

OPPORTUNITIES, CONSTRAINTS AND CHALLENGES IN COVID-19 TREATMENT IN SOUTH KALIMANTAN

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Abstract

The increase in the Covid-19 case in Indonesia is increasingly troubling, for this reason the Government of Indonesia adopted a policy to issue Presidential Decree No. 11 of 2020 concerning Determination of the Covid-19 Public Health Emergency. In addition, the Government developed a Grand Strategy for Handling Covid-19. In South Kalimantan the Covid-19 case has been confirmed since March 22, 2020, based on this the South Kalimantan Provincial Government issued a policy through the Decree of the Governor of South Kalimantan Number 188.44 / 0210 / KUM / 2020 concerning Limitation of Inflows of People Coming in from Outside the Province of South Kalimantan. But in practice there are various obstacles. This brief review was conducted to determine opportunities and constraints and challenges in handling Covid-19 using a SWOT analysis. Secondary data retrieval is done by scientific search and literature studies. Scientific search based on data requirements that can be obtained at government agencies and online data search. Literature study is conducted to interpret and describe data that can support the topic of this study. Based on the results of the analysis in handling Covid-19 required quarantine of ODP, implementation of structured PSBB, fulfillment of facilities and infrastructure, education about Covid-19 and coordination between related sectors.

Keywords

Covid-19 Countermeasures, ODP, PSBB, Education, coordination between sectors

1. Introduction

The number of Covid-19 cases in Indonesia is increasing, and this covid-19 case is an international pandemic. Based on Covid-19 worldometer statistics, in the standings of Asian countries, Indonesia ranks 12th (jpn.com 2020). Based on this, the Government of Indonesia adopted a policy to issue Presidential Decree No. 11 of 2020 concerning Determination of Covid-19 Public Health Emergency. As well as Presidential Decree Number 7 of 2020 concerning the Task Force for the Acceleration of Handling Covid-19, which was subsequently replaced by Presidential Decree Number 9 of 2020.

The increase in the Covid-19 case is increasingly widespread, for this reason the Government developed a Grand Strategy in Handling Covid-19 which contained 5 (five) strategies, namely: (1) preventing the spread of Covid-19 transmission; (2) improvement of the body's security system; (3) health capacity building; (4) increasing food security and food production; (5) strengthen the national social safety net safety net.

The increase in covid-19 cases has spread and is widespread in South Kalimantan. The response to the Covid-19 Epidemic was carried out jointly by the government, private sector and the community. The high quality of community welfare in an area is an indicator of the success of government performance in health development. So that the Covid-19 pandemic can be overcome, the need for proper handling of the Covid-19 response. In this case the government issued PP no 21 of 2020 concerning large-scale social restrictions in the context of accelerating the handling of covid-19. This has been followed up by the Ministry of Health by issuing guidelines for the prevention and control of coronavirus disease (covid-19).

The Covid-19 case has been confirmed since March 22, 2020, in this case the Regional Government has tried to take Covid-19 prevention and control measures. To anticipate this Covid-19 issue, on March 31, 2020, the Government of

South Kalimantan Province issued a policy through the Decree of the Governor of South Kalimantan Number 188.44 / 0210 / KUM /2020 concerning the Limitation of Inflows of People Coming in from Outside the Province of South Kalimantan. But the development of covid-19 virus is very fast, so that until now 13 regencies / cities in South Kalimantan are all infected with Covid-19. The increase in Covid-19 can be seen in the following table:

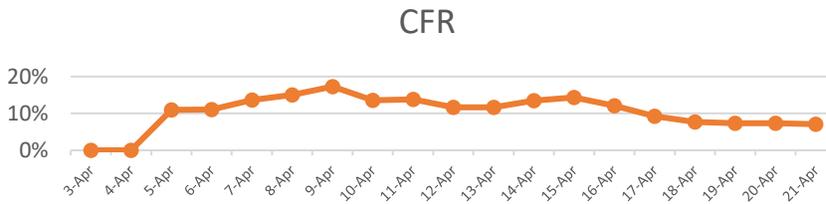
Table 1. Increased COVID-19 Infection in South Kalimantan

Date	ODP	PDP	Confirm	Description
1 April 2020	1.276	7	8	
2 April 2020	1.338	9	8	
3 April 2020	1.359	6	8	
4 April 2020	1.386	9	8	
5 April 2020	1.302	11	8	
6 April 2020	1.239	15	16	Died 2
7 April 2020	1.173	15	18	
8 April 2020	1.176	11	22	Died 3
9 April 2020	1.207	18	20	

Source: South Kalimantan Provincial Health Office, 2020 (Researchers Processed Data)

Table 1 describes the increase in Covid-19 in South Kalimantan from April 1 to 9, 2020. From the data, it can be seen that Covid-19 cases continue to increase, this is a concern to immediately take preventive measures against expanding cases.

The increase in the Case Fatality Rate (CFR) of South Kalimantan was quite high, reaching 17.3%. CFR is performed only on those who are at risk who have symptoms or are known to have close contact with positive co-19 sufferers. In the case of inspection there are several obstacles such as limited facilities and infrastructure, as well as a lack of awareness of people at risk to report themselves and carry out independent isolation.



Figur 1. Following are the CFR data in South Kalimantan Province :

Source: South Kalimantan Provincial Health Office, April 2020

Figure 1 explains the increase in casre fatality rate (CFR) in South Kalimantan from 3-21 April 2020. From the data, it can be seen that the increase was quite high on April 9, 2020, reaching 17.3%.

The CFR calculation is based on the number of positive cases of death divided by the total number of positive cases detected or reported. This calculation may not reflect the actual condition. This is because the first filter examination with a rapid test and then by PCR is only done at people at risk who have symptoms or are known to have close contact with positive patients with covid-19 only. But there are still many cases of Covid-19 that are not documented because of the awareness of those who are at risk to report themselves.

2. Literature Review

a. Criteria for Determination of Large-Scale Social Restrictions (PSBB) based on Minister of Health Regulations Number. 9 of 2020

1. Prerequisites for the implementation of large-scale social restrictions are the fulfillment of disease situation criteria in the form of a significant increase in the number of cases and / or deaths due to disease, rapid spread of cases to several regions, and there are epidemiological links with similar events in other regions or countries. Therefore, the determination of the Large-Scale Social Limitation by the Minister is based on a significant increase in the number of cases and / or deaths in a certain period of time, rapid spread of cases in other areas within a certain period of time, and there is evidence of local transmission.

2. Referred to as cases are patients under surveillance and positive confirmation cases based on laboratory examination results with Reverse Transcription Polymerase Chain Reaction (RT-PCR).
3. A significant increase in the number of cases and / or deaths is known from observing the epidemiological curve of cases and / or deaths. The tendency for an increase in cases and / or death over a period of days or weeks is evidence of a significant increase.
4. The speed of spread of disease in an area / region is done by observing the area / area of the spread of disease on a daily and weekly basis. The addition of the area / area of the spread of the disease within a period of days or weeks is evidence of the rapid spread of the disease.
5. The occurrence of local transmission in an area / region shows that the virus that causes the disease has circulated in that area / region and is not a case from another area.

b. Implementation of PSBB

The implementation of large-scale social restrictions is carried out during the longest incubation period (14 days). If there is still evidence of the spread of a new case, it can be extended within 14 days of the discovery of the last case.

a) School Entertainment

Exclusion of school facilities for educational institutions, training, research related to health services.

b) Workplace Entertainment

- What is meant by prostitution of the workplace is the limitation of the process of working at work and replacing it with the process of working at home / residence, to maintain the productivity / performance of workers.

- Exclusion of workplace consolation, namely for certain offices or agencies providing services related to defense and security, public order, food needs, fuel oil and gas, health services, economy, finance, communication, industry, exports and imports, distribution, logistics, and other basic needs

c) Restrictions on other activities specifically related to defense and security aspects

Restrictions on other activities specifically related to the aspects of defense and security are excluded from military / police operations activities both as a main element and as a supporting element

c. Supervision of arrival of people when found the criteria for people in monitoring then carried out:

1) Management according to the diagnosis set

2) The person can be declared eligible / unfit to continue traveling with a conveyance in accordance with the conditions of the inspection results

3) Provision of HAC and risk communication regarding COVID-19 infection, information if during the incubation period experiences symptoms of worsening, then immediately check it to health facilities by showing HAC to health workers. In addition, patients are given education for self-isolation (limiting the environment at home) and will be carried out monitoring and collection of specimens by health workers.

4) KKP identifies aircraft passenger lists. This is intended if the patient experiences changes in clinical manifestations according to the operational definition of the patient in surveillance then close contact can be monitored

5) Notification \leq 24 hours to the Provincial Health Office and Regency / City (annex 1) to be monitored at the residence.

6) Collection of specimens by trained and competent health workers at the entrance clinic or monitoring site. Collection and delivery of specimens in coordination with the local Health Office.

Table 2. Early detection activities and region response

INSTITUTION	DETECTION	RESPONSE TO ODP
community Health centers	<ul style="list-style-type: none"> • Conducting Influenza Like Illness (ILI) and pneumonia surveillance through the Early Awareness and Response System (SKDR) including pneumonia clusters • Conducting active surveillance / monitoring of travelers from infected areas / countries for 14 days from arrival to the area based on information from the local DHO (local health office) show HAC) • Conduct risk communication including dissemination of IEC media on COVID-19 to the community • Build and strengthen surveillance network with authorities, cross-sectors and community leaders 	<ul style="list-style-type: none"> • Management according to the patient's condition • Notification of cases within 1x24 hours to the District / City Health Office • Carry out risk communication to the community • Carry out monitoring (check case conditions every day, if there is a worsening referral hospital referral immediately) • Record and report the results of monitoring regularly and tiered using forms (attachment 2) • Conducting risk communication both to patients, families and the community • Educating patients to isolate themselves at home. If symptoms worsen immediately to the health facility • identify contacts • Collect specimens and coordinate with the local DHO regarding specimen delivery.
Other health service facilities (hospitals, clinics)	<ul style="list-style-type: none"> • Monitor and analyze ILI and pneumonia and severe ARI cases • Detect cases with fever and respiratory problems and have a history of traveling to the affected area / country within 14 days before illness (showing HAC) • Conducting risk communication including disseminating IEC media about COVID19 to visitors 	<ul style="list-style-type: none"> • Management according to the patient's condition • Notification of cases within 1x24 hours to the District / City Health Office • Conduct risk communication both to patients, families and other visitors • Educate patients for self-isolation at home. If symptoms worsen immediately to contact • identification. • Carry out daily monitoring. • Collect specimens and coordinate with the local DHO regarding specimen shipments
Referral Hospital	<ul style="list-style-type: none"> • Conduct surveillance of severe ARI and pneumonia cluster • Detect cases with fever and respiratory problems and have a history of traveling to the infected area / country within 14 days before illness (indicating HAC) • Conduct risk communication including dissemination of IEC media about COVID19 to visitors 	<ul style="list-style-type: none"> • Management according to the patient's condition. • Notification 1x24 hours to the Local Health Office related to patient monitoring • Conduct risk communication both to patients, families and visitors • Educate patients for self-isolation at home. If symptoms worsen immediately to the health facility / contact identification • Take the specimen and coordinate with the local DHO regarding specimen delivery.
District/City Health Service	<ul style="list-style-type: none"> • Monitor and analyze ILI and pneumonia cases through the Early Alert and Response System (SKDR) and Severe ARI • Monitor the implementation of COVID-19 surveillance conducted by community health centers • Carry out active surveillance of COVID-19 hospitals to find cases • Conduct risk assessments at region • Build and strengthen surveillance network work with cross-program and related sectors 	<ul style="list-style-type: none"> • Management according to the patient's condition • Notification 1x24 hours to the Provincial Health Office • Coordination with community health centers related to case monitoring • Carry out monitoring (check case conditions every day, if there is a worsening referral to referral hospitals immediately) • Record and report the results of monitoring routinely and use a form (appendices 2 and 3) • Conduct risk communication both to patients, families and the community • Educate patients to isolate themselves at home. If symptoms experience worsening immediately to health service facilities • identification of contacts • Coordinate with health service facilities and laboratories in the collection and delivery of specimens
Provincial Health Service	<ul style="list-style-type: none"> • Monitor and analyze ILI and pneumonia cases through the Early Precautions and Response System (SKDR) and Severe ARI • Monitor COVID-19 surveillance implementation • Forward notification of reports under COVID-19 supervision from the CTF to the relevant DHOs • Conduct active COVID surveillance •19 to find cases • Conduct a risk assessment in the region • Create a Cautionary Letter addressed to the District / City • Build and strengthen surveillance networks with cross-program and related sectors 	<ul style="list-style-type: none"> • Management according to the patient's condition • Notification 1x24 hours to the Provincial Health Office • Coordination with community health centers related to case monitoring • Carry out monitoring (check case conditions every day, if there is a worsening referral to referral hospitals immediately) • Record and report the results of monitoring routinely and use a form (appendices 2 and 3) • Conduct risk communication both to patients, families and the community • Educate patients to isolate themselves at home. If symptoms worsen immediately to the health facility • contact identification • Provide feedback and technical coaching in the District / City. Coordinate with referral hospitals and laboratories in the collection and delivery of specimens

Source: Guidelines for Preparedness for Coronavirus Disease (COVID-19) 3rd Revision (Researcher Processed)

3. Methods

This brief review was conducted to determine opportunities, obstacles and challenges in handling Covid-19 using a SWOT analysis. Secondary data retrieval is done by scientific search and literature studies. Scientific search based on data requirements that can be obtained at government agencies and online data search. Literature study is conducted to interpret and describe data that can support the topic of this study.

4. Result

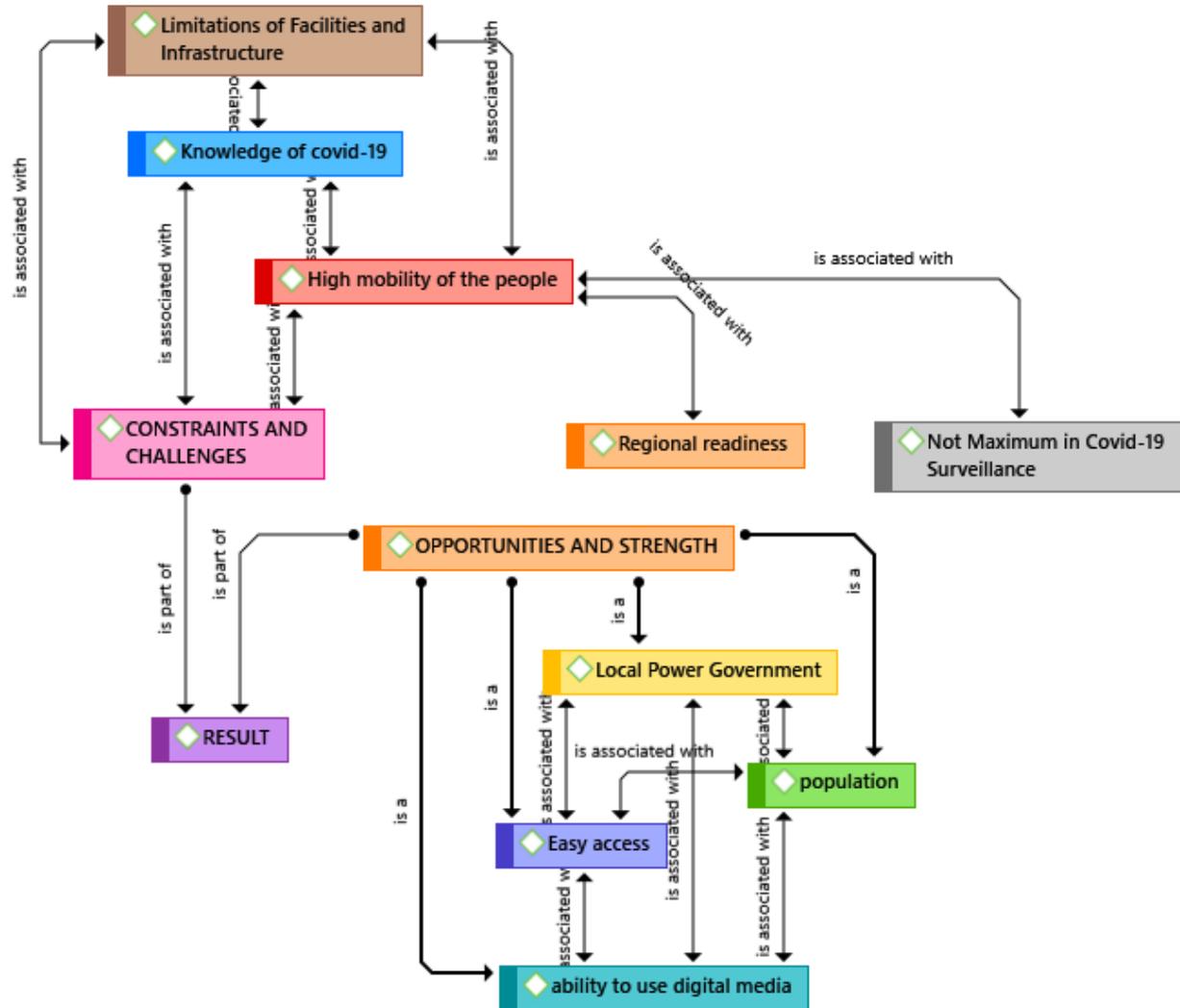


Figure 2 explains the research results in the form of opportunities and strength, constraints and challenges in covid-19 management. The following is a more complete explanation of the research results.. :

OPPORTUNITIES AND STRENGTH

- a. Local Power Government Commitment to combat COVID-19
- b. Easy access to health facilities
- c. The population of South Kalimantan is mostly high school education and above
- d. The ability to use digital media is high in the people of South Kalimantan

CONSTRAINTS AND CHALLENGES IN COVID-19 MANAGEMENT

- a. High mobility of the people of South Kalimantan

Due to the high mobility of the people of South Kalimantan, it will be very difficult to encourage people to stay home. This can be seen from the current conditions, in the city of Banjarmasin, despite the recommendations of Stay at Home

or staying at home, there are still many people who are on the streets. In addition, this is because the assumptions about Covid-19 are common, so there is an assumption that it will also end on its own.

a). Regional readiness to implement PSBB

Considering the effects of the implementation of CBSC, especially in terms of the community's economy, will cause an economic crisis for the community. This is especially so influential for the lower middle class economic community, so consideration needs to be given to provide assistance especially to the poor who are very vulnerable to co-19. This is because the poor who are directly affected by Covid-19 are unable to carry out activities as usual to meet their daily needs and family.

b) Not Maximum in Covid-19 Surveillance: Early detection, close contact and risk assessment

The implementation of early detection in handling covid-19 at the entrance of the region has not been maximized, because the entrance restrictions to South Kalimantan are still not maximally carried out such as ports, airports and transportation of people / goods transport, in fact when the pandemic covid-19 terminal 6 km is still operating (Banjarmasin post, April 3, 2020). This is to identify the presence of people in monitoring, patients under surveillance, probable cases and co-19 confirmation cases.

Supervision of close contact and early detection of ODP must be observed in this case quarantine (according to COVID-19 guidelines, Ministry of Health 2020), the fact in the field that ODP is still carrying out activities outside the home without monitoring. ODP both with symptoms and without symptoms who have a history of travel or living abroad who report local transmission or travel history or live in a local transmission area in Indonesia need to be aware, because this ODP if he has an immune system disorder (immunocompromised) then it is not cause clear symptoms and signs.

b. Limitations of Facilities and Infrastructure for the Prevention and control of Covid-19 Infection

In efforts to prevent and control Covid-19 infection, readiness is needed from:

- Facilities and infrastructure: ensuring the fulfillment of logistic supporting health services needed including supportive medicines (life-saving), medical devices, PPE, Health Alert Card (HAC), and others.

In fact there is a scarcity of logistics supporting health services in infrastructure such as PPE that is needed by the community to prevent transmission of the covid-19 virus. Not only that, there is also a dearth of disinfectants that are needed by the community.

c. Knowledge of covid-19 does not guarantee safe behavior

Even though the people of South Kalimantan know about the dangers of covid-19, it does not guarantee people's behavior to make maximum efforts to prevent covid-19 infections. This can be seen from the still crowded people doing activities outside the home. Therefore, efforts are needed to change the mindset of the people so that they act positively by following the advice to stay home.

5. Discussion

STRATEGY FOR ACTION:

a. Conduct Quarantine for ODP that has strong epidemiological links with close contact or travel history from the affected area

Because ODP has a strong epidemiological relationship with close contact or travel history from the infected area can be a barrier to transmission of the covid-19 virus. And if the examination results are positive for other viral etiologies but negative for COVID-19 and have a strong epidemiological relationship with close contact or a history of travel from the affected area, a repeat examination should be carried out. Because the possibility of secondary infection is unknown (P2 Covid-19 Guidelines, Ministry of Health 2020).

b. Implementation of large-scale social restrictions (PSBB)

In implementing large-scale social restrictions , it should pay attention to the region's ability to implement it. For this reason, when the inability of the South Kalimantan Province to carry out PSBB as a whole, large-scale social restrictions can only be carried out for areas with the largest distribution of corona viruses. But this is really carried out according to the rules, so that the implementation of this PSBB is really effective and efficient.

Table 3. Following are the number of Covid-19 cases in the City / Regency of South Kalimantan Province.

No	Name of Regency / City Region	ODP	PDP	POSITI
1	Tanah Laut	57	-	-
2	Kota Baru	29	-	-
3	Banjar	102	1	2
4	Barito Kuala	18	2	1
5	Tapin	12	4	1
6	HSS	99		
7	HST	44		
8	HSU	24		
9	Tabalong	90	1	1
10	Tanah Bumbu	267	1	
11	Balagan	38	1	
12	Kota Banjarmasin	206	7	11
13	Kota Banjarbaru	221	2	1
		1.207	18	17

Source: District Health Office / City in South Kalimantan, 2020 (Processed by Researchers)

Table 3 show based on the data distribution of Covid-19 in South Kalimantan, for areas that have the most ODP are Banjar District, Tanah Bumbu, Banjarmasin City and Banjarbaru City and all these areas have similarities, namely having PDP and positive covid-19 patients. From the data above, it can be seen that the regions that have the most covid-19 distribution are 4 regions, namely Banjar Regency, Tanah Bumbu, Banjarmasin City and Banjarbaru City. If PSBB is carried out, it is necessary to calculate the number of poor people who are very vulnerable to being affected by co-19 who have to get help because they are the ones most affected by the implementation of PSBB.

c. Fulfillment of Facilities and Infrastructure for the Prevention and control of Covid-19 Infection

The main effort is to ensure the fulfillment of facilities and infrastructure for the prevention and control of co-19 infections, especially for frontline health workers. And monitor the availability and distribution of facilities and infrastructure right on target.

d. Education about COVID-19

Judging from the level of education of the people of South Kalimantan, most of them are high school and above, it is expected to be able to change the mindset towards a more positive and have the ability to use digital media better. With these expectations, it is necessary to educate about COVID-19 through social media and SMS messages by sending messages. As for the messages sent mainly to the ODP to remind them to carry out self-quarantine, besides that they can also convey messages about covid-19 information. In addition, sanctions are also required for those who break the rules, especially for people carrying the virus (Barrier)

e. Coordination between related sectors in handling Covid-19 transmission

- In an effort to deal with Covid-19 transmission, it is necessary to have better coordination between sectors related to policies and programs, especially for changing attitudes and understanding in the community in preventing covid-19 transmission.

- There needs to be better coordination between sectors related to policies and programs for ODP who have strong epidemiological relationships with close contact or travel history from the affected area because it can be a barrier to the transmission of the covid-19 virus.

6. Conclusion

Based on the results of the analysis it can be concluded that in handling Covid-19 it is necessary to quarantine people under supervision (ODP), implementation of structured PSBB, fulfillment of facilities and infrastructure, education about Covid-19 and coordination between related sectors.

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Biography



Nana Noviana is a researcher at the Regional Research and Development Agency of South Kalimantan Province. Earned a Doctorate in Public Administration from the Diponegoro University, Indonesia. Got an M. Kes degree at the Faculty of Public Health, Diponegoro University, Indonesia. And get an S.ST in D IV Poltekkes Ministry of Health, Indonesia. Has published journals and papers at several conferences and has published several books on HIV/AIDS and Reproductive Health. Become a reviewer of several accredited journals and teach at a number of private midwifery academies and teachers at the Health Service Development. Research expertise covers public policy, health policy, HIV/AIDS policy.



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