

Evaluation of the Impact of Government Policies in Handling the Risk of Covid-19: Study in Bandung City, West Java – Indonesia

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ABSTRACT

Covid-19 has brought implications in various aspects of life, including health, economic and social. This study evaluates the impact of the Covid-19 handling policy using qualitative research methods. Results show that based on eight dimensions of policy evaluation, Covid-19 handling policies have not met all the criteria for evaluation in terms of effectiveness, efficiency, implementation, accountability, trust and other criteria. This study recommends that, first, the government must instil a mindset or sense of urgency to guard against Covid-19. Focusing on selected priorities, policies must be formulated and implemented in a comprehensive manner, involve stakeholders and have no conflicting concepts, especially between government agencies. Fostering trust in the society can have an impact on compliance with regulations set by the government.

Keywords: Covid-19, impact of policy, sense of urgency, trust and compliance, Bandung City.

1. INTRODUCTION

Covid-19 has brought implications in various aspects of life, including health, economic and social. The economic impact is felt by all relevant actors. The cessation of human activities and interactions, followed by appeals and suggestions to stay and work from home (WFH), have caused a multiplier effect (Raharja, 2020). The shock of Covid-19 would substantially slow down domestic and international economic activities (Abukhalifeh et al., 2020), carry an adverse risk for the local and global economy (Nasution et al, 2020) and change the world and Indonesia by diverting funds towards villages (Sarip et al., 2020). Various industrial sectors experience disruptions in the supply of raw materials, demand for products, labour shortages and business ambiguity (Ezizwita, 2021). Covid-19 has limited the economic activities in Indonesia (Yusida, et al., 2021)

The government has issued various policies, including changes that impact on Micro, Small and Medium Enterprises (MSMEs) activities. Considerable efforts have been exerted through fiscal and monetary policies to deal with and overcome Covid-19. However, until now, no systematic evaluation has been carried out on the impact of such policies on the business world. The impact of the policy implementation in handling the Covid-19 pandemic thus remains largely unknown. In-depth research on the impact of policy in the form of evaluation is needed and can be used as input for the next policy such that it becomes appropriate and effective.

In general, MSMEs are less prepared to manage risk and have weak institutional support. MSMEs around the world do not have a culture and risk management system or business continuity (Han & Nigg, 2011). By comparison, the 2008 economic crisis caused severe socio-economic conditions worldwide and affected MSMEs in almost every country. A domino effect caused the closure of MSMEs and a reduction in business scale. MSMEs are also vulnerable to disaster risk in four areas: capital, labour, logistics and markets (Liu & Han, 2013). From the external aspect, the crisis caused structural unemployment that resulted in a decrease in demand for goods and services and had a significant impact on MSMEs (Alegre & Chiva, 2013).

This study generally aims to analyse various government policies, central and regional, and their impact, particularly on MSMEs. This study is conducted in Bandung City to (1) identify and inventory various government policies in tackling Covid-19, including its impact on MSMEs business activities; and (2) formulate policy recommendations as material for future policy improvements.

2. LITERATURE REVIEW

2.1 Public Policy Evaluation

Wollmann (2007) defines policy evaluation as follows:

Evaluation in the field of public policy may be defined as an analytical tool and procedure meant to do two things. First, evaluation research, as an analytical tool, involves investigating a policy program to obtain all information pertinent to the assessment of its performance, both process and result; second, evaluation as a phase of the policy cycle more generally refers to the reporting of such information back to the policy-making process.

This definition states that evaluation is a tool for investigating policy programmes and assessing performance. In addition, evaluation is one of the phases in the cycle of policy making. Furthermore, Wollmann distinguishes two types of evaluation in terms of time: (1) Ex-ante evaluation, which is anticipatory and a pre-assessment of the effects and consequences of planned or established policies and specify actions to provide information for ongoing or upcoming decision making; (2) Ex-post evaluation, which assesses and measures the achievement of objectives and effects when the policy is completed. Ex-post policy is often identified with programme evaluation.

Meanwhile, Vedung (1997) states that “Ideally, process evaluation attempts to trace all kinds of intervention consequences, including intended effects, null effects, perverse effects, and side effects whether advertent or inadvertent.” The essence of this statement is that an evaluation should be able to track all the consequences of a policy, whether desired, null, side and intentional or unintentional.

Another expert, Davies (2010), states that policy evaluation is a tool to measure the feasibility, adequacy and performance of any policy or programme. In practice, policy evaluation can be carried out before, during and after implementation of the policy or programme. In full, Davies states the following:

Public policy evaluation is a tool for measuring the worthiness, performance and efficacy of any policy or program. In fact, policy process or cycle starts with problem identification/agenda setting and moves through policy formulation, policy adoption, policy implementation, policy analysis or evaluation and the last stage is policy change, improvement or termination. Policy analysts opine that evaluation

can be taken in pre-policy stage, formulation stage, implementation and post implementation or evaluation stage. In simple sense, policy evaluation can be undertaken before implementation, during implementation and after implementation of any policy or program.

According to Davies, evaluation has two main types, namely, 1) Impact or summative evaluation that refers to how far a programme or policy intervention is successful; and 2) Process evaluation that refers to how, why and under what conditions the policy (programme, intervention) works. The term 'evaluation' can also be equated with appraisal, which gives a number or rating, and assessment relating to the production of information about the value and benefits of policies (Dunn, 2000).

Evaluation is one of the stages in the policy process. According to Wibawa (in Dwidjowijoto, 2006) public policy evaluation has four functions, as follows:

- 1) Through evaluation, the reality of programme implementation can be mapped and a generalisation can be made regarding the hunger patterns among the various dimensions of reality. On this basis, the evaluator can identify problems, conditions and actors that support the policy success or failure.
- 2) Evaluation can determine whether the actions taken by the actors, both of the bureaucracy and others, are in accordance with the standards and procedures set by the policy.
- 3) Evaluation can examine whether the output actually reaches the policy target group, or whether leaks or irregularities occur.
- 4) With the evaluation, the socio-economic consequences of the policy can be identified.

Subarsono (2015) details a few objectives of evaluation, including the following:

- 1) Determine the level of performance of a policy. Evaluation can identify the degree of achievement of policy goals and objectives.
- 2) Measure the level of efficiency of a policy. Evaluation can also see the degree of the costs and benefits of a policy.
- 3) Measure the level of output (outcome) of a policy. One of the objectives of evaluation is to measure the quantity and the quality of the expenditure or output of a policy.
- 4) Measure the impact of a policy. At a further stage, evaluation is aimed at seeing the impact, both positive and negative, of a policy.
- 5) Find deviations. Evaluation also aims to find any deviations that may occur by comparing the goals and objectives with the achievement of targets.
- 6) Serve as input for future policies. The final objective of evaluation is to provide input for future policy making to produce better rules.

Evaluation has four distinguishing characteristics from policy analysis, formulation and implementation. The first is value focus, namely, efforts to determine the social benefits or uses of policies and programmes. In this case, evaluation relates to the accuracy of goals and objectives. Second, fact-value interdependence means that policy results are not only seen from the benefits felt by individuals and society, but are in fact a consequence of policy actions to solve these problems.

Third, present and past orientation means that evaluation is characterised by attempts to assess present and past results. Evaluation is also retrospective after an action or policy implementation is carried out (ex-post).

Fourth, the duality of value shows that evaluation is seen as a means and as a goal. In this case, evaluation is a way to assess how far an action has achieved the expected performance. Evaluation as an objective is to find various items related to implementation and need to be improved, which are presented in the form of recommendations.

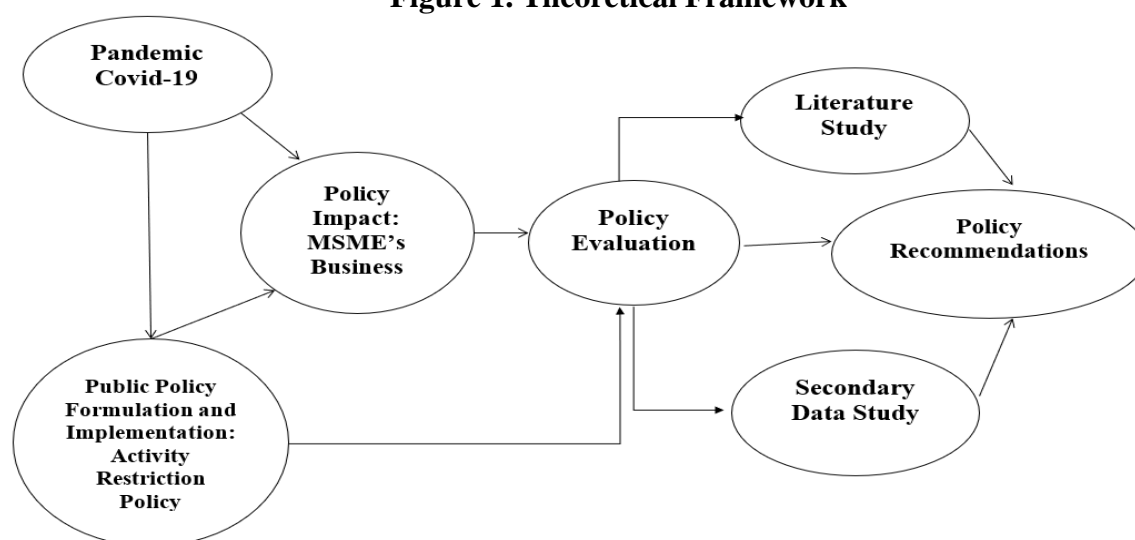
Dunn (2000) suggests six policy evaluation criteria, as follows: Effectiveness measures how far the desired result is achieved; Efficiency measures the efforts exerted into achieving the desired result; Adequacy measures the policy problem solving ability according to the desired outcome; Equity measures the distribution of benefits to target groups; Responsiveness measures the level of satisfaction, preferences and values of the target groups; Appropriateness measures the usefulness and value of the results and policy objectives. Davies (2010) states similar measures, as shown in Table 1.

Table 1. Importance of Evaluation Policy

Measures	Importance
Effectiveness	Ensure that policy makes a positive impact
Efficiency	Use scarce public resources to maximum effect
Implementation	Ensure that policy is implemented and delivered successfully and effectively
Adaptation	Allow policy makers to know when a change of policy is required
Service Orientation	Meet citizen's needs/expectations
Accountability	Transparency of what is done and why
Democracy	Enhance the democratic process
Trust	Help ensure/restore trust in government and public services

Source: Adapted from Davies (2010)

Figure 1. Theoretical Framework



3. METHODS

This study analyses Government Policies in Handling the Covid-19 Pandemic, including the MSMEs business activities in Bandung City using a qualitative research method. Creswell (2012) argues that qualitative research is an investigative process to interpret social phenomena. The fundamental purpose of qualitative research is to understand specific situations, events, groups and social interactions. The data and information are collected from literature on handling policy and secondary data sourced from reports related to policy implementation.

4.1 Large-Scale Social Restrictions Policy (LSSR)

The policy in dealing with Covid-19 is later called Large-Scale Social Restrictions (LSSR). In the LSSR policy, several provisions regarding restrictions on activities in the workplace include the following:

1. During the implementation of LSSR, activities are temporarily suspended at the workplace.
2. During the temporary suspension of activities in the workplace, the obligation is to replace them with working at home/residence activities.
3. Exceptions to the temporary suspension of activities in workplaces, specifically for businesses, are as follows:
 - a. State-Owned and Region-Owned Enterprises that participate in handling Covid-19 to meet the basic needs of the community/
 - b. Business actors engaged in the following sectors: health, food and beverage, energy, finance, logistics, hospitality, construction.
 - c. Industry players: production units of essential commodities, including medicines, pharmaceuticals, medical devices, medical supplies, households, raw materials and their intermediates and production units, which require a continuous process, after obtaining the necessary permits from the Ministry Industry.

In particular, whether MSMEs business activities are prohibited, permitted or restricted is not explicitly stated. Included here are MSMEs that have activities in the fields of transportation, food and beverage. However, businesses engaged in the latter sector are allowed to carry out activities not as MSMEs but due to the categorisation of their business.

The LSSR is under the authority of the Regional Government and is enforced in accordance with the conditions of their respective regions. Meanwhile, the Ministry of Industry issues permits to continue activities. As a result of this overlap, two conflicting policies are noted in Jakarta, where the Jakarta Government closes almost all business activities while the Ministry of Industry allows such operations.

4.2 LSSR in Bandung City

The initial appearance of Covid-19 in Bandung was announced for the first time on March 16, 2020. Implementation of the LSSR in Bandung is regulated in the Mayor Regulation Number 14 of 2020 concerning LSSR, dated April 19, 2021. This regulation is a follow-up to the Decree of the Minister of Health, Number: *HK 01.07 / MENKES / 259/2020*, concerning the Stipulation of Large-Scale Social Restrictions in Bandung City, Cimahi City, Bandung Regency, West Bandung Regency and Sumedang Regency in the Context of Accelerating the Handling of Covid-19.

This policy is also based on the Decree of the Governor of West Java, Number: *443 / Kep.240-Hukham / 2020*, concerning the Enforcement of LSSR in the City of Bandung, Cimahi City, Bandung Regency, West Bandung Regency and Sumedang Regency in the Context of Accelerating the Handling of Covid-19. Bandung City has been designated as an area that is obliged to implement LSSR. The first LSSR for the Greater Bandung Metropolitan area was implemented for two weeks from 22 April to 5 May 2020.

LSSR are restrictions on certain activities of residents in an area suspected of infection with Covid-19 to prevent its possible spread. The objectives of this policy are as follows: (a) Limit certain activities and movement of people and/or goods to suppress the spread of Covid-19; (b) Increase anticipation for the escalation of the spread of Covid-19; (c) Strengthen efforts to deal with health due to Covid-19; and (d) Address the social and economic impacts of the spread of Covid-19.

The issuance of a policy in the form of a Bandung City Mayor Regulation is preceded by a study that, at the time, the city of Bandung was issued a policy based on

epidemiological studies, it was a “red zone”. The red zone refers to communities with more than 10 households of positive confirmation of Covid-19 during the past week. In the event that an area becomes a red zone, handling and control at the community level includes: (1) Finding suspected cases and close contact tracing; (2) Conducting independent or centralised isolation with strict supervision; (3) Closing houses of worship, children’s playgrounds and other general places except for the essential sectors; (4) Prohibiting crowds of over three people; (5) Limiting entry and exit of the community area to a maximum of 20.00 in local time; (6) Eliminating social activities in the community environment that cause crowding and have the potential to cause transmission.

The mobility of residents has dropped dramatically along with the imposition of restrictions on eating in places or dining-in at cafes and restaurants, closure of a number of roads, prohibition of riding on two-wheeled vehicles, closed schools and campuses, implementing WFM in offices and holding check points for implementing health protocols. Undeniably, many business sectors have stopped operating, resulting in layoffs. During the LSSR, 158 hotels closed and 3,210 tourism sector employees were laid off. Similar cases happened in other business sectors. This is also in line with the West Java Provincial Government’s instructions that ask all regions to reduce the mobility of residents outside the home to a maximum of 30%. In general, the graph of cumulative positive Covid-19 cases in Bandung still shows an increase during the LSSR.

4.3 Post-LSSR Policies: Relaxation, Proportional LSSR and Adaptation to New Habits

After the LSSR, Bandung City and other areas in West Java entered the next stage in limiting the mobility of citizens, namely, the proportional LSSR. Arrangements for limiting mobility to regional heads were made according to the status of their respective Covid-19 alert zones. Bandung City, which at that time was in the yellow zone, decided to implement the proportional LSSR twice, on 30 May to 12 June 2020 and continued on 13 to 26 June 2020. On June 15, malls and other shopping centres re-started operations with a maximum visitor capacity of 30%. Apart from malls, hotels and restaurants also started operating. Visitors are allowed to eat on the spot or to dine-in.

At this stage, several citizen activity centres were gradually allowed to resume operations with restrictions, which was called ‘relaxation’. During this Proportional LSSR period, places of worship, restaurants, shopping centres or malls returned to operations. These citizen activity centres were allowed to only operate at a maximum capacity of 30% of normal capacity, with shortened operating hours.

At the end of June 2020, the Governor of West Java lifted the Proportional LSSR throughout the region. The restrictions on residents’ activities were replaced with the New Habit Adaptation (NHA) scheme, based on the controlled reproduction rate of Covid-19 as consistently below 1 for six consecutive weeks in West Java.

On this basis, Bandung City issued the Mayor Regulation Number 37 of 2020 concerning Guidelines for Implementing NHA, which was signed on 3 July 2020. During the NHA, the maximum capacity of places of worship and restaurants was relaxed to 50% and wedding receptions were also permitted with a limitation on the number of invitations. At this time, the graph of Covid-19 cases increased and did not slope. However, the Bandung City Government attempted to find a balance point between economic activities and health policies by continuing to gradually open up centres of citizen activity.

The mobility of residents increased after the West Java Provincial Government announced the completion of the proportional LSSR, followed by the NHA period. Online motorcycle taxis were allowed to carry passengers again. Street vendors were back selling in

the city park. Traditional markets and modern shops could also carry out activities, considering that this sector was never closed operations during the LSSR.

However, the increased mobility of residents along with the introduced relaxation triggered the emergence of a cluster of Covid-19 transmissions in this sector. Three potential new Covid-19 clusters after transmission were found among market traders, health workers and online motorcycle taxi drivers. Similarly, violations of health protocols among residents were also found to be commonplace. Since then, Covid-19 cases in Bandung continued to increase, despite its fluctuations.

This condition caused the Bandung City Government to impose restrictions on the mobility of residents on the *RW* scale and out of the way with the term 'mini lockdown'. This limitation can be applied by urban villages with more than two positive cases of Covid-19 with centralised transmission. This policy was regulated in the Mayor's Decree Number 40 of 2020 concerning Guidelines for the Implementation of Micro-Scale Social Restrictions (MSSR) in the Context of Prevention and Control of Covid-19 in Bandung City, which took effect from July 13, 2020.

Looking at the increasing number of cases in Kota Bandung, the causes can be identified as follows:

1. The momentum of the long holiday coincides with the weekend. This holiday invites tourists outside Bandung City, together with the re-operation of all transportation modes. The data shows that during the long holidays, the occupancy rate of hotels in Bandung reaches 70%. In parallel, the entire tourism sector has been opened and relaxed.
2. The euphoria of relaxation of residents' activities, which causes their mobility in fact cannot be stopped despite a mini lockdown policy. At the same time, relaxation of the entertainment service business is demanded. By October 2020, 50% of the entertainment business has reopened. The policy of relaxing the centres of economic and tourist activities, coupled with the increasing trend of violating health protocols, is an important element in the spike of Covid-19 cases.

Referring to the World Health Organisation (WHO) that determines the maximum limit of positivity rate as 5% (if this number is exceeded, the relaxation policy does not apply). Bandung City continues to relax even when the positivity rate is above 5%. In November, the positivity rate was in the range of 7.02%–21.53%, but no restrictions were imposed on mobility, including business activities and continued relaxation.

4.4 Health protocol violations

The relaxation of various community activity centres is also accompanied by widespread violations of health protocols, both at the individual and business entity levels. Data from the Civil Service Police Unit of Bandung City shows a tendency for an increase in violations of health protocols when more public activity centres are accessible and during long holidays.

4.5 Limitations of testing and contact tracing.

The latest WHO standard in regional testing for case control is 1 person per 1,000 population per week. For Bandung City, this number is equivalent to approximately 2,500 Covid-19 tests each week for an average of 358 people per day.

Data from the Bandung City Health Office states that the number of tests ranges in 200–400 samples per day. However, the BSL-2 laboratory works at its maximum capacity each week and is able to test up to 3,500 samples. The possible reason is that the number of daily tests highly depends on the number of samples entered, which also means a dependence on the results of the contact tracing. For one positive case of Covid-19, contact tracing can reach 5–10 people. Meanwhile, the WHO minimum standard for close contact tracing is 1:30,

or 30 people per one positive case. This means that contact tracing only reaches 15%–30% of WHO standards. This condition is caused by the following:

- a. Laboratory burden is quite heavy in serving regencies or cities in the Greater Bandung Metropolitan
- b. The limited number of reagents, which is often, makes it difficult to carry out massive testing of Covid-19 PCR outside of contact tracing.
- c. The laboratory space is small and can no longer be expanded.
- d. Testing for Covid-19, which still targets certain groups, lead to difficulties to seeing the true number of Covid-19 cases. A testing strategy that focuses on high-risk groups rather than as many citizens as possible results in a lower number of tests.
- e. Testing cannot detect those who are asymptomatic and have mild symptoms, but they are also a source of infection.

4.6 Policy Evaluation

Based on the explanation of the policy implementation as stated above, several conditions and situations can be classified during the implementation. First, in terms of policy support capacity, the Bandung City Government has many weaknesses and shortcomings. Second, from the perspective of people's behaviour, the policies have not all gone well. This is because several people show that they do not fully comply with the policies set by the government. Third, as seen from the government's attitude, the dilemma is between health and the economy. Selection of the full health policy, with a total lockdown, can cause enormous cost consequences that the government cannot bear. Selection of the economy can cause potential cases and the virus may spread out of control. Government policy that is 'finding a balance point' as an option has been selected but has proven ineffective.

This finding shows that the policy intervention has not yet reached the expected impact, that is, a reduction in cases. The possible reason are as follows: First, the series of regulations have not succeeded in restricting the movement or number of social contacts in Bandung City. Second, transmission occurs in small clusters. Road closure policies and curfew restrictions do not have a direct impact on reducing crowds when other health protocols are ignored, such as concurrent arrival at narrower times, piling up during the day and controlling visitor numbers that is difficult to enforce.

The policy of isolating residents at home for a long period of time has created a polemic of its own. The government considers dimensions of social and economic problems. Relaxation with the application of health protocols is finally an option. The polemic continues to be a vicious circle. If the testing resources are limited, then residents who are the sources of infection cannot be found and cannot be isolated and thus cases continue to increase. Increasing cases end up draining limited testing resources and facilities, leading to other concerns.

Referring to a theoretical review, the results of policy evaluation can be described as follows: First, the policy has not been effective. The policy has not shown results, that is, a significant reduction in cases. Second, the policy has not operated efficiently. The possible reason is the amount of costs, personnel and resources to support the implementation and security of policies that have been spent is quite large, but the results are not worth the cost. Nationally, the government policy in dealing with Covid-19 is still not effective in allocating a budget of IDR 696.2 trillion, including the health budget of IDR 87.55 trillion.

Third, the implementation is not efficient, because the policies were not fully and successfully enforced. Fourth, in terms of adaptation, efforts have been exerted to adjust policies but not completely effective, because the implementors are racing against control in

the field. Fifth, in terms of service orientation, not all policies are in accordance with the needs of the community. Many policies are top-down and lack participation.

Sixth, in terms of accountability, policies are not based on the standard parameters set. For example, in determining the relaxation policy, WHO sets the maximum positive rate limit. In its application, when the positive rate exceeds the maximum limit, the relaxation policy continues with economic and social considerations.

Seventh, from the democratic aspect, the service orientation shows no large involvement of the general public, who remains only the target of policy and implements government policies and regulations.

Eighth, in terms of trust, the attitudes and behaviour of the people who tend not to follow directions or provisions by violating various rules, particularly the health protocol, show that trust in the government is not high. This result is also possible because of the changing government policies, different views and approaches between actors and the clash of political groups. This finding is in line with Agustino (2020) that a weak coordination occurs between stakeholders, especially between the central and local governments.

5. CONCLUSION AND RECOMMENDATION

Based on the results of the policy evaluation analysis, the conclusions are as follows: First, the policy has not been implemented in an effective, efficient, accountable and service orientation. Second, the policy is top down, the community as the target of the policy is not involved in the policy formulation. This conclusion is in line with Karyono et al. (2020) that no significant changes occur in the handling of Covid-19 and the existing regulations are not effective without support by firmer efforts in society.

Third, public trust in the government regarding the formulation and implementation of policies changes frequently, with government agencies contradicting each other. This distrust encourages the attitudes and behaviour of people who do not comply with regulations and policies, especially the implementation of health protocols. Permadhi and Sudirga (2020) state that LSSR does not have forced efforts to move people to act accordingly, especially in terms of preventing the spread of Covid-19.

This study presents the following recommendations. First, the awareness of all stakeholders is necessary and can be achieved by instilling a mindset sense of urgency to protect themselves from Covid-19. This awareness is important, because as stated by Agustino (2020), the narrative conveyed by the political elite before Covid-19 entered Indonesia shows no sense of crisis, thus slowing down decision making. At the same time, the sense of urgency to judge the policy of 'finding a balance point' is no longer appropriate. Policies must refer to the selected priority. Second, policies must be formulated, thoroughly implemented and involve stakeholders. Conflicts in concept and implementation between government agencies must be eliminated to enable trust to grow in society and have an impact on citizen compliance.

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