KnE Social Sciences
6th SoRes
6th Social and Humaniora Research Symposium: Ethical Governance
Volume 2024

Research Article

Scoping Review: Pentahelix Community Empowerment Development Strategy as an Effort to Improve the Quality of Life during the Covid-19 Pandemic in Low Middle Income Countries LMIC

Rr. Vita Nurlatif*, Andi Kushermanto, I Isrofah, Ardiana Priharwanti, Eko Budi Prasetyo

Universitas Pekalongan, Pekalongan, Indonesia

Abstract.

The Covid-19 pandemic has had a multi-sectoral impact not only on the health sector, but also on multi-sectors, such as health, education, economy, and other crucial and supporting sectors. During the pandemic, that hit more than 200 countries, various community empowerment strategies have emerged, all of which have the same pattern, namely stakeholder engagement. The community empowerment strategy, which aims at improving the quality of life based on family is the way out or the most possible way out to improve public health status during the new normal, especially in middle and lower countries. A systematic approach was taken to search for literature using the PubMed DataBase, Health Evidence, Cochrane, and Science Direct. Then the results of empirical research that met the criteria were carried out using critical analysis based on the PCC (Population, Concept, and Context) approach, using the keywords ((((community) health empowerment) OR (health empowerment)) OR (Community health development)) OR (Stakeholder engagement)) AND (((Community empowerment development strategy)) OR (Community development strategy))) AND (((Improving the quality of live based on Thought families The Age of New Habits)) OR (quality of live)) OR (Improving quality of live family based)))) AND (Low Middle Income Country). The results are based on the results of a scoping review of 9 articles, five models of pentahelix community empowerment strategies were obtained as an effort to improve the quality of life during a pandemic in lower middle-class countries. Suggestions for the involvement of stakeholders and the community are key factors that must always be synergized as a way out of community empowerment during a pandemic.

Keywords: stakeholder engagement, quality of life, new habits, low middle-income country

Corresponding Author: Rr. Vita Nurlatif; email: rr.vitanurlatif@gmail.com

Published: 15 August 2024

Publishing services provided by Knowledge E

Selection and Peer-review under the responsibility of the 6th SoRes Conference Committee.

1. INTRODUCTION

The covid pandemic has had multi-sectoral impacts related to health, education, the economy, and other crucial aspects. In the case of a pandemic that occurs in an area, as well as during the Covid-19 pandemic, there are three principles that can be followed

to prevent and deal with it. Namely by carrying out massive IEC, strengthening behavior patterns that support the prevention aspects of personal order, and strengthening the health service system (mapping red/risky zones, referral systems, service facilities, and strengthening implementing human resources).

Efforts to accelerate recovery to its original condition require good cooperation from all parties (pentahelix). Both government, private, community, academic and media elements must synergize according to their respective fields. The role of Pentahelix in question is (Government, community, academia, private sector, health service provider facilities). The government takes a role in the policy model taken to reduce the rate of increase in prevalence (implementation of social distancing, 14-day academic holidays, etc.), the community (takes an active role in implementing PHBS which prioritizes aspects of preventing transmission of Covid-19, such as: compliance with social implementation distancing, stay at home, germas, self isolation, cough etiquette, and so on), academics (through research development and community service trying to reduce the rate of increase in the prevalence of Covid-19 cases).[1]

The pandemic condition has an impact on multiple sectors, not only health but also other sectors. This is experienced by all countries affected by Covid 19. In countries with lower middle income conditions (Low Middle Income Country) / LMIC. pandemic conditions is a challenge in itself in efforts to prevent and control it. Community empowerment is one of the key aspects to accelerate the recovery of the original condition which is adaptive to the conditions of the LMIC country.

This article provides a description of a critical analysis of community empowerment strategy models to improve the quality of life during a pandemic in LMIC countries to serve as a comparative illustration for accelerating the completion of several aspects of the pandemic in Indonesia.

2. SUBJECT AND METHOD

The presentation of this scoping review research design refers to PRISMA-P[2] which contains the systematics of writing scoping reviews[2]. The research method for this scoping review was carried out in accordance with the JBI methodology for systematic reviews of effectiveness or influence [3]. This study uses 8 steps according to the instructions for making a systematic review [4]. These steps include:

2.1. Inclusion and exclusion criteria

The inclusion criteria explain the determination and limitation of research topics which include several things related to “PCC”, Population, Concept and Context. The following determines the inclusion criteria for articles that can be reviewed, including: Articles in English and Indonesian with a qualitative design, articles are in publications in the 2020-2021 year range, the article contains the population, concept and context according to the stipulations.

2.2. Population

Determination of the population in the search for articles in the online database covers all LMIC countries (both in stakeholder actors, communities, institutions and policy products related to this matter). The search uses the keyword Community Empowerment Development Strategy.

2.3. Concept

The definition of Concept in this article contains all the writings on the PubMed online database from Medline, Health evidence, Cochrain which contains the concept of a community empowerment development strategy to improve the quality of life during a pandemic in LMIC countries. Using the keywords Improving the Quality of Life Based on New Habits.

2.4. Context

The articles synthesized are prioritized in the context of lower-middle-class countries/LMIC.

3. METHOD

A systematic approach was taken to search for literature using the PubMed Data Base, Health Evidence, Cochrane, Science Direct, then the results of empirical research that met the criteria were carried out critical analysis using a narrative based on the PCC approach (Population, Concept and Context), using the keywords ((((((community health empowerment) OR (health empowerment)) OR (Community health development)) OR (Stakeholder engagement)) AND (((Community empowerment development strategy)) OR (Community development strategy))) AND (((Improving the quality of live based on

Thought families The Age of New Habits)) OR (quality of live)) OR (Improving quality of live family based))))) AND (Low Middle Income Country).

Table 1: Search strategy.

Category	Search parameters
P (Population)	*((((community health empowerment) OR (health empowerment)) OR (Community health development)) OR (Stakeholder engagement)) AND (((Community empowerment development strategy)) OR (Community development strategy)))*
C (Consept)	*((((Improving the quality of live based on Thought families The Age of New Habits)) OR (quality of live)) OR (Improving quality of live family based))))*
C (Context)	*(Low Middle Income Country)*

3.1. Choose relevant studies

The selection of relevant studies was carried out by three independent reviewers, using several CA (Critical Appraisal) guidelines issued by JBI[5] using CA for qualitative research. The selection of articles is carried out first by screening abstracts, then the selected abstracts will be reviewed in full text using a predetermined CA, if there are differences of opinion between reviewers, a discussion will be held to determine a decision.

3.2. Data extraction

This process is done by creating a simple table containing data from articles that have been selected as follows: author, year of publication, title, country, dependent variable, database, and exclusion criteria. In addition, information is also added that summarizes the community empowerment development strategy to improve the quality of life during the pandemic in LMIC countries.

3.3. Assessment of the Quality of Selected Research

One of the efforts in choosing a study is to determine the quality of the research obtained. As well as controlling the possibility of bias that occurs in the research process, whether it is multiple subject bias used bias, recording bias, reporting bias, in scoring bias, extractor bias, inclusion criteria bias & selector bias, as well as publications bias. [6] Researchers used the Cochrane risk of bias tool guidelines for randomized trials (RoB 2 tool) which considered the following five domains for each outcome evaluated: (1) bias arising from the randomization process, (2) bias due to deviation from the intended

intervention , (3) bias due to missing data, (4) bias in measurement of outcomes and (5) bias in selection of reported results.[7]

The following is a flowchart for searching for articles and selecting research studies to be reviewed: appropriateness

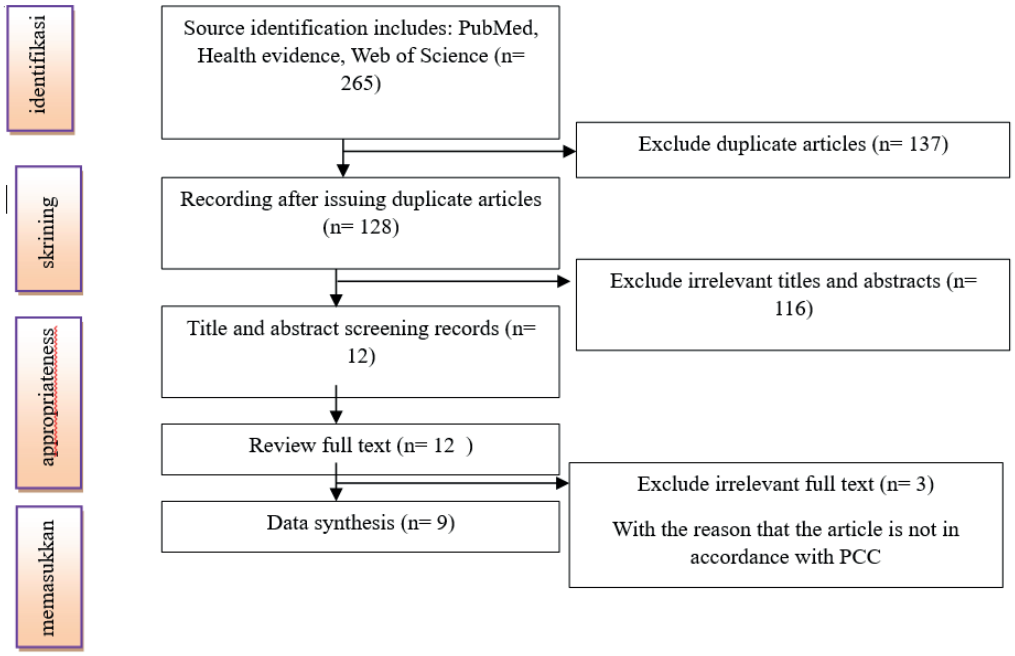

Figure 1: The Flow Chart of Article Search and Study Selection Refers to PRISMA-P.

4. RESULTS AND DISCUSSION

4.1. Results

Based on the results of the synthesis of 9 articles in several lower middle class countries/LMIC,

Five models of pentahelix community empowerment strategies were obtained as an effort to improve the quality of life during the pandemic in middle and lower countries. These 5 models are community empowerment strategies in the context of health services during a pandemic which focus on strengthening the health system building block.[8] Case study in India in 2021, research conducted by Sonu H. Sobba. Research conducted by Brynne Gilmore (2020), who conducted research related to community and institutional involvement in the prevention and control of covid, found a model of community empowerment in an institutional context which includes empowering institutional action engineering & behavior change, which includes designing, planning, building community trust , communication of social change and behavior, development

of emergency risk communication management, monitoring, tracking efforts, fulfillment of logistics daily needs and administration.[9] Brynne Gilmore's research also found that a model for developing community empowerment to improve the quality of life during a pandemic in the community context, must emphasize the active involvement of community elements as the main actors in health development (community engagement).[10] Besides that active community involvement can be carried out by increasing the role of local leaders, community and religious based organizations, community groups, health service provider facility committees, strengthening individual skills, and stakeholders (Stakeholder engagement).

The next community empowerment development model in the article from guidence to practice: promoting risk communication and community engagement for prevention and control of coronavirus disease (COVID 19) outbreak in china, by Guangyu (2020) found that community empowerment development strategies in the context of behavior change are emphasized on disaster emergency risk communication, procuring volunteers vaccination and covid 19 volunteers, allocating funding for vaccinations, strengthening 3T (Testing, Tracking, and Treatment), which is accompanied by massive health education efforts.[11] In addition, in research conducted in 2020, in Senegal, by Anoko JN, et al, found a model for developing community empowerment strategies as an effort to improve the quality of life during a pandemic through the context of behavior change by looking at 10 successful strategies taken by the Senegalese government through community engagement , are: involve social scientists at the start of the response; mobilize family leaders for surveillance, case detection, contact identification and follow-up and quarantine; non-stigmatising, promptly communicating laboratory results; treatment of confirmed cases, preventing stigmatization of recovered persons and their families; recruiting local staff in response and involving local people to build response structures; mobilize and engage communities resistant to responses to overcoming dissent; involvement of local leaders in the preparation and implementation of response actions, empowerment of the mass media as a means of communication during the pandemic (Senegal, 2020). Besides empowerment in the context of community involvement, stakeholders, institutional empowerment, and empowerment in the context of behavior change, the empowerment model in the workplace must also be was developed considering the impact of the pandemic also had an impact on the economic sector, so that the fifth model from this scoping review found that community empowerment strategies in the workplace context could be carried out by implementing risk management and HIRADC (Hazard Identification Risk Assessment and Control).[12]

The results of the synthesis of the 9 selected articles are presented in the following table:

DOI 10.18502/kss.v9i24.16863

TABLE 2: Data Extraction: Study Design and Findings.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Sonu H. Subba, Somen Kumar Pradhan, Bimal Kumar Sahoo	2021	India	primary health-care institutions	primary health-care institutions	Primary health care using the health system building block	primary healthcare system to against covid 19 in india	We recognize that PHCIs institutions are going to play an indispensable role in the fight against COVID-19. However, the current gaps in readiness will severely hamper the capacity of PHCIs to respond toward the pandemic over an extended period. As the current pandemic has again reinstituted the importance of six building block approach toward health system strengthening, it is imperative to adapt this at primary care level to bridge these gaps as soon as possible. We recommend that a '6 × 5' approach toward empowering PHCIs from health system perspective can facilitate the preparedness and response against current COVID-19 pandemic as well as future health system shocks. Whether there is a vaccine against COVID-19 or not, whether there is a treatment to cure COVID-19 or not, PHCIs would remain the fulcrum of the pandemic preparedness and response. This approach will help us facilitate our efforts towards moving from reactive to proactive approach with PHCIs at the centre of a recalibrated health system.

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Brynne Gilmore ,1 Rawlance Ndejjo,2 Adalbert Tchetchia,3 Vergil de Claro,4 Elizabeth Mago,5 Alpha A Diallo,6 Claudia Lopes,7 Sanghita Bhattacharyya8,9	2020	india	community people in india	community people in india	ABSTRACT Introduction Community engagement has been considered a fundamental component of past outbreaks, such as Ebola. However, there is concern over the lack of involvement of communities and 'bottom-up' approaches used within COVID-19 responses thus far. Identifying how community engagement approaches have been used in past epidemics may support more robust implementation within the COVID-19 response. Methodology A rapid evidence review was conducted to identify how community engagement is used for infectious disease prevention and control during epidemics. Three databases were searched in addition to extensive snowballing for grey literature. Previous epidemics were limited to Ebola, Zika, SARS, Middle East respiratory syndromeand H1N1 since 2000. No restrictions were applied to study design or language. Results From 1112 references identified, 32 articles met our inclusion criteria, which detail 37 initiatives. Six main community engagement actors were identified: local leaders, community and faith-based organisations, community groups, health facility committees, individuals and key stakeholders. These worked on different functions: designing and planning, community entry and trust building, social and behaviour change communication, risk communication, surveillance and tracing, and logistics and administration. Conclusion COVID-19's global presence and social transmission pathways require social and community responses. This may be particularly important to reach marginalised populations and to support equity-informed responses. Aligning previous community engagement experience with current COVID-19 community-based strategy recommendations highlights how communities can play important and active roles in prevention and control. Countries worldwide are encouraged to assess existing community engagement structures and use community engagement approaches to support contextually specific, acceptable and appropriate COVID-19 prevention and control measures.	How community engagement can be used for COVID-19 has yet to be thoroughly explored. Findings from this rapid review highlight the main community engagement actors and approaches and the interventions that they conduct within prevention and control of infectious disease. This review also notes the lack of documented community engagement activities from high-income countries	What is already known? Community engagement is considered a fundamental component during outbreaks and is important to ensure contextually appropriate interventions. What are the new findings? How community engagement can be used for COVID-19 has yet to be thoroughly explored. Findings from this rapid review highlight the main community engagement actors and approaches and the interventions that they conduct within prevention and control of infectious disease. This review also notes the lack of documented community engagement activities from high-income countries. What do the new findings imply? These findings highlight that well-implemented community engagement strategies can be used to support designing of interventions, building trust and community entry, social and behaviour chance communication, risk communication, surveillance and contract tracing, and logistical and administrative support d

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Guangyu Hu1,2 Wuqi Qiu1,2	2020	China	risk communications and community engagement	risk communications and community engagement of people in india to against covid 19	High-Level Initiatives To Improve Internal Governmental Risk Communication Systems, Enhancing The Coordination Of Emergency Management BetweenInternal Government Agencies And Partner Agencies, Proactive Promotion Of Public Commun Icat Ion And T Imely Response To Societal Concerns, Establish The Joint Prevention And Control Mechanism In Communities Through CommunityEngagement Strategies, The Earnest Confrontation Of Uncerta Inty Effect Ively Counters Rumors And Misunderstandings, Enhancing InternationalExchange, Cooperation, And Evidence-Based Decision Making On Prevention And Control Measures.	promoting risk communication and community engagement	It has been 17 years since the SARS outbreak. The origin of the SARS coronavirus was not confirmed until 2017, and to date, no effective targeted drugs exist. However, we believe that China's public health and healthcare system has the ability to control the COVID-19 epidemic. China's command-and-control political economy and its containment efforts are unique. However, we should be aware of and identify barriers to engaging in RCCE practices in different countries with diverse political affairs. China's experience provides valuable lessons for other countries. The strategies, including ensuring the organization and accountability of public health system and healthcare system, respecting science, universal rules and common practices of the pandemic countermeasures, resolutely implementing effective and comprehensive public health intervention, and emphasizing RCCE, will finally help us to constrain the COVID-19 pandemic.

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Anoko JN, Barry BR, Boiro H, et al.	2020	Senegal	Health actors, community leaders and communities	Community engagement	strengthen community engagement to enhance the public health	African Countries	Given the experience of responding to Ebola epidemics in Africa, it is imperative that communities must be accountable to the response to COVID-19. Health actors and authorities must co-construct solutions to address COVID-19 with community leaders and communities. However, a 'one size fits all' approach to community engagement is likely to fail. Each community is unique, and engagement must be contextualised to affected communities of each country. This engagement of cooperation with communities calls for an urgent change in the approach to health emergency response. All member states, health authorities and humanitarian actors are urgently called on to quickly move from a dominant biomedical design of public health emergency response to a public health design that balances biomedical paradigms with those of social sciences

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Tagoe ET, Sheikh N, Morton A, Nonvignon J, Sarker AR, Williams L and Megiddo	United Kingdom	2021	16 policymakers and immunisation programme experts from national-level	national-level stakeholders from Ghana and Bangladesh	community ownership of the COVID-19 pandemic	Low- and middle-income countries (LMICs)	his qualitative study examines national-level stakeholders' perspectives on demand- and supply-side barriers to COVID-19 vaccination in LMICs, specifically, considering Ghana and Bangladesh as case studies. The study raises awareness about the uniqueness of COVID-19 vaccination for further consideration by decision makers in emerging economies as they prepare to scale up vaccination. Barriers encountered in previous vaccination—including governments' limited funds to buy vaccines, vaccine shortages, few trained service providers, suboptimal cold-chain systems, fear of adverse events, complacency, and rumours of vaccine inefficacy—remain issues for COVID-19 vaccination as LMICs build on their EPI to deliver COVID-19 vaccines. LMICs have learned a lot from EPI vaccination. However, COVID-19 vaccination poses additional challenges, several of which HICs also face. Finally, LMICs may have difficulty administering COVID-19 vaccines according to generated priority lists. Governments should develop their immunisation systems beyond EPI systems to accommodate the pressure of high demand, including by expanding procurement mechanisms and designing localised community influencer-led education campaigns to allay people's fears and increase COVID-19 vaccine acceptance. The study has limitations. Circumstances surrounding COVID-19 and vaccination rapidly change, and the information was retrieved only over a short segment of time. In addition, poor call and internet connectivity (required due to COVID-19 protocols) interrupted interviews and could have reduced interviewees' level of expressiveness on the issues discussed. Future studies should consider the perspectives of service providers and vaccine receivers on barriers to COVID-19 vaccinations and the

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Nam NH, Do Le B-T and Huy NT	2020	United Kingdom	Vietnamese Government	Community-Based Measures	stakeholder response to agains covid 19	Vietnamese Government	At the beginning of the pandemic, the strong public support for the response measures and a strong culture of surveillance were key points in the struggle for victory. Using strict and cross-sectoral control measures combined with social and economic support measures, the Vietnamese government gained the support of all Vietnamese citizens during the first wave of the pandemic. Various factors were involved: the evacuation flight to rescue 30 Vietnamese citizens in Wuhan, China; the free treatment and laboratory investigation of all confirmed and suspected COVID-19 cases; the warm attitude of hospital staff, high quality of surveillance, and appropriate daily regimen for quarantined people at temporary medical camps; and the stabilization of food and daily necessities. These all contributed to building the citizens' belief in the government. Following the epidemics of SARS in 2003 and H1N1 in 2009, coupled with strong support from the United States Center for Disease Control and Prevention (US CDC) and the WHO, the Vietnamese government have provided a sustainable response and executed a rapid response to manage the entirety of the COVID-19 outbreak. A serious control policies balancing with humanity in a well-organized and well-trained teams had responded adequately to the inquiries of Vietnam during this time. Vietnam can now consider declaring an end to the COVID-19 crisis.

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Jong-Koo Leea,b, Chris Bullenc,*, Yanis Ben Amord, Simon R. Bushe, Francesca Colombof , Alejandro Gaviriag, Salim S. Abdool Karimh,i , Booyuel Kim j,k, John N. Lavisl , Jeffrey V. Lazarusm, Yi-Chun Lon, Susan F. Michieo, Ole F. Norheimp, Juhwan Oha, Kolli Srinath Reddyq, Mikael Rostilar , Rocío Sáenzs, Liam D. G. Smitht , John W. Thwaitesu, Miriam K. Werev and Lan Xuew, (The Lancet COVID-19 Commission Task Force for Public Health Measures to Suppress the Pandemic)	2021	China	The Lancet COVID-19 Commission Task Force for Public Health Measures to Suppress the Pandemic	The Lancet COVID-19 Commission Task Force for Public Health Measures to Suppress the Pandemic	The Lancet COVID-19 Commission Task Force for Public Health Measures to Suppress the Pandemic1 was launched in September 2020 to identify critical points for consideration by governments on public health interventions to control coronavirus disease 2019 (COVID-19). As countries consider long-term measures, there is and prepare for future pandemics. In this paper, we review theevidence for two broad groups of public health interventions:institutional measures and behaviour-change measures. Wedefine institutional measures as those strategies for pandemic-control operationalised through four policy instruments: legal(e.g. acts and regulations); economic (e.g. public investment andsubsidies); voluntary standards and guidelines; and informationand education.2 Behaviour-change measures are implementedand maintained by restriction and coercion; persuasion and in centivisation; education and training; modelling; enablement andenvironmental restructuring, and are influenced by factors op erating at the individual, community and population level.3 Wecite examples of institutional and behaviour-change measuresadopted by a range of countries, but especially jurisdictions thathave, thus far, achieved low numbers of COVID-19 deaths andlimited community transmission of severe acute respiratory syn drome coronavirus 2 (SARS-CoV-2).	China	**Institutional measures** : Government measures to minimiseinterpersonal contact and reduceperson-to-person transmission, Early well-coordinated and widespread communitytesting, contact tracing, supported quarantine ofcontacts and isolation of cases, Strengthening health systems and services addressingother health needs of populations, Communication and leadership, **Enabling public behaviour change :** Behaviours that can reduce COVID-19 transmission, Behaviour-change strategies to prevent viraltransmission, Explanations for variation in behaviour within andbetween countries, Driving behaviour change: the role of nationalgovernments, Identifying key behaviours, Measuring and monitoring behaviours, Co-creating and evaluating interventions based onunderstanding drivers and barriers of key behaviours.

DOI 10.18502/kss.v9i24.16863

TABLE 2: Continued.

Lead researcher	Years	Country	Research subjects	Population	Consept	Context	Findings
Kurubaran Ganasegeran1 , Alan Swee Hock Ch'ng1,2, Irene Looi1,2	2020	Malaysia	Malaysian people	Malaysian people	Situational Analysis, Crucial Public Health Measures In Malaysia, Critical Public Health Implications And Future Direction	Malaysian Goverment	Situational Analysis, Crucial Public Health Measures In Malaysia, Critical Public Health Implications And Future Direction
Kathrin Cresswell1 , Sangeeta Dhami2 , Aziz Sheikh1	2020	United Kingdom	workplace	workplace	COVID-19 transmission is controlled to a level of sporadic cases and clusters of cases, all from known contacts or importations; at a minimum, new cases would be reduced to a level that the health system can manage based on health care capacity. 2. Sufficient public health workforce and health system capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and whether there is local transmission or an importation. 3. Outbreak risks in high-vulnerability settings are minimised, which requires all major drivers or amplifiers of COVID-19 transmission to have been identified, with appropriate measures in place to maximise physical distancing and minimise the risk of new outbreaks. 4. Preventive measures are established in workplaces. 5. Manage the risk of exporting and importing cases from communities with high risks of transmission. 6. Communities are fully engaged and understand that the transition away from large-scale movement restrictions and public health and social measures – from detecting and treating serious cases to detecting and isolating all cases – is a 'new normal' in which prevention measures would be maintained, and that all people have key roles in preventing a resurgence in case numbers.	workplace	COVID-19 transmission is controlled to a level of sporadic cases and clusters of cases, all from known contacts or importations; at a minimum, new cases would be reduced to a level that the health system can manage based on health care capacity. 2. Sufficient public health workforce and health system capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and whether there is local transmission or an importation. 3. Outbreak risks in high-vulnerability settings are minimised, which requires all major drivers or amplifiers of COVID-19 transmission to have been identified, with appropriate measures in place to maximise physical distancing and minimise the risk of new outbreaks. 4. Preventive measures are established in workplaces. 5. Manage the risk of exporting and importing cases from communities with high risks of transmission. 6. Communities are fully engaged and understand that the transition away from large-scale movement restrictions and public health and social measures – from detecting and treating serious cases to detecting and isolating all cases – is a 'new normal' in which prevention measures would be maintained, and that all people have key roles in preventing a resurgence in case numbers.

4.2. Discussion

Community Empowerment Development Strategy during a pandemic requires stakeholder engagement, community engagement, institutional support, community behavior change engineering to comply with 5M (maintaining distance, washing hands with soap and running water, limiting mobility, using masks, staying away from crowd) both in everyday environment and in settings workplace/place of work, public services/public services, schools/universities, even in family settings as the smallest unit of society.

Most LMIC countries have almost the same challenges in preventing and controlling Covid-19 cases. The results of this scoping review found 5 models of community empowerment development strategies to improve the quality of life during a pandemic which are presented in the following figure:

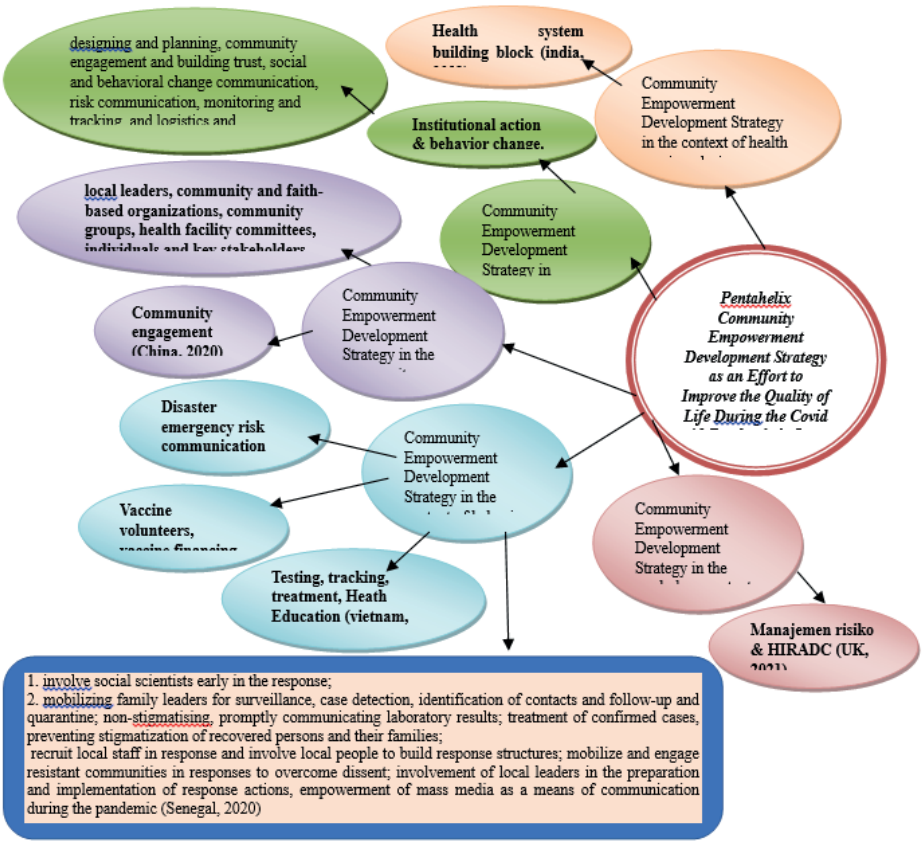

Figure 2: Model of Community Empowerment Development Strategy to Improve Quality of Life During a Pandemic.

The chart above shows that the development of community empowerment strategies during a pandemic in several LMIC countries has similarities, including the development of strategies in the context of institutions, behavior change, health services, and aspects of community order.

5. CONCLUSION

Efforts to develop community empowerment strategies during a pandemic to improve people's quality of life, especially in the health sector, should be adapted to the conditions, situation, financial capabilities, and resources owned by the country.

References

[1] Ardiana priharwanti Rr.Vita Nurlatif, Isrofah. (2020). Strategi Mitigasi Pencegahan Dan Penanggulangan Covid – 19 : Optimalisasi Peran Pentahelix Di Kota Pekalongan Berdasar Pendekatan Manajemen Penyakit Berbasis Wilayah. J. litbang Bappeda Kota Pekalongan,

[2] Z. Munn, M. D. J. Peters, C. Stern, C. Tufanaru, A. Mcarthur, dan E. Aromataris.(2018)) "Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach," hal. 1–7, 2018.

[3] C. Appraisal dan J. B. I. S. Reviews, "CHECKLIST FOR CASE Critical Appraisal tools for use in JBI Systematic Reviews."

[4] M. Petticrew, P. Shekelle, L. A. Stewart, dan P. Group. (2015). Analysis protocols (PRISMA-P) 2015 : elaboration and explanation Research Methods & Reporting

[5] C. Appraisal dan J. B. I. S. Reviews, "Checklist For Text Critical Appraisal tools for use in JBI Systematic Reviews."

[6] G. S. Cooper dan V. Meterko. (2019). Cognitive bias research in forensic science : A systematic review," Forensic Sci. Int., vol. 297, hal. 35–46, 2019.

[7] A. C. Jonathan et al. (2019).Article : RoB 2 : a revised tool for assessing risk of bias in randomised trials.

[8] S. H. Subba, S. K. Pradhan, dan B. K. Sahoo. (2021).Empowering primary healthcare institutions against COVID-19 pandemic : A health system-based approach.

[9] B. Gilmore et al.(2020). Community engagement for COVID-19 prevention and control : a rapid evidence synthesis," hal. 1–11.

[10] Nam NH, Do Le B. dan N. T. Huy. (2021). Community-based measures to against the COVID-19 : An Experience From Vietnam With Consecutive 3 Months of no New Infection in the Community During the First Wave of Pandemic," vol. 9, no. July, hal. 1–5.

[11] Tagoe ET. "COVID-19 vaccination in lower-middle income countries : National Stakeholder Views on Challenges, Barriers, and Potential Solutions," vol. 9, no. August, hal. 1–11, 2021.

[12] Cresswell K, Dhami S. dan A. Sheikh.(2020). National COVID-19 lockdown exit strategies need to pay more attention to community engagement and workplace safety," vol. 10, no. 2, hal. 2–5, 2020.