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Is Regional Mobility Control Effective in Minimizing COVID-19 Spread? Lessons Learned From Jakarta's Large-Scale Social Restriction

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Abstract. In times of crisis such as a pandemic, local governments serve a pivotal role as first-hand responders in managing emergencies in local areas, with the expectation of an effective policy to implement. Notwithstanding, there are limited literature studies of emergency management on local governments, concentrating on identifying policy effectiveness by the implementation in the field. This article emphasizes the effectiveness of local policy implementation in managing the emergency of the COVID-19 pandemic in the Jakarta area, with the centralization on Large-Scale Social Restriction as the case study. The objective is to provide lessons related to coronavirus for the government to evaluate future policies. Using secondary data analysis as a method, the findings would diagnose the empirical stratum of the local government's implementation in handling COVID-19, which defines the policy's effectiveness. The validity of the data was determined by comparing provincial government policies to central government (Presidential and Ministry policies), and the mass media as a portrayal of the field situation. The result of this analysis is intended to propound insights to public managers in the hope of receiving a more profound comprehension of their possibility and improving their enactment in handling a crisis.

Keywords: Emergency Management, COVID-19, Large-Scale Social Restriction (PSBB), Policy Implementation and effectiveness, Local Government

INTRODUCTION

In a world full of uncertainty, every individual needs assurance to survive challenging circumstances. Those who can provide guaranteed protection must require or have the appropriate knowledge with the available opportunity. One of the biggest tragedies of the 21st century transpired in the year 2020. Coronavirus has taken its toll on most of the world's population with its easy transmission through droplets and striking respiratory system, making society of various ages, genders, and classes live in endangerment. When the WHO director-general made the first statement on IHR Emergency Committee on 22 January 2020, along with the press briefing a week after on WHO's mission regarding the novel coronavirus outbreak, the world gradually became different (World Health Organization, 2020). The first 584 cases, including 17 deaths on 23 January 2020, was noted by WHO, with most reported from China, followed by those found in Japan, the Republic of Korea, Singapore, Thailand, the United States of America, and Vietnam (World Health Organization, 2020). The issue regarding the novel coronavirus and COVID-19 became a significant challenge for multiple countries around the world. Descending health immunity, and financial problems spiked due to the number of measures that the government took. The pandemic made an abounding loss as millions of lives were taken per

now by the virus and collapsing health systems in many countries by the overwhelming condition. Moreover, it disrupted the socio-economic sphere, with much of the factors at 90% for economic recession attributed to lack of compliance from the community itself (Matiza, 2020). Coronavirus COVID-19 pandemic is therefore regarded as an emergency due to its rapid transmission, which compromises many lives, needing immediate responses to reduce more significant risks. Due to its advent becoming an emergency state, weighty policies with appropriate approaches were requisite to control the retrograding outbreak.

The situation worldwide varied as many countries began to enact restriction orders as a response at the beginning of the pandemic. However, despite the predicament at the global level, the management appears to be different for each country. In Italy, the first official COVID-19 case was detected back on 21 February and became the worst-hit European country by COVID-19 infection in early 2020, reaching 101,723 already by 30 March. As an abundance of hospital beds, particularly in ICUs, around the country are on the brink of collapsing, the Italian government ordered many restrictions to maintain the condition, including a nationwide lockdown (The New York Times, 2021; Santacroce et al., 2020). In the United States, federal funding unlocked billions of dollars to combat the disease spread and issue travel and trade advisories by customs and border patrols. At

the same time, each state manages its responses to the pandemic. Cases in the United States escalated quickly around May. The death toll surpassed 100,000 on 28 May and reached 2 million confirmed cases by June as new infections continued to rise in 20 states. New Zealand has gone through a series of phases from the adoption of a precautionary approach until announcing a four-level alert system to designate which measure to apply depending on the extent of the virus's presence; a lockdown policy was taken immediately after Level 4 was declared on 25 March (Wilson, 2020). As for Asia, India addressed its early pandemic condition with Prime Minister Narendra Modi ordering a one-day Janata Curfew as a social-distancing trial aiming to reverse epidemic growth ("What is Janata Curfew," 2020). Based on these cases in different nations, higher-income countries with less population tend to execute a more structured approach than middle- to lower-income and more populated countries. It happens in most developing countries due to delinquency in intervention and lack of preparedness for primary infection prevention, control measures, and other minimum requirements in place (Hopman et al., 2020). Some countries have experienced a reduction in the curve and have declared an early temporary success of the measures. In contrast, others are still struggling to decrease the infection rate, some of which have reached a critical position. Nonetheless, it does not imply the spread of the virus is terminated, not even in countries that have managed the measures. Take the example from one of the leading countries with the best approach in the battle against COVID-19. South Korea began easing restrictions due to its continuous downward curve in early May, only a few weeks after 32 new cases were reported, creating fear of a second wave in the country (Uddin, 2020). In this scenario, strict regulations and adequate facilities cannot necessarily guarantee the eradication of the virus.

With the various backgrounds and capabilities that each nation entails, the degree and emergency response of the COVID-19 pandemic will be disparate. Therefore, this article will provide a distinctive collateral perspective of the condition and management to handle the coronavirus COVID-19 pandemic. The discussion followed is about the coronavirus pandemic situation in Indonesia, with a case study explicitly located in Jakarta as the representing region due to the dire condition with the number of cases that seem to keep escalating. In comparison with other less populous countries, Indonesia is the fourth most populous country in the world and has

been hit hard by the impact of Covid-19 for a very long time (Djalante, et.al., 2020). On March 31st, one month after confirmation of the first two cases in the country on March 2, President Joko Widodo declared the emergency COVID-19 public health. By the end of December 2020, more than eight thousand new cases have been tested daily in Indonesia. COVID-19 confirmed cases are second among ASEAN countries in Indonesia (Nugraha, et.al., 2020). But the death toll is the highest. Both positive cases and deaths are expected to continue to increase, considering that, compared with other countries, the current total testing by one million Indonesians is still low. Apropos to the COVID-19 related regulation in Indonesia, the government has established several foundations. One of them is the Presidential Decree of the Republic of Indonesia, concerning the determination of coronavirus disease (COVID-19) public health emergency and the determination of non-natural disasters spreading coronavirus disease as a national disaster. During this period, the Government of Indonesia has also taken important steps to reduce, control, and mitigate Covid 19's spread, in particular through increasing the capacity of hospitals in particular hospitals designated for referral hospitals of COVID-19 patients, establishing the National COVID-19 emergency team; physical distancing, and conducting hand-wash, coughing and sneeze etiquette. Besides these programs, two weeks after the initial case has been confirmed, the Central government has requested social distance, which is restricted by April 2020 and regulated the large social distancing (Pembatasan Sosial Berskala Besar/PSBB). As an implementation of Regulations of the 2018 Health Quarantine Law restricting movement of people and goods within a check zone, the President issued government Regulation 21/2020 concerning large-scale social distances but the President did not allow regional governments to close their borders. With the foundations provided, citizens are expected to be able to comprehend and esteem it as a standard benchmark in response to the pandemic. Nevertheless, more effort are necessary to restrict substantive mobility to slow down the transmission. The government has issued several measures as an initiative of COVID-19 emergency enactment. To this moment, the official national policy issued by the government includes the regulation of Large-Scale Social Restriction (PSBB), published on 31 March through Government Regulation Number 21 of 2020, in addition to other measures. The central government prefers the policy by adjusting the extent and provisions of the respective regional government. LSSR is

applied as the primary approach for social distancing measure and mobility control and has been carried out by several provinces following DKI Jakarta. The initial area with an extension of the application has been applied since. Large-scale social restrictions include school closures and places of work, restrictions on religious and public activities. In addition to the large-scale social restrictions laid down in the Health Quarantine Act, there are three additional measures: home quarantine, hospital quarantine and local quarantine. Regional quarantine measures in certain areas mean border restrictions. The central government permits regional authorities to apply for the closure of their borders, however, under public health emergency measures, not large areas. Provincial and local governments can apply large-scale social restriction only, while only smaller areas should be imposed regional quarantines, also called partial quarantines. Provinces and local governments are not allowed to close their borders without large regional quarantines.

As a capital region holding the center of Indonesia's essential sectors and the initiator of Large-Scale Social Restriction, it is indisputable that Jakarta has a great responsibility for all programs conducted. DKI Jakarta is chosen as the case study of this research because the capital, DKI Jakarta, was first to act on school and business closures on mid-March then went Large-scale social restrictions on 10 April 2020. The number of Covid-19 cases is also the highest compared to other provincial governments. The cases in DKI Jakarta is 24% of the total cases in Indonesia. It also considers that other regions track the city in particular during this emergency period. The First Large-Scale Social Restriction started operating on 10 April 2020, with its transition phases implemented as a relief from the primary policy. The local superintendence is based on the Decree of the Governor of Special Region of Jakarta No. 380 of 2020 and Governor Regulation Number 33 of 2020 as the ground law. During the pandemic, the provincial government issued a range of initiatives and legislation to prevent and mitigate the virus's proliferation while monitoring the development of infection and demographic mobility. Notwithstanding, cases continue to increase along with changes in the Large-Scale Social Restriction period leading to fluctuations in daily positive cases recorded in DKI Jakarta monitoring data. Previous studies about Covid-19 in Indonesia have mainly discussed about responses taken by the government, NGO and the community (Djalante, et. Al, 2020), knowledge, attitudes and behavior toward the prevention of Covid-19 through social

distancing among Indonesian community (Yanti, et.al, 2020), and misinformation related to Covid-19 in Indonesia (Nasir, et.al., 2020). Several previous studies are discussing relevant issues to this paper, including empirical research on the complexities of PSBB policies with their various challenges in line with the Regulation of Minister of Health Number 9 of 2020 (Disantara, 2020), evaluation review of the repercussion of PSBB implementation on community acquiescence and policy objectives (Syafri et al., 2020), evaluation of the COVID-19 measures in Indonesia, analysis on gatherings restriction before the pandemic (Kuipers et al., 2020), and many more. However, most of these studies mainly revolve around the association between regulation with its empirical context or the enforcement of a national-level restrictive course. There are limited studies that comprehensively discuss the LSSR implementation and its efficiency when acclaimed to be the appropriate method to control the COVID-19 outbreak.

Moreover, sketching from the previous academic literatures, limited research has discussed about the effectiveness of large-scale social restrictions particularly in Jakarta Provincial government. Therefore, this study is important to discuss because it explores how provincial government mitigates an ever-increasing number of confirmed COVID-19 cases in Jakarta which stipulates the large-scale social restrictions. The restriction consists of closing schools and offices, limiting religious gatherings, public facilities, social and cultural activities and other matters related to defence and security, as well as transportation. For the accumulative reasons, this article seeks to fill that gap by investigating the extent of Large-Scale Social Restriction implementation with the case study in the special region of Jakarta, in the context of whether it is a useful measure for Jakarta society in response to COVID-19 emergency to prevent more transmission. The terminology pursued in this article is the immediate local government response to resolve issues relevant to the pandemic's presence, applying the most appropriate strategy and suppressing additional cases of COVID-19 infection; thereupon socio-economic bandwagon would recover efficiently. Therefore, this paper is divided into several parts: introduction, literature review, research methodology, case study, discussion, and conclusion.

Local Emergency Management

At the local scale, emergency managers are as essential as they are at the national scale for their roles as first responders in local areas. It includes every

local government agency and other related stakeholders. Respectively, the management of emergency situations in a much smaller region can be seen as a sample to reflect a wider area. Therefore, local authorities need to pay attention to what could effectively overcome emergencies by leveraging existing local resources to enhance community recovery. Gerber (2015) points out through his hazards management study on climate change action in the United States that distinguishing how key administrators interpret policy issues within related content would allow local government to understand the municipal approach used for implementation. He also mentions some factors that managers and policymakers should consider to amend practices such as initiative integration, community consensus on risk vulnerability through awareness-raising, and uncertainty about general community political characteristics for local government action (Gerber, 2015). With this consciousness, local authorities' primary responsibility to resolve critical situations can be supported by collaborative work among crucial stakeholders to scrutinize the particulars that need to be clarified. On the other hand, implementation attributed to mitigation will be more difficult if actors work individually.

Policy Effectiveness

As a preliminary point, the terminology of effectiveness is commonly used to assess a product or a program. In particular to aspects of government, effectiveness is usually accustomed to determining the success or failure of the outcome of a policy or law. Policies are pivotal in rummaging and alleviating the state of a situation. In brief, policy articulates denotation in purpose to behavioral changing in a positive sense, while policy instrument is the expedient or a specific measure to translate that intent into action (Mees et al., 2014). Discussions on policy effectiveness are not far from the understanding of its grey areas where it can translated as a program success, process success, or political success (McConnell, 2010; McConnell and Marsha; 2010). Thus, discussing the effectiveness of policies translates to addressing two regards. The first one is goal setting, including targets, indicators, and time frames, which is a critical step in legitimizing policies, followed by policy instruments' execution through effective governance (Jacob et al., 2019, pp. 278).

RESEARCH METHOD

The authors used secondary data analysis due to

the flexibility and can be utilized in several ways, also an empirical exercise with procedural and evaluative steps (Doolan & Froelicher, 2009). The author's time and focus were centered on finding multitudinous data and information to be further investigated while still working according to the research question. Additionally, using case studies helps the author investigate a real-life phenomenon in a specific context, carried out in an explorative and comprehensive manner (Ridder, 2017; Yin, 2009). Case studies can be discourses of an individual, group, organization, event, problem, or an anomaly (Burawoy, 2009; Stake, 2005). This article's case study stands around the Large-Scale Social Restriction implementation in Jakarta, as the significant intervention conducted by the DKI Jakarta Provincial Governance. This policy was executed following the COVID-19 global pandemic's jeopardizing conditions that took its expense on the majority of the population since early 2020. In this article, the Jakarta Provincial Government's established regulations under the central policy of Large-Scale Social Restriction will be analyzed to interpret how the sequence of regulations during the implementation of LSSR defines its effectiveness further to cultivate a framework that assists the understanding of COVID-19 emergency management. Major examples of secondary data sources for scientific research include an easy dataset provided by governments, research institutions, and other organizations (Sun and Lipsitz, 2017). The research object in this article was ascertained through existing literary work such as published journals, scientific reports, datasets from official websites conducted by the government, international organization websites, and news articles. Real-life data analysis and interpretation help incubate the author's inherent motivation and sustained attention to the study (Erwin, 2015). External information is described from articles in mass media and international organization website to retrieve an updated follow up as the case study used in this article is still actively operated. The data used in this article is both numeric and non-numeric, which include secondary collected data from interviews, ethnographic, accounts, documents, or conversation (Smith, 2008).

General Overview of COVID-19 Situation in DKI Jakarta

Occupying a position as the largest city and the capital of Indonesia, Jakarta has never faded away from the prominence of its city. It is estimated that the population in Jakarta by 2020 is over 10.7 million,

with a population density of 14.464 people per square kilometers, making it one of the fastest-growing economies in the world, according to data (World Population Review, 2020). However, by compactness within the area, there is a new level of suffocation, particularly during the current emergency period of the COVID-19 pandemic. DKI Jakarta is currently renowned for the epidemic of COVID-19 in Indonesia at 191,075 total confirmed cases by 4 January 2021, along with 14,670 active cases and 3,369 total deaths (Kementrian Kesehatan RI, 2021). Since 3 March 2020, the confirmed cases of infection continued to surge with relevant data collected and is accessible to the public through websites established by the government. It is stated that around 45% of confirmed cases in Jakarta are asymptomatic; meanwhile, 40% display moderate symptoms, and 15% develop severe symptoms (“Almost Half Jakarta”, 2020). Due to the relatively low testing level, the number of cases has been sorely underreported. It is difficult to track the actual number of positive infections and the death toll (Fadly and Sari, 2020).

Therefore, the government has established hundreds of policy agendas, including regulation, program operation, guidelines, and monitoring by the governor and related agencies. In minimizing the spread of COVID-19, the Jakarta city government applied Social Distancing as the most preferred intervention, which has been implemented since 10 April 2020, requiring closures of public facilities, schools, and many other venues with the potential of public gatherings. One study discerns that the most crucial manageable parameter to reduce COVID-19 is infection rate, followed by the effectiveness of self-isolation and quarantine, stipulating the government to be vigilant and consistent in initiating the policies (Aldila et al., 2020). Hence the government’s assertiveness in encouraging community discipline will have a distinct impact on the public, regardless of disagreements and contradictions. It is because, in reality, there are still many people who neglect health protocols such as not wearing masks, not social distancing, and not maintaining personal hygiene after physical contact, despite the skyrocketing cases every day. Moreover, the government urgently needs to maintain facilities to align resources and needs. It is due to the underdevelopment of referral hospitals and the allocation of health equipment in each alternate health care facility, as evidenced by the high concentration of unassigned positive cases in West Jakarta, whereas the increasing distribution is entered on Central Jakarta (Silalahi et al., 2020). In

the meantime, citizens’ participation has a crucial role in overcoming the pandemic by strictly adhering to health guidelines, enforcing personal hygiene behavior in daily life, and educating themselves on safe measurement during the pandemic period.

Implementation of DKI Jakarta Large-Scale Social Restriction

The city government of Jakarta has conducted Large-Scale Social Restriction as the primary initiative in controlling movement and social gathering to obviate the increased local occurrence of COVID-19 transmission in Jakarta. This policy is under the decision and regulation issued by the Governor Anies Baswedan of DKI Jakarta, along with his administrative forces, as well authorized by the Central Government and the Ministry of Health of Indonesia. The scope of LSSR policy predominantly interdicts all non-essential activities in public places, religious activities involving mass gatherings, closure of schools, and most workplaces, excluding those that serve essential needs for public or government officials well as mode of transportation. Furthermore, penalties and administrative fines are also applied to individuals or companies that contravene the regulation. The implementation of LSSR firstly carried out on 10 April, with a span of two weeks of incubator period, amid experts’ criticism, implying the policy would be more effective if conducted for at least three months, reflecting cases in other countries (Wijaya, 2020). Apart from the general outline, LSSR still acquires varying opinions on its application in practice. It is most compelled by deterioration in the economic sector and declining public compliance due to the inconsistent implementation. The enforcement of LSSR has brought immense economic losses, particularly for many citizens who lost their jobs or businesses are closed. While social assistance has been offered, including the redesign of Prework Card (Kartu Prakerja), it only lasts for a short period and not commensurate with the repercussion of the employment partnership termination, which betides in the long term for laborers in Jakarta (Mahadiansar et al., 2020). Moreover, the availability of health facilities and resources is also progressively disproportionate compared to the spike in cases of COVID-19 infection in Jakarta, resulting in overcrowding capacity and growing numbers of infected health personnel, contributing to an overwhelming crisis of treatment. The testing complement has also not been augmented. Although the minimum capacity set by WHO, which is 1 test per 1,000 population per week, has been

transcended, the quantity of testing does not entirely determine the actual epidemiological situation due to quality factors, such as the sensitivity of the test equipment and the adequacy of the test implementation procedure (Saputra and Salma, 2020).

Throughout 2020, the implementation of LSSR has been carried out multiple times, including a sequence of LSSR in early April, the Transitional version of LSSR, and the LSSR Emergency Brake. The initial success of LSSR is shown in the first two months, with several indicators of the spread of COVID-19 eliminated by more than 50% (Andriani, 2020). However, despite the continuous operation of LSSR, many people are still found to be disobedient towards the policy. According to the Corona Jakarta website's visualization data, the total violation reports have reached 7,787, mainly recorded in South Jakarta and East Jakarta, with the highest violation of peace and order disturbances. The mobility of citizens detected by Waze data is still relatively high, with the average flow of residents' vehicles reaching 20.25 km/h during the first transactional version of the LSSR period (Corona Jakarta, 2020). It indicates that people's movement remains high despite the growing cases of infection and the application of LSSR. During the several weeks of the Transitional LSSR, the restriction was relaxed for economic purposes, which unfortunately contributed to an escalation in infection rate within a short time (Hasan et al., 2020). To this matter, Sulasih (2020) analyzed factors that caused the ineffectiveness of LSSR implementation in DKI Jakarta. Among those mentioned, it includes legal awareness, the economic impact on middle- to lower-class society, crime occurrence, lack of discipline by road users, and the implementation period of LSSR, which has been extended many times (Sulasi, 2020).

RESULT AND DISCUSSION

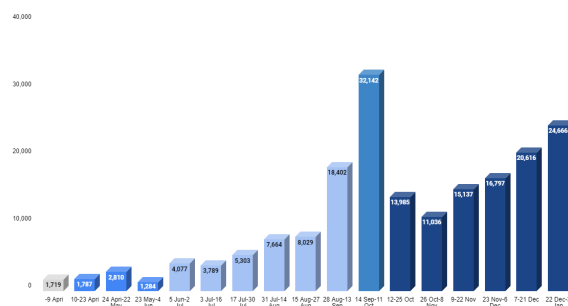
Measuring the effectiveness of Large-Scale Social Restriction policy requires a process of charting existing information and observational data, which is then analyzed using specific indicators. Identification of data and information can be made by scrutinizing the results found through each phase of LSSR, later be assessed by synchronizing it with the indicators determined for effectiveness. The results in this article will be based on the following indicators: decline in COVID-19 daily active cases; coherent law and regulation enforcement; conducive coordination between different levels of government; and community compliance to existing regulation implementation

of LSSR hitherto has carried multiple periods, including the extension phase under four central models establishment, namely: the first LSSR; LSSR First Transition (LSSR T); LSSR Emergency Brake (LSSR EB); LSSR Second Transition (LSSR T 2). There are two graphs included in this article. Figure 1 illustrates the peregrination of COVID-19 positive case progress throughout each LSSR phase. Figure 2 compares positive cases, mortality, and recovery numbers between the four significant LSSR periods. Some LSSR periods contain different timeframes. Hence, it affects the calculation of numbers in each period. The positive rate in Figure 1 is illustrated to have a prolonged increase since the first LSSR was executed until the latest implementation despite having several fluctuations. In contrast, figure 2 shows a subtle number distinction between positive rate and recovery rate. Meanwhile, the mortality rate remains low yet to be significantly increased in both Transitional periods.

1) Pre Large-Scale Social Restriction

During this period, the numbers are still low, considering acknowledgment of the virus; hence, the management is still under observation. The Jakarta City Government has been forecasting the

Figure 1. COVID-19 Positive Case Count Throughout All Periods of the LSSR Jakarta Timeline in 2020



citizens of Jakarta to be aware of the novel coronavirus (nCoV) pneumonia through the Health Office Circular 18/SE/2020 on 22 January 2020 and further in cooperation with the Ministry of Health through the issuance of the Health Office Letter no. 21 of 2020. During this time, the measures taken by the Jakarta City Government included the dissemination of health information, the formation of a task force to accelerate the managing of COVID-19, the enhancement in the prevention and early detection of infection spread, the temporary shutdown of crowd permits and public facilities, the launch of the official website for COVID-19-related information, the establishment of referral hospitals, the disinfection

in selected areas, and many more. Office and educational activities began to be discontinued in March, substituted by work-from-home and home learning protocols. Initiatives to minimize crowds' potential are also carried out, such as advocating the social distance measure, postponing religious activities in houses of worship, suspending the Car Free Days program, and modifying and limiting mass transport services.

The allocation of funds operates the provision of assistance to medical personnel and the general public for COVID-19 preventive programs, the distribution of 1 million masks at affordable prices on Pasar Jaya, the provision of Rp. 215,000 per person/day as supplying 40,000 PPE from BNPB for medical personnel (Corona Jakarta, 2020). Usage adjustment of the BOS and BOP PAUD investment components, equal education in the context of home learning, and providing a certificate of incapability for the Jakarta Smart Card through the JakEvo application are also applied. Moreover, a line of medical treatment is offered through assistance programs for HIV, tuberculosis, psychosocial support, and the provision of deworming avoidance drugs to help people with special needs. DKI Jakarta declared an emergency response to the outbreak of COVID-19 for the first time from 20 March to 2 April 2020 through Governor Decree No. 337 of 2020, which was subsequently extended to 19 April, creating standard operating procedures for the appointment and funeral of COVID-19 deceased bodies (Corona Jakarta, 2020). By the end of March 2020, a proposal was made by the Jakarta governor to employ quarantine in the capital area. However, the letter was rejected by President Joko Widodo on the premise of not wanting social disorder problems that happened in other countries. Instead, the president wanted to impose LSSR as an option. During the pre-LSSR era, the testing tools used for tracing were still rapid tests. The testing process was carried out for the first time on 20 March 2020 by door-to-door mechanism, wherein medical teams visited selected residential houses to operate the test (Nurita, 2020).

2) The First Large-Scale Social Restriction

The first LSSR in Jakarta started effectively on 10 April within 14 operational days. Prior to the inaugural phase, a variety of guidelines appertaining to LSSR implementation in Jakarta was delivered by Governor Anies Baswedan of DKI Jakarta on 7 April. Among the essential rules conveyed, teaching and learning activities were officially diverted to home, along with the termination of offices besides eight sectors:

health, food, energy, finance, communication, logistics, essential needs, strategic industry (Sari, 2020). Celebrations, including weddings, were only allowed to be processed in the religious affairs office without being permitted to have a reception. All public and private entertainment facilities were closed to prevent gatherings, followed by restrictions on operational sorting of passengers for all public transportation in the city and the use of private vehicles in and out of town to minimize population movement. It follows the prohibition of crowding over five people by imposing sanctions for violators. Assistance for citizens during early LSSR was provided by the distribution of necessities for vulnerable poor people who had been affected by the pandemic. Long-distance shopping services through the Pasar Jaya BUMD, which is available in 105 traditional markets, and allowing delivery of goods via online motorcycle taxis facilitated long-distance transactions. At the beginning of the LSSR period, law enforcement officers' patrols were operated to monitor violations. However, the security officers only gave sanctions in the form of warnings, causing many violations to remain either by personal acts or companies outside the permitted sectors that forced offline work.

During the enforcement of the first LSSR, the Central Government jurisdiction frequently affected the application of LSSR and other coronavirus-related policies by the Jakarta city government. Among them was the termination of the locomotion of intercity and inter-provincial public transport in Jakarta; on 30 March, it was canceled by the substitute minister of transport at the time, Luhut Pandjaitan, on the pretext of not having an economic impact examination (Putri, 2020). Moreover, the Minister of Transportation intruded the prohibition of passenger transportation for online motorcycle taxis in April 2020 by articulating the opposite, with the issuance of Regulation of the Minister of Transportation No. 18 of 2020 article 11 paragraph 1 letter (d), which allows passenger transportation services, confusing the online motorcycle taxi operation. An uncontrolled surge of travelers, with a rampant influx and exodus of the capital city, happened in May 2020 due to the obscurity by the Ministry of Transportation regarding Eid Fitr's homecoming travel. Moreover, a series of LSSR policies have been bombarded by varying responses, including disputes from Economic Coordination Minister Airlangga Hartarto, Minister of Industry Agus Gumiwang Kartasasmita, and Minister of Trade Agus Suparmanto, on the grounds of the deterioration in the stock market and the threat of a

recession.

3)The First Period of Large-Scale Social Restriction Transitional

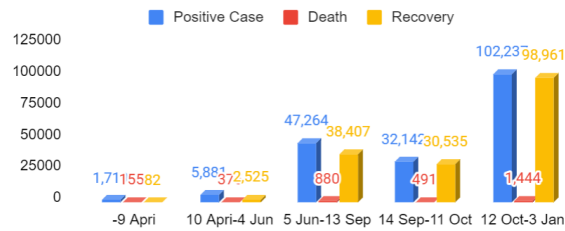
Entering the transition period of LSSR, the DKI Jakarta Government eased the existing regulations due to declining daily case reports during the first LSSR. The regulation's relaxation included granting permits for office activities, religious activities in houses of worship, and operation of shopping centers and markets with a 50% maximum capacity. Additionally, online motorcycle taxi operations were permitted to transport passengers while maintaining health protocols, while private vehicles were allowed to drive to a limit of 2 persons per row of seats, or 50% of passenger capacity for public vehicles. Traffic rules also applied in this transitional phase where the Odd-Even system was reinstated. The set of regulations referred to are the key points that distinguish it from the first LSSR in April, given the regular number of COVID-19 cases in DKI Jakarta appears to be sloping down and under control shown in Figure 1. However, not long after that, apropos the LSSR relaxation, the daily cases continued to rise since July even though it could still be balanced with treatment and isolation facilities.

A substantial increase occurred in August (Figure 1), considering the presence of joint leave and holidays, which led many people to take the opportunity to spend their holidays between 15 to 22 August 2020. As a result, a 49% rise in active cases in the following two weeks from 7,960 to 11,824, followed by a 17% rise in mortality numbers (“COVID DKI Melonjak Karena,” 2020). In a live broadcast on the YouTube channel of the presidential secretariat on 10 September 2020, the spokesperson for the COVID-19 Task Force, Wiku Adisasmito, said that all areas in Jakarta had reached the red zone within five weeks, which shows the state of an increased level of transmission (“Zona Merah 5 Minggu,” 2020). As cases spiked during this transitional period occurred, the existence of a transitional phase, the restrictions that have been imposed on citizens have become even laxer. It is evidenced by Car Free Day activities' permission resume, emboldening the public to leave their house and occupy street points in the capital area.

4)Large-Scale Social Restriction Emergency Brake

The DKI Jakarta Provincial Government retightened the LSSR protocol, reckoning the number of active cases had escalated since July 2020 and got recalcitrant by September, when the month's

Figure 2. Comparison of COVID-19 Positive, Mortality, and Recovery Rates During Main Periods of LSSR



surge accounted for 25% of total cases since March 2020. It affected the number of deaths (Figure 2) to increase, and isolation beds were in danger of being crammed. Therefore, another total LSSR with the name Emergency Brake was implemented to convey a message of concern over the dire situation of COVID-19 in Jakarta. The period was enacted for a month, including the extension. From a policy perspective, there were significant differences in the implementation of LSSR Emergency Brake, such as (1) the reinforcement of Work From Home or the number of people in the office may only be covered up to 25% of capacity; (2) religious activities in houses of worship in residential neighborhoods only with a maximum capacity of 50%, while the ones in the red zone must remain closed; (3) public facility shutdown and prohibition of gathering activities for more than five people, exception of activities to redeem basic needs; (4) limitation of public motorized vehicle passengers with a maximum of 50% and private cars to a maximum of 2 people per row of seats, except for the domicile of passengers in the same address.

During the Emergency Brake period (Figure 2), the daily active numbers appeared to be managed, reflecting the progress in lowering the number of additional cases. The Emergency Brake cycle was effectively administered for a month, including its extension, by tightening the protocols to restrict the public's movement. The addition of daily active cases during this period continued to decline and reached less than 1,000 numbers three times. Furthermore, the percentage of active cases after the first 2 weeks of LSSR EB implementation showed a slowdown from 49% to 12% on 23 September 2020. Despite the temporary success, the DKI Jakarta governor clarified that keeping stable daily cases was not the final goal. Instead, the breaking of transmission chain is the ambition that needs to be emphasized (“Kasus Aktif COVID-19 Melandai,” 2020).

The Second Period of Large-Scale Social Restriction Transitional

On 12 October 2020, Governor Anies Baswedan of

COVID-19 pandemic. Developing a policy amidst the pandemic era that regulates all aspects of socio-economic respect is a tremendous responsibility and is not an easy task. Therefore, by distinguishing issues that are likely to occur, it can help identify the most appropriate route forward to resolve those issues through involvement based upon conserved and sustained value-added involvement of all stakeholders (Shaw and Muncy, 2014).

The Issues of Large-Scale Social Restriction Policy

Stumbling on various obstacles along the path to eliminating COVID-19 transmission, the prosecution of Large-Scale Social Restriction in DKI Jakarta has not met a permanent solution in presiding over the regulation in general public. What needs to be acknowledged is the objective of LSSR policy according to Governors Regulation Number 33 Year 2020 are; 1) Restrict particular activities and movements and/or goods to repress the transmission of COVID-19; 2) improve anticipation toward the evolution of the COVID-19 amplification; 3) Enhance health management initiatives in combating COVID-10 and; 4) Control the social and economic consequences of the COVID-19 spread (Tuti et al., 2020). So far, the policy's effectiveness has been confirmed by a reduction in positive daily graph statistic for several periods, including the initial LSSR phase and LSSR Emergency Brake. As an instance, DKI Jakarta, which on April 5 contributed 50% of national cases, on May 5 after the LSSR was carried out for a month, it decreased to 39% (Umasugi, 2020). However there are numerous things that have not reached a success. In brief, the number of infections are most at peak during transitional phases of LSSR. This is caused by internal and external issues, which will be deliberated throughout this section. Before we discuss the issues, it is appropriate to categorize the assessment by defining strengths and weaknesses for each period using the relevant criteria. Systematic conceptualization is used to find relative perceived strength and weakness for policy implementation (Eckhard and Parizek, 2020). Using criteria will appraise the acquirement and estimate the range of strength or weakness that later on will be discussed with further explanations (Dingeldey et al., 2017). Criteria included in this discussion aligning to Jacob et al.'s (2019) acquisition are response speed, coherence or convergence, enabling or constraining factors, time frame, unintended effects, stakeholder involvement, and feasibility (Table 1). Acknowledging the proper approach, instruments, roles, and responsibility of

DKI Jakarta withdrew the PSBB Emergency Brake. It reverted to the Transitional LSSR volume 2 since the addition of daily cases declined along with LSSR Emergency Brake's success. The capacity in offices, recreation areas, wedding ceremonies, and fitness centers was diminished from 50% (on LSSR Transition 1) to a maximum of 25%. In contrast, shopping centers, restaurants, and places of worship were limited to 50% of capacity, consequently lowering citizens' outside mobility. It happened as the discovery of a new cluster of virus transmission by the COVID-19 handling task force, namely through offices and families. However, according to Corona Jakarta's official website (2020), during the LSSR Transitional Extension 6 (Figure 1), the number of tests had downscaled, leading to positive case numbers below 1,000 per day as recorded. It created uncertainty because, on average, the daily number of tests could exceed 10,000 persons a day, whereas, from the end of October to the beginning of November, the testing number was only up to 8,870. The protocol, along with the minimal number of tests, was a significant factor in the daily case reduction in the first two weeks of Transitional 2 LSSR ("Sulitnya Mengukur Pengaruh PSBB," 2020).

During the shift of LSSR Emergency Brake to LSSR Transitional Volume 2 on 11 to 16 October, it was reported by the governor of DKI Jakarta to be a highly concerning time, as there were several demonstrations taking place in Jakarta, although it did not expand the number of cases. However, after a long holiday period from 28 October to 2 November 2020, there was a considerable rise of 3,707 additional cases, with 40% of cases being from family clusters ("Lonjakan Kasus Usai Libur Panjang," 2020). Due to a major factor, particularly to long holidays at the end of October, alluding to joint leave on the feast of the Prophet Muhammad SAW birthday. Following Christmas and New Year celebrations, more people were going outside to take a trip or vacation. It resulted in an intractable accumulation that was interminable until the beginning of the year 2021.

Based on the case study and results found above, the implementation of Large-Scale Social Restriction is indeed a complicated process. In the absence of participation and reflection, guidelines and immaculate tools will not be efficient in addressing local level policy management (Nilsen and Olsen, 2007). Difficulties keep overwhelming the execution of LSSR policy carried by internal and external factors. These issues are the main reason why Large-Scale Social Restriction performance has gone sideways up to this moment to mitigate the emergency of the

agencies is the general guidance in conducting disaster or emergency policy (Chong and Kamarudin, 2017). However, along with the practical process, there may be some obstacles encountered from a different aspect. After congregating the strengths and weaknesses of LSSR implementation, a further discussion on which factors most affect barriers to the implementation was conducted to see the clarity of this issue. Studies found several challenges related to disaster knowledge factors, which recognize the lack of each area and what is need to be improved further: (1) technological; (2) social; (3) environmental; (4) legal; (5) economic; (6) operational or managerial; (7) institutional; (8) political (Pathirage et al., 2012).

1)Political and Institutional Factor

The two factors of politics and institution are coupled with the rationale of correlation between one another. According to Silvia (2018), political structures and ideas describe much of the institutional,

Table 1. Strengths and weaknesses of each period of Large-Scale Social Restriction in Jakarta

Name	Time Period	Strength	Weakness
Pre LSSR	0 weeks	early prevention incentives, early tracking measure, early fund allocation, early information sharing	Limited testing kit, lack of support from central government
LSSR	8 weeks	adequate regulation to minimise public mobility, daily active case addition starts slowing down	lack of strict sanctions for violators, lack of public awareness, lack of cooperation with central government, economic downturn
LSSR Transition 1	15 weeks	the public is able to resume activities, economic recovery	Health protocols is not rigid, lack of public awareness, the absense of strict sanctions for violators, daily active case arise
LSSR Emergency Brake	4 weeks	Daily active case inclining, retightening of health protocols	short operational time span, health protocols is not rigid enough
LSSR Transition 2	12 weeks	more complete and varied testing tools, increasingly experienced health unit	Hospital capacity is overloaded, holiday events hinder policy enforcement, lack of public awareness

political group, and social actors involved in the policy routine and their political attitude, which often define the distribution of power in a society. Furthermore, In modern and integrative democratic political systems, the institutionalized rules that construct interactions between political actors hold a profound influence on the blame-game situation, notably on opponents' accountability structure (Hinterleitner, 2020). During the implementation of the LSSR policy, the Central Government's interference has never ceased since the beginning of execution to nowadays. It can be drawn into two core arguments based on the result: an intervention that disrupts LSSR operation and the need for complementary support. As already discussed, at the start of the pandemic, several ministers clashed with the LSSR scheme, emphasizing the risk of economic turmoil and recession. When, as a matter of fact, in emergency like the current pandemic, the public lives' security is the primary concern without any doubt. Also, the discrepancies between regulations issued by the Central Government and the established

LSSR rules, provokes skepticism from the community regarding the coordination between two governmental bodies. Political instability emerges as an essential predictor of public sentiment on policies that inflict costs in return for the promise of possible benefits (Jacobs and Matthews, 2017). These contradicting responses from the Central Government demonstrate unpreparedness in counterpoising priority solutions and the lack of cooperation between central and regional governments. The interest of institutions and political conflict between policymakers considerably reinforce the political conflict over policy divergence, which systematically is the property of agency and policy (Oosterwaal and Torenvlied, 2012).

On the other hand, full support and the inclusion of rigid national laws from the Central Government are also indispensable to facilitate the adoption of local policy processes. For instance, when local legislation regarding in-out of city restrictions is imposed, the Central Government should endorse the enforcement by regulations equivalent to those, focusing on the mass mobility of air, land, and sea transportation per the authorities' capacity. With the presence of the COVID- 19 pandemic being one of the ponderous core issues, all government agencies' main objective must be on eradicating the virus outbreak, which affects all other industries, and not exacerbating the problem with contradictory or irrelevant regulations. As various government entities are typically involved in the implementation process, effective coordination empowers the organization to counsel actions, processes, and efforts towards one common policy goal (Toshkov, 2011; Treib, 2014; Andrews et al., 2012). No matter how rigorous the local rules are, they will not function effectively without the acquisition of assistance from higher-level governments because the society will be polarised and divided to adhere to which regulation is more acceptable. Political factors that determine the potential feedback for policy implementation include transitions in interest group roles, the emergence of new interest, and exploiting political sustainability (Mcdonnell and Weatherford, 2016). The Central Government and the Local Government must improve institutional synergies and reform their respective interests to resolve the adversity endured by both the region and nation as a whole.

2)Operational or Managerial Factor

In terms of substance, the scope of Large-Scale Social Restriction policy encompasses most regulatory considerations that must be met by all levels of society, with the assistance to support the financial

and health. A policy enactment practically uses colusive approach of decision making. However, it may result in inefficient policy implementation due to paradoxes of equalization in policymaking and versatility in implementation, incentive frequency and goal displacement and bureaucratic impersonality, and the personalization of administrative ties (Ahlers and Schubert, 2015; Zhou Xueguang, 2010). Accordingly, a management approach in policy implementation is clarified by four specific variables: internal mutualism relating to coordination mechanism or government and other agencies; external mutualism, related to infrastructure and networking facilities; policy expertise and information, relating municipal human resources; and personnel immutability, related to different municipal organizational echelon (Bondarouk et al., 2020). One of LSSR's inefficiency reasons is grounded upon the duration of LSSR application being too short, where each phase, in general, lasted approximately two weeks. Compared to other countries in particular with a solid record of conquering the COVID-19 virus, the average restriction policy was prosecuted for three months at the least. Although, debatably, this decision made by DKI Jakarta Government was not without external constraints interfered, such as agitation from other stakeholders on the premises of economic decline. Moreover, the amendments to the rules throughout the varying LSSR periods and the inadequate enforcement of penalties for violators became a reflection of this program's poor management.

The relaxation during transitional phases results in an increase in public negligence due to the loosening of the restrictions, which led to an increase in the number of positive cases. Legal authorities must intensify surveillance and prosecution of sanctions against offenders in concrete action and not just warnings. If the lockdown policy was not the ideal option due to being too extreme to be adopted, imitating how other countries administer strict discipline is the least thing that could help make the LSSR policy to be more obeyed. A practical approach plays a vital role in rectifying any existing establishment within the scenario to avoid misunderstanding. Effective monitoring and an evaluation blueprint are segments of the credential in refining implementation mechanisms to thoroughly see forward of what to persist and what to abandon for the future time, endeavoring to mobilize public support (Barthwal and Sah, 2008). The Local Government must associate with other stakeholders as part of a more substantial commitment towards the policy. Management of different stakeholders is

one of the critical facets in sustaining policy commitment, meaning it must be tangible in a various way and ensured both short term and long term (Brynard, 2009).

3) Social and Economic Factor

The association between society and economics has been found in several discourses. In this sense, both factors have also become intertwining matters for their importance and influence. As far as the social dimension is concerned, it has become apparent that one of the reasons why LSSR policy is difficult to succeed over a long period is the lack of compliance by many levels of community. Typically, a compliance program is structured as a precaution when faced with an expected sanction equivalent to infringement's social cost (Martinez, 2020). That is not the case in the context of the COVID-19 situation in Jakarta. The deteriorating emergency condition has prompted the government to issue boundary restrictions instantly, spurring non-compliance from citizens. Gofen (2015) indicates that numerous studies delineate non-compliance as an incongruous behavior over a given policy aspiration, with the person is viewed as uncongenial in response to a policy change that can be in direct or indirect behavior. Both of the non-compliance behaviors are apparent in this case, for instance, breaking the law by refusing to be taken to the hospital or a referral place when confirmed for COVID-19 (direct) or not adhering to health protocols by not wearing a mask in public (indirect). The disobedient attitude from citizens complicates the pandemic situation. It is hindered by invertebrate self-education about the knowledge relating to the novel coronavirus pandemic. Poor public understanding may trigger numerous things, such as the absence of consequence awareness practiced by violating the rules or the willful ignorance over what has occurred, leading to the guidelines' insurrection. These two items are the most likely to emerge within Jakarta citizens who violate LSSR rules.

Notwithstanding, there is another reason that underlies violations of LSSR regulation among communities or corporations, notably economic pressure. Economic adversities may contribute to the convolution of a void between policy decisions and their implementation when considering that social, political, economic, and administrative variables are not adequately addressed in the process of analyzing policy formulation (Makinde, 2005). The general public in various economic classes and businesses at different levels is undoubtedly affected by this

pandemic, both by the virus infection's repercussions and subsequent government regulations. Large-Scale Social Restriction rules jeopardize economic activity due to confinement on mobility and gathering capacity, even with the intention of individual safety due to the pandemic emergency period. Being an emergency rule means that the manager's duty includes setting out the agendas behind the emergency and highlighting the renounced directions before pursuing public support for institutional re-ordering or constitutional re-founding (White, 2015). In other meaning, emergency officials may or may not always have the imperative abetment from other stakeholders or the general public due to the immediate action required. Simultaneously, with the need for significant changes to adapt correctly to this unexpected new situation, not all parties can embrace it civilly. For those in distress, the situation forces them to resume their activities and compromise their financial stability protection. Throughout this regard, intense social assistance from the government is necessary, along with creative engagement within businesses and individuals to discover an alternative approach to handle the current crisis. Social and economic implications are indeed critical in measuring the success of policy implementation. Nevertheless, to integrate these aspects, additional determinants are required as a parameter of common goals outcome.

CONCLUSION

By analyzing the issued policies and regulations using available data and information through the government's website and the progress of COVID-19 cases, it is attested throughout the year of 2020 timeline that overall, the implementation of LSSR is not effective to derogate COVID-19 spread. This is due to the infection rate remained high until the cumulative positivity numbers in Jakarta reached 186,691 by January 1, 2020. As a fact, it contradicts to the primary goal of LSSR according to Regulation of the Governor of Special Region Capital City of Jakarta Number 3 of 2021, which is to reduce the spread of virus infection. This article has explained the extent of local-level policy implementation effectivity in addressing emergencies using the case study of Large-Scale Social Restriction policy in Jakarta. The case study illustrated the need for improvement in operational management, chaperoned by better cooperation with the Central Government and higher obedience by the public. This article identified LSSR implementation's success based on theoretical reference,

correlating with established regulations and empirical evidence. Furthermore, the delinquency is also pinpointed through referenced indicators, along with discovered factors. The LSSR implementation can be remarked from the regulation issued to the results of the performance. The findings of LSSR implementation in Jakarta unveils both commendatory outcome and inadequate default, influenced by several factors.

It is due to several variables such as insufficient management to enact the policy, affected by poor support from the Central Government. Consequently, it creates diminishing public credence, leading to non-compliance towards the regulation, which adds to the influencing factor of LSSR implementation efficiency. Findings from several different periods of LSSR manifest that the enforcement of austere measures and the maintenance of strict penalties help control public adherence and minimize the transmission of the COVID-19 virus with consistent perpetration. Public safety is the highest priority for the establishment of this policy; hence, the effectiveness of this legislation depends on public confidence in local government by complying with the rules. To support the realization, the Central Government should emphasize law enforcement more to combat the pandemic crisis in this country by incorporating stricter guidelines to the broader coverage domains and strengthening coordination with regional and local governments to avoid misunderstanding and maladministration. This article's limitation was that Jakarta is considered the center of administration and various other sectors, making communal residents from peripheral areas such as Bogor, Depok, Tangerang, and Bekasi carry out the main activities in Jakarta. It causes daily movement to be continuous, so it is difficult to control by only Jakarta City Government. Moreover, peripheral communities' relationship appertains to the COVID-19 management system and policies within each of these areas that are not included in this article's discussion.

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