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Government Capacity Gap in Handling Covid-19 in Lampung Province

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ABSTRACT

As a transit area for economic activities between the islands of Sumatra and Java, Lampung Province has a high risk of becoming a point of virus transmission. Local governments must be able to deal with Covid-19. This study aims to assess the capacity of the Lampung Provincial Government in dealing with Covid-19. Government capacity is essential for crisis management, such as during a pandemic. The research approach used is a qualitative method that includes primary and secondary data and focuses on reviewing literature from reliable sources. The findings reveal that the capacity of the Lampung Provincial Government in terms of fiscal capacity, infrastructure, operational capacity, and political capacity is still lacking. The implication is that the Lampung Provincial Government needs to evaluate and prioritize capacity building, especially political capacity in terms of responsive political communication to maintain public trust.

Keywords: Capacity, Covid 19, government

ABSTRAK

Provinsi Lampung sebagai wilayah transit kegiatan ekonomi antara pulau Sumatera dan Jawa berisiko tinggi menjadi titik penularan virus. Pemerintah daerah harus mampu menangani Covid-19. Kajian ini bertujuan untuk menilai kapasitas Pemerintah Provinsi Lampung dalam menangani Covid-19. Kapasitas pemerintah merupakan aspek penting untuk manajemen krisis seperti saat pandemi. Pendekatan penelitian yang digunakan adalah metode kualitatif yang mencakup data primer dan data sekunder dan difokuskan pada tinjauan pustaka dari sumber yang dapat dipercaya. Hasil temuan mengungkapkan bahwa kapasitas Pemprov Lampung dalam hal kapasitas fiskal, kapasitas infrastruktur dan operasional, serta kapasitas politik masih kurang. Implikasinya, Pemerintah Provinsi Lampung perlu melakukan evaluasi dan melakukan prioritas pengembangan kapasitas, khususnya kapasitas politik dalam hal komunikasi politik yang responsif untuk menjaga kepercayaan publik.

Kata Kunci: kapasitas, Covid-19, pemerintahan

INTRODUCTION

The Covid-19 virus has wreaked havoc on nearly every facet of human life. The spread of the Covid-19 virus has infected millions of people worldwide and has caused unprecedented economic damage (Olivia et al., 2020). The numbers are overwhelming, whether it's in terms of illnesses and deaths, the scope of public health policies like mobility limits, or the economic implications for unemployment and government spending (Greer

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et al., 2020).⁷ In the case of Indonesia, there were 907,929 cases reported until 17 January 2021.¹¹ A total of 25,000 people have died as a result of Covid-19. Indonesia ranks first in Southeast Asia in terms of death toll (Pradana et al., 2020). Many have predicted that this number may be even higher because Indonesia's health system is not functioning optimally.

The public became terrified as a result of the pandemic.³⁹ The Indonesian government has released a variety of measures, ranging from central government to city/regional level,¹⁰ beginning with Presidential Decree No. 7/2020 Establishing the COVID-19 Response Acceleration Task Force. However, the policy was deemed premature, rash, and conveyed a sense of a lack of knowledge of COVID-19 and its implications (Mas'udi & Winanti, 2020).

Many factors have resulted in positive cases of Covid-19 in Indonesia.⁴ The health system is minimal, limited health facilities and public awareness is based on government policies for managing not optimal pandemics (Olivia et al., 2020; van Empel et al., 2020; Yulianti et al., 2020; Agustino et al., 2021). Several studies have found that access to and quality health care services remain low due to the increasing fatalities associated with Covid-19.⁴⁸ The Covid-19 high mortality rate impacts aspects, including the efficiency of health services, the proportion of health workers to the population, the ratio of hospital beds to public access to hospitals (Perone, 2021; Damette & Goutte, 2020; Peters, 2020). Serikbayeva et al. (2020) discovered that countries with good health care capacity had lower mortality rates when examining 86 countries, including Indonesia. Any digit increase in the index of the capacity for health services could reduce 42 percent of deaths. The critical issue, but accompanied by comprehensive government capacities, is the capacity for health care service.

The central government has implemented a stay-at-home policy, social distancing, physical controls, the use of personal protective equipment, maintaining personal hygiene,²¹ working and studying at home, suspending all mass meeting events, and large-scale social restrictions³⁷ before the New Normal policy is implemented. Local governments must have the capacity needed to implement this policy. Because of crucial policy capacities developed after the pandemic, the government has reduced mortality rates. Similarly, when a largely positive case was made, it was due to a lack of other government-owned capacities (Woo, 2020). Public sector capacity is usually defined as a set of skills, capabilities, and resources required to carry out a policy function, from public service provision to policy design and implementation (Wu et al., 2015).

When the Covid-19 pandemic strikes, the state's capability, including control over the healthcare system and public administration, is tested, including the Lampung Provincial Government. As a public service whose mission is to serve the world, it plays a critical role and bears significant responsibility in dealing with the pandemic. Lampung Province

is in a strategic position because it is a transit area for economic activity between the islands of Sumatra and Java, so it is at risk of becoming a transmission site for the Covid-19 virus. As of 18 May 2021, there have been 17,124 positive cases, 15,467 of which have been declared cured, 944 have died, 305 of which are suspected, and 97 of which are probable. When viewed statistically, this number has decreased; however, this does not imply that Covid-19 handling and prevention has reduced. Collaboration across sectors and levels is required to increase government capacity, even if it is ad hoc in nature, to alleviate some problems during times of turbulence (Donahue & Zeckhauser, 2011). In this case, the Lampung Provincial Government must work with local governments and other communities and empower urban villages down to the *Rukun Warga* (RW) and (*Rukun Tetangga*) RT levels to help cut the chain of Covid-19 spread.

To analyze the method of handling Covid-19 in Lampung Province, this paper takes a government capability approach. The capacity approach is used to determine whether or not the progress or failure of implementing activities is in line with the goals and objectives that have been established. This study aimed to get a better understanding of the Lampung Provincial Government's ability in handling Covid-19, as well as to see whether the Lampung Provincial Government can meet several important government capacity indicators. Theoretically, Christensen & Gazley (2008) explains that government capacity can be seen from its strengths in terms of infrastructure, human resources/ leadership, financial resources/management, and external environment. This view contains the explanation of Woo (2020), which emphasizes operational capacity, fiscal capacity, analytical capacity, political capacity as an integrated part of policy capacity. Lodge & Wegrich (2014) explain that government capacities that are important for effective crisis management are readiness or analytical capacity, coordination, regulation, and implementation or delivery capacity for pandemics, which is another way of describing the managerial and organizational resources they have when they first encounter the virus (McConnell & Drennan, 2006).

This paper adapts Christensen, Woo, Lodge, and Wegrich's perspective on government capacity to a particular context, only addressing internal capacities, such as fiscal capacity, infrastructure and organizational capacity, and leadership and political capacity. The authors also use Grindle's (2017) explanation to analyze the policy context in the policy process. To comprehensively look at public policy, one should read not only the content but also the context. Since the handling of Covid-19 also causes the allocation and utilization of infrastructure, human capital, and regional finances to be geared towards handling this catastrophe, these three theories are a synthesis that needs to be studied for the sense of Lampung Province.

RESEARCH METHOD

The study was conducted in Lampung Province from March 2021 to July 2021. Elite interviews were conducted to find out more about the role of public officials and stakeholders in Lampung in dealing with the Covid-19 outbreak (Harrison, 2001). We conducted interviews with various stakeholders from the Lampung Provincial Government and several actors in the District/City Governments in the Lampung region.

After the data in the field is obtained, the author conducts data condensation. Data condensation refers to the process of selecting, simplifying, abstracting, and transforming data that approximates the entirety of the field—from written field notes, interview transcripts, documents, other empirical materials (Miles et al., 2014). The data are then presented and analyzed. On the other hand, the author uses source triangulation to verify the data obtained in the field for data validation. Interview data were confirmed by field observations and documents relevant to the research focus.

RESULTS, DISCUSSION, AND ANALYSIS

In plain terms, capacity can be defined as “the ability of an organization to carry out its functions” (Yu-Lee, 2002). Organizational capacity has been defined broadly in the public sector as a government’s ability to regulate, develop, direct, and control its financial, human, physical, and information resources’ (Ingraham et al., 2003). In the nonprofit sector, organizational capacity has been defined as a set of management practices, processes, or attributes that assist an organization in fulfilling its mission (Eisinger, 2002).

The authors will concentrate attention on fiscal capacity, infrastructure capacity, and political capacity in this chapter. Because of the author’s interpretation of the idea of appropriate government capability in the context of handling Covid-19 in Lampung, these three elements were investigated. First and foremost, regional fiscal capacity refers to the financial capacity of each region, which is reflected in regional revenues fewer revenues that have been determined to be used for other purposes and certain expenditures.

Then there is the issue of infrastructure capacity. Numerous studies have shown that a vital infrastructure may support a country’s economy. By increasing infrastructure capacity, the national and regional economies will benefit from expanding infrastructure capacity (Dekker, Sander et al., 2003; Calderon & Servén, 2004). Nonetheless, infrastructure is discussed concerning the context of the health system in this article, namely the availability of various health facilities in the Province of Lampung. As an expression of political leadership, political capacity is currently attempting to study various policies of Lampung Province in dealing with Covid-19 as a manifestation of political capacity.

Lampung Province is fascinating to study because geographically, it is a connecting area between Java and Sumatra Island. Therefore the mobilization of citizens is extensive. On the other hand, various official data show that Lampung Province had become a province in Indonesia that had a positive rate of more than 20% (vaksin.kemkes.go.id), several cities and district governments were in the red zone category. Bed occupancy was weekly (BOR/weekly) is relatively high.

Fiscal Capacity

In dealing with Covid-19, refocusing and budget reallocation are needed for handling Covid-19. Centrally, following the provisions of the Joint Decree of the Minister of Home Affairs and the Minister of Finance Number 119/2813 / SJ Number 177 / KMK.07 / 2020 concerning the Acceleration of Adjustment of the 2020 Regional Budget in the Context of Handling Covid-19, as well as Security Buy the Community and the National Economy and Regulation of the Minister of Finance Number 35 / PMK.07 / 2020 concerning Management of Transfers to Regions and Village Funds for the 2020 Fiscal Year in the context of Handling Pandemic Corona Virus Disease 2019 and/or Facing Threats Endanger the National Economy has instructed the Regional Government to adjust PAD Revenue by adjusting the Potential Regional Taxes and Regional Levies as a result of the decline in economic activity. However, the initial data that is important to analyze is the fiscal capacity of the regions as the primary “capital” in budget governance.

Regional autonomy has consequences for the transition of power from the Central Government to Regional Governments in the context of exercising their authority, implying that Regional Governments need resources to carry out activities that come under their jurisdiction. However, each region has been given financial capacity, so what is meant by regional fiscal capacity, in general, is the ability of the Regional Government to raise revenue from the sources available to it. There is a Regional Fiscal Capacity in the sense of regional government, which is the financial capacity of each country as expressed in regional revenue minus revenue that has been defined for use and some expenses. According to the Regional Fiscal Capacity Map, Lampung Province has a Regional Fiscal Capacity index of 0.590 0.678, which positions it in the medium capacity band, according to the Regulation of the Minister of Finance of the Republic of Indonesia Number 120/ PMK.07 / 2020. Meanwhile, in Lampung Province, the city government and the fog pen government have regional fiscal ability indexes of low and very low, respectively. Only Bandar Lampung, the Province’s capital, falls into the very high range.

Table 1. Regional Fiscal Capacity Index

No	Region Name	Regional Fiscal Capacity Index	Information
1	Lampung Barat Regency	0,692	Low
2	Lampung Selatan Regency	0,989	Moderate
3	Lampung Tengah Regency	0,877	Moderate
4	Lampung Utara Regency	0,667	Low
5	Lampung Timur Regency	1,612	High
6	Tanggamus Regency	0,691	Low
7	Kabupaten Tulang Bawang	0,563	Low
8	Way Kanan Regency	0,563	Low
9	Bandar Lampung City	2,518	Very high
10	Metro City	0,729	Low
11	Pesawaran Regency	0,507	Very low
12	Pringsewu Regency	0,921	Moderate
13	Mesuji Regency	0,367	Very low
14	Tulang Bawang Barat Regency	0,434	Very low
15	Pesisir Barat Regency	0,694	Very low

Source: Adapted from ⁴ Regulation of The Minister of Finance of The Republic of Indonesia Number 120/PMK.07/2020

Table 1 indicates that the fiscal ability of local governments in the Lampung Province is primarily in the low categories. This, of course, affects expenditure allocations for Covid-19 prevention and management in the regions. This fiscal ability reveals the economic conditions in each area in an indirect manner. Local governments in the Lampung region are faced with a funding challenge when it comes to dealing with and preventing Covid-19. On the one hand, the regional fiscal needs for Covid-19 countermeasures are enormous, but fiscal capacity is scarce and constrained.

The Republic of Indonesia is divided into provinces, and regional areas are divided into regencies and towns, according to the mandate of Article 18 of the Republic of Indonesia's 1945 Constitution. As a result, each province, district, and the city has its administration. ²⁹ In the case of the Covid-19 pandemic, the blame for preventing and combating the disease no longer falls solely on the Lampung Provincial Government; it now falls on all levels of government.

Based on Letter No. 900/1210 / VI.01 / 2020 from the Governor of Lampung regarding the 2020 Lampung Provincial Budget Allocation Report for Covid-19 Handling. In the letter, it was stated that the Lampung Provincial Government had set aside IDR 246 billion to deal with Covid-19. Rp.181 billion for health care, IDR 26.9 billion for economic effect, IDR 17.7 billion for the social safety net, and IDR 20.4 billion for Bandar Negara

Husada Hospital and Abdul Moeloek Hospital in Lampung, according to the Covid-19 budget.

In Lampung Province, changes in budget reallocation allocations were made in three focus areas: health impact, education impact, and economic impact. The economic effect of 82 percent The social safety net accounts for 10.9 percent of the Lampung provincial budget, or 7.1 percent. The Lampung provincial government has allocated IDR 80.36 billion in APBD funds to deal with Covid-19 in the area of health and health expenditure. The total budget absorbed from that volume was IDR 59.77 billion (Oktavia, 2020a). According to the Lampung Province Development Finance Comptroller, the Lampung Provincial Government and 15 districts and cities in Lampung have budgeted IDR 1.45 trillion to handle Covid-19 in the APBD. Dari total anggaran tersebut, per 2 Juli 2020 baru terserap 18,41 persen. In the following year, as of July 15, 2021, the realization of spending on handling the impact of the Covid-19 pandemic in Lampung was 12.16 percent. On the same date (July 15 2021), the vaccination rate in Lampung Province was still relatively low namely, the first dose of vaccination was 14.5%, and the second dose was 5.8%. This situation shows the ineffectiveness between the available budget and the successful handling of Covid-19. Therefore, collaboration and synergy between regional apparatus organizations (OPD) need to be made available for a reliable Government Internal Control System in realizing the budget for the acceleration of the Covid-19 response so that the budget relocation policy can be more effective.

The budget for handling Covid-19 with a large enough value must be used to the fullest extent possible, and the need to take a range of measures to expedite the handling of Covid-19. Is there enough money in the budget? This needs to be clarified since it is essential to make comparisons with field data. Lampung Province falls into the medium category in terms of fiscal power, as previously stated, but most local governments remain in the low and very low categories.

Tito Karnavian, Minister of Home Affairs, stated that 19 provinces were experiencing difficulties absorbing the health budget, with one of the issues being related to incentives for health professionals. Tito feels that some regional heads are unaware of the realization, even though they are aware of the balance position in the Covid-19 handling budget, which they do not know.

The overall budget for the National Economic Recovery (PEN) program in 2021 reached IDR 744.75 trillion (about \$744.75 billion). IDR 699.43 trillion was the starting point, and the sum has since climbed. The social protection sector saw the most significant increase in funding, going from IDR 153.86 trillion to IDR 187.84 trillion, and the health sector received the second-largest increase, going from IDR 193.93 trillion to IDR 214.95 trillion. The additional budget in the health sector will be used to fund IDR 1.08 trillion in additional incentives for health professionals, four hundred billion rupiahs in self-isolation

pharmaceutical packages, and IDR 2.75 trillion in constructing an emergency hospital, among other things.

Furthermore, the TNI/Polri has allocated IDR 1.96 trillion for the acceleration of vaccination, seven hundred ninety billion rupiahs for the operation of thickening micro PPKM in the regions, three hundred seventy billion rupiahs for the supply of oxygen from within and outside the country, and IDR 25.87 trillion for the allocation of additional funds for patient care claims, in addition to the IDR 1.96 trillion already allocated. On 9 July 2021, the total adjustment of the 2021 APBD for managing Covid-19 in the aggregate province/district/city is IDR 37.07 trillion, according to the APBD. According to the latest available data, the budget value will be IDR 37.29 trillion on 17 July 2021. It is planned to spend the entire budget on just five projects, which include the management of COVID-19 in the regions, vaccine support, support for urban villages in managing COVID-19, and incentives for regional health professionals, in addition to spending on other activities and priority activities.

On the other hand, the absorption of the Covid-19 handling budget in Lampung Province was not optimal. Until July 2021, of the funds of 288.47 billion rupiahs, only 12.16% has been realized, which indicates that apart from budget problems, there are also problems in budget management. In other words, they are showing the government's performance, even though it has been a year and a half since the Covid-19 pandemic. Government policies in handling the Covid-19 pandemic have several times caused controversy and turmoil in the community. On the one hand, the government wants to stimulate the economy through national economic recovery.

Meanwhile, public health is threatened due to the high number of Covid-19 cases. The policy taken by the government is what is causing controversy. As a result, local governments in the Lampung area are experiencing a capacity deficit. Good cooperation is needed to balance fiscal ability in handling Covid-19 in Lampung. As a result, fiscal capability independence does not occur in the event of a pandemic.

Infrastructure and Operational Capacity

Infrastructure and operational capability are the following two aspects to consider. The availability of hospital beds and services to care for infected patients is the most critical feature of organizational capability and facilities (Woo, 2020). There are 36 Covid-19 referral hospitals in Lampung Province, with a total capacity of 938 beds. Only 35 of the 938 beds have a ventilator, while the rest are non-ventilated beds. The hospital's operating capability is adequate in non-pandemic circumstances. However, this ability may be inadequate during a rapidly spreading pandemic to treat patients who test positive for Covid-19.

41 As the number of referral requests for Covid-19 cases rose, the referral hospital's isolation room became too small to handle them. Positive Covid-19 cases in Lampung Province increased in November 2020, filling 12 Covid-19 referral hospitals. The bed capacity for Covid-19 patients was just 36.5 percent one month later, in December. There is an interesting note to make: in March 2021, the death rate in Lampung due to Covid-19 was 5.32 percent. Because of Covid-19, this figure is higher than the national mortality rate, which is just 2.71 percent. These three circumstances demonstrate that the operating capability and infrastructure for dealing with Covid-19 are insufficient. As a result, the Lampung Provincial Government has taken many alternative steps, including working with the University of Lampung to convert the State University Teaching Hospital facilities into an emergency hospital (Oktavia, 2020b) and making plans to construct emergency tents for Covid-19 patients (Prasetya, 2021).

The Ministry of Health (Kemenkes) said that from 1 January to 8 August 2021, Lampung had the highest death rate in the country, with a percentage of 7.1 percent, according to data collected during that period. Reporting from various sources, this is due to the large number of older adults in Lampung who are affected by Covid-19 (Wiguna, 2021). Meanwhile, as of 18 August 2021, the proportion of vaccinated doses 1 and 2 in Lampung was the lowest in Indonesia, at 10.8 percent and 7.21 percent, respectively.

In Lampung, the bed occupancy ratio, also known as the occupancy rate of hospital beds, frequently exceeds the national standard of 75 percent. That means the vast majority of hospitals in Lampung are overcrowded and on the verge of collapsing. RSUDAM even treated patients in the lobby of the building throughout July 2021. The Covid-19 mortality toll in July was equivalent to 5.43 percent of the number of positive cases in Lampung, which totaled 32,833 individuals (28 July 2021). Comparing the proportion of deaths in Lampung to the national average of 2.69 percent, it is evident that the city has a higher death rate.

The Lampung Provincial Health Office explained that patients who died with confirmed Covid-19 status were dominated by the elderly and were only known to have contracted Covid-19 when treated at the hospital (Jaya, 2021). This situation occurs because of the lack of public knowledge about Covid-19, so there is a fear of bringing patients to the hospital for fear of becoming "suddenly" with Covid-19.

Lampung has never been freed of the red zone, according to data from the Lampung Regional Planning Development Agency (Bappeda), which was collected between 29 June and 20 August 2021. During its height, on 3 August 2021, as many as 14 regencies/cities were classified as being in the red zone category. There are just two districts that fall into the orange zone classification. 38 The number of verified Covid-19 cases in Lampung had reached 43,397 as of 18 August 2021.

Mingrum Gumay, the chairman of the Lampung DPRD, did not deny the accuracy of the information. Lampung, in his opinion, is the entryway to the island of Sumatra. As a result, people's movement is not just limited to Lampung but also includes areas outside of the city that can transmit the virus. In addition, the vice head of the Lampung Covid-19 Task Force stated that the DPRD had carried out its responsibilities. The Regional People's Representative Assembly (DPRD) coordinates and reviews with the government. On the other hand, when asked about future strategic actions in dealing with the pandemic, Mingrum stated that he and the Lampung Covid-19 Task Force would continue collaborating with the regional leadership coordination forum (Forkompimda) to find answers to the problem.

Testing and monitoring are two critical aspects of dealing with and avoiding Covid-19, in addition to treatment. Unfortunately, the Lampung government's testing and monitoring for dealing with Covid-19 are still late. The limitations of sample testing equipment and polymerase chain reaction (PCR) research staff made this impossible. The new test, on the other hand, enters urban areas close to the PCR machine's site. Remote regions, in the meantime, have remained unreachable. According to data from the Lampung Health Office, 32,047 PCR specimens were checked between 14 May and 27 November 2020. The samples were collected from 15,442 individuals who had PCR tests performed on them. Four PCR machines and three molecular rapid test machines were used in the testing in Lampung (Oktavia, 2020a). In Lampung, the ability of PCR examinations is still limited, with 150-160 specimens examined per day. In addition, the PCR test in Lampung was not satisfactory due to variations in PCR system requirements and a lack of reagents. The number of officers employed in the laboratory on sample examinations is limited. In other words, the limitations of this test are due to limited facilities and human resources. The PCR test was performed in Lampung Province at the Lampung Regional Health Laboratory (Labkesda), Abdul Moeloek Regional Hospital, Lampung POM Center (BBPOM), and the Veterinary Laboratory Center, which are all referral service facilities. In addition, three TCM machines were used to monitor Covid-19 at Pringsewu Hospital, Ahmad Yani Hospital, and Menggala Regional Hospital.

The monitoring strategy is best applied in groups of 25-30 people who have regular contact with Covid-19 patients. The tracing was carried out on an average of 7 people in Lampung Province who had close contact with the patient, which demonstrates Lampung Province's lack of monitoring capabilities. In other words, when viewed from the perspective of the policy context (Grindle, 2017), this condition shows that the health system policy in Lampung Province is minimal. This situation results in uncertain conditions such as a pandemic, residents who need health services arrive in large numbers at the same time, health facilities experience disruption.

Not only was the Lampung Provincial Government struggling to cope with the pandemic, but almost all local governments in Indonesia struggled to react quickly to the situation. The situation becomes more complicated when the central government fails to have good policies and guidance (Yulianti et al., 2020), leaving local governments perplexed to make the best decisions for the public.

Previous experience with similar outbreaks determines the government's capacity to play a part inadequate pandemic readiness (Capano et al., 2020). In this case, the Lampung government lacks experience in this field. That does not, however, imply that the government has been stuttering for a long time. As a result, the government should have a flexible capacity to adapt quickly to any changes that arise.

Pandemic disorders that last longer than a year must be carefully assessed, especially in providing qualified health care to the general public. Health, on the other hand, is a citizen's right that the government must fulfill. The right to health is a fundamental right that every human being has, and it is a legal right that the state guarantees without being questioned (Perwira, 2014). The Committee on Economic, Social, and Cultural Rights' general comments stress the importance of recognizing the right to health as a fundamental human right that should be prioritized in the enforcement of other human rights (CESCR General Comment No 14, 2000).

Political Capacity

It is often a political act to interpret and respond to a pandemic. Border controls, population quarantines, public information management, and attitudes toward other citizens can never be isolated from such issues (Dodds et al., 2020). The previous explanation demonstrated that several problems developed during the Covid-19 crisis in Lampung, including a lack of available hospital rooms and a scarcity of oxygen cylinders, among other things. Humans must also rely on their abilities to survive. When people rely on their abilities, they have the political capacity, which should be assessed. Political capacity is the government's ability to penetrate the community and extract various resources to achieve government goals (Rouyer, 1987). In this study, aspects of policy and political communication are the limitations of the discussion (Woo, 2020).

For government officials, the administrative executive, and the public administration in general, crisis management is a critical policy domain (Boin et al., 2017). In general, capacity is vital, but it is also essential that the measures taken to address the crisis are understood by the public to obey government advice and guidance (Lægreid & Rykkja, 2019). As a result, the political potential must be accompanied by the ability to interact effectively with the group. Apart from contact, however, there are other more objective aspects of group enforcement to consider. Compliance necessitates effective communication and confidence and a political economy that allows people to remain at

home without going hungry (Greer et al., 2020). However, it is impossible to assign full blame for this situation to local governments in this case. The central government does not employ the Quarantine Law, thus abdicating its responsibility for ensuring the community's economic security networks.

When handling Covid-19, the governor's role becomes highly crucial in terms of his or her political capabilities. The Regional Government Law, Number 23 of 2014, describes the governor as the administrator of government in the region and the representative of the center in the region, according to the Pemda Constitution. Because of this, the governor serves dual duty as both head of state and de facto regional representation for the central government in the jurisdiction. Provincial governments have the most significant possible autonomy, as stated in Article 18, paragraph 5 of the Constitution. Specifically, deconcentration is defined as the delegation of some government affairs that are under the authority of the central government to a governor who serves as the central government's representative, to vertical agencies in specific areas, and/or to governors, regents, and mayors who are in charge of general government affairs, as defined in Article 1 point 9.

According to Article 19 paragraph (1), the central government has authority over government affairs that are divided between the central government and provincial and district/municipal regions if they are a) owned by the central government; b) delegated to governors as representatives of the central government or vertical agencies in the regions based on the principle of deconcentration, or c) assigned to regions based on the principle of coadministration. Performing part of the core affairs based on the deconcentration principle following the programs and activities of ministries/agencies is what delegation assignment is all about.

During the pandemic, the Lampung Provincial Government, at the very least, issued seven legal items as a statement about how Covid-19 could be handled and prevented.

1. Regional Regulation Number 3 of 2020 concerning Adaptation of New Normal in the Prevention and Control of Covid-19
2. Governor Regulation Number 45 the Year 2020 Concerning Guidelines for Adaptation of New Normal Towards a Productive and Safe Society Covid-19 in Lampung Province
3. Governor Decree Number 289 of 2020 concerning the Establishment of a Monitoring and Supervision Team for Public Order in the Context of the Spread of Covid-19, the Civil Service Police Unit of Lampung Province
4. Governor Decree Number 297 of 2020 concerning the Determination of the Amount of Social Assistance for Workers Affected by Covid-19 in the Lampung Province in 2020

5. Governor Decree Number 301 of 2020 concerning the Formation of a Regional Innovation Team in Preparing a New Productive and Safe Normal Order for Covid-19, Lampung Province
6. Governor Decree Number 305 of 2020 concerning Amendments to the Decree of the Governor of Lampung Number: G / 264 / V.21 / Hk / 2020 concerning Determination of Unexpected Expenditure Recipients Activities to Provide a Variety of Balanced and Safe Nutritious Food in the Context of Prevention Impact of Covid-19 in 2020 Phase One in Lampung Province
7. Governor Decree Number 520 the Year 2020 Concerning the Formation of a Task Force for Handling Covid-19 in Lampung Province

Even if the seven legal products mentioned above are considered normative policies, they are still normative policies. This policy is essential, but it is insufficient to demonstrate the government's seriousness and commitment to dealing with and preventing Covid-19. There is no affirmative policy in place to encourage testing, tracking, and care in health facilities. Even though this strategy is a critical component of the pandemic response mechanism and breaks the Covid-19 virus's spread chain. Then there's the lack of a simple penalty for breaking the health protocol, which serves as an excuse for the group not to follow it (BPS, 2020).

The Lampung Provincial Government has made significant accomplishments. Lampung was named the second-best Province in Indonesia in mid-2020 for suppressing and managing the Covid-19 virus's spread. Furthermore, awards were given out for inventions in three different fields. In the Covid-19 Normal Order Region, a Productive and Secure Innovation. The three sectors are the first position in the restaurant sector, second place in the new retail/mall sector, and third place in the conventional market sector (Hutagalung & Sulistio, 2020). This accomplishment is worthy of praise, but, when examined objectively, many government awards are purely symbolic, and therefore have a little meaningful effect on the public. In this particular instance, the awards received by Lampung Province have no direct impact on how Covid-19 is being handled in the province. Informants from the civic society movement explained that these accomplishments were purely ceremonial and had no practical significance. The same thing happened when the Lampung Provincial Government opened a temporary emergency hospital at the Hajj Dormitory, located in Bandar Lampung. However, it did not become operational as scheduled.

A critical juncture in the political capacity of Lampung Province was reached when the civil society movement formed a coalition under the name "*Pantau Covid Lampung*" and issued an open letter to the government in mid-July 2021, serving as a form of correction, criticism, and control from within the community to the government. The

provincial government, on the other hand, did not provide a formal answer. Lampung. Even though effective crisis leadership and communication, combined with advancements in telecommunication technology, existing institutional practices, and public support, can be critical to the successful spread of the Covid-19 virus, this demonstrates that political communication in a crisis is not functioning effectively (Pang, 2021). Since the first complaint about Covid-19 services was received on 1 July 2021, the Indonesian Ombudsman Representative for the Province of Lampung has kept track of all incoming complaints. People expressed dissatisfaction with the inability to reach the Covid-19 Task Force phone center. Other concerns have been raised about the role of education in applying self-isolation and crowds, which means that the government did not respond to any of the several problems lodged with them. In implementing the policy, Grindle explained the policy context as an essential aspect to see the process of implementing the policy in addition to the content. Grindle (2017) describes that policies are not text-based, but other roles in the field influence policy implementation. In this case, the policy communication that is less responsive to the government is the policy itself. In fact, communication and trust are critical to ensure public compliance with policies and regulations (Woo, 2020). If political capacity fails to function in a crisis, it can undermine public confidence in the administration. As a result, the Lampung Provincial Government must develop a new manner of communicating policy about the management of Covid-19.

CONCLUSION

³¹Based on this explanation, it can be concluded that the capacity of the Lampung Provincial Government in dealing with Covid-19 is still minimal. ⁷The local government's fiscal capacity in the Lampung Province is still low; therefore, it impacts the government's ability to make affirmative policies for handling Covid-19. On the other hand, infrastructure and operational capacity are insufficient due to inadequate health systems and facilities. When the number of Covid-19 patients increased, almost all hospital facilities were full and could not accept patients.

Political capacity in affirmative policy has not shown that it is still reactive and not long-term. This condition is exacerbated by poor policy communication. Policy communication is not responsive to public aspirations. To maintain public trust, political capacity, exceptionally responsive political communication, needs to be improved in handling Covid-19. This study's findings indicate a gap in local government capacity in the Lampung region, so efforts are needed to increase institutional capacity with evidence-based policy formulation. These findings imply that further research can be carried out to find a suitable model of government capacity to deal with crises due to disasters.

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