties assigned by the leadership. From the interviews and observations, the work schedule is from 08.00 WIB to 16.00 WIB (Monday-Thursday) for Friday, namely at 08-00 WIB to 16.30 WIB.

Directing the health promotion and community empowerment section includes motivation to subordinates by holding regular meetings and monthly meetings. Delegation of authority or tasks has been by the primary duties and functions. Because before the board is carried out, all staff are evaluated to be adjusted between work and primary skills/education. Supervision is the process of directing, supervising, and controlling superiors to the team to ensure activities are by the standards and objectives to be achieved.

Supervision activities are not fault-finding activities but activities that focus on participatory supervision, namely the monitoring process that appreciates the achievement of targets and seeks solutions to problems. In the health promotion and community

empowerment section, control is carried out on the work of the staff, both in terms of administration and performance achievements. Conflict management has never happened; if there is a conflict between fellow staff, it will be resolved jointly through deliberation.

The control function includes monitoring and evaluation to see and assess the performance of the health promotion and community empowerment section of the program achievement by the Head of Section whether it has reached the specified target. Monitoring and evaluation activities are carried out at least four times a year in quarterly meetings.

Obtained from the results of in-depth interviews that have been conducted with three sources, informants are Head of Public Health, Head of Health Promotion and Community Empowerment, and Health Promotion Program Manager. After observing and reviewing documents, then from the problems found, priority problems will be determined in determining the priority of issues from several problem findings in the health promotion section and community empowerment using the USG method. According to Kotler & Bliemel (2001), the USG method is a scoring method whose use is to determine the priority of problems or sort problems from the highest to the lowest score. The final score can be formulated by P = U+S+G with a score of 1-5. The result with the highest score on the problems that have been assessed is the priority problem.

Table 1. Priority Problem

No	Problem	U	S	G	Score	Rank
1	The teaching and learning process is carried out not face-to-face online	12	12	12	36	IV
2	No advocacy efforts to the top level (Regent, Education office)	15	15	12	42	II
3	There is no special SOP for carrying out activities during the COVID-19 pandemic	12	15	12	39	III
4	The low coverage of child and adolescent health services during the COVID-19 pandemic	15	15	15	45	I
5	Examination media that reduces transmission contact and saves time does not yet exist	12	12	12	36	V

Based on table 1, the biggest priority problem is the low coverage of health services/health screening for children and adolescents during the COVID-19 pandemic, even though this is a priority program. *Fishbone* is a fishbone diagram called a diagram *cause and effect* or cause-and-effect diagrams. This diagram is a tool that helps identify, sort, and display the various possible causes of a problem or a particular quality characteristic. Then this diagram can also describe the relationship between the pain and all the causal factors that affect the situation (Heizer & Render, 2014). *Fishbone analysis* The priority of the problems obtained can be seen in the following diagr

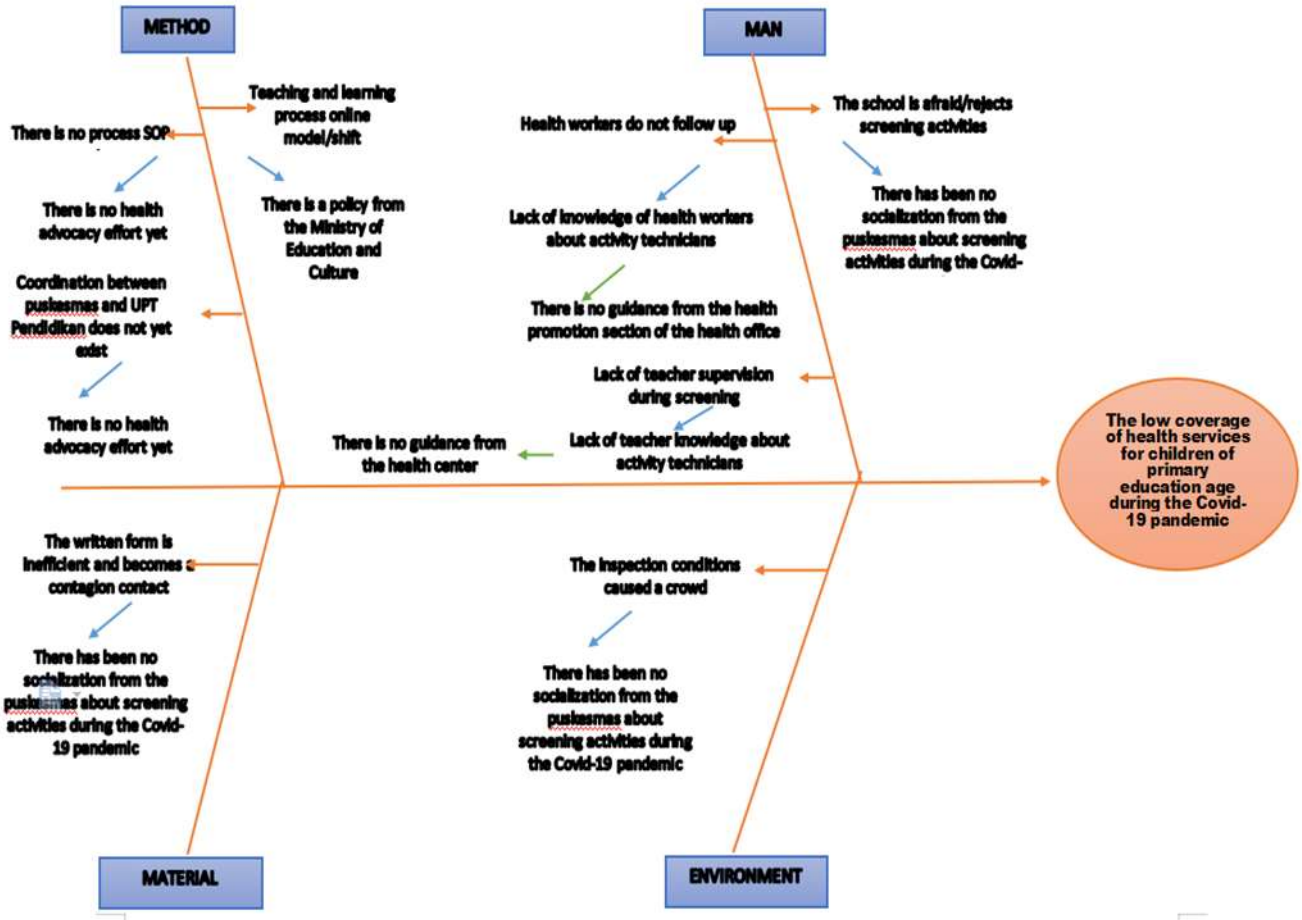

Figure 1. *Fish Bone Analysis*

From the results of the image *fishbone analysis* the causes and alternative solutions to the problem can be formulated as follows:

Table 2. Alternative Problem Solving

No	Cause Problem	Alternative Problem Solving
1	<u>Method</u> a. Model teaching and learning process online/ shift settings; There is a policy from the Ministry of Education and Culture b. Coordination of community health centers and technical implementation Unit education does not yet exist; There is no health advocacy effort yet c. there is no process standard operating procedures; health advocacy efforts do not yet exist.	a. Doing advocacy to the government regional and related Regional Work Units to do screening in time COVID-19 pandemic. b. Propose for make process standard operating procedures Health screening
2	<u>Man</u> a. The school is afraid of/rejects screening	a. Socialization of network adaptation in the future COVID-19

	activities; there has been no socialization from the community health centers regarding screening activities during the COVID-19 pandemic b. Health workers do not follow up; lack of officer knowledge about activity technicians; there is no guidance from the health promotion section of the health office c. Lack of teacher supervision during screening; lack of teacher knowledge about activity technicians; there is no guidance from the health center.	pandemic b. Conducting training and coaching for teachers and health workers about follow-up problem finding.
3	Material Inefficient written form and contact contagion; there has been no socialization from the community health centers regarding screening activities during the COVID-19 pandemic.	a. Create a form check from google form b. Doing activities screeningdoor to doorin areas where the internet is difficult.
4	Environment Examination conditions create crowds; not yet socialization from the community health centers regarding screening activities during the COVID-19 pandemi	Arranging the implementation and inspection room according to standard operating procedures / technical instructions

4.2 Discussion

a Health Advocacy to Local Government and Related SKPD

Efforts to increase the coverage of health services for children and adolescents are primarily planned through a health advocacy approach to local governments, the regents, and related Regional Work Units such as the education office and UPT education. An effort that can influence policymakers or decision-makers to make public policies beneficial for improving public health is referred to as Advocacy in the health sector (Kadin Indonesia, 2007).

This health advocacy approach aims to implement a health screening program for children and adolescents during the COVID-19 pandemic. The advocates are the Head of the Health Service, Head of Public Health, Head of Health Promotion & Community Empowerment, who visited the policymakers. The advocacy technique that will be carried out first is to explain the impact of the COVID-19 pandemic on achieving the target indicators for children's health services at the age of primary education. A discussion/dialogue will be held on this issue. At the same time, the essential technique of this health advocacy activity is *Lobbying*.

Based on curriculum books and technical training modules, the development of media promotions for health promotions is an activity for informal conversations with policymakers or policymakers to inform strategic issues that become problems in the community. Advocacy conveys the seriousness of health problems faced in an area and their impact on people's lives. This is the first stage of lobbying activities (Kemenkes RI, 2013).

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As for feedback, what is expected later is the implementation of health screening for children and adolescents during the COVID-19 pandemic. The Child and Adolescent Health Screening Program are used to quickly or early detect health problems experienced by students. Based on Ninik S et al.'s (2016) research, ARI, skin diseases, dental caries, and mumps are often encountered. The study conducted by Mulazimah et al. (2021) showed that 27 students (36.9%) never had breakfast before leaving for school. In addition, more than 82% of students always eat snacks at school. The results of an examination of vital signs of all participants with results within normal limits, 34.6% of parents/families of students who smoked Advocacy is a health promotion strategy that can tackle drug abuse as revealed by Ramli et al. (2020) that the Wajo District Health Office proposes financial assistance to the Regional Government, for drug counseling activities in schools and gets support from 12 government institutions.

b Making SOPs for School Child Health Screening Activities

The impact of the COVID-19 situation on health activities, especially the health of children and adolescents, is very influential. Schools carry out the teaching and learning process online, causing the low coverage of health care programs for children, which is almost felt in all Village technical implementation unit community Health centers in the district Pelalawan. This activity is significant to do, considering that it is also a benchmark for the performance of regional leaders as stated in the Minimum Service Standards.

According to research conducted by Novia et al. (2021), At Public Elementary School, Tuah Negeri Sub-district still carries out health screening activities during the COVID-19 pandemic. Still, the activities carried out are only for monitoring nutritional status, measuring weight and height. For immunization activities are only partially carried out to not reach the set targets. This is due to regulations regarding the prevention of COVID-19, in which the number of students is regulated and learning time at school is also shorter.

After obtaining approval for implementing health service activities for children and adolescents, it is expected to immediately make standard operating procedures on Health Protocols in carrying out this activity. This aims to reduce exposure and transmission of COVID-19 in schools.

The target of the activity of making the health care SOP is the Pj Promkes and UKGS community Health centers because they are the ones who will carry out health screening activities for school children according to their respective regional zones. Planned Pj. Promkes and school dental health unit Puskesmas are collected in the Health Office Hall, then given socialization on the implementation and making standard operating procedures for activities guided by the Head of Health Promkes & Community Empowerment. The benchmark for the success of this intervention plan is the standardization of the SOP for the Health Screening for School Children by the accreditation standards of the community health centers.

Based on the technical guidelines for health service guidelines during a pandemic issued by the Indonesian Ministry of Health (2020b) to carry out health screening during a pandemic, it is better if the service flow is to avoid crowds in the waiting room and shorten patient waiting time. Prepare contact officers that school-age children and adolescents can access, both meeting directly at the community health centers or through the use of information technology and social media.

c. Socialization of Health Screening Adaptation during the COVID-19 Pandemic to Schools

Before conducting the health screening activities for school children, it is better to socialize the adaptation of health screening to the school and students. This socialization activity enters the preparation stage/stages before implementation. Based on the implementation guidebook (2020), the steps in implementing adjustments to health screening for children and adolescents at health centers during the COVID-19 pandemic are as follows: The preparation stage is to complete infrastructure facilities that ensure the comfort, privacy, and confidentiality of adolescent patients and also ensure the safety of officers in providing health services.

The purpose of this intervention plan is so that student teachers can take steps to prevent the transmission of COVID-19. This health screening activity targets teachers and prospective minor doctors because, later, they are expected to assist health workers in directing and reminding other students to maintain health protocols during the screening activity. Implementing socialization activities is requested to the in-charge of health promotion and the school dental health unit by visiting schools and presenting the socialization of child health screening during the COVID-19 pandemic. The expected result is that the health care standard operating procedures run the health screening activities.

If the child is not present at the time of screening, the intervention plan that the author recommends is to train and develop small doctors to conduct health screenings for their friends, while at the youth level, it can be carried out by Youth care health program coaches. The results of Rini & Sari's research (2018) improvement in health services or health screening did not escape the socialization of materials about health, clean and healthy living behavior, as well as diseases such as dengue fever, diarrhea, how to wash hands, and brush teeth correctly and adequately. active and trained health cadres consisting of students as minor doctors and teachers in charge of school health Unit, active integrated service post cadres, increasing health screening data to 93.3%, promotional media (pocketbooks, leaflets, posters).

The results of research conducted by Nurrachmawati et al. (2021) regarding health care standard operating procedures in schools show that the stages of preparation of elementary school residents for the implementation of the COVID-19 health protocol are pretty responsive; this is evident from the availability of facilities as well as infrastructure in the form of flow and arrangement of schedules and study rooms. However, continuous education and socialization must be carried out. The availability of health protocol information media and socializing with students and parents is helpful for limited face-to-face learning plans.

d. Training and Guidance for Teachers and Health Officers on the Follow-up of Problem Findings

The research of Haryati et al. (2019) suggests conducting an evaluation carried out by the community health centers to find out the obstacles in carrying out health screening for elementary school children as an MSS service. In a study by Mulazimah et al. (2021), after finding health problems in the results of the school screening, then further counseling was given about healthy snacks for service school students hoping that all students would be more innovative in choosing healthy snacks at school. For servants' expectations about the dangers of smoking counseling, there is no elementary school 2 Ketami students who smoke. Students want to convey to their families/parents that the home environment must be smoke-free.

Conducting training and coaching for teachers and health workers on the follow-up of problem findings to ensure that students who are found to have problems can be followed up so that they do not get worse with health problems and deviant behavior problems. The targets of this intervention plan are school health Unit/youth care health program teachers and screening officers from community Health centers. While the executor to provide guidance is the Acting. The person in charge of the health promotion section and the school's dental and oral health unit gathers participants to the community Health centers room/hall to be given material in the form of a seminar. A dialogue is held to discuss important issues of health screening. With this guidance, it is hoped that the desired benchmark is the documentation of students who are referred and followed up on the health screening results.

e. Creating Form Check from Google Forms

During the Covid-19 pandemic, essential education age health services that can be carried out are nutritional status assessment, giving blood supplements, and administering medication: worms and immunization. As for the evaluation of vital signs, review of the function of the senses of the eye, and checking of dental and oral health cannot be done because of learning online. According to Afrianis et al. (2021), in 2021, the officers did not go directly to the field to collect data. Still, the school sent data to assess nutritional status to the community health centers. In July 2021, data collection will be carried out through *google forms*, which send the questionnaire via *google forms*, namely the class teacher to students then filled in by students; for elementary students, the class teacher sends a questionnaire via *google forms* parents, and then parents help fill out the questionnaire. The author recommends examining Google *forms* to ensure that all students can access them and do the filling independently. Meanwhile, health checks such as sensory tests are still carried out by health workers. Besides, with the *form, this* technology-based examination is expected to shorten the time in screening students to reduce contact and transmission of COVID-19, as for who made this form is the Acting. in charge of health promotion and school dental health unit community Health centers, which had previously received socialization by the Head of Health Promkes & Community Empowerment during the activity of making health SOPs at the health office. The standard benchmark is the formation of an online selection form.

Tools that can help us plan events, send surveys, or gather information quickly in an efficient way are Google Forms. Google forms *are part of an application from Google that can create online-based media for our needs, especially in making online questionnaires; with the help of computers, data processing is more secure and integrated (Febriadi & Nasution, 2017).*

The implementation of health screening must prioritize avoiding contact with COVID-19 transmission in schools. Screening activities can also be carried out *online* using information and communication technology and google forms. The examination time is attempted as soon as possible, namely to be able to fill in the health status through printed documents or google records on examinations that can be carried out independently by students before a direct review by health workers is carried out (Ministry of Health RI, 2020b). According to Hidayatullah & Sari (2021), using *google forms* can save time, energy, and costs and avoid social contact during the COVID-19 pandemic.

f. Conducting Screening Activities door to door in Internet Difficult Network Areas

In areas where the internet network is complicated, it is necessary to do a plan B and make *google forms*. Use google *forms can* be done in areas where the teaching and

learning process is carried out online and smooth internet access; students assisted by their parents can fill in their health status through google *forms*. Meanwhile, health status can be filled in through a printed form for areas where internet access is difficult. If a health problem is found, the health officer can visit the student or make an appointment at the Puskesmas (Kemenkes RI, 2020b).

Screening activities door to door is *another alternative so that all students can get essential health services. Other health workers assist in acting. In charge of health promotion and school dental health unit. This activity is attempted to be carried out in areas with difficult internet access and not in the red and orange zone status.*

According to Wahyuni et al. (2021), in the Bantul area, students who carry out screening activities *door to door* Comorbid elderly are prohibited by the COVID-19 task force because it is too risky for transmission. Therefore, this plan B is only for areas with difficult internet access and green zones.

g. Organizing the Implementation and Examination Room in accordance with standard operating procedures (SOP) or Technical Instructions

This intervention plan is still related to making standard operating procedures and socialization of new adaptations of health screening during the COVID-19 pandemic. It's just that the difference from the target of this intervention plan involves the principal and school custodians. Because this is related to disinfection funds and the implementation of disinfection by school guards before and after health screening activities. The benchmark for this intervention plan is to prevent cases of COVID-19 transmission from being found *tracing* from schools conducting health screening.

Health protocols that must be implemented in schools that carry out learning *online* Among them are: Health screening activities are carried out by setting schedules, maintaining distance, using masks, Washing Hands with Soap, checking in rooms with suitable ventilation/ open spaces, and health workers using Personal Protective Equipment (PPE) according to established standards (Ministry of Health of the Republic of Indonesia, 2020b).

Government policy towards implementing the teaching and learning process during the COVID-19 pandemic where teachers are asked to encourage the use of masks and require students always to wash their hands with soap to prevent contact with COVID-19 transmission. Always provide first aid drugs in the school health Unit room, disinfect the room and the school environment, and coordinate with the community Health centers regarding disinfection activities at least once a week (Wacana, 2020).

V. Conclusion

The problems that exist in the health promotion and Community Empowerment units regarding health services for children and adolescents, namely: 1) The teaching and learning process is carried out not face-to-face / individually. Online; 2) There is no advocacy effort to the top-level (Regent, Education office); 3) There are no special standard operating procedures for the implementation of activities during the COVID-19 pandemic; 4) The low coverage of child and adolescent health screening during the COVID-19 pandemic; and 5) There are no inspection media that can reduce contact transmission. Of the five problems found after being analyzed using the ultrasound technique, the authors determined the priority of the most critical problem was the low

coverage of health screening for children and adolescents during the COVID-19 pandemic, even though this was a priority program.

Analysis of the causes of existing problems using fishbone diagrams (Fish Bone Analysis).

1) Method: The teaching and learning process model online/shift settings; the Ministry of Education and Culture policy. Coordination of community Health centers and technical implementation Unit education has not been carried out; There are no advocacy activities in the health sector. There is no process standard operating procedures yet; there has been no socialization from the community Health centers regarding screening activities during the COVID-19 pandemic. Health workers do not follow up; there is no guidance from the health department health promotion section and lack staff knowledge about activity technicians. Lack of teacher supervision during screening; lack of teacher knowledge about activity technicians; there is no guidance from the community Health centers; 3) Material: Inefficient written form and contagion contact; there is no socialization from the community Health centers regarding screening activities during the COVID-19 pandemic; and 4) Environment: Inspection conditions create crowds; there has been no socialization from the community Health centers regarding screening activities during the COVID-19 pandemic.

The alternative solutions to problems to increase the coverage of health services for children and adolescents are as follows: 1) Advocating local governments and related SKPDs for screening during the COVID-19 pandemic; 2) Propose to make standard operating procedures for Health Screening Process; 3) Socialization of screening adaptation during the COVID-19 pandemic; 4) Conducting training and coaching for teachers and health workers on the follow-up of problem findings; 5) Create an inspection form from google forms; 6) Conduct door-to-door screening in areas where internet network is complex; and 7) Regulate the implementation and inspection room according to standard operating procedures/technical instructions. It is known that there are six alternative solutions to the problem, as described above, which are then compiled into an intervention plan through POA (Plan of Action).

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