

TOURISM POLICY MAKING DURING AN EMERGENCY: The Case of Yogyakarta City during COVID-19 Pandemic

Sarah Meirina Sari

**Master of Public Administration, Department of Management and Public Policy, Faculty
of Social and Political Sciences, Universitas Gadjah Mada, Indonesia**

sarahmeirinasari@mail.ugm.ac.id

Janianton Damanik

**Department of Social Development and Welfare,
Faculty of Social and Political Sciences, Universitas Gadjah Mada, Indonesia**

antondmk@ugm.ac.id

Abstract

This study describes the public policy making process in Yogyakarta during the COVID-19 pandemic by determining the level of consistency of the government policy in opening and closing tourist attractions and its relationship to the decision of the possession of a COVID-19 free letter. The qualitative method was used because the approach was deemed capable of identifying various perspectives and points of view of the reality related to the process of tourism policy making during the COVID-19 pandemic condition in Yogyakarta City. The results showed that policies made were plagued by lack of adequate preparation and consistency. Not all tourist destinations were closed during the pandemic to prevent the spread of COVID-19. The decision did not have strong legality because as it was based on executive orders. Consequently, weak policy framework had adverse impact on cases of COVID-19. The surge in COVID-19 cases was also as a result of disagreement among the executives on the kind of sanctions that were meted out to violators of health protocols and the ineffectiveness of sanctions given. The implementation of the COVID-19 free letter for tourists from certain zones did not guarantee that visitors were free from COVID-19. Policy recommendations for inconsistent and unequivocal policy implementation are expected to be further formulated. Thus, the policy implementers could adopt a flexible approach in interpreting policies in a proper manner.

Keywords: *policy analysis; COVID-19; policy inconsistencies, City of Yogyakarta*

INTRODUCTIONS

In December 2019, marked the first time the first serious case of pneumonia in China, which originated from the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2, that was later to be called Coronavirus Disease (COVID-19) was identified) (Huang et al., 2020). The first case in Indonesia occurred on March 2, 2020, with two cases in Depok, West Java (Susilo et al., 2020). As of March 13, 2021, positive cases in Indonesia were 1,410,134 people, 1,231,454 people recovered, and 38,229 people died (covid19.go.id, 2020).

The Government of Yogyakarta City immediately responded to the situation and implemented tourism policies that were adjusted to take into consideration the threat of COVID-19 pandemic. The first response occurred in in mid-March 2020, when Yogyakarta City government closed tourism objects in Yogyakarta city. This was in compliance with directions from central government, which were necessitated by the increase in COVID-19 cases (Table 1). Nonetheless, while 10 (ten) tourist destinations were closed from March 16 to

March 30, 2020, others remained open on condition that the conduct of activities adhered to health protocols. Based on the comparison of COVID-19 data on confirmed cases a in table 1, it is evident that in March 2020 the number of confirmed cases in Yogyakarta declined in in the months that followed. The increase in the number of positive cases from April 2020 onwards, was in part attributable to the fact that tourist destinations in the city of Yogyakarta were reopened for tourists, with activities required to adhere to health protocols.

Secondly, the government also implemented a policy on the new normal phase in anticipation of life and living conditions that required people’s lifestyles to adapt to health protocols to stem the transmission of COVID-19 in public spaces and society (Nugroho, 2020). The requirements were encapsulated in a Regulation of the Governor of Yogyakarta (DIY) No. 48 of 2020, which obliged everyone visiting travel destinations to put on masks , wash hands or use hand sanitizer regularly and keep some physical discrete distance from others. Nonetheless, since the

Table 1. Number of Confirmed COVID-19 Cases in Yogyakarta (person)

MONTH	TREATED	DIED	RECOVERED
MARCH	19	3	2
APRIL	45	7	43
MAY	67	8	161
JUNE (TOTAL)	42	8	263

Source: (corona.jogjaprovo.go.id/data-statistik, 2020)

reopening of tourism in the city of Yogyakarta, many visitors in Malioboro could be seen violating health protocols, by removing face masks, not washing hands regularly, not keeping physical distance from each other. Lack of strict punishments was in part responsible for laxity in public compliance with the prevailing regulations, including provisions on health protocols.

Third, based on the provisions of the DIY Governor Regulation Number 48 of 2020, the government also required tourists who are visiting the city of Yogyakarta to present health certificate of *Rapid Diagnostic Test*, or *swab –Polymerase Chain Reaction* (Rusqiyati, 2020). However, based on direct observation in Tamansari Water Palaces and Malioboro, there were no indications that officers at gates were asking visitors for such letters. The reality was that visitors were only required to check for body temperature and wash their hands. This is one proof that the government has not been consistent in implementing its policies.

Public policy consists of the issues agenda, formulation, implementation, and evaluation (Winarno, 2016). Meanwhile, policy formulation focuses on the nature of current policy formulation because the problems that occur are fundamental to public policy formulation (Bintari & Pandiangan, 2016). During the policy formulation phase, there are 4 (four) policy stages, namely,

problem formulation to identify and formulate problems, a policy agenda that develops a series of schedules that will be discussed and used as the main material, the selection of policy alternatives by policy actors to make decisions based on negotiations and compromises.

Decision making is a systematic approach in determining the right decision alternatives and must be flexible in nature (Sabri, 2013). For consistency purposes, the decision-making process, should take into consideration existing regulations to avert a situation where contractions occur between policies at different legitimacy tiers (Wahyudi, 2003). Inconsistency is often attributable to poor public communication in the policy process (Hertanto, 2020), and can lead to the failure of the policy to achieve its goals. deliver its intended goals. Failure of policy implementation can in turn generate public distrust. However, there are examples of best practices in policy making which different tiers of governments can use as inputs in policy making processes (MS & Rizaldi, 2020). Nonetheless, in some cases, government may be reluctant to make decisions that resolve current problems, or make policies that end up failing in achieving goals in normal conditions or emergencies (MS & Rizaldi, 2020).

Decision-making in normal conditions has a specific purpose and objectives, which guide actions and behaviour of leaders and

staff (Gibson et al., 2006). During the problem identification phase for instance, considering perception, identification of alternative solutions, and symptoms of a problem are pivotal for effective problem defining and delineation of the problem.

Quick decision-making is required and considered an effective way to deal with emergency situations because it can reduce losses (Zhang et al., 2018). In an emergency, the decision-making process does not always orderly and systematic, and rarely follows the normal process. Thus, policy making process should adjust to dynamics of the situations. During an emergency, the decision-making process (Faturahman, 2018) begins with making a policy agenda which is the initial agreement among all stakeholders on the emergency. Subsequently, policy formulation, implementation, and evaluation and termination of policies in an emergency are crucial phases of the policy that by and large, are underpinned by the need to mitigate risk and reduce losses arising from the emergency.

One of the basic concepts in gathering information that support selecting right decision alternatives is 1H 4W techniques on decision (Misrah, 2013). The technique consists of probing sentences and consist of :

1. What, that explains the problems are being faced and what should be achieved to reach the goal;

2. Who, which explains the subject of the decision;
3. When, which refers to the time that will be required to carry out the decision process;
4. Where, which indicates the location where the decision will be executed; and
5. How, which refers to the technicalities of the decision-making process.

The technique is also applicable in discretion in policy making. Autonomy in decision-making (discretion) complements the principle of legality, which provides legal foundation for state administration officials (Atmosudirjo, 1994). Discretion is used to overcome concrete problems that government administration face by providing legal certainty when existing laws and regulations are not sufficient basis for solutions to problems. Nonetheless, the use of discretion should not contradict or in conflict with pre-determined regulations, underpinned by principles of Good Governance (AUPB), supported by objective reasons, and carried out in good faith, and should lead or influenced by conflicts of interest.

Using discretion is often deemed the only way to implement government actions. This is the case during emergencies. Nonetheless, an evaluation of actions that are done based on discretion is required to prevent abuse.

Previous research on the impact of COVID-19 pandemic on the tourism sector

include (Bakar & Rosbi, 2020; Chebli & Ben Said, 2020; Gursoy & Chi, 2020; Karim et al., 2020; Rahma & Arvianti, 2020). In general, studies discuss the impact on the hospitality industry (Rahma & Arvianti, 2020) and aviation (Karim et al., 2020), tourist behaviour (Chebli & Ben Said, 2020); number of tourists (Gursoy & Chi, 2020); and the impact on the economy (Bakar & Rosbi, 2020). One key issues identified is the fact that as COVID-19 pandemic dynamics change, so is the impact it has on the tourism sector.

Therefore, this study focuses on the inconsistency of government policies in handling tourism during the COVID-19 pandemic. Thus, the determine the impact of emergency conditions (COVID-19 pandemic) on the consistency of decision making in the tourism sector.

METHODS

The research assessed the degree of consistency of the policy-making process during the COVID-19 pandemic by the Yogyakarta city government. The research used a qualitative research design, based on a descriptive analysis method. The selection of the research method was based on the consideration that the approach allows the use of an exhaustive search for solutions to a problem from various sources and perspectives ,thereby enriching the results obtained.

Qualitative research was also chosen because it was considered suitable to inductive nature of the research to generate concepts, understanding, and theoretical development toward developing a new concept of tourism policy in emergency situations.

The city of Yogyakarta was chosen as the research locus for two reasons. First, Yogyakarta is one of the most attractive tourist destinations in Indonesia for domestic and foreign tourists and secondly, the tourism policy implemented by the city of Yogyakarta showed indications of inconsistency (Nugroho, 2018). The research used both primary and secondary data. The collection of secondary data was done based review of literature, such as regulations, books, online articles, journals, and was complemented by the results of limited interviews with two sources, namely the Head of Industry, Yogyakarta City Tourism Office, and tourists in Malioboro with a span of three weeks. Content analysis was used to analyse the data, and focused on actual information and internal features of the media.

FINDINGS AND DISCUSSION

Policies are made to respond to conditions in society both during normal and emergency situations. Policy making during emergency conditions is a major challenge because of the uncertainty of the outcome of

Table 2. Number of Domestic and International Tourists to Yogyakarta Using Air Transportation in March-July 2020 (person)

MONTH	DOMESTIC		FOREIGN	
	Departure	Arrival	Departure	Arrival
JANUARY	258,669	285,149	17,520	16,988
FEBRUARY	264,640	249,843	12,816	12,705
MARCH	183,024	242,621	6,179	5,811
APRIL	30,704	50,633	0	0
MAY	2,666	1,374	0	0
JUNE	26,921	22,681	0	0
TOTAL	766,624	852,301	36,515	35,504

Source: (yogyakarta.bps.go.id, 2020)

policy alternatives due to changing dynamics (Nurhidayat, 2020).

Tourism policy in an emergency is crucial because it influences the magnitude and direction of impact on various aspects of tourism including attractions, transportation, accommodation, service facilities, and infrastructure. COVID-19 pandemic and emergency tourism policy implemented as a response, had adverse impact on the tourism industry, tourist destinations, marketing, and tourism institutions (Singgalen et al., 2017) as reflected in drastic decline in domestic and foreign tourists arrivals. Based on Table 2, the number of tourists to using air transportation via Adisucipto Airport and Yogyakarta International Airport (YIA) declined sharply during the COVID-19 pandemic.

Based on information obtained from the head of the DIY Tourism Office, the tourism sector has suffered losses of about IDR 80.9 billion (Pertana, 2020). It is the drastic and substantial decline in the number

of tourists in the province that led the local government to implement emergency tourism programs during the COVID-19 pandemic. However, policies implemented at the local government level are to a large extent derivatives of central government policies enacted as a response to COVID-19 pandemic conditions. The policies in the tourism sector that were implemented COVID-19 pandemic, among others included, opening and closing tourist attraction objects (ODTW) in the city of Yogyakarta; preparations for new normal post COVID-19 conditions; and the requirement to present and have a health certificate, or COVID-19 free letter.

Policy Planning

Strong strategic planning can be influenced and impacts on the mission and goals of the government (Sinaga et al., 2020). Several public organizations have adopted strategic planning as a standard in policymaking (Sinaga et al., 2020). The first phase in policy making is policy agenda

setting which involves actors drawn from the executive arm of government, with the assistance and collaboration of technical agencies, which in this case is the Yogyakarta City Tourism Office. This is collaborated in the excerpt of an interview with the head of Yogyakarta City Tourism Office, who notes that:

“...the policy makers are from the City Government which is a derivative of policies from the central government, although it receives support from technical agencies...” (Interview with Head of Tourism Industry, Yogyakarta City Tourism Office, 29 January 2021).

The Yogyakarta City Tourism Office formulates policy guidelines for the DIY tourism sector, especially with respect to the conduct and practices in tourist destinations during the COVID-19 pandemic. During an emergency the executive initiates and signs the policy after consultation with the legislature. Civil society including interest groups, are not involved in decision making during emergencies because of the need to fast track policies to respond to rapidly changing dynamics. In any case, the tourism policy implemented during COVID-19 was a derivative of the central government, which limited the importance of seeking consultations with non-state actors.

Policy Formulation

In an emergency, problems that are very urgent assume top priority. Policy formulation followed three phases.

First, on March 16, 2020, Yogyakarta City Government of closed part of the ODTW n (Dinas Pariwisata Kota Yogyakarta, 2020) . The decision of the city government came in the aftermath of closures of ODTW by tourism operators actions in response to rising threat of the pandemic to people's health. On March 15, 2020, for example, the number of positive cases of COVID-19 rose to 117 people from 21 people on March 14, 2020 (Putri, 2020).. Tourist destinations that were closed included Malioboro, and Tamansari.

Second, the policy of implementing new normal guidelines on the conduct of tourism in tourist destinations in the city of Yogyakarta. The policy entailed putting in place measures to guide policy during COVID-19 pandemic crisis conditions. The policies included the implementation of health protocols in the tourism sector, which had been issued by the central government. that

“...In terms of regulation, it is the government that makes policy, which local government technical agencies implement. Normally the mayor issues a city mayor decree, which contains technical implementing instructions that are developed by technical agencies ...” (Interview with Head of

Tourism Industry, Yogyakarta City
Tourism Office, 29 January 2021)

The main strategy of the central government to control the spread of COVID-19 pandemic as read out by the COVID-19 control Task Force entailed requiring citizens to wear face masks, keep distance from others persons and avoiding crowds, and washing hands, or known as the 3M practices (covid19.go.id, 2020).

“...Standards from the Central Government are 3M, wearing masks, maintaining distance, and washing hands...” (Interview with Head of Tourism Industry, Yogyakarta City Tourism Office, 29 January 2021)

To induce compliance with COVID-19 health protocols, violators faced sanctions that ranged from verbal warnings, written warnings, social work sanctions, to fines.

Thirdly, the requirement to have a health certificate or COVID-19 free letter, which was adopted principally in anticipation of the arrival of domestic and foreign tourists traveling to the city of Yogyakarta. The health certificate is a document that is obtained from authorized health practitioners that is based on RDT-Antibodies test results. The requirement was aimed for domestic tourists (Lestari, 2020), while foreign tourists are required to present PCR test results. After policy formulation, the implementation stage follows (Winarno, 2016).

Policy Implementation

Policy implementation takes the form of decisions, regulations, and circulars. During June-August 2020 period, the government issued 4 regulations (Winarno, 2016). One of the problems of the regulations was that they were fraught with inconsistency between one and the other. An example is the regulation that was issued on March 16, 2020i, which instructed the closure of tourist destinations in the city of Yogyakarta on. The direction to close tourist destinations, however, did not , state the legal basis for the policy. While on March 17, the official website of the Tourism Office of Yogyakarta showed information about some of the tourism destinations that were closed and others that were still open to tourists by March 16, it contains no information on other issues that related to emergency including COVID-19 cases at the time, areas that were safe and those that could be described as experiencing high infection rates.

Thus, lack of transparency with respect to policies in place did not underscore unpreparedness of the city government for the emergency situation, but also was another proof that concerns about the impact of transparency of the state of COVID-19 prevalence on the economy seemed to prevail over efforts to strengthen public awareness about the real dangers to health and safety. Transparency of government policy if

communicated regularly through appropriate channels has the potential to reduce abuse of authority, waste, and leakage, which characterized some of the policy initiatives during the early phases of the pandemic (Ahuluheluw, 2013).

The implementation of policies on tourism sector during the COVID-19 pandemic is manifested in three measures which the city government issued. First, the closure of tourist destinations in the city of Yogyakarta which occurred during March 16, 2020, and March 30, 2020. The policy of tourism destinations in the city contributed to the reduction in the number of confirmed cases of COVID-19. The policy seems to have achieved its objective of reducing confirmed cases in the city.

First, a comparison confirmed COVID-19 cases shows that the number of positive cases was in after March was higher. The increase in the number of positive cases was a result of the reopening of tourist destinations based on the new normal regulation that required the imposition of health protocols (Yogyakarta City Tourism Office, 2020).

Second, the implementation of health protocols in Yogyakarta city was not in line with regulation of DIY Provincial Government. The imposition of sanctions to all violators of health protocols in Yogyakarta city was opposed by DIY governor. The

governor argued that sanctions against violators of health protocols should be meted out tourist destination operators rather than tourists and members of the public. (CNN Indonesia, 2020). On the contrary, Presidential Instruction Number 6 of 2020 concerning Improvement of Discipline and Law Enforcement of Health Protocols on the Prevention and Control of COVID-19 stipulates various sanctions for violators of health protocols. There was thus inconsistency in the implementation of regulations on implementing COVID-19 control between the central government, the Provincial Government of DIY, and Yogyakarta City government. The city government and central government considered sanctions to be mandatory to create deterrent effect on offenders, while DIY provincial government showed opposition to sanctions, preferring persuasion and raising public awareness instead. Such inconsistency created confusion among tourism operators, the community, local government enforcement officials and tourists. According to DIY governor, sanctions to operators of tourist destination should range from doing social works to revocation of operating licenses (Dinnata, 2020). Inconsistency of policy across tiers of government impairs its effective implementation (Edwards, 1980).

Based on information obtained from the head of the Yogyakarta City Civil Service

Police Unit, sanctions to violators that take the form of community work such as sweeping sidewalks do not have any deterrent effect as evidenced by high repetition rates and the large of offenders that showed no signs of declining after the coming into effect of the community service sanctions regime (Kompas, 2020; Priatmojo, 2020).

Third, the requirement of a health certificate or COVID-19 free letter for tourists who visit the city of Yogyakarta. The policy was implemented in July 2020 (Wicaksono, 2020). The health certificate or Covid-19 free letter, according to the Deputy Mayor of Yogyakarta, had to be issued by the health services unit of the place of origin for tourists coming from the zone of green and yellow COVID-19, but for tourists coming from the red and black zone rating, COVID-19 free letters had to be accompanied with RDT results. Meanwhile, foreign tourists from abroad were required to produce PCR test results (Wicaksono, 2020). Nonetheless, not all tourist destination officers enforced the rule against all tourists as required. Moreover, not all tourists were required to produce health certificates, which created loopholes in the policy. This is attested by one tourist who noted that despite visiting tourist destination after the going into force of the rule, she was not asked to present the COVID-19 free letter:

“...I was not asked to show a health certificate when I entered Malioboro.

Just scanned the barcode and checked body temperature...” (Interview with Malioboro tourists, February 4, 2021).

The problem comes from the lack of communication between the government and travel managers (Edwards, 1980). To ensure that accurate and easy communication of policy information for people or organizations on the ground who are charged with implementing them, policy decisions should be forwarded to relevant policy appraisers. The lack of communication between Malioboro tourism managers, Tamansari, and the government for instance, undermined the implementation of policies and is likely to become a botched policy on handling COVID-19 in the City of Yogyakarta. One way out is to improve and reform governance in the city government (Sunahwati et al., 2019).

Nonetheless, the implementation of the requirement for tourists to present a COVID-19 free letter can only continue if policy implementers have sufficient resources to implement it. To that end, implementing policies requires the availability of resources, including manpower (Edwards, 1980). Implementing policies is hard to achieve if government quality of government employees is low, they are incompetent, lack skills, and suffer from low motivation.

Policy Evaluation

Policy evaluation is aimed at determining the extent to which actual policy

outcomes are in line with expected outcomes, and identify causes and consequences of divergence between expected and actual policy outcomes, if any (Lester & Stewart, 2000). Policy evaluation is carried out on all phases of the policy process, hence not confined to the final phase (Anderson, 2011). Therefore, policy evaluation encompassed policy planning, formulation, implementation.

First, as regards policy planning of the regulation on closing tourist destinations in the city of Yogyakarta can be deemed relevant in light of the potential threat that rising cases of Covid-19 were having on society in Yogyakarta city. The policy was timely as it was in anticipation of the dangers that would have risen from uncontrolled spread of COVID-19 pandemic to the city of Yogyakarta through uncontrolled visits to tourist destinations. The main weakness of the policy is that it was not applied to all tourist in tourist destinations, which limited its effect on controlling the spread of COVID-19 in Yogyakarta city. Consequently, COVID-19 cases in Yogyakarta city and Indonesia showed an upward trend since March 2020 despite the implementation of the policy. Another weakness of the policy was in its implementation, which was hampered by the fact that it was a mayoral regulation, which has limited enforcement power and likely not to outlive the executive official who issued it (Winarno, 2016). Thus, it is not surprising that

inconsistencies that characterised the policy that were manifested by failure to apply the policy to all tourist destinations in the city, the reopening of closed destinations before evidence of a decline in COVID-19 cases was established, and poor enforcement of the health certificate regulation in tourist destinations and all tourists, did little to stem the increase in COVID-19 cases in the city of Yogyakarta.

Meanwhile, the implementation the policy of new normal with health protocols in tourist destinations, policy effectiveness was undermined by the difference of opinion between the Governor of Yogyakarta on one hand and Instructions of the and policies of the Government of Yogyakarta City regarding the imposition of sanctions for violators of health protocols and the form such sanctions should take. Disagreement between policy actors creates obstacles in policy implementation (Edwards, 1980).

The possession and presentation of a COVID-19 free certificate by tourists in the destination was ineffective, because of the invalidity period of the letter at that time which set at 3 days, 7 days, or 14 days (Wiryono, 2020). The ambiguity of the contents of the policy created confusion among policymakers because of absence of a definite measure of the validity period of a health certificate or COVID-19 free letter. In any case, the possession of the health certificate does not

guarantee that the individual is free from COVID-19 altogether since there are many possibilities of exposure between the testing date and the presentation of the letter to tourist destinations.

Policy effectiveness is in part influenced by regular and accurate communication of information between the tourists, tourist destination operators, local government officials is in place. Only then can tourism in the city of Yogyakarta during COVID-19 emergency continue to deliver on its huge potential in Yogyakarta city (Hidayati, 2019).

CONCLUSION

This study assessed the extent to which tourism policies that were implemented by the city government in abnormal situations (during the COVID-19 pandemic) were consistent and effective. Good policies are aimed at generating benefits for the community, should be based on accurate data, and communicated to all key stakeholders. Tourism policy during COVID-19 pandemic is crucial because of the huge contribution that tourism makes to the livelihoods of Yogyakarta city residents as a vital source of income, regional government tax revenues, and employment. Policies that were implemented by the city government were which included opening and closing of tourist destinations; the new normal phase; and the requirement of a COVID-19 health

certificate. Were derivatives of those adopted at the central government level, which had implications for relevancy with respect to social, economic and cultural context. This was evident in the divergence of opinion on the form of sanctions that were meted out to violators of health protocols between the DIY provincial government on one hand, and Yogyakarta city government and the central government on the other.

Results of the research showed that there are differences in steps that are taken between policies implemented during normal conditions and those adopted during emergencies. Policies in emergencies require speedy formulation and execution hence are characterised by use of discretion and not following all the steps and procedures that are stipulated in laws and regulations for policies under normal conditions. Policies implemented by Yogyakarta city government during COVID-19 pandemic were plagued by lack of preparedness and inconsistency in design and implemented which undermined their effectiveness. Out of many tourist destinations in Yogyakarta city, only 10 were closed to tourists during COVID-19 pandemic. Even some destinations that were closed to tourists, the process came later that it should have been to prevent the spread of COVID-19 in Yogyakarta city. The regulation to close tourist destinations occurred in on March 16, 2020 and continued until March 30, 2020, at a

time when COVID-19 had already entered Indonesia.

One of the weaknesses of the policy in Yogyakarta city was the legal foundation that underpinned it-mayoral executive order. The executive order is weak in enforcement as it does not involve the local legislature. Consequently, the closure of tourist destinations did stem the increase in positive cases of COVID-19 in Yogyakarta City, which increased during March-June 2020. The problem is a result of lack of readiness of the government to make decisions in emergencies, which unlike policies in normal situations require more discretion, innovative leadership and strong coordination and regular communication across tiers of administration.

Effectiveness of policies was hampered by disagreements between executives across tiers of government with respect to sanctions against violators of health protocols. This problem undermined policy uptake and implementation. Moreover, sanctions that were given to violators of health protocols were ineffective, because they were selectively administered to violators rather than all violators, the form they took lacked deterrent effect which incentivised repeat of the violations

It should also be argued that the basis of the health certificate as an instrument to contain COVID-19 spread is questioned on grounds that considering the time of taking the

test and presentation of the test results to tourist destination officials, including travelling, generates doubts about whether test results actually reflected the health state of the individual holding the certificate. The enforcement of the of health certificates or COVID-19 requirement at tourist destinations was plagued by selectivity in asking for the certificate rather than applying to all tourists. Thus, implementation of the policy was lax, which undermined effectiveness.

Policy Recommendations

First, policymakers should involve government technical agencies in the health sector to ensure that policies made during the COVID-19 pandemic are not in conflict with policies in the health sector.

Secondly, there is need for the government to strengthen coordination across tiers of government in policy making on COVID-19 issues in the tourism sector.

Thirdly, there is need for alignment of opinions between the government, regulatory policies in the field, as well as the regulatory policy to strengthen policy implementation.

Fourth, there is need for the government to reduce confusion that arises from policy inconsistencies and lack of communication, by providing clear guidelines that are easy to understood by the officers on the ground as well as tourists.

Fifth, the government should providing training to policymakers, in this

respect, technical institutions and COVID-19 monitoring task force, which should enhance their competence to performing their work.

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