



# Government Capacity Handling Covid-19 Pandemic in Indonesia

Sitti Aminah<sup>(✉)</sup>

National Research and Innovation Agency, Gatot Subroto Street, No. Kav. 10, South Jakarta,  
Indonesia

sittiaminah.kemendagri@gmail.com

**Abstract.** The study aimed to analyze the government capacity with handling the Covid-19 pandemic, especially from an administration perspective. The study was designed as a quantitative method and data collection was carried out by survey methods and the analysis technique used descriptive statistics. The results of the study showed that the government capacity is in the moderate category. All indicators of government capacity are in the moderate category. It meant that Government capacity with handling covid-19 is not optimal. The issues of government capacity with handling covid-19 namely, Central-regional relations are colored by conflicts of authority between the central and local governments in handling Covid-19. Lack of socialization especially in the grassroots community, and the lack of Government to handle fake news or Covid-19 and vaccine hoaxes in the community. Furthermore, the lack of policy synergy can be seen from the centralization of policies. The central government dominates public policy regarding the handling of covid-19. Also the lack of budget absorption related implementation of programs handling Covid-19.

**Keywords:** Government Capacity · Handling Covid-19 · Indonesia

## 1 Introduction

The country's capacity will be tested during a pandemic. In a pandemic situation, the enemy is an invisible virus that spreads massively to infect humans, causing death. All countries are difficult to handle the Covid-19 Pandemic, including Indonesia. The threat of the Covid-19 pandemic has pushed every country into a strong country. According to Dutton, even though America has a strong military, they have been trying hard to fight the pandemic since the Spanish flu 100 years ago until today [1].

In Fukuyama's view, the "strong state" plays an important and significant role in protecting and saving its citizens. State capacity is a factor that determines the success or failure of a country in handling the Covid-19 pandemic, other factors are public trust and leadership. Countries that have competent governments will be able to formulate appropriate policies to overcome the Covid-19 pandemic [2].

The covid-19 pandemic is a test tool for the existence of a state. In this context, the government as a representative of the state must ensure the capability to manage Covid-19 prevention policies, in the eyes of the public, the success of the state in dealing with

the Covid-19 pandemic will fulfill their hopes and beliefs [3]. The failure of governments in handling Covid-19 can have fatal consequences for human safety and the collapse of the public health social system, as well as deteriorating the regional economy [5].

Theoretically, Fukuyama stated that to be a strong country, the country has to manage their government in the modern way to protect and prosper its people [4] (Fukuyama, 2014). The United Nations defines capacity as the ability of individuals, institutions and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner [5].

Government capacity as a concept in varying definitions, Reddy et.al defines it as the ability of government to perform their functions in an effective and efficient way [6]. In line with [6], Rozen [7] stated that to assess the government capacity, it is necessary to have an understanding of their function - what they are supposed to do and insight into their ability to perform the tasks. The main focus of discussion is whether governments can carry out their functions in an effective and efficient manner. There are four dimensions of government capacity namely institutional, technical, administrative and political capacity [7]. The dimensions constrained the ability of the government to take more on active functions [8]. Administrative capacity has high significance in the age today, it relates to some issues namely financial crisis, hyper information society, communication chaos and de-globalization or "glocalization". Based on the concept of government capacity above, this study used operational definition of government capacity is the capability of governments to manage government administration in dealing with Covid-19.

Previous research on Covid-19 handling policies has been carried out by the authors, namely [9] as well as [10], both authors analyzed the state's capacity in handling the Covid-19 pandemic in Indonesia. Furthermore, the study by [11] examined the factors that hinder the handling of Covid-19 in Indonesia. In contrast to previous studies, the focus of this study is to analyze government capacity with handling Covid-19 with a focus in administrative dimensions includes four indicators, namely, (1) central-regional government relations; (2) public communication; (3) policy synergy and (4) budgeting synergy.

## 2 Method

The study was designed as a quantitative method and used descriptive explanatory [12]. This study uses a survey method and data collection using a questionnaire. The quantitative data was supported by qualitative data from the literature study. The studied population is government officials in four provinces that have high infection of Covid-19 in Indonesia. Sampling using purposive technique and sample is the officers who members of the Covid-19 Task Force (Satgas Covid-19) in four provinces namely, Central Java, West Java, Jakarta and Banten. Data was collected through questionnaires which fulfill validity and reliability requirements in Table 1. Data processing and analysis were done using descriptive statistics.

Referring to Sumardjo [13], the transformation is needed to determine the smallest index value for the lowest total score and 100 for the highest total score for each indicator. Distribution data shows an interval scale with values ranged 0 to 100. Four level namely

**Table 1.** Results of validity and reliability tests

Dimension	Validity range	Reliability	Result
Administrative Capacity	0,586–0,895	0,951	Valid/Reliable

“low” for values between 0 dan 25, “less” for a value between 26 and 50, “moderate”, for a value between 51 and 75 and “high” for values between 76 and100.

The transformation formula as follows [13].

**2.1 Indicators Index Transformation**

$$\frac{\text{Total score acheived} - \text{Expected minimum score}}{\text{Total Expected minimum score} - \text{Expected minimum score}} \times 100$$

**2.2 Variables Index Transformation**

$$\frac{\text{Total score acheived} - \text{expected minimum score}}{\text{Total expected minimum score} - \text{expected minimum score}} \times 100$$

Note: Variable index value interval 0 – 100.

**3 Findings and Discussion**

The government capacity is perceived in the moderate category (average score 65,22). Government capacity is measured from four indicators, namely, central and local government relationship (average score 66,52), public communication (average score 65.32), policy synergy (average score 65.74) and budgeting implementation (average score 62.69) (Table 2).

*Center-Local Government Relationship.* The capability of the government to increase Central-Regional relationship is in the moderate category (average score of 66.52), meaning, the ability to build harmonization of relations between the center and local government is not optimal.

There are some issues related to the center and local government relationship. The conflict authority between the Central-Regional Government. At the beginning, there were differences of view between the central and regional governments regarding how to respond to Covid-19, especially the lock down policy. The central government avoids lockdown. The other hand, some local Governments implement local lockdown policies, such as Tegal, Tasikmalaya, Rote Ndao and Solo, as well as several provinces, namely Papua, Bali and West Sumatera. The local government assesses that the Central Government has been slow to respond to Covid-19 [14, 15] (Table 3).

The other cases, Regent of Bolaang Mongondow. The other case, the Regent of Bolaang Mongondow protested the central government because of the overlapping distribution of food aid. The Regent criticized the government’s policy regarding the distribution of community assistance in the regions [10, 16], Also the Regent of Natuna,

**Table 2.** Government Capacity in Handling Covid-19

Dimension	Category	West Java (%) n = 47	Center Java (%) n = 45	Banten (%) n = 47	Jakarta (%) n = 46	Total (%) n = 185
Center-Local Government Relationship	Low	2,13	0,00	0,00	0,00	0,54
	Less	12,77	8,89	0,00	6,52	7,03
	Moderate	76,60	77,78	91,49	76,09	80,54
	High	8,51	13,33	8,51	17,39	11,89
<b>Average</b>		<b>62,96 (Moderate)</b>	<b>66,87 (Moderate)</b>	<b>68,36 (Moderate)</b>	<b>67,93 (Moderate)</b>	<b>66,52 (Moderate)</b>
Public Communication	Low	2,13	0,00	0,00	0,00	0,54
	Less	19,15	11,11	6,38	6,52	10,81
	Moderate	51,06	68,89	80,85	69,57	67,57
	High	27,66	20,00	12,77	23,91	21,08
<b>Average</b>		<b>62,85 (Moderate)</b>	<b>64,93 (Moderate)</b>	<b>65,62 (Moderate)</b>	<b>67,91 (Moderate)</b>	<b>65,32 (Moderate)</b>
Policy synergy	Low	0,00	2,22	0,00	0,00	0,54
	Less	21,28	17,78	2,13	8,70	12,43
	Moderate	65,96	64,44	93,62	71,74	74,05
	High	12,77	15,56	4,26	19,57	12,97
<b>Average</b>		<b>63,66 (Moderate)</b>	<b>62,93 (Moderate)</b>	<b>67,45 (Moderate)</b>	<b>68,85 (Moderate)</b>	<b>65,74 (Moderate)</b>
Budget Implementation	Low	0,00	2,22	0,00	0,00	0,54
	Less	17,02	24,44	0,00	6,52	11,89
	Moderate	78,72	68,89	85,11	80,43	78,38
	High	4,26	4,44	14,89	13,04	9,19
<b>Average</b>		<b>60,09 (Moderate)</b>	<b>55,64 (Moderate)</b>	<b>69,38 (Moderate)</b>	<b>65,39 (Moderate)</b>	<b>62,69 (Moderate)</b>
<b>Total average: 65,22 (Moderate)</b>						

Noted 0 – 25 = *low*, 26 – 50 = *less*, 51 – 75 = *moderate*, 76 – 100 = *high*

rejecting the central government's policy related to placing 238 Indonesian citizens who were evacuated from Wuhan, China in Natuna.

Lack of harmonization of central and local relations handling Covid-19 is related to the implementation of articles 11 and 12 of Law Number 23 of 2014 concerning Regional Government. Articles 11 and 12 stipulate that health is a mandatory affair. In these law articles, responsibilities must be divided between the central, provincial and district/city governments. Therefore, local governments that take policies to prevent the spread of the virus in their areas are in accordance with their authority in the health sector.

In an emergency situation, a single and comprehensive policy by the government is absolutely necessary. When the country is facing a pandemic situation, the policy is placed on the basis of the noble goal of saving people. Therefore, this situation needs more coordination and adaptive policy. Understanding between the central government and local governments are important, both must eliminate the ego and interests of the locality [17].

**Table 3.** Local Government Response For Spread of Covid-19 Pandemic

No	Local Government	Local Lock Down	Date
1	Jakarta (Capital City of Indonesia)	Closing of Public Institution: public transportation limitation	March 14 2020
2	East Kalimantan	Closing of Public Institution	March 16 2020
3	Papua Province	closing of entrances for border, port and airport access	March 24 2020
4	Maluku Province	closing of entrances for border, port and airport access	March 27 2020
5	Provinsi Sulbar	closing of entrances for border, port and airport access	March 28 2020
6	Solo City	Closing of Public Institution, school, tourism area and official visit	March 14 2020
7	Puncakjaya District	Closing of Public Institution and entrances for border, port and airport access	March 23 2020
8	Tegal City	Closing of city border	March 25 2020
9	Kabupaten Rote Ndao	Outsiders are prohibited from entering the city	March 26 2020
10	Tasikmalaya City	Closing of city border	March 28 2020
11	Bengkulu City	Closing of city border	March 14 2020

Sources: Compiled from various online media

**Public Communication.** Public communication capabilities during the handling of the Covid-19 pandemic are in the moderate category (mean score 65.32). Public communication capability is measured by the capacity of government sources of information, availability of media, and capacity to overcome disinformation (hoax).

The government's communication capacity was perceived as weak. At the beginning of Covid-19 outbreak, some research institutions highlighted the failure of the government to build public communication. The Institute for Economic and Social Research, Education and Information (LP3ES) noted that the government had issued 37 blunder statements during the Covid-19 pandemic, while the INDEF survey stated that 66.28% of the public showed a negative response regarding government communications.

According to Khairi [18] when another government was building vigilance against the pandemic, the Indonesian government was slow to take action to prevent the spread of Covid-19. The government seemed to lack "sense of crisis" and "Anti-Science" [18]. Some public officials tend to underestimate the emergence of Covid-19 in Indonesia. The political elite and policy makers seem unresponsive, It can be seen from the emergence of negative narratives [16]. For example, on January 27, 2020, Minister of Health Terawan Agus Putranto said that prevention of the corona virus is not to panic and just "enjoy",

just take care of eating. February 7, 2020 Coordinating Minister for Political and Security Affairs Mahfud MD convincingly stated that Indonesia is the only big country in Asia that has not had a positive case of the coronavirus. February 15, 2020 Coordinating Minister for the Economy Airlangga Hartarto, quoted by Coordinating Minister for Political, Legal and Security Affairs Mahfud MD, Hartarto said that the Corona Virus cannot enter Indonesia because business licensing is difficult and complicated. Even the Vice President of Republic Indonesia, Ma'ruf Amin on February 26, 2020 said that the Corona Virus did not dare to come to Indonesia because of the qunut and istighosah prayers [18].

In a pandemic situation, hoaxes and misinformation are spread very quickly in the community. Both hoaxes and misinformation indicated that public education is lacking and law enforcement is not optimal. It was revealed in FGD, there is fake news of Covid-19 and vaccination, such as people still believe Covid-19 is a world conspiracy; vaccination causes a new variant of the Coronavirus. The high vaccination rate is in line with the increasing number of patients infected with Covid-19. AstraZeneca vaccine has caused people's death, also Sinovak vaccine is not effective, even though a person has received two doses of Sinovak vaccine, they are still infected. Data from The Ministry of Communications and Informatics show that since January 23, 2020–August 19, 2021, there were 4477 hoax Covid-19 and 1994 hoax vaccination [12].

Lack of socialization of Covid-19 causes a low level of public understanding. It has caused low public compliance to government policies such as health protocols [19]. Based on an online survey by the Central Statistics Agency (BPS) on September 7–14 September 2020 involving 90,967 respondents found that lack of public awareness of health protocols, namely: (1) use of masks, 91.98% wear masks, 6% rarely and 2.02% never use (2) Wash hands 75.38% always 16.97% sometimes and 5.32% never (3) Keep a minimum distance of one meter, 73.54% keep a distance, 20.98% rarely and 5.48% never keep a distance.

In addition, Covid-19 terms are used by the Government difficult to understand by grass root such as, New Normal, Adaptation of New Habits, Lockdown, Rapid Test, PCR test, Emergency PPKM, Micro PPKM, PPKM Level 1, 2, 3 and 4. Also, the lack of involvement of stakeholders and opinion leaders in socialization. This causes comprehensive information to be less widely distributed in the community.

Policy Synergies. Policy synergy between central and local government was colored by some issues. Firstly, policies dominated by the central government, for example, The Ministry of Health set up Government Regulation or Peraturan Pemerintah (PP) Number 9 2020 regarding The Large-Scale Social Restrictions (PSPB) guidelines. The implementation of PSPB is difficult because some procedures are too long and take much time. To implement PSPB in their regions, the Regional Heads must propose to the Central Government (Minister of Health). They must submit an application by attaching some data, namely the number of cases, the number of spreads, local transmission, and an epidemiological curve that indicates the transmission has occurred in the local area. In addition, regional heads are required for people's basic needs, health infrastructure, budgeting and social safety net operations, and security insurance. If these requirements

have been fulfilled by the local government, the Ministry of Health will prepare an observation team in charge of epidemiological studies. Based on the result of epidemiological study, the minister of health decides whether to accept or reject local heads' proposals.

Centralization in decision making has also colored the handling of Covid-19. Law Number 6 2018 concerning Health Quarantine in Article 5 Paragraph (1) is written, "The Central Government is responsible for implementing Health Quarantine at entrances and Areas in an integrated manner". Further, in Article 11 Paragraph (1) is written, "The implementation of Health Quarantine in Public Health Emergencies is carried out by the Central Government..." It meant The Local governments can be "involved" if there is a space given by the central government (Article 5 Paragraph (2)). Flexibility is needed for local governments to take the necessary actions given the very wide geographical conditions. If all policies are centralized it takes a long time.

Another example of unilateral decision making by the central government can be seen when the Central Government has decided that hotels in downtown Jakarta as places for self-isolation patients of Covid-19. The decision was taken without coordinating with the DKI Provincial Government. In fact, closed hotel rooms are not suitable for self-isolation because Covid-19 patients require adequate air circulation.

Budget Implementing. In periods 2016–2021, Indonesia consistently maintains its health budget at 5% of the total national budget. With the theme Accelerating Economic Recovery and Strengthening Bureaucratic, The National Expenditure Budget (APBN) 2021 allocates budget for handling Covid-19 and national economic recovery in 5 areas, namely health recovery, social protection, small and medium enterprises (MSME) and corporate support, Business Incentives and other Priority programs [20].

However, at the regional level, the absorption of the Covid-19 budget in 34 provinces is relatively low. Until mid-July 2021, the Covid-19 budget absorption was still below 68%. Only 3 (three) provinces whose budget absorption is above 60% are NTT Province (66.1%), followed by East Kalimantan (63.24%), East Java (61.28%). 7 (seven) provinces with absorption between 30 and 50%, namely: South Kalimantan (47.45%), North Sulawesi, (46.44%), North Sumatra (40.36%), Jambi (39.59%), South Sulawesi (34.57%), DKI Jakarta (34.57%), Gorontalo (34.43%). Meanwhile, there are 20 provinces with a Covid-19 budget absorption rate below 30% [21]. There are three factors that cause the low absorption of the Covid-19 handling budget in the regions. It consists of a narrow physical capacity, bureaucratic capacity and political commitment that moves slowly, as well as the pattern of budget absorption at the end of the period [22].

Meanwhile, low absorption of General Allocation Fund (DAU) or Revenue Sharing. Total budget was given by the Central Government IDR 35.1 trillion, therefore only Rp. 4.2 T or 11.9% have been realized. The general program realized 15.5%; operational support realized 5.0%, PPKM Kelurahan Program 8%, health worker incentives realized 11.1% and health expenditure realized 1.2 Triliun from 8.7 Triliun. The low level of budget absorption indicates a slowdown in the implementation of the Covid-19 pandemic handling program, including the implementation of the 3T (testing, tracing and treatment), vaccination and the 3M socialization program. The low budget absorption has an impact on the low achievement of health recovery targets.

## 4 Conclusion

The government capacity to deal with Covid-19 is not optimal. All indicators of government capacity are in the moderate category. This means that it is not optimal to support the handling of Covid-19. The issues of government capacity with handling covid-19 namely, Central-regional relations are colored by conflicts of authority between the central and local governments in handling Covid-19. Lack of socialization especially in the grassroots community, and the lack of Government to handle fake news or Covid-19 and vaccine hoaxes in the community. Furthermore, the lack of policy synergy can be seen from the centralization of policies. The central government dominates public policy regarding the handling of covid-19. Also the lack of budget absorption related implementation of programs handling Covid-19.

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