

The Role of Babinsa as Street-Level Bureaucrats in COVID-19 Handling through a Collaborative Governance Approach

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Abstract

Indonesia is one of the countries that has been severely affected by the COVID-19 pandemic and ranks 20th among the countries with the highest number of COVID-19 cases. Like other countries, COVID-19 has also negatively impacted various sectors of society, including social, cultural, economic, and educational aspects. The Indonesian government has implemented various policies from the central to the village level, such as movement restrictions through partial lockdown policies, the implementation of health protocols, COVID-19 patient management through testing, tracing, treatment, and vaccination. The complex and frequently changing policies, adjusted according to the latest COVID-19 situation, often cause confusion among the public and, in turn, lead to some people's neglectful attitudes. In dealing with the complexity of policies and their implementation, the role of street-level bureaucrats, specifically Babinsa, who are part of the Indonesian Army (TNI AD) and serve at the village level, becomes crucial. This study aims to delve into the role of Babinsa as street-level bureaucrats and the dynamics of grassroots-level COVID-19 handling through actor collaboration. The study concludes that Babinsa collaborates with village governments, healthcare workers, religious leaders, community figures, and the business community in performing their roles to strengthen capacity and resources in managing COVID-19. Additionally, the study identifies various factors that influence the performance of Babinsa as street-level bureaucrats in the implementation of COVID-19 handling policies, including sectoral ego, budget constraints, community characteristics, and limited healthcare personnel.

Keywords: *Babinsa, Street-Level Bureaucrats, Collaborative Governance, COVID-19.*



A. INTRODUCTION

Indonesia is one of the countries with the highest infection rates of the Coronavirus Disease (COVID-19) in the world. Citing data from Worldometer, Indonesia ranks 20th globally, with approximately 6.8 million confirmed cases as of June 14, 2023. The first COVID-19 case in Indonesia was identified in March 2020. Since then, the spread of COVID-19 has seemed uncontrollable. As a country with a large population and diverse geographic and socioeconomic factors, several factors contribute to the spread of COVID-19. One influential factor is population density. This means that the higher the population density in an area and the closer the interactions among people in public spaces, the higher the risk of COVID-19 transmission (Kadi & Khelfaoui, 2020).

Furthermore, Ssebuufu et al. (2020) concluded that the level of awareness, knowledge, and attitudes towards COVID-19 are essential factors in preventing its spread. The study also indicates that the awareness and knowledge gaps among

different population groups, influenced by educational and socioeconomic levels, affect the spread of COVID-19 (Ssebuufu et al., 2020). Additionally, Mahendradhata et al. (2021) mentioned that the capacity of the Indonesian healthcare system, including staff, resources, infrastructure, and system, is still insufficient to handle the impact of a pandemic like COVID-19.

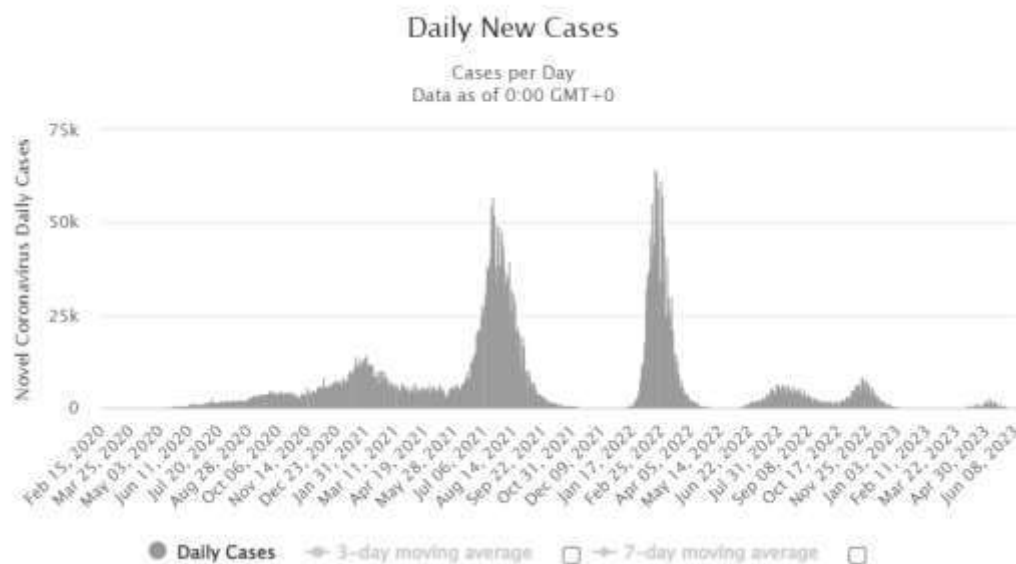


Figure 1 Daily additional COVID-19 cases in Indonesia (as of June 14, 2023)

Source: worldmeters.info

COVID-19 cases in Indonesia peaked in mid-2021 and early 2022, as shown in Figure 1. The impact of COVID-19 is felt not only in terms of the significant number of casualties but also in various aspects of life. One particularly significant impact of COVID-19 is in the economic sector. Indonesia has experienced a decline in exports and imports, a decrease in people's purchasing power, and an increase in the poverty rate due to job terminations or wage reductions (Tambunan, 2021). Tourish (2020) explains that economic crises always disproportionately impact vulnerable groups, such as people with low incomes. Specifically, the impact of COVID-19 can lead to increased unemployment, unpaid wages due to reduced business income, and insecure job situations during the pandemic. These findings are consistent with the research conducted by Hadiwardoyo (2020), which indicates that prolonged and unsynchronized social restrictions can exceed individuals' or businesses' capacity to sustain themselves, resulting in significant economic and social losses.

Furthermore, COVID-19 has had a profound impact on the field of education. Restrictions on activities and the implementation of physical distancing have forced schools to adopt distance learning methods (Rizaldi & Fatimah, 2020), requiring students to study from home for approximately two years. This inevitably affects the quality of education at various levels, from elementary to tertiary education, as it faces numerous limitations and challenges in operating optimally.

The Indonesian government and society have made various efforts to handle COVID-19. The Indonesian government has implemented various policies to address

COVID-19. One of the earliest policies implemented by the government was a large-scale social restriction (PSBB) and further evolved into the Enforcement of Community Activity Restrictions (PPKM) as a variation of a partial lockdown. These policies aimed to limit people's movement and access to various public facilities to slow the spread of COVID-19. Additionally, the Indonesian government has implemented domestic and international travel restrictions. This includes providing negative COVID-19 test results for travel using public transportation. Similar policies emphasizing regional quarantine or lockdown have been implemented in various countries in Asia, America, Europe, Africa, and Australia (El Zowalaty et al., 2020). While some countries did not implement strict lockdown policies, they were successful in controlling the spread of COVID-19 through testing policies, early self-isolation, free healthcare services, and the utilization of digital technology, as seen in South Korea (Lee et al., 2020; Oh et al., 2020).

The following policy is the implementation of health protocols, such as wearing masks, practicing physical distancing, and handwashing, to prevent the spread of the virus. Regarding COVID-19 patient management, the policies implemented include testing, contact tracing, and treatment. Another important policy is mandatory vaccination for the entire population to achieve herd immunity. Vaccination policies, supported by community compliance with health protocols, are two crucial aspects of slowing down and stopping the transmission of COVID-19 in Indonesia (Abdy et al., 2021). All of these policies are complemented by the government's provision of social safety nets. The social safety nets include some programs such as the Pre-Employment Card (Kartu Prakerja) to enhance the capacity of the workforce, the "Program Keluarga Harapan" (PKH), a social assistance program implemented by the Indonesian government to alleviate poverty and improve the welfare of low-income households, and direct cash assistance (BLT) to maintain the purchasing power of the lower-income population during the COVID-19 pandemic, electricity subsidies, credit repayment relief for micro, small, and medium enterprises (MSMEs), and others. These social safety net policies are implemented to help maintain the socioeconomic stability of the community during the COVID-19 crisis.

All of these policies do help slow down the spread of COVID-19. However, the public's response to the COVID-19 mitigation policies is equally important, whether they support or reject them. Bernauer et al. (2016) noted that a policy has higher legitimacy when the public can actively engage and have a specific role. Public participation aligns with the development in policy studies discourse, where the public is no longer positioned merely as objects but becomes subjects of policy (Király & Miskolczi, 2019). Furthermore, in the context of COVID-19 mitigation policies, Roziqin et al. (2021) explain that constantly changing policies and incomplete information accepted by the public result in diverse attitudes. Some individuals accept and comply with health protocols and COVID-19 mitigation policies, while others are ignorant. This diversity of responses subsequently affects policy implementation, leading to disparities between the policies and their actual implementation in the field.

Civinskas et al. (2021) explain that heterogeneous responses and crisis policy responses differ in their design, objectives, formulation, and policy implementation.

The diversity of responses to these policies is influenced, among other things, by the variation in public awareness levels regarding the dangers of COVID-19, which in turn slows the adoption of COVID-19 prevention strategies (Harapan et al., 2022). Therefore, an appropriate policy socialization strategy is needed to enhance public awareness of the dangers of COVID-19 while serving as an instrument for enforcing rules and COVID-19 mitigation policies. One of the strategies implemented by the government to enforce COVID-19 rules and policies is deploying Village Development Instructors (Babinsa) as part of the street-level bureaucracy. Babinsa positions are held by Noncommissioned Officers or Enlisted Soldiers of the Indonesian National Army (TNI AD), ranging from Corporal First Class to Sergeant Major, who serve as the implementation arm of the Military Sub District Command (Koramil) and are accountable to the Sub District Military Commander (Danramil). Based on Law No. 34 of 2004 Article 7 concerning the Indonesian National Army, the main task of the Indonesian National Army is to uphold national sovereignty, defend the territorial integrity of the Unitary State of the Republic of Indonesia based on Pancasila and the Constitution of the Republic of Indonesia, as well as protect the entire nation and all Indonesian bloodlines from threats and disturbances to national unity and integrity.

The role of Babinsa in enforcing COVID-19 mitigation policies is based on Presidential Instruction No. 4 of 2019 regarding the Enhancement of Capabilities in Preventing, Detecting, and Responding to Disease Outbreaks, Global Pandemics, and Nuclear, Biological, and Chemical Emergencies. This humanitarian operation is known as assistance duties, which respond to emergencies when civilian authorities have limitations in handling them (Fitri, 2021; Huntington, 1993). In implementing COVID-19 policies, Babinsa plays a significant role as a street-level bureaucrat. Babinsa, with its territorial development function in specific areas, serves as policy implementers by directly interacting with the community, also known as frontline workers. Therefore, Babinsa has discretion in its implementation. Babinsa is free to make policies in the field, although sometimes the policies may not align with existing regulations. Discretion is needed because street-level bureaucracy faces uncertainty when making decisions due to the heterogeneity, ambiguity, and contradictions in the implemented public policies, as well as the unclear regulatory procedures established by those policies (Civinskas et al., 2021; Raaphorst & Groeneveld, 2019). As frontline workers in the fight against the COVID-19 pandemic, Babinsa does not work alone but collaborates with other street-level bureaucrats who also play a significant role in the implementation of COVID-19 policies, such as Bhabinkabtibnas, healthcare workers, and others at the grassroots level.

Addressing COVID-19 at the grassroots level is crucial to determining the success of national COVID-19 mitigation policies. In other words, this study argues that the success of COVID-19 mitigation in Indonesia cannot be separated from the success of grassroots-level efforts, with street-level bureaucracy playing a pivotal role.

Achremowicz & Kamińska-Sztark (2020) explain that community participation at the grassroots level is essential to supporting the success of COVID-19 mitigation in a country. Additionally, Le et al. (2020) mention that intersectoral collaboration among the government, healthcare professionals, and various organizations at the grassroots level, including Babinsa in this study's context, is both crucial and has significant potential in the COVID-19 response, particularly in terms of communication and health education. Based on the background above, this study aims to delve into the role of Babinsa as a street-level bureaucrat and the dynamics of COVID-19 mitigation at the grassroots level through actor collaboration.

B. LITERATURE REVIEW

1. Collaboration Among Actors in COVID-19 Mitigation at the Grassroots Level

Collaboration among actors at various levels, including at the grassroots level, is crucial in combating COVID-19. This approach is undertaken to optimize existing resources, accelerate responses to emerging cases, and strengthen the active participation of the community in COVID-19 mitigation efforts (Le et al., 2020). In other words, the collaboration aims to create synergy among different stakeholders to achieve effective strategies for COVID-19 prevention, treatment, and broader impact reduction on society. Additionally, inter-actor collaboration enables communities to access information and resources equitably, ensuring their safety and well-being during the COVID-19 pandemic. Collaboration among actors in COVID-19 management must be implemented at various levels, including at the grassroots level in suburban areas. This is because suburban areas face different challenges than urban areas, such as limited healthcare infrastructure, uneven government capacity for controlling virus infections, and endemic poverty that further restricts their access to adequate healthcare facilities (Dutta & Fischer, 2021). Therefore, inter-actor collaboration at the grassroots level must consider the local context and needs. Collaborative efforts should prioritize participatory aspects based on mutual trust.

Furthermore, Z. Liu et al. (2021) emphasize the importance of the household environment as the frontline of collective action by grassroots communities in facing the COVID-19 pandemic. The study concludes that the effectiveness of collaboration at the grassroots level is determined by social capital in the form of community participation as well as hierarchical guidance from the government supported by policy measures and aid distribution. By understanding the role of the household environment as the frontline of collective action by grassroots communities, relying on social capital and government support, collaborative efforts in COVID-19 management can become more effective. This effective collaboration, in turn, can foster a sense of shared responsibility for reducing the spread of the virus, protecting the community, and restoring health and quality of life.

2. The Role of Babinsa as a Street-Level Bureaucrat in the Success of Policy Implementation

Street-level bureaucrats are policy implementers who directly interact with the community to provide services and translate policies into tangible actions (Lima-silva et al., 2020; Lipsky, 2010). The characteristics of these street-level bureaucrats usually involve operating in contexts of scarce resources, a lack of information, and uncertainty regarding public responses. This uncertainty and ambiguity in their work allow street-level bureaucrats to exercise discretion by making varied decisions in the field based on their judgment (Lipsky, 2010).

Based on Lipsky's perspective (2010), the strength of street-level bureaucrats lies in their ability to provide direct services to the public, adapting to the conditions and demands of the public within the constraints of existing rules and regulations. As policy implementers, street-level bureaucrats have a significant influence on policy implementation. Their role becomes even more crucial in the government's response to controlling the COVID-19 virus, as the heterogeneous responses to various policies often lead to a crisis in policy implementation (Civinskas et al., 2021). The goal of the study by Lima-Silva et al. (2020) was to investigate how the COVID-19 pandemic affected policy delivery at the frontline and the routines of street-level bureaucrats in social welfare policies. The findings revealed that street-level bureaucrats working in social care services faced limited resources and Personal Protective Equipment for COVID-19. Moreover, government decisions influenced how these frontline professionals acted during the crisis, affecting their daily community interactions. Street-level workers also had to deal with unprecedented challenges in their work environment (Lima-Silva et al., 2020). These conditions demonstrate that implementing COVID-19 pandemic policies has significantly impacted the roles and tasks of street-level bureaucrats.

In the situation of the COVID-19 pandemic, there are many street-level bureaucrats who play a crucial role in policy implementation. In addition to healthcare workers and volunteers, Babinsa is one of the street-level bureaucrat actors that play an essential role in controlling COVID-19 in Indonesia. Babinsa has the main task of maintaining security and order while carrying out territorial development, thereby creating territorial strength as a resilient space, tool, and condition to overcome various threats, challenges, obstacles, and disruptions to the nation's survival, state security, and national development (Yohanes, 2015). Furthermore, several studies explain that Babinsa also plays a role in empowering and improving the welfare of the people (Rahmat et al., 2020). In carrying out their duties, Babinsa must have territorial capabilities to obtain and report information quickly, communicate with the community, and gather data on geographic, demographic, and social conditions related to national defense (Rahmat et al., 2020). This set of functions and capabilities of Babinsa serves as an essential asset for them to fulfill their role as street-level bureaucrat during the COVID-19 response.

C. METHOD

This study applies a qualitative method with a case study approach. The case study approach is utilized to understand the research subject holistically within a

specific and authentic context (Moleong, 2010). The qualitative method also allows the researcher to be more flexible in exploring and analyzing critical aspects inductively (Creswell, 2013). The highlighted case is in a limited space and time, enabling focused data collection and information gathering (Yin, 2011). This research employs three data collection methods: semi-structured interviews, observations, and document analysis. Semi-structured interviews are conducted with Babinsa personnel, business owners, labor unions, community leaders, religious figures, village government officials, and healthcare workers, involving 46 informants. Meanwhile, observations and document analysis are conducted to obtain a broader range of data regarding the cases and impacts of COVID-19, as well as various response policies.

The chosen case study in this research is the role of Babinsa as a street-level bureaucrat in Tangerang Regency, Banten Province, Indonesia, under the Command of the 0510/Tigaraksa Military District. Tangerang Regency was selected as the case study location based on COVID-19 case data in Indonesia. The track record of COVID-19 cases in Banten Province shows a unique cumulative figure. Banten Province ranks third in the number of active cases in Indonesia. However, the number of deaths is relatively low compared to the eleven other provinces above it, with approximately 2,933 reported deaths. Additionally, based on cumulative data on recovered cases, Banten ranks fifth. These conditions indicate that despite the high number of active COVID-19 cases in Banten, the number of deaths is relatively low, while recovered cases are relatively high compared to other provinces. Thus, this research focuses on the COVID-19 handling in Tangerang Regency, supported by the role of Babinsa as one example of the successful implementation of COVID-19 response policies.

D. RESULT AND DISCUSSION

1. Dynamics and Collaboration in COVID-19 Response

In the context of the COVID-19 response at the village level, the role of Babinsa as a street-level bureaucracy is evident through their participation in the COVID-19 task force established in each village. As a task force member, Babinsa plays a role in implementing government policies that originate from the central to the district level and adapting them to policies that are suitable for village-level conditions. This reflects the street-level bureaucracy concept, which emphasizes the bureaucracy's role at the grassroots level in facing challenges and adjusting policies according to the community's needs (Lipsky, 2010). Field research findings indicate various aspects that Babinsa, as a street-level bureaucrat, must consider in implementing COVID-19 response policies, as depicted in Figure 2 below.

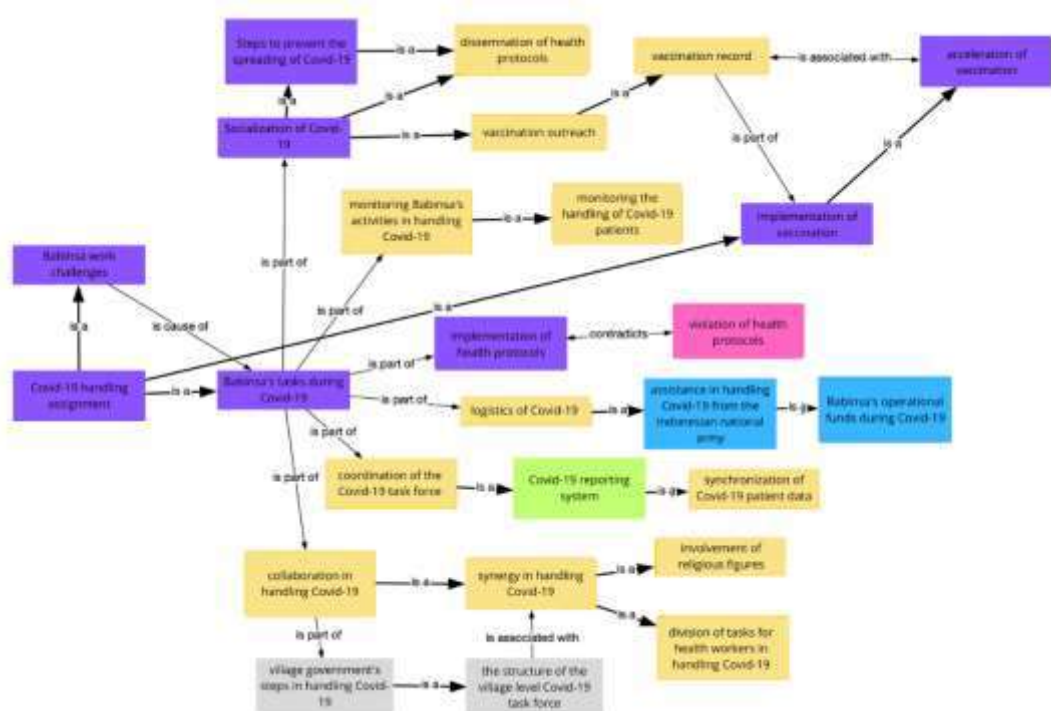


Figure 2 The dynamics of the COVID-19 response by Babinsa as street-level bureaucrats

In efforts to enhance public awareness and understanding of COVID-19 and dispel misconceptions and stigma surrounding COVID-19 patients, the role of Babinsa as a street-level bureaucrat implementing collaborative governance is crucial. In this context, Babinsa can act as an agent actively involved in the socialization of COVID-19 at the village level. They can provide relevant information to the community regarding the risks of COVID-19 and government policies related to COVID-19 management, such as health protocols, lockdown measures, vaccination, and others. Accurate awareness and understanding at the community level regarding COVID-19 are vital in increasing their participation in efforts to prevent the spread of COVID-19 (Elgendy et al., 2020). The campaign to raise awareness and understanding of COVID-19 is carried out while considering the social and cultural aspects of the local community to avoid triggering resistance that may counterproductively hinder the goal of preventing the spread of COVID-19 (Kaushik et al., 2020).

In addition to socialization, the role of Babinsa as a street-level bureaucrat is also identified in efforts to accelerate the achievement of vaccination targets at the village level. Babinsa is involved in recording community data related to vaccination and organizing mass vaccination events. Through collaboration with healthcare workers and village authorities, Babinsa can support the implementation of mass vaccination by facilitating coordination among actors and providing necessary information to the community. Meanwhile, in the field, Babinsa works with community leaders, religious figures, youth, and the business sector to strengthen collaborative efforts in COVID-19 management. Additionally, Babinsa can integrate vaccination efforts organized by the Indonesian Army. The collaboration among actors involving Babinsa, village authorities, healthcare workers, and all other

concerned parties enables coordination, information sharing, and resource pooling, ultimately enhancing the collective capacity of the local community in COVID-19 management (J. Liu et al., 2020).

In overseeing the implementation of health protocols at the community level, Babinsa plays a role as a street-level bureaucrat and implements collaborative governance in addressing challenges related to non-compliance with health protocols by the community. Babinsa employs specific strategies that target communities resistant to health protocols by involving local community or religious leaders who have legitimacy in the eyes of the community. From these findings, it can be understood that Babinsa can apply the principle of discretion, which is the freedom to make independent decisions according to the problems encountered, which is an essential aspect of the street-level bureaucracy theory (Civinskas et al., 2021; Lipsky, 2010). The ability of Babinsa to identify problems and seek appropriate alternative solutions demonstrates the agility and intelligence required in performing their functions. Simultaneously, Babinsa can flexibly collaborate with various groups, a fundamental principle in achieving collaborative governance (Z. Liu et al., 2021).

Next, the monitoring of the COVID-19 situation at the village level conducted by Babinsa reflects their role as street-level bureaucrats who actively engage and directly interact with the community. They collaborate with healthcare professionals to facilitate health screenings and monitor the recovery process of suspected COVID-19 patients. Babinsa also assists in referring patients to advanced healthcare facilities when necessary. In this regard, the concept of street-level bureaucracy helps to understand the role of Babinsa as implementation agents directly involved in monitoring and responding to COVID-19 cases at the village level (Lipsky, 2010), while collaboration with healthcare professionals and various other stakeholders also reflects the application of collaborative governance to ensure patients receive appropriate and coordinated care.

In performing their coordination function, Babinsa always reports the daily collected data through door-to-door surveys to ensure data accuracy regarding new COVID-19 cases, recovered patients, and others, to the Indonesian National Army personnel at the subdistrict level. The data collected from all Babinsa at the Koramil level is then processed and handed over to the personnel at the Kodim level. Subsequently, the data at the Kodim level is synchronized with official COVID-19 data at the district, provincial, and even national levels. This practice demonstrates that Babinsa not only plays a role in collaborative grassroots-level work but also engages in cross-sectoral vertical collaboration involving higher hierarchies and government authorities at the district, provincial, and even national levels. This practice supports the findings of Kessa et al. (2021), who concluded that horizontal and vertical collaboration in handling COVID-19 is crucial for achieving effective COVID-19 management.

Collaboration and division of labor are built based on the analysis of the capacities and resources possessed by each party (Ansell & Gash, 2008). As the regional authority and budget holder, the village government provides logistics such

as masks, hand sanitizers, disinfectants for spraying, personal protective equipment (PPE), and other operational costs. Furthermore, healthcare workers are responsible for providing necessary healthcare to suspected or confirmed COVID-19 patients and coordinating with advanced healthcare facilities when needed. Meanwhile, Babinsa takes on a more prominent role in field operations, particularly in overseeing the implementation of health protocols, enforcing partial lockdown, proactively reaching out to improve vaccination coverage, and handling COVID-19 patients, including contact tracing. Next, community and religious leaders play a significant role in the process of socialization and raising awareness among the public regarding the risks of COVID-19, as well as persuasively promoting the adoption of health protocols. This is related to the legitimacy they hold in the eyes of the community. In addition to being carried out by Babinsa, the monitoring of health protocol compliance is also assisted by youth leaders. Furthermore, the business sector contributes significantly to providing logistical support for COVID-19 management and monitors its employees' implementation of COVID-19 measures. In order to establish and maintain cross-sector collaboration, intensive and effective communication must always be maintained. Regular updates are shared through a WhatsApp group, ensuring that each party is informed about the latest developments and can strategize accordingly in the COVID-19 response.

2. Factors Influencing the Performance of Babinsa in Covid-19 Management

In managing COVID-19, policies implemented in a particular region are adjusted based on the number of individuals infected with COVID-19, as measured by the positivity rate. This approach reflects the application of street-level bureaucracy theory, wherein policies implemented at the village level by Babinsa and other actors may vary depending on local conditions and the level of virus spread. Collaboration among actors, such as the government, healthcare workers, and community leaders, through the collaborative governance theory also plays a crucial role in formulating effective COVID-19 management policies (Choi, 2020). Implementing these policies has implications for the daily lives of the community, including economic, social, and cultural aspects. These influences can be observed through policy tightening on economic activities, social interactions, and changes in societal behavior regarding compliance with health protocols. The adjustments made to policies and their repercussions on community life demonstrate the complexity of the tasks faced by street-level bureaucrats in managing the COVID-19 response (Lipsky, 2010). In addition to the number of infected individuals in a given area, various factors influencing the performance of Babinsa as street-level bureaucrats within the collaborative governance framework are presented in Figure 3.

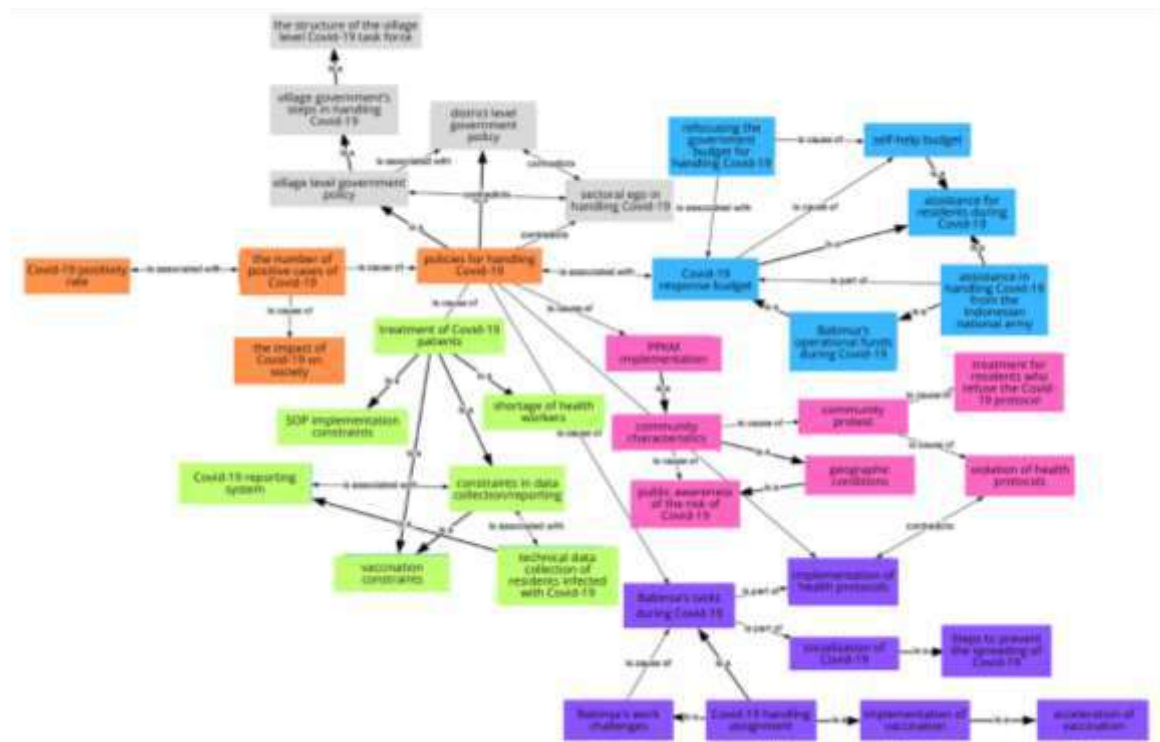


Figure 3 Factors affecting the performance of Babinsa as street-level bureaucrats in the COVID-19 response

One of the inhibiting factors identified in the implementation of COVID-19 management policies is the presence of sectoral egos that hinder the on-the-ground response to COVID-19. This sectoral ego can be observed in the execution of COVID-19 vaccinations. Each institution, such as the Community Health Center, the Indonesian Army, the Police, and others, has its own vaccination targets and carries out vaccinations separately. This situation leads to inefficiency as they compete for residents to get vaccinated with them. This practice contradicts the principle of collaborative governance, which emphasizes the importance of pooling resources to achieve common goals that are considered more important than individual goals (Ansell & Gash, 2008; Z. Liu et al., 2021). However, if they communicate effectively, they can divide the work areas so that all regions can be covered. Consequently, the vaccination rate can be more easily achieved, benefiting the community because all parties work collaboratively.

In implementing COVID-19 management policies, the budget is an essential supporting factor and can be obtained from various sources. As a national disaster, the Indonesian government has conducted massive budget reallocations at various levels, from the central government to the village level. Funds previously allocated for development programs have been redirected to meet the needs of COVID-19 management, such as the purchase of health equipment, operational costs, social assistance for COVID-19 patients, and free vaccination. However, in carrying out their duties as street-level bureaucrats, Babinsa does not have access to the government's budget, while the budget from the Indonesian Army is limited and not continuously available during the approximately two-year period of the COVID-19 pandemic.

Therefore, Babinsa must seek alternative funding sources from individual donors, institutions such as companies and NGOs, or other sources. The ability of Babinsa to seek alternative resources is crucial in their role as street-level bureaucrats who are often confronted with resource limitations amid their complex responsibilities (Lima-Silva et al., 2020; Lipsky, 2010).

In implementing partial lockdown measures, factors such as community characteristics, regional conditions, and the level of public awareness of the risks of COVID-19 influence the policies taken. Despite massive efforts at socialization through various strategies and media, some individuals in the community still violate health protocols and oppose these policies. In the context of street-level bureaucracy theory, Babinsa, as a street-level bureaucrat, conducts intensive persuasion to those who oppose the measures to raise their awareness. Intensive persuasion relying on interpersonal communication has proven effective in increasing awareness of the risks of COVID-19, particularly among rural communities (Ezeah et al., 2020). This approach can be implemented collaboratively by involving local community leaders or religious figures to enhance the impact of interpersonal communication.

Another factor that influences the performance of Babinsa in handling COVID-19 is the insufficient number of healthcare workers compared to the number of cases. The shortage of healthcare workers has been addressed by mobilizing students from health-related departments to volunteer in the COVID-19 response (Rasmussen et al., 2020). Additionally, constraints related to the availability of medication are also often encountered. Moreover, some segments of the population refuse vaccination and persuade others not to get vaccinated. This refusal is usually influenced by religious beliefs (such as considering vaccines as forbidden) or misinformation they have received. Various forms of misinformation often circulate through social media and are readily believed by the public, especially those with low literacy levels (Tabong & Segtub, 2021). In addressing these challenges, Babinsa strives to maintain coordination and collaboration with various parties to access the necessary resources (Ansell & Gash, 2008), while continuously conducting public awareness campaigns about the risks of COVID-19 and correcting false information circulating in the community. To explain health-related matters, Babinsa works together with healthcare professionals, while for issues related to religious beliefs, Babinsa collaborates with trusted religious figures. This collaborative approach is taken because Babinsa acknowledges that they do not possess sufficient expertise in explaining matters related to health and religion.

E. CONCLUSION

In handling COVID-19, Babinsa faces various dynamics influenced by multiple factors. Among the dynamics of the COVID-19 response, this study emphasizes the importance of cooperation and collaboration between Babinsa and other actors, such as village governments, healthcare workers, community leaders, religious figures, business entities, and other stakeholders concerned about COVID-19. This cooperation enables the mapping of the capacities and resources possessed by each party and facilitates the effective division of labor. Furthermore, Babinsa is tasked

with preventing, managing, and expediting vaccination efforts, which involve public awareness campaigns, supervision, monitoring, and facilitating access to healthcare services. Moreover, Babinsa must overcome challenges such as resource availability, vaccine hesitancy, and misinformation circulating in the community. Amidst uncertain field conditions and various demands to act tactically, this research highlights the complexity and dilemmas Babinsa faces in implementing COVID-19 response policies while navigating their limitations as street-level bureaucrats. Based on these considerations, this study concludes that Babinsa plays a significant role in the COVID-19 response at the village level through their role as street-level bureaucrats. However, Babinsa does not work alone but is supported by collaboration among actors with their respective capacities and resources, mutually reinforcing one another in COVID-19 management.

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