



## The Implementation of Regional Government Policies in the New Normal Covid-19 Era in Lampung, Indonesia 2019

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### ABSTRACT

**Background:** Covid-19 is an infectious disease caused by a new type of Coronavirus (novel coronavirus/nCov). World Health Organization has recommended three steps, namely epidemiological criteria, public health surveillance, and health services to deal with the pandemic. The main objective of this research is to determine the implementation of local government policies in the new normal era during the Covid-19 pandemic in Lampung Province, Indonesia in 2020.

**Method:** This study uses a descriptive method with a qualitative approach. Qualitative research methods are research methods based on post positivism or interpretative philosophy, used to examine the conditions of natural objects, where the researcher is the key instrument. The data collection technique is done by triangulation (combination of observation, interview, documentation). The data obtained tends to be qualitative. Data analysis is inductive/ qualitative.

**Results:** The important role of community behavior in obeying local government policies in the new normal era are namely: the socialization stages, of course, must be understood, and also obeyed by the community. In essence, the success of a productive and safe COVID-19 community is very much dependent on community discipline and collective awareness in complying with health protocols. New habits such as wearing a mask, maintaining a safe physical distance, washing hands with soap and running water, always doing regular exercise, getting adequate rest, not panicking, and always consuming nutritious food.

**Conclusion:** Local governments are also involved in making protocol policies for the new normal era, including public transportation protocols, crowd center protocols (markets, malls, and shops), protocols for organizing events (weddings, worship, concerts, sports events, business travel protocols, educational and school service protocols, workplace protocols, protocols for outdoor activities, and protocols for health services).

**Keywords:** Covid-19, policies, qualitative research, new normal

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### BACKGROUND

Covid-19 is an infectious disease caused by a new type of Coronavirus (novel coronavirus/ nCov). The government's foundation in restoring productive and safe community activities of Covid-19, among others, the decrease in the number seen is based on the number of deaths, the decrease in the number of positive cases, including cases of people under surveillance (ODP), and patients under surveillance (PDP) who are hospitalized, also the number of patients recovered and completed monitoring.



World Health Organization has recommended three steps, namely epidemiological criteria, public health surveillance, and health services to deal with the pandemic. In reality, there are 11 main indicators used to see the decrease in the number of cases during the two weeks since its last peak, with a target of more than 50 percent number of decreases for each region.

In restoring productive and safe community activities of Covid-19, The government's foundations are namely, the decrease in the number based on the number of deaths, the decrease in the number of positive cases, including cases of people under surveillance (ODP) and patients under surveillance (PDP) who are hospitalized, also the number of patients recovered and has completed the monitoring. Another indicator is by looking at the results of the number of laboratory examinations, where the Positivity rate must be below 5%, and the use of the RT or R-T approach method called the effective Reproductive rate which is less than 1.

Map of the criteria for the Covid-19 area is based on the assessment of the epidemiology, health system, and surveillance system in each district by the Lampung provincial team and represented in colors. Green area means there is no impact from COVID 19, yellow means low risk and orange means medium risk. Districts with green zones are Mesuji, Tulang Bawang, Tulang Bawang Barat, Pringsewu, and Way Kanan. Districts with yellow zones are Central Lampung, North Lampung, West Lampung, West Coast, Tanggamus, and South Lampung. Meanwhile, the orange zone is Bandar Lampung and Pesawaran. (Pringsewu Regional Government, 2020).

## OBJECTIVE

The main objective of this research is to determine the implementation of local government policies in the new normal era during the Covid-19 pandemic in Lampung Province, Indonesia in 2020. To achieve this goal, the type of research selected was a descriptive qualitative method through the source approach (Institutional Research) and audience approach (Audience Research).

## METHODS

This study uses a descriptive method with a qualitative approach that aims to describe the implementation of local government policies in the new normal Covid-19 era in Lampung, Indonesia. Qualitative research methods are research methods based on post positivism or interpretative philosophy, used to examine the conditions of natural objects, where the researcher is the key instrument. The data collection technique is done by triangulation (combination of observation, interview, documentation). The data obtained tends to be qualitative. Data analysis is inductive/ qualitative and the results of qualitative research are intended to understand meaning, to understand uniqueness, to construct uniqueness, to construct phenomena, and to find hypotheses.

In this study, the sampling technique used was snowball sampling, a sampling technique for data sources, which was initially small in number, and gradually became large. This was done because the small number of data sources had not been able to provide satisfactory data. So, additional data were added from other people who were able to be used as data sources. Thus the number of samples of data sources would increase, such as a rolling snowball, over time it would become bigger (Sugiyono, 2018).

The main instrument in this study was the researcher himself, but then after the focus of the research became clear, it was possible to develop a simple research instrument, which was expected to complement the data and compared with the data that had been found through observation and interviews. Researchers went into the field on their own, both on the grand tour question, focused and selection stages, collecting data, analyzing, and making conclusions.

## RESULTS

New normal can be defined as the new normal condition as stated in Decree of the Minister of Home Affairs No.440-830-2020. The community must live side by side with the threat of the corona virus as an effort to restore the activities of the community and the government's administrative activities as in the conditions before the pandemic occurrence. Therefore, the community will be as productive as it was before and will be safe from Covid 19.

The new normal stage includes the decision-making process which must also go through the precondition stage, namely; education, outreach to the community, and also simulation according to the sector or field that will be opened. The sectors meant are the opening of houses of worship for mosques, churches, temples, monasteries, markets or shops, public transportation, hotels, inns and restaurants, offices, and other areas deemed important, but safe from the threat of COVID-19

The important role of community behavior in obeying local government policies in the new normal era are namely: the socialization stages, of course, must be understood, and also obeyed by the community. In essence, the success of a productive and safe COVID-19 community is very much dependent on community discipline and collective awareness in complying with health protocols. New habits such as wearing a mask, maintaining a safe physical distance, washing hands with soap and running water, always doing regular exercise, getting adequate rest, not panicking, and always consuming nutritious food.

The following is a description of people's attitudes and knowledge about "The new normal"

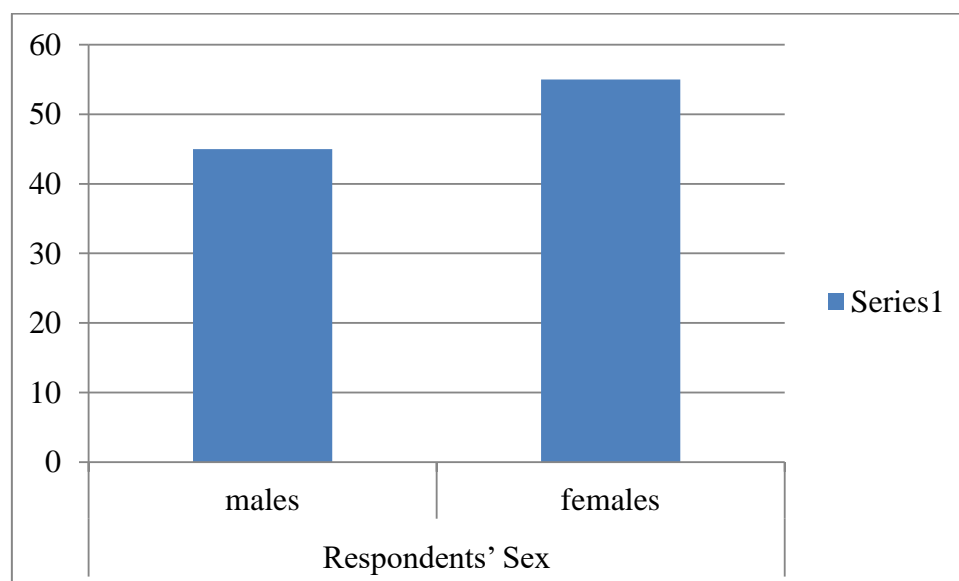


Figure 1. Respondents' Sex

From figure 1, the respondents who joined the study were 100 respondents and from 100 respondents 46% were males and 55% were females.

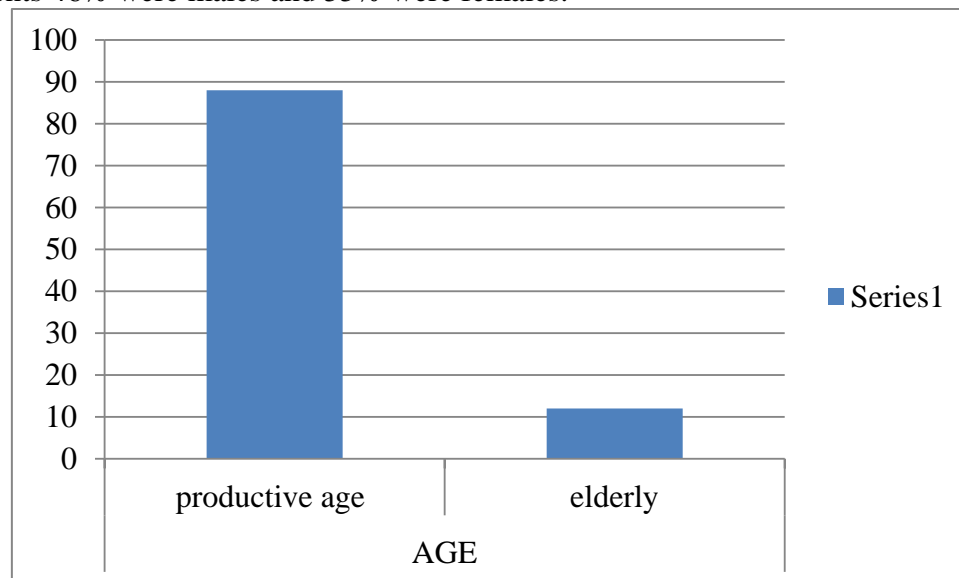


Figure 2. Age

From figure 2, it was found that 88% of the respondents were in productive age while 12% were elderly

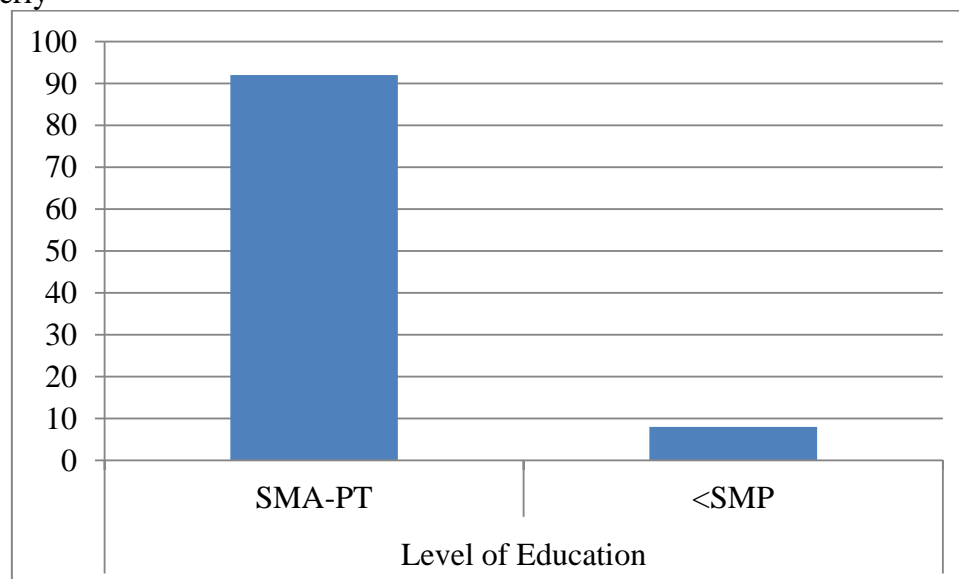


Figure 3. Level of Education

From figure 3, 96% of the respondents were University and Senior High School graduate while 8% were Junior High School and Elementary School, graduate

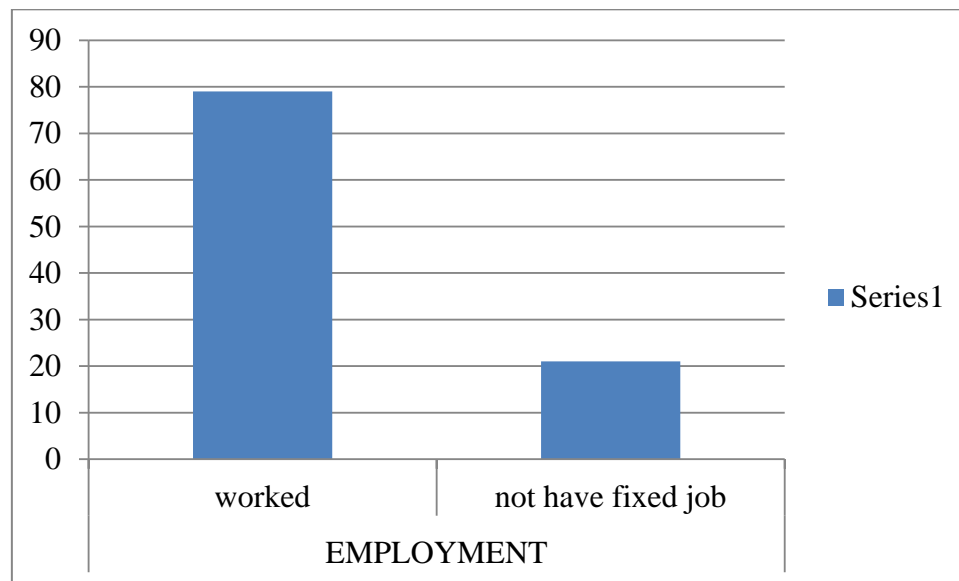


Figure 4. Employment

From figure 4, the respondents who worked were 79% while 21% did not have a fixed-job.

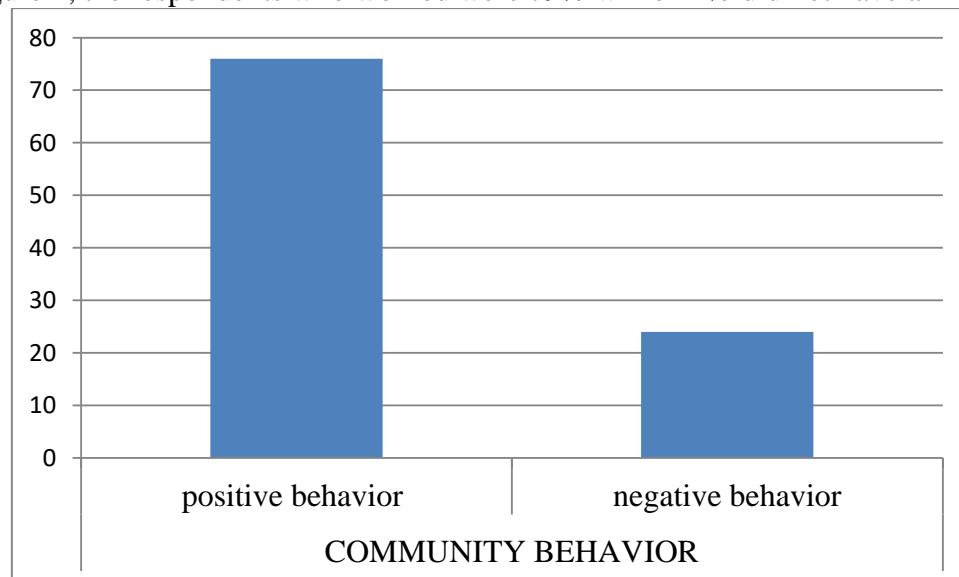


Figure 5. Community's Behavior

From figure 5, it was found that 76% of the respondents had positive behavior towards new normal while 24% had negative behavior.

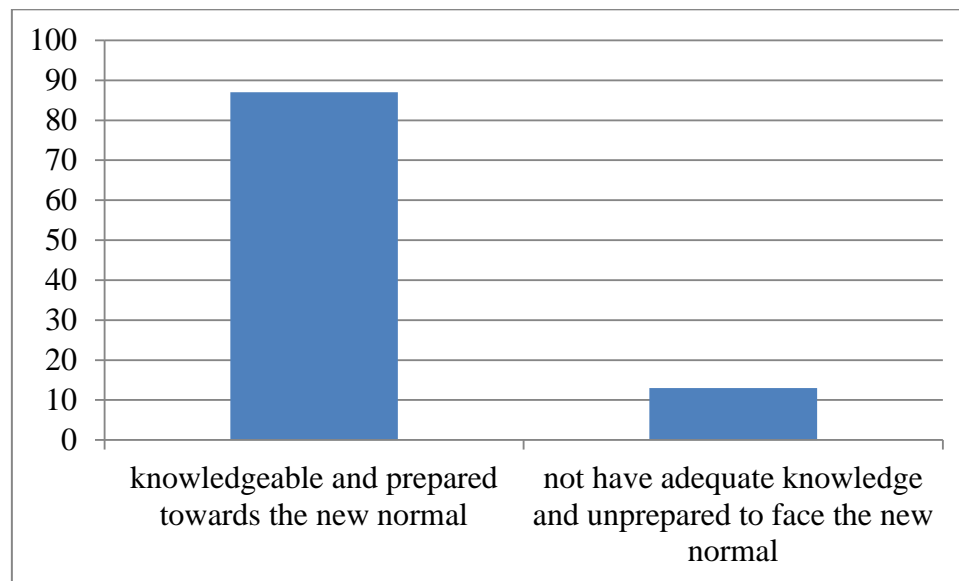


Figure 6. Knowledge

From the table, it was found that 87% of the respondents were knowledgeable and prepared towards the new normal while the other 13% did not have adequate knowledge and unprepared to face the new normal.

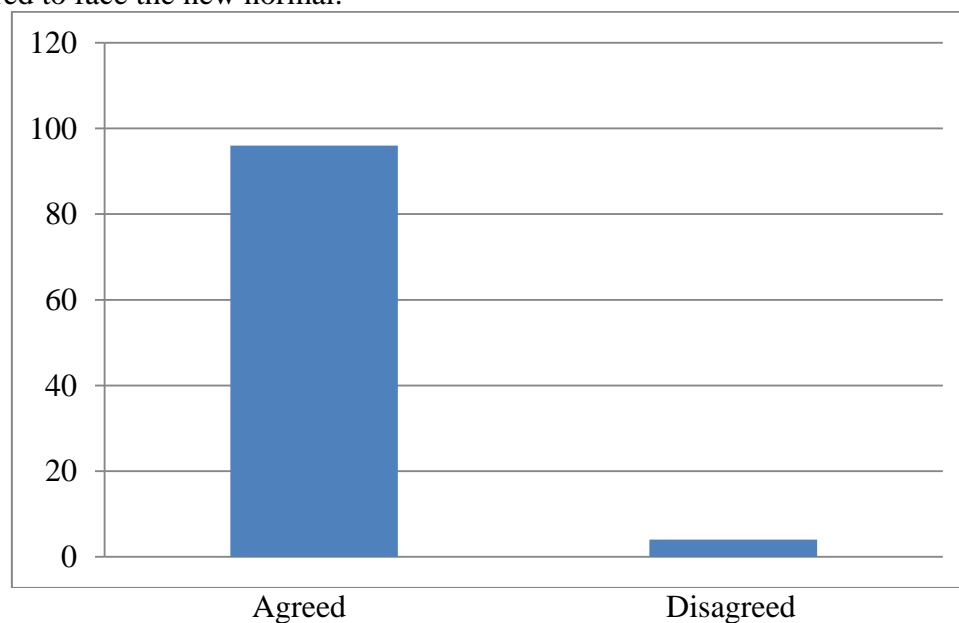


Figure 7. Implementation of new normal

From figure 7, it was found that 96% of the community agreed to the application of new normal, and 4% disagreed.

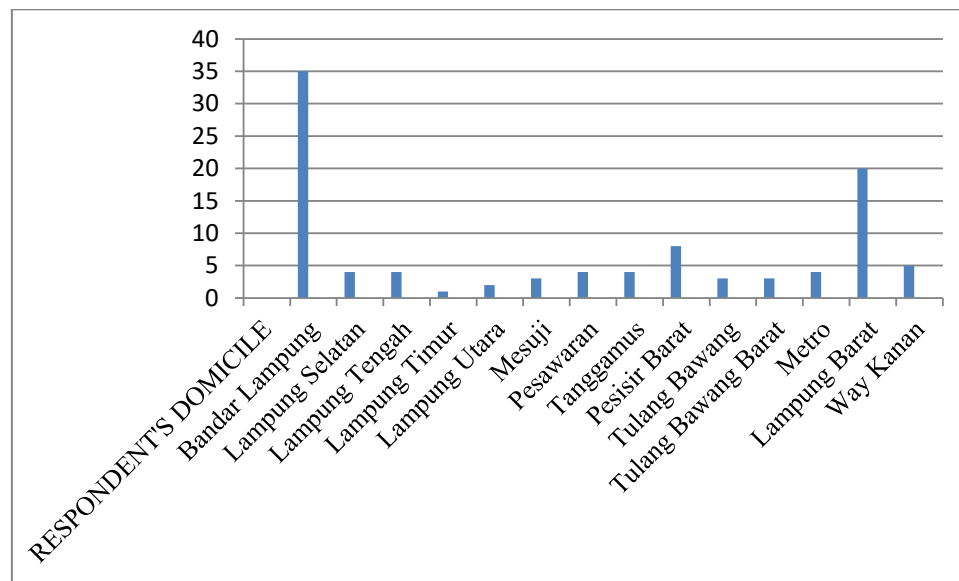


Figure 8. Respondent's domicile

From the figure 8, it was found that 35% of the respondent's domicile from Bandar Lampung, 20% from Lampung Barat, 8% from Pesisir Barat, 5% from Way kanan, 4% from Metro, 4% from Pesawaran, 4% from Tanggamus, 4% from Lampung Selatan, 4% from Lampung Selatan, 3% from Tulang Bawang, Tulang Bawang Barat, Mesuji, 2% from Lampung Utara, and 1% from Lampung Timur.

## DISCUSSION

The results of the implementation of local government policies in Lampung include implementing the policies contained in the Instruction of the Minister of Home Affairs of the Republic of Indonesia number I of 2020 concerning the Prevention of the Spread and Acceleration of Handling Corona Virus Disease 2019 in the Local Government Environment of the Minister of Home Affairs which contains:

1. Accelerate the prioritization of the use of specific activity budget allocations (refocusing) and/or changes inadequately used budget allocations to increase capacity:
  - a. Health handling and other health-related matters
  - b. Handling the economic impact, especially keeping the local business world productive, and
  - c. Provision of social safety net, as stated in the attachment which is an integral part of this Ministerial Instruction.
2. To coordinate with regional leadership communication forums (Forkopimda), community organizations, and community/religious leaders to:
  - a. Disseminate and urge people not to go home to their hometown to avoid the spread of COVID 19.
  - b. If the community has already gone home to their hometown, then the community at the destination of the homecoming to: carry out independent isolation as people under monitoring (ODP), by health protocols by prioritizing humanitarian principles: and preparing health quarantine places and providing emergency assistance to the community accordingly with health protocols. Provide direction in stages up to the village level to avoid excessive negative stigma against travelers.



3. Ensuring and supervising:
  - a. The adequacy of necessities in each region both in terms of supply availability and smooth distribution: and
  - b. Industrial and factory activities as well as the business world, especially those that produce basic needs of the community and medical equipment for handling COVID-19, continue to run by paying attention to health protocols (keeping the distance, hand sanitizers, etc.)
4. The implementation of this Ministerial instruction is specifically related to accelerating the prioritization of the use of budget allocations for certain activities (refocusing) and / or changes in budget allocations as referred to in the FIRST Dictum carried out within a maximum period of 7 (seven) days from the issuance of this Ministerial Instruction and reported to the Minister of Home Affairs Cq. The Director-General of Regional Financial Development in the first opportunity through Hotline (021) 34832851 and WhatsApp number 081294588283.
5. Provincial and Regency/City governments that have not implemented accelerated prioritization of the use of certain budget allocations (refocusing) and / or changes in budget allocations no later than 7 (seven) days after the issuance of this Ministerial Instruction, a rationalization of transfer funds will be carried out.
6. The Government Internal Supervisory Apparatus (APIP) in stages, provides guidance and supervision to the implementation of this Instruction of the Minister of Home Affairs.
7. This Ministerial Instruction comes into force on the date of issue (2 April 2020)

In the Covid-19 prevention and control guidelines, there is the latest revision, namely the 5<sup>th</sup> revision issued in July 2020 by: case developments, information development, and adjustment of policymaking.

The changes in the 5<sup>th</sup> revision 5 are as follows:

There are 3 additional chapters: Strategy and indicators, provision of resources, essential health services.

- Operational definition
- Surveillance
- Clinical management (management and final evaluation of patient status)
- Procedures for covering the body
- Recording reporting with the system
- Mechanism for using RT-PCR examinations
- The purpose of using the Rapid test

The general objective of this guideline is to carry out the prevention and control of Covid-19 in Indonesia.

Special purpose :

- Understand control strategies and indicators
- Carry out epidemiological surveillance
- Carry out epidemiological surveillance
- Carry out a laboratory diagnosis
- Carry out clinical management
- Implement prevention and control of transmission
- Implement risk communication and community empowerment
- Carry out the provision of resources





- Implement essential health services

The scope includes:

Chapter I Introduction

CHAPTER II: Strategies and indicators of pandemic control

CHAPTER III: Epidemiological surveillance

CHAPTER IV: Laboratory diagnosis

CHAPTER V: Clinical management

CHAPTER VI: Prevention and control of transmission

CHAPTER VII: Risk communication and community empowerment

CHAPTER VIII: Provision of resources

CHAPTER IX: Essential health services

A comprehensive strategy to be done is by making an operational plan document and updating the document every 2 weeks. The objectives are to slow down and stop the transmission/transmission rate, and delay the spread of transmission, providing optimal health services for patients, especially critical cases, and minimizing the impact of the COVID-19 pandemic on the health system, social services, and activities in the economic sector.

Public health management is a series of public health activities carried out on cases. These activities include: quarantine/isolation, monitoring, specimen examination, epidemiological investigation, and risk communication, and community empowerment. Recording and reporting of COVID-19 data consists of: case notification reports, delivery and specimen examination reports, epidemiological investigation reports, contact tracking and monitoring reports (contact data), and aggregate daily reports.

As a summary, the flow of public health management is carried out in ways, namely: suspected cases, namely ARI and history from the country / local transmission area, people with one of the symptoms/signs of ARI, and a history of contact with a confirmed COVID-19 patient, severe ARI that needs hospital care without any other cause. Then the specimens were collected for RT-PCR examination on the 1st and 2nd days. If 'mild' results are found, self-isolation must be carried out. If the result is 'Moderate', then it must be treated in an emergency hospital and the 'Severe' result must be treated at a referral hospital.

This is related to essential health services, which are basic routine health services that will continue to be needed in the community and their sustainability needs to be prioritized during a pandemic situation. This is carried out to support the achievement of minimum service standards (SPM) in the health sector through essential UKM and UKP. And during pandemics, the health system is faced with the challenge of maintaining a balance.

During this pandemic, the local government, by the direction of the central government, implemented new habits in the new normal era of the COVID19 pandemic. The requirements for implementing the new normal are, among others, seen from the epidemiology of the area with a reduced number of cases, suspects, and deaths suspected of being due to COVID-19 in at least 14 days. The scope of public health is carried out by seeing the number of tests and contact tracing increase, the proportion of disciplined people to stay at home increases, the proportion of washing hands increases, and the use of masks increases. And in health facilities, there is an increase in the capacity of ICUs and health workers with adequate numbers of PPE. And with the implementation of health protocols based on the Decree of the Minister of Health of Republic of Indonesia number HK.01.07/MENKES /



382/2020 concerning health protocols for the public in public places and facilities in the context of preventing and controlling COVID19.

Protection of individual health is carried out by avoiding the entry of the virus through the three entry points of the virus into the body, namely the nose, mouth, and eyes. Public health protection is an effort that must be made by all components in the community to prevent and control the transmission of COVID 19. The role of managers, organizers, or people in charge of public places and facilities is very important in their implementation. The use of personal protective equipment is done in the form of wearing a mask that covers the nose and mouth to the chin if you have to leave the house. If using a cloth mask, you should use a 3-layer cloth mask. Clean your hands regularly by washing your hands with soap under running water or using an alcohol-based hand sanitizer. Maintain a minimum distance of 1 meter from other people, increase endurance by implementing clean and healthy living behaviors (PHBS) such as consuming balanced nutrition, physical activity at least 30 minutes a day, and adequate rest (at least 7 hours).

The element of prevention (prevent) includes health promotion activities (promote) carried out by socialization, education, and the use of various information media. Protection activities are carried out by providing means of washing hands with soap, efforts to screen the health of people who will enter public places and facilities, regulating distance, and periodically disinfecting surfaces, rooms, and equipment.

The element of case detection (detect) includes facilitation in early detection to anticipate the spread of COVID-19, monitoring of health conditions (symptoms of fever, cough, runny nose, sore throat, and / or shortness of breath).

The challenges in the New Normal Era are

1. Many Lampung residents have migrated to work abroad or outside the region and when the COVID 19 pandemic occurred, they returned to Lampung.
2. Lampung Province is a cross-connecting area between the islands of Java and Sumatra with high mobility.
3. There are 15 districts in Lampung Province, all of which have high mobility and there is Pringsewu Regency which is the meeting area for 4 districts, namely Pesawaran District, Pringsewu Regency, Tanggamus Regency, and Central Lampung Regency.
4. There are recreation places and supporting facilities that are frequently visited by people from outside the island and abroad. One of Lampung's mainstay tourism objects is the sea waves which even become a place for foreign tourists to surf. In 2019 an International surfing competition titled Krui World Surfing League 2019 was held, followed by various countries.
5. There are many traditional markets in Lampung Province.
6. Lampung Province is surrounded by areas with the criteria for a red zone

Even so, there are opportunities in the New Normal Era, which include: A new habit that requires people to wash their hands with soap, in every public place there are now many clean water facilities for washing hands. Using masks, physical distancing, people do not crowd to break the chain of spreading the virus. The making of PPE (coverall, 3 layer cloth masks) by the community has a positive impact on MSMEs, development of traditional medicinal plants (jamu Toga) in each area, and community empowerment in handling COVID19, the existence of a COVID 19 task force in each region. Opportunities are owned by various sectors, namely the health sector, the economic sector, and the food security sector.



The local governments play a big role in the New normal policy and have a legal basis as stated in Government Regulation 21 T.2020, Government Regulation 21 T.2020, Presidential Decree 4 T.2020, and Minister of Home Affairs Regulation 20 T.2020, Decree of the Minister of Finance 6 /KM.7/2020, Instruction of the Minister of Internal Affairs 1 T.2020, Circular of the Ministry of Home Affairs 440/2622 / SJ dated 29 March 2020, Circular of the Ministry of Village Affairs 08 T.2020, and Circular of the Corruption Eradication Commission 08 T.2020 dated 02 April 2020.

## **CONCLUSION**

Community obstacles in taking an active role in facing the new normal in the COVID-19 era include economic problems, low awareness and concern, undiscipline, lack of utilizing positive information literacy. However, the community can also play a role in the new normal policy provided by the regional government using preparedness at the hamlet/neighborhood level by forming a covid-19 alert task force at the community/village level, socialization of clean and healthy living, sterilization of public facilities and social facilities, activate the citizen security system, create a citizen health information system, activate the residents' food storage and activate environmental volunteerism / social participation.

Local governments are also involved in making protocol policies for the new normal era, including public transportation protocols, crowd center protocols (markets, malls, and shops), protocols for organizing events (weddings, worship, concerts, sports events, business travel protocols, educational and school service protocols, workplace protocols, protocols for outdoor activities and protocols for health services.

## **ACKNOWLEDGEMENTS**

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## **CONFLICT OF INTEREST**

The author declare that they have not conflict of interest.

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