



## Implementation of the COVID-19 Handling Policy in Indonesia

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### ABSTRACT

The Corona Virus Diseases-19 (COVID-19) virus is threatening public health in Palu, Central Sulawesi Province. It is expected that if the local government does not take it seriously, there would be a surge in uncontrolled cases that will surpass the capabilities and capacity of health institutions. The purpose of this research is to examine the execution of Palu City administration policies in dealing with COVID-19. Techniques for gathering data include observation and qualitative questionnaires. Using a case study method, the study focuses on government policy and the events that occur after the policy is implemented, as well as online media outlets. According to the study's findings, policy execution can be seen in the formation of a strong village, the Nagasi Volunteer team, the Puskesmas' care in delivery, and the acceleration of vaccination. Overall, the policy's implementation has gone well; the community and the government have worked together to execute the program.

**Keywords:** COVID-19; implementation, policy, handling, government.

### INTRODUCTION

The international community was stunned at the start of 2020 by the COVID-19 outbreak that killed many individuals in Wuhan City of the Hubei Province, China. Several countries responded to the deadly virus's spread in various ways right away. Some have banned human travel routes to and from China, performed tests on persons who had recently returned from China, and conducted contact-trace testing to predict the virus's spread (Agustino, 2020). The World Health Organization named the coronavirus disease 2019 (COVID-19) and a pandemic on March 11, 2020. This might be a sequel to the 1918 influenza pandemic, which impacted around one-third of the world's population and killed 50 million people. The virus that causes the disease COVID-19, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has afflicted 213 nations and territories worldwide, resulting in 14 million cases and

half a million fatalities (Aligam *et al.*, 2020). Because of extensive lockdowns and social distancing measures across the world, the short-term impact of Covid-19 is immediate and palpable (He & Harris, 2020; Udok *et al.*, 2020).

COVID-19 is a major worldwide public health dilemma that has triggered spiraling public health, economic, and political catastrophe in many nations (Greer *et al.*, 2020). A combination of government measures that incorporate viral risk mitigation with safeguards to lessen the threat to mental health is urgently required (Xiong *et al.*, 2020).

At the 2020 Munich Security Conference, WHO Director-General Tedros Adhanom Ghebreyesus stated, “We are not just battling the pandemic; we are fighting the infodemic (Lancet & Diseases, 2020). It is critical to provide constant and accurate information to the public and all stakeholders about the current situation of the pandemic at all stages of preparation, response, and recovery (Nicola *et al.*, 2020).

Immediate communication and dissemination have made the worldwide public awareness of the gravity of COVID 19 (Vallejo & Ong, 2020). The PSBB is being used as a preventive strategy to curb the spread of the Coronavirus in different areas of Indonesia (Andriani, 2020). Extending time away from school is almost probably going to happen. effect student progress and the impact is difficult to evaluate given all of COVID-19’s unique elements in schools and communities (Kuhfeld *et al.*, 2020). Furthermore, the situation of students from families that are less able to provide technological devices for their children has allowed them to participate in the development of learning activities in an optimal distance approach, as well as several questions for technical guidance and supervision of the learning process. appear from their respective houses (Nyong & Ben 2020; Putra *et al.*, 2020).

As a swift and extraordinary move in dealing with COVID-19, the government would promptly tackle the impact of the economic slump, such as giving social aid to the community by implementing financial policies. The Ministry of Home Affairs published Regulation of the Minister of Home Affairs No. 20 of 2020 on COVID-19 Handling (Rahmansyah *et al.*, 2020).Government actions aid in the stabilization of international sovereign bond markets. Economic factors are mostly responsible for this impact (Zaremba, Kizys, *et al.*, 2021).

Because of the imminent threat posed by the fast spread of COVID-19, preventive and therapeutic methods that can be developed and implemented at the general public level are being explored (Ipek *et al.*, 2020). The effect of the COVID-19 pandemic on practically all aspects of society and government portfolios necessitates a “whole-government response” including all levels of government, including local, regional, national, and transnational (Colfer, 2020). In the field of public administration, one of the principles of good governance is the involvement or participation of the public. This engagement has an impact on policies that are also meant for the general public (Jamaluddin, 2020). The traditional definition of public policy includes it as both a choice and a decision made by someone other than the government. Public policies can take the shape of “conventional” laws, rules, presidential orders, regional regulations, and court rulings as a reflection of community values and objectives (among others) (Weible *et al.*, 2020).

We have seen how governments respond to challenges and deal with difficult policy issues in a variety of ways (Moon, 2020). On March 2, 2020, the Indonesian government announced the first incidence of COVID-19. Many rules and initiatives have been put in place since then to prevent substantial spread and mortality from this illness (Kumala, 2020). The Indonesian constitution guarantees health insurance to its inhabitants, as stated in Article 28H paragraph (1) of the Republic of Indonesia

Constitution of 1945. This means that the government must pay attention to and offer assurances in accordance with the constitutional obligation. (Juaningsih et al., n.d.).

Regional Government Policies Regarding the Acceleration of COVID-19 Handling: (1) Minister of Home Affairs Regulation No. 20 of 2020 Concerning the Acceleration of COVID-19 Handling in Local Governments; (2) Joint Regulation of the Ministers of Home Affairs and Finance Number 119/2813/SJ Concerning the Acceleration of Adjustment to the 2020 Regional Revenue and Expenditure Budget in the Context of Handling COVID-19 and Securing Public Purchasing Power and the National Economy (Ulya, 2020). From a policy standpoint, this research is critical for policymakers to understand the liquidity consequences of the policy response to the coronavirus pandemic (Zaremba, Aharon, *et al.*, 2021). In this paper, we propose a model that predicts how government measures such as social isolation, lockdowns, and travel restrictions, as well as the rise in COVID-19 cases, lead to such conduct (Keane & Neal, 2020).

In formulating measures to cope with COVID-19, Indonesia employs the “mixed science category” (Aminullah & Erman, 2021). Social distancing is the only viable way to control disease (Rowthorn & Maciejowski, 2020). We demonstrate that: (1) the government-imposed social distancing policy can even out the pattern of contamination provided by COVID-19; (2) there is an optimal date for leaving the social distancing policy (Bastos & Cajueiro, 2020).

Palu City is the capital city of Central Sulawesi Province, where a positive case was verified on March 3, 2020. Palu City residents were concerned about the first instance. Aside from the high mortality rate, pandemic sickness has a wide range of societal consequences, both social and economic (Savitri & Sugandi, 2021).

## **METHOD**

Policymakers, researchers, and the general public require real-time trackable government policy data to determine which policies are effective and under what conditions as they discuss and compare how to properly resist the new danger posed by COVID-19. This necessitates a thorough understanding of the differences between these policies and how extensively they apply across nations and time periods. The data collection and policy action index offered here are intended to provide this information. We attempted to match our data gathering efforts to the exponential rate at which COVID-19 has affected worldwide public health and the international economy while maintaining a high degree of quality. However, if the epidemic advances, we will undoubtedly improve, amend, and update our statistics to reflect new facts and patterns. The statistics shown here are preliminary; we will continue to validate and share data as long as the government develops COVID-19 rules (Cheng *et al.*, 2020). To encourage the use of the data, we describe broad trends and patterns in government actions during the initial months of the epidemic (Response et al., 2021). Techniques for gathering data include observation and qualitative questionnaires. The research focuses on government policies and the events that occur after policies are implemented, as well as online media outlets (Tuwu, 2020). A case study technique was used in this investigation. The methodology utilized is qualitative analysis, essentially data analysis with a description of the findings to solve the difficulties that arise (Rosidi & Nurcahyo, 2020).

## **RESULT AND DISCUSSION**

The deployment of PPKM in Sulawesi has begun to yield fruit, with active cases declining by an average of -8.77 percent throughout August. Five of the six provinces

in the Sulawesi area have fallen drastically in population, with only Central Sulawesi Province rising. However, the trend began to slip and fall in the third and fourth weeks of August, with an average of 9,032 active cases in the fourth week, down from the previous week's average of 10,054 cases.

Central Sulawesi Province is rated TK-4, with a total cumulative case count of 40,617 cases up to August 25, 2021, a total recovery of 31,527 cases, a cure rate of 77.62 percent, and a mortality rate of 3.13 percent. Central Sulawesi Province has a 51 percent occupancy rate for bed occupancy conditions (BOR). Poso Regency has the greatest BOR (70 percent), while Palu City is in second (62 percent). BOR for a total of ten regencies/cities is 50%. Meanwhile, community mobility has decreased by -6.59 percent. Parigi Moutong Regency has the greatest Testing performance (65.6 percent), followed by Donggala Regency (23.0 percent). Others, on the other hand, are still below 20.0 percent. The highest Tracing accomplishment was then in Banggai Laut District (85.71 percent), Toli-Toli (30.86 percent), Palu City (20.00 percent), and Morowali District (20.00 percent) (2.44 percent).

Palu City has one of the largest daily additions of COVID-19 cases in Indonesia. However, amid this crisis, the City of Palu has shown its ability to be a focal city capable of at least providing acceptable health facility services for COVID-19 patients from other districts. Palu City contains at least seven COVID-19 referral facilities, however, only three of them are equipped to handle COVID-19 effectively, namely Anutapura Palu General Hospital, Madani Regional General Hospital, and Undata Palu Regional General Hospital. The three hospitals serve as the primary referral centers for COVID-19 patients who live not only in Palu but also in Sigi and Parigi. This is because Sigi and Parigi are two areas in Central Sulawesi Province that lack proper health facilities to handle COVID-19.

The general public understanding of COVID-19 ranges from causes and symptoms to mechanisms of transmission and treatment to avoid contracting COVID-19. The majority of Palu City residents are already aware that COVID-19 is caused by a virus. According to research conducted in Indonesia, the majority of respondents (95.5 percent) are aware of the reason. The most prevalent symptoms in Palu City are fever and shortness of breath. The same is true for research conducted throughout Indonesia (82 percent). The residents of Palu City are aware that the mechanism of transmission of COVID-19 is to come into touch with and be near to victims. Being near or in touch with a patient increases the risk of infection, particularly if the patient and healthy persons do not utilize personal protective equipment. As a result, the Palu City administration implemented several strategies to combat the spread of COVID-19.

### **Delivery Service at the Palu City Health Center**

Based on the indicators of the technical guidance for Puskesmas services during the COVID-19 pandemic for delivery services, it can be seen that the readiness of the Puskesmas for officers who provide delivery services, in this case, midwives, has carried out counseling and socialization of COVID-19, through activities at each meeting including mini-workshops involving cross-sectors. In this case, the kelurahan, in mobilizing and implementing it through special forums, namely monthly and quarterly mini-workshops, is still carried out by observing the rules during the COVID-19 pandemic such as physical distancing or can utilize information technology from the results of regional mapping related to COVID-19, and cross-sectoral roles during the COVID-19 pandemic.

The Puskesmas is increasing the internal capacity of delivery services related to the COVID-19 pandemic situation, including changes in flow, physical separation,

including limits on the number of officers providing delivery assistance to neonatal services, infection prevention and control, and skills on how to perform rapid tests. Officers or midwives are on the front lines of delivery services, therefore increasing internal capacity is vital to develop abilities in carrying out clinical activities as midwives who can provide public or environmental trust.

### **Tough Village**

The formation of a COVID-19 Alert Task Force at the RW (RW) level is one method of coordinating and supporting kelurahan in dealing with COVID-19. However, only the majority of Palu City's sub-districts take out these activities, therefore they need to be expanded. Because the spread or transmission of the COVID-19 pandemic is from human to human, the search-find-isolate effort established by WHO can only be effective if carried out at the local level, beginning with the individual, family, RT/RW, kelurahan/village level, so special efforts in strengthening the role of communities and communities at the local level, particularly villages/kelurahan, in dealing with the COVID-19 disaster are required.

Palu City's sub-districts have all carried the COVID-19 preventative socialization. The socialization materials include washing hands with soap and hand sanitizer diligently twice a day, bathing twice a day, eating regularly and nutritiously, eating fruits and vegetables, drinking enough water, reducing touching hands with other people, avoiding touching nose and mouth, and not leaving the house unless necessary, diligent exercise, and adequate rest. Scientific, accurate, and trustworthy knowledge and understanding will enable the community to readily carry out the government's requests and directions to combat the spread of COVID-19.

The findings revealed that practically all of the communities had carried out disinfectant spraying and cleaning of public facilities. One of the COVID-19 Alert Village's responsibilities is to sanitize public and social facilities at the CA level in a variety of methods. This is the first sort of preventative measure taken to protect residents' health from the possible spread of COVID-19. The Kelurahan in Palu City has also built a citizen health information system, which is particularly useful for residents and visitors that enter and exit the region. In terms of reporting visitors entering and exiting the kelurahan region, nearly all (45) kelurahan require guests to report within 1x24 hours. All urban villages in Palu City have organized a security unit and cooperated with the local security forces, particularly the TNI and the local police, in order to carry out activities linked to the city health information system.

Most sub-districts have also activated WA groups to spread COVID-19 information. This attempts to protect citizens from information that is unclear/false and has the potential to mislead them regarding the COVID-19 epidemic. Meanwhile, owing to the accessibility of certain inhabitants who are not yet linked to the internet, the kelurahan, which is located a little outside of Palu City, has not activated WA groups associated with COVID-19. One of the kelurahan's key responsibilities is to coordinate the actions of the COVID-19 Handling and Prevention Post at the border with the local population and travelers. Postal activities, which take place every day from 7:00 a.m. to 2:00 p.m., do not interfere with community activities. The regional government has the authority to ban passengers who have been deemed reactive or positive for COVID-19 from leaving the territory, either by quarantine at a location chosen by the regional government or by self-quarantine under official supervision.

### **Nagasi Volunteers**

The Palu City Government has also organized Nagasi Volunteers, who are regionally based quick volunteers for managing COVID-19. The name 'Nagasi' is derived from

the Kaili language and means 'swift,' implying that the volunteers will be able to manage COVID-19 in Palu City quickly. Nagasi volunteers may be found in the following Palu City sub-districts: East Palu, West Palu, South Palu, North Palu, Mantikulore, Ulujadi, Tawaeli, and Tatanga. Nagasi volunteers launch a WhatsApp consultation on health services for COVID-19 sufferers. Not only do they provide counseling, but they also provide medication and assist in coordinating with the nearest health center if the patient needs emergency treatment. Nagasi volunteers also make it simpler for self-isolating individuals to receive basic food assistance through the Palu City Social Service.

Community-based COVID-19 management will assist the government, particularly the health sector, in suppressing COVID-19 transmission. Nagasi volunteers operate in a variety of sectors, with the service coordinator overseeing the health, logistical, and security teams. The Nagasi Team serves patients who meet the criteria for those without symptoms or with moderate symptoms who are self-isolating.

### **Vaccination Achievements in Palu City**

Central Sulawesi's immunization rate was 17.48 percent, much below the national average of 28.53 percent. Only the cities of Palu and Morowali have received the first dosage of immunization on a national scale. Palu City has 122,534 targets in total (all phases) till September 9, 2021. Meanwhile, Morowali has a total of 59,934 points. According to the Palu City Health Office, the entire objective for COVID-19 immunization in Palu City as of 9 October 2021 was 265,462 persons, with the first dose reaching 149,296 people, or 56.24 percent. The target dosage is 297,547 or 36.75 percent.

The first dosage of vaccination was administered by 6,303 health workers, 65,442 public officials, 6,217 old, 99 vulnerable persons, 58,590 members of the general public, and 12,665 teenagers. The second dosage of vaccination was delivered by 5,919 health workers, 44,015 public servants, 5,061 old, 36 vulnerable persons, 38,521 members of the general public, and 3,995 teenagers. Furthermore, just 2,306 out of 5,919 objectives for health personnel were met, accounting for 41.22 percent of the total. Vaccination not only attempts to break the chain of disease transmission and halt the epidemic, but it may also eradicate or even kill the illness in the long run. Covid-19 immunization and increased community discipline in Pro-Kes implementation must be conducted out concurrently. This is one step we can take to defend ourselves from COVID-19.

### **CONCLUSION**

Palu City's readiness to handle COVID-19 is demonstrated by: 1) delivery services at the Puskesmas that were carried out in accordance with the Technical Guidelines for Puskesmas Services during the COVID-19 pandemic; 2) the COVID-19 Alert Village component that was implemented by the kelurahan in Palu City; 3) COVID-19 Handling and Prevention Posts at border points between the community and travellers; 4) Establishing a team of Nagasi Volunteers in eight sub-districts; and 5) Accelerating immunization for Palu City residents. This action can demonstrate that the government has responded to the COVID-19 pandemic that is spreading in Palu City by enacting measures in response to COVID-19. Coordination between the government, health workers, non-governmental organizations, and civil society is critical in breaking the cycle of propagation of COVID-19.

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