



SOCIAL DISTANCING: INDONESIAN POLICY REPOSE TO THE CORONA VIRUS DISEASE 2019 (COVID-19)

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INFORMASI ARTIKEL

ABSTRACT

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Coronavirus becomes a pandemic disease faced by more than two hundred countries that impacts multi-dimensional aspects, the various policy is carried out as an effort to tackle the coronavirus, it is polarized into 2 (two) policy, namely lockdown and social distancing. Indonesia as a country infected by the coronavirus does the same thing, but empirically the policy taken is debated. On the one hand, the central government sets social distancing policy, on the other hand, some regional governments set local-scale lockdown policy. This article uses a qualitative approach with a descriptive analysis method, the data sources in this study are based on two sources both the primary data obtained through focused observations in the Bandung City and literature studies of various documents that relevant to the coronavirus topic. The results revealed that the driving factors. The inhibiting factors in the implementation of social distancing policy consist of 3 (three), namely: First, the capacity of the organization both at the central government level and the regional government level. Second, the different strategies implemented by the government in which the central government implements a social distancing policy strategy, while the regional governments implement a lockdown policy strategy. Third, community obedience where there are still many people who violate social distancing policy.

A. INTRODUCTION

The cases of coronavirus (Corona Virus Disease 2019) were first reported in Wuhan City of China at the end of 2019, then spread rapidly in early 2020 to more than two hundred countries. Seeing the impact of the massive spread of coronavirus to many countries, the World Health Organization (WHO) decided that coronavirus as a pandemic disease – (World Health Organization, 2020b; Y.-C. Wu, Chen, & Chan, 2020). Coronavirus cases need to be taken seriously by all countries, considering that more than one million people are infected with more than one hundred thousand people reportedly died just one month after WHO announced coronavirus as a pandemic in March 2020 (World Health Organization, 2020a; Worldometer, 2020).

China as the first country infected by the coronavirus conducted a lockdown policy in Wuhan City as the epicentre of the spread of coronavirus, people are required to quarantine and have to live in their homes, then the policy was implemented in several other cities as an effort to prevent

coronavirus spread to many other cities. The lockdown policy carried out by the Chinese government is considered as an effort aimed at stopping the spread of coronavirus, the condition of the people who are required to stay at home is expected to reduce the transmission of coronavirus from human to human, also allows the government to more easily treat patients who have been infected with the coronavirus (World Health Organization, 2020c; X. Wu, Xu, & Wang, 2020).

Lockdown policy is not the only government strategy to tackle coronavirus, social distancing policy is also implemented to tackle coronavirus for areas where the spread of coronavirus is not yet massive. The basis of understanding on social distancing policy is by reducing the intensity of social interaction between people, which in the implementation of social distancing policy, direct physical contact between one person and another is limited so that the spread of the coronavirus can be minimized among humans. Lockdown policy and social distancing policy are applied in various

countries infected with the coronavirus, some countries apply lockdown policy and some other countries apply social distancing policy. Differences in the determination of the coronavirus countermeasures are based on the characteristics and levels of coronavirus infections that exist in each the country.

Coronavirus has spread to ASEAN countries in early 2020. However, until February 2020 there has not been found cases of Indonesian infected by the coronavirus. This condition gave rise to some controversies in which some parties such as the Australian Government and researchers from Harvard University stated that Indonesia was unable to test people exposed to coronavirus. (Darmajati, 2020; Mukaromah, 2020b).

Various statements that corner Indonesia at first were considered trivial by the Indonesian government, even the Indonesian government scheduled tourism promotion so that tourists coming to Indonesia even though the world had made a war effort against coronavirus, there was also a statement from the Indonesian Minister stating that the coronavirus would not spread to Indonesia because Indonesia has a tropical climate and is different from the climate in China where coronavirus was first detected. Even the Minister of Transportation joked that Indonesian will not be infected with coronavirus because they like to eat Nasi Kucing (Indonesian Rice Dish), this kind of joke seemed to be karma, then the Minister of Transportation became the first national top-level official to be infected by the coronavirus. (Arnani, 2020; Saubani, 2020).

Coronavirus became the attention of the Indonesian government when in early March 2020, it was announced the first case of Indonesian infected by the coronavirus. Various attempts were made to prevent the spread of coronaviruses, such as dismissing school activities to be replaced by online learning and instructing people to work at home. The initial government effort to prevent coronavirus transmission became ineffective, which within one month after a positive coronavirus case was discovered, there were already 4000 people infected by the coronavirus of which 350 people died due to coronavirus. The number is increasing every day considering coronavirus has spread in many cities (Kementerian Kesehatan, 2020; Mukaromah, 2020a) Responding to the massive spread of coronavirus, some groups such as academics and professional researchers suggested to impose a lockdown policy, the statement was supported by several regional heads where the coronavirus has spread to its area. Suggestions and demands from various groups were rejected by the central government stated by President Joko Widodo where Indonesia decided to implement a social distancing policy, not a

lockdown policy ""(Alika, 2020; Nafian, 2020).

Empirically, the controversy over the implementation of social distancing policy by the central government and the desire to apply lockdown policy becomes a complex problem when faced at the level of implementation. Some regional heads set lockdown policy locally while implementing social distancing policy, social distancing policy and lockdown policy are applied simultaneously in several regions. Furthermore, some villages implement lockdown policy at the village level where the lockdown policy is the result of an agreement between the village government and the community, not based on instructions for implementing the policy from the central or regional government(Wicaksono & Chairunnisa, 2020).

The problem as explained above constructs an understanding that there are differences in desires and views manifested in the determination of coronavirus countermeasures policy in which there is no synergy between the central government and regional governments.

The implementation of these two policies simultaneously raises the question of whether the implementation of social distancing policy will be implemented properly when the regional governments want to implement lockdown policy?. Based on the above questions, this article is intended to analyze the implementation of social distancing policy by focusing on what factors are driving and inhibiting the implementation of the social distancing policy.

The results of the study are expected to provide an overview of the actual conditions of the implementation of social distancing policy that reveal the driving factors and inhibiting factors, so it can be taken into consideration for stakeholders to improve the social distancing policy in the future.

B. THEORETICAL FRAMEWORK

Policy Implementation

Implementation is interpreted by Webster (Wahab, 2004) as "to implement" which means "to provide the means for carrying out" and "to give practical effect to", based on this understanding, implementation can be interpreted simply as the process of carrying out a policy. The process is driven by an authorized body or institution, namely the government(Subarsono, 2005; Winengan, 2017). The implementation of public policy is then put forward in a variety of ways by experts based on their perspectives. The different perspectives rise the various components or dimensions of policy implementation which essentially measure how a policy can be implemented properly.

According to Jones (1984), a policy will succeed if it meets several components consisting of

Goals, Plans, Programs, Decisions and Effects. Meanwhile, Edward III (Tangkilisan, 2003) states that policy implementation is influenced by 4 (four) components, namely: Communication, Resources, Disposition and Bureaucratic Structure (Agustino, 2008; Akib, 2010). Furthermore, Warwick (1979) although not explicitly expressing the concept of policy implementation, he states that to understand the implementation of a program, there are at least two influencing factors, namely the factors that support the successful implementation of the policy or referred to as facilitating conditions and factors that hinder towards the implementation of a policy or referred to as impending conditions (Syarif, 2012; Warwick, 1979).

The description of the three experts mentioned above constructs that a policy or program will be successfully implemented if it fulfils various components. Associated with the context of social distancing policy, successful implementation of social distancing policy will succeed if it meets various components. In this article, the analysis of the implementation of social distancing policy uses the concept of Warwick (1979) in which the components of the implementation of social distancing policy are divided into facilitating conditions and impending conditions.

Factors that support the implementation of a policy according to Warwick (1979), such as how far the commitment of political officials towards the implementation of the policy being carried out. Then how is the organization's ability to implement the policy, whether the organization can implement it or is deemed insufficient to implement the policy?. The commitment of the implementers is also a factor that determines the success of the implementation of the policy, this is due to the implementers assigned directly to the success of the implementation of the policy. Another thing that is considered important is the support of interest groups where there is an attitude to support and participate in the implementation of the policy will make the policy successful.

Factors that hinder the implementation of policy according to Warwick (1979), such as the many actors involved in policy implementation. Then the double commitment that causes the implementation of the policy is biased, and the complexity that is directly part of the implementation of the policy such as technical factors, economic factors, community factors and others.

Coronavirus

Infectious diseases are simply categorized as acute or chronic. The term acute refers to the term

"fast" or also called "infection" in which the immune response relatively quickly removes, pathogens after a short period (in a matter of days or weeks) (Djafri, 2015).

Infectious diseases can be categorized into 3 (three) groups, namely: First, a very dangerous disease because the mortality rate is quite high. Second, certain infectious diseases that can cause death and disability, although the consequences are lighter than the first. Third. Infectious diseases that rarely cause death and disability but can cause epidemics and cause material loss (Darmawan, 2016).

Coronavirus is categorized as a very dangerous disease that can be infected from human to human. Coronavirus is a large family of viruses that cause disease in humans and animals. Humans usually cause respiratory infections, from the common cold to serious illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This disease mainly spreads among people through respiratory drops from coughing and sneezing (Putra, ZA, & Bimo, 2020; Yurianto, Pritasari, Wibowo, & Siswanto, 2020).

The initial coronavirus transmission was recorded on December 31, 2019, the WHO China-Country Office reported a case of pneumonia of unknown aetiology in Wuhan City, Hubei Province, China. On January 7, 2020, China identified pneumonia of unknown aetiology as a new type of coronavirus (novel coronavirus). On January 30, 2020, WHO established COVID-19 as the Public Health Emergency of International Concern. On February 12, 2020, WHO officially designated this novel human coronavirus disease as Coronavirus Disease (COVID-19). COVID-19 is caused by SARS-COV2 which belongs to the same large family of coronavirus as the cause of SARS in 2003, only with different types of viruses. (Putra et al., 2020).

Various groups are still studying coronavirus which is seen from various aspects ranging from aspects of treatment to aspects of transmission. At least until now, there are two factors causing coronavirus to spread rapidly, namely: First, because COVID-19 is a new disease, so humans do not have immunity to the SARS-COV-2 virus. Second, the vaccine and medicine have not yet been found. Currently, researchers around the world are still competing to find the vaccines and the drugs (Center for Tropical Medicine UGM, 2020). Efforts made by various groups in many countries in the context of tackling coronavirus are expected to be able to produce the right research products so that coronavirus can be tackled quickly.

C. METHOD

This article uses a qualitative approach with a descriptive analysis method, the reason for choosing the method is because it is in line with the purpose of the research that wants to describe the coronavirus countermeasures policy taken by the government, in this case analyzing the implementation of social distancing policy which considered as the right policy to tackle coronavirus, what factors are supporting and what factors are hindering the implementation of social distancing policy is expected to be revealed using a qualitative approach. This understanding is in line with statements from experts such as from Silalahi (2009) and Moleong (2017) which state that qualitative research will produce a description of the real problem in the form of words and not in the form of statistical data.

The data sources in this study are based on two sources, namely: First, the primary data obtained through focused observations in the Bandung City area conducted during March 2020, and by conducting limited interviews with residents in Bandung City with the focus of discussion to what the public views about social distancing policy and what the community's actions regarding this policy. Secondly, secondary data sources obtained from various documents deemed relevant to the coronavirus topic, the documents come from books, journals, laws, web page and other proper references.

Data collection techniques carried out through three stages consisting of the process of observation, interviews and literature studies, while data analysis techniques were carried out through 3 (three) kinds of interconnected activities during the research activities carried out as stated by Creswell (2007) namely data reduction, display and concluding.

Data validity testing in this study was carried out using triangulation techniques in which the data obtained were checked, re-checked and cross-checked between one data with another data (Sugiyono, 2010) with the existence of such testing techniques, it is expected that the data in this study is real and true by existing reality.

D. DISCUSSION

The discussion in this article is divided into 3 (three) parts, namely: First, social distancing as a policy chosen by the Indonesian government. Second, the implementation of social distancing policy as an effort to tackle coronavirus. Third, lessons learned and recommendations. The detailed description and analysis are as follows:

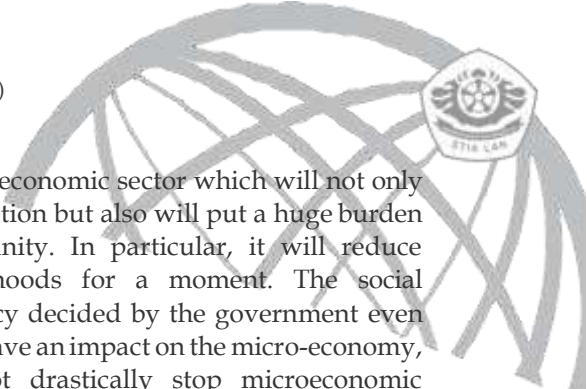
Social Distancing as a Policy Chosen By The Indonesian Government

The social distancing policy was chosen by the government as an effort to tackle coronavirus transmission in Indonesia, social distancing policy applies nationally which is directly decided by President Joko Widodo. Furthermore, to emphasize the social distancing policy, President Joko stated that the lockdown policy is the authority of the central government in which the regional government does not have the authority to take lockdown policy, with the establishment of a social distancing policy, the regional government is obliged to implement the policy (Hakim, 2020). The statement is an affirmation to deny the wishes and demands of several regions expressed by their heads, such as a request from the Governor of Jakarta to conduct a lockdown policy in Jakarta (Lesmana & Sari, 2020), with the policy that has been taken by the central government that applies nationally, the regional government has no right to set a lockdown policy, regional governments must fully implement policy instructions from the central government.

Various groups who initially proposed to the central government to conduct a lockdown policy, especially those originating from regional government requests, eventually had to accept social distancing as a coronavirus countermeasures policy that was set by the central government, not the lockdown policy proposed and demanded by these groups. Even so, social distancing policy received a lot of criticism from various groups, based on the reason that the lockdown policy is the right policy to tackle coronavirus and has been successfully implemented in several countries (Bayu, 2020; Maharani, 2020).

The choice of social distancing policy compared to the lockdown policy according to President Joko Widodo is based at least because of each country has a different character, culture and community's discipline, concerning the existing character in Indonesia, the social distancing policy becomes the right policy to implement (Alika, 2020).

The reasons for deciding the social distancing policy even though it is not elaborated in detail by the government, but from President Joko Widodo's statement, some understanding can be drawn, namely: First, that not all Indonesian people have good legal compliance, many rules that have been practically made by the government violated by the community, this shows that legal awareness from the community is still low (Usman, 2014). This condition is a consideration that if the lockdown policy is implemented by the government, there is no guarantee that the policy will be obeyed by the public, while social distancing policy demands the obedience of all people to be effective.



Second, concerning the culture in Indonesia, one of which is based on the character of Indonesian who often do social interactions, people are accustomed to interacting both in their housing environment and in other places such as in the market (most of the markets in Indonesia are categorized as traditional markets where the interaction between sellers and buyers, as well as among fellow buyers is quite high, this is different from modern markets such as supermarkets where social interaction between sellers and buyers is very minimal), such conditions lead to high social interaction among people. Another example is the majority of Indonesian people who are Muslim, social interaction in places of worship (mosques) carried out five times a day which opens up opportunities for people to interact with frequent intensity.

Based on the cultural conditions as explained above, the social distancing policy is the right policy taken by the central government, this directly still provides access to the community to continue to do social interaction, despite the existence of limitations to the community to always maintain physical distance between the fellow community.

The reason for deciding the social distancing policy as stated by President Joko Widodo above, according to the perspective of the researcher is based on several considerations, which include: First, maintaining economic growth to remain stable. The lockdown policy will shut down access to the Indonesian economy, including aviation traffic activities, this is certainly a concern of the government that the coronavirus countermeasures policy should not have a major impact on economic activity even more so to disrupt domestic economic stability. The social distancing policy still provides opportunities for economic activity both international economic activities and domestic economic activities, so that it is expected to maintain economic stability.

Second, maintaining the distribution of logistics or public goods needed by the community. The social distancing policy will continue to provide logistical mobility access, so it is hoped that people's daily needs will remain available. The sector of production, especially those engaged in the food sector will remain to meet the needs of the community. Food production which is carried out sustainably will maintain price stability so that the increasing public demand for food caused by coronavirus will not be followed by unnatural or excessive price increases because the production sector continues to run as it should.

Third, maintaining the micro-economy. Most Indonesians work in the informal sector such as in agriculture and small and medium businesses. If a lockdown policy is implemented it will adversely

affect the microeconomic sector which will not only stop the production but also will put a huge burden on the community. In particular, it will reduce people's livelihoods for a moment. The social distancing policy decided by the government even though it will have an impact on the micro-economy, but it will not drastically stop microeconomic activities, because the community can still carry out activities such as producing small and medium business products, even though these activities are carried out with limitations.

Fourth, maintaining social stability. This is related to preventing panic conditions in the community, the spread of coronavirus should not cause people to panic and take actions which in the end the government cannot control, such as panic buying and excessive hoarding of food which the government will not be able to control food distribution returned to normal conditions in a short time. It is feared that this condition will have an impact not only on economic instability but also on social instability. This condition is not expected by the government so that the social distancing policy is chosen by the government compared to the lockdown policy.

Fifth, many Indonesian make a living daily where they will get income if they work each day. If the lockdown policy is implemented, many people will not get an income and this will certainly not be able to buy daily necessities, this condition is avoided by the government, so that people, especially those who make a living daily, can continue working to meet their needs.

Based on the explanation above, the social distancing policy that has been made by the government, on the one hand, is expected to be able to suppress the spread of coronavirus, on the other hand, it is also hoped that it will not have an adverse social and economic impact on society.

Intensive communication between the government and the community regarding coronavirus prevention efforts is necessary, communication in the context of policy implementation plays an important role and is a success factor in policy implementation as expressed by Edward III (Agustino, 2008; Winarno, 2008) which states that good communication carried out by the government to the target group/ community will provide a clear understanding and give rise to a sense for the community to participate in the success of the policy. With good communication between the government and the community, it is hoped that it will increase mutual awareness of the importance of tackling coronavirus together.

The Implementation of Social Distancing Policy The implementation of social distancing

policy has been implemented as instructed by the central government, but empirically there are still many people who do not heed the policy. These conditions construct an understanding that social distancing policy needs to be analyzed in more depth to get a description of what factors are supporting and what factors are hindering the implementation of social distancing policy. Based on these problems, a study was conducted with a focus on analyzing the implementation of social distancing policy. Analysis of the implementation of social distancing policy is based on the concept of Warwick (1979) which states that to understand the implementation of a policy or program, there are at least two influencing factors, namely the factors that support the successful implementation of the policy or referred to as facilitating conditions and factors that hinder towards the implementation of the policy or referred to as impending conditions (Syarief, 2012; Warwick, 1979).

Based on the understanding of Warwick (1979) and linked to the coronavirus topic, the concept for analyzing the implementation of social distancing policy as a policy to tackle the spread of coronavirus can be explained as follows:

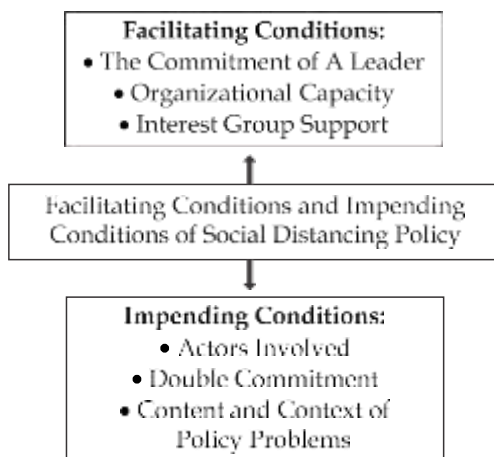


Figure 1:
 Analysis Framing of Policy Implementation on COVID-19 developed from Warwick Concept (1979)

Based on Figure 1 above, it can be explained the factors that influence the implementation of social distancing policy consisting of 2 (two), namely: facilitating conditions and impending conditions which can be explained in more detail as follows:

The Commitment of A Leaders

The commitment is an attitude that must be owned by a leader. The commitment of the leader not only provide certainty of responsibility for the tasks given but also can provide certainty for subordinates to achieve the goals set (Setyanto,

2011). The commitment of a leader related to the handling of coronavirus is simply associated as the commitment of the president at the national level, the governor at the provincial level and the regent/mayor at the district/city level, the commitment of those leaders will determine what kind of policy should be taken in dealing with coronavirus. Empirically, the three leaders at different levels can be said commit to tackling coronavirus.

President Joko Widodo as the top national leader has shown its commitment to tackling coronavirus, this is demonstrated not only through policy instruments that have been made regarding the handling of coronavirus but also through the national budget (APBN) that is devoted to financing coronavirus countermeasures. Apart from that, President Joko Widodo has instructed the ministers involved in the handling of coronavirus to seriously carry out their duties so that the spread of coronavirus can be immediately addressed under the duties of their respective ministries.

President Joko Widodo's commitment in efforts to tackle coronavirus was also realized by forming a coronavirus management task force. The task force formed is proof of President Joko Widodo's seriousness in tackling coronavirus. The task of COVID-19 Task Force is to coordinate all actions taken by the central government with the regional government in the context of efforts to tackle coronavirus. The COVID-19 Task Force has the job of making strategic steps in efforts to tackle coronavirus, including making policy as the basis for implementing coronavirus countermeasures at the regional level.

The commitment in efforts to tackle coronavirus is also demonstrated by regional heads throughout Indonesia, regional heads acted actively both in preventing coronavirus transmission and in tackling coronavirus impacts. The regional head in preventing coronavirus is carried out by reducing all forms of social activities that present large numbers of people both in schools, offices and other public places, and even some regional heads do road closures to inhibit access to community mobility which may be the cause of the spread of coronavirus in the area.

The commitment in coronavirus prevention efforts made by regional heads in line with empirical conditions, people interviewed in the Bandung city stated that regional heads both governors and mayors have shown their commitment to tackling the spread of coronavirus, the community believes that closing the schools, closing the offices, closing the mall, closing the tourist attractions and so on is evidence of the commitment of regional heads to protect the public from being infected with the coronavirus.

Organization Capacity

The capacity according to Morgan (Alam & Prawitno, 2015) interpreted as abilities, skills, understanding, attitudes, values, relationships, behaviour, motivation, resources, and conditions that enable each individual, organization, network/sector, and broader system to carry out their functions and achieve development goals that have been set from time to time. Based on this understanding, capacity is briefly defined as the ability of an organization to carry out its functions correctly. Organizational ability is not only concerned with how the organization's attitudes or views towards the goals set but also includes what ways the organization takes to be able to realize the stated organizational goals.

Horton et al., (2003) states that organizational capacity can be grouped into 2 (two) major components, namely the resource component and the management component. Furthermore, the organization's capacity covers 5 (five) aspects, namely: First, staff members/personnel. Second, infrastructure, technology, and financial resources. Third, strategic leadership. Fourth, program and process management. Fifth, networking and linkages (Yusuf, Sintaningrum, & Utami, 2018).

The concept of organizational capacity associated with the coronavirus countermeasures can be interpreted as the capacity of the government both the central government and regional governments in carrying out their organizations to cope with coronavirus. The more detailed explanation of the organizational capacity analysis based on the concept of Horton et al., (2003) can be explained as follows:

First, staff members/personnel. The rapid spread of coronavirus requires rapid handling as well, the implication of the presence of officers both from medical personnel such as doctors and nurses, as well as from non-medical personnel becomes important, their presence must be in a state of alert to deal with problems that arise concerning to coronavirus. Based on information from the COVID-19 task force which states that they require more than 4000 volunteers in tackling coronavirus of which 1500 are doctors is an indication that personnel is still lacking (Aji & Chairunnisa, 2020). The terms of quantity of personnel that must be involved in handling coronaviruses, both those from medical personnel and those from non-medical personnel must be multiplied.

Second, infrastructure, technology, and financial resources. The problem that arises in handling coronavirus is the lack of personal protective equipment for doctors and other health workers, many hospitals claimed a shortage of personal protective equipment for doctors and medical personnel (Jatmiko, 2020). This problem is

an important issue to be dealt with immediately.

The limited of protective equipment is not only felt by medical personnel, but also by the community where the community in the Bandung city based on interviews that have been conducted revealed that the scarcity of mouth masks and hand sanitizers makes it difficult for people to obtain these items, even if there are such items, the price soar expensive.

Various efforts have been made by the government to overcome these problems, one of which is by importing medical equipment including personal protective equipment to meet the needs of hospitals (Akbar & Cahyani, 2020). Some regional heads also sought solutions to these problems, for example, the Governor of Central Java who collaborated with the home industry to make personal protective equipment for medical workers. (Wardoyo, 2020).

Third, strategic leadership, as explained in the previous discussion, leadership in efforts to tackle coronavirus can be said to be good. The President, the Governors, the Regent and the Mayor have shown their commitment to tackling the coronavirus, the leadership shown emphasized that the coronavirus is a problem that must be tackled quickly and together.

Fourth, program and process management. The effort to tackle coronavirus is inseparable from the pros and cons based on the perspective of the community. Some of the people in the Bandung city said what was done by the government was under what was supposed to be done, but on the other hand, some of the people considered that the coronavirus countermeasures were considered too late which resulted in many negative impacts arising from coronaviruses.

The community in the Bandung city who stated that the government's efforts to tackle coronavirus were late showed various facts to prove their statement, which included: First, visa policy for foreign tourists which the program was only issued after coronavirus spread in almost all provinces. Second, the lack of government decisiveness regarding the arrival of foreign workers from China amid the spread of Coronavirus. Both facts revealed by the community prompted the public to question the policies of the coronavirus prevention efforts that have been carried out by the government.

The coronavirus response which was considered slow led to a lawsuit by the citizens of Jakarta who sued President Joko Widodo over the slow policy taken in tackling the coronavirus. However, the central government refutes the statement that the central government is late in tackling coronavirus while saying that the government is swift in tackling coronavirus (Azhari, 2020). This condition indicates that the management

of coronavirus countermeasures needs to be improved so that it gets a good response from the community and has a positive impact on coronavirus prevention efforts.

Fifth, networking and linkages. The implementation of regional autonomy implies that the regional government has the authority to formulate policy for regional development independently, in this context, the regional government has the authority to tackle coronavirus in their regions. However, the central government still has the authority to regulate on a national scale, in the context of coronavirus countermeasures, the central government has far greater authority in efforts to tackle coronavirus and regional governments must follow the directions of the central government. Empirically, It was found that there was a different view in which the central government considered that social distancing was the right policy for efforts to tackle coronavirus, while regional governments held that lockdown policy was the right policy for efforts to tackle coronavirus (Pratama, 2020; Trianto, 2020).

The description of organization capacity seen from the 5 (five) factors mentioned above basically shows the urgency to develop a national health roadmap, especially regarding the handling of infectious diseases. The lack of policy synergy between the central government and the regional governments indicates that the existing roadmap needs to be improved so that a renewal of the roadmap for handling infectious diseases including coronaviruses will result in government synergy and also minimize problems arising from organizational capacity.

Interest Group Support

The support from interest groups can be a determining factor in the successful implementation of public policy, interest groups become part of the implementers who do not have formal authority. Interest groups can come from professional groups, scholars, universities and other professional groups. (Maiwan, 2016).

The interest groups seen conceptually are grouped into 4 (four) groups as stated by Almond and Powell (Maiawan, 2016), namely anomic groups, non-associational; institutional; associational. The four interest groups linked to the implementation of social distancing policy can be explained as follows:

First, anomic groups are interest groups that arise incidentally, are informal, it is based on the presence of certain issues. Such interest groups in the context of coronavirus are volunteers who are formed spontaneously and incidentally whose purpose is to assist both to medical personnel, as well as helping people affected by a coronavirus.

Anomic groups, empirically in tackling coronavirus for example, such as voluntary movements by individuals by donating directly or from community groups such as fundraising which are then distributed to coronavirus victims or other needy groups.

Second, non-associational groups are interest groups that are organized informally, but with a much better organizational system than anomic groups. This group membership is generally based on the similarity of entities, such as religion, ethnicity or social class. The role of non-associational groups empirically in their efforts to tackle coronavirus, for example, such as the Indonesian Cyber Media Association (AMSI), which spontaneously raises funds to tackle coronavirus, especially personal protective equipment for journalists. This group is a group formed as a reaction to tackle coronavirus, but the organization is well managed (Adha & Nurdiyanto, 2020), this group is a group formed as a reaction to tackle coronavirus, but the organization is well managed.

Third, institutional groups are interest groups that are formally organized, have permanent membership and have clear organizational goals since the founding of the organization. Institutional groups, empirically in tackling coronavirus, for example, such as various universities that donate both in the form of personal protective equipment for medical personnel. These universities include: Universitas Indonesia, Universitas Airlangga, Universitas Padjadjaran and many other universities (Ayu, 2020; Nursyabani, 2020), the organization above is a professionally managed.

Fourth, associational groups are interest groups that are formally organized with membership based on one particular skill/professional skill. Associational groups, empirically in tackling coronavirus, for example, such as the Indonesian Medical Association (IDI), which helps provide various recommendations in the handling of coronavirus to the government. These recommendations are in the form of steps that must be taken by the government to prevent the spread of coronavirus, voiced the importance of providing personal protective equipment for medical personnel in treating patients exposed to coronavirus and other recommendations related to coronavirus. IDI's efforts in tackling coronavirus are also carried out by coordinating doctors who are members to become medical personnel in efforts to treat patients infected by a coronavirus (Nafian, 2020).

The community in the Bandung city stated that interest groups have a role in providing an understanding of coronavirus to the community, these interest groups come directly to people's homes. Furthermore according to the community

interviewed stated that these interest groups not only provide public education about how to prevent coronavirus but make donations in the form of mouth masks for people who do not have it, as well as providing necessities such as rice, flour, canned meat and others that distributed to poor communities. The groups have been empirically able to succeed in the implementation of the coronavirus countermeasures policy and become part of the solution to the coronavirus countermeasures, so the existence of these interest groups must be appreciated.

Actors Involved

Actors in policy studies are defined as subjects who carry out policy actions both positioned as official policymakers such as government officials and positioned as unofficial policymakers such as interest groups (Popoola, 2016). Based on this understanding, the actors in a policy study can at least be categorized into three, namely: First, people who have the authority to decide on policy. Second, people who are given the authority to implement policy. Third, actors who do not have the authority either to decide on policy or implement policy but have an interest in the policy. The explanation of the three actors related to the implementation of social distancing policy can be explained as follows:

First, the actor who has the authority in deciding policy. This actor is also called the government. The government is the groups that have the legal authority to administer the government, that authority in the legal context is called *bestuurs-normen* (Nasarudin, 2016), with this authority, the government can make various policy to carry out government functions.

The governance authority associated with coronavirus countermeasures is defined as the authority given to the government (government apparatus) to make various policy instruments to tackle coronavirus so that there is a policy regarding coronavirus countermeasures that will provide certain rules that must be obeyed by all groups, the government plays a role as a regulator.

The authority in the context of coronavirus countermeasures in the Indonesian context is at least divided into two levels of government, namely the central government and regional governments (both at the provincial and district/city level). The central government and regional governments have their respective authorities to decide the right policy in coronavirus countermeasures. However, the central government has far greater authority than the regional governments. The relationship of authority between the central government and regional

governments in handling coronavirus can be explained in the following figure:

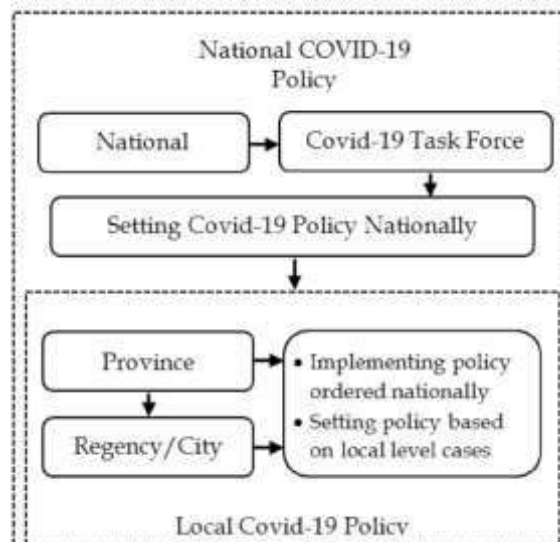


Figure 2.
The Relationship Between Central and Regional Government on COVID-19 Policy
(Source: Researcher, 2020)

Based on Figure 2 above, the central government holds full authority in setting the coronavirus countermeasures policy. National government policy applies nationally which must be implemented by regional governments. The coronavirus control policy at the national level is carried out by the COVID-19 task force in which various ministries along with other relevant institutions are incorporated in the task force.

Regional governments in the coronavirus countermeasures policy have a role as part of the central government that must implement the policy that has been decided by the central government. On the other hand, the regional government is also at the forefront of dealing with the community to directly provide understanding to the community to be actively involved in the fight against coronavirus. Second, the actors who are given authority in implementing a policy regarding coronavirus countermeasures. In the context of public policy, these actors are referred to as implementers. The role of the executor is to be directly involved in the success of the implementation of a policy, in this case, the implementation of a coronavirus policy. Implementers, as expressed by many policy experts, Edward III revealed that the capacity and capability of the implementers will determine the successful implementation of policy (Agustino, 2008). The implementers who are directly involved in the prevention of coronavirus consist of 2 (two) actors can be explained as follows:

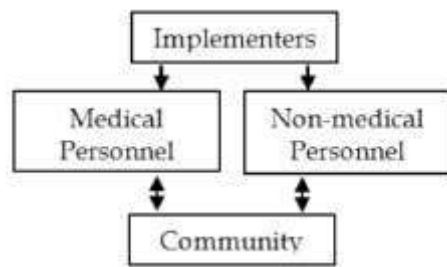


Figure 3
 Implementers on COVID-19
 (Researcher, 2020)

Based on Figure 3 above, the implementers in coronavirus countermeasures consist of medical and non-medical personnel. Medical personnel consist of doctors and nurses who directly treat with COVID-19 patients. Medical personnel are the spearhead in the success of coronavirus countermeasures, while non-medical personnel are personnel who directly support the activities of medical personnel such as pharmacists, hospital employees, and others.

Non-medical personnel are not limited to people who help doctors and nurses, but can also be interpreted as people who are directly involved in the implementation of coronavirus countermeasures, such as regional government officials who directly confront the community to provide an understanding of coronavirus.

Communities in tackling coronavirus can also be categorized as implementers, community members as implementers have 2 (two) roles, namely as subjects who can act as medical and non-medical personnel, in which people with a professional background can participate as volunteers in efforts to tackle coronavirus. The community also acts as an object that must comply with the various policy to tackle coronavirus.

Third, actors who do not have the authority to decide on coronavirus policy or are involved in implementing coronavirus countermeasures policy, but these actors pay attention to the coronavirus problem, these actors come from NGOs, interest groups, and from the community. Actors from NGOs can be from academics, researchers or from organizations that are specifically concerned about coronavirus, these actors contribute by the capacity and professional background. While the pressure actors can come from political parties where they urge the government to carry out a certain policy to tackle coronavirus.

The community is an actor who does not have the authority to formulate policy on coronavirus, but the public has a concern about the coronavirus problem. Many community members who later became volunteers to take part in the fight against coronavirus, the existence of community members

who volunteered was very helpful both for the government and for other implementers in their efforts to tackle coronavirus.

Actors from NGOs, pressure groups as well as the community itself who provide attention and assistance in coronavirus countermeasures are categorized as volunteers. In general, the tasks of volunteers in coronavirus countermeasures can be explained as follows:

- Helps disseminate accurate information to the public.
- Helps educate and provide psychological support to reduce public panic during the COVID-19 outbreak.
- Assist in organizing and directing people who need information related to the flow of tests and the flow of action in the community and hospitals.
- Assist in monitoring and providing the information needed by OTG (people who are asymptomatic but at risk of contracting the coronavirus from a COVID-19 patient).
- Assist in channelling the basic needs of the community, especially for OTG and ODP (people who have recently travelled to countries affected by the Coronavirus) in the quarantine of homes and vulnerable groups.
- For medical volunteers, can provide support to doctors, nurses, hospital workers, ambulance officers, etc. (Resource: COVID-19 Task Force/Jati,2020)

Based on the explanation of the actors involved above, the contributions made by each actor will be very useful in the effort to tackle coronavirus, so that cooperation and synergy between one actor and another are necessary.

Double Commitment

The commitment is part of the success of implementing a policy, a good commitment from the implementers will provide certainty, it becomes a problem then if the implementers do not have a commitment or even have a double commitment so that the policy that has been implemented not only has not any clear goal of achievement but also does not have a certain direction of implementation.

The commitment to policy implementation can come from two sources, which are sourced from the personal commitment of the leader and come from the implementers involved or it can also be called organizational commitment where the organization directly responsible for implementing the policy carries out its duties to make the policy implemented successfully. Empirically, both the commitment coming from the leadership at the central government level and the commitment coming from the leadership at the regional government level. In general, can be said to be good,

with a more detailed explanation as follows:

The leaders, both at the central government level and the regional government level, are demonstrating a high commitment. At the national level, President Joko Widodo in many of his state speeches showed a caring attitude and tried to tackle coronavirus as soon as possible. Leaders at the regional level show their commitment to coronavirus countermeasures by making operational policy such as freeing school activities and replacing them with online learning activities, dismissing office activities and replacing them with work from home.

The commitment to tackle coronavirus besides being shown by the government leadership is also made by organizations that are tasked directly to tackle the spread of coronavirus. At the central government level, the COVID-19 task force becomes the organization responsible for setting various policy instruments regarding the handling of coronavirus policy. In practice, the coronavirus task force demonstrates its commitment by establishing a coronavirus control policy instrument that is enforced nationally, the task force also informs the coronavirus prevention to the public regularly, even daily to provide awareness and understanding to related stakeholders and the public to jointly cope with coronavirus.

Organizations at the regional level show their commitment in the effort to tackle coronavirus which is realized in addition to prevention efforts such as spraying public space by disinfectants, as well as efforts to go directly to the community to educate about coronavirus. These activities can be in the form of counselling on the importance of maintaining health for the community and conducting social distancing aimed at preventing the spread of coronavirus, as well as more assertive activities in the form of dissolving communities that are still gathering and interacting with large numbers of people in public spaces. The activity carried out showed the commitment of regional government organizations to protect the community from infected by a coronavirus.

The description of the commitment to solving coronavirus problems addressed both by the central government and by regional governments can be said to be good. However, in practice, particularly at the regional government level, there is a dual commitment, on the one hand, the regional government follows the policy that has been made by the central government, but on the other hand, regional governments also make their policy which in practice contradict the policy of the central government.

The existence of several regional governments that carry out lockdown policy such as those conducted in Tegal City, Toli-Toli Regency,

Belitung Regency and several other areas (Maranda & Amirullah, 2020; Mubarak, 2020; Purba, 2020), this indicates a double commitment, on the one hand supporting the government in implementing social distancing policy, but on the other hand, making policy at the regional government level that supports lockdown policy. The problem aside from the double commitment described above, the seriousness of the actors in tackling coronavirus is interpreted differently by some groups who think that what is done is nothing but an act of imaging. The group comes from politicians who have different political views (Damarjati, 2020).

There is also a statement of controversy from the spokesperson of the COVID-19 task force that links coronavirus to rich and poor people which is considered by some groups to be incorrect, the coronavirus problem is a common problem, without the need to differentiate people through social status to fight against coronavirus.

The above description also shows that cooperation and synergy is a must as an effort to tackle coronavirus, both the central government and regional governments must be together to produce a harmonious policy to tackle coronavirus.

Content and Context of Policy Problems

The implementation of policy to run successfully is determined by various factors, Warwick (1979) states that the factors that exist in the policy such as technical factors, economic factors, community factors may be an obstacle for the implementation of a policy. Meanwhile, according to Grindle (1980), there are at least two factors that influence policy, namely the substance of the policy or also called the content of the policy and environmental policy factors or also called the context of policy. Based on the above two understandings related to the implementation of social distancing policy can be explained as follows:

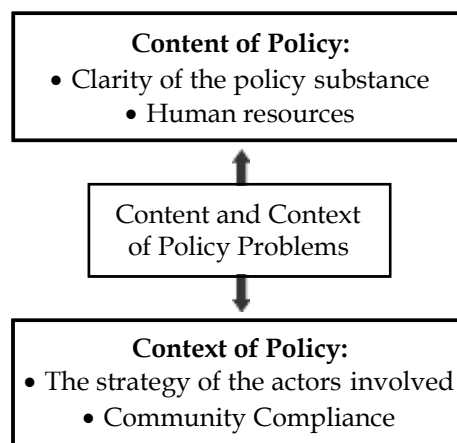


Figure 4.
Content and Context of Policy Problems
(Source: Researcher, 2020)

Based on Figure 4 above, the coronavirus countermeasures policy based on the content of policy consist of 2 (two) factors which can be explained as follows:

First, clarity of the policy. Clarity is an important factor in policy implementation because clarity will provide certainty about the process and objectives of the policy itself (Winarno, 2008). The general policy regarding coronavirus countermeasures can generally be said to be good, some regulations guide all groups to work under their respective duties, such as Presidential Decree Number 11 Year 2020 on Determining the Emergency of Public Health COVID-19 and Decree of the Minister of Health Number 9 Year 2020 on Social Distancing.

Clarity of the policy if it is related to the clarity of the substance of the coronavirus countermeasures policy, it can be said that it is not yet fully clear. On the one hand, the central government determines social distancing policy that apply to all regions, but in some areas, there are regional governments that implement lockdown policy, such as closing access to vehicles and for people who come from outside the area. The foregoing shows that there is no clear regulation regarding the substance of the coronavirus control policy between the central government and regional governments which has implications for legal uncertainty for the public.

Second, human resources, the amount of human resources who are competent in tackling coronavirus is very important, but based on empirical conditions, human resources directly involved are still limited and require more human resources, especially medical personnel both doctors and nurses. This was revealed from information submitted by the COVID-19 Task Force which stated that at least an additional 4000 personnel were needed, of which 1500 were doctors (Aji & Chairunnisa, 2020). The condition of lack of human resources must be a concern considering that in the context of policy implementation, human resources are the executors who will determine the success of the policy implementation.

The effort to tackle coronavirus is not only limited to human resources but also due to limited personal protective equipment for medical workers. This lack of safety equipment is experienced by various hospitals in Indonesia. (Fachriansyah, Gunawan, & Hasani, 2020).

Based on the explanation above, human resources, especially those directly dealing with COVID-19 patient handling need to be improved, given that human resources are the spearhead of the successful implementation of coronavirus countermeasures policy, further the existence of adequate protective equipment is also necessary.

The problem in implementing coronavirus countermeasures policy originating from the policy environment consists of 2 (two) factors, namely: First, the factors concerning the strategies carried out by the actors. Secondly, factors originating from community compliance. The explanation of the two factors is as follows:

First, the strategy of the actors involved. As previously explained, that the main actors who have authority in handling coronavirus are the central government and regional governments, the two actors who compile various coronavirus countermeasures policy instruments, the central government sets policy that applies nationally and the regional government sets policy that applies to their regions. Empirically, the central government and regional governments have the same viewpoint that coronavirus as an epidemic disease that must be addressed immediately, but the two governments have different strategies in tackling coronavirus, these differences have implications for the different policy made, as for the explanation as follows:

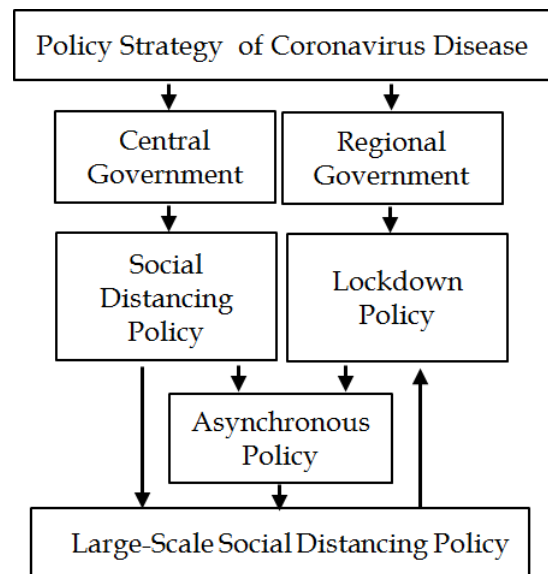
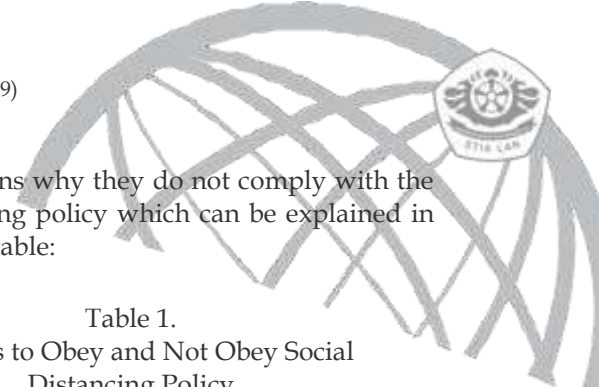


Figure 5.
 Policy Strategy of Coronavirus Disease Between Central and Regional Government
 (Source: Researcher, 2020)

Based on Figure 5 above, there are different policy strategies regarding the handling of coronavirus between the central government and regional governments. The central government remains consistent with the initial policy that has been made namely social distancing policy in efforts to tackle coronavirus. On the other hand, the regional government has a policy strategy to conduct a lockdown policy to tackle coronavirus.

The difference implies that there is no synergistic policy, some regional governments



lockdown their regions (Hadijah, 2020; Maranda & Amirullah, 2020; Mubarak, 2020; Purba, 2020), The lockdown policy implemented by the regional government is based on the reasons to protect the region from the spread of coronavirus (Supriyadi, 2020). Lockdown efforts are not only carried out by the regional government but by people who are in rural environments, they close access to the village area to prevent people from outside from entering the village area in the hope that efforts to close access to outside communities will be able to prevent the spread of coronavirus in its region (Anugrahanto, 2020; Wicaksono & Chairunnisa, 2020).

The central government does not turn a blind eye to the actions taken by several regional governments and also by the community. In response to this problem the government stated that the lockdown policy was the authority of the central government and not the authority of the regional government (Hakim, 2020), Responding to this problem, the central government finally made a large-scale social distancing policy through Government Regulation Number 21 Year 2020 concerning on large-scale social distancing which substantially regulates the more detailed implementation of social distancing with various requirements that must be fulfilled by the regional government.

This large-scale social distancing policy is on the one hand, understood as a lockdown policy carried out by the central government by not explicitly saying there is a wider closure of access and restrictions. However, this policy is a good response to the spread of coronavirus and accommodating demands from some regional governments to do a lockdown policy.

Second, community compliance. The second problem factor originating from the policy environment in the context of implementing a coronavirus countermeasures policy is the community's compliance factor. Empirically, the community adheres to social distancing policy, they carry out activities at home well. But on the other hand, there are still many people who do not obey social distancing policy.

Based on observations in the Bandung city, many people heed the social distancing policy, even the conditions in public spaces are not much different from before the implementation of social distancing policy. The community still conducts many activities as usual, the interactions between the community members are carried out without giving the distance between them and even without using a mouth mask.

The conditions as explained above, based on interviews revealed that at least the community has

3 (three) reasons why they do not comply with the social distancing policy which can be explained in the following table:

Table 1.
 Reasons to Obey and Not Obey Social Distancing Policy

Reasons to Obey	Reasons Not Obey
<ul style="list-style-type: none"> • Government policy that must be obeyed. • Aware of the dangers of the coronavirus. • Fear of sanctions. 	<ul style="list-style-type: none"> • Not aware of social distancing policy. • Work demands. • Demands to keep making a living.

Source: Researcher, 2020.

The reasons for people who do not obey social distancing policy is not only based on their ignorance but also because of the demands of work and efforts to earn a living, such people include motorcycle taxi drivers, traditional market traders, and other informal workers.

The rules regarding social distancing must be obeyed by the community because everyone is considered to know the law when it is legislated / *presumption iures de iure* (Marwan, 2016). Based on this reality, it becomes important for the government to continue to provide understanding to the public regarding the existence of social distancing policy.

The explanation of the community's disobedience to social distancing policy is in line with the experts' thoughts on the factors of legal disobedience as expressed by Soekanto (Ali, 1998) which states that legal awareness is influenced by 4 (four) factors, namely: Knowledge of the law, knowledge of the contents of the law, legal attitude and patterns of legal behaviour. The same view was expressed by Sajipto (1991) which states that the community is not law-abiding because of the following factors due to legal uncertainty, regulations are static, inefficient ways for the community to maintain regulations.

Lessons Learned and Solution for The Further Policy

Analysis conducted on the implementation of social distancing policy as explained above gives an understanding that the implementation of the policy is still faced with various problems and should be improved in the future, although it is undeniable that there are also factors that drive the successful implementation of social policy distancing, the driving and inhibiting factors of the policy that are associated with Warwick Concept (1979) can be explained as follows:

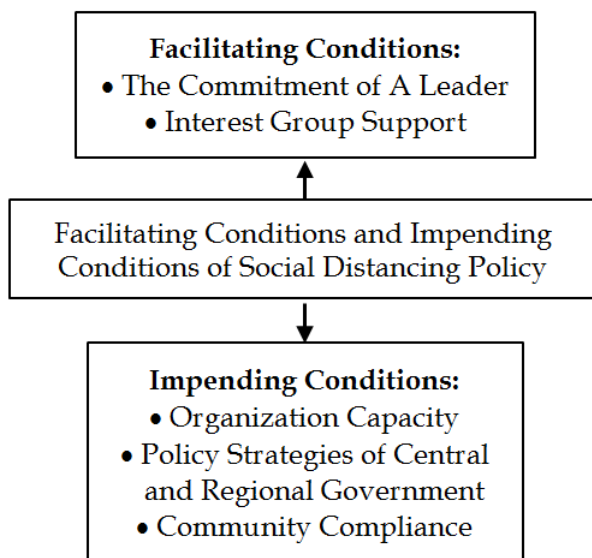


Figure 6:
 The Influence Factors of Social Distancing Policy Implementation Based on Research Findings
 (Source: Researcher, 2020)

Based on Figure 6 above, the factors that drive the successful implementation of social distancing policy consist of 2 (two), namely: first, the commitment showed by the president, the governors, the regents/the mayor. The commitment shown demonstrates that coronavirus is an outbreak of disease that has not only disrupted public health but has also disrupted the socio-economic life of the community, so that commitment to tackle the spread of coronavirus is interpreted as an effort to improve the socio-economic conditions of the community. Second, the support of interest groups in tackling coronavirus from both anomic groups, non-associational, institutional and associational groups, all of these interest groups have contributed to the implementation of social distancing policy. The support of interest groups is not only limited to the success of social distancing policy but also efforts to educate the public to always live a healthy lifestyle to increase awareness of various diseases in the community.

The factors which become obstacles in the implementation of social distancing policy consist of 3 (three), namely: First, the capacity of the organization both at the central government level and at the regional government level, this limited capacity has implications for the suboptimal implementation of social distancing policy. Second, the different strategies implemented by the government in which the central government implements a social distancing policy strategy, while the regional government implements a lockdown policy strategy. Third, community obedience where there are still many people who violate social distancing policy. The community still

carries out activities in public places without using self-protection equipment such as masks that directly contradict to social distancing policy, even some communities are still determined to hold weddings by presenting the community in large numbers, these conditions indicate that some people deliberately show an attitude of indifference towards the spread of coronavirus.

Based on the problems mentioned above, the solution offered to improve the policy in the future must include the improvement of the three problems that arise from the implementation of social distancing policy that has been carried out. The solution to these problems can be described as follows: First, mapping the organization's capacity through a policy roadmap on the management of infectious diseases. Coronavirus is not an infectious disease that was first experienced, Indonesia had experienced SARS in 2002-2003, several other infectious diseases that often occur such as tuberculosis, dengue fever, diphtheria and others. Based on these problems, Indonesia must have a policy roadmap on the management of infectious diseases, which involves organizational capacity, which includes organizational capacity at the central government level and organizational capacity at the regional level. With the policy roadmap for handling infectious diseases, the organization's capacity in managing infectious diseases such as coronavirus will run optimally in the future.

Second, improving relations between the central government and regional governments. Empirical conditions in which the central government conducts social distancing policy, while several regional governments do local-scale lockdown policy shows that there is a relationship that is not going well and has a direct implication on the implementation of policy that is not going well. Third, the large number of people who do not comply with social distancing policy shows that legal compliance is a problem in the effort to tackle coronavirus. On this basis the government must be able to improve the legal compliance of the community, among others, by providing an understanding of the importance of obeying the law, applying the law equally to all communities and enforcing the law fairly regardless of the social background of the community.

Fourth, the coordination of coronavirus countermeasures which is conducted by the central government must be transparent and representative, so that various information is not monopolized by the central government, but can be accessed by other stakeholders and the public. One such effort is to form a task force that not only consists of central government apparatus but must also include other stakeholders which can be explained as follows:



Figure 7

Proposed Institutional Arrangement of COVID-19 Task Force (Source: Researcher, 2020)

Based on Figure 7 above, membership of the COVID-19 task force needs to be filled in by representatives of regional governments, research institutions and universities, so that efforts to tackle coronavirus by the COVID-19 task force can be carried out by considering various inputs from experts who are expected to produce good policy instruments for tackling coronavirus and that are synergistic in effect nationally. This will also ultimately increase public confidence in Coronavirus countermeasures being undertaken by the government.

Fifth, improve health logistics management, especially the supply of health-protective equipment for medical personnel. This is based on the number of hospital complaints stating the lack of personal protection equipment for doctors and other health workers, this condition should no longer occur considering the role of medical personnel in tackling coronavirus is vital.

Descriptions of the recommendations above are expected to be input for stakeholders so that efforts to tackle coronavirus can go well in line with expectations.

E. CONCLUSION AND RECOMMENDATION

Conclusion

Coronavirus becomes a pandemic disease that spreads to more than two hundred countries. Indonesia as Southeast Asia's highest fatalities has made various efforts to tackle coronavirus. Social distancing was chosen by the central government as an effort that is considered the best solution to tackle the coronavirus.

The factors that drive the successful implementation of social distancing policy consist of 2 (two), namely: first, the commitment showed by

the President, the Governors, the Regents/the Mayor. Second, the support of interest groups in tackling coronavirus from both anomic groups, non-associational, institutional and associational groups, all of these interest groups have contributed to the implementation of social distancing policy.

The inhibiting factors in the implementation of social distancing policy consist of 3 (three), namely: First, the capacity of the organization both at the central government level and at the regional government level. Second, the different strategies implemented by the government in which the central government implements a social distancing policy strategy, while the regional governments implement a lockdown policy strategy. Third, community obedience where there are still many people who violate social distancing policy. The community still carries out activities in public places without using self-protection equipment such as mouth masks that directly contradict to social distancing policy.

Efforts to tackle coronavirus must still be carried out by the government. The implementation of social distancing policy must continue to be implemented as an effort to tackle the coronavirus by both the central and regional governments. The driving factors for the successful implementation of social distancing policy need to be maintained, while the inhibiting factors must be found for a solution.

Recommendation

There should be continuous efforts by the government to tackle the coronavirus, especially in the effort to implement social distancing policy optimally. The efforts that must be carried out are as follows:

First, governance coordination between the central government and regional governments must be improved, this will create policy synergies to tackle coronavirus, governance coordination will also provide policy certainty to the public which is expected to increase public participation in efforts to tackle the coronavirus.

Second, public education to increase awareness of the dangers of the coronavirus needs to be continuously pursued by the government so that it is expected to increase public compliance with social distancing policy in the future.

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