Bridging the State and Society: Rethinking of Social Response and Disaster Risk Reduction during Uncertainties Future of Covid-19 in Indonesia

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Abstract. This study aimed to examine the social aspects of a disaster, in particular related to disaster risk reduction and social response, and to seek the references in adopting or adapting the best practices from a number of countries that have been able to control the Covid-19 spread. To get a comprehensive result, this study used a qualitative method with the data collected through desk studies sourced from the digitally accessed secondary data in the span of January to May 2020. The results of the study showed that unity of command in preparing a strategy of disaster risk reduction from the central government to local governments has become an absolute necessity to achieve a more coordinated and sustainable management effort. This pandemic at the same time becomes an alarming alert and wakeup call for the government to place subscriptions for disease outbreak as a priority agenda. In addition, strengthening the people-centered approach as the spearhead of disaster management must also be done to create a resilient and disciplined social behaviour and responsibility of the community. In the end, the government policy in improving the pandemic situation must be able to bridge public awareness to conform the health protocol as a joint commitment to prevent the new normal scheme not turning into a new disaster in future.

Keywords: Social Response, Disaster Risk Reduction, Covid-19, New Normal, Uncertainties

Abstrak. Penelitian ini bertujuan untuk mengkaji aspek sosial dari sebuah bencana khususnya terkait disaster risk reduction and social response serta mencari referensi dalam mengadopsi ataupun mengadaptasi best practice dari sejumlah negara yang sudah terlebih dulu mampu menjinakkan persebaran Covid-19. Untuk mengkaji isu tersebut, penelitian ini menggunakan metode kualitatif dimana pengumpulan data dilakukan melalui desk studies yang bersumber dari data sekunder dan dapat diakses secara digital oleh publik dalam rentang waktu bulan Januari hingga Mei 2020. Hasil penelitian menunjukkan bahwa adanya unity of command dalam menyiapkan strategi pengurangan risiko bencana baik dari pemerintah pusat hingga pemerintah daerah menjadi kebutuhan mutlak sehingga upaya penanganan lebih terkoordinasi dan berkesinambungan. Pandemi ini sekaligus menjadi alarming alert dan wakeup call bagi pemerintah untuk menempatkan penangganan bencana wabah penyakit sebagai agenda prioritas. Selain itu memperkuat people-centered approach sebagai ujung tombak penanganan bencana juga harus dilakukan agar terbentuk social behaviour and responsibility masyarakat yang tangguh dan disiplin. Pada akhirnya, kebijakan pemerintah dalam memperbaiki situasi pandemi harus mampu menjembatani kesadaran masyarakat untuk mengikuti protokol kesehatan sebagai komitmen bersama agar skema new normal tidak berubah menjadi new disaster di kemudian hari.

Kata kunci: Social Response, Disaster Risk Reduction, Covid-19, New Normal, Uncertainties

INTRODUCTION

Historically, it is noted that Indonesia has for several times been attacked by deadly disease outbreaks. During the Dutch East Indies, Indonesia had been affected by the outbreak coming from other countries, for instance the influenza pandemic of 1918 known as Spanish Influenza (Wibowo et al., 2009). The limited insight of people and the slow response of Colonial government at that time made this pandemic to claim many lives. Coming to the period of Modern Indonesia, in the span of 1997-2014, a number of global outbreaks had ever attacked including Avian Influenza (H5N1) in 1997, Severe Acute Respiratory Syndrome (SARS) in 2003, Swain Influenza (H1N1) in 2009, Middle East Respiratory Syndrome (MERS) in 2012, New Avian Influenza (H7N9) in 2013, and Ebola in 2014. In general, all six outbreaks could be rapidly managed by Indonesian government.

In the following six years, an outbreak called as Novel Corona Virus Disease (Covid-19) is unexpectedly able to badly affect the order of human life in many aspects. This outbreak firstly came out in Wuhan City, Hubei Province, People's Republic of China (PRC), later on spreading to worldwide. In a strongly connected and integrated world, the impacts of the disease beyond mortality and morbidity have become apparent since the outbreak (McKibbin and Fernando, 2020). Even, this outbreak is able to make the superpower like USA powerless. In Indonesia, this disease spreads massively and it, in very shortly, can make any regions to turn into highly-affected ones or so-called 'red zones.

Between January and February 2020, a number of Asian countries had implemented the tactical preventive measures. At that time, the Government of

Indonesia still believed that it was impossible for Covid-19 to spread into Indonesia (Massola, 2020). Even, some comments given by the state officials seemed not to contain any scientific explanations about the management of Covid-19 case and it tended to underestimate this deadly outbreak (Nasution, 2020). In fact, a number of experts from Harvard University have predicted that Covid-19 would have come to Indonesia since the mid of February 2020. In addition, the representative of WHO for Indonesia also informed the similar report stating that all countries, including Indonesia, need to prepare themselves (Rikang, 2020). However, the warning from any competent experts did not automatically make the Indonesian government through the relevant institutions to take some strategic measures and stances to prepare itself from the attack of Covid-19.

The disaster started to emerge since the Government of Indonesia in 2 March 2020 officially announced that there were two citizens living in Depok infected by Covid-19 in which they were infected from a Japanese living in Singapore. Being alerted with this, the Government of Indonesia in the press conference in 15 March 2020 started to enact the policy of work from home (working, studying and worshiping from home), ask the citizens to start to familiarize themselves with social/physical distancing, and socialize stay at home notice (Setiawati and Azwar, 2020). Since then, the report from day to day has been delivered by the Spokesman of Government for the Management of Covid-19 informing the update data about the increase of the number of Indonesia people affected by the virus and its spread has been widespread into 34 provinces only within 3 months. Based on the data from the official site of government (2020), the Task Force for the Covid-19 Handling Acceleration, per 31 May 2020, there were 26.473 cases of positive Covid-19. This number has placed Indonesia in the second order in East Asian regions following Singapore (Ministry of Health Republic of Indonesia, 2020). In fact, the results of investigation of Singapore Authority showed that one of the spreading clusters in Singapore was coming from Indonesia (Wei et al., 2020).

This fact not only has created an excessive panic among society but also degraded the reputation and credibility of government in the Covid-19 prevention that has been built by the government to make people secured. Such condition is worsened with the uncertainty of news in media which makes people even more panic. The landscape of media is in large uncertainty between the truth and fake, factual and wrong information, and truth or hoax. The experts' voices are outnumbered by political buzzers, populists, and paid influencers (Maqin, 2020). This complexity has made the outbreak of Covid-19 in Indonesia interesting to be studied across disciplines.

Basically there has been some research that discusses the relationship between the state and society in responding to the dangers of the Covid-19 pandemic in Indonesia. First, research from Yanti et al. (2020). The results of this study indicate that the majority of Indonesians who become respondents have good knowledge, positive attitudes, and good behavior regarding the physical distancing policy set by the government. Second, research from Djalante et al. (2020b) which finds gaps and boundaries of society in responding to media content, from government speeches and reports, social platforms and mass media. Prayoga (2020) demonstrates that the Indonesian government has provided various kinds of information, starting from the dissemination of policies related to the handling of Covid-19 in Indonesia, including conveying condolences to affected patients. The government also uses photos and videos to increase public awareness. Unfortunately, disaster communication is not carried out first at the beginning of the pandemic, but only becomes active when the pandemic has claimed many lives. However, from the abovementioned research, none has yet thoroughly discussed how to bridge the state and society through disaster risk management to face a pandemic .

Several previous studies have explained the urgency of disaster risk reduction in reducing the risk of the impact of an outbreak or other disaster. For example research by Djalante et al. (2020a) which recommends the concern knowledge and science provision in understanding disasters and health-related emergency risks, expanding disaster risk management to manage disaster risk and potential health emergencies, especially for the aspect of humanitarian coordination, and strengthening community level preparedness and response. Other research is the study by Pascapurnama et al. (2018) which emphasizes integrated health education and community-based disaster risk reduction plans including the dissemination of information to create resilient communities to deal with diseases transmitted through water and air. In this case, schools and communities can become agents to disseminate health promotion information so that people are more aware of health risks and carry out good practices related to prevention, management and recovery.

This research specifically is more focused on the risk management of pandemic Covid-19 disaster particularly in studying the social aspect from the disaster risk reduction and social response. The author believe that this research are necessary for a number of urgencies: (1) Disaster risk management has a strategic role in Covid-19 handling as it becomes a base to select the strategy to reduce the disaster risk and can be a base to make the policies for the disaster management; (2) the absence of studies on the disaster risk of disease outbreak as the prioritized disaster in a number of government documents though 26 April is commemorated as the Day of Disaster Preparedness and 13 October is the International Day for Disaster Risk Reduction. Both those two commemorations emphasize that the issue of disaster needs to be a concern and a priority for the government. In addition, it is also focused on how to prepare the tough society for disaster; (3) there is a need to have an agreement to

bridge the government policies with initiative, awareness, and response of society at the grassroot level; and (4) the limited number of studies on disaster risk reduction and social response in terms of the disease outbreak in Indonesia.

RESEARCH METHOD

This research used the qualitative research method with the literature study as the technique in collecting data. The author used the descriptive-qualitative research enabling the results of the research to be described in the systematic, factual and accurate sentences about the facts and relevance among phenomena. This approach was addressed to the background of research object entirely. The qualitative paradigm is called as the constructive or naturalistic approach, interpretative approach, or post-positivist or post-modern perspective (Creswell, 1998). In the process of collecting data and information, the author used the secondary data as the data source obtained from books, journals, reports, official websites of government, public discussions relevant with the topic of Covid-19 and can be digitally accessed by public within five months from 1 January to 31 May 2020. In searching for relevant and updated sources, the author accesses many journal articles scattered on Google Scholar, DOAJ, and other reputable indexes. The author compares the data in each article found to obtain precise data . In tracing the updated and relevant literature in this study, the author uses several main keywords such as disaster risk reduction, pandemic, covid-19, community resilience, and disaster in Indonesia.

The limitation of the time span was given with the following considerations: (1) this is the initial study for the author to contribute to the knowledge production by mapping and analysing the secondary data the author obtained since the first announcement of Covid-19 case to the end of May 2020; (2) consideration to the very dynamic development of Covid-19 handling in which, when this writing will have been published, it will be very possible if there will be the latest development (which can quickly becoming outdated). Meanwhile, the data analysis method used in this research was the interactive method (Miles and Huberman, 1998) consisting of four phases: data collection, data reduction, data presentation and drawing conclusion.

RESULT AND DISCUSSION

Social Response: Ordeal for Humanity under Pandemic

People anxiety about the widespread of Covid-19 outbreak has brought an effect on the social behaviour of each individual. This is because the outbreak of Covid-19 is much different from any outbreaks occurred in Indonesia. The social behaviour of people in responding Covid-19 is also very various; some respond it reasonably, and other become over-protective and always feeling insecure or even becoming ignorant, which are shown with the massive panic in which the society are excessively worried and anxious later on worsening the situation and making the society to do panic buying in a number of shops or malls in the beginning of Covid-19 outbreak. The scarcity of hand sanitizers, masks, toilet papers, and staple food occurs as the society spontaneously buy these products in large number to anticipate the stock during the Covid-19 crisis period. The Indonesian Police have to carry out an investigation into this scarcity because it is feared that it is caused by hoarding by certain actors. However, the results of the police investigation found that the high level of demand from the public for these items was the trigger (CNN, 2020). The prices of these commodities were initially affordable but then soaring due to their scarcity in the market. The demand increases sharply while the supply in market is limited. The phenomenon of panic buying shows the high egoism of each individual to feel secured in such hard times.

For this, united in the fight against Covid-19 becomes the key of success to handle the outbreak purposely to minimize the local transmission in which the number of spreading areas is increasing. As a social creature, human is obliged to participate to break the chain of virus spread. By staying (but still being productive) at home, we have indirectly helped the medical team and volunteers fighting in the frontline for humanity to save the patients infected by Covid-19. Fighting against Covid-19 is becoming the collective responsibility as it is an arena for the joint struggle for humanity. Hence, there is a need to concern that Covid-19 is an ordeal for all that must be passed through by still implementing the health protocol to end this soon.

This ordeal for humanity shows how human behaves as a form of social responses during the outbreak of Covid-19. In its positive side, social responses are shown by the increase of human awareness to help each other, being empathic, and sympathetic as shown in the emergence of many volunteers, donors either as individual, community, corporate or as institution. The social response comes out as a form of social solidarity and social responsibility in pandemic as seen in many donations distributed to those needing such as the aid of basic food packet, personal protective equipment (mask, hand sanitizer, or disinfectant liquid), or money. In addition, the existence of volunteers (medical and non-medical team) in helping to accelerate the handling of Covid-19 with various disciplinary shows the humanism and sacrifice in facing the Covid-19 outbreak by doing the positive things. The volunteers participate to give the help though it is very risky as it can lead them to death anytime.

However, in negative side, the social responses are shown through (1) discriminative deeds, negative stigma, and bullying by some people and local apparatus to the Covid-19 patients and medical team. Even, the medical team fighting in the frontline to save the patients also has similar experience in their

environment from the people living nearby; (2) the over fear and courage to help in a number of incidents as there is an assumption that the people to be helped have been infected by Covid-19; (3) the increasing theft cases in some places as the economic impact in which some of people do not have incomes during the implementation of work from home or Large Scale Social Distancing (PSBB). This shows the dominance of fear, curiosity, and excessive anticipation making the people to lose their empathy, sympathy, rationality, even caring to other human to survive from the attack of invisible virus.

High Risk of Covid-19 as Non-natural Disaster
Each individual has a high risk to be infected with Covid-19. World Health Organization (2020c) reported that the common signs of infection include respiratory symptoms, fever, cough, short breathing and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, and kidney failure. Even, some of people infected by this virus do not show any symptoms and potential to be the carrier for other people. In such situation, the Covid-19 handling must be based upon the humanistic values in which there is no longer any inequality in terms of ethnicity, religion, race, and class or social status of economic.

Infants, pregnant women, those with hereditary diseases (diabetes, heart disease, lung disease), and those aged over 65 are the group with the high risk for a serious infection to Covid 19. However, this does not mean that we all are not very vulnerable to be infected with this virus. All similarly have a potential to be infected by this virus no matter if they have a high job title or not, come from middle-up class or not, have high educational level or not, are rich or not, old or young, healthy or not, or live in urban or rural area. So, everyone needs to take steps to be aware and protect themselves and others from spreading or catching Covid-19.

It is noted that the disaster includes not only come in the form of earthquakes, floods, tsunamis, landslides, or forest fires, but also disease outbreaks. Referring to the Law No. 24 of 2007 on the Disaster Management, disaster is defined as an event or a set of events threatening and disturbing the life and livelihood of human caused by the natural or non-natural factor that claim many lives, damaged environment, property loss and psychological impacts. Whereas, the source of disaster is categorized into 3: first, natural disaster – this disaster is caused by natural events such as earthquake, tsunami, mouth eruption, and slides. Second, non-natural disaster – this disaster is caused by the events in the form of failure in technology, failure in modernisation, epidemic, and outbreak. Third, social disaster – this disaster is caused by the event or a set of events such as social conflict between groups or between communities and terror. Based upon those three definitions, then Covid-19 is included in the category of non-natural disaster source as it is in the form of the epidemic of disease.

The handling of non-natural disaster certainly is different from the natural disaster or social disaster occurred directly. If the natural disaster or social disaster occurs, the process of handling can be done in the site where the disaster occurs and it can directly interact with the victims. It is, however, different from the outbreak in which the handling must be done very carefully purposely to prevent the helpers from being infected with virus sourced from the people being saved. In short, it can be stated that the disease epidemic is a product from the vulnerability of a disaster. For this, there is a need for an effort of accurate and rapid handling; on the other hand, the understanding and competence of disaster mitigation is still very limited as Covid-19 is a new type of epidemic; consequently, it is highly potential to be infected by this virus.

Virus Mobility vs. Human Mobility: Spreading Localization and Social Response
The prevention for the spread of outbreak needs to be a concern of government considering the fact of human-to-human transmission. The effort to soon localize the spreading areas is deemed necessary to be done as this pandemic can reach any regions either those in a country (between villages, cities or provinces) or between countries. In a short time, the mobility of Covid-19 coming from Wuhan then has been massively spread in a large scale. Based on the data from the Task Force for Covid-19 Handling Acceleration (2020) per 31 May 2020, the Covid-19 spread has reached 216 countries and more than 5.891.182 people are confirmed to be positively affected by Covid-19. Also, this pandemic has claimed 365.966 lives (the mortality rate of 6.2%). The transmission can occur with the imported cases (transmission occurred after the patients of Covid-19 had a travel from abroad), cluster of cases (having the cluster cases in a certain location), and the local transmission between the inhabitants (the virus transmission in the location where the patients are). At the global level, WHO (World Health Organization) has set out Covid-19 as the global pandemic in 11 March 2020 (World Health Organization, 2020a). For this, WHO has implemented the social distancing, considering that this pandemic has been a social reality that people must face today.

In addition to the social distancing measure, the Indonesian government has implemented the national health emergency status enabling the local government to implement PSBB in April 2020. This stipulation is guided by Law No. 6 of 2018 on Health Quarantine, where the position of the Minister of Health is in charge of controlling including deciding the proposal of PSBB implementation by the regional government. It is further regulated as stated in Government Regulation No. 21 of 2020 on PSBB for the Acceleration of Corona Virus Disease-2019 Handling. This policy has been implemented by a number of regions, particularly those viewed as the epicentres of the Covid-19 spread. PSBB is one form

of acts of health quarantine as stipulated in Law no. 6 of 2018 on Health Quarantine Article 15 Paragraph 2.

PSBB was firstly implemented in Special Capital District of Jakarta that today becomes the largest epi-centre in Indonesia and then followed by a number of other provinces including West Java, Banten, Riau, Central Sulawesi, Central Java, West Sumatra, East Java, and other. The policy of PSBB is implemented by considering the high mobility of people from one place to another, and the direct interaction among people in which this can lead to the more increas-ing mobility of virus spread. In the theory of people mobility Ernst G. Ravenstein (1885) mentioned that humans do the mobility, moving from area to other for the any political, economic, social, cultural and religious interest. Thus, the transmission can occur in a very short time and even crossing time and space.

Given the implementation of PSBB, it is expected that the policy can reduce the people mobility with a purpose of maximally controlling the Covid-19 spread. If the people mobility is not controlled, then the potential of red zone development will continue to spread to other areas and the number of patients with positive Covid-19 increases. While, the com-petence and the availability of health infrastructure in areas are limited in terms of handling. This is as what occurred in Wuhan in the beginning of 2020, in which the spread of virus was getting faster and stronger as the mobility of people in Wuhan to other areas or even to other countries was very intense.

The localization of Covid-19 spread needs to be done considering that Indonesia is an archipelago country with the fourth largest population in the world and it has a very high level of regional vulnerability in terms of virus spread. Since the first 2 cases of Covid-19 found, the Covid-19 cases in Indonesia are very rapidly and sharply increasing in everyday – even it is possible to continue to increase. Near the end of Ramadhan month, Indonesia's enforcement of the ban on Mudik (returning to hometowns for Eid), effec-tive since 24 April, is taking on added significance as several COVID-19 transmissions have been linked to those returning home prior to the ban (World Health Organization, 2020d). The data of The Task Force for the Covid-19 Handling Acceleration (2020) per 17 May 2020 (7 days before Eid), there were 17.514 positive cases with the number of mortality of 1.148 cases and the recovery of 4.129 cases. Meanwhile, 7 days after Eid, there were 26.473 positive cases per 31 May 2020 with the number of mortality of 1.613 cases and the number of recovery of 7.308 cases. The highest addition of case occurred in 21 May 2020 with 973 new cases. This number is the highest addition of new cases since Covid-19 came to Indonesia. Until recently, the data show no signal when the peak of Covid-19 pandemic will decrease.

Besides, the Covid-19 spread crossing any no boundaries becomes a threat of coordination between the central and local governments. It is because the virus spread can occur both inter boundaries and administrative boundaries. The enormity of the virus spread has made the Indonesian government to issue a number of policies, which are expected to be able to close any access to the entry of the virus to a number of areas that are currently the concentration of the spread while limiting the flow of mobilization from inside and outside areas viewed as a target of recovery. The community is expected to take part in minimizing the virus spread and giving medical staff time to act and to help protect states with weaker health systems. Resilience in dealing with disasters needs to be improved as a form of social behavior and social responsibility

Sense of Crisis and Disaster Risk Reduction

The central and local governments certainly have many experiences in dealing with and passing through some natural disasters considered as the biggest ones in the world, i.e. tsunami and earthquake, as well as social disasters such as the conflict in Aceh, Poso, Dayak-Madura, and Papua. However, experience in dealing with non-natural disaster is still very limited particularly in dealing with epidemic such as Covid-19. The sense of crisis from the leaders in Covid-19 pandemic situation is a concern of government in responding to Covid-19 as a humanitarian disaster. For this reason, the public officials are demanded to be more sensitive and have a sense of crisis in deal-ing with the risk of Covid-19, especially when the outbreak has reached the peak season period.

A year ago, far before the coming of Covid-19 outbreak, President Joko Widodo delivered his state-ments in his first speech as the chosen president in the President Election 2019 entitled "Visi Indonesia" in Sentul, 14 July 2019 stating "there is no longer the linear working, work routine, monotonous work, and comfort zone, we need to change, building the new values in working, rapidly adapting with any times. We must keep on building the adaptive, produc-tive, innovative and competitive Indonesia (Sugiarto, 2019)". This statement implied something so deep in which in the following five years, the government and people of Indonesia are demanded to be able to respond any rapid, massive, risky and complex changes through proper measures and optimism towards the future.

If correlated to the context of pandemic currently occurred in Indonesia, the statement is very rel-evant in dealing with the change of world condition today. Once global health emergency was declared on January 31, 2020, it should be a warning for all countries to be more concern in dealing with the pre-ventive measure of the so massive and rapid spread. The unpreparedness of the Indonesian government in responding was certainly something unfortunate from the very beginning. This can be seen not only from the lack of health facilities the government has provided, but also from the fact that the government is not really open to explain how dangerous Covid-19 virus is and even the explaination was not based on evidence available at the time. However, blaming the government is certainly not the best solution to stop

the number of cases more increasing every day. At this time, the government must be able to take responsibility for the health and safety of the citizens. For this reason, the accuracy of data and information as well as adaptive policies come to be crucial enabling the state to provide protection for the citizens.

In disaster risk reduction, the sense of crisis plays an important role for affecting all aspects. To make it clearer, during the today epidemic, the focus of the government is not only on health sector, but also on other affected aspects such as economic, political, or social aspects. This complex situation 'urges' the policy makers to be capable of dealing with the issue rapidly and precisely under such upnormal situation. Those who best understand the vulnerabilities and risks in their surroundings are the people living in them. Hence, they must be involved in the policymaking process (Patterson et al., 2010). The policy makers are required to be able to describe, map, and set the priorities. For this reason, the leadership capabilities of a policy maker are needed to make the adaptive and responsive policies based upon the evidence in minimizing the risk and able to give the short-, medium- and long-term benefits. Making decision becomes very dynamic as there are many actors and factors interacting to each other.

In an abnormal situation, conflicts within bureaucracy are something inevitable as the government systems and institutions as well as policies at the national and regional levels are commonly designed under the normal conditions. The dispute between vertical and horizontal among between government institutions is reflected in the extent of coordination and unity of command. In this case, the Indonesian government tries to set up a "fast response" team to tackle the crisis and asserts that the central government will take control (Bland, 2020). It, unfortunately, remains unclear whether there is a deeper coordination of different agencies/ ministries, and whether this extends to response mechanisms from the national, provincial and local governments (Djalante et al., 2020b). The local government supposed to be an extension of central government in fact has made its own movement by implementing the local lockdown. As a matter of fact, to carry out local quarantine at both the central and regional levels, the central government has the authority as stated in Law no. 6 of 2018 on Health Quarantine. A number of local governments such as Banda Aceh, Tegal, Tasikmalaya, and Papua decided to conduct local lockdown independently to accelerate the isolation of their territory. The central government is very careful as if the lockdown policy is implemented, it will bring an increasingly impact on economic sector.

Furthermore, horizontal relations between government institutions can be seen from to what extent of the government has coordination with relevant ministries/ institutions in the delivery of public information and data that are not transparent and accurate. The central government seeks to control information by not providing the complete information with

the reason to prevent any public panics; on the other hand, it can also make the coordination complicated in view of inaccurate data from the central and local governments. The information disclosure has brought an impact on the public's attitude towards government due to the disinformation. This rapid spread shows the problems in communication in dealing with Covid-19 (Zhang et al., 2020). In a disaster situation, all information delivered by authorized state officials must be clear, transparent, and not biased in interpretation. This needs to be considered because the delivery of an information and policy during a disaster crisis must pay attention to the content, medium, way to the delivery time that is different from the ones in the normal situation. The government needs to communicate to the public about the critical risk to all communities and counter misinformation. For this reason, it needs to equalize the perceptions of all parties, both government and community.

Preventive measures are frequently ignored even though the Covid-19 outbreak has a negative impact on human survival. In Indonesian context, preparedness is not done from the beginning. The government is more reactive than preventive in which preventive action is still done unseriously. This can be seen from: (1) ill-prepared infrastructure and health logistics (medical personnel, PPE, isolation rooms, or medicines.) in all areas manage the positive patients, supervised patients (PDP), and insiders monitoring (ODP). World Health Organization (2020b) also launched "2019 Novel Coronavirus (2019-nCov): Strategic Preparedness and Response Plan" to support all countries to prepare for and respond to Covid-19. This guideline can be used to develop a country-level operational plan to support national governments to prepare for and respond to co-19 in line with the Strategic Preparedness and Response Plan. Preparedness without a careful action will be potential to hesitate each of related stakeholders both as government, business, and society; consequently causing an extraordinary impact. This means that we will only want to deal with disasters when they have already occurred (manifest) because of the stigma stating that discussion about disasters is something that must be addressed with 'reasonable' and is a merely a classic problem.

In all condition, disaster management for disaster risk reduction was needed. The definition of disaster management, according to Carter (Suri et al., 2015), is an applicative science seeking by observation and analysis calamity to systematically increase actions associated with the prevention, reduction, preparation, emergency response, and recovery. Previously, the World Bank in the United Nations International Strategy for Disaster Reduction (2009) defines disaster risk management as the systematic process of using administrative decisions, organizations, operational skills, and capacities to implement policies, strategies, and coping capacities of the society and communities to reduce the impacts of natural hazards and related environmental and technological disasters. Without

having to be disarmed by a pandemic, Indonesia must familiarize itself with disaster risk reduction. This is because Indonesia is the most disaster-prone country in the world based on data released by the United Nations Agency for the International Strategy for Disaster Risk Reduction or UN-ISDR (BBC, 2011). Indonesia's high position is calculated from the number of people who are at risk of losing their lives if a disaster occurs. Disaster risk reduction includes all forms of activities, including structural and non-structural measures to avoid (prevention) or to limit (mitigation, preparedness, and response) the adverse effects of hazards". Based on the above definition, the government is confronted with the reality to always be ready in carrying out disaster management including all activities carried out in the phases of pre-disaster, during disaster and post-disaster.

Covid-19 demonstrates the inter-connected nature of risk today, highlighting an urgent need for a concerted global effort to accelerate the risk reduction activities (UN Office for Disaster Risk Reduction, 2020). World Health Organization (2017) also provided a guidance as a part of Global Influenza Programme for applying the principles of All-Hazards Emergency Risk Management for Health (ERMH) to pandemic influenza risk management. There are 6 important categories in ERMH, including (1) policies and resources management; (2) planning and coordination; (3) information and knowledge; (4) health infrastructure and logistics; (5) health and related services; (6) community emergency risk management capacities. A number of countries have implemented ERMH and precautionary principle well and this can decrease the spread as what South Korea has done. However, we need to understand that South Korea is certainly very different from Indonesia, starting from the area, population, geographical contour, and the level of education of the people. In principle, the Indonesian government has taken policy steps, planning, coordination and optimization of information technology. However, these efforts often collide with public awareness that has not been well developed. Especially at this time people are very easily fooled by hoaxes that are spread on various social media platforms. Regarding infrastructure, logistics, and health services, it must be admitted that the vast area and geographic conditions of Indonesia as an archipelagic country are quite difficult to evenly handle Covid-19. This is certainly not found in the case of South Korea. Therefore, the Indonesian society's sense of crisis still needs to continue to be built.

Risk Potency in Scenario of New Normal Life

Given the status of a national Covid-19 disaster issued from 29 February 2020 to 29 May 2020 through the decree of BNPB Number 13 A of 2020 on the Extension of the Certain Condition Status of Corona Virus Disease Disaster in Indonesia and the Presidential Decree Number 12 of 2020 on the Determination of the Covid-19 Natural Disaster Status as a National Disaster, the policy to ease the social

and new normal restriction for some reasons comes to be inaccurate. On the other hand, the Government continues to strive and expects that the peak of Covid-19 pandemic will soon decline by implementing a number of policies that are expectedly able to minimize the Covid-19 spread. Referring to the data of positive Covid-19 cases from March 2, 2020 to May 31, 2020, the curve of Covid-19 spread has not shown any decline in the number of cases - even it tends to continue to increase. For this reason, before easing the social restriction, the government should control the Covid-19 spread and ensure that the health system in all regions can control any potential risks of new Covid-19 transmission cases in future.

Covid-19 as a global disaster provides future uncertainties. The initial prediction of the peak of the Covid-19 spread escalation was to take place around April-May 2020. However, until near the end of May, the peak of the Covid-19 spread did not show any decrease - even it tended to continue to increase. A number of predictions about the end of Covid-19 pandemic in Indonesia then come out in which the predictions can be categorized into three scenarios: (1) optimistic scenario in which pandemic is predicted to end in June 2020; (2) a moderate scenario in which the pandemic is predicted to end by September 2020; (3) pessemic scenario in which the pandemic is predicted to end by December 2020. Looking at these three scenarios, it means that we are currently living in uncertainty of future related to the end of Covid-19 in human life.

The state and society life will not soon be normal without any concern of all parties in handling this issue as this epidemic is not merely a national issue for Indonesia but global. This condition seems to be a time bomb for Indonesia. For this reason, the Government needs to review to reflect on how the best practices from other countries such as China, South Korea, Taiwan, Singapore and New Zealand succeeding in handling Covid-19. In addition, WHO also emphasized that new normal should only be implemented only for the countries that have successfully fought Covid-19. The decision to implement the new normal scenario in a number of regions in Indonesia in June 2020, therefore, actually is not a right choice and needs to be very carefully considered with a consideration to the increasing rate of Covid-19 at times. Therefore, preparedness in adapting to a new normal situation must be balanced with certain anticipatory measures.

The implementation of new normal scenario without any proper preparation and with the disobedience of the society towards health protocols can lead to the increase in the number of cases and the Covid-19 spread is allegedly going to rapidly increase. This certainly becomes the burden for the medical personnel in handling the Covid-19. The potential for rising fatalities in new normal life practices will be even greater during living along with Covid-19. It can be reflected from a number of incidents after in 14 May 2020, where the government allowed several

airlines to again operate and this then caused a crown of passengers as occurred at the Soekarno Hatta International Airport. This incident made medical personnel struggling at the forefront in fighting against Covid-19 felt very disappointed with the behavior of most people ignoring the health protocols. The disappointment was shown by the hashtags #indonesiaterserah and #terserahIndonesia as a response of the medical personnel disappointment for community disobedience. Learning from this experience, the rights for health essentially is not only placed on health services for patients; but also needed to place on how the health of medical personnel. The government is also responsible for the safety of medical personnel. Responding to the disappointment of medical staff for the disobedience of the community is something critical to address, given that they have struggled with the lack of health facilities, especially for the adequate self-protection equipment.

Also, a number of other incidents reflect the behavior of some people as shown through the 'farewell ceremony' at the closing of a historic McDonald's outlet where they no longer cared about physical distance and were more excited taking picture to capture the moment; sale and purchase of a health certificate; the crown in the shopping centers to buy clothes and food for Eid; the number of homecomers returning to their hometowns by using private vehicles and even renting a tow truck to fool the officers a week before Eid due to the implementation of the prohibition on returning home; and many other events. These facts showed the absence of awaraness of community and their disobedience towards the government regulations. Failure in the initial response can make the Covid-19 pandemic handling more difficult and further it can worsen the life of the nation and state (Widaningrum and Mas'udi, 2020: 60-61). WHO even has stated that the weak detection at the early stages of the Covid-19 outbreak would result in a significant increase in the number of cases and deaths in several countries.

Bridging the State and Society: Option to Living Harmony with Covid-19

Nature and human are two main factors for the disaster. In the context of Covid-19, the disease transmission from animals to humans through the intermediaries of food sourced from animals indicates an imbalance between nature and humans. For this reason, there are four strategies that can be implemented in reducing disaster risk and realizing a resilient nation in facing disasters (Maarif, 2012), including (1) keep disasters away from human; (2) keep people away from disaster: (3) living in harmony with disaster; and (4) developing the local wisdom. In the current situation in the mid of May 2020, the Government responded it by using an option to live in harmony with the Covid-19 disaster, as realized through a plan to implement a new normal. "Our life is certainly changed, to overcome the risk of this outbreak, it is a necessity. This is what many people

call as new normal or new life order," as stated by Joko Widodo in his official statement at the Merdeka Palace, Jakarta, Friday, May 15, 2020. It means that if a pandemic lasts for a long time while the vaccine has not been found, the Government invites its citizens to start getting used to new normal life, a new normal lifestyle.

In the practice of new normal life, the government attempts to ascertain that the understanding of new normal life lies or is focused on the term 'new' rather than 'normal'; it means a new lifestyle that will later must be applied with the community. In such condition, the community is allowed to do the limited activities based upon guidelines given by the Indonesian Ministry of Health including (1) complying with the PSBB and keeping the distance; (2) informing the the good news and stopping spreading the hoaxes; (3) reminding each other not to returning home; (4) supporting the medical personnel by staying at home; (5) helping the apparatus to collect the data and distribute the social aids and (6) not providing the negative stigma to the patients with positive Covid-19. The choice to live along with Covid-19 has been made as it seems not possible to always be at home. Thus, there will be a phase where all must be back to be a little normal but it must still be supported with the preventive measures and physical restrictions by obeying the health protocols. This condition shows that Covid-19 has changed attitudes, ways, and behavior of humans in which it has ever been considered unusual, now changing to be reasonable. This condition requires humans to be able to adapt, reconcile, and live side by side with Covid-19 threats. All nations and countries are forced to adapt rapidly and still maintain an optimal productivity under any various restrictions applied.

All elements of the nation and state must be alert with the spread of Covid-19 to prevent any more spread for again having the normal life activities. For this, there are some points needed to be strengthened for future recovery efforts, some of which include first, the need for regulatory and institutional aspects of preparedness in disaster condition, which can be done through: (1) the optimization of plans for internalization, integration, and synergy as well as cooperation inter-countries, provinces, cities/ regencies that prioritize the aspects of disaster management and disaster risk reduction sustainably - not simply for a temporary period; (2) the capacity building for the government, businesses and communities in building resilience in facing the disaster. This needs to be prepared as a preventive measure any possibilities of epidemic attacking in future by involving the active roles of all relevant multi stakeholders; (3) allocating and even designing the scheme of National Budget (APBN)/ Local Budget (APBD) fund reallocation for social aids for the reduction of the community vulnerability to disaster; (4) providing a space for local governments to innovate the disaster management without having to bypass the authority of Central Government. This needs to be a concern by the Central

Government, considering that the disasters faced by one region might be very different from other regions; hence it needs independence in innovation at the local level to accelerate disaster management, especially disease outbreak. For this, a bottom-up approach is needed as well. At the regional level, the government has an authority to manage health affairs as stated in Law No. 23 of 2014 on Local Autonomy in which health affairs become the compulsory basic services. Thus, local governments are entrusted with mutual cooperation with the central government in preventing and overcoming the epidemics; (5) increasing the quantity and quality of medical personnel, facilities, health facilities and infrastructure as well as establishing the local hospitals and centers focused on managing the disease outbreaks. The government needs to prepare any particular scenarios to be applied in the end of pandemic or in the decelerating rate of transmission.

Second, community resilience and recovery can be done through: (1) the enhancement of the aspects of knowledge and literacy on disaster preparedness earlier. The community needs to understand the potency of vulnerability of the Indonesian people to natural, non-natural and social disasters. For this, disaster literacy must be understood by each generation so that the understanding of disaster is not simply limited to natural disasters or social disasters. Moreover, non-natural disasters also need to be educated now that the attention so far is given very less to disease outbreak. To achieve broader goals and to introduce the students from an early age, it can be done by integrating them into the school curriculum and extracurricular activities. (2) In addition to formal education in schools, non-formal education at homes or worship buildings can also be carried out to enrich the knowledge and information about disasters. Further, disaster in the form of a pandemic disease outbreak, where medical and non-medical aspects also need to be studied enabling all people to be able to learn from valuable experience in dealing with Covid-19. (3) Disaster education can be institutionalized to make it as a common concern and can be developed at the community level to distinguish which information as a fact or as a hoax. It is related to the fact that the spread of infodemic is equally dangerous as the pandemic itself. "... infodemic ... spreads faster and more easily than this virus", Tedros Adhanom Ghebreyesus, WHO Director General in Winanti and Masudi (2020). This is inseparable from the asynchronous information on Covid-19 cases. In a panic condition, people need the transparent and accurate information in terms of how best to prevent it, or data on the number of cases. For this reason, the strengthening of digital literacy becomes an inseparable part, considering that during the Covid-19 period, the use of communication and information technology has become a means of connecting between the state and society.

Third, it is important to maintain and continue the clean and healthy lifestyle. It is never known when a disaster comes and the Covid-19 epidemic ends. So,

the better normal that has to be the lasting legacy of the global health emergency of 2020 (Guy, 2020). Therefore, the involvement of public participation is an important key in dealing with disasters. Moreover, awareness and social actions formed genuinely from the people will be able to sustain better than initiatives that are merely top-down from the government alone (Octastefani and Rum, 2019). So, in the context of disease outbreaks prevention, there is a need for preparedness from all parties with a purpose that, when disaster strikes, the community can take anticipatory action and not being stuttered in giving the response.

CONCLUSIONS

The fight against Covid-19 pandemic in Indonesia still continues. As long as the vaccine cannot be given to the community as a whole to achieve herd immunity, the public is obliged to always implement health protocols and comply with government policies with all the limitations and all the high risks posed. From this analysis, it can be concluded that: First, the existence of unity of command in preparing disaster risk reduction strategies started from the central government to local ones is critical so that any effort of disaster management becomes more coordinated and sustainable. Secondly, Covid-19 is an alarming alert and wakeup call for Indonesian government to place the management of disaster of outbreak as a priority agenda where the preventive efforts must become a mindset. We should not simply react when the epidemic has spread massively. Third, there is a need to strengthen the people-centered approach as the forefront of disaster management. It is to establish a formidable and disciplined social behavior and responsibility of the community to make the community more aware and well prepared for any potential disasters. Fourth, government policies must be aligned with continuous efforts to build public awareness to obey the health protocol as a joint commitment; thus, the scheme of new normal life does not turn into a new disaster in future. In the future, all elements of the nation must be more responsive, adaptive, productive, and innovative in dealing with various uncertain situations. As the effort of future disaster management, it is deemed important to build and encourage the active involvement of all stakeholders as a form of collective responsibility and commitment. Because this research is preliminary research related to disaster risk reduction against Covid-19 in Indonesia which was carried out when the government and the public were still stuttering in responding in the early period of the pandemic, the authors suggest that for the next research it is necessary to deepen how the public responds when the new normal life scheme is in effect, People are starting to feel accustomed to living with Covid-19, and vaccines are starting to be injected into the community gradually. This is to find out whether disaster risk reduction and a sense of crisis have developed better in the people's mindset, whether the relationship between the state and society is more properly

bridged in facing a disaster together, or whether the conditions found in this research are still stagnant.

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