

UDC 614

## HEALTH SERVICES FOR SELF-ISOLATING COVID-19 PATIENTS IN KUPANG CITY

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### ABSTRACT

This research aimed to describe and analyze health services for self-isolating COVID-19 patients in Kupang City, Nusa Tenggara Timur, Indonesia. The researchers used a qualitative approach and descriptive analysis. The research focused on the role of government (health service or Puskesmas<sup>1</sup>) in evaluating and controlling self-isolating COVID-19 patients. The researchers determined the informants using PURPOSEFUL DATA SAMPLING. The researchers used (a) non-participant observation, (b) in-depth interviews, and (c) literature and document analysis to collect data. The researchers analyzed the data using Miles, Huberman, and Saldana's model. The research result showed the role of the Puskesmas and Urban village Government through establishing the Urban village tracing team, consisting of Bhabinkamtibmas<sup>2</sup>, leader of Karang Taruna<sup>3</sup>, and leader of Posyandu<sup>4</sup>. These parties observe the COVID-19 cases at the urban village level. The health officer provides services following patients' symptoms and conditions. Health officers visited and observed self-isolating COVID-19 patients. Furthermore, the community assisted the health officers in observing the COVID-19 patients. The health officers used Whatsapp, SMS, and telephone application to observe the COVID-19 patients. However, there were limited frequency and intensity of visit and observation. A huge number of patients never received a visit or observation. The Puskesmas and Urban village Government did not distribute the medicines and vitamins equally to COVID-19 patients undergoing self-isolation. The patients tended to obtain medicines and vitamins from personal purchases or other family members.

### KEY WORDS

Service, health, self-isolation, COVID-19, corona.

Isolation refers to separating the infected patients from the healthy. According to Law Number 6 of 2018 on Health Quarantine, isolation separates the sick from the healthy. The health services facilitate the sick and provide them with care and medication. The Ministry of Health issued COVID-19 Administration Protocol for Health Workers. Although the protocol was aimed at health facilities, the protocol contains crucial information on self-isolation. Self-isolation starts after a patient is declared COVID-19 positive through test and doctor consultation. The patients may perform self-isolation at home, hospital, or public facility. Doctors or first-level health services officers must observe the patient by telephone or visit. The usage of supplements and medicine needs to refer to doctor consultation.

Kupang City shows bad public services and health services during the COVID-19 pandemic. A total of 61 treatment rooms for COVID-19 patients in nine (9) hospitals are fully occupied. Therefore, hundreds and thousands of COVID-19 patients must undergo self-isolation at home. Due to the lack of rooms, the hospital only accepts patients showing severe symptoms. The Puskesmas medical team observes patients showing mild and moderate symptoms who undergo self-isolation at home. The medical team observes

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<sup>1</sup> Pusat Kesehatan Masyarakat is government-mandated community health clinic located across Indonesia. They are overseen by the Indonesian Ministry of Health and provide healthcare for the population on the urban village level

<sup>2</sup> Bhayangkara Pembina Keamanan dan Ketertiban Masyarakat (Office of Security and Community Order) deals with community social problem.

<sup>3</sup> Karang Taruna is a social organization as a forum and means of developing every member of the community that grows and develops based on awareness and social responsibility from the community.

<sup>4</sup> Posyandu is a forum for health care carried out from, by, and for the community under the guidance of relevant officers.

through a telephone call or direct visit (Amalo, 2021). The hospital only prioritizes COVID-19 patients with comorbidities, such as diabetes, heart disease, cancer, chronic lung disease, AIDS, autoimmune diseases, etc.

Table 1 – Total COVID-19 Cases in Kupang City as of February 11, 2021

No	Total COVID-19 Case	Total
1.	Total Positive Case	3,166
2.	Recovered	1,274
3.	Death	84
	Current Total	
1.	Total Positive Case	1,808
2.	Hospitalization	215
3.	Self-Isolation	1,593
4.	Centralized-Isolation	0
	Addition of daily positive confirmed cases of Kupang City as of February 11, 2021	103

Source: Health Office of Nusa Tenggara Timur Province, 2021.

Table 1 shows 3,166 total positive cases of COVID-19 in Kupang City as of February 2021. There were 1,274 recovered patients and 84 mortality. Furthermore, 215 patients are hospitalized, 1,593 patients undergo self-isolation, and no patients undergo centralized isolation. The data continuously change according to COVID-19 developments in Kupang City. Kupang City has the highest COVID-19 cases in Nusa Tenggara Timur Province. The COVID-19 spreads in 40 out of 51 urban villages in Kupang City. Oesapa urban village, Kelapa Lima urban village, and Oebobo urban village had the highest COVID-19 cases due to the densely populated settlement. Therefore, the COVID-19 spreads quicker in the aforementioned urban villages.

Bhadoria *et al.* (2020) stated that the COVID-19 pandemic attacks all countries, including countries generating low and middle income. Therefore, the countries with low and middle-income levels experienced difficulty managing the COVID-19 pandemic. The countries have little health capacity and quality to manage self-isolation patients. Due to the low level of health resources and services, the community suffers from a high risk of COVID-19 infection. Tsai *et al.* (2021) explain that most hospital-isolated patients are elderly over 80 due to acute illness. Hospital wards prevent transmission and negative impacts on patients with comorbidities.

The Indonesian Government is constitutionally obliged to provide sufficient health services. Furthermore, the community has the right to protection and health insurance. Fulfilling community rights on health refer to preventive and healing measures. Article 12 Convention on Economic, Social, and Cultural Rights stated several measures to achieve the highest physical and mental health standards. One of the measures is creating conditions that guarantee the availability of medical care and services.

This research aimed to describe and analyze the health services available for self-isolating COVID-19 patients in Kupang City, Nusa Tenggara Timur Province, Indonesia.

## LITERATURES REVIEW

During the current COVID-19 pandemic, the government and community pay utmost attention to health services. According to Law number 23 of 1992 concerning health, everyone has the right to obtain health services. The Indonesian government is responsible for providing health services. The ongoing pandemic pressured the government to solve the health services problem to reduce the victims of COVID-19.

As Indonesia is the fourth most dense country, COVID-19 influences Indonesia in the long term (Djalante *et al.* 2020). Due to the increasing case of COVID-19, the Indonesian community requires sufficient health services. However, Indonesian hospitals lack appropriate health facilities to manage COVID-19 patients (Setiati and Azwar 2020). Therefore, hospitals refer to health services provided to the community. Furthermore, the

hospital is crucial in providing medical care during disasters and pandemics (Huber and Goldstein 2020).

The COVID-19 pandemic influenced global health services, such as hospital health services and health workers' behavior. Due to the fear of COVID-19, the patients are reluctant to be hospitalized. Due to the COVID-19 high spread and infection rate, the hospital ran out of beds and ventilators. Several strategies, such as self-isolation at home, have been implemented to suppress the spread of COVID-19 (Chang 2020; Gbadamosi et al. 2020)

Self-isolation is a currently popular term. However, in reality, self-isolation has a similar meaning to quarantine. According to Huber and Goldstein (2020), quarantine separates and limits the movement of patients with highly infectious diseases. Quarantine reduces the risk of infection. Self-isolation refers to separating the infected from the healthy. Quarantine is regarded as the first principle of infectious disease control.

Aside from quarantine and self-isolation, Indonesian use several other terms to describe the preventive measures for COVID-19. Lockdown, Large Scale Social Restriction (PSBB)<sup>5</sup>, Community Activities Restrictions Enforcement (PPKM)<sup>6</sup>. However, this research focused on self-isolation and health services provided for self-isolation patients.

Based on the Ministry of Health circular (2020), the countermeasures of COVID-19 using the self-isolation method may reduce the risk of infection among family members or others. Therefore, self-isolation refers to limiting someone's movement to reduce the infection rate of COVID-19.

## METHODS OF RESEARCH

The researchers used a qualitative approach and descriptive research. Furthermore, the researchers used the case study method. This research was conducted in Kupang City, Nusa Tenggara Timur Province, Indonesia. The researchers determined the research location using the purposive method. The research focused on the government's role (health offices and Puskesmas) in evaluating and controlling self-isolation patients. Due to the necessity of information, the researcher divided the informants into two categories: individuals and institutions. The institutions' category referred to government, hospitals, Puskesmas, COVID 19 Task Force, and village or urban village government. The individual category referred to self-isolating COVID-19 patients, patients' families, and the community. The number of informants needed depended on the data saturation level. Therefore, the data collection used accidental and snowball techniques. The data collection used: (a) non-participant observation, (b) in-depth interview, and (c) literature and document study. The researchers analyzed the data using the interactive analysis model (Miles, Huberman, and Saldana, 2014). The interactive analysis model refers to data condensation, presentation, and verification. The researchers used the triangulation technique to validate the research findings.

## RESULTS AND DISCUSSION

Due to the COVID-19 pandemic, hospitals and health facilities in large Indonesian cities could not admit the increasing COVID-19 patients. As a result, asymptomatic and mild COVID-19 patients are required to self-isolate at home. However, self-isolating COVID-19 patients continue to increase. As a result, the health workers could not manage the patients well, increasing the mortality rate.

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<sup>5</sup> *Pembatasan Sosial Berskala Besar* refers to ceasing school and workplaces activities, restrictions on religious activities, restrictions on activities in public places or facilities, restrictions on socio-cultural activities, restrictions on transportation modes, and restrictions on other activities specifically related to defense and security aspects in order to suppress the spread of COVID-19.

<sup>6</sup> *Pembatasan Pemberlakuan Kegiatan Masyarakat* is a cordon sanitaire policy of the Indonesian government established in early 2021 as COVID-19 pandemic countermeasure.

### **The Government's Role (Public Health Institute, Puskesmas, and Urban village Government) in Evaluating and Controlling Self-Isolating COVID-19 Patients**

According to Plano and Olton (1999), the role is the expected behavior of an individual possessing a certain position. Role refers to an array of the expected behavior of an individual following their formal or informal social position. In general, role refer to the provisions and expectations that explain what an individual must do in a given situation to fulfill the expectations of the role itself. Therefore, the role means the behavior in carrying out obligations and demanding rights attached to status (Saherimiko & Fahriansyah, 2021).

#### *a) Government's Role in Self-Isolating Patients*

Based on an interview with the Head of Oetete urban village, the tracing team is gathered in 1 Whatsapp group. The tracing team aimed to observe the development of COVID-19 cases in the Oetete urban village. The tracing team directly visits the infected and observes the community condition. The tracing team consists of Bhabinkamtibmas, leader of Karang Taruna, and leader of Posyandu. The member of the tracing teams depends on the policy of each Urban village. The tracing team is crucial as they are the first to determine the COVID-19 patients daily.

Based on an interview with the nurses, the government and Puskesmas provide health services to self-isolating COVID-19 patients based on the severity of symptoms and condition. Patients with mild and severe case receives medical actions. Asymptomatic patients receive observation. Medical actions depend on the patient's condition. Patients with severe symptoms need to be hospitalized. Patients with mild symptoms will undergo therapy and education.

The health workers' role in the COVID-19 pandemic is coordinating with related parties such as neighborhood associations or community associations (RT/RW)<sup>7</sup>, urban village or village government, community leaders, Bhabinkantibmas, and existing health facilities. The health workers and related parties coordinate the countermeasure against the COVID-19 pandemic. Furthermore, the health worker analyzes and identify groups that are susceptible to infection, form cadres, modify services, and carry out socialization in the community related to preventing the spread of COVID-19.

#### *b) Health Worker visit Frequency and Intensity*

Based on an interview with one of the health workers, the health workers visited the community to detect people who contacted the infected, which was confirmed by the tracer team. The tracer team consisted of community figures, religious figures, Babinkamtibnas, or Babinsa<sup>8</sup> in respective urban villages. The government involved the community in establishing an accurate observation. The tracer team will report symptoms to the local Puskesmas. Kupang City Government adopted a similar procedure. The health worker conducts observation through applications such as WhatsApp, SMS, and telephone calls.

Based on an interview with another health worker, COVID-19 patients with severe symptoms require a consultation with a doctor. The health worker visits the patient one time within 14 days of self-isolation. The health worker visited the asymptomatic patient as well. Furthermore, the health worker provides medication and conduct observation of patients' condition. Based on the health worker, the Puskesmas has limited facility and capacity. The patients' visit often coincides with vaccination. Therefore, the health worker merely relies on the patient's condition. Asymptomatic patients receive routine education and are required to undergo self-isolation. However, patients showing symptoms need to report to the health worker and consult a doctor immediately. Patients showing severe symptoms will receive doctor visits.

However, 14 of 15 COVID-19 patients stated that the health worker never visited them directly. Instead, the health worker conducted observation through a telephone

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<sup>7</sup> Rukun Tetangga is an association of several Head of Families in Villages/Urban village. Rukun Warga is an association of several Rukun Tetangga in a Village/Urban village.

<sup>8</sup> Bintara Pembina Desa is a senior Indonesian territorial army Non-commissioned officer or senior Enlisted rank official who is in charge of carrying out territorial defense, development, and monitoring duties for a community in the village/urban village level in Indonesia

call. Only family members and the church COVID-19 team visited the patients. 1 out of 15 COVID-19 patients stated that they received a visit from Puskesmas health worker.

In terms of frequency and intensity of health worker visits, the Puskesmas health worker team conducted visits and observations on self-isolating COVID-19 patients. The surrounding community helped the Puskesmas to perform the observation. Puskesmas observation was conducted through WhatsApp, SMS, and telephone calls. However, many COVID-19 patients stated that they did not receive visits or observations from the health workers.

Based on the Guide to Community Empowerment in Preventing COVID-19 in RT/RW/Village (2020:17), the Puskesmas team need to collect data on patients' contact, observe community condition through telephone calls or daily visit, coordinate with the head of RT/RW and village head to observe the community condition, and routinely report to regency/city public health office.

c) *Medicine Assistance for Patients*

Based on an interview with the Head of Oetete urban village, there is a form of medical assistance for self-isolating COVID-19 patients. Some community members directly informed the head of the urban village of their COVID-19 test results. After the community members confirmed COVID-19 positive, the head of the urban village and nurses from Oebobo Puskesmas met the patients. The health workers motivated the patients and provided medicines. Kupang City Government provided staple food supply through Social Services. Oetete urban village obtained large assistance from the Government. Oetete urban village distributed the assistance to the community members, especially the self-isolating patients. The government used the patient data from Oebobo Puskesmas to determine self-isolating COVID-19 patients. The government and health workers will then distribute the assistance following existing data.

Furthermore, Kupang City Government and health workers provided medicine and vitamins to the community. However, the government and health workers determined the recipients based on the severity of their symptoms. Asymptomatic patients receive Vitamin C, Vitamin D, and Sinc. Patients showing COVID-19 symptoms require a doctor's consultation. Afterward, the health workers distributed vitamins and medicines following existing symptoms. The health workers distributed anti-viruses such as azithromycin and oseltamivir. However, the health workers no longer provide medicines after the government issued a new policy.

Based on the interview result, 7 informants claimed they received medicines and vitamins during the self-isolation period. However, 8 informants claimed they did not receive medicines and vitamins during the self-isolation period from Puskesmas. Instead, they bought medicines and vitamins from apothecary based on a suggestion from family members who work as health workers.

Based on interview results, the urban village government and Puskesmas distributed medicine and vitamins (C, D, Zinc). However, the government and Puskesmas did not distribute the medicines and vitamins equally to the self-isolating COVID-19 patients. As a result, some self-isolating patients obtained vitamins and medicines through personal purchases or from other family members.

The Republic of Indonesia Ministry of Health website showed that the government provides medicine and vitamins for the self-isolating COVID-19 patients with the following provision:

Table 2 – List of Government Provided Medicines and Vitamins

Package A	Package B
- Asymptomatic Patient	- Self-Isolating Patient with Mild Symptom
- Multivitamin C, B, E, Zinc with 1 x 1 dosage, Total:10	- Multivitamin C, B, E, Zinc with 1 x 1 dosage, total: 10.
	- Azithromycin 500mg with 1 x 1 dosage, total: 5.
	- Oseltamivir 75mg with: 2 x 1 dosage, total: 14
	- Paracetamol tab 500mg when necessary, total: 10

Source: <https://isoman.kemkes.go.id/panduan> (2020).

d) *Medical Explanation from Health Workers*

Based on an interview with nurses with Penfui Puskesmas, the health worker provided medical explanations and suggestions to self-isolating COVID-19 patients. The health workers explained about self-isolation and provided medications. The medical explanations were as follows: (1) symptomatic patients, asymptomatic patients, and close contacts need to self-isolate. (2) disinfect and store leftover food in a separate container; (3) self-isolating patients must stay in a separate room when possible; (4) when patients cannot self-isolate at home, they need to adhere to 5M<sup>9</sup> and change mask every 4 hours; and (5) bring disinfectants when going out of the home. (6) Sunbathe when possible.

Based on interviews with COVID-19 patients, 7 informants stated that the health worker provided an explanation of health protocols and how to maintain health during self-isolation. However, 8 informants stated that they did not receive an explanation from the health workers. Instead, they got medical explanations from social media, news, and family members.

Based on the interview results, there is an information gap between health workers and the community. There is a lack of Government standards in providing information to the community. Government acts as the source of information. However, multiple information channels exist, such as health workers and the media.

## CONCLUSION

Puskesmas and urban village governments formed the urban village tracing team, which consisted of Bhabinkamtibnas, leader of Karang Taruna, and leader of Posyandu. The tracing team observed the development of COVID-19 cases at the urban village level. The health workers provide health services based on the severity of symptoms and patient conditions.

The health workers and community visited and observed the self-isolating COVID-19 patients. The health workers observed the patients using WhatsApp, SMS, and telephone calls. However, there was limited intensity and frequency of visits and observation. A large number of patients did not receive visits from the health workers. Puskesmas and urban village governments did not distribute medicines and vitamins equally to all self-isolating COVID-19 patients. The patients obtained the medicine and vitamins through personal purchases or family members.

## Suggestion

Based on the conclusion above, improving service quality for self-isolating COVID-19 patients in Kupang City is necessary. The Public Health Institute, Puskesmas, and urban village governments must conduct COVID-19 socialization to the community, distribute medicine and vitamins equally to self-isolating COVID-19 patients, and increase health workers' observation activity.

However, the government and health worker alone is not enough to counter the COVID-19 pandemic. The community needs to have awareness and comply with the government and health workers to suppress the spread of COVID-19.

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<sup>9</sup> Indonesian COVID-19 health protocol involved wearing masks, washing hands with soap and running water, maintaining distance, staying away from crowds, and limiting mobility and interaction.

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