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Evaluation of The Effectiveness of Large-Scale Social Restriction Policies In Handling The Covid-19 Pandemic In West Java, Indonesia

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Abstract

The policy to stop the transmission of the Coronavirus Disease-19 (COVID-19) pandemic in Indonesia has been established and is a reference for all regions in Indonesia, including West Java. This study aims to find out and describe the effectiveness of the PSBB policy in West Java, which is measured through the World Health Organization (WHO) standard criteria. This study used a qualitative descriptive method. Data collection techniques were carried out using the documentation study technique and by conducting a forum group discussion. Data analysis using an interactive model adopted from Miles. The effectiveness of PSBB in West Java in the first period of 14 days has not been reached, thus requiring an additional period of validity to increase the level of success in achieving policy objectives. The epidemiology has been fluctuating on May 25, the Rt number was 1.48 then June 2-12 has shown a better number, which is 0.68. The effectiveness of the PSBB policy in West Java, which is measured through the World Health Organization (WHO) standard criteria has not been reached based on fluctuating epidemiology data, however there has been an increase in the occupancy of health facilities and laboratory testing capacity as part of the health care system.

Keywords: Policy Effectiveness; Epidemiology; Health Care System.

INTRODUCTION

Policies have been established in several countries in the world to break the transmission of the Coronavirus Disease-19 (COVID-19) pandemic. The policy includes, among other things, locking the area and asking their citizens to stay at home. Besides, restrictions on visits to certain countries are also carried out. For instance, the Singapore government prohibits all short-term visits to its country. The policy is carried out when deaths from the global coronavirus pandemic continue to increase (Arnan, M. & Nugroho RS., 2023). Some countries like China, Italy, and France have implemented lockdown policies. The South Korean government succeeded in reducing its outbreak by implementing four strategies, namely, tracking, investigating, testing, and maintaining, to protect, prevent, and control the spread of COVID-19, without a lockdown policy (The Habibie Center, 2020).

Likewise, in Indonesia, the number of COVID-19 cases is still volatile (Worldometers, 2020). The highest daily number of COVID-19 and positive cases is increasing every day (Pusat Informasi & Koordinasi COVID-19, 2020). Indonesian government policies have also been established to break the transmission of COVID-19. These policies include social distancing and physical distancing, which are then followed by the large-scale social restrictions policy, in Indonesia known as *Pembatasan Sosial Berskala Besar (PSBB*). This policy is set to temporarily regulate community activities within a certain period of time and limited scale and is applied to areas that have the highest cases of transmission (Tuti et. al., 2020)

The implementation of the PSBB policy in West Java is based on the Indonesian Ministry of Health Decree Letter Number HK.01.07/Menkes/289/2020 concerning the Determination of Large-Scale Social Restrictions in West Java Province in the Framework of Accelerating the Handling of COVID-19 (Indonesian Ministry of Health. Ministry of Health Decree Letter

Number, 2020). To the decree of the Indonesian Ministry of Health, the PSBB policy will last for the longest period of incubation of the virus, which is 14 days.

Based on the recommendation of the Task Force for the Acceleration of Coronavirus Disease 2019 (COVID-19) Mitigation in West Java, which states that there is no indication of a decrease in the spread of COVID-19, so it is necessary to continue the Regional Level PSBB of West Java Province on a proportional scale to effectively inhibit the rate of COVID-19 transmission, Decree of the Governor of West Java Number: 443/Kep.274-Hukham/2020 concerning Large-Scale Social Restrictions at the Regional Level of West Java Province in the context of The Acceleration of Coronavirus Disease 2019 (COVID-19). Mitigation has been extended and its implementation is set to be implemented until May 29, 2020.

To find out and describe the level of success or effectiveness of the implementation of the PSBB policy in West Java, the government conducts an evaluation of policy performance, based on WHO standard criteria. The evaluation may aim to provide good information to practitioners so that they can reconsider what they are doing and improve their practice (Weiss, 1999). Policy evaluation refers to the "systematic assessment of the operation and/or the outcome of a program or policy, compared to a set of explicit or implicit standard, as a means of contributing to the improvement of the program or policy (Khan, A. R., & Rahman, M. M., 2017).

The evaluation method used refers to Dunn's opinion (Dunn, 2018), which is an exposed evaluation because the policy evaluation carried out is on the implementation and impact of the policy. According to Dunn (2018), as a prescription for producing information about policy performance, public policy analysts can use various criteria to evaluate policy outcames. The main difference between criteria for evaluation and criteria for recommendations is the time at which the criteria are applied. Criteria for evaluation are applied retrospectively (ex-post), whereas criteria for recommendations are applied prospectively (ex-ante).

The effectiveness in evaluating the PSBB policy in West Java is measure by indicators of success, according to the WHO (2020), there are epidemiology and health service system. Epidemiology is measured by effective reproduction rate (Rt) of <1 for at least 2 weeks; the minimum decline of 50% of cases over 3 weeks since the last peak and a decline of new confirmed cases; and health service system is measured by surveillance systems.

RESEARCH METHODS

This study was designed using a qualitative approach with a descriptive method. This research was conducted after the establishment of the PSBB policy in Indonesia and implemented in West Java Province. The researcher is a key informant in this study because he was directly involved in the Task Force for the Acceleration of COVID-19 Counter measures in West Java. Other participants were all components related to handling COVID-19 in West Java Province. Data collection techniques were carried out using the documentation study technique and by conducting a forum group discussion. Data analysis model used the interactive model from Miles et. al. (2013), which includes collecting, condensing, and presenting data, as well as drawing conclusions, was used.

RESULT AND DISCUSSION

Results

The Large-Scale Social Restrictions (PSBB) policy carried out by the West Java Provincial Government does not seem to be able to significantly reduce COVID-19 cases. Relying on strict Large-Scale Social Restrictions (PSBB) alone will not be adequate in controlling the COVID-19 Pandemic. Basic measures in the control of infectious diseases must be strengthened as these measures play the most important role in this epidemic. Infected people, both asymptomatic and asymptomatic, must be identified as soon as possible so that the person can be isolated so as not to transmit it to other vulnerable groups. Rapid and precise contact tracing is needed to identify all exposed people and immediately quarantine them to prevent them from infecting others who are vulnerable. It is necessary to have a proper surveillance strategy to ensure compliance from isolated people. If all these measures are not reinforced,

The Large-Scale Social Restrictions Policy will not be able to control the COVID-19 Pandemic even if it is implemented at full strength. However, Large-Scale Social Restrictions (PSBB) are important to reduce massive human contact so that the health care system has enough time to prepare. When all the basic control measures for COVID-19 have been in place and a downward epidemic curve is visible, that is when we can safely revisit Large-Scale Social Restrictions without fear of a repeat wave of the COVID-19 epidemic

The effectiveness in evaluating the *PSBB* policy in West Java is measured by indicators of success, according to the WHO (2020), epidemiology and health care system, as follows.

Epidemiology.

1.Effective reproduction rate (Rt) of <1 for at least 2 weeks

In theory, an Rt value (the effective secondary cases of infection in a population) below 1 indicates that the epidemic can be controlled and the number of cases is decreasing, whereas an Rt value of >1.0 indicates case growth. The effective reproduction rate during the first period of PSBB in West Java is shown in Figure 1.

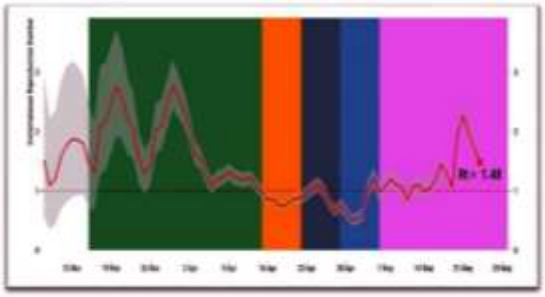

Figure 1. COVID-19 Reproduction Number Against Time in West Java
Source: West Java Provincial Health Office, 2020

Rt experienced a gradual decline during the implementation of the PSBB policy in West Java. Then, it has been fluctuating since the surge in the number of daily cases on May 4, 2020, with 183 cases, and on May 2, 2020, with 176 cases. As of May 25, the Rt number was 1.48. This means that each case has a replication capability of one-fold. With the development of Rt on June 2–12, 2020, the PSBB policy implementation in West Java has shown a better number, which is 0,68.

2.The minimum decline of 50% of cases over 3 weeks since the last peak and a decline of new confirmed cases

Figure 2 shows the COVID-19 cases before and during the implementation of the *PSBB* policy in *BODEBEK* (Bogor Regency, Bogor City, Depok City, Bekasi City, and Bekasi Regency, Bandung, and West Java.. Figure 2(a) shows that before the PSBB policy was implemented, the number of persons under observation, in Indonesia known as orang dalam pemantauan (ODP) was 3.599, the number of patients under surveillance, in Indonesia known as pasien dalam pemantauan (PDP) was 1.361, and the number of persons positive for COVID-19 was 162. In the first PSBB period, the number of ODP decreased to 2.701, or by 24,95%; the number of PDP increased to 1.430, or by 5,07%; and the number of persons positive for COVID-19 increased to 197, or by 21,60%. In the second period of the PSBB implementation (April 29 to May 12, 2020), the number of ODP decreased by 41,54%, from the value before the *PSBB* policy implementation to 2.701, and the number of PDPs decreased to 1.118, or by 17,85%. By contrast, the number of persons positive for COVID-19 increased to 357, or by 120.37%. In the third PSBB period, the decline in the number of ODP was by 56.46%, that is, to 1,567, and that of PDP was by 71,78%, that is, to 384. However, the number of persons positive for COVID-19 had not decreased and still increased by 138,27%, that is, to 386.

The next *PSBB* policy implementation in West Java is in the Bandung area, which was first established on April 2, 2020 (Figure 2(b)). Before the *PSBB* policy implementation in the Bandung area, there were 1,606 ODP, 261 PDP, and as many as 115 persons who were positive for COVID-19. In the first half of 2008, the company's net profit fell 35,43% from Rp 62.3 trillion in the same period last year. In the second PSBB period (May 7–20, 2020), the number of ODP declined by 72.29%, that is, to 445, from the value before the implementation of the *PSBB* policy; the number of PDP declined to 206, or by 21,67%; and the number of persons positive for COVID-19 declined to 84, or by 26,96%. In the third period of the implementation of the *PSBB* policy (May 21 to June 4, 2020), there was a 93,71% drop in the number of ODP, that is, to 101; a 59,37% decline in the number of PDP, which became 106; and a 52,17% decline in the number of persons positive for COVID-19, that is, to 55. Compared with that in the *BODEBEK* region, the *PSBB* policy implementation in the third period in the Bandung region tends toward being more effective. The value of the COVID-19 drop in cases of ODP, PDP, and positive has reached over 50% of the cases before the *PSBB* policy implementation.

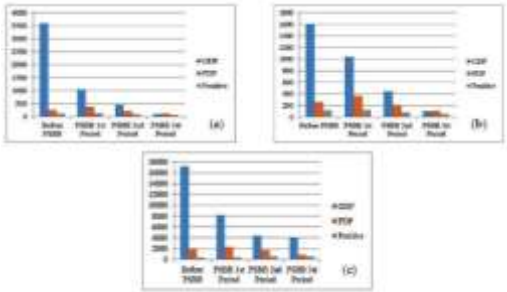

Figure 2. The Number of COVID-19 Cases Before and During the Implementation of the *PSBB* Policy in BODEBEK (a), Bandung (b), and West Java (c)
Source: West Java Provincial Health Office, 2020

The COVID-19 cases during the PSBB policy implementation in West Java can be seen in Figure 2C. Before the PSBB policy implementation in West Java, there were 17.131 ODP, 1.955 PDP, and 343 positive cases of COVID-19. In the first period (April 15 to 28, 2020), the number of ODP dropped by 52,09%, that is, to 8.208; the number of PDP rose by 1,35%, that is, to 2.219; and the number of positive cases rose by 22,16%, that is, to 419. In the second period (April 29

to May 12, 2020), the decline in the number of ODP was by 74,25%, or 4.411, from the value before the *PSBB* policy implementation, and the number of PDP declined by 1.335 from PDP to 1.694. The number of persons positive for COVID-19 increased by 69,1%, that is, to 580. In the third period (May 13 to June 28, 2020), the number of ODP decreased by 76,51%, that is, to 4.024; the number of PDP decreased by 54,63%, that is, to 887; and the number of positive cases increased by 58,02%, that is, to 542. Thus, it may be concluded that the *PSBB* policy implementation in West Java has successfully lowered the COVID-19 cases in terms of ODP and PDP by above 50% of the highest number of cases before the *PSBB* policy implementation, but it has not succeeded in lowering the positive COVID-19 cases.

Health Care System

The health care or service system should be able to handle the regrowth of the COVID-19 cases and can follow a specific step. West Java Province has 371 hospitals scattered across 27 districts and cities (Figure 3). All hospitals can treat patients with severe COVID-19 disease, and West Java Province has 105 COVID-19 referral hospitals through the Decree of the Governor of West Java Number 443/Kep.274-Hukham/2020 (10).

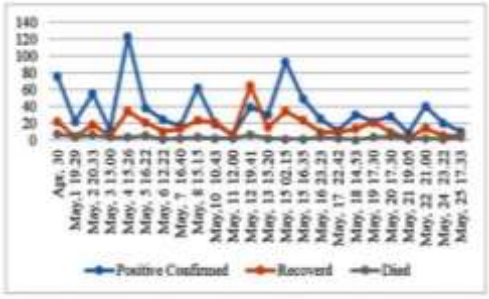

Figure 3. The Number of COVID-19 Cases that was Treated at the Hospital in West Java
Source: West Java Provincial Health Office, 2020

The number of positive COVID-19 cases fluctuates from April 30 to May 30, showing maybe a seething trend, with an average number of confirmed positive cases of COVID-19 being as many as 35–36 persons every day. The trend of deaths COVID-19 cases between April 30 - May 30, 2020, is still volatile, with an average number of deaths among COVID-19 cases being 2–3 persons every day. The number of healed cases continues to have an upward trend, as compared to the number of deaths, with a healthy average number of confirmed positive COVID-19 cases being 16 to 17 persons every day. This result demonstrates the success of the healthcare system in handling COVID-19 cases.

There is a 22,94% increase in the recovery rate of patients positive for COVID-19 at the hospitals. The healing rate on May 30, 2020, is 58,18%, whereas that on April 30, 2020, is 35,24%, indicating an average recovery rate of 15–16 patients daily. The case fatality rate (CFR) for confirmed positive cases of COVID-19 is 4,34% at the hospitals (the CFR of COVID-19 patients at the The number of hospital isolation beds increased by 68 beds, from 4.089 beds (May 25, 2020) to 4.157 beds (May 30). The number of hospital isolation beds is down by 1,31%, from 30,23% (May 25, 2020) to 28,92% (May 30, 2020) (Figure 4).

Hospitals on May 30, 2020, is 10,98% and that on April 30, 2020, is 15,32%). The increase in healing rates answered the WHO's indicators that all COVID-19 patients in West Java were given standard nodules and all terminally ill patients other than those positive for COVID-19 were also given standard nodules.

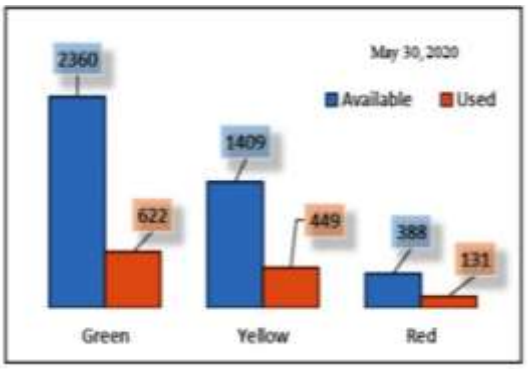

Figure 4. The Number of Isolation Beds of Covid-19 Patients at the Hospitals in West Java
Source: West Java Provincial Health Office, 2020

As of May 30, 2020, the number of polymerase chain reaction (PCR) tests conducted is 17.192, with the number of samples with a positive result being 1.896 (11,03%) and that with a negative result being 15.138 (88,05%), indicating an increase of 158 (0,92%) (Figure 5). The average number of PCR tests conducted per day in the western province of Java on May 22 was 250, and the number of daily tests is increasing. On May 22, 2020, 881 PCR tests were conducted. On average, 124 tests per week were conducted on April 2–15, 196 tests on April 16–29. 355 tests on April 30 to May 4, and 640 tests on May 15–22.

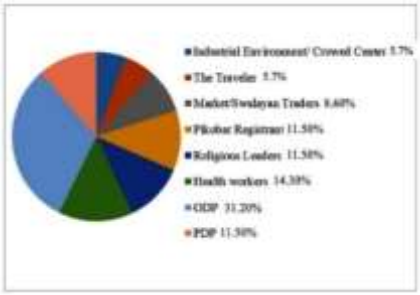

Figure 5. Swab Allocation Plans in West Java Province
Source: West Java Provincial Health Office, 2020

On May 30, 2020, 20 laboratory networks carried out PCR checks in West Java with a capacity of over 3.000 samples every day, and three hospitals are in preparation. The district/city in West Java has conducted COVID-19 case investigations through tracking and quarantine in 72 hours. Tracking was done by tracing anyone in contact with a confirmed COVID-19 case. If found, this person is monitored for a minimum of 14 days. However, the quality of data cannot guarantee the results of the case investigation, because of the difficulties of tracking thoroughly. Therefore, there is still a possibility of an untraceable COVID-19 contact.

The PSBB policy implementation in West Java Province was continued on a proportional scale until May 29, 2020, following the status of certain conditions of emergency disaster as determined by the National Disaster Mitigation Agency and the status of nonemergency disasters during the COVID-19. For the stimulation of the PSBB policy in West Java, the people who live/reside and/or carry out activities must comply with the provisions of the PSBB policy implementation by statutory provisions and consistently implement the health protocol for COVID-19 prevention (Governor of West Java, 2020).

Discussion

The PSBB policy in West Java was implemented in three periods, until May 29, 2020. Referring to the opinion of Gerston (2010) and Dunn (2018), the evaluation of the PSBB policy in this research was carried out using the effectiveness criteria. The effectiveness in policy

evaluation, according to Dunn (2018), is the level of achievement of objectives (Dunn, 2018; Brajshori, 2017). The effectiveness in evaluating the PSBB policy in West Java is measured by indicators of success, according to the WHO (2020), there are epidemiology and health care system. Epidemiology is measured by effective reproduction rate (Rt) of <1 for at least 2 weeks; the minimum decline of 50% of cases over 3 weeks since the last peak and a decline of new confirmed cases; and health care or service system is measured by surveillance systems.

Epidemiology

One of the efforts to overcome a pandemic disaster is the implementation of health quarantine. One form of implementing quarantine in preventing the spread of the COVID-19 in Indonesia is the implementation of large-scale social restrictions (PSBB). PSBB is an effort to prevent the spread through limiting the activities of residents in an area suspected of being infected with the COVID-19 outbreak.

The success of the PSBB policy is evidenced by the following: 1) the implementation of the PSBB went well; 2) there is a decrease in the number of cases; and 3) there is no spread to new areas (Government of the Republic of Indonesia, 2020). The effectiveness indicators of the PSBB policy, according to the World Health Organization (WHO), are based on the absolute requirements of epidemiology, the consideration of the health service system, and the methods of surveillance (tracing contacts). An Rt value of <1 is required in epidemiology, the health care system considers the number of new cases that require hospital treatment should be fewer than the maximum hospital bed capacity and emergency departments intended for COVID-19 patients (60%), and there should be sufficient laboratory test capacity and a clear test strategy (number of tests per 1 million population reaches 3.500) (Bappenas, 2020).

Epidemiology is an absolute requirement that becomes a criterion for assessing the effectiveness of the PSBB policy, so it indicates whether an epidemic can be controlled. In this research, the PSBB policy implementation in West Java has shown a better Rt number, which is 0.68 on June 2–12, 2020 (Figure 1), and decreased cases and got better every period (Figure 2). In this case, the WHO (2020) standard success indicators applied in West Java are the following: an effective reproduction rate (Rt) of <1 for at least 2 weeks and a decline of at least 50% of cases over 3 weeks since the last peak and a decline in confirmed case incidence.

Staff in isolation addresses the WHO target indicator that is defined as the number of new cases requiring a hospital decrease (Figure 3) and the hospital capacity and emergency for COVID-19 patients (a maximum of 60% of available beds) also decreasing (Figure 4). The WHO indicates that the health system can handle a minimum of 20% of COVID-19 cases.

Health Care System

Health care or service system as surveillance systems are expected to be able to detect and manage cases and contacts, as well as to be able to identify an increase in the number of cases. The effectiveness or success indicators of surveillance according to WHO standards applied in West Java are as follows: a) adequate laboratory test capacity and clear test strategy (the number of tests per million inhabitants is 3.500) as shown in Figure 5; b) surveillance system; and; c) case investigation.

The implementation of the PSBB policy in West Java Province started on May 6, 2020, based on the Decree of the Governor of West Java Number 443/Kep.274-Hukham/2020 concerning Large-Scale Social Limits at the Regional Level of the Java Province West to Accelerate the Prevention of Coronavirus Disease 2019 (COVID-19) (Weiss, 1999). Previously, the province of West Java had set the PSBB policy implementation for the areas of Bogor Regency, Bogor City, Bekasi Regency, Bekasi City, and Depok City (BODEBEK), which started on April 15, 2020, and continued the implementation of the PSBB policy in the Bandung area, which started on April 22, 2020, at 00:00 WIB for 14 days.

Based on the recommendation of the Task Force for the Acceleration of the Response to COVID-19 in West Java, which states that there has been no indication of a decrease in the spread of COVID-19, it is necessary to continue the PSBB policy in West Java Province on a scale proportionate to inhibit the transmission of COVID-19. The implementation of the Decree of the Governor of West Java Number 443/Kep.274-Hukham/2020 concerning Large-Scale Social Limits at the Regional Level of West Java Province in the Context of Accelerating Countermeasures for COVID-19 was extended up to May 29, 2020 (Governor of West Java, 2020).

Based on the successful experiences of other countries in dealing with the COVID-19 pandemic, the main prerequisites needed to ensure productivity and safety of the community are 1) the use of data and knowledge as a basis for decision-making for adjusting the PSBB policy; 2) adjustment of the PSBB policy, done through several stages and zones; 3) application of strict health protocols through discipline and supervision by officials; and 4) review of the PSBB policy implementation adjustment that can cause a deterrent effect so that it is possible to re-enforce PSBB strictly if the community is not disciplined. These prerequisites are used to determine the criteria for health measures that need to be taken in determining the policy (Bappenas, 2020). There are references and objects also included in the evaluation. The evaluation will produce different results for each policy because it relates to practical applications and assesses the gap between reality and plan. Policy evaluation studies are important for decision-makers because they are integrally related to policies, programs, and practices that affect people's lives (Crumpton et al., 2016).

As stated by Secchi (2014), public policy is aligned with the meaning of the policy, which refers to the process of political construction, actions, and decisions, so it can be said that public policy is closely related to the actions of the state, but other schools of thought show a multi-centric scenario (Oliveira, & Passador, 2019). Public policy is a government's decision to do or not do things (Nugroho, 2017). The government can set policies to overcome various problems that occur in society, so that public policies cannot be separated from the public or the community.

Public policy can be realized through a series of stages of activity. The stages of public policy include the following set of processes: problem identification, formulation, determination, implementation, and evaluation of policy (Anderson, 2003; Khan & Rahman, 2017). Policy evaluation, which is the last stage in the public policy process, that Which assesses the success of policy implementation. Policy evaluation in the view of Vedung (2000) is the extent to which government intervention contributes to the measured outcome and must include more specific information about why the intervention was successful or failed.

According to Weiss (1999), policy evaluation is a systematic assessment of programs or policies and is based on a set of standards to produce policy recommendations (Khan & Rahman, 2017). The results of policy evaluation must be able to identify critical success factors and existing problems; as well as various consequences. The results of the evaluation can be used as a basis for determining future policies (Oliveira & Passador, 2019)

Regarding program evaluation, Tune (2020) emphasizes that program evaluation is built on the premise that better quality decisions and the relevance and suitability of the program will be made if the process is informed by strong evidence. Thus, the main purposes of evaluating government programs are to 1) assess the relevance and priority of sustainable program objectives, taking into account current conditions, including changes in government policies (program appropriateness); 2) test whether the results of the program achieved its objectives (effectiveness); and 3) and ascertain whether there is a better way to achieve goals (efficiency) (Oliveira & Passador, 2019). However, according to Gerston (2010), policy evaluation assesses the effectiveness of public policy in terms of its perceived intentions and results (Khan &

Rahman). The research is conducted to see the effectiveness of the PSBB policy in the West Java province, which will continue until June 26th, 2020, So it has not been able to present the results of the whole study. Advanced studies are therefore required to obtain more comprehensive results in measuring the effectiveness of such policies.

CONCLUSION

The PSBB policy has succeeded in suppressing the rate of increase in COVID-19 cases in West Java. The success of the PSBB policy in West Java is marked by the achievement of the criteria for the effectiveness of the evaluation of the PSBB policy set by WHO standards. The result showing that epidemiology has been fluctuating during the PSBB policy implementation, the health care system has improved the provision of health care facilities, and surveillance has increased laboratory testing capacity and case investigation criteria.

Thus, the effectiveness of the PSBB policy in West Java in the first period for 2 weeks (14 days) has not been reached, thus requiring an additional period of validity to increase the level of success in achieving policy objectives. Further research needs to be carried out to assess the effectiveness of the policy as a whole until the end of the PSBB Policy in West Java.

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