

Authority of Local Governments in Emergency Conditions in Banten Province

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ARTICLE INFO	ABSTRACT
<p>Keywords: Central and Regional Authorities, Emergency Conditions, Large-Scale Social Restrictions (PSBB).</p>	<p>To accelerate the handling of the COVID-19 emergency, the government implemented Large-Scale Social Restrictions (PSBB) and Community Activity Restrictions (PPKM) to limit public activities and curb the spread of the virus. However, several issues arose in the execution of these measures, particularly regarding the authority of local governments during the emergency and their strategies for implementing PSBB and PPKM in Banten Province. The study adopts McMahon's theory of authority, dividing it into three categories: expert authority, promise authority, and cooperative authority. To analyze the strategies of local governments, a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) was utilized. A qualitative research design with a descriptive study approach was employed, using triangulation techniques for data collection through observation, interviews, and document review. Data analysis followed the Miles and Huberman model, involving data reduction, presentation, and conclusion drawing. The findings reveal that local governments' authority during PSBB and PPKM in Banten Province is highly limited. Local governments must seek approval from the Ministry of Health to implement PSBB, and their powers are restricted to adhering to central government regulations. Strategic approaches identified include: 1) leveraging support and increasing public understanding (Strength-Opportunity), 2) enhancing policy enforcement with assistance from TNI and Polri and improving coordination between central and local governments (Weakness-Opportunity), 3) educating the public to improve compliance and ensuring basic needs are met (Strength-Threat), and 4) tightening exit-entry permit policies and strengthening regulations to boost compliance (Weakness-Threat). These strategies aim to optimize local government roles and ensure effective policy implementation.</p>

INTRODUCTION

Indonesia is one of the countries in the world that has an area with a high risk of disasters, both natural disasters caused by nature for example; earthquakes, tsunamis, Mount Merapi, floods, droughts, typhoons and landslides, as well as non-natural disasters caused by non-natural events or a series of events, among others; technological failures, modernization failures, disease outbreaks, epidemics, as well as pandemics such as coronavirus disease that was discovered in 2019 (COVID-19).

According to *The World Risk Index* in 2019 in Retnowati (2020:1), "Indonesia is ranked 37th out of 180 most disaster-prone countries. As of May 18, 2020, there were 1,296 disaster incidents with damage impacts, including 331 educational facilities, 396 worship facilities, 32 health facilities, 58 offices and 181 bridges.

Similarly, the government has allocated a very large amount of COVID-19 handling costs. According to Finance Minister Sri Mulyani Indrawati in Bintang Adita Putri (2020:1), "The government provides funds to overcome the COVID-19 pandemic through the 2020 State Expenditure Budget of Rp 405.1 trillion." The large budget for disaster management costs has cost the state a very large amount so that it sucks up the budget for physical and non-physical development both in ministries/institutions and local governments.

Banten Province is one of the regions with regional conditions that are vulnerable to potential disasters. According to the Head of the Meteorology, Climatology and Geophysics Agency (BMKG) Dwikorita Karnawati in Indra Gunawan (2022:1) "The first earthquake to cause damage in the Banten area occurred on May 4, 1851 in Betung Bay and the Sunda Strait, which resulted in a tsunami as high as 1.5 meters."

Dwikorita Karnawati added that the next earthquake occurred on January 9, 1852, at that time a strong earthquake that occurred in the area was followed by a small tsunami. Then on August 27, 1883, there was a devastating tsunami above 30 meters due to the eruption of Krakatau, an earthquake that caused severe damage occurred on February 23, 1903 with a magnitude of 9.7 centered in the Sunda Strait.

Furthermore, the tsunami wave in Banten Province occurred again on December 22, 2018. The National Disaster Management Agency (BNPB) in Farisa, Fitria Chusna and Krisiandi (2018:1) noted "As of Monday, December 31, 2018, the number of victims who died due to the Sunda Strait tsunami increased to 437 people. In addition to the dead, 14,059 people were injured, 16 people were missing, and 33,721 were displaced. BNPB also noted that as a result of the tsunami, 2,752 houses were damaged, 92 inns and stalls were damaged, 510 boats and boats were damaged, and 147 vehicles were damaged.

Banten Province is prone to floods, tsunamis, earthquakes and even *the Sunda Strait megathrust*, forest and land fires, extreme weather, typhoons and tornadoes, landslides and droughts. This is stated in Regional Regulation Number 5 of 2017 concerning Amendments to Regional Regulation of Banten Province Number 2 of 2011 concerning the Spatial Plan of Banten Province for 2010-2030. Meanwhile, non-natural disasters such as the COVID-19 pandemic, Banten Province is one of the regions in Indonesia where the transmission rate is relatively high.

Since it was first discovered in Wuhan-China at the end of December 2019, COVID-19 has become a terrifying scourge for the entire international community, including Indonesia and Banten Province. The World Health Organization (WHO) gave the official name of the Corona Virus as COVID-19, which means that the Corona Virus disease was discovered in 2019. The transmission of COVID-19 is so fast, every day the number of positive patients and deaths is increasing. So fast is the process of spread and transmission around the world, the WHO has designated it as a global pandemic.

Based on data from the COVID-19 Handling Task Force, as of December 31, 2020, the number of confirmed cases in Indonesia reached 743,198 cases with 611,097 patients recovering or 82.2%. In 2021, the number of COVID-19 cases in Indonesia reached 4,262,720 cases, with 4,114,334 patients or 96.5% recovered and 144,094 cases or 3.5% of deaths. Furthermore, in 2022, the number of COVID-19 cases in Indonesia reached 6,719,815 cases, with total recoveries reaching 6,549,332 people or 97.5% and total deaths reaching 160,612 cases or 2.5%. The number of COVID-19 cases in Indonesia for 3 (three) consecutive years can be seen in the following table:

Table 1.1. Number of COVID-19 Cases in Indonesia in 2020-2022

No.	Year	Sum Case	Sum Patients Recovered	Sum Death
1.	2020	743.198	611.097	22.138
2.	2021	4.262.720	4.114.334	144.094
3.	2022	6.719.815	6.549.332	160.612

Source: COVID-19 Handling Task Force, Processed, 2020-2022.

Meanwhile, COVID-19 cases in Banten Province are relatively high. Based on data from the Banten Provincial Health Office, it is known that the number of confirmed positive cases until December 31, 2020 reached 18,170 cases with 10,397 patients recovering or 57.2%, and the number of deaths reaching 425 people or 2.3%. In 2021, the number of COVID-19 cases in Banten Province reached 132,757 cases, with 130,021 patients or 98% recovered, and the number of deaths was 2,693 cases or 2%. Meanwhile, in 2022 the number of COVID-19 reached 365,008 people, with 361,573 patients or 99% recovered, and 2,986 or 1% deaths. The number of COVID-19 cases in Banten Province for 3 (three) consecutive years can be seen in the following table:

Table 1.2. Number of COVID-19 Cases in Banten Province in 2020 - 2022

No.	Year	Sum Case	Sum Patients Recovered	Sum Death
1.	2020	18.170	10.397	425
2.	2021	132.757	130.021	2.693
3.	2022	365.008	361.573	2.986

In its development, COVID-19 increasingly threatens the safety of the community, so it was finally declared an emergency condition as stipulated in Presidential Regulation Number 17 of 2018 concerning the Implementation of Disaster Management in Certain Circumstances. In Article 1 number 3, it is stated that a Disaster Emergency is a situation that threatens and disrupts the life and livelihood of a group of people/communities that requires immediate and adequate handling measures, which includes emergency standby conditions, emergency response, and emergency transition to recovery.

The reason why the government declared the COVID-19 pandemic as a state of emergency is because it has a major impact on the national economy and financial system stability, which is followed up by establishing Government Regulation in Lieu of Law Number 1 of 2020 concerning State Financial Policy and Financial System Stability for Handling the *Corona Virus Disease* Pandemic 2019 (COVID-19) and/or in the context of Facing Threats that Endanger the National Economy and/or Financial System Stability.

To anticipate these emergency conditions, the Government has enacted a Social Scale Social Restrictions (PSBB) policy in several regions in Indonesia, including Banten Province, which is regulated through Government Regulations ([PP](#)) Number 21 of 2020 on Large-Scale Social Restrictions (PSBB) in the Context of Accelerating the Handling of COVID-19, which is further regulated through the Regulation of the Minister of Health ([Permenkes](#)) Number 9 of 2020 on Guidelines for Large-Scale Social Restrictions in the Context of Accelerating Handling *Corona Virus Disease* 2019 (COVID-19).

The implementation of Large-Scale Social Restrictions (PSBB) in Banten Province, especially in the Tangerang Regency, Tangerang City and South Tangerang City, for the first time started from April 18, 2020 to May 3, 2020. The implementation of the PSBB is a follow-up to the Decree of the Minister of Health of the Republic of Indonesia Number: HK.01.07/MENKES/249/2020 concerning the Determination of Large-Scale Social Restrictions in the Tangerang Regency, Tangerang City, and South Tangerang City, Banten Province in the Context of Accelerating the Handling of *Corona Virus Disease* 2019 (COVID-19) and the Decree of the Governor of Banten Number 443/Kep.114-Huk/2020 concerning the Determination of *Corona* Extraordinary Events (COVID-19) in the Banten Province Area.

The implementation of the PSBB refers to Banten Governor Regulation Number 16 of 2020 concerning Guidelines for the Implementation of Large-Scale Social Restrictions in Handling *Corona Virus Disease* 2019 (COVID-19) in Tangerang Regency, Tangerang City and South Tangerang City dated April 15, 2020. The purpose of Banten Governor Regulation Number 16 of 2020 is to limit certain activities and the movement of people and/or goods in suppressing the spread of COVID-19, increase anticipation of the development of the escalation of the spread and strengthen efforts to handle health and handle the social and economic impacts of the spread of COVID-19.

During the implementation of the PSBB, restrictions on community activities were enforced, including; restrictions on the teaching and learning process in schools or other educational institutions, restrictions on the work process in the workplace/office, restrictions on activities in public places or facilities, restrictions on activities in public places or facilities, restrictions on socio-cultural activities and restrictions on the use of transportation modes for the movement of people and goods.

After several times the PSBB has been extended and enforced in almost all regions of Indonesia, including in Banten Province, the number of COVID-19 cases has gradually increased, having an impact on health and the economy. This is a consideration behind the effort to issue a new policy in the form of the Enforcement of Community Activity Restrictions (PPKM), which is expected to be more effective to replace PPSB.

The details of the difference between the Large-Scale Social Restrictions (PSBB) policy and the Implementation of Community Activity Restrictions (PPKM) are that in the implementation of the PSBB, the decision to implement restrictions is the authority of the Regional Government, while in PPKM the decision is taken by the Central Government, so that regional heads can focus on its implementation.

After implementing the two stages of PPKM, the Government through the Coordinating Minister for the Economy Airlangga Hartarto as Chairman of the PCPEN Committee then implemented the Micro PPKM policy. Unlike the previous type of PPKM, Micro PPKM is enforced up to the RT/RW level. The basis for the implementation of the Micro-Based Community Activity Restrictions (PPKM) policy is contained in the Instruction of the Minister of Home Affairs (Inmendagri) Number 3 of 2021 concerning the Implementation of Micro-Based Community Activity Restrictions (PPKM) and the Establishment of COVID-19 Handling Posts at the Village and Village levels for COVID-19 Control, with a validity period of 2 (two) weeks, starting from February 9 to February 22, 2021 and can be extended according to regional needs.

Based on the Report of the Coordinating Ministry for the Economy (2022:xxiv), the implementation of Micro PPKM has succeeded in (1) reducing the number of active cases nationally by 17.27% in the last week of the implementation of the first phase of Micro PPKM; (2) reducing BOR in all priority provinces until it reaches below 70%; (3) increasing the percentage of recovery rates in four priority provinces, namely DKI Jakarta, Banten, West Java, DI Yogyakarta, and East Java; (4) reducing the percentage of deaths in three priority provinces, namely DKI Jakarta, West Java, and Bali; and (5) increasing the level of community compliance in implementing health protocols in seven priority provinces, which is in the range of 87.64%-88.73%.

Although the implementation of PSBB and PPKM is considered successful, in its implementation it causes polemics, where Government Regulation Number 21 of 2020 states that in terms of the implementation of Large-Scale Social Restrictions (PSBB), local governments must have the approval of the Minister of Health. This provision has become a polemic because it clashes with Law Number 23 of 2014 concerning Regional Government which handles the health sector is the absolute authority of local governments.

The authority to handle COVID-19 is indeed dilemmatic, on the other hand each region is integrated with other regions so that it needs to be regulated through the central government, on the other hand in the era of decentralization and regional autonomy, local governments have the authority to carry out service affairs, especially health services.

However, in *extraordinary* or *abnormal* conditions such as COVID-19, the central government withdraws this authority so that the regions as part of the central government must comply with all the rules made by the central government. According to Joeniarto (1992:8), local governments related to the authority to administer unitary state government show synergy between the central government and local governments. The authority of the central government covers all government areas of the country.

Based on Article 13 paragraph (2) of Law Number 23 of 2014 concerning Regional Government, it explains that the criteria for the division of Government Affairs that are under the authority of the Central Government are: a. Government Affairs which are located across regions, provinces and countries; b. Government affairs whose use is cross-regional, provincial or cross-country; c. Government affairs whose benefits or negative impacts are cross-regional, provincial or cross-country; d. Government affairs whose use of resources is more efficient if carried out by the Central Government; and/or e. Government Affairs whose role is strategic for the national interest. Based on this explanation, the handling of COVID-19 is the authority of the central government because the COVID-19 pandemic crosses districts/cities, across provinces and even across countries.

During the crisis of overcoming COVID-19, the division of central and regional government affairs became unclear and caused polemics. This happens due to regulations and policies that often change and overlap. Financing for the implementation of central government affairs in the regions is sourced from the central government budget through the State Expenditure Opinion Budget (APBN). However, in handling COVID-19, it is not fully financed through the state budget, but most of the financing is through the provincial budget, district/city budget.

However, in handling COVID-19, the central government does not accompany financing, facilities and infrastructure, and human resources. This is one of the problems experienced by local governments while carrying out assistance duties in handling COVID-19. The limited authority of local governments is also one of the problems in the effectiveness of the implementation of Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM) in the regions. The efforts of the Minister of Health of the Republic of Indonesia in issuing Minister of Health Regulation Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the context of accelerating the handling of COVID-19 are considered to have added to the scope of the bureaucracy.

This is because the Regional Government is obliged to ask permission from the Ministry of Health through the Governor if implementing PSBB. In addition, the authority of the Regional Government has been limited and only adjusts to the provisions that have been set by the Central Government. As a result, the Regional Government is not free to develop creativity or innovation in accelerating the handling of COVID-19. Referring to the

identification of problems as described above, emergency conditions that have occurred in Banten Province and

have the potential to recur are in the form of natural disasters such as earthquakes, tsunamis, volcanoes, floods, droughts, typhoons and landslides, as well as non-natural disasters such as disease outbreaks, epidemics and COVID-19 pandemics.

Regarding the handling of COVID-19 in Banten Province, the government enacted the Large-Scale Social Restrictions (PSBB) policy on April 18, 2020 in the Tangerang Regency, Tangerang City and South Tangerang City areas and subsequently followed by several other districts/cities in Banten Province. Meanwhile, the Enforcement of Community Activity Restrictions (PPKM) was first enforced on January 11-25, 2021, then extended several times. Due to the limitations of time, energy, literature and the ability of researchers, this research is limited to the emergency situation and conditions of Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM).

Therefore, the focus of the problem to be studied is only related to the authority of local governments in the emergency conditions of Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) with the locus of Banten Province.

The determination of the focus of this research is considering that the Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) policy has a wide impact on people's lives, including the closure of schools/campuses, *work from home* (work from home), restrictions on religious activities, restrictions on activities in public places or facilities, restrictions on socio-cultural activities, restrictions on transportation modes, and restrictions on other activities. Meanwhile, the determination of the research locus in Banten Province is based on the consideration that in 2021 and 2022 there are a fairly high number of COVID-19 cases with a high death rate and are among the regions that are quickly enforcing the Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) policy.

METHOD

The research design used in this study is a qualitative research method with a descriptive approach. By using a qualitative research design with a descriptive approach, it is hoped that this study can obtain an in-depth picture of the authority of local governments in the emergency conditions of Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) in Banten Province and can answer the problems formulated at the beginning of this study and draw conclusions and provide recommendations for future improvements.

The data needed in this study consists of primary data and secondary data. Primary data was obtained from the results of interviews with the Governor of Banten, the Head of the Banten Provincial Health Office, the Head of the Legal Bureau of the Banten Provincial Government, the Regent/Mayor, the Regency/City Regional Secretary, the Head of the Regency/City Bappeda, the Head of the City/City District Health Office, the Head of the Regency/City BPBD and policy makers both in the form of documentation and notes related to the implementation of local government authority in implementing Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) in Banten Province.

Meanwhile, secondary data is in the form of policies of the Government, the Banten Provincial Government and Regency/City Governments in Banten Province during the emergency conditions of Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) in Banten Province. Secondary data in this study include; Laws and regulations related to handling COVID-19, including; Law Number 4 of 1984 concerning Infectious Disease Outbreaks, Law Number 6 of 2018 concerning Health Quarantine, Law Number 24 of 2007 concerning Disaster Management, Law Number 2 of 2020 concerning the Stipulation of Government Regulations in Lieu of Law Number 1 of 2020 concerning State Financial Policy and Financial System Stability for the Handling of the Corona Virus Disease (COVID-19) Pandemic and/or in the Context of Facing Dangerous Threats National Economy and/or Financial System Stability into Law.

Furthermore, Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of *Corona Virus Disease* (COVID-19), Regulation of the Minister of Health [Number 9 of 2020](#) concerning Guidelines for Large-Scale Social Restrictions in the Context of Accelerating the Handling of *Corona Virus Disease* 2019 (COVID-19), Instruction of the Minister of Home Affairs (Inmendagri) Number 1 of 2021 concerning the Implementation of Activity Restrictions to Control the Spread of *Corona Virus Disease* 2019 (COVID-19).

Other secondary data is Instruction of the Minister of Home Affairs Number 3 of 2021 concerning the Implementation of Micro-Based Community Activity Restrictions (PPKM) and the Establishment of *Corona Virus*

Disease 2019 Handling Posts at the Village and Village Levels to Control the Spread of Corona Virus Disease 2019, Banten Governor Regulation Number 16 of 2020 concerning Guidelines for the Implementation of Large-Scale Social Restrictions in Handling *Corona Virus Disease 2019* (COVID-19) In Tangerang Regency, Tangerang City and South Tangerang City, COVID-19 Circular Letter and Data.

This study also uses additional data in the form of official press releases from the Government, the Banten Provincial Government as well as news related to the Banten Provincial PSBB and PPKM policies published in local and national media at the same time as the issuance of these policies. The determination of key informants in this study uses *purposive sampling*, namely looking for data that is in accordance with the criteria that have been determined as well as the purpose and objectives of the research. The key informants in this study are the Chairman of Commission II of the House of Representatives of the Republic of Indonesia, Executive Secretary I of the Committee for Handling COVID-19 and National Economic Recovery (KPC-PEN), the Governor of Banten, the Regent of Tangerang, the Mayor of Tangerang, and the Deputy Mayor of South Tangerang. The informant was chosen because he was considered to have official authority in providing information related to the object of research, had authority, expertise, understanding and basic knowledge of the object of research.

Furthermore, supporting informants are selected because they can provide information both that interacts with the research object directly and indirectly. The supporting informants in this study are the Head of the Banten Provincial Health Office, the Head of the Banten Provincial Legal Bureau, the Regional Secretary of Serang Regency, the Regional Secretary of Tangerang Regency, the Secretary of Tangerang City, the Head of the Serang Regency Health Office, the Head of the Regional Development Planning Agency (Bappeda) of Serang Regency, the Head of the Tangerang Regency Health Office, the Head of the Tangerang Regency BPBD, the Head of the Tangerang City Health Office, the Chief Executive of the Tangerang City BPBD, Acting Head of the Tangerang City Health Office, Chief Executive of the South Tangerang City BPBD and Head of the South Tangerang City Legal Section.

In this study, the researcher used a data collection technique with a triangulation technique by means of observation, interviews and document analysis.

The data analysis of this study uses the interactive data analysis technique of the Miles and Huberman model. According to Miles & Huberman (1992:16-20) analysis consists of three streams of activities that occur simultaneously, namely: data reduction, data presentation, and conclusion drawn/verification.

RESULTS AND DISCUSSION

To describe, analyze and interpret the authority of local governments in the emergency conditions of Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) in Banten Province using the theory of McMahon (1994:86-108), which looks at authority based on *expert authority*, *promise authority* and *cooperate authority* (Cooperation Authority). From the point of view of government science, authority or authority is the basis of government and government activities. Authority is a form of *power* but that has been legitimized (*legitimated power*) or *institutionalized (institutionalized power)*, and the legitimacy of this power is based on laws and regulations.

For the effectiveness of the implementation of authority in emergency conditions (*extra ordinary*) such as in war, energy crisis, food crisis, energy crisis, increasing inflation, natural disasters, non-natural disasters such as the COVID-19 pandemic, it is necessary to formulate provincial and district/city government authority policies into the Local Government Law so that local governments can implement the necessary measures in emergency conditions (*extra ordinary*).

Based on the explanation mentioned above, it can be concluded that in carrying out the authority of Large-Scale Social Restrictions (PSBB) and the Enforcement of Community Activity Restrictions (PPKM), regional heads, both Governors, Regents/Mayors, must have *expert authority* in formulating and implementing laws and regulations made by the central government to then be outlined in Regional Regulations (Perda) and Regulations Governor, Regent Regulation and Mayor Regulation which are derivatives of regulations made by the central government.

This is in accordance with the theory put forward by McMahon (1994:86-108) who sees authority as one of them based on *expert authority*. Regional leaders who have expertise, honesty and credibility in making policies will make it easier to accept the community and follow the policy because it is believed that the person concerned has expertise in their field. Based on *the promise authority* or authority based on promises, the central government, provincial governments and district/city governments during the handling of COVID-19 continue to submit

statements to immediately overcome COVID-19 and take strategic steps in accelerating the handling of COVID and its impacts, both on economic impacts, health impacts and other social impacts.

President Joko Widodo, as an official who had the *promise authority* when he first announced the COVID-19 case on Monday, March 2, 2020, promised to increase the preparedness of many hospitals and equipment in accordance with international standards along with the budget to deal with COVID-19. Based on monitoring in the field, President Joko Widodo's promise to accelerate the handling of COVID-19 was then followed up by forming a Task Force for the Acceleration of Handling COVID-19 through Presidential Decree Number 7 of 2020 concerning the Task Force for the Acceleration of Handling *Corona Virus Disease 2019* (COVID-19) which was stipulated on March 13, 2020. The President, Governor and Regent/Mayor are political officials who have the authority to promise in solving a problem. This is in accordance with the opinion of McMahon (1994:96) who divides authority into three categories, one of which is *P-authority (promise authority)* or authority based on promises that must be fulfilled.

Furthermore, McMahon (1994:96) argues that there are two main ways to create reasons to act, namely the view of trust or fate and the view of communication. Seen from the point of view of trust or fate, promise creates a reason to act on the virtue basis of activity, a widespread principle associated with the statement that at the moment one intensively influences others to follow the performance of a real action. Meanwhile, from the point of view of communication, political officials who promise to create reasons to act on the basis of policy in carrying out a stated principle that allows one to create a kind of moral reason to act by simplifying one's communication puts pressure on it to create it.

Authority-based by appointment is very suitable for elected public officials. For appointed public officials, authority based on promises is carried out when delivering the oath of office at the time of inauguration. The legitimacy will be strong if the person concerned consistently and consequentially holds the promises made in front of the authorized officials. If it is inconsistent and consequential, then when they step down from their position they will lose the respect of the people around them. Based on the explanation mentioned above, it can be concluded that in carrying out this authority, government officials, both Presidents, Governors and Regents/Mayors must have *promise authority* in handling a problem and strive to realize promises so that they have strong legitimacy because they are considered consistent and consequential in holding promises made in front of the community.

Based on the concept of *cooperate authority*, which is an authority that is justified as a tool for cooperation and working together that is mutually beneficial, the handling of COVID-19 is carried out jointly because COVID-19 must be handled quickly because it has a wide impact on the lives of the community and the country. Based on the explanation mentioned above, it can be concluded that the Governor, Regent/Mayor must have a *cooperate authority* where in carrying out their duties and responsibilities they are obliged to coordinate and synchronize and act together with the same goal to achieve goals and produce success in improving the prevention and control of *Corona Virus Disease 2019* (COVID-19).

This is in accordance with what was stated by McMahon (1994) who saw that one of the authorities was based on *the cooperate authority*. By acting together with the same goal, it will achieve the goal and produce success. Based on the study of authority based on *expert authority*, *promise authority* and *cooperate authority* as in McMahon's theory (1994) above, the implementation of PSBB and PPKM shows that the relationship between the central and regional governments in handling COVID-19 shows a strong centralization of authority by the central government.

In handling the COVID-19 pandemic, it appears that the government applies the principle of centralization where all policies come from the center. Regions are impressed to only send data on the number of positive victims until the victims die and become the implementers of central policies at the regional level. Although independent policies can be implemented, they must be coordinated with the central government and decided by the central government, so that autonomy does not occur in practice. This centralistic model is in principle in line with Law No. 6 of 2018 concerning Health Quarantine. In the Law, it is explained that the central government and local governments are equally responsible for efforts to protect public health from diseases that can cause public health emergencies.

However, it is expressly stated in article 5 paragraph (1) that the central government is responsible for the implementation of health quarantine at entrances and regions. The role of the local government is only to support the central government. This means that in health quarantine, local governments do not have strategic authority. The presence of local governments is more about *supporting the system* and carrying out delegation and

deconcentration in the concept of decentralization. In fact, what must be remembered is that in the context of decentralization, there is also a devolution whose notabene is more representative of the nature of regional autonomy because regions have the authority and responsibility to make policies autonomously. However, because the regional autonomy that we practice is not like a federal state, but a unitary state, every policy at the regional level is not really autonomous, but must be in accordance with what is outlined by the central government.

Furthermore, in Law Number 24 of 2007 concerning Disaster Management, the division of responsibilities and authority between the central and regional governments seems to be more proportional. The central government is indeed authorized to determine the disaster status, but the prevention and control aspects at the regional level are the authority and responsibility of each region in accordance with the determined disaster status. The existence of the Regional Disaster Management Agency (BPBD) indicates the great role of regions in preventing and overcoming disasters in their respective regions. Meanwhile, if we refer to the Regional Government Law, health is a constituent government affair that must be carried out by the regions. The central government's steps in mastering the policy of handling COVID-19 can be justified if the central government then assesses that COVID-19 is related to the defense and security aspects that are the affairs of the absolute government and the case is cross-provincial and cross-district/city, so that the central government has full control over its handling.

Regardless of the government's foothold in handling COVID-19, this pandemic will be difficult to solve if there is no cooperation and harmonization between the central and regional governments. Regarding policies that are strategic in nature, the central government is right to be the conductor of orchestration for handling COVID-19 within the framework of a unitary state as also mandated by the Law on Regional Government. However, it does not mean that the role of the regions is only interpreted as a policy implementer. Regions in the context of regional autonomy must be given a big role considering that regions are parties that are close to the community and know the best environmental conditions.

Not only the synergy of the central and regional governments is needed, but regional authority must also be recognized and should not be seen as subordinate. Decentralization has the spirit that public services must be brought closer to the community. Therefore, the work of local governments that are close to the community has great potential in efforts to overcome COVID-19. Therefore, it is necessary to regulate the authority and/or authority of local governments in a law, especially in terms of dealing with emergency conditions such as floods, droughts, extreme weather, landslides, extreme waves and abrasion, earthquakes, forest fires, flash floods, pandemics and disease outbreaks, technological failures and tsunamis.

Local Government Strategy in Overcoming the Emergency Conditions of Large-Scale Social Restrictions (PSBB)/Enforcement of Community Activity Restrictions (PPKM) in Banten Province

The results of the search related to the efforts of the Banten Provincial Government in overcoming the emergency conditions of PSBB and PPKB, there are 31 policies of the Banten Provincial Government issued from 2020 to 2022, consisting of; 1 Regional Regulation, 14 Governor's Regulation, 3 Governor's Decree and 13 Governor's Instructions. The policies are intended for all residents of Banten Province and all components of society with a health, social and economic context. This study contains the policies issued by the Banten Provincial Government related to the implementation of PSBB and PPKM in Banten Province including actors, contexts, and policy content. The policy targets all residents of Banten Province and all components of society in a health, social and economic context.

To achieve the goal of exercising authority in the emergency conditions of Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM), in its implementation, local governments must be able to implement comprehensive strategies or plans to achieve organizational goals. This is in accordance with Griffin's opinion in Anoraga (2009:339) which says that "*strategy is a comprehensive plan for accomplishing an organization's goals*" The strategy of the Banten Provincial Government in carrying out authority in emergency conditions of Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM) in Banten Province by using a SWOT model that combines strengths and weaknesses (*weaknesses*) as internal factors combined with opportunities and threats as external factors.

Strength Analysis

a. PSBB and PPKM Policies Needed by Residents of Banten Province.

The PSBB and PPKM policies can reduce COVID-19 cases from time to time in Banten Province, this is because with these policies people adapt to their living habits through strict health protocols so that they can prevent the transmission of COVID-19. From these conditions, it can be concluded that the Large-Scale Social Restrictions policy is a policy needed by the wider community in general and the people of Banten Province in particular to accelerate the handling of *Corona Virus Disease 2019* (COVID-19).

b. PSBB and PPKM Policies Reach All Aspects of the Lives of Banten Province Residents.

The policy of implementing Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM) covers all aspects of people's lives. All restrictions on these activities cover all agencies without exception, including; schools, workplaces, religious activities and/or restrictions on activities in public places or facilities.

During these restrictions, it also regulates the rights and obligations of residents of Banten Province and the fulfillment of basic needs of the population during the PSBB and PPKM, including the provision of social assistance to vulnerable residents affected in fulfilling basic needs and the provision of incentives to business actors affected by the implementation of the PSBB.

Based on these opinions and regulations, it can be concluded that the PSBB and PPKM policies aim to limit the activities of all people in Banten Province without exception, ranging from teaching and learning activities, activities at workplaces, religious activities, activities in public places and facilities, social and cultural activities, to restrictions on the movement of people and goods using transportation modes to reduce the risk of COVID-19 transmission.

c. Policies Accessible to the Community.

The Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM) in Banten Province are very easy to know and access by the wider community. In addition to the incessant socialization carried out by the ranks of the Banten Provincial Government and Regency/City Governments in Banten Province, both face-to-face and through print media, electronic media, social media, web sites, and even through banners spread throughout Banten Province. Socialization support is carried out by the TNI, the National Police, universities, and even religious leaders and community leaders.

The ease of access to these policies is an advance of the Banten Provincial Government in developing *E-Government* commonly known as *e-gov*, which is an effort by the Banten Provincial Government to develop electronic-based government administration, so that all policies are contained on the *website* so that it is easy for the public to easily access.

With the ease of public access to the PSBB and PPKM policies, it has a positive impact on public knowledge of the purpose and objectives of PSBB and PPKM, so that with the increase in knowledge, public awareness will increase to follow these regulations.

Weakness Analysis

a. Control over policies is still weak.

The stipulation of Banten Governor Regulation Number 38 of 2020 concerning the Implementation of Discipline and Law Enforcement of Health Protocols as an Effort to Prevent and Control Corona Virus Disease 2019 does not necessarily make people obey the rules in carrying out PSBB and PPKM. Based on monitoring in the field, there were several violations found such as not wearing masks, crowding and holding events that gathered people. In addition, these violations are also still found by business actors who do not comply with business opening and closing hours and are still operating businesses that are not 11 permitted sectors.

Based on the provisions of PSBB and PPKM, there are eleven sectors that are allowed to open, namely the health, food, energy, communication and information technology sectors, finance, logistics, hospitality, construction, strategic industries, basic services, public utilities and industries that are designated as national vital objects, certain vital objects and daily needs. These violations continue to occur, especially there are still many residents who do not wear masks, and there are still business actors who do not comply with business opening and closing hours. The number of people who still violate the PSBB and PPKM policies is proof of the lack of government control as well as the lack of enforcement of all regulations that have been made by themselves during the implementation of PSBB and PPKM.

b. Lack of Human Resources (HR) in Implementing Policy Control.

Human Resources (HR) is the most important asset for an organization to achieve success in achieving good goals, because human resources are the only resources that have intellect, feelings, knowledge, skills, and creativity so that the existence of human resources is something absolute in a government organization.

Regarding the implementation of the Large-Scale Social Restrictions (PSBB) policy and the Implementation of Community Activity Restrictions (PPKM) in Banten Province which has an area of 9,662.92 km², with a population of 12,030,892 people and is directly adjacent to DKI Jakarta and is the main gateway to Indonesia through Soekarno-Hatta International Airport which is located in Tangerang City and is a traffic that connects the islands of Java and Sumatra Island is in dire need of human resources which is adequate to supervise and control the PSBB and PPKM policies in order to be successful. The lack of a ratio of the number of supervisory human resources to the number of companies operating in Banten Province resulted in supervision and control of the implementation of the PSBB and PPKM policies not being able to run optimally so that violations of the company's operating hours continued to be found in the field.

c. Sectoral ego in the implementation of PSBB and PPKM in Banten Province is still happening.

The different types of violations found are triggered by sectoral egos. Sectoral ego occurs between Ministries, Institutions and local governments in handling the COVID-19 pandemic. Based on observations in the field, it is known that when the Governor of Banten, Wahidin Halim, issued a statement that PSBB volume 3 was a warm-up towards the new normal. In fact, the Regional Government in Greater Tangerang (Tangerang Regency, Tangerang City and South Tangerang City) did not follow the PSBB. The parameters can be seen from the *check point* that is no longer at the location, even though *the check point* is a place to tighten and restrict residents as well as socialize health protocols.

Similarly, it is known that there is a miscommunication between the governor and 3 regional heads in Greater Tangerang. For example, Banten Governor Wahidin Halim who said that shopping does not have to go to the mall but to neighboring stalls. Meanwhile, Tangerang Regent Ahmed Zaki Iskandar said that the mosque was opened first rather than a mall, while the Mayor of South Tangerang, Airin Rachmi Diany, even issued a policy to South Tangerang that there must be a SIKM (Entry and Exit Permit).

The difference of opinion shows that during the implementation of PSBB and PPKM there is a sectoral ego, there is no unity. The warming *of the new normal* is not interpreted as a unit in a policy, this indicates that the Governor of Banten does not follow his policies by regional heads in Greater Tangerang.

The impact of sectoral egos is the main obstacle in implementing Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM) in Banten Province, where there can be overlapping programs, inappropriate priorities and delays in policy implementation. This also adds to the reason for the ineffectiveness of the implementation of PSBB in Banten Province.

Opportunity Analysis (*Opportunity*)

a. The Existence of Community Participation That Can Help and Educate the Community.

In difficult times such as the COVID-19 pandemic, the participation or participation of community leaders and religious leaders who have the ability to help and guide the grassroots in educating the community, providing support to help the government to jointly fight the pandemic, is needed. The presence of community leaders and religious leaders who are aggressive in participating in providing assistance to others in the form of goods or support, voicing and educating the public on how to deal with COVID-19 with common sense and with full awareness, will have an impact on public awareness to comply with health protocols by not crowding, maintaining distance, wearing masks as echoed by the government.

With the participation of community leaders and religious leaders, it gives encouragement to the government to accelerate the handling of COVID-19. This is in accordance with the opinion of Dwiningrum (2011:50) who said that participation is where a person involves mentally and emotionally in a group condition that encourages to achieve a goal in the group's goal and then is also responsible for his group. Based on monitoring in the field, it is known that several community leaders and religious leaders participated in helping the community in providing assistance to people who were victims of COVID-19 and were directly involved in socializing health protocols to the community.

The participation of these figures provides benefits to educate the elderly community in building awareness of the community's commitment to obey the PSBB and PPKM policies. This is in accordance with the opinion of Muluk (2007:6), who believes that participation can be seen in terms of its benefits in terms of improving the quality of a decision made which is based on real interests and knowledge in society. In addition, the benefits of participation can also build public commitment in helping the implementation of decisions made. Education to the public to implement restrictions on activities outside the home needs to be carried out massively so that the goals of PSBB and PPKM can be implemented. This community education is not only the responsibility of the government, but also the responsibility of all *stakeholders* of the Banten Provincial Government, including the community. The involvement of community leaders in educating is expected to be able to be a reference for the community in complying with the implementation of PSBB and PPKM.

b. There is an Application to Support Distance Work and Education.

During the PSBB and PPKM, services in Banten Province rely on online, both education services and other government services. Based on the guidelines for the implementation of online learning that has been prepared by the Banten Provincial Education Office, there are several media to support the distance learning process, including *Google Meet*, *Zoom*, *Youtube* for webinars, a special *Si Pintar* application that can be accessed by students, teachers and parents. Based on monitoring during the implementation of the PSBB, in all areas of education improvement in Banten Province is carried out online using various applications such as *Google Meet*, *zoom*, *Youtube*. Thus, for services to the community, most district/city governments have used various service applications with good results.

Based on the findings mentioned above, it can be concluded that during the implementation of PSBB and PPKM, the government has prepared various applications that can be used to support teaching and learning activities and work from *home*, even religious activities are carried out *online*. All of these activities can be done with the help of *the Google Meet application*, *Zoom* and so on. The acceptance of the application by the people of Banten is quite high, most people can use it because the people of Banten are classified as technologically literate and have a sufficient level of education. This can be seen from the achievement of the Human Development Index (HDI) of Banten Province which ranks eighth with the highest HDI in Indonesia. Similarly, when viewed from the quality of life of the population in Banten Province, it is better than several other provinces on the island of Java, namely West Java (10), Central Java (13), and East Java (15).

c. There is support from the Central Government.

Banten Province is one of the provinces that implements PSBB in Indonesia. One of the things that the Government needs to fulfill is the food needs of the community during the PSBB and PPKM. As support for the implementation of PSBB and PPKM, the Central Government through the Ministry of Social Affairs of the Republic of Indonesia (Kemensos) together with Banten Province synergize to prepare food package assistance whose realization is carried out based on the scheme that has been determined by the Ministry of Social Affairs. Based on monitoring during the implementation of PSBB and PPKM in Banten Province, it is known that the Banten Provincial Government and Regency/City Governments in all areas of Banten Province have refocused their budgets to allocate COVID-19 handling.

The budget refocusing is in accordance with the Presidential Instruction of the Republic of Indonesia Number 4 of 2020 dated March 20, 2020 which mandates all ministries and local governments to prioritize the use of existing budget allocations for activities that accelerate the handling of *Corona Virus Disease 2019 (COVID-19)* and accelerate *refocussing* activities and budget reallocation through the budget revision mechanism and immediately submit budget revision proposals to the Minister of Finance in accordance with his authority.

d. The Support of the TNI, the National Police and other Community Elements

The role of the TNI, the National Police and other components of society in supporting government programs is one of the keys to success in accelerating the handling of *COVID-19* and economic recovery. The synergy and integration of the TNI, the National Police and other components of the nation is a good initial momentum to continue to develop innovation and creativity to continue to support government programs, especially in the face of COVID-19. The synergy and integration of the TNI, the National Police and community components during the PSBB and PPKM can be seen in socializing and enforcing the discipline of health protocols and helping in accelerating vaccination.

Based on monitoring, the TNI and the National Police along with other elements of society provide support to guard and discipline the community during the PSBB and PPKM period in Banten Province. In addition, the TNI and Polri along with other elements of the community also assisted the Banten Provincial Government in distributing social assistance in the form of basic necessities to vulnerable people in fulfilling basic needs during the implementation of PSBB and PPKM.

e. Support from Donors

In meeting the needs of the community during the COVID-19 pandemic, the Banten Provincial Government collaborates with donors and social institutions. Donors can obtain information related to the location map of people in need of social assistance through the official website of the Banten Provincial Government. According to the Governor of Banten H. Wahidin Halim Banten Governor H. Wahidin Halim (Interview on April 14, 2021 at the Banten Governor's Hall) that:

"During the PSBB and PPKM, the Banten Provincial Government has received assistance from several agencies such as PT Mayora, Bank Banten, Bank BRI, Bank BJB, Sinar Mas Land, PT Dover Chemical, PT Transki, Tifico, PT Cibaliung, PT Astra Toll, Chandra Asri, IDI Serang, Indonesian Notary Association, Indonesian Embassy in Korea, GKI Serpong, kitabisa dotcom, Kagama, as well as residents of Graha Metro Serang, including the CSR Forum of Banten Province companies and ASN (state civil servants) working in Banten Province who has donated and donated some of its resources to help overcome the COVID-19 crisis.

The assistance from various elements of society is a form of commitment from various parties to work together with the government to overcome COVID-19. This is a good opportunity for the government to get support from various parties so that the handling of COVID-19 and the implementation of the PSBB and PPKM are in line with common expectations.

Threat Analysis

a. The Level of Community Compliance is Still Low.

The PSBB and PPKM policies implemented in Banten Province are basically to suppress the spread of COVID-19, but nevertheless not all people and business actors comply with the regulations that have been made by the government. The low level of community compliance is one of the threats to the effectiveness of PSBB and PPKM in Banten Province. The occurrence of the various violations above indicates that there are still community groups and the business world that do not comply with and do not obey the rules by implementing PSBB and PPKM.

b. High Mobility of Banten Province Residents.

As previously described, Banten Province has a strategic position because as the main gateway to Indonesia with the presence of Soekarno-Hatta International Airport which is located in Tangerang City, it is also a traffic that connects the islands of Sumatra and Java and is directly adjacent to DKI Jakarta and has a high population of 12,030,892 people. With these conditions, the mobility of Banten Province residents is very high in carrying out daily activities, so this condition makes it difficult for officers to enforce PSBB and PPKM considering that the number of officers or human resources owned by the Banten Provincial Government and the Regency/City Government in Banten Province is not proportional to the number of population.

Residents' mobility is increasing after the PSBB was replaced with the Enforcement of Community Activity Restrictions (PPKM) policy. With this easing, the mobility of Banten Province residents in carrying out activities is getting higher. With a large number of people and high mobility, it is difficult to carry out supervisory control.

c. The Impact of Community Economic Changes.

The COVID-19 pandemic has not only had an impact on the health sector, but also on the social and economic sectors. Restrictions on community activities have paralyzed economic activities, considering that Banten Province is one of the centers of industry and business. This condition caused many trade, industrial, and informal economic activities to be disrupted.

Based on the release of BPS Banten (2021), Banten's economic growth in the first quarter of 2021 compared to the first quarter of 2020 still contracted by 0.39 percent (y-on-y). The negative growth is the impact of the COVID-19 pandemic that has not subsided which has put pressure on the Indonesian economy, including Banten. From the data mentioned above, it is known that the COVID-19 Pandemic not

only has an impact on the health sector, but also on the social and economic sectors so that the implementation of PSBB and PPKM threatens the economy of the people of Banten Province.

The local government's strategy in exercising its authority during the PSBB and PPKM emergencies in Banten Province includes several approaches that adjust to strengths and opportunities. The Strength-Opportunity strategy is implemented by utilizing support from various parties, including the TNI, the National Police, universities, and community leaders, to ensure that policies run effectively. In addition, continuous policy socialization through social media and electronics aims to increase public understanding and acceptance of the PSBB and PPKM rules. This cross-element cooperation allows for the realization of more comprehensive policies, while providing social protection for people affected by the pandemic.

Furthermore, the Weakness-Opportunity strategy is focused on strengthening policy control with the help of the TNI and the National Police. Their role includes disciplining communities in crowded spots and distributing basic necessities such as masks and social assistance. The Banten Provincial Government has also increased coordination with the central government to overcome sectoral egos that are often an obstacle in policy implementation. This approach promotes the principles of good governance through participation, transparency, and legal certainty. With optimal coordination, policies made by the central government can be translated to the regional level without regulatory clashes.

The Strength-Threat and Weakness-Threat strategies are directed to overcome the challenges of low levels of community compliance and high population mobility. Education through community leaders and religious leaders is the key to increasing public awareness of the importance of the PSBB and PPKM policies. In addition, the government is responsible for meeting the basic needs of the community during the restrictions to reduce social pressure. Another step is to tighten permits for entry and exit of the area through the Entry and Exit Permit (SIKM) with strict supervision at the border gate. This strategy is expected to be able to increase community compliance while reducing the spread of COVID-19 in Banten Province.

CONCLUSION

Based on the results of research and discussion, it can be concluded that the authority of local governments in emergency conditions of Large-Scale Social Restrictions (PSBB) and the Implementation of Community Activity Restrictions (PPKM) in Banten Province is very limited, because they are obliged to ask for permission from the Ministry of Health and only adjust the policies set by the central government. This is due to the nature of the COVID-19 pandemic that crosses regions and countries, making the policy the authority of the central government. To carry out this authority, local governments need expert authority in formulating local regulations that are in line with central regulations, promise authority to maintain legitimacy through policy consistency, and cooperate authority to coordinate across agencies. Based on SWOT analysis, PSBB and PPKM policies have the strength of policies that are relevant to the needs of the community and supported by digital technology. However, the weaknesses are weak control functions, lack of human resources, and sectoral egos. Opportunities that arise include community support, elements of the TNI/Polri, and digital applications to support remote activities. Threats include low levels of community compliance, high mobility, and socio-economic impacts. Local government strategies include strengthening community support (Strength-Opportunity), policy supervision with the help of the TNI/Polri (Weakness-Opportunity), education to increase compliance (Strength-Threat), and tightening entry and exit permits (Weakness-Threat). It is recommended for future researchers to examine central-regional relations in emergency conditions, identify policy success factors, and develop a model of local government authority strategies for future emergency situations.

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