



Indonesia's Experience in Controlling the Pandemic of

COVID-19

in 17 Provinces and Lessons Learned from Various Countries

Period: March – July 2020

INDONESIA'S EXPERIENCE IN
CONTROLLING THE PANDEMIC OF COVID-19
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Authors/Facilitators:

Prof. Dra. Fatma Lestari, M.Sc., Ph.D.
Prof. dr. Hasbullah Thabrany, MPH, Dr.PH
Prof. Dr. R. Budi Haryanto, SKM, M.Kes., M.Sc.
Prof. Dr. dr. Sudarto Ronoatmodjo, SKM, M.Sc.
Prof. Dr. dr. Rachmadhi Purwana, SKM
Prof. Dr. drg. Indang Trihandini, M.Kes.
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Prof. dr. Hadi Pratomo, MPH, Dr.PH
Prof. Dr. dr. Budi Wiweko, Sp. OG (K), MPH
Prof. Rhenald Kasali, Ph.D.
Prof. Dr. Djoko Marihandono
Prof. dr. Purnawan Junadi, MPH., Ph.D.
dr. Agustin Kusumayati, M.Sc., Ph.D.
Dr. dr. Sabarinah, M.Sc.
Dr. Fatmah, SKM, M.Si.
Dicky Pelupessy, S.Psi., Ph.D.
dr. Adang Bachtar, MPH, D.Sc.
Dr. Rachma Fitriati, M.Si., M.Si. (Han)
Dr. Robiana Modjo, SKM, M.Kes.
Dr. Ede Surya Darmawan, SKM, MDM
dr. Mondastri Korib Sudaryo, MS, D.Sc.
dr. Iwan Ariawan, MS
Dr. dr. Tri Yunis Miko Wahyono, M.Sc.
Bagus Aryo, Ph.D.
Dr. Hayati Sari Hasibuan, ST, MT
Dr. rer. nat. Agustino Zulys, S.Si., M.Sc.
Dr. Drs. Suyud Warno Utomo, M.Si.
Wahyu Andrianto, SH, MH
dr. Pandu Riono, MPH, Ph.D.
Andrio Adiwibowo, M.Sc.
Putri Bungsu Machmud, SKM, M.Epid.
Dr. dr. Iqbal Mochtar, MPH, MKKK, DiplCard., DOccMed.
Dr. Rifelly Dewi Astuti, SE, MM
Riani Rachmawati, SE, MA, Ph.D.
Dr. Rissalwan Haby Lubis, S.Sos., M.Si.
Dr. Irfan Aulia, M.Psi, Psychologist
Abdul Kadir, SKM, M.Sc.
Debby Paramitasari, SKM., M.Dis.Mgt.
Meilisa Rahmadani, SKM, MKKK

Transcriber/Contributor:

Dr. Herlina J. EL-Matary, ST, M.Kes.
Dr. Suparni, ST, MKKK
Aryo Wibowo, ST, MT
dr. Agung Cahyono, T., M.Si.
Miranda Surya Wardhany, SKM, MOHSSc.
Devi Partina Wardani, SKM, MKKK
Nida Hanifah Nasir, SKM, MKKK
Devie Fitri Octaviani, SKM, MKKK
Drs. Adonis Muzanni, MEM
Yudarini, SH, M.Kes.
Ferdinan P Siagian, M.Si.
Fira Azzahra
Dion Zein Nuridzin, SKM
Rangga Radityaputra, M.Psi., MSW, Psikolog
Djarot Dimas Achmad Andaru, SH
Margaretha Thaliharjanti, ST, MKKK
Pertiwi Panjiasta
Imania Al-Faiza Nurfigni

Resource Persons:

National Disaster Management Agency (BNPB);
Ministries and Agencies:
National COVID-19 Response Acceleration Task Force
Provincial Governors:
Provincial COVID-19 Response Acceleration Task Force/Aceh
Regional Disaster Management Agency (BPBD);
Aceh Disaster Management Agency (BPBA);
Health Offices;
Communication and Informatics Offices;
Health Care Facilities;
Wisma Athlete Emergency Hospital;
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INDONESIA'S EXPERIENCE IN CONTROLLING THE PANDEMIC OF COVID-19

In 17 Provinces and Lessons Learned from Various Countries



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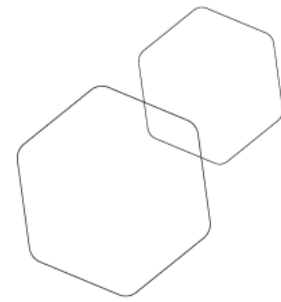
FOREWORD

HEAD OF THE NATIONAL DISASTER MANAGEMENT AGENCY



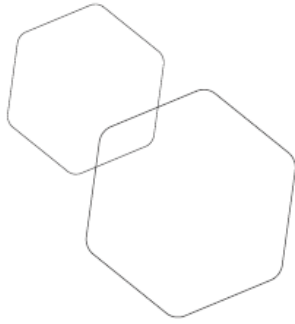
Lieutenant General TNI Doni Mordano

HEAD OF NATIONAL AGENCY FOR DISASTER MANAGEMENT



Ahamdulillah, thank God Almighty for all His blessings that we are still able to do our roles and duties in handling the pandemic caused by COVID-19. This pandemic is faced by all countries in the world, including Indonesia. As in other countries in the world, the COVID-19 pandemic has also impacted Indonesia on safety, health, economy, socio-culture, and all aspects of human life.

The Indonesian National Agency for Disaster Management (*Badan Nasional Penanggulangan Bencana*, BNPB) is appointed by the President of the Republic of Indonesia as the coordinator of the COVID-19 Response Acceleration Task Force in Indonesia and is currently striving with all its might to empower and improve the capabilities of all components of the people of the nation to synergistically manage the impacts of COVID-19. Coordination and communication between the national and local authorities are always optimized so that all elements of the nation move together in one goal, which is to deal with this pandemic.



The diversity of the Indonesian people with various conditions, efforts, and local wisdom has led to various uniqueness and creativities in dealing with this pandemic. These are the factors that are being explored and then presented in this book about Indonesia's experiences in responding to COVID-19. This book is written under a collaboration between the BNPB and Universitas Indonesia. In this book, we do not only describe the health programs, but also various economic, socio-cultural, leadership programs and other factors that observed at the community level. Data and information for writing this book were obtained during the assignment of the COVID-19 Response Acceleration Task Force from March 2020 to July 2020 through secondary data review, social media, online searches, and interviews and Focus Group Discussions with Local Leaders, Heads of Local Agency for Disaster Management (BPBD), Heads of the Provincial/Local Health Offices, and other key sources who are involved in COVID-19 responses.

This book is expected to be a reference source for various stakeholders in Indonesia in dealing with the impacts caused by the COVID-19 pandemic. Furthermore, this book is organized into 3 (three) books. This book describes the response to COVID-19 pandemic in 17 regions in Indonesia and is expected to be a useful inspiration for other countries in dealing with the impact of the COVID-19 pandemic.

Last but not least, we still have to face various challenges caused by the COVID-19 pandemic. Therefore, we constantly appeal to the public to have the collective awareness in complying with the health protocols wherever they are, for the safety of all of us. All components of the nation are also expected to remain and always be committed to working together to deal with this pandemic. May Allah the Almighty bless all our hard work and protect this nation so that it is safe and prosperous. Ameen.

Lt. Gen. Doni Monardo

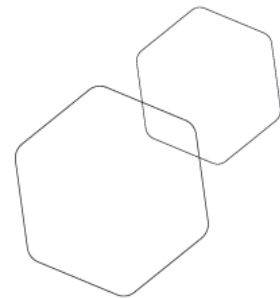
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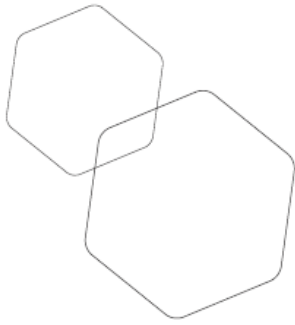
Prof. Ari Kuncoro, SE, MA, Ph.D

RECTOR OF UNIVERSITAS INDONESIA



Praise be to the presence of Almighty God, for the abundance of gifts and blessings for all of us to continue to struggle in the midst of this COVID-19 pandemic. Bearing the name of our beloved nation and country is an honor and a mandate for all academicians and alumni of Universitas Indonesia. Hence, we should always contribute to our beloved Indonesia.

The COVID-19 pandemic that has hit almost all countries in the world has not only impacted health, but also all aspects of human life. Likewise, in Indonesia, with the various existing limitations, the Government together with all components of the nation must work together to strive to make effective fast moves in responding to this pandemic so that it does stay long in our country.



Universitas Indonesia, with its eagerness to not be left behind, has made various efforts with all its capabilities to contribute to the response to the pandemic. Various innovative products are developed as results of the thinking and collaboration of the academic community. One of them is COVENT-20, which is a mobile ventilator which has now been submitted to the COVID-19 Response Acceleration Task Force, and is donated to hospitals in need.

In addition, Universitas Indonesia, in collaboration with BNPB, has initiated the writing of this book which describes a collection of real works from the Provincial Government and the National Government in their effort to deal with this COVID-19 pandemic. This book is expected to be lessons learned, not only for regions in Indonesia, but also as an inspiration for other countries.

Hopefully this book can become one of the real contributions of Universitas Indonesia to spread various inspirations, creativities, and hard works of the Indonesian people in dealing with this global pandemic. May God the Merciful protect the Indonesian nation and all mankind in going through this disaster. Amen.

Prof. Ari Kuncoro, SE, MA, Ph.D.

PREFACE

AUTHORS



Praise our gratitude to the presence of Allah SWT because it is only with His permission that the book entitled Indonesia's Experience in Responding to COVID-19 Pandemic can be published. This book discusses and contains various important and up-to-date information about the development of and response to COVID-19 in various regions (provinces) in Indonesia.

The publication of this book is extremely relevant since almost all countries, including Indonesia, are still struggling to deal with this pandemic. In just 7 months, after a report on pneumonia clusters due to a certain virus was published in Wuhan China (China), the world starts to experience the global catastrophe due to this virus. The virus has triggered what is now known as COVID-19 has turned into a pandemic and attacks a large number of countries in the world. Currently, around 213 countries are already affected by this pandemic and are currently experiencing serious health, economic, social and political effects. At the global level, nearly 16 million people have now been infected with the COVID-19 virus with a death toll approaching 600 thousand. This number is expected to continue to increase due to the persistently ongoing pandemic in various countries and the absence of the definitive solution to contain COVID-19. From the perspective of the global economic, the ILO reports that 40-60 million people have become very poor; the global trade value has decreased by 3% in the first few months of 2020; and 1.6 billion informal workers have lost most of their sources of income.

A similar situation has also occurred in Indonesia. In our country, the COVID-19 pandemic has not subsided. The number of people who have been confirmed positive for this disease has now approached 100,000 with the number of deaths approaching 5 (five) thousand people. From the economic aspect, there has been a decline in people's purchasing power, layoffs in various sectors, and the unfavorable shift in the economic growth, which was originally predicted to be around 5.1-5.5% to the current estimation of -3.5%. Despite these serious impacts, hope and optimism that Indonesia will be able to cope with this pandemic remains in sight. The estimated economic growth of Indonesia, for example, is still better than that of India, Japan and Singapore, which are estimated to have the estimated growth of -12%, -8%, and -6.8%, respectively. The government is also making maximum efforts to control the progress of the pandemic and its related effects by, among others, imposing the large-scale social restriction (*Pembatasan Sosial Berskala Besar*, PSBB) and providing incentives and economic stimulus to the public and the business world. This book contains a collection of information and views from a number of sources regarding the development of the COVID-19 pandemic and how to respond to it in various regions in Indonesia. This information is made in the form of popular scientific narrative writing based on interviews with resource persons and policy makers from related agencies, as well as literature reviews. With the information and views presented in this book, it is hoped that readers will be able to obtain

a relevant picture of various conditions and types of pandemic response in various regions that have different settings and conditions, which in turn can become learning points in improving or improving pandemic counter-measures in the regions. or their respective sectors.

This book was published in collaboration with the University of Indonesia and BNPB, which is the institution appointed to coordinate the COVID-19 response program in Indonesia. The Indonesian Experience Book in Handling the COVID-19 Outbreak is packaged in 3 titles. The first title in-s focuses on discussing the handling of COVID-19 at the national level. The second title is focused on handling COVID-19 in 17 provinces and several other countries (international). Meanwhile, the third title includes discussion of handling COVID-19 in 17 other provinces. The collection of data and information for the preparation of this book was carried out during the assignment of the COVID-19 Response Acceleration Task Force which ended in July 2020. Data and information were collected by collecting secondary data from social media, the internet, interviews

with regional leaders, Head of BPBD, Head The Health Office, Head of the Communication and Informatics Office, as well as other key informants related to handling COVID-19. It is hoped that this book can be read by various parties involved in the response to COVID-19 both in individual and organizational capacities. For the public, this book is useful in gaining insight and understanding of various conditions and steps taken by various regions and countries in overcoming the COVID-19 pandemic. With this understanding, it is hoped that the community can contribute more actively and significantly in helping to tackle COVID-19.

Let us express our gratitude to the Chancellor of the University of Indonesia Prof. Ari Kuncoro, SE, MA, Ph.D. and Head of the National Disaster Management Agency, Lieutenant General TNI Doni Monardo, for his support for the publication of this book. Our gratitude also goes to the authors, sources and contributors of this book and all parties involved. Hopefully this book will be of great benefit to the response to COVID-19 in this country and bring this nation and country to a more advanced and great way.

Prof. Dra. Fatma Lestari, M.Sc., Ph.D.

GLOSSARY

List of Abbreviations and Terms

List of Abbreviations

AKB	<i>Adaptasi Kebiasaan Baru</i> (Adaptation of New Habits)	PMI	<i>Palang Merah Indonesia</i> (Indonesian Red Cross)
ARDS	Acute Respiratory Distress Syndrome	PPE	Personal Protective Equipment
ARI	Acute Respiratory Tract Infection	PSBB	<i>Pembatasan Sosial Berskala Besar</i> (Large-Scale Social Restrictions)
BNPB	<i>Badan Nasional Penanggulangan Bencana</i> (National Agency for Disaster Management)	RNA	Ribonucleic acid
BPBD	<i>Badan Penanggulangan Bencana Daerah</i> (Regional Agency for Disaster Management)	RT-PCR	Reverse Transcription Polymerase Chain Reaction
BSL	Biosafety Level	Rt	Effective Reproduction Number
CBS	Community-Based Surveillance	SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
CFR	Case Fatality Rate	UI	Universitas Indonesia
COVID-19	Corona Virus Disease 2019	WFH	Work from Home
Forkopimda	<i>Forum Koordinasi Pimpinan Daerah</i> (Local Leadership Coordination Forum)	WFO	Work from Office
HAC	Health Alert Card	WHO	World Health Organization
ICU	Intensive Care Unit		
IHR	International Health Regulation		
IPC	Infection Prevention and Control		
MERS	Middle East Respiratory Syndrome		
MOH	Ministry of Health		
MOH Decree	Decree of the Minister of Health		
MRT	Molecular Rapid Test		
NIHRD	National Institute of Research and Development		
ODP	<i>Orang dalam Pemantauan</i> (Person under Surveillance)		
OP	Operation Plan		
OTG	<i>Orang Tanpa Gejala</i> (Asymptomatic Person)		
PDP	<i>Pasien dalam Pengawasan</i> (Patient under Observation)		
PHBS	<i>Perilaku Hidup Bersih dan Sehat</i> (Clean and Healthy Lifestyle)		
PHEIC	Public Health Emergency of International Concerns		

List of Terms

Quarantine is the process of reducing the risk of transmission and early identification of COVID-19 through efforts that separate individuals who are healthy or without COVID-19 symptoms but have a history of contact with COVID-19 confirmed patients or have a history of traveling to areas where local transmission has occurred.

Isolation is a process of reducing the risk of transmission through efforts that separate sick individuals, both those with laboratory confirmed diagnosis and those with COVID-19 symptoms, from the wider community.

Suspect case is someone who has one of the following criteria: 1) People with Acute Respiratory Tract Infection (ARI) AND have a history of travel or live in a country/territory of Indonesia that reports local transmission in the last 14 days before the symptoms develop; 2) People with one of the symptoms/signs of ARI AND have a history of contact with a confirmed/probable COVID-19 case in the last 14 days before the symptoms develop; 3) People with severe ARI/severe pneumonia requiring hospitalization AND with no other cause based on a convincing clinical presentations.

Probable case is a suspect case with severe ARD/ARDS/died with a convincing clinical presentations of COVID-19 and no RT-PCR laboratory test results.

Confirmed Case is a person who is tested positive for the COVID-19 virus as proven by an RT-PCR laboratory examination. Confirmed cases are divided into two: 1) Confirmed cases with symptoms (symptomatic), 2) Confirmed cases without symptoms (asymptomatic).

Close Contact is a person who has a history of contact with a probable case or confirmed case of COVID-19. The contact history in question includes: 1) Face-to-face contact with a probable or confirmed case within 1 meter radius and within 15 minutes or more; 2) Direct physical touch with a probable or confirmed cases (such as shaking hands, holding hands, etc.); 3) People who provide direct care for a probable or confirmed case without using standard-compliant PPE; 4) Any other situation indicating contact based on the local risk assessment established by the local epidemiological investigation team.

Traveler is someone who has traveled from within the country (domestic) or abroad in the last 14 days.

Discarded is a case that is discarded if it meets one of the following criteria: 1) A person with a suspect case status with negative RT-PCR examination results for 2 consecutive days with an interval of > 24 hours; 2) A person with close contact status who has completed the 14-day quarantine period.

Comorbids are comorbidities

Rt or Effective Reproduction Number is the number of effective transmission in secondary cases in the population.

Physical distancing is keeping a physical distance from each other.



PART

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CONSIST OF 17 PROVINCES IN ALPHABETICAL ORDERS AS LESSONS
LEARNED ON HOW AN AREA FIGHTS AGAINST THE PANDEMIC OF
COVID-19



ACEH

Authors:

Prof. Dra. **Fatma Lestari**, M.Si., Ph.D.
Dr. **Rifelly Dewi Astuti**, S.E., M.M.

Resource Person:

Ir. **Sunawardi**, M.Si. as the Chief Executive of *Badan Penanggulangan Bencana Aceh* (BPBA) or Aceh Agency for Disaster Management

Contributor:

Dr. **Herlina J. EL-Matary**, S.T., M.Kes.



covid19.acehprov.go.id

Interview was performed on June 9, 2020



EXPERIENCE IS THE BEST TEACHER: AGILE IN THE FIGHT AGAINST COVID-19 TAEUN IN ACEH

Aceh has experienced various natural disasters and that has forged Aceh people, making them responsive in implementing early response, agile, strong, and resilient in dealing with various subsequent disasters, including non-natural disasters such as the COVID-19 pandemic which started to spread to several countries in early January 2020 and which now has attacked more than 200 countries worldwide. Interestingly, Aceh has been able to reduce the number of positive COVID-19 cases down to a low level and has been declared as the region with the lowest number of positive COVID-19 cases in Indonesia. Various Acehese local wisdoms, from *ie lam guci* to praying, have been applied to fight the COVID-19 *taeun* (epidemic).

■ A Glimpse of *Serambi Mekah*

Aceh, which is known as *Serambi Mekah* (The Veranda of Mecca), is a province with Banda Aceh as its capital. Apart from being a Special Region, Aceh is also given a special authority. Aceh has special autonomy and privileges that are formally and legally legitimized according to Law No. 44 of 1999 on Implementation of the Privileges of the Aceh Province and Law No. 11 of 2006 on Aceh Government. The implementation of these privileges includes:

- a) Implementation of religious life; b) Implementation of customary life; c) Implementation of education; and d) Role of *ulama* (Islamic scholars) in local policy making.

Aceh is the first area in the country that received Islamic exposure when Islam first arrived the archipelago. In Aceh, Islam was intertwined with the culture of the Acehese people at that time and has been preserved until now. The Islamic spirit is so inherent in various forms of government activities and social life in Aceh.

Aceh also has a Sharia Court which constitutes an executor of judicial power within the religious courts. Islamic sharia law or *jinayah* law known as *qanun* has made Acehese people more obedient to the rules.

The Acehese people can be seen as a society that has high resilience and strong will. This is reflected in the attitude of the Acehese people in facing various types of conflicts and natural disasters.

Based on the disaster index map issued by Aceh Agency for Disaster Management (*Badan Penanggulangan Bencana Aceh*, BPBA), Aceh is a region with the highest level of disasters. The tsunami earthquake in 2004 became the most memorable disaster event due to the loss of hundreds of thousands of people and enormous material loss. Those disaster, in fact, has contributed to the resistance of the Acehnese people in terms of stronger resilience and stronger will. The disasters that hit Aceh repeatedly have also contributed to a greater sense of concern for others due to the shared experiences among the Acehnese.

Aceh as a province located at the western end of the Republic of Indonesia is also hit by non-natural disasters, such as the current COVID-19 pandemic that has affected all countries in the world. When the COVID-19 cases in Wuhan was declared at the end of 2019, the Government of Aceh has made several preparations to deal with the impact of the COVID-19 pandemic since January the following year.

On January 26, 2020, the Government of Aceh established an Alert Post at the Aceh Social Affairs Office and at the Aceh Government Liaison Agency in Jakarta. On the following day, Aceh Government

provided aids to Acehnese students/residents who were in Wuhan at that time and appointed two hospitals as the referral hospitals for COVID-19, namely Zainal Abidin Public Hospital (RSUZA) in Banda Aceh and Cut Mutia Hospital in Lhokseumawe.

On January 31, 2020, Aceh Government submitted the data of Acehnese students/residents who were in Wuhan at that time to the Ministry of Foreign Affairs of the Republic of Indonesia and ordered PPE for handling the COVID-19 pandemic.

One day after that, Aceh Government and the Central Government carried out evacuation of Indonesian citizens including Acehnese residents/students who were isolated in the city of Wuhan. The residents who had been evacuated were then sent to Natuna for observation for fourteen days.

On February 12, 2020, or one day after welcoming the return of Aceh students who had finished their quarantine period, the Aceh Government established COVID-19 Alert Post at the Aceh Health Office.

Entering the month of March, the Aceh Government became more intensive in holding coordination meetings for handling COVID-19.

Governor of **Public Relation and Protocol Bureau of Regional Secretary of Aceh**



Chief Executive of BPBA, Ir. Sunawardi with the Deputy Chief and team members are conducting a video conference with the Head of the Task Force, Acting Governor of Aceh, in the vicom room of BPBA post

RSUZA, and on March 15 to 16, 2020, the Aceh Government ordered to the people to work from home and study from home. The provincial government then established a Task Force for Handling COVID-19.

On March 18 to 19, 2020, the Aceh Government held a meeting of the Aceh Regional Leadership Coordination Forum (*Forum Koordinasi Pimpinan Daerah*, Forkopimda) to discuss measures for controlling COVID-19 and started a campaign on prevention and anticipation of the spread of COVID-19 in Aceh.

On March 20, the Aceh Government declared a provincial-scale emergency response status and established a special fund for unexpected expenditures (*Belanja Tidak Terduga*, BTT) for handling COVID-19. On March 22, 2020 the Aceh Government conducted health laboratory review for the COVID-19 swab testing and also asked the

Regents/Mayors to temporarily close public places.

The Aceh government also added 11 referral hospitals for managing COVID-19 and performed disinfectants spraying and also distributed PPE to the referral hospitals.

On March 29, 2020, Aceh Government together with Forkopimda issued an announcement on the implementation of a curfew to anticipate COVID-19. In addition, the Aceh Government also delivered a letter to the COVID-19 medical team to fight together with the Government and the community in facing the pandemic. The Aceh government also promised facilities and incentives for health workers and their families from the start of the COVID-19 pandemic to after the COVID-19 pandemic ends.

The Aceh Government also re-focus their Provincial Revenue and Expenditure

PR and Protocol Bureau of Aceh Regional Secretary | Forkomindo Aceh Meeting through video conference



Budget (*Anggaran Pendapatan dan Belanja Aceh*, APBA) for handling COVID-19. In early April 2020, the Aceh Government delivered aids in the form of groceries to the medical team and families affected by COVID-19. An accommodation facility for the medical team that work on COVID-19 cases was also opened. In addition, the Aceh Government also launched a dedicated clinic specifically for infectious diseases at RSUZA.

On April 4, 2020, the Forkopminda's curfew was lifted and on April 16, 2020, the Aceh Government launched COVID-19 testing using RT-PCR at the Aceh Health Research and Development Agency.

■ **Bumi Serambi Mekah Efforts for COVID-19 Management Acceleration**

► **Institutional Experiences and Readiness**

Aceh has experienced various kinds of very fluctuating social and environmental conditions. Aceh can be seen as the disaster laboratory in Indonesia. Natural disasters that occurred in Aceh are very diverse, such as earthquakes, tsunamis, liquefaction, floods and volcanic eruptions. Hence, the leaders of Aceh are required to be quick and alert in facing various kinds of phenomena occurring in the society. One of which is disaster preparedness, both for natural and non-natural disasters, including COVID-19 pandemic.

Aceh has been formally and legally declared as a special region according to Law

No. 11 of 2006. In nomenclature, Aceh is not referred to as a "special region" or a "province". Phrases in Law No. 11 of 2006 article 1 point 2 only stated "Aceh" as a province which constitutes a special legal community unit and is granted with special authority.

On the basis of that phrase, Aceh uses several terms that are also different from other provinces for its government, for example, the Aceh Agency for Disaster Management (BPBA), Aceh Revenue and Expenditure Budget (APBA), and the Aceh Provincial Parliament (DPRA).

COVID-19 preparedness and responses were started to be implemented by the Aceh Government in January 2020 when the pandemic had not yet reached Indonesia. Aceh has created an Alert Command Center which was subsequently called the Alert Post at the Aceh Social Affairs Office and the Aceh Government Liaison Agency (BPBA) in Jakarta in order to evacuate Acehnese who were in the city of Wuhan on January 26, 2020. In addition, the provincial government of this far end western province of Indonesia has also delivered aids in the form of funds to meet the logistical needs of Acehnese students who were in Wuhan.

As an effort to prevent and handle COVID-19 pandemic, the Aceh Government has also started promoting campaigns and education on clean lifestyle. Another preventive effort was to provide and maximize the provision for health workers in order to support the treatment of COVID-19 patients.

Subsequently, on January 27, the Aceh Government made a quick decision by

appointing two hospitals, namely Zainal Abidin Public Hospital and Cut Mutia Public Hospital as the referral hospitals for the pandemic. Zainal Abidin Public Hospital prepared 6 dedicated patient rooms for COVID-19 with medical facilities that comply with WHO standards in the Respiratory Intensive Care Unit (RICU) room. On March 31, 2020, a total of 12 rooms were added.

Both hospitals were appointed as the referral hospitals because they have medical teams with experience in handling endemic diseases. The Aceh Government then added 11 referral hospitals for COVID-19 on March 23, 2020. In addition to appointing hospitals as the referral hospitals for COVID-19 as the anticipatory measure, on March 8 2020 the Aceh Government allocated Pinere Clinic as a dedicated clinic for examinations of Persons under Surveillance (*Orang Dalam Pemantauan*, ODP) and Patients under Observation (*Pasien Dalam Pengawasan*, PDP).

In addition to facilities for patients, the Aceh Government also prepared rest rooms or shelters for doctors, medical teams, and cleaners working with and making direct contacts with patients as an effort to prevent and control COVID-19. This effort was done as a measure to anticipate the spread of COVID-19. Therefore, the doctors, medical teams, and cleaners who worked with COVID-19 patients were not allowed to go home.

In order to deal with the worst case scenario, the Aceh Government prepared rooms, equipment, and human resources for taking care of the bodies of those who died from COVID-19, including land for their

burials. It is done as a measure to anticipate the spread of COVID-19, as people who died from COVID-19 should be taken care of according to a strict health protocol.

The quick decision to establish an Alert Post, which was initially located at the Aceh Social Affairs Office and then moved to the BPBA, in collaboration with the Health Office has made Aceh as the province with the best anticipatory measures and most prepared to face for the worst. This can be seen from the data of COVID-19 development statistics available at covid19.acehprov.go.id. These data are continuously updated every day.

Since the establishment of the COVID-19 Command Post in Aceh, the province has changed the person in charge of the position of the Head of the Task Force for several times starting from the Head of Aceh Social Affairs Office, the Head of Aceh Health Service, the Head of Aceh Agency for Disaster Management and, currently, the position of the Head of the Task Force is held by the Acting Governor of Aceh.

This is in line with the mandate in the Governor Regulation No. 440/1028/2020 with the Acting Governor as the Head of the Task Force for Accelerating COVID-19 Control in Aceh in collaboration with relevant stakeholders, including higher education institutions, Sharia Court, Aceh Cultural Council, Islamic Sharia Institutions, Ulama Deliberative Council (*Majelis Pemusyawaratan Ulama*, MPU), and Forkopimda, including also Aceh smallest government unit, Wali Nangroe. The COVID-19 Task Force in Aceh is referred to as the Aceh Work Unit, subsequently called as SKPA (*Satuan Kerja Perangkat Aceh*).

A very strong commitment has been shown by the Government of Aceh through the commitment to accelerate COVID-19 prevention efforts in Aceh. Within the institutional structure of the Task Force, the Aceh Government even involved rectors of universities in Aceh, Ulama Deliberative Council (MPU), and the Vice Chairman of Aceh Family Empowerment and Welfare Organization (*Pemberdayaan Kesejahteraan Keluarga*, PKK), which is an organization consisting of women. The author sees the uniqueness of this composition because it represents various aspects. University is a symbol of science which shows that the Aceh Government will use a scientific approach in order to counteract the development of COVID-19 while the involvement of *Ulama* as the one that issues recommendations based on Islamic way of life (*fatwa*) and PKK, which consists of women, shows that the government accommodate religious and gender perspective.

As of July 3, 2020, since the first COVID-19 case was announced in Indonesia on March 2, 2020, there were 87 positive cases of COVID-19 in Aceh with 34 recovered patients and 50 people still undergoing treatment. There are 3 people who died from the virus. The data also shows that there are 127 Patients under Surveillance (PDP) in Aceh and 120 of those have returned home and are healthy. Of the remaining 7 people, 6 of them are still under treatment and one person has died. This data shows that Aceh is the province with the least amount of COVID-19 exposure in Indonesia.

► Many Hands Make Light Work (*Berat Sama Dipikul Ringan Sama Dijinjing*)

As a region with a high level of disasters, Aceh already has a specific emergency fund which is referred to as the Unexpected Expenditure Fund (*Belanja Tidak Terduga*, BTT). During the efforts to control COVID-19, the amount of fund disbursed by BTT is IDR 118 billion. Early BTT funds were submitted by SKPA. This work unit focuses on efforts to accelerate the prevention of COVID-19. So, before the pandemic, Aceh has already been financially independent for disaster management.

Even though Aceh has a dedicated budget for COVID-19 control, the people of Aceh continue to work together with the own strength to help the government. This is supported by the initiative of the State Civil Apparatus (*Aparatur Sipil Negara*, ASN) and the community in Aceh to raise funds collectively in the framework of preventing the spread of COVID-19 as well as donations for affected residents. The values of philanthropy, empathy, and high social care make Aceh more prepared to face any difficult conditions.



One of the traditions in preventing disease outbreaks in Aceh is to hold a prayer by reading "wa qul jaa-al haqqul wa zahaqal baathil. Innal baathila kaana zahuuqa."

To anticipate a rejection of the COVID-19 medical team by the community where they live, the Aceh Government together with the ASN has provided dedicated accommodation facilities for the COVID-19 medical team and also donations for the welfare of the families of the COVID-19 medical team. Thus, the Aceh COVID-19 medical team can be more focused on doing the duties and feel financially secure and safe.

As a province with strict Islamic law, the role of the MPU is efficient and effective. Ulama in Aceh provides advice and education in order to prevent the spread of COVID-19 through *tausiah* (religious preaching). Previously, MPU had also conducted education in the form of awareness rising, SMS blasts, banners, and billboards. With this, the communities of Aceh are far more obedient to their ulama.

To maximize efforts to prevent the spread of COVID-19, the government together with the Indonesian National Army, Indonesian National Police, and Satpol PP (regional civil police) conducted raids by dispersing community activities that involve a large crowd and educating them about the prevention of the spread of COVID-19.

For the sake of an efficient workflow, districts/cities establish SKPA in various offices with a COVID-19 Command Post directly connected to the Provincial Level Main Command Post at BPBA. BPBA works 24 hours to collect data and information concerning COVID-19 from SKPA offices and cities/districts.

At the district and city levels, in an effort to defend and prevent the spread of COVID-19, the District and City Governments have formed checkpoints that are quite strict so that people entering and leaving an area can be well recorded.



Public Relations and Protocol Bureau of Aceh Regional Secretariat | The Aceh Regional Secretary, Taqwallah conducting a video conference with the KPK RI to discuss monitoring and evaluation of the implementation of the handling of the COVID-19 pandemic in the Aceh Regional Secretary meeting room.

This applies to the *gampong* level, which is equivalent to village. Villages in Aceh became “Gampong Siaga/Tanggap COVID-19” (Villages Alerted/Responsive to COVID-19). This preparedness system is coordinated by the City District Health Office. Villages can independently fund the activities by allocating around 30% of the Gampong Revenue and Expenditure Budget for COVID-19 prevention.

After there was a COVID-19 positive patient died from the virus, the insights of the Acehnese people became even stronger. They take part in preventive efforts, such as blocking roads and small alleys. They apply layered examinations to make it easier to detect if there are citizens who are positive for COVID-19.

Collective awareness, discipline, and adherence to health rules and protocols become the most dominant factors in slowing down the spread of COVID-19 in Aceh, because they think that everyone is a hero for themselves and their families when they are able to break the transmission chain of COVID-19 spread.

► Local Wisdom Synergizes with Technology

Aceh as a special region has a unique governance institutional structure that is different from other provinces. The smallest unit of Aceh government at the village level is referred to as a *gampong*. Therefore, the *gampong* is the spearhead of government which directly intersects with the people in the community level.

Based on *Qanun* Number 5 of 2003 article 1 number 6 on Gampong Government in Nanggroe Aceh Darussalam Province, it is stated that *gampong* is a legal community unit which has the lowest government organization directly under *mukim* or other names that occupy a certain area, which is led by a *keuchik* and has the right to organize their own affairs.

Gampong has quite broad duties and functions because they can autonomously run their own government by carrying out development activities, fostering society, and improving Islamic law in accordance with the legal norms of *ikanung edet, edet ikanung agama* (every law contains custom, and every custom contains religion). They believe that customary law is the biological child of religious law.

The authority of *gampong* is legitimately based on the existing authority according to the right of *gampong* origin and the provisions of customs. As of April 15, 2020, there are 4,181 *gampong* in Aceh that have formed a COVID-19 Alert/Response



Pakek Gaca (Painting henna.

The Acehnese people also paint henna (*gaca*) on the fingers with spaces in between. Such way of painting means that the henna paint is always meant to "keep your distance" when a plague hits. The use of henna with in-between space becomes a symbol to remind people to always maintain their distance.



PEMERINTAH ACEH MENGHIMBAU MASYARAKAT TIDAK MUDIK. JIKA TERLANJUR/TIDAK BISA DIHINDARI, IKUTI PROTOKOL KESEHATAN COVID-19.

SELAMAT DATANG

Masukkan Nomor Handphone

No.HP (08xxxxxxxxxx)

MASUK

Data yang Anda isi hanya digunakan untuk kepentingan pendataan.

Team. Of those, 1,467 *gampong* have made changes to the Gampong Revenue and Expenditure Budget for handling COVID-19.

The time when the COVID-19 pandemic entered Indonesia was around the time of the Eid homecoming season. The Aceh government itself was overwhelmed to stem the flow of homecoming and to data the residents returning to Aceh. Therefore, the Aceh Transportation Agency has established a *Siaga Aceh Pantau* (SAPA) voluntary team which is stationed at the Aceh-North Sumatra border command post.

The Aceh Transportation Agency has also developed the “*Sapa Mudik*” application. The travelers are required to fill in personal data, such as cellphone numbers, Residential ID cards, number of family members who are returning home, transportation used, destination, and date of exit and arrival. This application is very helpful for the Aceh Government in monitoring real time data on the flow of

people in and out of Aceh, either by land, air or sea.

At that time, a vehicle ban and a turn-around instructions for travelers were also imposed by the Traffic Agency of Aceh Regional Police. However, under certain conditions, there is a policy for travelers to enter Aceh upon recommendation of the village head or local *keuchik*. Here, *keuchik* also acts as the party that picks up the travelers directly at the checkpoint.

Upon arriving at their hometown, travelers were required to do self-isolation and they became the full responsibility of the village head or *keuchik*. The District/City Government also instructed the village head/*keuchik* to establish a Gampong Task Force for Supervising People under Surveillance (ODP). The duty of this task force is to supervise people who enter an area and are required to carry out quarantine according to health protocols

and report it to the sub-district and district/city offices.

In addition to the Eid homecoming season issue, the Aceh Government also faced the return of migrant workers from overseas due to the pandemic including the return of illegal migrant workers, which also became a new problem. The returnees were handled by the representative office in North Sumatra. Information was conveyed to the government regarding the number of Acehnese migrant workers who would be returned or return independently. Workers who had just returned to Aceh could choose to return to their hometowns by being picked up by the COVID-19 task force or return home independently.

All costs of returning home and the picked up by the COVID-19 task force are borne by the Aceh Government and then the people are given the option to carry out self-quarantine or quarantine provided by districts/cities or villages/*gampong*. Self-quarantine is also carried out with guarantees from the village head/*keuchik* as well as the family.

A good coordination flow encourages readiness and responsiveness in tracing when there is Acehnese who is positive for COVID-19. An example of a case that is considered large is a wave of returning students from East Java consisting of 115 people. All students who had arrived at their hometown were then traced and asked to take a swab test. It was found that 13 of the total students were positive and were immediately treated at Zainal Abidin Public Hospital in Banda Aceh.

Then tracing was also conducted to people who made contact with the students, especially families, by requiring them to take a swab test immediately. With a strong concern and compliance of the people, as well as proper education and socialization, there was no resistance from people who made direct contact to take the test. In fact, they consciously wanted to cooperate or be cooperative to help the efforts to stop the spread of COVID-19.

Another case was when a foreign student from Malaysia who was studying in Banda Aceh returned to Malaysia. The



tribunnews.com

"Pasu" is used for purification or ablution. It's usually placed in front of the porch near the stairs. It is used for self-cleaning from dirt and mud so that dirt or filth is not carried into the house.

Malaysian government announced that the student was positive for COVID-19. After receiving the information, the COVID-19 task force conducted mapping and tracing with a rapid test in the student's campus, including to people who lived around the student's residence in Aceh. The results of the rapid test showed that the people who made direct contact with the student were negative.

Preventive efforts by tracking people who made direct contact with positive COVID-19 patients can effectively prevent the spread of COVID-19 in Aceh which is, of course, made possible through good coordination starting from the central government to the village/*gampong* level.

Advances in technology facilitate and support the fast-moving flow of information. The duties and functions of each unit of the government can be optimum through the synergy with technology. The government unit that is closest to the community can optimally carry out its duties to increase the acceleration of services to the community. This makes it easier for the health office at the village/*gampong* level to properly supervise residents who are doing self-quarantine.

► **Corona *Taeun* and 7 Kinds of Local Wisdoms in Aceh**

For the people of Aceh, 2020 will be a new experience as well as adding up the long list of disasters that have befallen the *Bumi Serambi Mekah*. Corona Virus Disease 2019 or commonly abbreviated as COVID-19 appeared to coincide with the New Year.

The virus, which is thought to have been originated in Wuhan, China, has presented various responses from around the world. This virus does not only attack the health of the people, but also the economic, social and cultural conditions of a region. Even today, all community activities are regulated by strict health protocols so that this virus does not spread easily.

Scientists and governments have advised people to maintain their distance and not hold events that gather a big crowd. In addition, people are also encouraged to regularly wash their hands with soap, wear a mask, isolate themselves if there are symptoms, pray, and so forth.

In the past, disease outbreaks have also hit the world, but with slower rate of spread because of the limited transportation technology. It is the same with Aceh which was hit by a cholera plague in the late 19th century carried by Dutch soldiers from Batavia (Jakarta).

The Acehnese call the plague with the name "*taeun*" or "*taeut*" which was adopted from the Arabic "*thaun*".

The experience of the plague gave birth to new knowledge that was passed on to the next generation. These are some of the local wisdoms of Aceh that are relevant in facing the "*taeun*" or plague.

1. **Salt** is believed to be a medium for body immunity. In the Acehnese tradition, salt is used as "*peucicap*" (taste recognition) to babies, likewise with honey. Salt and honey are believed to have the property to strengthen the body's immune

system and fight viruses on the food served.

2. **le Lam Guci** (water in jars). The way the people of Aceh deal with disease is to always maintain cleanliness. Every house of ancient Acehnese must have had a jar (jug, *pasu*) containing clean water with a water dipper in front of the house. People who want to enter the house must first clean themselves so that they are sterile from dirt or germs. Not only jars, in the houses of ancient Acehnese, there were also wells (*mon*: bathroom) in the front yard of the house, so people who have just returned must firstly take a bath outside the house.
3. **Pakek Gaca** (painting henna). The Acehnese people also paint henna (*gaca*) on the fingers with distance. Such way of painting means that the henna paint is always meant to "keep your distance" when a plague hits. The use of henna with distance becomes a symbol to remind people to always maintain their distance.
4. **Pajoh Ranup** (eating betel). In addition, the ancient Acehnese chewed betel (*pajoh ranub*). It's chewed together with areca nut and lime so that it produces reddish water. Betel leaf is owned by almost every Acehnese in their yard and is consumed every day. Health experts also say that betel leaf as an antiseptic and antimicrobial can kill the sars-cov-2 virus.

5. **Toet Leumang** (burning *lemang*). Burning *lemang* is another habit of ancient people when facing disease outbreaks. Burning *lemang* from glutinous rice can mean that the person no longer has rice supply. Therefore, burning *lemang* indicates that rich people must help poor people, get use to sharing, and many other good things.

6. **Isolation of the Sick People**. This tradition is usually carried out in the "taeun" plague that hit chickens (*manok keunong taeun*). Chickens that have signs of having the virus should be immediately isolated in a separate cage from other chickens. Then, the chicken is vaccinated. In Aceh, the term "*meuntri manok*" is known.

7. **Praying**. One tradition to prevent disease outbreaks in Aceh is to hold a prayer by reading "*wa qul jaa-al haqqul wa zahaqal baathil. innal baathila kaana zahuuqa.*" The recommendation to read the Quran, especially letter of al-Kahf, Yaasin, and so forth.

Praying is an act of surrendering ourselves to the Maker. With human limitations in dealing with the plague, the people of Aceh believe that praying to the Creator will provide protection.

Equipped with past experience in dealing with *taeun* which later became the local wisdom of the Acehnese people, the spread of COVID-19 can be hampered.

► Economic Resilience: Social Security Net with Independence

Entering the beginning of July 2020, the number of people tested positive for COVID-19 reached 11 million worldwide. Various restrictions on activities and mobilization have had a huge impact, not only from the health perspective, but also from the social and economic perspectives. In this case, the Aceh Government needs to pay attention to the increase number of poor people.

An economic recession will drive millions of people into poverty. Based on rapid simulations conducted in 138 developing countries and 26 high-income countries, it was found that even in the mildest scenario, COVID-19 could add poverty rate up to 85 million people.

As a newly discovered virus, it is predicted that the pandemic due to the COVID-19 virus will unlikely to end anytime soon. This is because of the times needed to develop, produce, and distribute the

vaccine. Public attention, including the government, is concentrated on people who have the highest impact and risk to the COVID-19 infection.

The implication is that both national and subnational governments need to have social protection programs implemented to help the existing poor people and the new poor people due to the impact of the COVID-19 pandemic. In this case, the Aceh Government previously had Integrated Social Welfare Data with a distribution of the number of poor people around 15% of the total population of Aceh. The Aceh government doubled the number of poor people because it was feared that there would be new poor people due to limited activities and mobilization of the people. Therefore, the estimated people and funds spent on social aids rises to 30%.

As previously mentioned, Aceh has an Unexpected Expenditures (BTT) in the amount of IDR 118 billion that is used for disaster emergency response. The COVID-19

Public Relations and Protocol Bureau of Aceh Regional Secretariat | symbolic distribution of aids for basic needs of the Social Security Net program in the yard of the Aceh Social Agency Office.



pandemic is classified as a non-natural disaster. The flow of BTT disbursement for handling COVID-19 is regulated based on Governor Regulation No. 1 of 2014 concerning Procedures for Providing Unexpected Expenditures for Emergency Response in Aceh.

Submission of Study and Work Plan of Expenditure Proposal signed by Head of SKPA which is then discussed in the Budget Needs Discussion meeting by the Aceh Government Budget Team (*Tim Anggaran Pemerintah Aceh*, TAPA). Then, upon considerations and recommendations of TAPA, the Acting governor determines the amount of the budget. Only then, such amount will be submitted to the Aceh Financial Management Agency (*Badan Pengelola Keuangan Aceh*, BPKA) by meeting the following requirements: a request for disbursement, a statement, an integrity pact, and absolute responsibility.

The last process is disbursement from the BPBA to the relevant SKPA. For accountability use and reports, SKPA provides normative Letter of Accountability in 30 working days to BPKA and BPBA.

The BTT funds are used to support the prevention of the COVID-19 spread. Some of the funds have been disbursed to support the security and safety of the medical teams who are handling COVID-19 in the form of PPE and other medical equipment. All of this equipment is distributed by the Aceh Health Office to all COVID-19 hospitals in Aceh. In addition, these funds are also used for social security net along with funds from the Central Government, in the form of assistance for basic needs for the affected

community to every district/city in Aceh. The total number of beneficiaries was 523,348 households, with the total beneficiaries of the Aceh Government aids itself are half of the total beneficiaries of the Central Government aids.

In practice, problems may arise such as incorrect data on new poor people so that the aids are not on target or there are beneficiaries receiving multiple aids. Therefore, the Aceh BPKP opens a 24-hour complaint service which can be contacted via cellphone/WhatsApp number or email at aceh@bpkp.go.id. People who find problems in the distribution of social aids, procurement of goods and services, and public services during the pandemic are expected to immediately report such occurrence. This service is expected to be able to encourage and ensure speed, accuracy, integration of accountability and transparency in the distribution of social aids. With such report, BKPA can synchronize and integrate data for future reference.

The Acehnese people, who mostly worked as farmers and fishermen in the early days of the pandemic, also felt the impact as their movements were restricted. However, it is felt that activities in the agricultural sector do not require COVID-19 protocol intervention because the activities do not result in direct contact with many people. As for fishermen, small boats, including boats with 15-20 GT in size, they are still allowed to operate to meet regional needs only.

Export activities in the early days of the pandemic were completely stopped. However, there is a small amount of demand

after several countries with low COVID-19 cases opened their doors for trading.

The government has determined to implement a relaxation stimulus to give partial relief to cooperatives and micro, small to medium enterprises (MSME) who are also affected by COVID-19. It was carried out by the Aceh Government through providing subsidies to MSME affected by COVID-19. The Aceh government itself is holding a Farmers Market to drive the MSME sector. The Farmers Market activities are held twice a month at the Aceh Agriculture and Plantation Agency.

The Farmers Market is used as a means of promotion and education of health protocols to prevent the spread of COVID-19, with each door for entry and exit is provided with a portable sink. The visitors are also required to wear a mask and carry out physical distancing (maintaining a distance).

To meet the demand for masks that were difficult to find, the Aceh Government launched One Million Mask Production Program which involved the people of Aceh.

For production activities, the district/city governments make an inventory of and empower MSME. The cloth masks that are produced must also follow the standards recommended by the Indonesian Doctors Association. These masks are usually distributed in crowded places such as traditional markets and in the alleys. Not only distributing it, the Government is also constantly promoting efforts to prevent the spread of COVID-19. This dissemination activity is usually done by representatives from the Regional Technical Implementation Unit of Public Health Service, Firefighters, Sectoral Police, as well as Ulama from the MPU.

■ Flattening the Curve and Becoming an Example

On Friday, May 29, 2020, the National Task Force for the Acceleration of Handling COVID-19 held a press conference at the Graha BNPB Office. On that occasion, the Acting Governor of Aceh, Ir. Nova Iriansyah, M.T., shared experiences

Public Relations and Protocol Bureau of Aceh Regional Secretariat | One Million Masks Movement in Aceh



related to the practice of handling COVID-19 in Aceh which is statistically flattened.

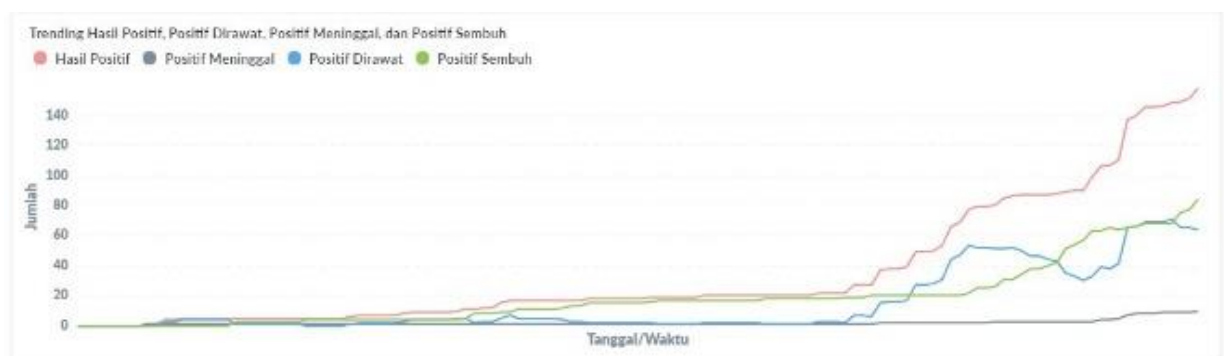
On that occasion, the Acting Governor of Aceh stated that Aceh is a noble land, a land that has experienced several important events ranging from armed conflict, earthquake and tsunami in 2004 and now the COVID-19 pandemic. All the successes obtained in Aceh are the successes of the parties through good collaboration among stakeholders. The most important thing is how the Aceh Government intervenes in all aspects of life in Aceh so that they can prevent the spread of COVID-19.

The Acting Governor of Aceh continued, "Why is the positive curve for COVID-19 in Aceh flattened? It's because the Aceh Government is doing what other regions in Indonesia have done. It's just that in Aceh, we do it faster, more integrated, and focused on handling it, such as returning Aceh students from Wuhan, China, which was done at the end of January 2020, accelerating the procurement of facilities and infrastructure such as preparation of Command Post (*Posko*) as an information center, preparing referral hospitals, isolation rooms and other necessities for handling COVID-19 before there are indications of positive cases."

Due to natural disasters that often occur in Aceh, people are educated. They are much better prepared to deal with any disaster, including non-natural ones, such as COVID-19. The disasters that occurred apparently brought the people of Aceh closer to the Creator, while at the same time created a strong belief that they would be all right.

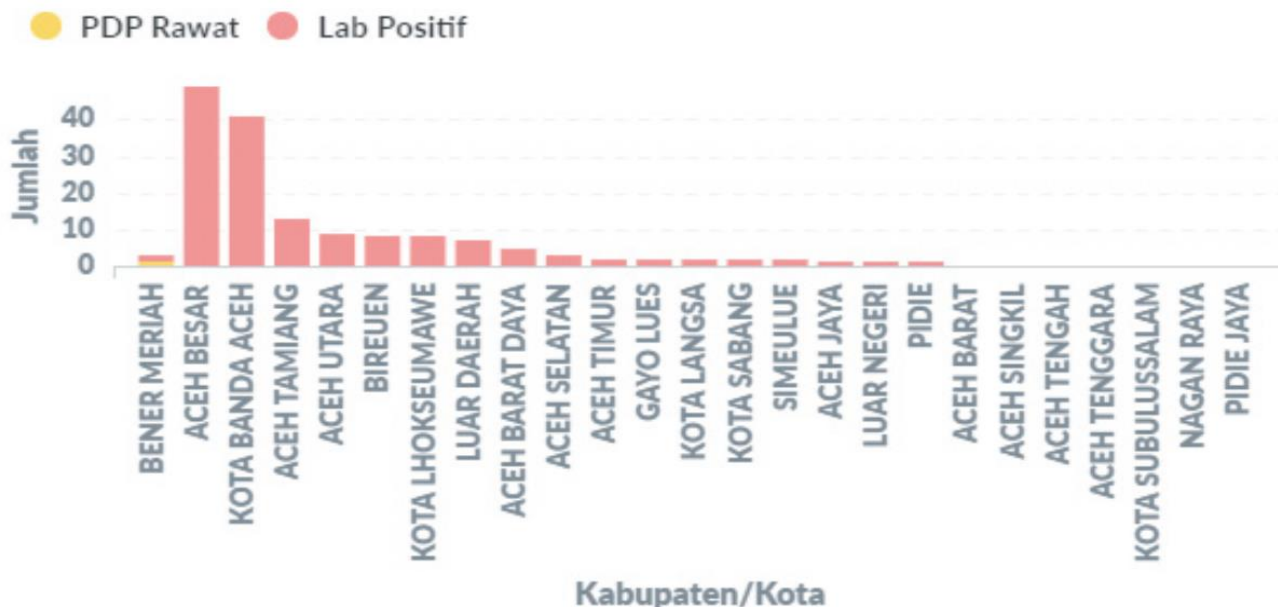
Such mental attitude is believed to form antibodies among the Acehnese people, in addition to support from other aspects, such as the overprotective attitude of the Acehnese people towards their health. In this case, the people of Aceh seem very aware of their health, especially when a positive case of COVID-19 was identified in Aceh.

In terms of disasters, the author considers that an overprotective attitude is much better than underestimating. The overprotective shown by the Government and the people of Aceh can be seen from the way they moved early, even before there is a case in Aceh. What the Aceh Government has done illustrates a proactive handling of COVID-19. Therefore, there are many choices in making decisions. Anticipatory steps, such as preparing funerals, returning students from overseas, and intensive coordination are proof that Aceh is very serious in facing this pandemic.



Statistik COVID-19 Aceh

PDP Rawat dan Hasil Lab Positif Per Kabupaten/Kota



Lab Positif dan Positif Meninggal Per Kabupaten/Kota



On the other hand, underestimating attitude creates reactive behaviors. Thus, all movements and decisions are based on the occurring conditions, without any other possible option.

In this case, heroism is urgently needed in handling COVID-19. People are expected to become patriots for themselves and their families and become heroes of humanity if they succeed in protecting others. It takes discipline and collective awareness to adhere to health protocols in order to end the pandemic quickly.

What is also important is to remain disciplined in applying the health protocols, a culture of wearing masks, not touching each other for a while, diligently washing hands by always maintaining a distance regardless of race, religion, ethnicity, weather, nation and even geographic location.

From it, we can see the strengths, obstacles, challenges and threats faced by the Aceh Government, which is summarized by the author in the following explanation:

Strengths: Aceh as an area with a strong Islamic culture and only consists of several ethnic groups such as *Gayo, Jame, Singkil, Pakpak, Alas, Kluwet, Tamiyang, Langsa, Trumon*, and *Sigulai* which tend to be homogeneous. Therefore, in order to unify the existing cultures, the government does not have too much trouble because there is already effective communication and they already know the interactions between ethnics there. Geographically, Aceh has benefited quite a bit since it is located at the end of Sumatra Island, Aceh is an Islamic

region which encourages social solidarity between communities.

Obstacles: As for the obstacles of the Aceh Government to date, it is the vast area of Aceh and the distribution of the population that is quite far and scattered, so that sometimes it creates a blind spot for the government to monitor the spread of COVID-19 in Aceh Province.

Challenges: Based on the results of interviews with the Chief Executive of the Aceh Provincial Task Force, the adaptation of new habit (new normal) is a challenge in itself, with strict health protocols becoming new habits and being applied in the community.

Threats: In terms of threats, it cannot be denied that Aceh is always overshadowed by the threat of natural disasters during the COVID-19 pandemic. For this reason, the Aceh Government needs to adjust itself through hazard preparedness by revising the contingency plan document that has been prepared.

It can be concluded that there are good things that have been carried out by the Aceh Government, including: 1) Quickly establishing a task force team and regulations in advance even in the month of January 2020; 2) Involving all elements (rectors, ulama, women from PKK, medical officers, local security, customary elements, such as *gampong*) in the context of accelerating the prevention of COVID-19 in Aceh; 3) Refocusing the APBA for handling COVID-19, even before the pandemic, the budget has been prepared and doubled in amount; 4) Implementing and socializing

health protocols in public areas including translating into several regions in Aceh.

For matters that need to be improved, the Aceh Government feels the need to make preventive and promotive efforts in a more maximum manner, starting from the family structure by providing support for the economic productivity to maintain family food security.

Finally, the Aceh Government issued a Procedures for New Normal Order which can be downloaded from:



BPBA Aceh

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BANGKA BELITUNG

Author:

Prof. Dr. dr. **Sudarto Ronoatmodjo**, S.K.M., M.Sc.

Resource Persons:

Drs. **Akhmad Elvian**, D.P.M.P. as the Secretary General of Traditional Custom Agency/Bangka Belitung Islands Province/Socioculture Expert of Bangka Belitung Islands Province

Mikron Antariksa., A.Ks., M.Si. as Chief Executive of Bangka Belitung Islands Province BPBD/Secretary of Task Force

Dr. **Syafaruddin** as IT team of Bangka Belitung Islands Province Task Force

Hendri from Bangka Belitung Islands Provincial Health Office

Contributor:

Yudarini, S.H., M.Kes.



covid19.babelprov.go.id



Interview performed on June 15, 2020



TECHNOLOGY AND CULTURAL INTEGRATION IN BANGKA BELITUNG TO FIGHT COVID-19

The Province of Bangka Belitung Islands, as reported in Babelprov.go.id, consists of two large islands, namely Bangka Island and Belitung Island, added by several small islands. In the past, Bangka Island and Belitung Island were the conquered areas of the Sriwijaya, Majapahit, and Mataram Kingdoms. After that, Bangka Belitung became a British colony and then handed over to the Dutch government in Muntok on December 10, 1816.

During the Dutch colonial period, Depati Barin relentlessly fought the invaders, followed by his son, Depati Amir, and ended with exile to Kupang, East Nusa Tenggara, by the Dutch Government. During the colonial period, a lot of the wealth on this island was taken by the invaders. The Province of Bangka Belitung Islands was designated as the 31st province by the Government of the Republic of Indonesia based on Law No. 27 of 2000 on the Establishment of the Province of Bangka Belitung Islands which was previously part of the Province of South Sumatra. The capital of this province is Pangkalpinang.

■ The Appearance of COVID-19

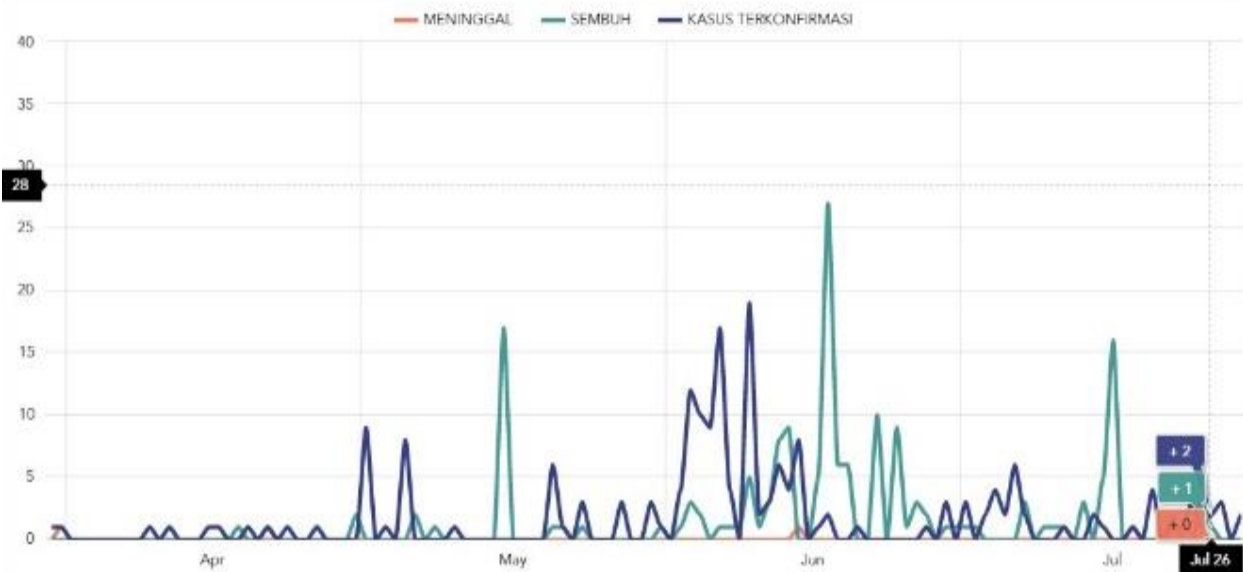
In Indonesia, Bangka Belitung is the 31st province that is exposed to COVID-19 pandemic. As reported by the media ([Republika/30/3/ 2020](#)), Belitung Regent, Sahani Saleh, announced patient number 034 as the first case of corona virus disease 2019 (COVID-19) in Belitung District, Bangka Belitung Islands Province. Patient 034 was tested positive for COVID-19. Therefore, Bangka Belitung is the 31st province with positive cases of COVID-19.

Patient number 034 was tested positive for COVID-19 based on the result of a swab test from the Ministry of Health's Biomedical Research and Development Laboratory on

March 30 2020 at 07:00 of Western Indonesian Time. The patient, who was previously a Patient under Observation (*Pasien Dalam Pengawasan*, PDP), lives in Belitung and is known to have a travel history from the COVID-19 pandemic area.

In the latest update (July 19, 2020), the number of confirmed COVID-19 cases is 176 with 7 positive patients, 2 died, and 167 recovered. The number of Person under Surveillance (*Orang Dalam Pengawasan*, ODP) is 1,134 with 29 cases are still under monitoring, 1,105 have completed

Semua Kasus Memiliki Tanggal Laporan



monitoring. In terms of Asymptomatic Person (*Orang Tanpa Gejala*, OTG), the number is 3,448 with 416 are still under monitoring and 3,032 have completed monitoring while the number of Patients under Observation is 156 with 16 are still under observation, 140 are declared negative for COVID-19, and 0 is positive for COVID-19.

■ Chronology of Control

Patient Number 034 first came to the Emergency Unit of Marsidi Judono Belitung Regional Public Hospital (RSUD) on March 23, at 20:00 of Western Indonesian Time, who was then immediately taken to the COVID-19 Center room, Isolation Building A.

After health examination standard was according to the World Health Organization (WHO) guideline was ensured, the first swab test was performed. Since the patient is in good condition, the patient was assigned as

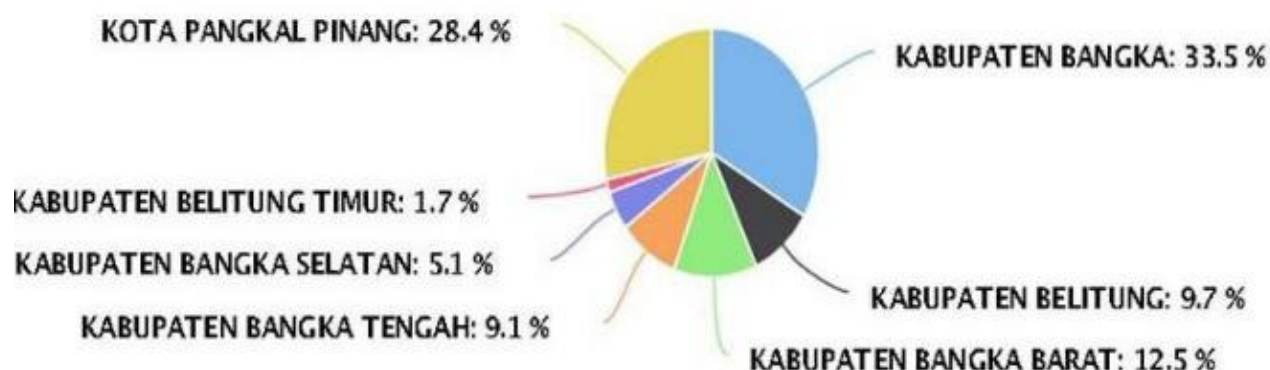
Person under Surveillance (ODP). The Regional Public Hospital asked patient 034 to come back on March 25, 2020, at 09:00 of Western Indonesian Time, to take the second swab test.

When the X-ray result presented symptoms and signs of pneumonia, patient 034 was declared as Patients under Surveillance and began to be isolated in Isolation Building B. On March 30, 2020, at 07:00 of Western Indonesian Time, the patient was tested positive for COVID-19 by the Ministry of Health's Biomedical Research and Development Laboratory.

With the emergence of this first case, various efforts were made by the Bangka Belitung Provincial Government. The strategy was to integrate the latest technology with local culture in line with local wisdom values which then contribute to suppressing the spread and infections of COVID-19.

SEBARAN PERKABUPATEN/KOTA

SEBARAN KASUS KONFIRMASI COVID-19 DI PROVINSI KEPULAUAN BANGKA BELITUNG



■ Health Interventions

In the beginning, COVID-19 was a health problem. Thus, it was understandable that when the provincial government of Bangka Belitung first did an intervention, it was in the health sector. The government tried to look for various solutions in the health sector to control COVID-19 in the area.

In Bangka Belitung, it was recorded (July 11, 2020 at 07:19) that 171 people were confirmed positive for COVID-19 with 29 positive cases, 2 died, and 140 recovered. In addition, 1,125 were assigned as Person under Surveillance (ODP) with 36 was still under monitoring processes and 1,089 had completed the monitoring process. There were also 143 Patients under Observation (PDP) with 22 was still under observation, 121 had been declared as negative for COVID-19, and 0 was positive. Among 3,362 Asymptomatic Person (OTG), 546 was under

monitoring and 2,816 had completed the monitoring process.

So, how are the health interventions carried out? In accordance with the direction of the Governor of Bangka Belitung, the government has instructed the health office to establish a health quarantine. Its implementation is now spread across three places, namely the BKSDM guesthouse, hajj guesthouse (hajj hostel), and in the labor guesthouse. These places are primarily reserved for positive, confirmed, or reactive cases of Asymptomatic Person (OTG).

Regarding the Referral Hospitals for COVID-19, the followings are hospitals that are assigned to receive referral of patients with the status of Patient under Observation. The person concerned must first visit the nearest health facility, such as a clinic/public hospital before being referred to the following hospitals:



Bangka Belitung Public Relations | Bangka Belitung Health Office immediately applying the latest Procedures for Prevention and Control of COVID-19 from the Ministry of Health

- Depati Hamzah Regional Public Hospital
Jln. Soekarno Hatta, Bukit Besar Village, Girimaya Sub-District, Pangkalpinang
- Dr. H. Marsidi Judono Regional Public Hospital
Jln. Jend Sudirman Aik Rayak KM. 5.5, Tanjung Pandan, Belitung District
- Dr. (H.C.) Ir. Soekarno Regional Public Hospital of Bangka Belitung
Jl. Zipur Air Anyir Village, Riding Panjang Sub-District, Merawang, Bangka District, Bangka Belitung Islands, 33172

Furthermore, in order to help accelerate the process, especially for cases of rapid diagnosis or urgent, a dedicated place is provided. As known, the request for urgent lab result, for example, for patients undergoing urgent surgery and dialysis, a rapid molecular test is already prepared, namely PCM: Monocular Rapid Test, with a team of experts. Then, two dedicated sites have been assigned to treat COVID-19 patients, i.e. Depati Barin Hospital and Bangka Sungailiat Hotel in Bangka Island and Marsidi Yudono Hospital in Belitung Island. These hospitals are also prepared to assist, especially cases that require immediate surgery.

It is beyond doubt that Bangka Belitung Provincial Government does not only prepare buildings and infrastructures; it also provides excellent Human Resources as the

vanguard of the fight against and controlling COVID-19. They are not only stationed in hospitals, as the government also deployed examination teams in strategic locations, such as airports and seaports. This is where the team works to prevent COVID-19 from spreading and transmitting.

The health team itself is divided into several groups. For example, there is a surveillance team specifically tasked with collecting all data and analyzing data according to the needs of the Task Force. Then, there is also a verification team for the conformity of data from the Provincial Task Force with the Central Government so that there are no overlapping tasks.

In addition, there is a laboratory team that in charge of ensuring every test will be followed up by confirmation, both for diagnosis and for follow-up testing to declare whether the patient is already cured. For quarantine, government provided supports for either self-quarantine, quarantine in a dedicated place, or hospital quarantine.

Another team that is no less important is the health quarantine service team. Now, this team has been deployed. For that reason, this team recruits several medical personnel and paramedics to assist them in these quarantine sites. This is an overview of what the health team has done to assist in the framework of handling COVID-19.

Another team that is established is a special team for controlling public places. The initial work was to carry out some disinfection for environmental sanitation in designated places. At this time, after the implementation of the new normal

(adaptation of new habits), these places are returned to their respective agencies to be subsequently empowered.

The last team that was formed is the health promotion team. Its duty is to provide education to the community. Its main task is to voice three important things that must be practiced in responding to COVID-19, namely discipline to wear masks, discipline to wash hands, and discipline to maintain distance. These three things are continually voiced both through conventional media such as billboards, television, radio, and campaigns on social media.

In controlling COVID-19 in Bangka Belitung, adequate infrastructure and human resources have been prepared. It is just that at the beginning, it was difficult to get the equipment. With this situation, the Governor took the initiative to bring in the PCR equipment by himself to support the work of the health team.

There are indeed several obstacles that have occurred and have arisen in the field. It



Indeed, our first barrier is testing. So actually, in surveillance, to be able to control the disease quickly, it will better if more people are confirmed with PCR. It will be better. So the contact tracing will be much faster. At first, our challenge is in the testing result, the length of time between sampling to result.

is not easy, for example, to get samples for a swab test. There are still many rejections by the community. For one thing, the swab test is said to be painful, especially for toddlers. Sometimes, the parents do not have the heart to have their child take a swab test. This is an example of an inevitable obstacle in the field.

■ Cooperation of the Provincial Government with Other Parties

In controlling COVID-19, the Bangka Belitung provincial government is certainly not working alone. There is also private sector involvement to jointly tackle the spread and transmission of COVID-19. The Provincial Government of Bangka Belitung is very open to aids, one of which is by bringing in rapid test equipment. This effort was created through cooperation with the private sector. As a result, now the Provincial Government is able to carry out by itself and can find out, speed up the process, and know whether the patients are positive or not.

On the context of prevention, the Bangka Belitung Provincial Government has also conducted a mass screening with the Acceleration Task Force from PT Timah, one of the State-Owned Enterprises in the Bangka Belitung region. Mass rapid tests were carried out on all of its employees as well as crew members of its ships.

This is conducted in order to apply the strategy of 1,4,8. Meaning: 1 is very severe, 4 has few symptoms, 8 is Asymptomatic Person (OTG). In other words, the team

conducted more screening to look for OTG that were confirmed positive. These efforts are applied to find out first, cluster, and be discovered first. Thereby, the OTG will not spread to other communities with very weak immune systems because this is the most dangerous thing. For example, two cases of death in Bangka Belitung are known to have been seriously ill. In fact, one of them was detected after he died, meaning he was tested positive. This case was recorded for the first time on March 30, 2020 in Belitung District, and on Bangka Island on March 31, 2020.

From that incident, it seems that efforts to prevent should be more focused. OTG cases must also be paid attention to. Of the three quarantine locations, 100% of the treated were OTG (Asymptomatic Person). This condition must be clustered and mapped so that the team can break the chain. Therefore, there is no high spread and escalation in the Bangka Belitung region.



We prioritize the aforementioned three cycles, prevention, at the time of prevention, then during the disaster and after the disaster. We put more emphasis on the pre-disaster plan. their travel history using location data stored in the Fight COVID-19 application.

If there is a high escalation, there will be insufficient resources with regard to facilities, infrastructure, and health medical personnel. Here, the function of the Task Force is to coordinate and manage tasks, both from the socio-cultural perspective and from its innovations perspective, especially in the form of applications and various activities carried out. Now, task forces have been formed down to the Village level.

■ Preparedness of Bangka Belitung Province

Bangka Belitung Province is actually one of the provinces that is prepared for a disaster. One thing that has become a priority is to focus more on the pre-disaster plan. Before this disease existed and spread in the community, the Bangka Belitung Provincial Government continued to carry out prevention and anticipation activities.

Preventive measures were chosen in order to get around the unsupportive facilities and infrastructure. Likewise, the medical personnel have not been supported for this matter. For example, there is only one doctor specializes in lung in Bangka Belitung. Meanwhile, the disease caused by COVID-19 has a lot to do with breathing and lungs.

Furthermore, the hospital which becomes a negative pressure isolation room is very lacking and there is also no negative pressure operating room. For this reason, the strategy is to prioritize prevention with innovations, both those related to technology and culture and local wisdoms. With input from socio-cultural figures and from medical personnel, the provincial government of Bangka Belitung attempted to make maximum prevention efforts.

Bangka Belitung Provincial Government constantly disseminate the so-called COVID-19 Prevention Trilogy, including washing hands, wearing masks, and maintaining distance. It continues to be voiced



everywhere. Then, to implement this activity, several teams have been formed. There is the monitoring team, the latest tracing team, which has just been formed, then there is the disciplinary enforcement team for the COVID-19 health program or protocol that has been established down to the village level. In this case, the provincial government gives authority to the sub-district.

For large-scale activities, such as public places and places of worship activities, recommendations for continue operation is on the hand of the sub-district authorities. The provincial government provided a check list, stickers, such as “halal” MUI sticker, if it is marked OK, the places can be opened with standard health protocols.

Bangka Belitung Provincial Government also accommodate volunteers for handling COVID-19. One of these volunteer groups is called *Babel Peduli*, which is a social body consisting of 249 communities: hobby communities, professional communities, same interest communities, with each community consisting of around 20 to 50 members. Until now, there are 12 thousand active volunteers.

The activation of volunteers is indeed very difficult since everyone has their own thought. Furthermore, COVID-19 is very invisible so that it is difficult to have the same perception and the same way of acting, how to act and how to handle; each is different. As a result, it takes time to better socialize these volunteers so that good messages delivered to the location with appropriate handling or standard operating procedures (SOPs) and guidelines from the

Central Task Force and from the Ministry of Health.

This volunteer tasks also open opportunities for cooperation from various parties. For example, managing aids from the business world, which until now has collected 4.9 billion funds in the *Babel Peduli* bank account and it is managed by the volunteers, then PPEs, and other donated items.

■ Technology Innovation

Regarding the handling of COVID-19, the Province of Bangka Belitung in its acceleration has developed an application. The application that has been successfully developed is referred to as the *Fight COVID-19* Application. The *Fight COVID-19* application was developed by young millennials in Bangka Belitung. They helped voluntarily in making this application.

The *Fight COVID-19* application is used by Bangka Belitung Provincial Government to track every movement of people who have just arrived from the COVID-19 epicenter area to the Bangka Belitung region. Every newcomer who has entered the Bangka Belitung area is marked and is asked to install the *Fight COVID-19* application.

The application is used to store the travel history of these newcomers upon arrival in Bangka Belitung by retrieving the location data or GPS on everyone's cellphone. If a person does not comply with self-quarantine for 14 days upon their arrival, the government can still track

The use of location data through the Fight COVID-19 application can also help track the travel history of a person who is included in the category of Asymptomatic Person (OTG) or Person under Surveillance (ODP) accurately. The aim is to determine the spread of the virus in groups or clusters, making it easier to control the virus by quarantining people who have the possibility of being exposed to COVID-19.

The next application that was successfully created is *Pasar Yo* Application. The *Pasar Yo* application is an application that allows people who are going to shop not needed to come to the market. This is somewhat different from other e-commerce applications. This *Pasar Yo* application is specific, namely for shopping in traditional markets. The sellers are all recorded, registered. Fish sellers, vegetable sellers, kitchen spices sellers, and all other traditional sellers who use street vendors are recorded and given labels. To take and deliver the orders, a motorized vehicle has been prepared.

The application is currently being tested in a market in Pangkalpinang city. The hope, of course, is to reduce people's visits to the market. They can simply order from home and have their groceries delivered home after they shop.

This application is created because of experience. In one market, there is already a person tested positive for COVID-19. Therefore, this application is intensified and is expected to run well. The Provincial Government of Bangka Belitung is deeply compelled to provide targeted solutions in handling COVID-19.

The next application is *Pendidikan Gradu* Application. This is an application created by the Jakarta Team and is free of charge. The schools have used it. It is currently being tested in six vocational schools in Bangka Belitung and is being tested for online learning and administration. For learning at school, in this application, there is an application for teachers and an application for students. There is even an application for parents of students. Therefore, they can interact in one application. This application will be implemented in all schools in Bangka Belitung and it is expected to be used not only for now, but after COVID-19, it will still be used since this application also covers learning administration, student administration, and teacher administration.

Thereby, some of the applications are still used as long as the COVID-19 pandemic have not subsided. Indeed, not all are made by the people of Bangka Belitung, there are applications made outside. It is just that, here, the principle of collaboration is put forward. If indeed the application can make



"We have created several applications. The first is Fight COVID-19, created by millennials in Bangka Belitung. The second is an application for shopping in traditional markets."

it easier for all parties and can solve various problems, then it will be used.

■ Local Cultural Wisdoms

Applying local culture as a strategy to deal with COVID-19 does not come all of the sudden. There is a series of historical stories behind it. It is also what happens in Bangka Belitung. This province has experienced various epidemics, starting from the plague of beriberi in around 1836, 1838, until the end of the 19th century. The Beriberi epidemic killed a lot of people of Bangka Belitung, which almost reached over 5 thousand people.

Then, there was dysentery. Bangka people called it Bangka fever. Meanwhile, beriberi also infected Europeans and Chinese people whose population is so large in Bangka Belitung.

In addition, there are other epidemics, such as bubonic plague. This plague even attacked a village making it completely abandoned by the people. They fled to another village to break the chain of bubonic plague. Then the next one is smallpox.

Based on this historical experience, the people of Bangka Belitung then made a rule, namely a customary rule. In this customary law which is called the customary law of *Sindang Mardika*, there are 45 articles. One of the articles is related to infectious diseases.

In article 37 of the *Sindang Mardika* Law, it is stated that if there is an *awer* (the name Bangka people referred to an infectious disease) that affects one village or one geographic area, then each village border or geographic border of the settlement must be marked with a split wood. This wood is then given an arrow about 40 steps from the village. It gives a sign to the people that there is an epidemic in the village or an infectious or severe disease or *awer*. Meanwhile, the villagers who are in one geographical settlement cannot leave the village.

Local wisdom contained in the customary law appears to be correlated with the PSBB (Large Scale Social Distancing) policy initiated by the Central Government when handling COVID-19. In fact, the essence of PSBB has existed in the people of Bangka since a long time ago when the



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Complying to COVID-19 Health Protocol, Hotel and Restaurant can Operate

people of Bangka Belitung faced infectious diseases. So, when the recommendation to maintain distance appeared, the people of Bangka Belitung were already used to it.

Then, another local wisdom in the people of Bangka is when there is an outbreak for instance, they have a customary rule called *Bekurung*, requiring to isolate oneself from the surrounding environment, including self-isolating from the *batih* family (only consisting of wife, husband and children).

Bekukung is a local wisdom which is related to the people of Bangka who are accustomed to obeying every customary rules, cultural rules, advices from traditional community or cultural leaders. It includes obeying government leaders. So, there are rules of cultural law in the Bangka community when facing an epidemic or infectious disease by means of *Bekurung* and *Bekukung*.

In Bangka Belitung community, there is an agenda called *Cengbeng* or *Kingming*. The term *Cengbeng* or *Kingming* is referred to by the Bangka people as grave prayer. This local ritual is usually held every April 4 or April 5 in a leap year. Uniquely, all people from all over the world will return to Bangka in order to carry out *Cengbeng*, carrying out what is known as a ceremony to clean the grave and pray at the grave. From the other perspective, it can be seen that the essence of this cultural form is returning home or going home as a sign of respect to their parents, to their ancestors and to their hometown.

As Bangka Belitung has cultural rules related to *Bekukung*, namely obeying the

rules and recommendations of the government and community leaders, activities such as *Cengbeng* are only carried out by the people at home. It is not carried out in a crowd at the cemetery which usually in Bangka, the cemetery can spread around 26 hectares with nearly 20 thousand graves. If there is no *Bekukung* culture, in a ceremony like *Cengbeng*, it will be easier to catch the COVID-19 virus.

Through the Government, in this case, the Governor himself, the behavior of the people who obey these rules is also voiced in order to welcome the holy month of Ramadan and other activities just before Eid Al-Fitr and during Eid al-Adha.

In Bangka Belitung, there is also a ceremony of *ketupat* war or *ngangung*, which is a tradition during Eid Al-Fitr involving many people and crowds. However, thanks to the local wisdoms, they are following the COVID-19 protocol. Of course, such cultural-based local wisdom is quite encouraging because it can be implemented.



Here, there is also a combination of 9 State-Owned Enterprises in Bangka Belitung, commanded by PT TIMAH, which is very responsive. Also, on average in each agency, the business world has formed their own task forces and these task forces coordinate with the Provincial task force.

■ Expectations

Indeed, COVID-19 really hit the health sector and also impacted the economic sector. However, there will always be a bright side in every event and it must be seen as a lesson. It is the same with what happened in Bangka Belitung. Even though from the economic point of view, there are also many people who were laid-off. With the Social Security Net (*Jaring Pengaman Sosial*, JPS) activities from the Ministry of Social Affairs and the addition of a Worker Card (*Kartu Pekerja*) applied by President Jokowi, more or less, it could help the economy stretch.

The coordination of Bangka Belitung Provincial Government, especially with small and medium enterprises (MSME) is in line. This means that the Task Force seeks or provides assistance to people exposed or affected by COVID-19 with Regional and State Revenue and Expenditures through MSME in Bangka Belitung. Therefore, MSME is still running until now.

The Provincial Government of Bangka Belitung believes that the integration of the latest technology and cultural-based local wisdom can be a powerful strategy in dealing with COVID-19. Indeed, the Provincial Government of Bangka Belitung cannot walk alone. All components of society that are actively involved make the handling of COVID-19 run according to the plan that has been prepared. As a result, the handling of the COVID-19 pandemic in the Province of Bangka Belitung Islands (Babel) received the best predicate. There are at least five regions

in Indonesia with the title of the best province in handling COVID-19. Apart from Bangka Belitung, those who received the best predicate are DI Yogyakarta, Aceh, West Sumatra and Gorontalo, which was directly announced by the President of the Republic of Indonesia, Joko Widodo.

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BENGKULU

Author:

dr. Iwan Ariawan, M.S.

Resource Persons:

Drs. H. **Rusdi Bakar**, M.Pd. as the Chief Executive of BPBD Bengkulu Province

H. **Herwan Antoni**, S.K.M., M.Kes., M.Si. as the Head of Bengkulu Provincial Health Office

H. **Jaduliwan**, S.E, M.A. as The Head of Bengkulu Provincial Communication, Information, and Statistics Office

Dr. **Toni Maigoda**, S.K.M., M.A. as a lecturer of the Health Science College of Bengkulu

Contributor:

Ferdinand P. Siagian, M.Si.



bengkuluprov.go.id



Interview performed on June 14, 2020



BENGKULU AGAINST COVID-19

Bengkulu, which has the motto "*Sekundang setungguan seio sekata*" is a province with a population of 2,001,578 people. Most of them are farmers, planters, laborers, and traders. Bengkulu residents are accustomed to living by working together as a characteristic of Indonesian society. When COVID-19 pandemic entered Bengkulu region, the spirit of their togetherness was immediately summoned. Starting from the governor to the people in the most remote areas, they all obey and implement health protocols. Various limitations do not necessarily make them give up. In fact, these limitations become a whip for Bengkulu people to continue to suppress the spread of COVID-19. With hard work, Bengkulu has managed to achieve a recovery rate of more than 70%. The key to all handling of COVID-19 in Bengkulu is cooperation, communication and hard work.

■ Introduction

Bengkulu is a province in the Sumatra Island. This province is directly in border to West Sumatra (North), Lampung (South), Jambi, South Sumatra (East), and the Indian Ocean in the west. The province with an area of 19,788.70 km² has 10 districts/cities. This province has a long history with royal culture and local wisdom, as stated in its motto, *sekundang setungguan seio sekata*, which means "no matter how hard the work is, if it's done together, it will feel easy too".

The motto of *Sekundang Setungguan Seio Sekata* is very appropriate for the Regional Government and Bengkulu people to face the COVID-19 pandemic. This motto implies the spirit of mutual cooperation. In

facing the COVID-19 pandemic, mutual cooperation does not mean gathering together to work on something, but a common spirit to face the COVID-19 pandemic.

When the first confirmed case of COVID-19 was detected in Bengkulu Province, all components were immediately on alert. The first confirmed case of COVID-19 was a member of *tablig* (recitation) congregation who came from Lampung and subsequently died in Bengkulu. The Governor of Bengkulu, Dr. Rohidin Mersyah, together with the Head of Regional Police (Polda), Military Resort Commander (Danrem), and elements of the FKPD (Regional Leaders Communication Forum), held a press conference explaining the first confirmed case of COVID-19 in their region. This COVID-19 confirmed case came

to Bengkulu on March 5, 2020 with a group of people. He was treated at Harapan Doa Hospital of Bengkulu City and on March 24, 2020, he was referred to M. Yunus Hospital in Bengkulu for further examination and the results of the examination came back positive for COVID-19.

■ Institution was Established Immediately

Facing the entry of the coronavirus, the Bengkulu Provincial Government formed a Task Force. Bengkulu is the last region in Indonesia to experience the COVID-19 pandemic. The task force was directly led by the Governor of Bengkulu, Rohidin Mersyah based on Governor Decree Number H.171.BPBD Tahun 2020 dated April 4, 2020.

Before the Governor's Decree on the Task Force was signed, upon the Governor's order, in early March, Bengkulu established a COVID-19 Alert. On March 31, 2020, after there was one confirmed case of COVID-19,



So, when there's one positive case, Mr. Governor immediately declared that the status had increased from Alert to Emergency Response for COVID-19. Then, after the issuance of Decree of COVID-19 Emergency Response, we established a command post that operates for 24 hours.

the Governor changed the alert status for COVID-19 to emergency response for COVID-19. The 24-hour standby post command was opened. "In this command post, all task force elements are ready, and an integrated picket is being carried out between the Indonesian National Army, Indonesian National Police, Health Office, Communication and Informatics Agency, Satpol PP, and BPBD," said Rusdi Bakir, Head of BPBD of Bengkulu Province.

■ Together Fighting the Pandemic

As the last area exposed to COVID-19, Bengkulu seems to be very prepared. This province has made preparations in anticipation, including the preparation of health facilities and infrastructure. Several hospitals have been designated as COVID-19 referral hospitals, including M. Yunus Regional Public Hospital Bengkulu, Arga Makmur Regional Public Hospital, and Hasanuddin Damrah Manna Regional Public Hospital, in accordance with the Decree of the Minister of Health. The Provincial Government is also preparing several other hospitals to anticipate a spike in the number of positive cases, namely Bhayangkara Hospital, DKT Hospital, Curup Hospital, Mukomuko Hospital, and Harapan dan Doa Regional Public Hospital, as quarantine places, equipped with dormitories.

In addition to preparing facilities for isolation, the provincial government also provides a laboratory. According to the Head of the Provincial Health Office of Bengkulu, Herwan Antoni, laboratory examinations

could not initially be carried out in Bengkulu, but it had to be done at the Research and Development laboratory of the Ministry of Health in Jakarta. The Ministry of Health and the Central Task Force provided development by adding referral laboratories for COVID-19 examinations, one of which is the Palembang Health Laboratory Center (BBLK). In accordance with the Decree of the Ministry of Health, Bengkulu Province must refer to BBLK Palembang, thus the specimens are sent to that laboratory

BBLK Palembang covers four provinces, namely Bangka Belitung, Jambi, Palembang, and Bengkulu, resulting in accumulation of specimens. Acceptance of laboratory results for Bengkulu Province was hampered, from a maximum of 3-4 days, to 10 days, even two weeks. To anticipate the slow acceptance of laboratory results, the local government made a collaboration with the Faculty of Medicine, University of Andalas in Padang. The delivery of specimens was carried out three times by ambulance, because delivery through air had been closed. The use of the Andalas University laboratory was smooth at first, the results were received within three days but then it slowed down. Finally, Bengkulu Province with the assistance of the task force tried to have its own Polymerase Chain Reaction (PCR) laboratory.

"We are trying to find a way and a solution, and there is an offer from BPPOM because it has a Reverse Transcription Polymerase Chain Reaction (RT-PCR) equipment," said the Head of Bengkulu Health Office. Indeed, it cannot be used immediately, because BPPOM only provides the equipment, and does not include the rooms and personnel. At M. Yunus Hospital,

there is a level 2 Biological Safety Cabinet (BSC) and a room with negative pressure for chemotherapy tests which can be converted into a laboratory.

The local government was working with Bengkulu University which has a microbiology laboratory. Within three weeks, the PCR examination can be carried out in Bengkulu. An alternative examination is also prepared, namely the Molecular Rapid Test (MRT). The Director General of Disease Control and Prevention of the Ministry of Health stated that MRT can be used to test for COVID-19. The MRT examination requires a special cartridge for COVID-19 provided by the Ministry of Health. After Bengkulu has PCR and MRT laboratories, the specimen examination can be carried out independently and the examination results can be obtained more quickly. Handling of isolation and tracking of cases can be done quickly, at the latest two days after the laboratory results. Currently, the existing examination facilities in Bengkulu are one PCR laboratory and three MRT laboratories, which are located at: M. Yunus Hospital, Provincial Regional Health Laboratory, and Curug Hospital in Rejang Lebong. However, the availability of MRT cartridges becomes an obstacle to the use of that kind of examination.

Since the first confirmed case of COVID-19 in Bengkulu until April 19, 2020, there was four confirmed cases of COVID-19 and one person died. There are 586 People under Surveillance or ODP (481 people finished monitoring and 1 person died) and 10 Patients under Surveillance or PDP (2 people finished monitoring and 6 people died). On May 3, 2020, there were additional positive



cases of COVID-19 in Bengkulu. Until now, in total, there are 28 people with PDP status and 11 of them are declared healthy, two people are tested positive, three people are being monitored, and 12 people died. There was an addition of three ODP, thus the total ODP is 672 people, 578 people are finished monitoring and 94 people are being monitored. The sample of swab test that has been examined is 183, with positive cases of 12 people and 88 people are under examination.

Several days after Eid Al-Fitr, on May 28, 2020, there were two more confirmed cases

of COVID-19, bringing the total confirmed cases to 71. In early June, there were no confirmed cases and by the middle of the month, there were several confirmed cases. On June 18, there were three additional confirmed cases of COVID-19, bringing the total to 98. Seventy percent of confirmed cases of COVID-19 have recovered. On June 30, there was one additional confirmed case of COVID-19 and one PDP died. On that date, the total number of confirmed cases was 125, with a recovery rate of over 70 percent.

■ Case Monitoring

Case monitoring is carried out in stages according to the location of the occurrence. If the case occurs in the district/city, it will be monitored by the health office and public health center, local officials, as well as the team in the district/city. If the case occurs in the province, monitoring will be carried out by the provincial and city health offices, including the hospital in the cases occur in the hospital. Like what happened some time ago for instance, when 38 health workers were exposed at M. Yunus Hospital, monitoring was carried out by the hospital. As of early June, the total number of confirmed cases reached 101 people, with 49 percent of the health personnel, the police cluster, the general public, and the *tablig* congregation cluster. The rapid test has been done to 7,550 people, with the following results, 7,407 people are non-reactive and 143 people are reactive.

In addition to tightening the monitoring and supervision, the Bengkulu Province Task

Force continues to educate the residents to continue carrying out activities by complying with health protocols in order to avoid the spread of COVID-19. The culture of mutual cooperation, as the motto of the Bengkulu people, *sekundang setungguan seio sekato*, really helps to suppress the spread of COVID-19 in villages and housing areas.

■ Addition of Referral Hospitals

The confirmed cases which increased in May, were mostly Asymptomatic People (OTG) cases. In fact, so far, the focus of handling COVID-19 cases at provincial referral hospitals is PDP with moderate to severe symptoms. Developments in districts/cities show that most confirmed cases are ODP and OTG.

The large number of medical personnel at M. Yunus Hospital who were exposed to COVID-19 made many non-referral hospitals afraid of providing services to people with COVID-19 symptoms. The Bengkulu Regional Government decided to add more COVID-19

Public Relations Doc. | Bengkulu Provincial Government preparing independent testing device in order to save time for the COVID-19 test examination.



referral hospitals, from 8 hospitals to 13 hospitals. Handling of PDP with mild symptom and OTG can simply be done at home or isolated in a quarantine center designated by the district/city task force.

The case fatality rate in Bengkulu until the end of May 2020 was 5.9%, meaning that there were six people died out of 100 confirmed cases of COVID-19. However, there were 21 people with PDP status who died in hospital. The number of wards and isolation rooms is sufficient. M. Yunus Hospital provides 42 isolation rooms, from previously only 7 isolation rooms.

Before the COVID-19 pandemic occurred in Bengkulu, various preventive efforts had been made, such as educating the public and making preventive and protection efforts. The Bengkulu Provincial Government, starting from the Governor to the Regent/Mayor is making efforts: to increase prevention at the entrance (at airports and ports), to establish five checkpoints on regional borders, and to carry out isolation for People under Surveillance, including two students who were returned from Wuhan, China, in the hospital.

The main obstacle at that time was the inadequate number of Personal Protective Equipment (PPE), so that health workers had to use raincoats as an alternative to PPE. The Health Office also experienced the same thing when tracing the ODP and PDP. The PPE was not available. As a result, they were forced to wear raincoats. Not only problem of PPE, at the same time, many medical personnel at the Public Health Center were not yet equipped with the ability to handle

ODP and had difficulty in conducting monitoring.

The confirmed cases of COVID-19 that increased in May were mostly OTG. In fact, the focus of handling COVID-19 cases at provincial referral hospitals was PDP and confirmed cases with moderate to severe symptoms.

■ Enforcement of Social Restrictions and No Large Scale Social Restrictions (PSBB)

Considering that the spread of COVID-19 does not cover the entire Bengkulu area, the number of confirmed cases is low and the social life of the community tends to be in order. As a result, the Bengkulu Provincial Task Force does not enforce Large-Scale Social Restrictions (PSBB). Bengkulu only implements the health protocol, released by the World Health Organization (WHO) and the Ministry of Health, namely to carry out social restrictions, but in strict manner.

Bengkulu is implementing social restrictions to cut the spread of COVID-19. Bengkulu follows the rules according to national standards, such as dismissing schools, encouraging employees to work from home (WFH), eliminating socio-religious activities, and massive spraying of disinfectants. According to the Head of the Bengkulu Provincial Health Office, PSBB was not enforced because the three basic conditions for determining the PSBB, namely the rapid increase in cases, a wide spread of

cases, and regional readiness are not met. The increase in confirmed cases of COVID-19 only occurred in Bengkulu City. In Bengkulu, there was indeed a spread in eight districts/cities, but the number of cases was very small, averaging under five cases. In addition, local transmission only occurs in Bengkulu City. Bengkulu is also less prepared from an economic perspective to implement the PSBB.

The provincial government continues to implement social restrictions, which is somewhat hampered as there are still many residents who do not understand. Initially, the rejection of social restrictions occurred in Bengkulu. Social activities, including religious and customary activities, such as weddings, are still ongoing. There are not many obstacles in implementing the social restrictions in offices, modern markets and factories. The number of offices and modern markets is not that many and there are no factories with a large number of workers.

However, with the National Police's announcement and gradual socialization, starting from governors, regents, mayors, community leaders, and religious leaders, residents finally accepted the social restrictions. Citizens obeyed the order to avoid activities involving large numbers of people. The spread of COVID-19 in Bengkulu province can then be controlled. The level of community compliance with the social restrictions is quite high. This is evidenced by the number of cases of COVID-19. In Bengkulu, on June 7, 2020, there were no confirmed cases of COVID-19 at all.

■ Public Communications at Front Line

The success of a regulation or policy depends on public communication. Without good communication, it is difficult to implement policies. The culture of togetherness of the Bengkulu people, as the motto of *Sekundang setungguan seio sekato*, meaning "no matter how hard the work is, if it's done together, it will feel easy too", is very helpful.

Togetherness taught by customs and culture, in working and efforts to help each other, becomes the basis of communication. People can feel the suffering of people who are exposed to the virus and understand how COVID-19 is transmitted. People no longer interpret togetherness as gathering, but jointly suppressing and breaking the chain of the spread of COVID-19, including by not gathering and maintaining distance.

Indeed, not all residents immediately comply with the new regulation. Some residents seem to have paid no attention to the ban amid the COVID-19 pandemic. There are still people who worship in congregation, do not wear masks, and do not maintain distance in markets and public places. The Bengkulu Province Task Force did not get



Before we had our own PCR examination, it was difficult for us to handle positive cases quickly because of the delay in receiving the test result.

bored and tired of giving information to the public. Public communication is always carried out by the Task Force with the community, religious leaders, community leaders, and others. Messages are always conveyed in Task Force meetings, or through printed and electronic media.

H. Jaduliwan, who is the Head of the Communication and Information Office of Bengkulu Province and the spokesperson for the Task Force of Bengkulu Province declared that he will not be tired of providing socialization and education to the public. For readiness to face a new paradigm, the Bengkulu Provincial Government is directly involved formally and informally. The governor directly leads this movement to the lowest level and the socialization is carried out massively through various media. All media conveys socialization almost every day.

The Bengkulu Task Force formed monitoring, supervision and law enforcement teams at all levels, from Provincial level to District/City. These teams consist of: members of the National Indonesian Army, Indonesian National Police, and Satpol PP. The governor determined a joint policy with the regent because the only thing that can break the COVID-19 chain is discipline, especially in the use of masks. The governor together with regents and mayors held a movement to distribute masks to the public. The integrated officer will carry out monitoring for two months. Residents who do not wear masks will be summoned, and residents who do not have masks will be given one. Follow-up was carried out again for two weeks. Residents who do not wear masks will be provided with one again, and so on until they are disciplined.



Public Relations Doc. |
Temperature checking process
in Bengkulu for people who wish
to enter public areas.

The governor entered (*blusukan*) places with many health protocol campaigns and monitored people discipline. The governor always distributes masks, while providing education on the prevention of the spread of COVID-19 to traders and visitors of Tanjung Alam and Ampara Manna markets. Since the new normal adaptation stage was enforced, the two markets have been most-visited by residents who are going to shop; however, the health protocols remain to be applied.

"Today, the market conditions are quite busy because this is known as the main center for the people of Kedurang area to conduct buying and selling transactions. Indeed, there are still some traders who do not wear masks, so we are here to provide direct education," said Rohidin. The governor reminded that in order to break the chain of COVID-19, traders and buyers must comply with the protocols and always be vigilant. He gave appreciation to residents who with their own awareness adhere to the health protocols, especially when in a crowd.

■ The Economy during the New Normal Adaptation Era

Nationally, the PSBB policy has a major impact on the economy. However, in Bengkulu, the number of factories is low, thus the impact is not big, especially since Bengkulu people are mostly farmers. For three weeks in the field with Forkopimda, the Governor said that social restrictions in Bengkulu could be relaxed, but must still comply with the health protocols.

The governor always delivers messages for residents to comply with health protocols, such as when visiting traditional markets and mosques. The governor advised the mosque congregation to follow the health protocols, even though congregational prayers were allowed.

The Bengkulu Task Force has carried out socialization and provided education concerning the adaptation of new normal according to instructions from the center. Some community groups misinterpret the easing that was given, especially the younger age group. They gathered together without maintaining a distance and did not wear masks. There were also traders and market visitors who ignored the health protocols. This is a challenge for the Bengkulu Provincial Task Force. The Governor wants



That was what we experienced in the early days when PPE was indeed very difficult to find and the PPE we used in the early days was a stock for the avian flu that was still in the warehouse which number was also limited. But thank God, starting from April, when there was one positive case in Bengkulu Province, the PPE has started to be delivered from the national level and until now our PPE is very sufficient.

the socialization of adaptation to new normal by the integrated team to continue well. The health protocols must be obeyed, so that conditions like in DKI Jakarta do not occur.

■ Involvement of Academicians

The profession that also plays a role in helping to reduce the rate of COVID-19 spread in Bengkulu is academics. Since the beginning of the COVID-19 pandemic in Bengkulu, academics have been involved. Not only involving the Faculty of Medicine University of Bengkulu in various laboratory tests, but they also involve experts from several universities. The main task of academics in the task force team is to review and recommend steps that must be taken. The number of reported confirmed cases of COVID-19 is an iceberg phenomenon. There are many cases in society that are undetected. Mass tests have not been carried out but contact tracing is already underway.

"We are learning about what can contribute to this area. We are working here. So, we talked to the governor, let us try to take an empirical approach, scientifically, based on the WHO regulations, to break this chain with a system," said Toni Maigoda, a lecturer of Bengkulu Health Polytechnic. Furthermore, he said that not only the health approach, but beyond health must also exist because it involves awareness and integration of officers. If this is not done simultaneously, it will be difficult because the hospital will be the foundation. The transmission of COVID-19 must be controlled. Therefore, we propose to the Governor to issue a Governor Regulation (*Pergub*), such as the *Pergub* regarding the use of masks and restrictions in crowd places.

According to Toni, Bengkulu was late in conducting mass tests. The prediction of future epidemics cannot be made without valid data. Therefore, do not say the area is in green zone if there is no empirical



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Religious People
Communication Forum
Appreciates the
Governor for Visiting

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North Bengkulu COVID-19 Task Force Team



evidence and no mass testing. Although the WHO says rapid test is not for diagnosing COVID-19, at least it helps track cases because of the low cost.

Self-isolation cannot be carried out well. Bengkulu must provide a place for adequate isolation, such as Wisma Atlet in Jakarta, so that recovery will occur relatively quickly with maximum health services. Therefore, health and non-health factors must be balanced. This is an input for the Governor to make strategic steps in the future.

"



With the Chief of Police's announcement with gradual socialization from the governor, regents, mayors, community leaders, religious leaders, finally all are accepted. Whereas for such a large number of activities in Bengkulu Province, we see the people are quite obedient towards the social restrictions in the framework of gathering with too many people.

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DI YOGYAKARTA

Author:

Dr. Drs. **Suyud Warno Utomo**, M.Si.

Resource Persons:

Drs. **Biwara Yuswantana** M.Si. as Deputy Secretariat of DIY COVID-19 Task Force

Danang Samsurizal, S.T. as the Coordinator of DIY COVID-19 Task Force Operation Control Center

M. Taufiq, A.R., S.I.P., M.P.A. as Member of Planning, Data and Analysis Division of DIY COVID-19 Task Force

Sugiharto, S.K.M., M.P.H. as the LO between Health Office and DIY COVID-19 Control Acceleration Task Force

Dr. Ir. **Sujono** as Head of Agriculture Department of Pembangunan Polytechnic Yogyakarta

Contributor:

Adonis Muzanni, M.E.M.



corona.jogjaprov.go.id

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YOGYAKARTA COMMUNITY MUTUAL COOPERATION CULTURE IN DEALING WITH COVID-19

Yogyakarta culture often represents a picture of Indonesian people who love mutual cooperation, sharing and engaging in community. A proverb *berat sama dipikul ringan sama dijinjing* (many hands make light work) is very much attached to Yogyakarta people. This was also applied by the people of Special Region of Yogyakarta, which in 2006, 2009 and early 2020 was hit by quite large natural disasters. In fact, with the occurrence of these natural disasters, the community has become stronger and they work together in restoring their areas, their hometowns.

Even in dealing with COVID-19, Indonesia should learn from Yogyakarta. The areas that are rich in local wisdom, such as *sonjo*, *jimpitan*, and *jogo tonggo*, which are in fact able to survive and protect the region from the multi-crisis caused by the COVID-19 pandemic.

■ Atmosphere of Yogyakarta during the Pandemic

Yogyakarta with its specialty creates a million impressions for the Indonesian people, even the world. The Special Region of Yogyakarta is located in the central part of Java Island, which is directly adjacent to the Indonesian Sea in the south, and Central Java Province in other parts.

The Special Region of Yogyakarta, hereinafter abbreviated as DIY, has a long history. DIY is legally formally established through Law no. 3 of 1950 which regulates regions and capitals, types of authority, as well as transitional regulations. DIY is then

divided into several districts, namely Bantul, Gunung Kidul, Kulon Progo, Sleman, and one capital city, namely Kota Besar Yogyakarta.

Artist from Yogyakarta, Joko Pinurbo, describes the specialty of Yogyakarta through his verse, "*Yogya terbuat dari rindu, pulang, dan ankringan*" or Yogya is made of longing, homecoming, and street food.

Based on Law No. 13 of 2012 Article 1 Number 1, Yogyakarta is a region that has special features in the administration of government affairs within the framework of the Unitary State of the Republic of Indonesia. In conjunction with Article 1 Number 4, the leader of the sultanate is

called Sultan Hamengku Buwono. In conjunction with Article 1 Number 8, the elements of the Special Region of Yogyakarta government consist of the DIY governor and regional officials. Based on the article, in conjunction with Article 18 Point 3, one of the requirements to become the governor of Yogyakarta is to reign as Sultan Hamengku Buwono and for the deputy governor candidate to reign as Adipati Pakualam.

Yogyakarta is well known for its friendly people, its culture that is rich with traditional Javanese arts, its wise leaders, and tourist destinations that make anyone want to visit again.

Apart from being the second oldest province in Indonesia, Yogyakarta also has special autonomy compared to other provinces. This status is an inheritance from the pre-independence era, given the great contribution of Sri Sultan to the independence of the Republic of Indonesia. However, of course the specialty of Yogyakarta has not made the area immune to the pandemic that is currently attacking almost all countries in the world. COVID-19 remains a new challenge for the people of Yogyakarta.

In this special region, there is an active volcano which is located in the north and often becomes a direction for the residents. Not infrequently this mountain named Merapi causes earthquakes due to its volcanic activity. The worst earthquakes occurred in 2006 and 2010 which resulted in damage to a number of public facilities there.

From the emergence of various natural events experienced by the people of

Yogyakarta, they subsequently learned how to survive from disasters. Subconsciously, through the habits that were formed there, the community seemed much more alert when a natural disaster hit Yogyakarta. In this case, non-natural disaster, such as the COVID-19 pandemic, also does not escape the vigilance of the residents.

Yogyakarta appointed Kanjeng Gusti Pangeran Adipati Aryo Paku Alam X as the Chief Executive of the Task Force for Handling COVID-19. The Steering Committee for the Task Force for Handling COVID-19 in DIY is carried out by the Governor of Yogyakarta, namely Sri Sultan Hamengku Buwono X.

In his direction regarding the emergency response status for the COVID-19 disaster, Sri Sultan Hamengku Buwono X said that the people of Yogyakarta should be patient, sincere, surrender and carry out sustainable endeavors in dealing with the disaster that is completely different from the earthquake disaster in 2006 and the eruption of Merapi in 2010. The current disaster is invisible, but is as deadly as the natural disasters that had befallen Yogyakarta.

Sri Sultan as the leader of the keraton Ngayogyakarta Hadiningrat also advised to increase awareness, vigilance, and concern, as well as to maintain health, and take



Yogya is made of longing, homecoming, and street food.

- Joko Pinurbo

collective action to get out of this pandemic situation.

There are so many cultural heritage of the Yogyakarta sultanate that is rich with Islamic style that makes this area never empty of visitors, from those who want to watch local arts, such as dance, song, *geguritan*, gamelan, painting, literature, and carvings, as well as architectural treasures such as Tamansari Water Palace, Keraton Yogyakarta, Keraton Pakualaman, Temple of Prambanan, and various museums.

The emergence of the COVID-19 pandemic is a challenge for DIY, where most of its regional revenue is sourced from the tourism sector (24%) and services (26%).

■ From Initial Emergence of Disease to Control

The threat of an epidemic caused by Corona Virus Disease (COVID-19) becomes more real in Indonesia. The latest data and information accessed on July 5, 2020 through the website www.COVID19.go.id, which is the official website of the Task Force for the Acceleration of Handling of Corona Virus Disease 2019 (COVID-19) states that COVID-19 has hit 216 countries, with 10,922,324 confirmed cases, and 523,011 deaths.

In Indonesia alone, data showed that the number of confirmed cases is 62,142, 28,219 are recovered, and 3,089 died. As of Sunday, July 5, 2020, Yogyakarta has 1,889 Patients under Surveillance (PDP). They consisted of 325 people tested positive, 275 of whom were declared recovered and the other 8 died. In addition, there are 108

people still waiting for laboratory test results; of the 108 people, 25 people died. If accumulated, there are 33 people died from COVID-19. They consist of 8 people who tested positive for COVID-19 and 25 PDP who are still under laboratory examination. On the other hand, the total number of People under Surveillance to date is 7,752 people (source: Data from the DIY Regional Government Public Relations report, July 5, 2020)

The first case that occurred in Yogyakarta was officially announced by the local government on March 15, 2020. It was a 3-year old baby who two weeks earlier went with his parents to Depok, West Java. After two weeks of being treated at Dr. Sardjito Central Public Hospital, the baby was declared recovered.

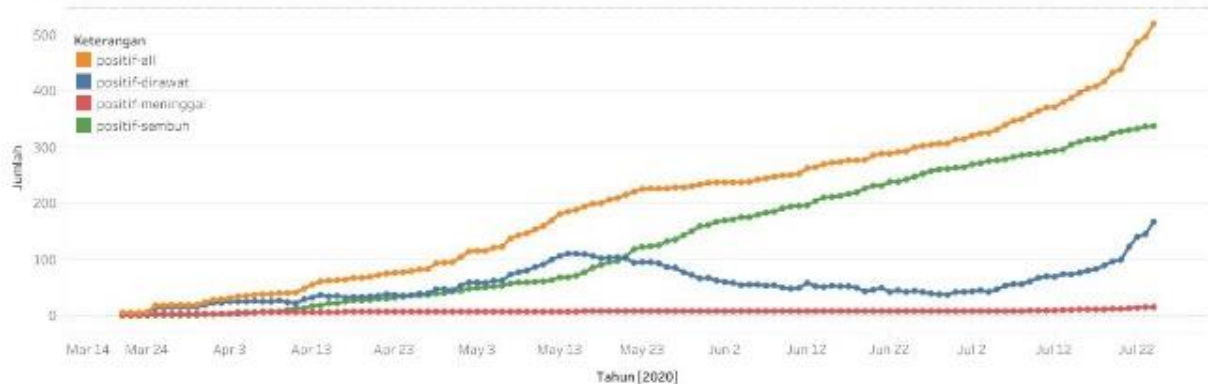
This is the initial phase of COVID-19 entering Yogyakarta. At that time, the Port Health Office participated in screening and early detection at the airport entrances in Yogyakarta, namely Adisucipto International Airport and Yogyakarta International Airport. The Yogyakarta Health Cluster and the Yogyakarta Health Office are also intensifying the socialization of COVID-19 prevention.

In line with the treatment process for the baby, COVID-19 appeared one by one. Then, one month since the official announcement, all COVID-19 cases in Yogyakarta were imported cases from other regions. Therefore, local transmission was not present until then.

Yogyakarta Special Region through a series of coordination meetings led by the Yogyakarta BPBD and the Yogyakarta Health Office, including its follow-ups.

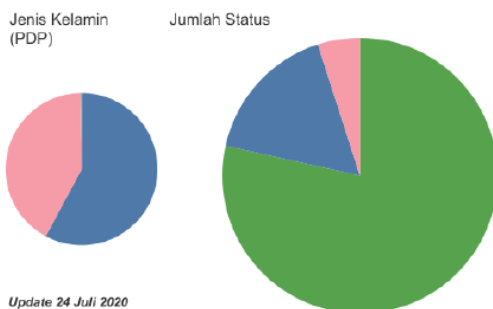
The Governor of Yogyakarta Special Region, Sri Sultan Hamengku Buwono X, has

Trend Positif Covid-19 DIY



Trend PDP Covid-19 DIY

Trend PDP Covid-19 DIY



Currently, COVID-19 in Yogyakarta has spread and it is indicated that it is not only originating from people who have traveled back from other regions, but domestic/local transmission has occurred. Therefore, further handling steps were required, including preparing all related components in DIY.

Preventive and handling measures have been taken by the Government of

also provided direction through the DIY Governor's Instruction Letter Number 2/Instr./2020 dated March 3, 2020 regarding increasing awareness of the risk of transmission of Corona Virus Disease (COVID-19) infection to become the basis for handling the pandemic COVID-19 in the Yogyakarta region. One of the instructions issued was for the Yogyakarta BPBD together with the Health Service, Indonesian National Army and Indonesian National Police, Hospitals and all relevant regional officials to immediately prepare a contingency plan.

■ Insightfulness of People of Yogyakarta is Tested

Basically, the Special Region of Yogyakarta has started preparing for handling cases since the first case occurred in Wuhan. The prepared regional

apparatus starts from the institutional aspect, such as preparing the handling management which is divided into two parts, namely before and after the entry of COVID-19 into DIY.

The period before COVID-19 was marked by the existence of a pre-declared national policy to deal with COVID-19. Institutionally, the government already has a Village Consultative Body (*Badan Permusyawaratan Desa*, BPD). This institutional aspect carries out disaster management, including studies, mapping risk studies, then contingency plans. However, given the multi-hazard risk, a study was conducted that focused on disasters with a relatively large threat in DIY. In this case, the Yogyakarta government apparatus needed to be careful in making a policy by coordinating as closely as possible through the preparation of coherent and clear regulations and the implementation that is according to standard health protocols.

All regulations related to the handling of the COVID-19 pandemic have been made, among others, DIY Governor Instruction Number 2/Instr./2020 concerning Increased Awareness of the Risk of Corona Virus Disease (COVID-19) Transmission, Governor of DIY Decree Number 64/KEP/2020 concerning Establishment of a Task Force for Handling Corona Virus Disease 2019 (COVID-19) for the Special Region of Yogyakarta as recently amended by the Decree of the Governor of Special Region of Yogyakarta Number 78/KEP/2020 on Amendment to the Decree of the Governor of the Special Region of Yogyakarta Number 64/KEP/2020 concerning the establishment of a task force

for handling Corona Virus Disease 2019 (COVID-19) of the Special Region of Yogyakarta, and the Decree of the Governor of Yogyakarta number 65/KEP/2020 concerning Determination of Corona Virus Disease 2019 (COVID-19) Emergency Response Status in the Special Region of Yogyakarta.

The existence of two Governor Decrees regarding the institutional task force was due to the Governor's first Decree which came before the national policy, so that later when the national policy was issued, the DIY apparatus made an adjustment.

Regarding the budget allocation policy for handling the COVID-19 case in Yogyakarta, in March, the officials have calculated the top up of the expenditure budget from the variable budget. Then, a Presidential Instruction No. 7 and Presidential Instruction No. 9 of 2020 were issued concerning refocusing or transfer of APBN and APBD expenditure budgets to respond to the handling of COVID-19 in the amount of 14.8 billion.

The DIY officials is accustomed to working together so the new regulations issued must be adjusted to the DIY culture which handles cases by way of collaboration or mutual cooperation. However, the people of Yogyakarta through their noble culture have become the main bulwark in handling COVID-19 in DIY.

Through the application of the principle of mutual cooperation such as humanity, transparency, and involving all parties, the DIY officials prepared a support scheme for the community through village officials that include: Villages Responsive to Covid-19

(Destavid), Social Aids for Affected People, and Village-Based COVID-19 Surveillance.

From there, 438 Destavid were formed, one of which was to conduct training for Destavid volunteers with the DIY Disaster Risk Reduction Forum (PRB) and Operation Control Center of BPBD of the Special Region of Yogyakarta. For social aids, the DIY officials have prepared top ups for 169,383 households in the April-June period. In terms of supervision, the DIY officials also involve the role of Public Health Center throughout DIY in collaboration with Babinsa and Babinkamtibmas in all villages in DIY.

The role of youth organizations, in this case, cannot be underestimated because they are the ones who are on guard every day for 24 hours, providing warning boards and check points when a stranger enters their territory.

From that picture, we can see the residents' awareness of the dangers of the pandemic that could threaten their hometown. The sense of belonging of the

residents is also a key factor that can reduce the spread of COVID-19 in the region.

What is done by youth organizations in handling COVID-19 is a form of the local culture of the people of Yogyakarta called *jogo tonggo*. The term is defined as a measure of coordination and attention of citizens to economic, health, educational, social and security issues. It is not only discussed; the residents also have joined to find solutions. For example, when a resident falls ill and needs funds, the residents who have excess material voluntarily lend their car to take the resident to the hospital. Or, when there are residents visiting, the host is obliged to provide treats that are not burdensome. The point is that there is reciprocity and attention from fellow citizens.

The DIY community is basically used to being involved in disaster management, from volcanic eruptions, earthquakes, to the COVID-19 pandemic which has been going on for more than two months. Therefore, the community is mentally ready from the



highest to the lowest level, namely the household (RT).

The DIY Regional Disaster Management Agency also manages the Villages Responsive to COVID-19 Program. Previously, Disaster Resilience Villages Program was already formed. Through the culture of mutual cooperation, the people of Yogyakarta are in the front guard in protecting their hometowns from natural and non-natural disasters.

As mentioned above, the people of Yogyakarta already have experiences and lessons from the past, starting from responding to disasters, recovery, rehabilitation and reconstruction. So, when COVID-19 emerged and became a new disaster in Yogyakarta, the community was ready. This can be seen from the very low mortality rate in Yogyakarta.

In this case, Yogyakarta already has social capitals in the form of Destana-Destana, Katana, Disaster Resilient Villages, Disaster-Prepared Village, and various disaster volunteer movements.

The readiness of Yogyakarta residents can also be examined institutionally through

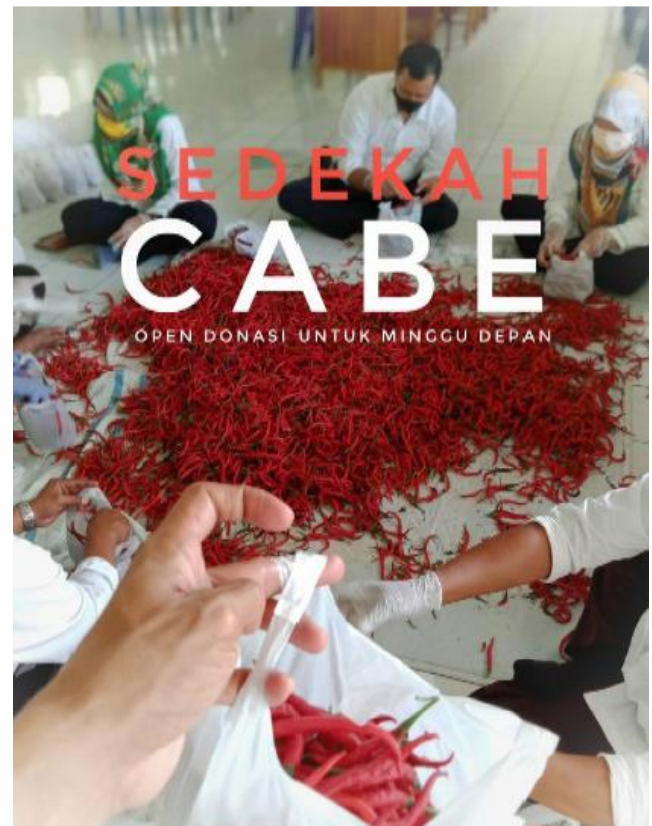


“Ngluruk tanpa bala, perang tanpa tanding, menang tanpa ngasorakke.

Fighting without bringing the masses, going to war healthily without using violence, win without underestimating or humiliating

initiative documents in 438 villages throughout Yogyakarta, starting from village head regulations, even to the community level, such as RT agreements on all results of meetings of RT residents and RT administrators. When they manage the community, what is done by local governments, whether it is DIY or district/city governments, is provide education in the form of conveying information through posters and pocket books.

Special | Image Source: Academics. Dr. Ir. Sujono, MP. Agricultural Development Polytechnic Yogyakarta.



■ People's Economy Concept

In the economic field, DIY has made plans based on the Decree of the Governor of Yogyakarta Number 78/KEP/2020 regarding the establishment of a Task Force for Handling Corona Virus Disease 2019 (COVID-19). The Economic Sector, which is led by the Assistant Regional Secretary for the Economy and Development Sector, has tasks including preparing action plans in the economic sector, ensuring the resilience of the community's economy, and preparing daily reports and final reports on the implementation of the economic sector.

The resources for handling the COVID-19 case in DIY are the Regional Revenue and Expenditure Budget (APBD). It is prepared after knowing the emergency response operation plan through the action plan that will be carried out.

This concept is divided into two, namely what is to be realized and how to implement it technically in the framework of breaking the chain of spread to handling the patients. The APBD budget given to DIY is 14.8 M.



DIY actually has enough experience to deal with disasters. So far, DIY tools prioritize the strength of the community. The community-based rebuilding of Yogyakarta known as the spirit of *Gotong Royong Guyub Rukun* with the residents. In this case, the government plays a more role as a facilitator and the community as executors in the field. This approach turned out to be quite good, as happened in previous natural disasters. Post-disaster recovery feels faster with handling that is left to the community and the government as a companion.

The spirit of *Gotong Royong Guyub Rukun* is also manifested in food and economic security. With regard to economic problems, the people who are affected, even though on a micro scale, are aided by the government, communities, and even individuals who live in their neighbors and in the community.

The forms of cooperation are very diverse and between regions, for example, in marketing activities, assisting in terms of transportation, mobilization, and so on.

In addition, in order to make sure that social assistance is not misplaced and there is no duplication, DIY has overlaid the population data. The social service does not work alone, but is supported by the Ministry of Communication and Informatics to perform data cleansing.

Economic problems are not only faced by the informal sector, the formal sector, such as offices and commerce are also affected. Therefore, the government has currently collected data on the affected businessmen and traders, which later found that nearly 30,000 business groups in

Private Doc.

The activity of small food vendors in schools processing mangrove seeds during the pandemic due to school holidays.



Yogyakarta were affected by the COVID-19 pandemic. The majority of them were due to cancellation of orders, including the cancellation of exports experienced by local farmers.

Looking at the problem, the DIY government then encouraged State Civil Apparatus to buy agricultural products and the products are offered to the State Civil Apparatus within the local government.

There are several examples of uniqueness in Yogyakarta in facing the COVID-19 pandemic that prioritizes the spirit of mutual cooperation, both among residents and residents with the community:

► Export of Thorny Palm is Cancelled

Sleman has long been known for its *salak pondoh* (thorny palm), not only in Indonesia, but also overseas. When you come to Yogyakarta, it is a tradition to have the fruit of *salak pondoh*, apart from *gudeg* Yogyakarta. The taste is sweet and very distinctive, making *Salak Pondoh* have an advantage.

Before the COVID-19 pandemic occurred, there was a cooperation agreement to export *salak pondoh* to other countries. Due to the emergence of COVID-19, *salak* that was ready to be exported was

then canceled and was even threatened to rot.

Wisely, the Sleman Regional Government asked the State Civil Apparatus (ASN) to buy the fruit. They left it to the ASN regarding its distribution. Finally, in droves and in coordination, the ASN bought the *salak* fruit so that *salak* farmers could still enjoy the results. *Salak* which had been canceled for export was sold out, even other *salak* fruits were also bought.

The story is that apparently the *salak* bought by the ASN was distributed to local residents, for example, neighbors and relatives. From this, it can be seen how the spirit of sharing and mutual cooperation with the people of Yogyakarta is extraordinary. Thus, the *salak* farming community is helped through local government policies.

■ Price Drops during Chili Harvest

Similar to the situation with *Salak Pondoh*, the people in Bantul and Kulon Progo during the COVID-19 Pandemic, or precisely in March, were harvesting chilies. The price of chilies spontaneously fell to IDR 4,000 per kg. This is really unnatural because for the fee of picking itself, it is not enough. With a picking fee of IDR 80,000 per day, while the picking result is 25 kg per day. This

means that there is IDR 25,000 x IDR 4,000 = IDR 100,000 and the remaining 20 thousand rupiah is the production cost that is clearly insufficient. This condition, if not careful, can be used by wholesaler to buy up all the chilies.

The role of ASN in the two districts was to buy the chilies at a price of IDR 10,000. Of course this movement is very helpful for farmers because the chilies were bought at a reasonable price. Finally, the farmers became more enthusiastic about planting chilies and the chili farmer's economy did not suffer.

■ **Assisting Small Company Employees**

The unique thing that also happens in Yogyakarta society is the extraordinarily sincere attention of the residents. They prioritize the understanding and attitude of *legowo* rather than ego. Therefore, residents who are poor become the attention of rich people. For example, when there are residents who are building during the Covid-19 pandemic, they always pay attention to the surrounding workforce even though the quality is inadequate, whether they are constructors, construction workers, gender workers, and so on. This is done in order to help fellow residents.

There is a story of a driver whose wife was selling packaged rice. Due to the condition of COVID-19, sales was stopped because there were no buyers. One of the driver leaders found out about it and then bought the packaged rice in large quantities, to then distribute the rice to his subordinates. The leader also invited the driver to have a meal with the packaged rice bought from his own wife.

Immediately, the incident caused a sense of empathy to other employees. This then led to participations of the subordinates of the leader and they started to buy a certain amount of packaged rice. It was immediately paid and ordered that the order should be distributed to *becak* drivers and residents in need. This activity subsequently developed and became a citizen movement.

Another story is experienced directly by the author who interacts with small food vendors at school. Because the school was closed for several months, it made them unable to make a sale. They were also given activities in the form of harvesting mangrove seeds which had been rarely used. Besides being edible, mangrove seeds can also be made into flour which has good nutritional content.

■ **Online Delivery Fee**

The role of the Government in dealing with COVID-19 to online motorcycle drivers and weak economic entrepreneurs is also quite large. The government makes shipping of goods free if it is ordered via online motorcycle drivers because the government will pay for it through the Social Service. This is to help entrepreneurs from the middle to lower economic groups to develop more, especially those affected by COVID-19.

It turns out that there are those who are creative enough to take advantage of this system by registering cheap groceries by visiting stalls around Yogyakarta. After having a list of prices from several stalls, the list is then spread through social media. If someone orders, then the order will be submitted to the shop that provides the

goods and then the goods will delivered for free via online motorcycle drivers. Thus, there was mutual assistance between shop owners and online motorcycle drivers.

■ **Sharing of Wood for Fuel**

It is undeniable that during the COVID-19 Pandemic, the purchasing power of the community decreased, including buying natural gas. The people who have so far switched to natural gas, as their ability to buy gas has decreased, have returned to wood fuel.

There are residents who have a large enough garden with enough wood to allow the surrounding community to take the firewood they have. This is because if the firewood is sold, the value will be insignificant, so it is better if the wood is distributed to people who need it. As a result, some people who switch to firewood are able to collect firewood from their neighbors at the request of the firewood owners.



Ing Ngarsong Tulodo, Ing Madya Mangun Karso, Tut Wuri Handayani,

Giving examples in the front, building enthusiasm in the middle, and giving encouragement from behind.

■ **Public Health and Technological Innovation**

In his direction, Sri Sultan Hamengku Buwono X conveyed the reallocation of the COVID-19 budget of 800 million to 2 billion rupiah and it must be prioritized to the health of the people of Yogyakarta.

In a pandemic situation like this, public health and the people's economy are interrelated, given the nature of this pandemic which is easy to spread and can attack anyone, especially the elderly and toddlers, with respiratory complaints that can cause death.

DIY has 78 public and private hospitals, 27 of which have the ability to handle COVID-19 patients, including Yogyakarta City Regional Hospital, PKU Muhammadiyah Yogyakarta Hospital, Dr. Sardjito Central Hospital, Wates Regional Public Hospital, Panembahan Senopati Regional Public Hospital, and Wonosari Regional Public Hospital.

The availability of beds in the hospital for critical patients or those who need a ventilator is currently only 16% used of the total capacity. Likewise, noncritical isolation beds that do not require a ventilator are currently 32% used of the total capacity.

The laboratory for examining specimens was initially hampered because it only relied on the Technical Center for Environmental Health and Disease Prevention. Now, the Center is assisted by the presence of the UGM micro. Therefore, the time to wait for the swab test, which previously took about a week, became only 3-4 days.

A workshop in Yogyakarta is also developing a tool called "*sedoti*" which comes from the word suction. This tool is the work of Trirudito and Suyud Warno Utomo.



The function of this tool is to suck air into an ultraviolet light tube and heat it to a temperature above 100 degrees Celsius so that it is expected to be able to sterilize the air of a room from COVID-19. So far, lab trials have succeeded in reducing microbes by up to 90% after the air was inserted into the tube and heated at a temperature of 150 degrees Celsius for 1.5 hours. The tool is currently still waiting for the production and distribution permit, and if the permit has been issued, then this is a form of innovation for the Yogyakarta residents in dealing with COVID-19.

■ Local and Community Wisdom

Yogyakarta is known for its local wisdom. One form of local wisdom recorded on the official WHO website as a form of COVID-19 prevention is *sonjo* culture.

Sonjo can be interpreted as friendship between residents. In practice, residents gather at the guard post called *cakruk* after the Isha prayer or around 8 to 10 pm. It is in the gathering that residents discuss funding, the provision of public facilities such as tents, chairs, and household equipment such as cups and plates.

Of course, the *sonjo* culture is adapted to the COVID-19 protocol, meaning they should wear a mask and maintain their distance when gathering. What is interesting about this culture is that there is solidarity between people and they will know when there are other residents who need help, given that COVID-19 requires special handling. One of them is by sharing and working together to help people who are in trouble.

No less interesting than the *Sonjo* culture, is *jimpitan*. The description of the *jimpitan* is as follows:

Every house in Yogyakarta usually puts a pinch of rice or about a quarter the size of a cup in the afternoon on the wall next to the entrance door of the house, to be picked up by the patrol officers at night. If there are 100 households in a village, 10-15 kilograms of rice will be collected. Of course this is a very large amount if multiplied by several months, especially if converted into money.

Currently the rice has been replaced with money. Not that much, people only need to provide 500 rupiah to be taken by the night patrol officer, which, if multiplied by 100 families in one village, can be collected to 50 thousand rupiah for one night. Imagine how much money is collected if you multiply it by 30 days, even 365 days? Of course, this amount is large enough to buy village inventory, such as tents, chairs, plates, glasses, and a sound system.

This is what DIY officials feel in dealing with disasters. Limited government funds are not a problem because the average citizen helps to donate funds. It could be that these funds come from the culture of *jimpitan*.

Jimpitan in handling COVID-19 can be in the form of PPE which can then be distributed to residents, or to build a COVID-19 emergency command post.

The role of villages is also very significant in preventing COVID-19, especially for residents who want to enter the Yogyakarta region. In this case, the local RT is tasked with picking up both at the airport and terminal, including supervising and providing for their needs during self-quarantine.



"Sepi ing pamrih, rame ing gawe

Don't seek for profits, just contribute in working.

The DIY residents have quite a number of community-based movements aimed at various aspects of society, from the economic aspect to the health aspect. Like the creation of a marketplace that makes selling and buying transactions easier without having to directly meet during the COVID-19 pandemic. From the merchant's point of view, this marketplace makes it easier for them to market their products. Meanwhile, from the community's point of view, they are also helped and find it easier to find their daily needs without having to feel afraid to leave the house, because the transaction process is carried out online.

Another movement is carried out in the form of fund raising and crowd funding which fund is then be used to purchase food for the affected people.

In addition, the community that was formed in Yogyakarta has also held donations that will be used for hospital needs, namely personal protective equipment (PPE). It is not over in the movement to collect donations, the community has also created a movement called "*Mama Jahit*", where all people who have the ability to sew are encouraged to make masks because of the rarity of masks at the beginning of the pandemic.

These movements have made the government and society work together in handling COVID-19.

The conclusion is that DIY is unique in dealing with COVID-19 by taking a collaborative approach with the term *pentahelix*, meaning that the government cannot respond to extraordinary events independently. They need collaborative

cooperation with the residents. From this, it can be seen that the innovations that occur in Yogyakarta are dominated by mutual cooperation as a form of DIY local wisdom.

■ Special Yogyakarta: A Lesson Learned

Through the COVID-19 pandemic, the people of Yogyakarta then learned to get to know the strengths and potentials of their regions, such as preparedness in dealing with disasters as seen from the quick response of DIY officials that preceded the Central Government in handling COVID-19.

In addition, the DIY officials have also succeeded in providing education or information to the public regarding the COVID-19 protocol, especially aspects such

as the use of masks, the habit of washing hands with soap, and maintaining distance.

The high number of travelers entering DIY can also be controlled through the quarantine shelter as a filter fort for possible virus carriers entering the Yogyakarta region. This rapid screening is managed by the social affairs office.

The DIY BPBD team also learned valuable lessons related to crisis management during a pandemic that did not exist before. It includes an in-depth study of training materials for emergency response management.

During this pandemic, there was a close relationship between the DIY officials and the people of Yogyakarta. This can be seen from the support from the business world, the community, and academics for the DIY

Public Relation Doc. | Sri Sultan Hamengku Buwono X reviewing the Independent Lab Test to speed up the test process in Yogyakarta



officials, which of course improves the work performance of the ASN.

In brief, DIY applies a community-based policy for handling and preventing COVID-19 which is sourced from data and incidents (based on data, based on evidence). Apart from that, Yogyakarta also has social capital, so that the local wisdoms formed in this area are diverse and from generation to generation.

Community solidarity in Yogyakarta is also getting stronger starting from RT, to villages, and even to individuals, helping each other and building mutual cooperation in Villages, Sub-Districts, Districts/Cities, and in the Special Region of Yogyakarta.



PROTOKOL KESEHATAN PENANGANAN COVID-19

Jika anda merasa **tidak sehat** dengan kriteria **Demam 38° Celcius** dan **Batuk/Pilek**,

- Istirahatlah yang cukup di rumah dan bila perlu minum obat
- Bila keluhan berlanjut, atau disertai dengan kesulitan bernafas (sesak atau nafas cepat), segera berobat ke fasilitas pelayanan kesehatan (fasyankes)

Pada saat berobat ke fasyankes, Anda harus lakukan tindakan berikut:

- Gunakan masker
- Apabila tidak memiliki masker, ikuti etika batuk/bersin yang benar
- Usahakan tidak menggunakan transportasi massal

Geser menuju slide berikutnya ▶

Jika anda merasa **sehat**, namun:

- Ada riwayat perjalanan 14 hari yang lalu mengunjungi negara terjangkit COVID-19, **ATAU**
- Merasa pernah kontak dengan penderita COVID-19,

Hubungi Hotline Center Corona :

0274 - 555 585
0811 2764 800

PROTOKOL KESEHATAN PENANGANAN COVID-19

1 Tenaga kesehatan (nakes) di fasyankes akan melakukan **screening suspect COVID-19**

Jika **memenuhi kriteria suspect COVID-19**, Anda akan dirujuk ke Rumah Sakit rujukan yang siap untuk penanganan COVID-19.

Jika **tidak memenuhi kriteria suspect COVID-19**, Anda akan dirawat inap atau rawat jalan tergantung diagnosis dan keputusan dokter

2 Selanjutnya anda akan diantar ke RS Rujukan menggunakan ambulans didampingi oleh nakes yang menggunakan alat pelindung diri (APD).

Di RS rujukan, akan dilakukan pengambilan spesimen untuk pemeriksaan laboratorium dan dirawat di ruang isolasi

3 Spesimen dikirim ke Badan Penelitian dan Pengembangan Kesehatan di Jakarta. Hasil pemeriksaan pertama akan keluar dalam 24 jam setelah spesimen diterima.

Jika hasilnya **NEGATIF**, Anda akan dirawat sesuai dengan penyebab penyakit

Jika hasilnya **POSITIF**,

- Anda akan dinyatakan sebagai **Penderita COVID-19**
- Sampel akan diambil setiap hari
- Anda akan dikeluarkan dari ruang isolasi jika pemeriksaan sampel dua kali berturut-turut hasilnya negatif

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GORONTALO

Author:

Dr. Robiana Modjo, S.K.M., M.Kes.

Resource Persons:

Drs. **H. Rusli Habibie** M.A.P as Governor of Gorontalo Province

Dr. **Sumarwoto**, M.Sc. as Secretary of Task Force and Head of Gorontalo Provincial BPBD

Syarif Potutu as Head of the Local Administrator of Indonesian Occupational Health Expert Society of Gorontalo Province

Contributor:

Devi Partina Wardani, S.K.M., M.K.K.K.



[dinkes.gorontaloprov.go.id/ COVID-19](https://dinkes.gorontaloprov.go.id/COVID-19)



Interview performed on June 19, 2020



HUYULA DAN BELEUTO: LESSONS LEARNED FROM THE PANDEMIC

Gorontalo is a new province in the Sulawesi region that has not escaped the pandemic attack. There have been at least 537 positive cases in Gorontalo since the first case in April to July 2020. This figure places Gorontalo as a province with moderate positive cases of COVID-19. Although it is still increasing, recently the number of patients who have recovered is five times more compared to those who are positive. This is due to the local wisdom of the Gorontalo people in "embracing" COVID-19.

■ *Serambi Madinah at a Glance*

Who does not know a figure like B.J. Habibie and H.B. Jassin? They are famous figures in their fields. If we look back on their origins, we will find the word "Gorontalo" behind these big names. The more we think about it mentioned, the more big names appear as so many national figures of the Republic of Indonesia are originated from Gorontalo.

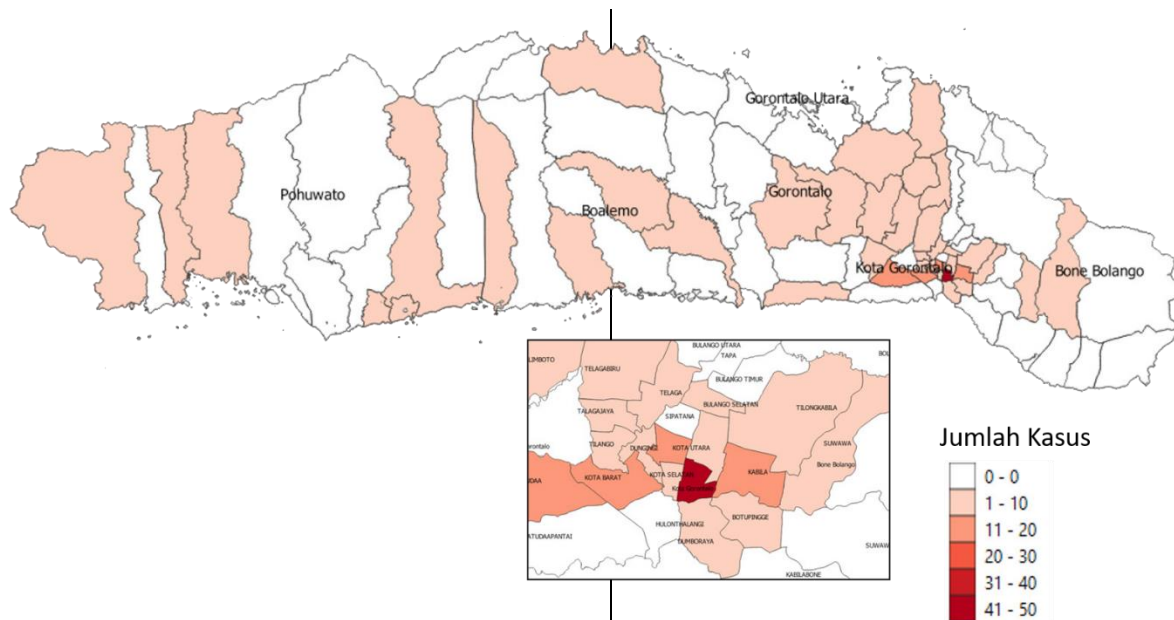
B.J. Habibie is the first President of the Republic of Indonesia who came from Gorontalo, representing a part of eastern Indonesia from his father's lineage which has the Habibie clan, namely Alwi Abdul Jalil Habibie. This clan is one of the original clans in the Pohala'a social structure, which is the kingdom and kinship in Gorontalo. The people of Gorontalo are so proud of him that a BJ Habibie statue monument showing him

holding the plane was built to commemorate him.

Gorontalo is part of the Wallacea region, which on December 5, 2000 became the 32nd Province of the Republic of Indonesia. This is based on Law Number 38 of 2000 on the Establishment of the Gorontalo Province. The capital of this province has the same name, Gorontalo.

Gorontalo is known by its nickname "*Serambi Madinah*" or the Veranda of Medina. This province is located on the Gorontalo Peninsula on the island of Sulawesi, precisely in the western part of North Sulawesi Province. The area of Gorontalo Province is 12,435.00 km² with a population of 1,166,142 people (2018) and a population growth rate of 0.91%.

The administrative region of Gorontalo Province consists of 1 city and 5 districts, i.e.



Gorontalo City and Gorontalo District, which is the original district, which is later divided into Boalemo District, Pohuwato District, Bone Bolango District, and North Gorontalo District.

The agriculture, fisheries and services sectors are sectors that are relied on in this province because they provide large contribution to local revenue.

In the agricultural sector, Gorontalo is an agricultural area that varied from flat topography to hilly and mountainous. Thus, various types of food crops can grow well in this area. There are even some people who call this province an agropolis.

As for the fisheries sector, the marine area in Gorontalo Province, especially in Gorontalo Bay or Tomini Bay, holds a lot of fishery potential because it is the only bay that is traversed by the equator. Fishery and marine are the leading sectors for Gorontalo Province which has a long coastline, which is about 590 km.

Due to its strategic position and the existence of the Gorontalo Peninsula as a trade center since a long time ago, the people of Gorontalo have a culture of *moleleyangi* or 'migration' with the greatest spread of Gorontalo ethnic in North Sulawesi, Central Sulawesi and East Kalimantan along with the expansion of their trade.

Although they love to migrate, the people of Gorontalo have never forgotten the philosophy of life that they believe in and hold firmly to this day, such as "*mohuyula*" or working hand in hand and mutual cooperation, "*mopotuwawu kalibi, kauli, wawu pi'ili*" or unifying hearts, words, and deeds, as well as "*Batanga pomaya, nyawa podungalo, harata potombulu*" or bodies to defend the homeland, souls are at stake, wealth is for the benefit of the people.

This philosophy of life is also what the Government and the people of Gorontalo hold firmly in the midst of the global pandemic referred to as COVID-19 pandemic. The pandemic affects more than

12 million people and spreads in more than 213 countries and destroys various lines of life not only health, but also economic, social, and cultural aspect. Now, people are even required to be able to adapt new habits as a form of complying with the health protocols considering the very fast spread of COVID-19.

Through this paper, the author wants to share information and experiences on how the Gorontalo Provincial Government has performed the prevention, management, and recovery of positive cases of COVID-19.



The people of Gorontalo have never forgotten the philosophy of life that they believe in and hold firmly to this day, such as "*mohuyula*" or working hand in hand and mutual cooperation, "*mopotuwawu kalibi, kauli, wawu pi'ili*" or unifying hearts, words and deeds, and "*Batanga pomaya, nyawa podungalo, harata potombulu*" or bodies to defend the homeland. souls are at

■ Performance of Public Health Center in Pandemic Control

April 8, 2020 was the date recorded as the time the COVID-19 pandemic first entered Gorontalo. This also indicates that positive cases of COVID-19 have been identified in all provinces in Indonesia.

The journey of managing positive cases of COVID-19 in Gorontalo Province started when a group of 300 people carried out religious activities in Gowa, South Sulawesi. At that time, the Government immediately registered the names of people traveling to Gowa and immediately quarantined them at the Gorontalo City Hajj Mess, which was not used at that time. There were 181 people isolated in the Hajj Mess of Gorontalo Province at that moment.

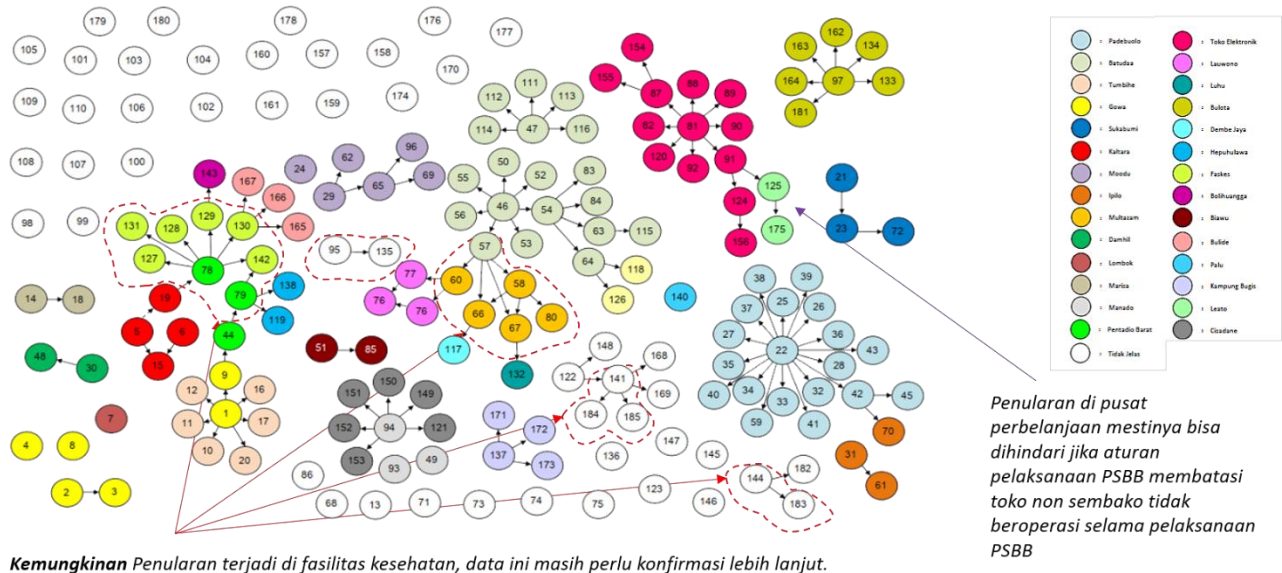
The government then carried out the tracing of positive cases of COVID-19 and new clusters emerged in each district/city. Among the clusters are the North Kalimantan (Kaltara) cluster, which involved a passenger of the Sabuk Nusantara Ship. In this case, the passenger was immediately isolated and only infected his family and one masseuse.

In addition to the Kaltara cluster, there was also Lombok cluster which only infected one person so that the cluster stops spreading. Then, there was also Sukabumi cluster which then spread to several people and formed a new cluster.

Apart from the imported cases, there are also local transmissions occurring in Bua Village, Batudaa Sub-District, Gorontalo District which infected quite a lot of people.

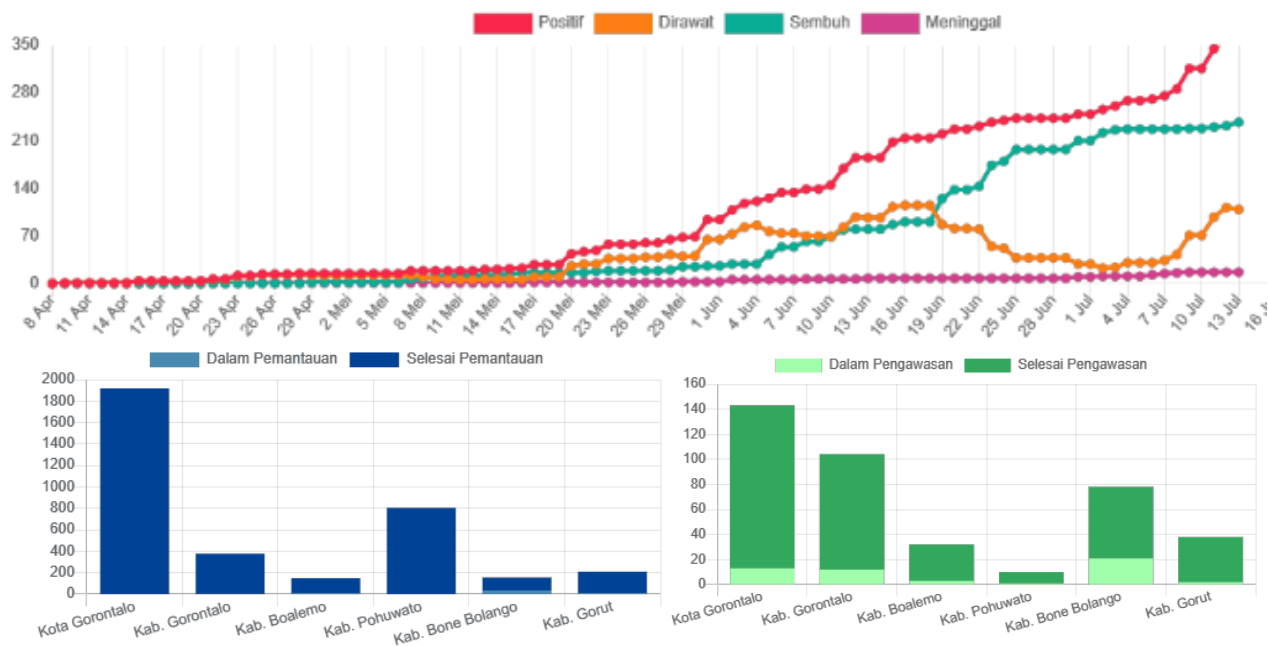
As of July 14, 2020, there were 363 positive cases of COVID-19 in Gorontalo Province, with details of 109 patients still being treated, 237 people were declared

recovered, and 17 people died. There were 52 People under Surveillance (ODP) out of a total of 3,609, and 52 Patients under Observation (PDP) out of a total of 405 PDP.



Kemungkinan Penularan terjadi di fasilitas kesehatan, data ini masih perlu konfirmasi lebih lanjut.

The figures reported almost every afternoon by the Gorontalo Province Task Force are referred to as official cases or cases reported based on tracking from previous cases and have gone through a swab test.



Based on the regional graphic above, it can be seen that Gorontalo City occupies the highest position with the highest number of cases in Gorontalo Province, followed by Gorontalo District, Bone Bolango District, North Gorontalo District, Boalemo District, and Pohuwato District.

To deal with these cases, the Gorontalo Government has prepared a number of health facilities, such as 2 COVID-19 referral hospitals, namely Prof. Dr. H Aloei Saboe Regional Public Hospital in Gorontalo City and Hasri Ainun Habibie Hospital which already have isolation room facilities and were inaugurated on June 16, 2020. These referral hospitals are for patients in very severe condition.

The Gorontalo Government has also prepared 6 local government general hospitals in each district/city, 1 provincial hospital in Gorontalo District, 1 laboratory located in Gorontalo City, and 1 pulmonologist. Especially for pulmonologist doctors, the Provincial Government of Gorontalo has made efforts by proposing additional doctors. At the start of the pandemic, Gorontalo Province did not yet have a single laboratory that could examine samples of suspected COVID-19 cases, so they had to send these samples to Jakarta and Makassar. Of course this took a long time because they need to wait the plane to enter the area.

Even though they only have 1 laboratory for one Province of Gorontalo, the condition is much better in terms of speed. The Gorontalo Food and Drug Supervisory Agency (BPOM) also stated its readiness to performed the real-time Polymerase Chain

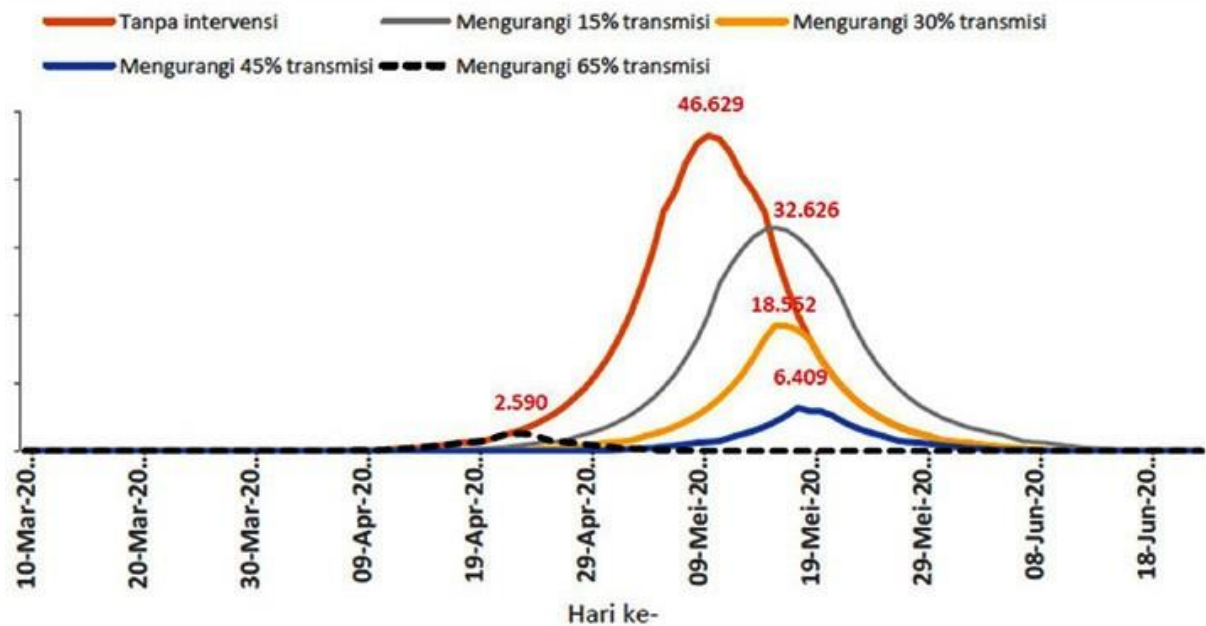
Reaction (PCR) swab test. This was conveyed in a press statement from the Information and Communication of Health Office of Gorontalo Province during a laboratory location review by the Task Force for the Acceleration of Handling COVID-19. The RT PCR examination laboratory is developed under a collaboration between Gorontalo BPOM and local governments to accelerate the handling of COVID-19 in Gorontalo Province.

The Gorontalo government has also received 37,260 sets of rapid test consisting of 2,400 sets of aids from the Indonesian Ministry of Health, 4,800 aids from the Central Task Force, 30,000 procurements from the Gorontalo Provincial Government, and 60 sets of aids from PT Tri Ariesta Dinamika.

The ability of laboratory test equipment in Gorontalo Province is quite sophisticated which uses a robotic mechanism that can speed up examinations by up to 4 hours. So, there is no need to wait for 1 or 2 days. The average test capacity per day in the laboratory is 100 samples per day, divided into 50 samples in the morning session and 50 samples in the afternoon session.



At the start of the pandemic, Gorontalo Province did not yet have a single laboratory that could examine samples of suspected COVID-19 cases, so they had to send these



For isolation and control rooms, the Gorontalo Provincial Government has prepared 350 rooms in the Hajj Mess of Gorontalo City, Wisma Atlet and David-Tony Sports Hall for Gorontalo District, Education and Training Center for Boalemo District, Education and Training Center for Pohuwato District, LPMP for Bone Bolango District, and schools for North Gorontalo District.

Large-Scale Social Restrictions (PSBB) are considered as a way to hamper the transmission, since PSBB is an available and legal instrument to be applied as an intervention policy in handling the pandemic. It is an intervention to hamper and delay, not to eliminate the cases. This is seen based on R_0 which is the reproductive number or potential transmission of COVID-19.

The increase in the R_0 number relates to many factors, such as the behavior of people who neglect wearing masks to maintaining distance. In COVID-19, the higher the number, the more transmission will occur.

R_0 is an ideal but controllable mathematical calculation. It is called controlled if R_0 is getting closer to zero.

The evaluation results from the Gorontalo Provincial Government showed that before the first phase of the PSBB, the R_0 was at 2.74. After the first phase of the PSBB, the figure decreased to 2.58. This means that one person can infect 3 people. In the second PSBB evaluation, the R_0 fell once again to 1.59, meaning that 1 person could infect 2 people. The more people adhere to the protocol, the lower the R_0 number will be.

To make the R_0 below 1 (<1), the Provincial Government of Gorontalo carried out maximum effort of case tracking. All those who had a history of contact with positive patients, as well as those who had contact with positive patients up to 3-4 layers were traced, recorded, and given an understanding so that they were willing and volunteered to be tested by a swab test. For those who were tested positive, they must

be isolated so they would not infect others. Therefore, the key is tracking, testing, and isolating.

As for the people who are out of contact, they must comply with the protocol. The key to the COVID-19 protocol is to maintain your distance. If the distance is maintained, then automatically there will be no contact and crowd. Next is to wear a mask while in public spaces, and wash the hands as often as possible. Thank God, at the beginning of July, the number who recovered was 5 times more than the positive ones.

In addition to PSBB, the Provincial Government of Gorontalo has intensively carried out socialization in print and electronic media. One of them is through the <https://dinkes.gorontaloprov.page.go.id/COVID-19> which regularly updates the epidemiological data in the province. This includes spraying disinfectants in places that are public facilities, as well as disciplining the public on health protocols.

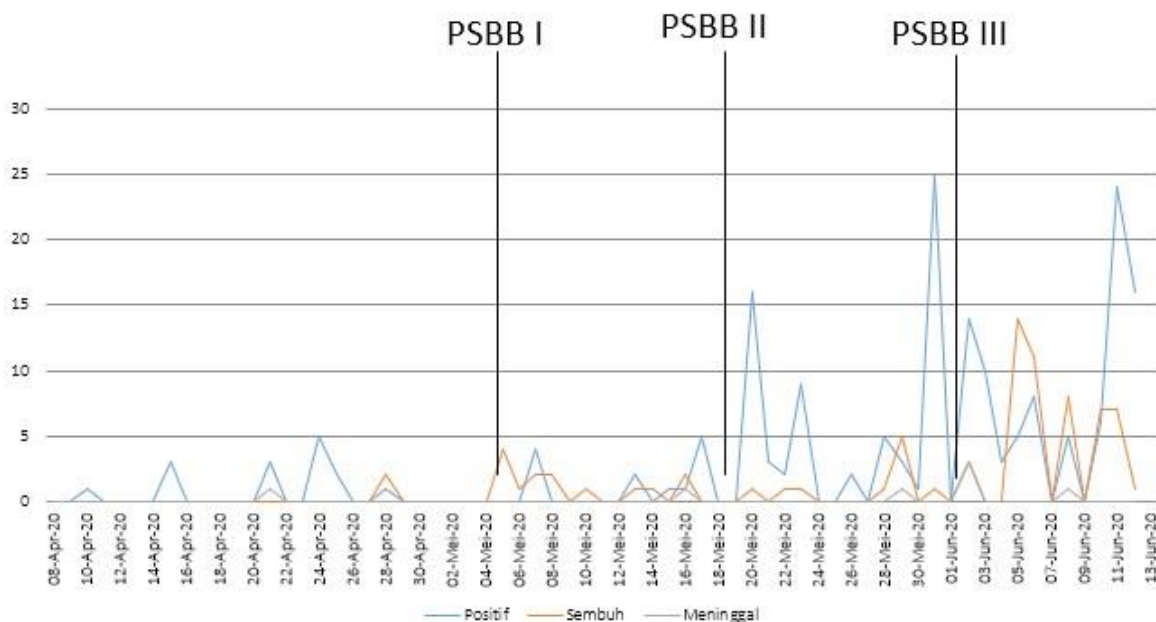
■ Institutional and Socio-Cultural Management

Gorontalo Provincial Government has formed a Task Force for the Acceleration of Handling COVID-19 for the Region of Gorontalo Province on March 16, 2020, through the Decree of the Governor of Gorontalo Number: 144/II/III/2020.

The task force consists of:

- Health Task Force
- Tourism Task Force
- Area and Public Transport Task Force
- Educational Institution Area Task Force
- Public Communications Task Force
- Gorontalo Province Entrance Task Force

In the letter, acting as the Head of the Task Force is the Regional Secretary of Gorontalo Province, having 3 representatives, namely the Gorontalo



Regional Police Chief, 133 Military Resort Commander Nani Wartabone, and the Chief Executive of Gorontalo BPBD.

The Provincial Government of Gorontalo then formed a Task Force at the District/City level led by the Regent and Mayor to the village level.

The Provincial Government of Gorontalo, in this case the Governor, also issued the Decree of Governor Decree of Gorontalo No. 118/32/III/2020 concerning the Determination of Emergency Alert Status for Non-Natural Disasters Due to the Corona Virus in Gorontalo Province in 2020.

Apart from the Decree of the Governor, the Provincial Government of Gorontalo also issued the Regulation of Governor of Gorontalo No. 15 of 2020 concerning Guidelines for the Implementation of Large-Scale Social Restrictions in Handling COVID-19 in the Region of Gorontalo Province on May 4, 2020, which then continued with the stipulation of PSBB stages II and III until June 14, 2020.

In the following data, it can be seen that the ratio of people who are at home during

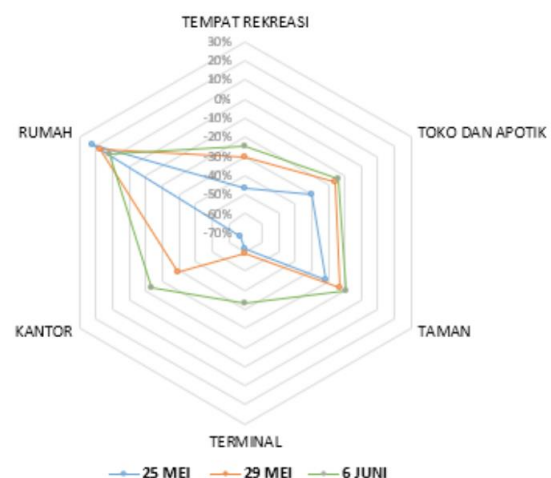
PSBB 1 (+ 22%), PSBB 2 (+18%), PSBB 3 (+12%) is decreasing, and those in public spaces are getting higher.

Based on the Governor's Regulation regarding PSBB, there are guidelines for limiting activities as follows:

- Restrictions on activities in schools and educational institutions;
- Restriction of work activities in the workplace;
- Restrictions on religious activities in places of worship;
- Restrictions on activities in public places or facilities;
- Limitation of social and cultural activities;
- Restrictions on the movement of people and goods using transportation modes in the province;
- Restrictions on the movement of people entering Gorontalo Province;
- Determination of certain activities carried out during the PSBB.

In addition to regulations, the Governor also issued circular letters, such as Circular Letter of Gorontalo entrance, Circular Letter

Mobility of Gorontalo citizens during the period of May 25 to June 6, 2020



Public Relations Doc.

The Governor of Gorontalo dispatched a volunteer team of COVID-19 Prevention Socialization at the Office of the National and Political Unity Agency of Gorontalo Province



of Employee Work System Adjustment, Circular Letter of COVID-19 Prevention Follow-Up for the Tourism Task Force, Circular Letter for the Adjustment of Working Hours, and Circular Letter on Preparedness in Facing COVID-19. All of these circular letters comply with the COVID-19 protocol.

The Governor of Gorontalo Province co-founded the Command Post of Operation Control Center and the Secretariat for Handling COVID-19 at the Gorontalo Provincial Health Office, on Jl. Rusli Datau, Gorontalo City. This is a form of monitoring and evaluation. The monitoring is carried out periodically starting from daily, weekly and monthly.

The success of Gorontalo Governor Rusli Habibie in preventing and suppressing COVID-19 cases in Gorontalo Province receives a serious attention from an international NGO called The International Republican Institute (IRI). This is evidenced by the election of the Governor of Gorontalo as one of the speakers in the national discussion forum via teleconference with IRI and 100 candidates for Indonesia's future leaders. The event chose the theme "effective leadership in handling pandemic disasters".

If measured by facilities and number of human resources, Gorontalo Province has many limitations, including budget limitation. That is what makes the Gorontalo Provincial Government make very hard efforts together. This is also emphasized by the Governor of Gorontalo that in order to deal with COVID-19, we cannot do it alone. All elements starting from the district/city must cooperate.

"Leave the political view for now. This is very important because if it is not left, then treating sick people will also use that view! We serve everyone well and optimally!" Instruction of the Governor of Gorontalo in his direction to the regent/mayor.

One of the strengths of the Governor of Gorontalo is in its very good coordination and communication. In this case, the Governor of Gorontalo highly upholds synergy with the security apparatus, Indonesian National Army (TNI), Indonesian National Police (POLRI), TNI AD, TNI AU and TNI AL. Like when there was an instruction to guard the border, immediately the Indonesian National Army made a move through its task force and guarded 11 sea border gates, as well as the Regional Police Chief who mobilized its task force to guard

the 4 land border areas of Gorontalo Province. The border area is a crucial point that must be guarded, considering that the first cases of COVID-19 in Gorontalo Province came from the outside.

Communication is also carried out through a cultural approach as an approach to the people in villages who are not fluent in Indonesian. In this case, the Governor synergizes with religious and community leaders in socializing the health protocols by recording his own voice using Gorontalo language which is subsequently played in the villages.

Initially, this physical distancing protocol was less effective because the culture of *ngala'a* (kinship) was contrary to what was directed in the protocol. In the Gorontalo kinship system, social interactions can be divided into two: first, personal social interactions such as *teteyapuwa* (caressing), *titiliya* (getting close), *tata'apa* (patting each other, usually on the shoulder or hand gently), *kukubinga* (gently pinching each other), *tetepawa* (kicking each other, but in

the context of playing), *titi'uwa* (elbowing in the context of kinship), *tetedu'a* (kicking each other), and many other kinds of personal social interactions; second, community social interactions, such as *depita* (delivering food to each other), *bilohe* (visiting each other), *dudula* (approaching each other), *huyula* (mutual cooperation), *tayade* (sharing), and many other interactions.

These two interaction models of Gorontalo require physical contact and social contact. This is what does not conform to the principles of the COVID-19 protocol. When viewed from the epidemiological perspective, large local clusters occurred in three regions, namely Tumbihe, Padebuolo, and Bu'a. The three regions are *kambungu* in the Gorontalo context. Not only as an administrative space, but also as a socio-cultural space. These three *kambungu* are snapshots of the spread of the pandemic in Gorontalo.

If we read the spread on these three *kambungu*, it can be seen that the *Ngala'a* is



Public Relations Doc.

Srikandi of Gorontalo Regional Police during Socialization of New Normal.



Public Relations Doc.

Governor of Gorontalo disseminate mask use which is integrated with *beleuto* local wisdom.

very strong. With the distances between houses within a kilometer radius, the residents still know each other, their interaction is quite high, and in high density. This is different from cases that occurred in administrative spaces such as Tomulobutao, Libuo, Dulalowu and in several housing estates whose contacts were broken.

Therefore, the approach in handling the pandemic must be changed because the virus moves according to community culture. In cultural spaces, such as kambungu, with the limited understanding and awareness of citizens, what needs to be strengthened is public literacy in order to increase awareness of the dangers of COVID-19.

Ngala'a-based handling is important as a conventional intervention model, adapting to the daily life of the community. The *ngala'a* basis is important to be used as a local mitigation model because based on what has happened in other areas, the spread of COVID-19 actually occurs through strangers. On the other hand, *ngala'a* is

more about communication between groups and communities in a kinship.

A social approach was also carried out through local wisdom, for example, *beleuto*. *Beleuto* is a sarong commonly used by women to cover their faces and can be used as face shields, such as masks. If we look at it based on the health protocols, it can be said that the culture of "*beleuto*" is an old tradition brought back by this pandemic.

"In the past, when our parents, especially mothers, left the house, they wore two colored batik with the same color. The lower part is tied like a sarong, the upper part is made to cover the face and only the eyes are left. There are even some people who cover their whole body. Thus, we cannot see who is in the *beleuto*," said the Governor of Gorontalo, explaining about the *beleuto* at length.

There is a unique story when the Governor of Gorontalo was invited by the Regional Police Chief and Military Resort Commanded to destroy 40 tons of Tikus brand liquor that was considered containing alcoholic. As a province that has the motto

Aadati hula-hula'a to Sara'a, Sara'a hula-hula'a to Kuru'ani or Syara' culture, Syara' that is based on the Quran, of course alcoholic drinks are strictly prohibited in Gorontalo. At that time, the governor thought that the drink originating from North Sulawesi could be used as a hand sanitizer. Initially, the drink made from the palm tree had an alcohol content of only 40%. Then, the liquor is converted into a hand sanitizer with an alcohol content of up to 70%.

By carrying out good communication and an exemplary-oriented approach, finally people who were initially reluctant to wear masks, now want to use them.



Public Relations Doc. | Submission of the refinery product by the Research and Development Agency (Balitbang) to the Gorontalo District Government.



Beleuto is a sarong commonly used by women to cover their faces and can be used as face shields, such as masks.

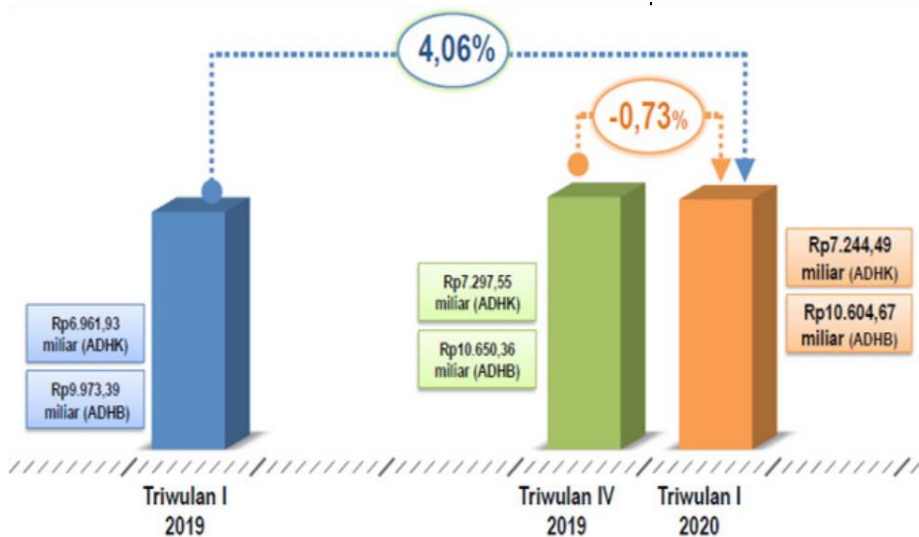
■ Economic and Community Innovations

Since the beginning of this pandemic, the Gorontalo Provincial Government has been thinking about what preventive measure to take so that the health crisis will not have too much impact on other sectors which then result in multi-crisis. For this reason, the Gorontalo Provincial Government prepares various economic stimuli that can boost gross regional domestic product (GRDP) in each sector.

Based on the economic growth of Gorontalo Province per year, it is found that in the first quarter of 2020 or in the early days of COVID-19, there was in fact an economic growth of 4.06% compared to the first quarter of 2019. However, when compared to Quarter IV-2019, economic growth experienced a slowdown of -0.74%.

Agriculture is the leading commodity of Gorontalo Province in boosting the regional economy. The agricultural sector consists of three sub-sectors, namely the agriculture, livestock, and plantation sub-sectors; fishery subsector; and forestry subsectors. In this case, the sub-sector of agriculture, livestock, and plantation contributed the most with a percentage of 74%. The types of production contributing to this subsector are food crops which reaches 53%.

Based on the business field, the highest GRDP in Quarter I-2020 with a Q-to-Q calculation was obtained from the processing industry at 5.21%, followed by financial services and insurance at 3.39%, as well as wholesale and retail trade, car and



Special

Gorontalo economics in Quarter I-2020 shows growth of 4.06 percent (Y-on-Y)

motorcycle repair by 1.90%. Meanwhile, the Y-to-Y calculation was obtained by electricity and gas trading at 15.92%, financial services and insurance at 13.63%, and education services at 9.97%.

Of course, controlling the COVID-19 pandemic drains a lot of regional revenues and expenditures. That is why the Gorontalo Provincial Government is holding a budget refocusing. This step is very important to do because any idea and effort requires a budget. Thus, less urgent budgets are diverted for handling COVID-19. Even though the budget is not that high, it means a lot to support the COVID-19 response program.

What needs to be maintained in the midst of this pandemic is food security, especially in the family environment, such as recommended plants, vegetables, fruit and spices. For this reason, the government created a gardening program in the yard when the community implements social and physical distancing. This program was actually welcomed by the community. This is proven by the increasing number of yards

that were used by the community to grow crops.

The Governor of Gorontalo also provided quality seed assistance to farmers so that the results would be good. This leader who comes from the lower class knew exactly the condition of farmers who are often late in planting seeds due to lack of capital. As a result, the harvest which should have happened simultaneously ended up being too late and attacked by pests. This includes providing aids in the form of goat and cow breeds, as well as agricultural seeds and fertilizers, so that farmers can plant for food self-sufficiency.

Economic stimulus was provided to groups of MSME entrepreneurs so that they can bounce back after being impacted by COVID-19, especially in the tourism and service sectors.

The Provincial Government of Gorontalo also received aids worth Rp7.9 billion from the Minister of Marine Affairs and Fisheries, Edhy Prabowo, which was given to fishermen in districts/cities with details of IDR 4 billion for North Gorontalo District; IDR

185 million for Gorontalo City; IDR 3.24 billion for Bone Bolango, IDR 289 million for Boalemo; and IDR 250 million for Pohuwato District.

The aids was aimed at bio floc, fishery insurance premiums for small fish breeders, tilapia fish seeds, as well as cultivation facilities and infrastructure. There was also People's Business Credit (*Kredit Usaha Rakyat*, KUR) to finance aquaculture capital that can be accessed by fishermen in groups through recommendations from the local government. Not only that, the Provincial Government of Gorontalo was committed to buying the fishermen's catch, then distributing it to the affected poor people. The Gorontalo Provincial Government also paid great attention to medical personnel who work day and night, especially in dealing with COVID-19 patients, by providing additional incentives for medical personnel to deal with and prevent the spread of COVID-19.

In addition to providing financial aids to the SME sector, the Gorontalo Provincial Government also provided aids to the poor and affected communities with a 60% charge pattern borne by the Provincial Government's Revenues and Expenditures, and 40% borne by the District/City Government.

In terms of cultural innovation, the Gorontalo Provincial Government invited the residents to do isolation with local wisdom, called "*bele huyula mandiri*", where people are asked to isolate themselves in their respective homes under joint supervision of the surrounding community. This concept in the end can help relieve the

community in quarantine and test-tracking-tracing.

The concept of *bele huyula mandiri* has several objectives, including building a community paradigm through education based on a family approach, encouraging community independence in dealing with various disease risks, and restoring the function of Public Health Center as health facilities for early detection of disease.

The method of implementing this concept starts with the formation of a village task force assisted by a functional technical team under the control of the Public Health Center. Then a technical guidance will be carried out for community leaders as the driving force for changes in community behavior.

There is also a "*modepita*" culture, which is to deliver food between neighbors, so that when residents are isolated, they can stay at home because neighbors will provide their food needs.

At the community level, there were innovations, such as Sekitar Kita which could monitor ODP, PDP, and OTG. Then the PSBB monitoring application designed by Gorontalo State University to monitor



Bele huyula mandiri is an independent isolation in their respective homes under joint supervision of the surrounding community.

community compliance and discipline during the implementation of the PSBB.

■ Opportunities in the Midst of the Pandemic

No matter how bad this pandemic is, there must be hope that becomes a reason for humans to keep trying and praying. As an area whose people are rich in noble culture, such as *huyula*, *depita*, *bilohe*, and *dudula*, the Gorontalo Provincial Government believes that the social capital of the community is really big in fighting COVID-19. This social capital will become the basis for citizen volunteerism.

The Gorontalo Provincial Government also admits that literacy related to COVID-19 is still low and people rarely accessed literatures on the disease that they often receive false news related to COVID-19.

These hoaxes greatly hamper the response to COVID-19 and affects people's patterns or behavior. There are people who are affected by hoax news then refuse to be isolated and do not want to be called a COVID-19 patient. They thought that if a COVID-19 patient died, then the body would not be taken care of and would only be worn with shorts. In fact, that is not the case.

Gorontalo was one of the 5 best provinces in dealing with COVID-19. In front of President Jokowi (16/7), the Governor of Gorontalo explained the synergy of the Task Force and their culture of mutual cooperation in dealing with the pandemic. Even though the following week, Gorontalo

was included in the 5 (five) Provinces with the highest new cases of COVID-19. Therefore, the Governor asked the people of Gorontalo not to underestimate this pandemic considering how deadly and quickly the contagious nature is. The Governor also asked the public to be cooperative when they are about to be treated due to positive COVID-19.

The biggest challenge for the Gorontalo Provincial Government and the community is their lack of experience related to this pandemic. This is the first time Gorontalo has handled a pandemic, coupled with the size of Gorontalo area which is twice the area of DKI Jakarta, but only inhabited by no more than two million people.

Several things that need to be improved include: 1) socialization of handling COVID-19 which needs to be continuously carried out, so that it is no longer considered a conspiracy by some people, 2) lack of availability of referral hospitals and expert doctors, 3) social impact as a result of monopolistic practices which result in goods becoming scarce and expensive.



The “*modepita*” culture, which is to deliver food between neighbors, so that when residents are isolated, they can stay at home because neighbors will provide their food needs.”

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JAMBI

Author:

Dr. Hayati Sari Hasibuan, S.T., M.T.

Resource Persons:

Bachyuni Deliansyah, S.H., M.H. as Chief Executive of Jambi Province BPBD

Dr. Hj. Eva Susanti., S.Kp., M.Kes. as Acting Head of Jambi Provincial Health Office

Dr. Evi Frimawaty, S.Pt.M.Si. as Head of Jambi Provincial Environment Affairs Office

Associate Prof. **Rosyani**, from Environmental Studies Department of Jambi University

Febriman Sitepu, M.Si. as Activist of Social and Community NGO Jambi

Contributor:

Yudarini, S.H., M.Kes.



corona.jambiprov.go.id



Interview performed on June 18, 2020



BASE SANDING: A LESSON LEARNED FROM JAMBI

Indonesia's rich culture is revealed by what Jambi has implemented in controlling COVID-19 pandemic. The province that is inhabited by *Suku Anak Dalam* (Tribal) has apparently implemented a health protocol which is followed from generation to generation by each member of the ethnic group. The Jambi Provincial Government also learned a local wisdom of *Suku Anak Dalam*, which is referred to *bese sanding* or maintaining distance and self-isolation when one of the group members is sick. The chief, usually referred to as *tumenggung*, provides all the needs of the sick. In addition, Jambi also has traditional ingredients that have been passed down from generation to generation, which comes from *sungkai* leaves. It is believed that these leaves can slow down the progress of COVID-19 because they are commonly used as a medicine for fever, headaches, toothaches, asthma, and skin diseases such as tinea versicolor.

■ **Walking Down Batanghari River**

Jambi is an Indonesian province located on the east coast of the central part of Sumatra Island. In Indonesia, there are 3 provinces whose capital city has the same name as the province, i.e. Jambi, Gorontalo, and Bengkulu.

Jambi Province was established based on Emergency Law No. 19 of 1957 on the Establishment of Level I Autonomous Areas of West Sumatra, Jambi and Riau, which was subsequently stipulated as Law No. 61 of 1958 (State Gazette of 1958 Number 112), consisting of 5 districts and 1 city.

In 1999, several administrative regions in Jambi Province were split up through Law No. 54 of 1999 concerning the Establishment of Sarolangun District, Tebo District, Muaro Jambi District, and East Tanjung Jabung District. Furthermore, based on Law no. 25 of 2008 concerning the Formation of Sungai Penuh City. Therefore, administratively, this Province consists of 9 districts and 2 cities.

Jambi Province is adjacent to Riau Province in the North; South Sumatra Province in the south; West Sumatra Province in the west; and the South China Sea and Riau Islands Province in the east.

Based on Law No. 19 of 1957 concerning the Establishment of Level I Autonomous

Areas of West Sumatra, Jambi and Riau, which was subsequently stipulated as Law No. 61 in 1958, the area of Jambi Province is 53,435.72 km² with a land area of 50,160.05 km² and the sea area of 3,274.95 km².

In terms of the size of the districts/cities in this province, Merangin District occupies the largest area in this province, which is 7,679 km² (15.25%). It is followed by Tebo District of 6,641 km² (13.19%), Sarolangun District of 6,184 km² (12.28%), Batanghari District of 5,804 km² (11.53%), East Tanjab District of 5,445 km² (10.82%), Muaro Jambi District of 5,326 km² (10.58%), Bungo District of 4,659 km² (9.25%), West Tanjab District of 4,649.85 km² (9.24%), Kerinci District of 3,355.27 km² (6.67%), Sungai Penuh City of 391.5 km² (0.78%), and lastly Jambi City of 205.43 km² (0.41%).

This province is a strategic commercial area because it is directly facing the IMS-GT economic growth area or known as the Indonesia, Malaysia, Singapore Growth Triangle.

Topographically, Jambi's area is quite varied, from lowlands in the east to highlands above 100 meters above sea level in the west. Regional Development Planning Agency (Bappeda), 2010, classifies the



Local wisdom of indigenous people is a valuable knowledge that can be disseminated to the wider community in facing the pandemic.

topographical areas of Jambi into 3 (three) areas:

1. Lowland area 0-100 m (69.1%) located in the eastern to central region. This lowland area is found in Jambi City, West Tanjung Jabung District, East Tanjung Jabung District, Tebo District, Sarolangun District, Merangin District, Bungo District, and parts of Batanghari District.
2. Plains area with a moderate level of 100-500 m (16.4%), in the central region. These areas with moderate level are found in Bungo District, Tebo District, Sarolangun District, and Merangin District, as well as parts of Batanghari District; and
3. Highland area >500 m (14.5%), in the western region. This mountainous area is located in Kerinci District, Sungai Penuh City as well as parts of Bungo District, Tebo District, Sarolangun District and Merangin District.

The land use in Jambi Province is still dominated by rubber plantations with a contribution of 26.20% and oil palm plantations of 19.22%. Most of the land in Jambi Province is used for agricultural cultivation, both lowland farming and non-rice field farming. Based on the character of the ecological complex, the development of cultivation areas especially for agriculture is divided into three regions, namely the upstream, middle and downstream ecological groups. Each of them has a special character. The upstream ecological complex, is a region with protected areas while the

central ecology is a cultivation area with very varied activities. The downstream ecological complex is a cultivation area with the water management technology for aquaculture and capture fisheries.

Based on the Government Regulation (PP) Number 26 of 2008 concerning National Spatial Planning, National Strategic Areas included in the Jambi Province consists of: 1) Kerinci Seblat National Park (Jambi, West Sumatra, Bengkulu, and South Sumatra Provinces), 2) Berbak National Park Area (Jambi Province), 3) Bukit Tigapuluh National Park Area (Jambi and Riau Provinces), 4) Bukit Dua Belas National Park Area (Jambi Province).

The National Strategic Area is an area where spatial planning is prioritized because it has a significant influence on the country's sovereignty, defense, and security as well as the economy, social and culture. This region is also part of the world heritage that must be preserved.

The nature of community groups in Jambi is heterogeneous with the Jambi ethnic group being the original community and the Minang ethnic group as the majority. In addition, there are also the Kerinci ethnic

group in the Kerinci area and its surroundings who speak and have a culture similar to the Minang ethnic group. History and culture are part of the variants of Minangkabau family.

What is also important is the existence of original indigenous tribes, namely the *Suku Anak Dalam*, which is one of the special topics of this paper.

Based on BPS (Statistics Indonesia) data, the population of Jambi in 2019 is 3,624,579 people with an average density level of 61.65 people/km², except for Jambi City which is 2,588.99 people/km² and Sungai Penuh City with 210.20 people/km². Jambi City, which is the provincial capital that has similar characters to other capitals in terms of its role as the center of government affairs, industry, and trade, also becomes the destination of migration.

When viewed from the position of the western and eastern regions, the percentage of the population distribution in the two regions appears to be relatively balanced: 52% in the eastern region (Batanghari, East Tanjung Jabung, Muaro Jambi, West Tanjung Jabung and Jambi City), and 48% in the western region of the province (Kerinci,

Public Relations Doc

Troops Assembly to enforce compliance to COVID-19 protocol.



Merangin, Sarolangun, Bungo, Sungai Penuh, and Tebo).

The province, which is quite large compared to other provinces on the island of Sumatra, has also been affected by the COVID-19 pandemic. It was recorded that the first positive confirmed case in Jambi was identified on March 18, 2020. The first case was a 55-year-old man who was immediately admitted to the isolation room of the Raden Mattaher Jambi Regional Public Hospital. It was known that the patient had just returned from a trip to Java and was experiencing symptoms of broncho-pneumonia which are similar to COVID-19.

At that time, the Jambi Provincial Government asked the patient's family to do a health check, because the family was the circle of the patient who had the most frequent contact. They also traced people who had had face-to-face contact with the patient, especially at the workplace.

■ Resilience of Jambi Province Preparedness in Dealing with Disaster is Tested

Jambi Province always experiences natural disasters every year. These natural disasters are always experienced month after month. When entering the months of November to March, Jambi is usually hit by floods, tornadoes, and landslides. From May to September, Jambi is usually hit by forest fires. The natural disasters that come and go have made the Jambi Provincial Government better prepared in handling disasters, with the available infrastructure. However, Jambi was forced to also prepare for the non-natural disaster, namely COVID-19. The BPBD of Jambi has mobilized ambulances, water tankers, field and logistics cars, and multipurpose trucks to help handle COVID-19 throughout the vast Jambi area.



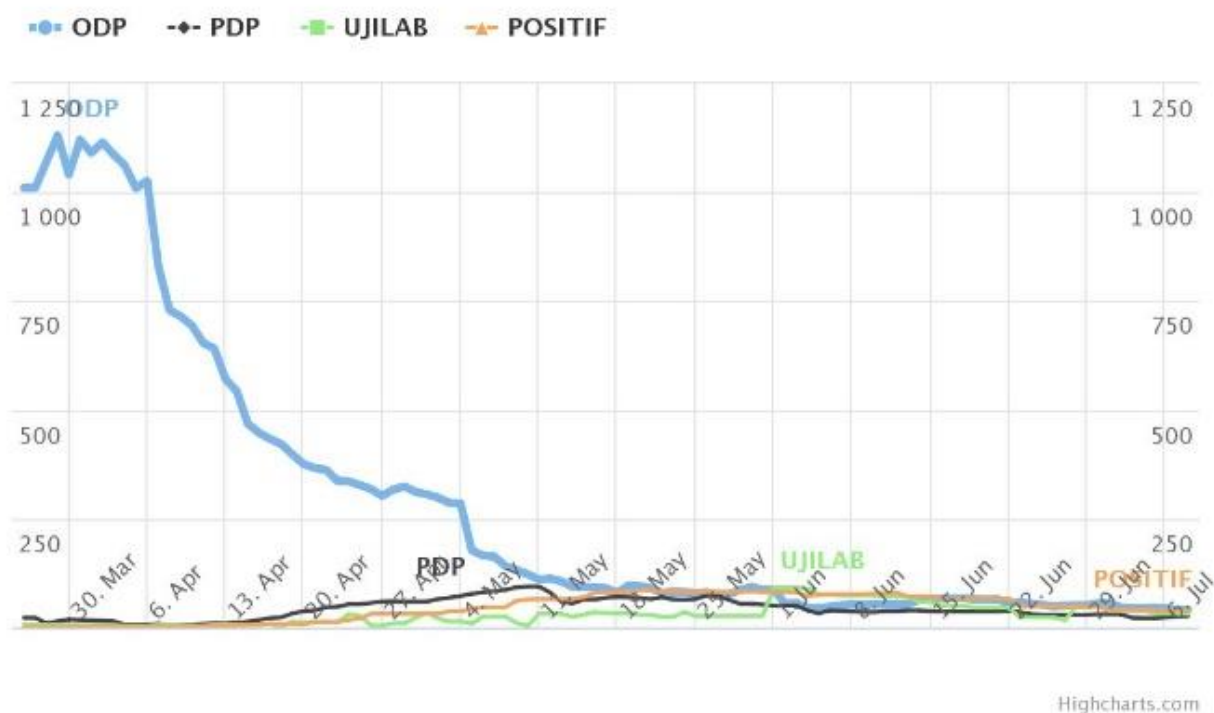
Before the first case was found, the Jambi Provincial Government had made efforts to anticipate the spread and handling of COVID-19 patients, one of which was by establishing five referral hospitals for handling COVID-19 patients. This is based on the Decree of the Governor of Jambi Number 292/KEP.GUB/DISKES 4.2/2020.

In addition to appointing referral hospitals, the Jambi Provincial Government also held staff training for referral hospitals

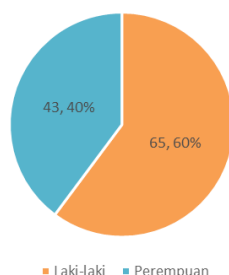
which then expanded from 5 hospitals to 12. In addition, the Provincial Government also held workshops for all hospitals in Jambi Province in the context of tackling the pandemic.

Jambi Provincial Government synergizes with each other stakeholders in efforts to deal with COVID-19, all Forkompinda and the relevant Regional Apparatus Organizations (OPD) work together to break the chain of pandemic transmission. For this reason, the

GRAFIK DATA SATGAS COVID-19



Jumlah Pasien Positif Covid-19 di Provinsi Jambi Menurut Jenis Kelamin



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Based on gender, the distribution of confirmed positive COVID-19 patients in Jambi Province for men is 60.18% and for women is 39.82%.



Jambi Provincial Government formed a Task Force based on the Decree of the Governor of Jambi Number 293/KEP.Gub/BPBD.2/2020 on Establishment of a Task Force for Handling COVID-19 in Jambi Province and the Decree of the Governor of Jambi No: 314/KEP.GUB/BPBD-2/2020 on Amendment to the Decree of the Governor of Jambi Number 293/KEP.GUB/BPBD-2/2020.

The Task Force for Handling COVID-19 in Jambi Province is led by the Governor of Jambi, Dr. Drs. H. Fachrori Umar, M.Hum., and Chief Executive of BPBD as Secretary. There are 8 (eight) Deputy Chairmen from Forkompinda Jambi elements that consist of: 1) Chairperson of Jambi Provincial Parliament, 2) Regional Police Chief of Jambi, 3) Military Resort Commander 042 GAPU, 4)

Head of Jambi High Prosecutor's Office, 5) Head of Jambi High Court, 6) Head of Jambi High Religious Court, 7) Head of Regional State Intelligence Agency of Jambi, 8) Regional Secretary of Jambi Province.

Jambi Provincial Government, through the Task Force for COVID-19 control, has a joint commitment to carry out efforts in controlling COVID-19 in Jambi Province. The preparedness steps of Jambi Provincial Government are contained in its policy on determination of the Status of Non-Natural Disaster Emergency Alert due to COVID-19 on March 18, 2020 and changing it to Emergency Response on March 24, 2020. This is based on the Decree of the Governor of Jambi Number: 301/KEP.GUB/BPBD/2020 concerning Determination of Status of Non-

Natural Disaster Emergency Response due to Corona Virus in Jambi Province in 2020.

On July 21, 2020, the number of patients confirmed positive for COVID-19 in Jambi Province was 134 people, with a recovery rate of 77.6% (104 people) and with 2 people died and 28 patients were still under treatment. The total number of suspects (Patients under Surveillance, PDP) in this province is 2,869 and 2,779 people have been treated.

The highest number of positive cases came from Jambi City with 34 cases, and the lowest number of positive cases was observed in Kerinci and East Tanjab Districts, with 3 (three) cases each. The incidence rate for COVID-19 in Jambi Province per 100,000 population is 3.0, with the highest Incidence Rate in Sungai Penuh City, which is 18.9.

Based on gender, the distribution of confirmed positive COVID-19 patients in Jambi Province for men is 60.18% and for women is 39.82%. This figure illustrates that men in Jambi have higher mobility than women. Moreover, there is Gowa cluster which on average is a group of adult males and contributes significantly to cases, which is 65 people.

Tracing surveillance data in Jambi Province shows that as many as 50.9% of cases in the province are imported cases and 50.1% are local transmissions. It can be seen that the spread of positive COVID-19 cases in Jambi Province with local transmission (close contact) is almost equal to the imported cases.

To map the distribution of COVID-19, the Jambi Provincial Government has implemented the criteria of contact tracing

which then spread to the next positive case and has turned into local transmission dominated by family members, neighbors and coworkers. The distribution mapping is carried out through examinations at public service facilities, in markets, or at the border areas between districts/cities or between provinces.

The preparedness of Jambi Province in dealing with COVID-19 can be seen from the health service facilities provided. In this case, Jambi Province attempts to fulfill and provide the best service to the community through the Decree of the Governor of Jambi No.:292/KEP.Gub/Dinkes 4.2/2020 on the Designation of Jambi Provincial Hospital which was later amended through the Decree of the Governor on April 3, 2020, and the Decree of the Governor No. 410/Kep.Gub/Dinkes-4.2/2020 dated April 30, 2020 concerning the second amendment in the designation of the COVID-19 referral hospital. Thus, in total, there are 12 COVID-19 referral hospitals in Jambi Province:

- Raden Mattaher Regional Public Hospital of Jambi Province
- H. Abdul Manaf Regional Public Hospital of Jambi City
- Daud Arif Regional Public Hospital of West Tanjung Jabung District
- Hanafie Regional Public Hospital of Bungo District
- Hamba Regional Public Hospital Batanghari District
- HA. Thalib Regional Public Hospital of Kerinci District
- Chatib Quzwein Regional Public Hospital of Sarolangun District
- Siloam Hospital of Jambi City

- Ahmad Ripin Regional Public Hospital of Muaro Jambi District
- Sulthan Thaha Saifudin Regional Public Hospital of Tebo District
- Kolonel Abunjani Regional Public Hospital of Merangin District
- Nurdin Hamzah Regional Public Hospital of East Tanjung Jabung District.

For the laboratory itself, in the early phases of the pandemic, it was only Raden Mattaher Regional Public Hospital that could perform PCR due to the limited cartridges owned by the Jambi Provincial Government. Then, 180 cartridges came and 147 of them were immediately used for the test. The Jambi provincial government was also trying to accelerate it by making an independent PCR whose equipment was purchased by the Mattaher Regional Public Hospital. As for CTM, it was intended for 3 groups, namely

Public Relations Doc. | Raden Mattaher Regional Public Hospital, one of the COVID-19 referral hospitals in Jambi.

ODP, PDP, and temporary case follow-up for patients with OTG.

All the test results were then sent to the Jakarta Balitbangkes or Palembang BPTKL which took a long time between 5 to 7 days. This is the reason why the waiting time is quite long.

List of COVID-19 Examining Laboratories that use TBC molecular rapid test kits (TCM) based on the Circular Letter of the Minister of Health of the Republic of Indonesia Number: HK.02.02/V/6664/2020 concerning Implementation of COVID-19 PCR Examination Using Close System Equipment (Tuberculosis TCM and LOAD HIV Viral PCR Devices) are as follows: a) Raden Mattaher Regional Public Hospital, Jambi City, b) Ahmad Ripin Regional Public Hospital, Muaro Jambi District, c) Chatib Quzwein Regional Public Hospital, Sarolangun District, d) H. Abdul Manaf Regional Public Hospital, Jambi City, e) H. Hanafie Regional Public Hospital, Bungo District, f) Daud Arief Regional Public Hospital, West Tanjab



District, g) HA Thalib Regional Public Hospital, Kerinci District, h) Hamba Regional Public Hospital, Batanghari District.

The obstacle experienced by the Jambi Provincial Government was the limited number of cartridges that must be obtained from the center through the submission process, considering that all cartridge supplies have been bought up by the Ministry of Health and distributed to all provinces. The price was quite expensive, which is IDR 2.5 million per one cartridge.

For the rapid test, the Jambi Provincial Government has conducted a recording by name and by address both in mass examinations and in contact tracing of confirmed patients. There are about 6,773 rapid test results, not including those conducted by districts/cities.

■ Socialization of Clean and Healthy Living Behaviors for COVID-19 Prevention

Apart from improving health service facilities, what is no less important is the well-coordinated prevention efforts in Jambi Province. For this, the Jambi Provincial Government has made several efforts, especially strengthening at the community level, starting from washing hands with soap, wearing masks, maintaining distance, and other healthy living behaviors.

The provincial government even had time to make special research related to healthy living habits as listed in the following table:

NO	BEHAVIOR	TOTAL PERCENTAGE
1	Washing Hands Using Soap	87.4 %
2	Using Hand Sanitizer When Traveling	87.1 %
3	Wearing Masks When Going Outside	84.3 %
4	Not frequently touching nose, eyes, and mouth	17.5 %
5	Self-Isolation	67.2 %
6	Changing Clothes after Returning from the Outside	69.8 %
7	Spraying Disinfectant to House/Car	46.0 %
8	Good coughing/sneezing behavior	73.9 %
9	Physical Activity	68.5 %
10	Consuming Immune Booster	84.3 %
11	Not Smoking	62.5 %

In the table above, it can be seen that the most difficult thing for the community to do is refrain from touching their nose, eyes and mouth (17.5%), as well as disinfection at home/vehicle (46%). Luckily, because the behavior of washing hands with soap, carrying hand sanitizers, the habit of wearing masks, and consumption of immunity-boosters gets a quite large percentage, which is above 80%, so it can be concluded that the public is sufficiently educated about the COVID-19 health protocol.

Because they do not implement the Large Scale Social Restriction or PSBB, the Provincial Government needs to increase surveillance and contact tracing efforts including the followings: a) conducting epidemiological investigations of people who get reactive result during rapid tests, b) conducting swab tests on people who are reactive during rapid tests, c) conducting contact tracing of patients who are tested positive. This effort is carried out by officers from the Public Health Center and District/City Health Offices that are accompanied directly by a surveillance team from the Jambi Provincial Health Office.

Jambi's decision not to apply the PSBB was based on research results from the Provincial Research and Development Team and the expert team under the Task Force



Sungkai is a natural wealth (biodiversity) that becomes an alternative medicine and natural healing for the community.

which stated that the Jambi Provincial Government always carried out socialization and tightening the rules for of all places that were considered as places of people gathering. Even without the PSBB, all elements who are members of the task force conduct patrols and raids every night from 7 to 10. The data is then processed and if anyone is suspected to be infected, a mass rapid test will be immediately carried out.

The process of tracking and surveillance is carried out early on for groups with a risk of positive contact history and travel history from outside the Province through by conducting rapid tests. It includes integrated detection in border areas. There are 6 integrated command posts that have been made either through land transportation (Border Command Post and Terminal), Sea (Port) and Air (Airport).

The first is an integrated post located in Muaro Jambi District to check people who want to enter or leave South Sumatra Province. The second is an integrated post located in West Tanjung Jabo District, to detect people who enter using the Roro Ship from the Riau Islands. The third is an integrated post located in Bungo District to check the border area between Jambi and West Sumatra. The fourth is an integrated post located in Singkut, Selangun District to check those passing through Jambi Province and moving towards South Sumatra. The fifth is an integrated post located in letter W of Kerinci District to see the movement of people from or to West Sumatra. The sixth and final one is an integrated post located in Sungai Penuh City to monitor the movement towards the coast.

As for the sea and air, the Provincial Government has carried out early detection using a thermogun to measure body temperature, carried out rapid tests, and provided a disinfectant booth to sterilize luggage. When something is reactive, the concerned person will immediately be referred to the Mattaher Regional Public Hospital.

The provincial government has also created an independent isolation house at Health Training Center (Bapelkes) for those without symptoms because it was found that there were quite a number of people without symptoms (OTG) who potentially become carriers. This applies to all districts/cities in Jambi Province.

Even for health workers, the Jambi Provincial Government has provided LPMP as a place for self-isolation for officers who do have close contact with confirmed positive patients. All isolations are carried out for 14 days. If negative, then health workers are allowed to work again. Every working hour shift is subject to inspection and isolation.

All these blocking efforts apply to all people, both from Jambi and outside Jambi,

who enter the Jambi area from land, sea and air. If it is indicated that they carry the virus, the person will not be allowed to enter the Jambi area.

■ Government Economic Policy: Social Aids Fund

The policy of changing the emergency alert status to emergency response becomes a strategic step for the Jambi Provincial Government in allocating the budget. This is because Regional Revenue and Expenditures (APBD) can only be used to accelerate disaster management if its status is raised from emergency alert to emergency response.

The COVID-19 pandemic greatly affects the economic slowdown in Jambi Province due to the impact experienced by all business sectors because of a decrease in economic activity and restrictions on community activities. Cooperation of all parties is needed to deal with the economic impact of the COVID-19 pandemic.

The Jambi Provincial Government in carrying out efforts to control COVID-19 has prepared an Unexpected Funds Budget



Public Relations Doc.

The Governor of Jambi Giving Phase II COVID-19 Social Security Network Aids in Bungo.

(*Biaya Tidak Terduga*, BTT) in the amount of IDR 11 billion and a refocusing of IDR 200 billion. Activities focused on handling patients and improving hospital facilities and infrastructure as well as social assistance for the Social Security Network (JPS).

As an effort to help reduce the burden on District/City communities in the Jambi Province, due to the impact of the COVID-19 pandemic, the Jambi Provincial Government has allocated Social Assistance funds, namely Social Security Network (*Jaringan Pengaman Sosial*, JPS) for people affected by COVID-19. The beneficiaries of this social assistance are 30,000 KPM/KK in 11 districts/cities with a total budget of IDR 54 billion.

Each beneficiary family received aids of IDR 600,000, with IDR 250,000 in the form of cash and IDR 350,000 in the form groceries. Aids was given for 3 (three) months from May, June and July. For the first phase in May, according to KPM/KK real data, the beneficiaries were 27,731 with a total fund of IDR 16,652,400,000.

In addition, as an effort to revive the economy in the midst of the pandemic, the Jambi Provincial Government recruited unemployed people to be educated and empowered in making cloth masks with Jambi batik motifs. The price is quite affordable, around IDR 8 thousand, starting from the type of cloth that is one layer and two layers with *sungkai* leaves between the layers which are believed to be able to heal COVID-19. *Sungkai* leaves themselves in Jambi are commonly used by the community including for fever, headache, toothache,

asthma, and skin diseases such as tinea versicolor.

Support and concern for the recovery of economic conditions was also provided by various parties, ranging from the private sector, the business community, government agencies, and the community. This support and concern is manifested in the form of aids in the form of cash, basic needs, and health needs (PPE, masks, etc.).

■ Learning from the Local Wisdom of *Suku Anak Dalam*

Who does not know *Suku Anak Dalam* or commonly referred to as jungle people, indigenous tribe, *sanak*, or *kubu*? *Suku Anak Dalam* is an indigenous tribe that lives spread across forest areas in Jambi Province. They live in groups and are led by a *temenggung*. From generation to generation, *Suku Anak Dalam* manages the forest resources with the local wisdom they have.



Suku Anak Dalam is also known to be fond of helping and sharing among group members. They are also not tempted to add to their property, which Weintre (2003) mentioned as the reason why *Suku Anak Dalam* never feel jealousy and envy.

The habit of *Suku Anak Dalam* living in groups has become a valuable lesson for the Jambi Provincial Government in dealing with the pandemic. As explained by the Head of Health Office of Jambi Province, if a member of *Suku Anak Dalam* group is sick, then that group member will carry out self-isolation in a place and a special place to live is built so that the sick person does not mix with other group members. The reason is so that the disease is not contagious.

For the needs of food and living for members who are sick, everything is covered by the chief of the tribe. It is the chief who is in charge of delivering food and other necessities, such as medicinal herbs.

Suku Anak Dalam also has a habit called *bese sanding* or maintaining a distance. The

Public Relations Doc. | All *Tumenggung* (Elders) of *Suku Anak Dalam* (SAD) throughout Tebo District met with the local Police Chief as a form of coordination.

point is that between groups, they also maintain their distance from each other so that there is no transmission if one of the groups is infected by a disease.

Suku Anak Dalam is also known to be fond of helping and sharing among group members. They are also not tempted to add to their property, which Weintre (2003) calls as the reason why *Suku Anak Dalam* not to feel jealousy and envy.

In Jambi society itself, the culture of helping each other and sharing is well embedded. Even in Kerinci, the people hold torch parades to share and monitor their environment. If any kind of COVID-19 symptom is detected, the local RT will immediately report it to the Task Force because the Provincial Government opens a complaint service for 24 hours, even providing pick-up services. With supervision at the village level, the community has become more enthusiastic about protecting their environment from any possible



transmission, especially from new people in their environment.

From what *Suku Anak Dalam* has done, the Jambi Provincial Government seeks to follow their local wisdom, such as conducting socialization in the markets, especially before Eid Al-Fitr, to implement 3M: *Mencuci Tangan* (washing hands), *Memakai Masker* (wearing masks), and *Menjaga Jarak* (maintaining distance). The Provincial Government has also mobilized the Indonesian National Army, Indonesian National Army, Satpol PP, and BPBD. They also make an effort to sterilize the medium of transmission that is very close to us, such as money. For this reason, the provincial government first sprays the circulating money before it is used as a transaction tool.

Volunteer teams in the villages were also deployed. Through the volunteers of Disaster Resilient Village who have been formed as an effort to deal with natural disasters, they are also involved in preventing the spread of COVID-19. This includes the Disaster Resilient School, which is a forum for public education about the dangers of COVID-19.

■ *Sungkai* Plant as Medicine

Another important local wisdom that was mentioned earlier is the properties of the *sungkai* plant (*Peronema Canescens* Jack). This herb is originated from Merangin District. The people there believe that the leaves can be used as eucalyptus or an alternative herb to prevent COVID-19. *Sungkai* mostly grows in secondary forest on various types of soil. But

usually, it grows on soils that contain enough water, such as on the banks of rivers and are seasonally inundated by fresh water.

Basically, the leaves of *sungkai* have been a hereditary herb for various diseases even though they have not been measured scientifically. It is believed that by just smelling eucalyptus, the virus does not want to come near, and by drinking boiled water contained the leaves, the virus can die. *Sungkai* leaves are usually used as anti-plasmodium and fever medicine. The content in the leaves of this plant, according to Ariefa, has the property of increasing the body's immune system. It seems that we need to do scientific research to develop the medicinal properties of the *sungkai* plant. This effort at the same time develops the potential of natural resources that are useful for treatment and improvement of public health available in the country. was included in the 5 (five) Provinces with the highest new cases of COVID-19. Therefore, the Governor asked the people of Gorontalo not to underestimate this pandemic considering how deadly and quickly the contagious nature is. The Governor also asked the public to be cooperative when they are about to be treated due to positive COVID-19.

The biggest challenge for the Gorontalo Provincial Government and the community is their lack of experience related to this pandemic. This is the first time Gorontalo has handled a pandemic, coupled with the size of Gorontalo area which is twice the area of DKI Jakarta, but only inhabited by no more than two million people.

Several things that need to be improved include: 1) socialization of COVID-19 control

which needs to be continuously carried out, so that it is no longer considered a conspiracy by some people, 2) lack of availability of referral hospitals and expert doctors, 3) social impact as a result of monopolistic practices which result in goods becoming scarce and expensive.

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WEST KALIMANTAN

Author:

dr. **Iwan Ariawan**, M.S.

Resource Persons:

dr. **Harisson**, M.Kes. as Head of West Kalimantan
Provincial Health Office

Ir. **Sukaliman**, MT as Head of West Kalimantan
Provincial Communication and Information Office

Christanus Lumano, S.E., M.Si. as Department Head
of West Kalimantan Provincial BPBD

Contributor:

Ferdinand P. Siagian, M.Si.



[dinkes.kalbarprov.go.id/ COVID-19](https://dinkes.kalbarprov.go.id/COVID-19)



Interview performed on June 17, 2020



THE SPIRIT OF THE LAND OF A THOUSAND RIVERS IN THE FIGHT AGAINST COVID-19

West Kalimantan, also known as “*Negeri Seribu Sungai*” (the Land of a Thousand Rivers), is an area on the island of Kalimantan and the fourth largest province in Indonesia. As an area with a very large forest area, West Kalimantan is very vulnerable to natural disasters, particularly forest and land fire. With frequent disasters, the West Kalimantan Provincial Government, especially BPBD and the Health Office, is always on alert. Meanwhile, the Dayak and Malay Indigenous people, as the majority, rely on their customs and culture to anticipate all disasters. Likewise, when the COVID-19 pandemic occurred in this region, the Government and people of West Kalimantan did not panic. Various efforts were made to reduce the rate of transmission of COVID-19. All potential is mobilized from the lowest level to the top level, the Provincial Government. Communication and education about health protocols, as well as involvement of the West Kalimantan community at large, are the keys to the success of West Kalimantan in reducing the rate of transmission of COVID-19.

■ Introduction

On March 10, 2020, the first case of COVID-19 was found in West Kalimantan (Kalbar), there were two people who were infected by the virus. The two people were infected in Malaysia, which was already experiencing the COVID-19 pandemic before Indonesia. Then, the Governor of West Kalimantan H. Sutarmidji, SH., M.Hum., immediately declared that West Kalimantan experienced a Force Majeure Event (KLB) of COVID-19. The decision of declaring Force Majeure Event in West Kalimantan preceded the national

decision. The conditions for enforcing Force Majeure Event have been fulfilled with two people confirmed positive for COVID-19.

On March 13, 2020, the Governor of West Kalimantan issued a Decree of the Governor Number 359 of 2020 concerning the Formation of a Task Force for the Acceleration of Handling COVID-19. The Task Force was directly led by the Governor of West Kalimantan. At the District/City level, Task Forces were also formed led by Regents/Mayors.

The province, which is located in the western part of the island of Kalimantan, is

one of the provinces in Indonesia which directly in border with a foreign country, namely the State of Sarawak, East Malaysia. In fact, with this position, West Kalimantan is now the only province in Indonesia that officially has road access to enter and exit foreign countries. Between West Kalimantan and Sarawak, a connecting road has been opened as the entrance and exit, namely Entikong. Entikong is the border between Pontianak and Kuching (Sarawak, Malaysia). The connecting road between the two countries is about 400 km long and can be reached within six hours of traveling.

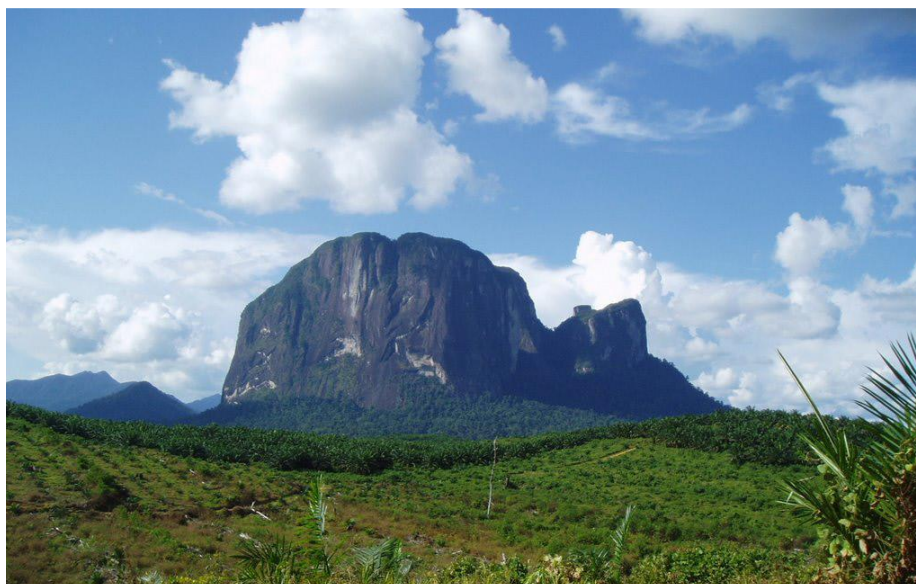
West Kalimantan Province consists of 2 cities and 12 districts, namely Pontianak City, Singkawang City, Mempawah District, Bengkayang District, Sanggau District, Sintang District, Landak District, Ketapang District, Sekadau District, Sambas District, Melawi District, Kubu Raya District, Kapuas Hulu District, and North Kayong District. The province has 174 sub-districts, 98 wards and 20,131 villages.

West Kalimantan has an area of 146,807 km² with a population of 5,001,664 people.

The majority of the population are Dayak, Malay, Javanese, Chinese, Madurese, and several other ethnic immigrants. The languages of everyday communication are Indonesian, Dayak, Bugis, Javanese and Malay. There is also Chinese language in some areas. The Dayak tribe, as the original tribe of West Kalimantan, has several sub-tribes, such as Iban Dayak, Jangkang Dayak, Kendayan Dayak and Ot Danum Dayak.

As the fourth largest province in Indonesia, after Papua, East Kalimantan and Central Kalimantan, West Kalimantan Province has enormous natural wealth. Judging from the area by district/city, the largest is Ketapang District (35,809 km² or 24.39 percent), followed by Kapuas Hulu (29,842 km² or 20.33 percent) and Sintang District (21,635 km² or 14.74 percent), while the rest scattered in 9 (nine) other Districts/Cities.

The Task Force in West Kalimantan was able to adapt quickly due to frequent forest fires. After the Governor Decree on this Task Force, they immediately coordinated. On



wartawisata.id

Mount Batu Daya, a giant rock, one of the sceneries in West Kalimantan.

Public Relations Doc.

Assembly activity with the Task Force in Meranti District, West Kalimantan.



March 20, 2020, the Task Force for the Acceleration of Handling COVID-19 of West Kalimantan Province held a coordination meeting led by the Provincial Secretary of West Kalimantan Province A. L. Leysandri, SH. who also happens to be the Chief Executive of the Task Force, together with the Head of Health Office of West Kalimantan Province dr. Harisson, MKes., and the Head of BPBD of West Kalimantan Christianus Lumano, S.E., M.Si.

The formulation of the coordination meeting is to map vulnerable areas and efforts to address food needs. Social restrictions will reduce activities outside the home, so that practical food needs must be available at home. If the government is unable to meet these food needs, the people will be restless. The coordination meeting was attended by parties listed in the Decree of Governor Number 359 of 2020 concerning the Task Force for the Acceleration of Handling Corona Virus Disease 2019 (COVID-19) of West Kalimantan Province.

The province of West Kalimantan is known by the nickname "*Negeri Seribu Sungai*" (The Land of a Thousand Rivers) and it does have a large number of rivers. This

nickname is in harmony with the geographical conditions which have hundreds of large and small rivers, some of them often passed by large ships. Until now, several large rivers are still the artery and main route for transportation in inland areas, although road infrastructure has been able to reach most of the districts.

■ Not implementing Large-Scale Social Restriction (PSBB) but Strengthening Other Restrictions

Many other provinces in Indonesia implement Large-Scale Social Restrictions (PSBB) but West Kalimantan Province does not. According to the Head of the Regional Disaster Management Agency (BPBD) Christianus Lumano, PSBB is not enforced in West Kalimantan but there are strict restrictions, such as the city of Pontianak that enforced a curfew. The main reason is to make people's economic activities, such as markets continue to run and epidemics can be

controlled. The governor ordered traders and visitors to take a rapid test.

Offices and public places were closed and work from home (WFH) was applied for several sectors. Provincial Implementing Units (Organisasi Perangkat Daerah, OPD) such as Health Office, BPBD, Hospitals, Satpol PP (civil police) still require some of their employees to work from the office.

According to the Head of BPBD, West Kalimantan Province does not implement PSBB because the Governor sees that the regions that carry out PSBB experience serious economic and social impacts on the community. Therefore, the regional government of West Kalimantan strictly imposed restrictions. but economic activities continue, although not up to the maximum level.

Despite not implementing the PSBB, the level of the spread of COVID-19 in West



PSBB is not enforced in West Kalimantan, but we have strict restrictions. Like in Pontianak City, they enforced curfew on several roads. In order for the economic activities to be active, such as markets, the Governor ordered traders and visitors to take a rapid test. Thus, PSBB is indeed not enforced but there are restrictions similar to PSBB.

Kalimantan is low, far from the worst predictions made by the Task Force. Inpatient facilities at the hospital are adequate and many are even unused. The culture of the people of West Kalimantan strongly supports the efforts to prevent the transmission of COVID-19 carried out by the Provincial Government. There have been many proactive actions by the community in preventing the spread of COVID-19, such as providing water and soap for washing hands in the market. Indonesian National Army, Indonesian National Police, and Satpol PP often carry out mask raids in crowded places. People who are not wearing masks are not allowed to enter or will be given masks first. In districts/cities, regulations are made by the regent and mayor of that region.

The West Kalimantan Provincial Government conducts socialization in various ways to make social restrictions a success. The policies made and the information conveyed to the public refer to the Central Government so that there are no excessive policies and information. It was stated by Ir. Sukaliman, MT, Head of Communication and Information Agency. The restrictions imposed in West Kalimantan Province do not only refer to legal aspects (for example, permission from the Minister of Health) but also see how the region's ability to protect its citizens.

In the field of communication, the Provincial Government at first aggressively provided information or dissemination on how these protocols should be applied. The rush at the start happened due to panic.

■ Health Facility Preparedness

As an effort to deal with the acceleration of handling COVID-19, the West Kalimantan Provincial Government is preparing various health facilities. There are many things that must be considered in handling COVID-19 patients. It starts from the health care side by health workers, nutritional intake from selected menus, isolation places/rooms, as well as motivation and funding for other supporting activities.

The Head of the West Kalimantan Health Office, Harisson, stated that the West Kalimantan Provincial Government has a building for isolation or quarantine for COVID-19 confirmed patients or reactive patients. The Health Training Unit building which has 40 rooms is prepared for the isolation of COVID-19 patients. One room can accommodate four people. However, according to the current health protocols, one room is only for two people. Room

placement is grouped by category: reactive, OTG, or confirmed cases. Various essential needs are met in order to accelerate the patient's recovery. Every other day, the doctor or nurse checks the patient's health. New confirmed cases will be tested by PCR after two weeks. When the patient is being isolated, the Health Office also pays attention to the patient's psychological condition. They do gymnastics and meetings while maintaining distance. Patients cannot be visited, and the Health Office also prepares an officer as a motivator.

■ Customs that are highly upheld

West Kalimantan Province, as a region dominated by Dayak and Malay ethnic groups, highly upholds local customs and culture. The customs and culture that are very dominant in West Kalimantan is the motto "*akcaya*"



Public Relations Doc.

Spraying of Disinfectants at OPD in the environment of the Provincial Government.

("never perish"). When the first positive case of COVID-19 was discovered in "The Land of a Thousand Rivers", the community returned to the essence of local wisdom: solidarity, togetherness, and feeling the suffering together. The local government immediately formed a Task Force for the Acceleration of Handling COVID-19. The community has made various efforts in accordance with local wisdom to help break the chain of spreading the COVID-19 virus. The Dayak indigenous people perform various ceremonies to reject disease and plague. The Iban Dayak and Malay ethnic groups who live in Badau District, Kapuas Hulu District, West Kalimantan carried out a ritual of rejecting havoc in the State Cross-Border Post (*Pos Lintas Batas Negara*, PLBN) in Badau area which borders the territory of Indonesia - Malaysia.

The Head of Badau Sub-district, Adenan, stated that this activity was a form of public concern in the effort to fight COVID-19. The ritual also brings together two different traditions. The Iban Dayak tribe performs rituals and the Malays perform prayers to reject havoc to their ancestors and creators for the safety of the Kapuas Hulu community. In addition, Adenan said that currently at PLBN Badau, Indonesian citizens were not allowed to go abroad. Likewise, on the other side, Malaysian citizens also cannot enter Indonesia. To anticipate COVID-19, PLBN Badau has also prepared an isolation room.

On March 24, 2020, the West Kalimantan Provincial Health Office said there was one more positive COVID-19 patient in its area and he came from Kuala Lumpur cluster. Therefore, the total number

of people who tested positive for COVID-19 was three. The head of the West Kalimantan Health Office, Harisson, said that the new patient was not treated in the isolation room at Sudarso Hospital, Pontianak, but at home. The patient's condition was in good health, without any complaints of illness. Thus, the treatment was carried out at home with strict supervision. Patient number three is the wife of patient number one, who contracted from Kuala Lumpur, Malaysia. At that time, there were 38 PDP people, and 1,829 ODP people. One PDP died and one person was still waiting for the laboratory result. At the end of March, there were 9 people who tested positive for COVID-19. There have been an additional six people since the COVID-19 pandemic began. On March 30, 2020, two people recovered and two people died.



So, the governor immediately prepared Yos Sudarso Hospital and 10 hospitals as supporting referral hospitals besides Sudarso. So, if the Ministry of Health appoints 4 hospitals, it will be Sudarso, then Sintang Hospital, Singkawang Hospital and Ketapang Hospital. Then, the Governor appoints another 10 referral hospitals so we have lots of beds. Now, when our cases have started to go down, our hospital is

■ Ijtima Gowa Cluster that Raises Concerns

The Provincial Government pays attention to several regions in Indonesia that have found positive cases of COVID-19 from the congregation of Ijtima Ulama Dunia 2020 of Asian Zone in Gowa District, South Sulawesi. East Kalimantan Province found positive cases of COVID-19 from the Ijtima Gowa cluster. Thousands of congregation from East Kalimantan came to this activity before it was finally banned by the South Sulawesi Provincial Government. Only 23 people came from West Kalimantan Province, but the Regional Government was still worried about the spread of COVID-19 from the Ijtima Gowa cluster.

The Head of West Kalimantan Provincial Health Office, Harisson, confirmed to have tested 23 West Kalimantan residents who attended the Ijtima Gowa. The Task Force Team, in collaboration with the authorities, collected data on West Kalimantan residents who came to the Ijtima Ulama Dunia 2020 of Asian Zone in Gowa. The examination was carried out by the Port Health Office (*Kantor Kesehatan Pelabuhan, KKP*) and the Ijtima Ulama participants carried out self-isolation in their respective homes.

The Head of the West Kalimantan Health Office announced one additional confirmed (positive) case of COVID-19 on Saturday, April 25, 2020. At that time, the total number of confirmed COVID-19 cases had increased to 51 cases. This 51st case was a resident of Kapuas Hulu District who attended the Ijtima Ulama Dunia 2020 of Asian Zone in Gowa, South Sulawesi.

Based on tracing, there were three cases originating from the Gowa cluster in West Kalimantan. Two cases were in Singkawang City and one case in Kapuas Hulu District. Two cases from the Gowa cluster in Singkawang City were married couple. The first case, a 48-year-old man and the second, his wife, 52, were under strict isolation.

On Sunday, April 12, 2020, the Head of the West Kalimantan Provincial Health Office, Harisson, stated that two patients who had previously tested positive, had tested negative for COVID-19. At the same time, seven PDP were tested negative. Two patients who were declared recovered were a 46-year-old man and a 52-year-old woman. Both were treated at Abdul Azis Regional Public Hospital, Singkawang. Other than the encouraging news with the recovery of several positive COVID-19 patients, there have been two patients of COVID-19 that have died, 1 female aged 54 years old and 1 male aged 71 years old who were hospitalized in Pontianak.

On April 16, the Governor of West Kalimantan, Sutarmidji, as the Head of the Task Force for the Acceleration of Handling COVID-19 in West Kalimantan, received news that there were eight new positive cases of COVID-19. The number of confirmed cases of COVID-19 in West Kalimantan became 21 people with 6 people being declared recovered, 7 people still under treatment, 5 people undergoing self-isolation and 3 people died.

The PCR test can be carried out in West Kalimantan, in the laboratory of Tanjung Pura University Hospital (Untan Hospital) Pontianak. However, the number of tests

that can be done is still limited so that the test is prioritized for PDP. For other purposes, they carry out a rapid antibody test. Some specimens must also be sent to other central or provincial laboratories.

The Provincial Government, with all components in the Task Force and the community, continues to carry out campaigns to prevent the transmission of COVID-19. Government agencies carry out prevention education for COVID-19. Indigenous peoples perform various traditional ceremonies to reject havoc and escape various outbreaks. Indigenous people in West Kalimantan work together and cooperate to prevent the transmission of COVID-19.

Regional governments, with all available facilities, continue to make efforts to control the COVID-19 pandemic. All health facilities are alerted. West Kalimantan has prepared 4 referral hospitals, according to the Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/Menkes/169/2020 on the Appointment of Referral Hospitals for Certain Emerging Infectious Diseases. The four hospitals are: Dr. Soedarso Regional Public Hospital Pontianak, Dr. Abdul Azis Regional Public Hospital Singkawang, Ade Mohammad Djoen Regional Public Hospital Sintang, and Dr. Agoesdjam Regional Public Hospital Ketapang.

Within two days since the swab was carried out independently in West Kalimantan, on April 24 there was a surge in positive patients. On that day, there was additional 29 positive cases of COVID-19. Therefore, all cases confirmed at that time were 50 people. The new confirmed cases



PEMERINTAH PROVINSI KALIMANTAN BARAT

Mengapa Sabun lebih efektif membunuh Virus daripada Hand Sanitizer?

HAND SANITIZER
Setelah digunakan 5 kali berturut - turut, tangan harus dicuci menggunakan air mengalir untuk mencegah resistansi antiseptikl

HAND SANITIZER
Residu kuman yang sudah matimasih menempel di tangan

HAND SANITIZER
Pada beberapa orang dapat mengiritasi kulit

HAND SANITIZER
Sifat alkohol yang mudah menguap, jika ditempatkan diluar ruangan/tempat dengan suhu tinggi dapat mengubah konsentrasi alkohol 70% (konsentrasi dapat bertambah atau berkurang)l

HAND SANITIZER
Hanya efektif membersihkan tangan yang tidak tampak kotor

SABUN
Dapat digunakan berulang kali



SABUN
Residu kuman yang sudah mati ikut terbawa air mengalir

SABUN
Ramah digunakan untuk semua orang

SABUN
Kandungan antiseptik sabun tidak berubah di segala kondisi

SABUN
Efektif membersihkan tangan yang tidak tampak kotor maupun kotor



KAPAN HAND SANITIZER EFEKTIF DIGUNAKAN?

1. Jauh dari tempat Hand Wash
2. Kesulitan Mencari air bersih
3. saat bepergian

GUGUS TUGAS PP COVID-19 PROV.KALBAR

consisted of six people from the *tablig akbar* (mass religious meeting) congregation cluster in Malaysia and one person from a special cluster in Pontianak. The addition of 29 confirmed cases in one day is the largest increase in West Kalimantan. These promptly increased the Task Force preparedness. At the end of April, there were eight confirmed cases, bringing a total of 58 cases with seven recovered patients and three deaths. As of May 5, 2020, there were 73 confirmed cases or an increase of 15 people in six days. The average number of confirmed cases per day was three people. Of the 73 confirmed cases, eleven people are still being treated in hospital, 51 people are undergoing strict isolation, eight people recovered, and three people died.

■ Medical Personnel are Also Exposed to COVID-19

A few days after the Tanjung Pura University Hospital laboratory carried out the PCR test, there was one patient who was dishonest, causing 59 medical personnel at the hospital to be exposed. Due to good handling and harmonious work between the parties in charge of handling people exposed to COVID-19, these exposed medical personnel have gradually recovered.

The high recovery rate and the spread of the virus that tends to slow down gives new energy. Nearly all exposed medical personnel have recovered and none of them died. The Rector of Tanjung Pura University who was included in the confirmed case has recovered and the news of his recovery was

conveyed by the Governor himself. "I hope the others will also recover quickly. This is good handling and harmonious cooperation between parties who are in charge of dealing with COVID-19," said Prof. Garuda, the Rector of Tanjung Pura University. He hoped that there would be no more new cases or infections. He said the big family of the Untan academic community would continue to provide moral support for the COVID-19 confirmed case of the Untan Hospital medical team. "We also express our gratitude for the prompt handling of the West Kalimantan Health office. We give our appreciation to our medical personnel who have also provided support," he said further.

Untan also continued to provide support so that the medical team who are exposed recovered quickly and they must continue to maintain their condition and pay attention to nutritional intake according to the direction of the Task Force at Untan who continued to provide support for medical personnel.

The Governor kept reminding the medical personnel to always be alert. When providing services to patients, they must use PPE properly. "Patients who come must take a rapid test immediately. When the rapid test is carried out, they must use PPE," said the Governor.



PROVINSI KALIMANTAN BARAT

DATA COVID-19

25 Juli 2020, 07:00 WIB

359 Konfirmasi
Covid-19

0 Konfirmasi Isolasi
355 Konfirmasi Sembuh
4 Konfirmasi Meninggal

Suspek
516

17 Suspek dirawat
di Rumah Sakit

432 Discarded
15 Probable

Kontak
Erat
15.303

PONTIANAK

Konfirmasi : 122
Suspek : 212
Kontak Erat : 862

SINGKAWANG

Konfirmasi : 12
Suspek : 28
Kontak Erat : 691

MEMPAWAH

Konfirmasi : 10
Suspek : 30
Kontak Erat : 284

BENGKAYANG

Konfirmasi : 5
Suspek : 22
Kontak Erat : 2340

SAMBAS

Konfirmasi : 12
Suspek : 45
Kontak Erat : 3840

LANDAK

Konfirmasi : 20
Suspek : 26
Kontak Erat : 1480

SANGGAU

Konfirmasi : 25
Suspek : 16
Kontak Erat : 442



KUBU RAYA

Konfirmasi : 40
Suspek : 72
Kontak Erat : 302

KAYONG UTARA

Konfirmasi : 3
Suspek : 8
Kontak Erat : 201

KETAPANG

Konfirmasi : 41
Suspek : 20
Kontak Erat : 1990

SEKADAU

Konfirmasi : 7
Suspek : 7
Kontak Erat : 1186

MELAWI

Konfirmasi : 21
Suspek : 4
Kontak Erat : 228

SINTANG

Konfirmasi : 29
Suspek : 1
Kontak Erat : 770

KAPUAS HULU

Konfirmasi : 2
Suspek : 12
Kontak Erat : 687

■ Local Transmission

As of the end of May 2020, according to the Head of the West Kalimantan Health Office, in the West Kalimantan region, there has been local transmission of COVID-19. There were five areas that experience local transmission: Pontianak City, Singkawang City, Ketapang District, Melawi District, and Kubu Raya.

According to Harisson, this local transmission occurred in the community of these three areas. Confirmed cases were no longer imported cases from other regions or countries. As of May 6, West Kalimantan has had 90 confirmed cases of COVID-19, with eight people recovered and three people died. 17 confirmed cases as of that date were asymptomatic (OTG).

Similar to the case of infected medical personnel at the Untan hospital, when the COVID-19 attacked Pontianak City due to local transmission, they did not panic. The spirit of *akcaya* (never perish) encouraged them to act immediately. The Pontianak Task Force is considered successful in reducing the local transmission rate of COVID-19, which has flattened the curve of new cases development. This flat curve indicates that the health facility in the capital city of West Kalimantan Province is able to treat COVID-



The first time we did the PCR laboratory test was at UNTAN. Not long after, they became infected. So, we did a re-evaluation, we got stricter.

19 patients. If they fail to contain the rate of development of the virus due to this local transmission, in just a few days, it is predicted that there will be 205 more people suffered from COVID-19 in Pontianak. "We are able to treat sufferers of COVID-19 because there are joint efforts, so there is no surge in patients," said the Head of the Pontianak City Health Office, dr. Sidiq Handanu Widoyono, M.Kes.

Still according to Sidiq, the development of cases per week is categorized as flat. Until mid-May 2020, 71 people were confirmed positive for COVID-19. Apart from local transmission clusters, there were also several clusters of imported case from Sukabumi, West Java, totaling one case. The rest is from the medical personnel group.

Pontianak, the area of West Kalimantan Province with the most confirmed cases of COVID-19, is a reference for West Kalimantan's success in dealing with the spread of COVID-19. The work from home (WFH) policy carried out by the Pontianak Task Force Team is considered effective in suppressing the COVID-19 pandemic. Likewise, the temporary closure of tourist attractions, restaurants and cafes is also effective.

Apart from Pontianak City, areas that experience local transmission of the spread of COVID-19 are Singkawang City, Melawi District, Kubu Raya District, and Ketapang District. These four regions are also swift in reducing the rate of COVID-19 spread. The increasing number of confirmed cases of COVID-19 in Pontianak, Singkawang and Ketapang due to local transmission has prompted local governments to raise the

alert level to the Red Zone. Eid al-Fitr homecoming was not allowed.

Since the Regent was tested positive for COVID-19 and became its own cluster and triggered local transmission, a mass rapid test and PCR were immediately carried out. Rapid tests were mainly carried out on ASN and employees who work in the local government of Melawi District. The transmission from this cluster continued to increase. Specifically, those who were tested positive for COVID-19 were people without symptoms (OTG).

The mass test and PCR would be carried out on those who interact with the Regent Panji, said Horison, the Head of the West Kalimantan Provincial Health Office. In fact, Regent Panji and his family who have been declared recovered would also be tested again. In order to stop the transmission of COVID-19 in Melawi, tracing was carried out on ODP and PDP. On the other hand, the test in Melawi would be centered at Melawi Regional Public Hospital.

As of June 23, 2020, although not in large numbers, there were still additional positive cases of COVID-19 in West Kalimantan. On that date, 15 people were tested positive for COVID-19, 9 positive patients from the Regent Panji cluster. The others came from Sambas of 3 people, Ketapang District 2 people, and one person confirmed positive of COVID-19 came from Pontianak.

Harisson asked the Melawi District Task Force to continue to carry out tracing and rapid tests. Citizens whose rapid test results came back reactive should be isolated. The West Kalimantan Health Office hoped that

the Melawi District Health Office will take the epidemiological investigation seriously.

■ There are Positive Patients but Not Isolated

For managing this corona pandemic, the treatment is specifically unique. There are positive patients who must be treated with extra strict handling and supervision and there are also COVID-19 positive patients who carry out self-isolation at home with close supervision and monitoring from medical personnel. Many considerations were taken by policy makers regarding this matter. Among others are patients who are easy to monitor and willing to cooperate. After all, the West Kalimantan region is famous for its local cultural wisdom. One of the hereditary wisdom is the availability of isolation and quarantine places for people with infectious diseases. Almost all regions in West Kalimantan have this kind of place. Even if there are residents who have contracted COVID-19 and want to carry out self-isolation, they can use that place, of course by paying attention to the health protocols.

Regarding self-isolation at home, this also occurs in Kapuas Hulu District. One positive patient for COVID-19 was not isolated in the hospital isolation room at dr. Achmad Diponegoro Putusibau Regional Public Hospital with the consideration that the patients were disciplined and adhered to the health protocols. Furthermore, the patient appeared to be still healthy and when he was declared reactive based on the rapid test, he was very open and consciously cooperated

with the Task Force. Before this patient, there was a positive patient with COVID-19, who due to lack of discipline could not carry out self-isolation at home. This first patient must be isolated in the hospital, in addition to lacking discipline, his family was also less strict in supervising and ensuring him not make contact with other people.

The attitude of the Kapuas Hulu COVID-19 Task Force by not isolating patients in hospitals received criticism from members of the Kapuas Hulu Regional House of People's Representatives (DPRD). The DPRD member also urged the Task Force to immediately isolate the COVID-19 patients who were being treated independently in private homes, to Putussibau Hospital. According to the DPRD member, there is already a procedure for handling positive patients with COVID-19, regardless the patient's background and without exception.

■ Epidemic Curve is Still Rising

In the first week of June 2020, an increase in confirmed cases of COVID-19 was still occurring. Based on data from the Ministry of Health, on June 6, 2020 in West Kalimantan Province, the number of confirmed COVID-19 cases is 210, recovered cases 114, and 4 deaths. The recovery rate achieved more than 50 percent of cases. The recovery rate continues to increase until the third week of June. In June 21, 216 patients were declared as recovered (72%) and four patients died.

The Governor of Kalimantan, Sutarmidji, thanked the Regents who have worked hard in handling COVID-19. The

governor hopes that the Regents/Mayors, as the Heads of the Task Forces for the Acceleration of Handling COVID-19, will continue to strive and innovate for their positive recovery speed. Sutarmidji said, prevention and handling of the corona virus in the regions must involve all sectors and have a firm attitude in carrying out every policy.

KALBAR Data Covid-19 Dashboard

Introduction

Coronavirus Disease 2019 atau **COVID-19** adalah penyakit baru yang dapat menyebabkan gangguan pernapasan dan radang paru. Penyakit ini disebabkan oleh Infeksi Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Gejala klinis yang muncul beragam, mulai dari seperti gejala flu biasa (batuk, pilek, nyeri tenggorok, nyeri otot, nyeri kepala) sampai yang berakumulasi berat (pneumonia atau sepsis).

Update Terakhir: **JUMAT 24 JULI 2020 19:00 WIB**, Sumber Data : Dinkes Prov Kalbar



KASUS
KONFIRMASI

359



PASIENTERAWAT



PASIENTEREMBUH

355



PASIENTEMENINGGAL

4

Yuk, Cari Tau Apa itu SUSPEK?

Seseorang yang memiliki salah satu dari kriteria berikut:

- Orang dengan Infeksi Saluran Pernapasan Akut (ISPA) dan pada 14 hari sebelum timbul gejala memiliki riwayat perjalanan atau tinggal di negara/wilayah Indonesia yang melaporkan transmisi lokal.
- Orang dengan salah satu gejala/anda ISPA dan pada 14 hari terakhir sebelum timbul gejala, pernah kontak dengan kasus konfirmasi atau probable COVID-19.
- Orang dengan ISPA berat/pneumonia berat yang membutuhkan perawatan di rumah sakit DAN tidak ada penyebab lain berdasarkan gambaran klinis yang meyakinkan.



SUSPEK
516



SUSPEK DIRAWAT
17



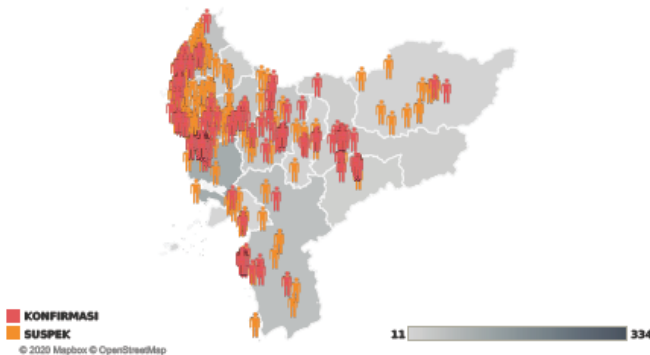
DISCARDED
432



PROBABLE
15

Peta Sebaran KONFIRMASI & SUSPEK

Filter By : Kab/Kota All



Jumlah Total Pasien per Lokasi

Kab/Kota	KONFIRMASI	SUSPEK
KOTA PONTIANAK	122	212
KUBU RAYA	40	72
SAMBAS	12	45
MEMPAWAH	10	30
KOTA SINGKAWANG	12	28
LANDAK	20	26
BENGKAYANG	5	22
KETAPANG	41	20
SANGGAU	25	16
KAPUAS HULU	2	12
KAYONG UTARA	3	8
SEKADAU	7	7
MELAWI	21	4
SINTANG	29	1
LUAR WILAYAH	10	13

Kelompok Umur



Pasien Berkunjung dari Daerah



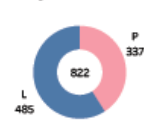
Pasien Berkunjung dari Luar Negeri



Transportasi Perjalanan



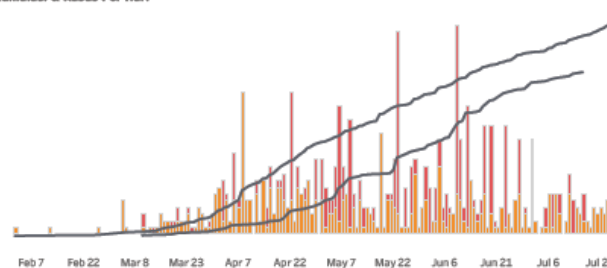
Jenis Kelamin



Lokasi Rawat per Pasien

Lokasi Rawat	SUSPEK
RSUD Dr. Soedarso	8
RSUD Sultan Syarif Mohamad Alkadrie	2
RSUD Landak	1
RSUD Dr. Agoesdjam	1
RSUD dr. Achmad Diponegoro	1
RSUD Dr Abdul Aziz	1
ISOLASI KHUSUS	3

Akumulasi & Kasus Per Hari



Infografis dan Informasi terbaru tentang COVID-19 di Kalimantan Barat silahkan klik logo



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NORTH KALIMANTAN

Author:

Prof. Dr. dr. **Sudarto Ronoatmodjo**, S.K.M., M.Sc.

Resource Persons:

Dr. H. **Suriansyah**, M.AP. as Provincial Secretary of North Kalimantan

DT. **Iqro Ramadhan**, S.Sos., M.Si as Assistant for Government Affairs and People's Welfare

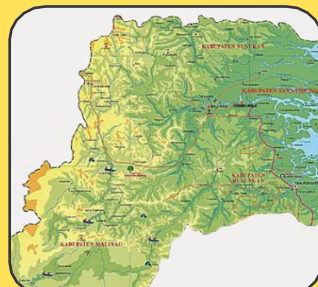
A.M. **Santiaji Pananrangi** as Chief Executive of North Kalimantan BPBD

Agus Suwandi as Head of Disease Prevention and Control Division of North Kalimantan Provincial Health Office

Muhamad Sarwana as Head of Emergency and Logistics Division of North Kalimantan Provincial BPBD

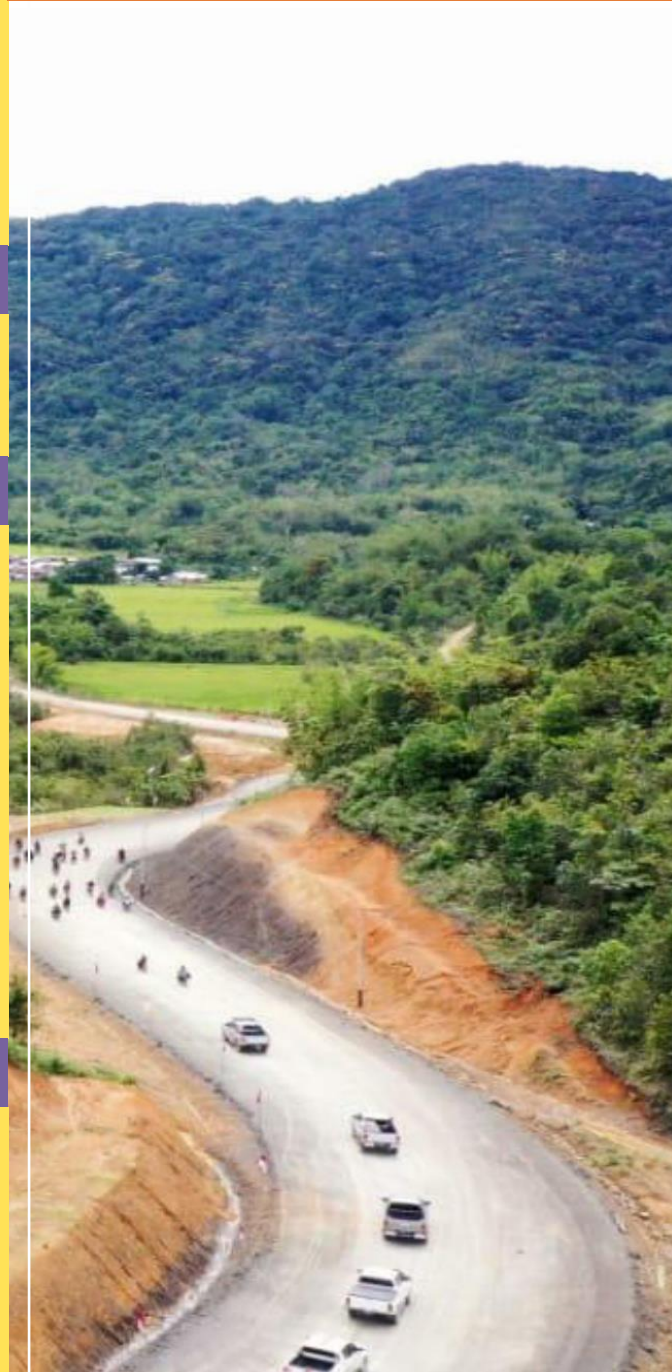
Contributor:

Yudarini, S.H., M.Kes.



covid19.go.id/peta-sebaran

Interview performed on June 26, 2020



COVID-19 CONTROL AT THE BORDER: NORTH KALIMANTAN EXPERIENCE

North Kalimantan Province is like the "side yard" of a house called Indonesia. As a "side yard", of course, it intersects with the neighboring country. In this case, the neighboring country is Malaysia. The length of the border, which is almost as long as Java Island, becomes a unique problem in the controlling the COVID-19 pandemic that is currently attacking the world. Coordination is not only carried out between agencies within the regional government, but also with the Central Government and the Malaysian government. Difficult geographical conditions also add to its own challenges for the regional government of North Kalimantan Province in their efforts to suppress the spread of the pandemic.

■ A Glimpse of the Border

North Kalimantan (abbreviated as *Kaltara*, or Kalimantan Utara) is a province in Indonesia located in the northern part of Kalimantan Island. This province is directly adjacent to the neighboring country of Malaysia or, to be precise, with the States of Sabah and Sarawak in Malaysia. The capital area of North Kalimantan government is currently located in Tanjung Selor Sub-district, together with the capital of Bulungan District. North Kalimantan is the newest province of Indonesia, which was officially legalized as a province in the plenary meeting of the Indonesian House of Representatives (DPR) on October 25, 2012 based on Law Number 20 of 2012.

As mentioned earlier, Kaltara is directly adjacent to Malaysia. The border is around

8,000 km long. The length of this border creates issues in border monitoring and monitoring of people crossing the border. There is Sebatik Island which is also located on the border with Sabah. People are crossing from Tawau to Sebatik Island, while Malaysia is implementing a lockdown with regards to the COVID-19 pandemic.

This condition is a challenge in itself for controlling COVID-19 pandemic in North Kalimantan. An effort is made to apply strict security measures at traffic points for entry and exit. For those entering through the border, checks are carried out strictly according to the health protocols. For those who are detected to experience certain symptoms, they will be immediately followed up based on the applicable health protocol. However, those who enter illegally are difficult to monitor. This also becomes an

obstacle and a challenge in preventing the spread of COVID-19 in North Kalimantan.

So far, border security has been entrusted to the members of the National Indonesian Army and Indonesian National Police who routinely patrol the border. However, considering the length of the border, a continuous effort still needs to be made in order to tighten the inspection of people entering and leaving the region. The North Kalimantan provincial government has sent an official letter to the government of Malaysia to ask for cooperation in reducing movement in and out of the border. This was applied due to the lockdown measure implemented by Malaysia that reflects a graver situation in that country in terms of COVID-19 pandemic.

From the communication between the North Kalimantan provincial government and Malaysia, it was finally agreed that there would be no flow of people entering and leaving the area. Official transportation had been stopped since the early days of COVID-19. In Malaysia no longer accepts arrivals and departures. These efforts are expected to give results. However, due to the breadth and length of the border area, the flow of people entering and leaving the countries can still occur, with illegal access that cannot be detected. There is certainly a tightening of the flow of people entering and leaving which has been minimized.

From the results of the inspection and monitoring, legal border crossers were tested with a rapid test. Those with positive results were retested with a swab test. This test was carried out at Tarakan Regional Public Hospital. If the result is positive, they

should undergo quarantine. A quarantine site is provided by the North Kalimantan Provincial Government. The good news is that in North Kalimantan, the samples for PCR testing are no longer required to be sent to Surabaya because they already own their own facilities and equipment.

■ COVID-19 Enters North Kalimantan

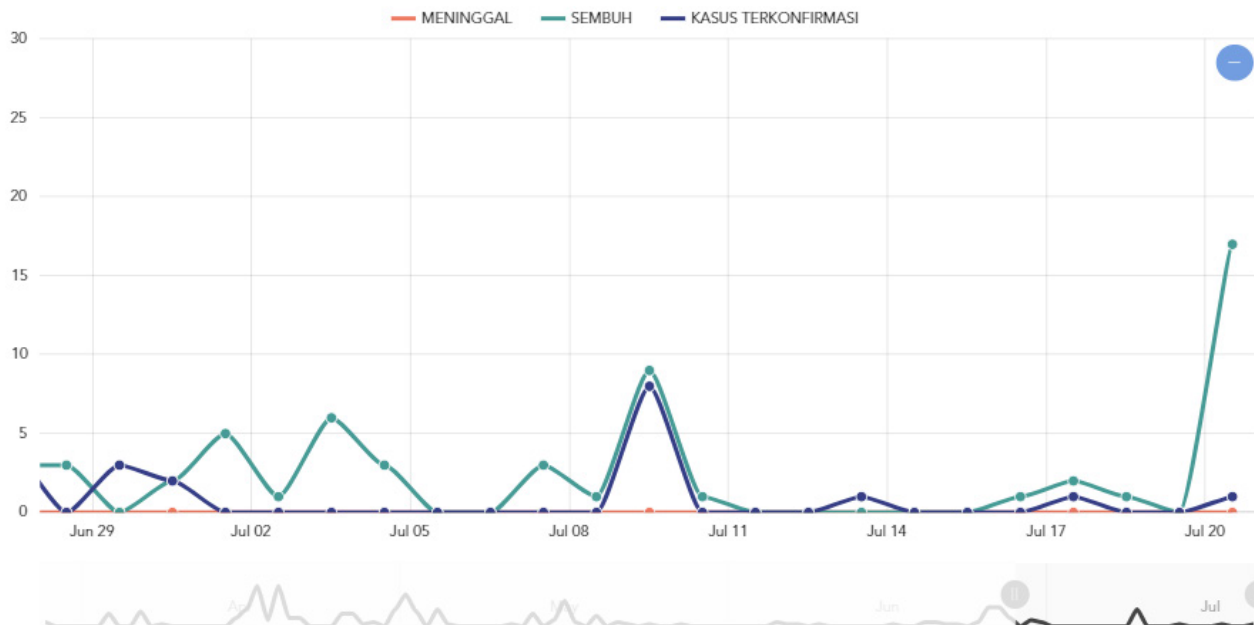
The first case appeared on March 27, 2020. Two identified cases were recorded. Both patients had just returned from a trip to Jakarta: one patient lived in Bulungan and the other lived in Tarakan. After that, a large number of cases was identified from Gowa cluster with 70 people confirmed positive for COVID-19 during the period of mid-April 2020 to June 26, 2020. There are still 4 people who have not recovered and are being treated at Tarakan and Nunukan Hospitals.

To this date (June 16, 2020), there are 188 confirmed cases of COVID-19. The reason, among others, is that there was a plane that landed from South Kalimantan and apparently, there were 9 positive passengers. The number of health workers exposed to COVID-19 is 11 people: 1



North Kalimantan is adjacent to the states of Sabah and Sarawak in Malaysia. Thus, the range to serve Indonesian citizens on the border is sometimes hampered.

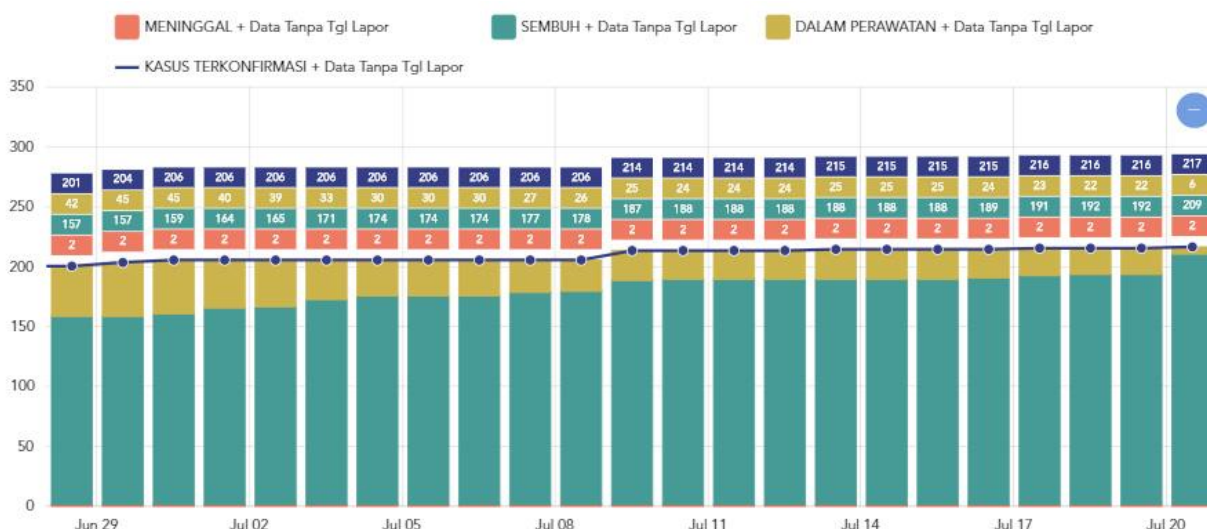
Semua Kasus Memiliki Tanggal Lapor

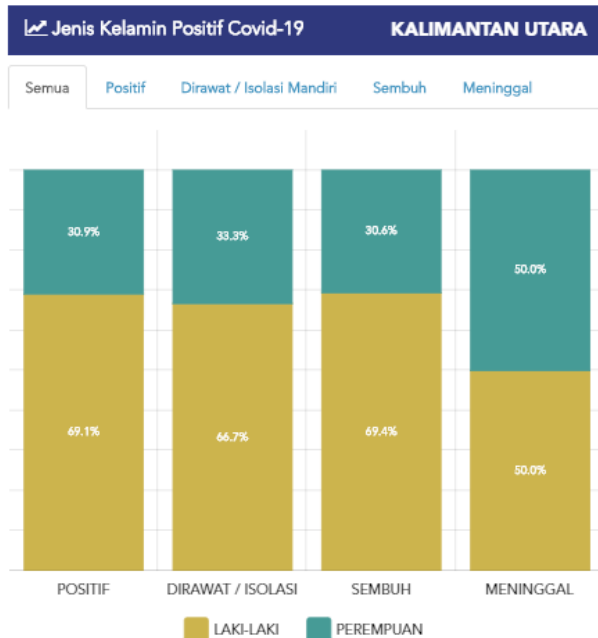


laboratory worker, 3 staff members of public health centers, and the remaining are from the hospital.

There are two people who died due to this disease: 1 died in April 2020 and 1 died in May 2020. The number of people who died and were buried with the COVID-19 protocols is 2 people. Data show that 151 patients, or 80%, have recovered. The number of patients under treatment has

decreased so that the available isolation rooms and other infrastructures are sufficient. The current situation is that the daily number of new cases is going down. Recently, there was an additional 8 cases of ship crews originating from South Kalimantan (according to the Ministry of Health, cases are recorded in the area where they were found).

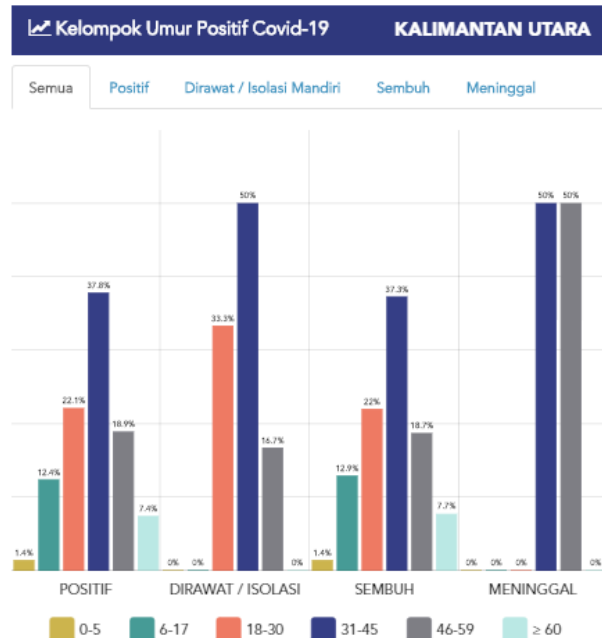




The Government of North Kalimantan Province, together with the Districts and Cities in the province, is currently preparing a Contingency Plan. In the case of COVID-19, according to the direction of the Central Government and the Governor of North Kalimantan, the capacity of the health services in this province is currently being improved, together with the necessary facilities and infrastructures, especially those that are relevant for providing services to COVID-19 patients.

COVID-19 Monitoring Data Status for COVID-19 (July 1, 2020):

- ~ 424 ODP cases (People under Surveillance)
- ~ 238 OTG cases (Asymptomatic People)
- ~ 7 PDP cases (Patients under Observation)
- ~ 215 confirmed cases.



Recovery Rate of COVID-19 Patients

The recovery rate of COVID-19 patients in North Kalimantan (Kaltara) reached 89.72% with 216 COVID-19 positive cases of in that area. "There are 192 patients who have recovered from COVID-19, two died, while the other 22 are currently under treatment," said the spokesman for the Task Force for the COVID-19 Control Acceleration of North Kalimantan Province, Agust Suwandhy in Tarakan, Saturday. Of the 192 patients who have recovered, 72 were from Tarakan; 33 from Malinau; 43 from Nunukan; 4 from Tana Tidung District; and 39 from Bulungan.

There are 216 positive confirmed cases of COVID-19 in Kaltara consisting of 87 cases in Tarakan, 35 cases in Malinau, 44 cases in Nunukan; Tana Tidung District 7 people; and Bulungan 43 people. There are 8 patients under surveillance, 5 people from Malinau; 2

people from Nunukan; and 1 person from Bulungan.

Furthermore, there are 417 people under surveillance, including 382 in Tarakan, 11 in Malinau; 20 in Nunukan, and 4 in Tana Tidung District. Finally, the data show that there are 214 asymptomatic people that are distributed in Tarakan with 183 people, Malinau with 41 people, Nunukan with 2 people; and Bulungan with 15 people.

■ Control Efforts

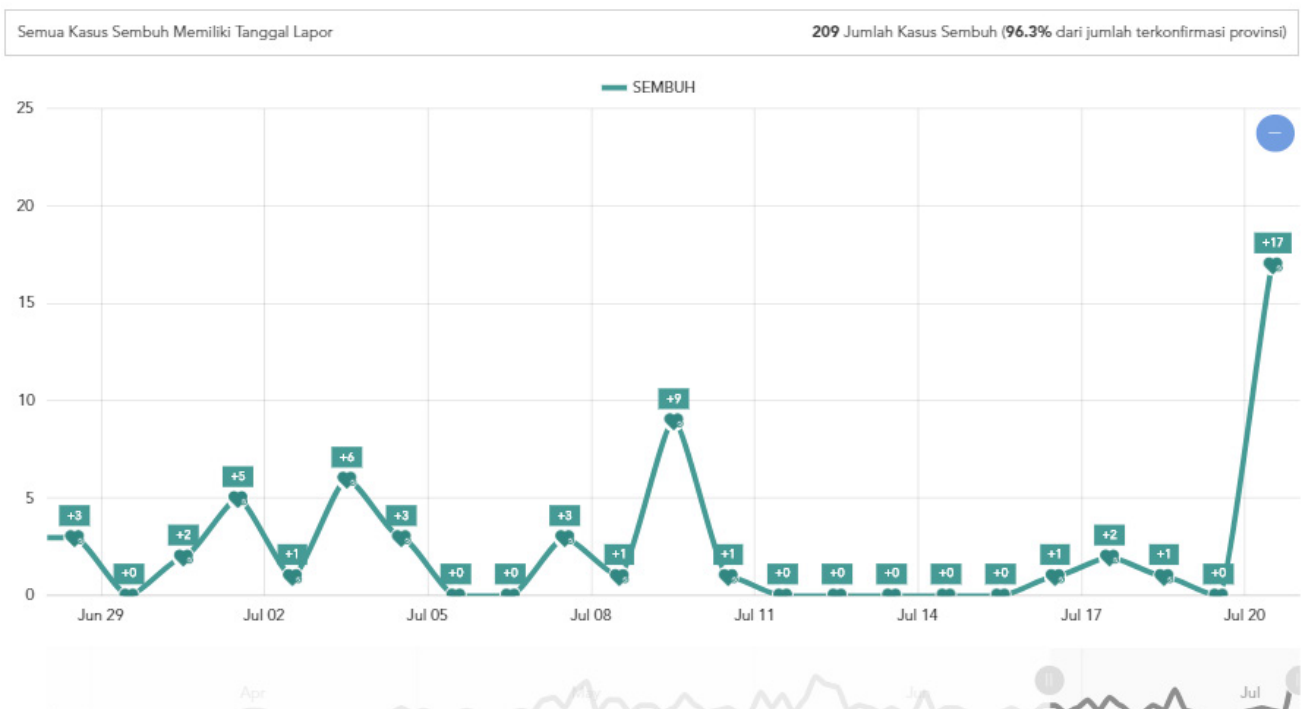
Efforts to control the spread of COVID-19 were started with the declaration of Emergency Response Status for the COVID-19 Pandemic in North Kalimantan on March 27, 2020 which applies to April 25, 2020 as based on the Decree of the Governor Number 188.44/K-/2020 on Declaration of Emergency Response Status

for COVID-19 Pandemic in North Kalimantan Province.

The provincial government also formed a Task Force for COVID-19 Prevention and Control Acceleration based on the Decree of the Governor of North Kalimantan Province Number 188.44/K-/2020 on the Formation of a Task Force for COVID-19 Control Acceleration in North Kalimantan Province.

The efforts of the provincial government include the followings:

- More massive coordination between regional and vertical government agencies was performed;
- Quickly prepare tactical efforts in order to face all the worst possibilities;
- Cooperate with related parties, such as the National Indonesian Army/ National Indonesia Police. Districts/ cities also take preventive measures such as establishing Command Post



at the entrances to North Kalimantan, such as airports and ports and carrying out massive and periodic disinfectant spraying in public places;

- With the awareness that their area is directly adjacent to another country, the Governor took initiatives immediately by writing to the Minister of Sabah, Malaysia. The result is positive. Unlike the other border areas, there is no a large wave off returning TKI (Indonesian Migrant Workers) to this province;
- Prepare referral hospitals for COVID-19 patients, namely Tarakan Regional Public Hospital (Hospital owned by the Provincial Government) and Tanjung Selor Regional Public Hospital. Then, through the Decree of the Governor, three more hospitals are added, namely Nunukan Regional Public Hospital, Tarakan City Public Hospital, and Malinau Regional Public Hospital;
- Add isolation rooms at the Tarakan Regional Public Hospital;
- Prepare a laboratory at Tarakan Regional Public Hospital to be able to perform a swab test. Currently, this issue is being communicated with the Ministry of Health and waiting for a Decree and special equipment in order to be able to carry out swab tests;
- Continuously disseminate accurate information to the public through various media and facilities to comply with government policies, related to social restrictions in order to prevent the spread of the virus, which is by

staying at home, maintaining distance, wearing masks, and always adopting the clean and healthy lifestyle.

The COVID-19 control measures in North Kalimantan has been performed in accordance with statutory provisions and SOPs regulated by the Central Government. For the Regional Government, COVID-19 control refers to policies applied by the Governor.

In controlling COVID-19, the North Kalimantan Provincial Government targets three efforts, including how to increase health care capacity from the human resource, equipment, and funding aspects. Then, there is also a program of social safety



COVID-19 control in North Kalimantan is carried out in accordance with the provisions of the Central Government and the policies of the North Kalimantan Governor, especially in relation to 3 issues: increasing health care capacity (human resources, equipment and funding); social safety net programs; and efforts to address economically impacted communities.

net for the community and, of course, measures for specifically addressing those communities who are affected by the economic impact of the pandemic. For example, for people affected by the economic impact of the pandemic, the North Kalimantan Provincial Government has distributed Cash Transfer (*Bantuan Langsung Tunai*, BLT) which has currently reached the phase 3 and will be continued to phase 4.

■ Pandemic Management from Public Health Perspective

The health perspective is no less important. Therefore, the Provincial Government is trying to improve health care facilities. Initially, Kaltara only had two hospitals that were recommended to provide pandemic-related health services, namely the Provincial Government Hospital in Tarakan and Bulungan District Hospital. However, since many parts of the area are separated by rivers and seas, the Governor issued a decree to appoint additional referral hospitals in Nunukan, in Malinau, and also Tarakan City Hospital that are assisted by other hospitals.

Regarding medical equipment in North Kalimantan, examinations had been done using the RMT equipment since the initial phase of the pandemic. In all district and provincial hospitals, the RMT equipment is already available. However, the standard requirement requires the hospitals to use level two bio safety cabinet, which can only

be done in Tarakan Provincial Hospital and Tarakan City Hospital.

At that time, other samples were still sent to BPLK Surabaya even though there was an obstacle in terms of transportation, because samples should be sent by the District/City to the Health Research and Development (Litbangkes) first, then from the Litbangkes, the samples are sent to BPLK Surabaya.

North Kalimantan Province has already had a PCR laboratory which budget comes from the Local Budget (APBD). The PCR laboratory is placed in the Provincial Hospital in Tarakan City. The existing equipment can run 96 samples in one time in a maximum of around 2 hours starting from the extraction. This machine can do two runs in one day, 2 to 4 times, times 90s. This number is not too bad as it can run all samples in Kaltara. Usually, the delivery is done twice a week. One delivery can include 100 to 150 samples. So, within a week, 300 results are recorded.

The good news is, from a technical point of view, that the cases under treatment are now not too many. Thus, the availability of isolation rooms and logistics are still in the safe category. The North Kalimantan Provincial Government hopes that cases can be under control without any spike, as observed at the moment.

Policies and Regulations of the Regional Governments.

- Increased alertness of Covid-19 transmission - Circular Letter No. 045.4/0375.1/GUB;

- Increased alertness of the risk of COVID-19 transmission in High Schools/Vocational Schools/ High Schools for Children with Special Need of North Kalimantan Province - Circular Letter No. 045.4/0366.4/ GUB dated March 19;
- Appeal No. - 360/004/GTCOVID-19/ III/2020 dated March 25, 2020;
- Adjustment of the Provincial ASN Work System - Circular Letter No. 800/144/BO/GUB dated March 30;
- Follow-up to the WFH Work System - 800/0478/BKD/SETDA dated April 2;
- Report on the Use of the 2020 Regional Revenue and Expenditure for COVID-19 Control Measures - 900/083/BUPKTT/IV/2020 dated April 6;
- Accelerating the use of Specific Activity Budget Allocation (refocusing) - 050/0495/BAPP-LIT/ SETDA - HK.104/3/1/DRJU.KUM-2020 dated March 24, 2020;
- WFH Activity Report of ASN and Non-ASN - 060/148/SETDA.VII;
- Amendment to the Circular Letter regarding Adjustment of the Provincial ASN Work System - Circular Letter No. 800/153/BO/GUB dated March 30;
- Monitoring for Communities with Travel History from Countries/Local Transmission Areas of COVID-19 - Circular Letter No. 045.4/0487/BPKP/ GUB;
- Use of Masks to Prevent Covid-19 Transmission - Governor's Appeal No. 300/0488/BPKP/GUB;

- Appeal for CSR Funds to Prevent COVID-19 Funds - Governor's Appeal Number 050/0501/BAPP-LIT/GUB;
- Referral Hospital for Specific Emerging Infectious Diseases in North Kalimantan Province - Governor Decree No. 188.44/K.396/ 2020.

■ Budget Refocusing

North Kalimantan Provincial Government has also refocused the budget. The total budget provided by budget refocusing is 109 billion. It is aimed at dealing with economic impacts. There are also funds for social safety net of 15 billion, unexpected expense of 14 billion, and the health sector of approximately 49 billion.

As reported by the official media, the North Kalimantan Provincial Government has allocated a budget through reallocation and refocusing of the Regional Revenue and Expenditure (APBD) budget. The value is more than IDR 39 billion which will be increased to IDR 60.9 billion. These details are contained in Notification Number 900/0443/BPKAD/GUB on Amendments to the Regulation of the Governor of North



The beneficiaries of aids distribution must be photographed with their Citizen ID Card, so that it matches the data of those who are entitled to receive it.

Kalimantan Number 48 of 2019 concerning Amendments to the Details of the APBD for 2020 Fiscal Year, dated March 30, 2020.

The use of the budget is focused for health management (procurement of medical equipment, medicines, patient treatment, preparation of isolation rooms, PPE), handling of social and economic impacts (aids for economic growth), and social safety nets for affected residents (social aids). In addition, the funds are also allocated for prevention and security, including costs for residents who are under isolation.

In the transportation sector, by far the handling has been implemented. For example, the Department of Transportation subsidizes transportation costs by bringing goods needed by the community. Meanwhile, the Marine Fisheries Agency helps fishing communities and the trade sector and the cooperative agency helps the communities engaged in MSMEs. The agricultural sector has also implemented the handling. They supply the flow of farmers' food security. In fact, there is already an Indonesian farmer's shop, which helps market the products at the same price as the lowest retail price.

Provincial Labor and Transmigration Office (Disnakertrans) helps training for people who will apply and improve their skills in certain fields. For example, training for sewing and producing masks has been held for several phases. For the community, the Social Service also supports the daily needs of the less fortunate.

Meanwhile, the allocation of social safety net funds has been in three phases,

providing assistance in the form of cash, amounting to 200 thousand per person. Three phases have been held, each of which is about 5 thousand people. In the near future, the Governor of North Kalimantan will also hold the 4th phase.

Public Kitchen (*Dapur Umum*) Program has also been implemented, which is one Public Kitchen in Bulungan District, and also one Public Kitchen in the city of Tarakan and Nunukan respectively. Now, it is in an evaluation stage, whether it will be continued or considered done.

In this effort to handle this, North Kalimantan is assisted by volunteers, in accordance with the Decree of Governor. These volunteers provide support in the framework of implementing the command posts that have been established, both command post of task force in the province as well as in the border.

Furthermore, in accordance with the Governor's discussion, a volunteer team was formed in the context of handling COVID-19. As a result, 35 people registered to volunteer for COVID-19 from technical to general personnel. They are already active, especially at the RT level, the Village level, the Sub-District level, and the District level.

■ Cooperation with the private sector

CSR (Corporate Social Responsibility) has also been implemented. For this activity, a form is already prepared.

The aids can be delivered directly to the community or through the province, with the coordination of BPBD, to be

delivered to those entitled to receive the aids. Medical Equipment is coordinated by the Health Office. Companies in North Kalimantan are cooperative in helping, discipline, and working together in handling COVID-19. There is a company such as Pertamina that provides facilities for quarantine (isolation).

Students who study at the University of Muhammadiyah Malang who live in North Kalimantan, make innovative activities: A Box with Kaltara, which contains information or publications including online media in the form of appeals and education related to the COVID-19 issue.

Mosques, churches, schools and traditional markets are controlled to enforce the health protocols. The governor, in fact, assisted by distributing masks, temperature measurement device, and carried out disinfection to those places.

The approach of the community's mindset and culture is an important part of handling COVID-19, such as the expression in the Bulungan language “*merudung*”, which

means working hand in hand between all levels of society. This local motto is the encouraging factor to jointly carry out a movement against COVID-19 which is based on the spirit of *Kaltara Benuanta* or Kaltara is our Home/Region. That is the attitude of the Kaltara Provincial Government.

■ Obstacles in Control Measures

One thing to note in the effort to deal with the COVID-19 pandemic is that Kaltara is adjacent to the states of Sabah and Sarawak. As a result, the reach to serve residents on the border becomes an obstacle, especially in Nunukan.

In Nunukan, 104 Indonesians who had been detained in Malaysia were returned to their respective regions. If in Kaltara, the entrance is through Nunukan. The Nunukan Regional Government, meanwhile, has submitted a proposal to the Minister of Health for complete quarantine facilities. Until now, there has been no response. For this reason, the Provincial Government



Public Relations Doc.

The Governor of Kaltara* briefed the Forkopimda Work Meeting to discuss the development of COVID-19.

*The mask is temporarily removed while speaking.

hopes that the complete quarantine facilities can be assisted by the center, considering that almost every week there are a flow of residents entering the region through Nunukan District.

In addition, there are complaints from the community in Kerayan Sub-District, which is in Nunukan District, because this Sub-District can only be reached by air. As a result, in terms of logistics, when the lockdown was implemented in Malaysia, activities and logistics transportation for the community were also disrupted. Efforts have been made to address this problem, namely sending a letter to the Ministry of Trade to facilitate the opening of closed routes due to closures by Malaysia.

Indeed, so far, the needs of the community have been served through air transportation. So, while the COVID-19 condition has not subsided, the flights are also limited, which limits the people's movement. Furthermore, the needs that have been obtained from Malaysia are experiencing difficulties.

Solution efforts remain to be made. For example, the Regent of Nunukan and the Provincial Government of Kaltara are trying to provide subsidies for the transportation of goods. This effort is certainly not possible due to limited funds. Therefore, the Provincial Government hopes that the logistical exit and entry points will be given a leeway for the sake of economic activities for the residents in Kerayan.

■ Adaptation to the New Normal

The institutional aspect has so far kept in touch with the Central Government and the City and District Government, regarding service needs, especially the equipment needed. Thankfully, until now, these needs have been met even despite in a limited amount. It is because in Kaltara, the population is only around 700 thousand, still under one million. The Provincial Government of Kaltara together with the District and City Governments can still handle the matter.

At the village level, the conditions for handling COVID-19 do not experience many obstacles. Citizens together with local leaders jointly implement good health protocols. One of them is by adhering to the limitation of social movements. Various efforts were made, such as holding a competition of innovation for handling COVID-19. This activity automatically encourages people to find various innovations related to handling COVID-19 according to local wisdom in each region.

Disaster Resilient Villages have also appeared in every village. North Kalimantan has 440 villages. They already have their own Task Force Teams. This is in accordance with Regional Regulation No.5 of 2019 concerning Disaster Management including the Disaster Management Agency Instruction, whereas each village is obliged to form a Disaster Resilient Village.

With these conditions, Kaltara is now moving towards a new life order. Districts and Cities have started to actively conduct

Catatan Statistik Provinsi Kaltara Triwulan I 2020

Pertumbuhan Ekonomi Triwulan I-2020



Tingkat Pengangguran Terbuka

- Februari 2017 5,17 %
- Februari 2018 4,68 %
- Februari 2019 5,80 %
- Februari 2020 5,65 %



Inflasi Bulanan 2020

- Januari 0,01 %
- Februari 0,00 %
- Maret -0,46 %
- April 0,13 %

Pariwisata Bulan Maret

- Kunjungan Wisman **31.411** orang.
- Kunjungan Wisman Januari-Maret **113.965** orang
- Tingkat Hunian Kamar Hotel Bintang dan Akomodasi Lainnya **20,51** persen
- Pesawat berangkat **574** kali
(turun 3,37 % dari bulan Februari)
- Angkutan penumpang laut 13.931
(turun 14,62 % dari bulan Februari)

Profil Ekspor Impor

- Ekspor US\$ 104,84 juta (naik 5,75 % dari Februari)
- Impor US\$ 6,23 juta (naik 165,38 % dari Februari)
- Surplus US\$ 98,61 juta.
- Ekspor terbesar sektor tambang US\$ 92,91 juta.



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Sumber: BPS Kaltara, Mei 2020

socialization to prepare for how to lead to the adaptation of new normal. Likewise, Nunukan District has prepared thoroughly, even carried out simulations while still prioritizing the health protocols.

Efforts to move to a new lifestyle cannot be done instantly. There is an underlying study, for example, from a meeting with the Kaltara University research team. They explained the research on the development of COVID-19 in Kaltara and the result was

indeed below the number one, namely 0.16. Therefore, it is advisable to prepare to adapt to new habits.

The team is now working to prepare for the adaptation of the new normal. In certain sectors, there have been relaxation. However, the governor plans to still have coordination with the Regional Leadership Communication Forum (Forkompimda) which consists of regents and mayors to prepare which sectors will be relaxed.

Based on a study by the National Development Planning Agency (Bappenas), Kaltara is the only province in Kalimantan that is ready to open or implement new normal or adaptation of new habits as referred to by the government as the policy of a Productive and Safe Society for COVID-19.

North Kalimantan Province has won two awards at the national level for the New Normal Order Regional Innovation competition held by the Ministry of Home Affairs (Kemendagri). As announced by the Minister of Home Affairs, Tito Karnavian, Kaltara has won two awards in the sector of Hotel and One Way Integrated Services (PTSP) of provincial cluster. In the PTSP sector in the provincial cluster, Kaltara is in second place after Central Sulawesi at first and Central Java in third. Meanwhile, in the Hotel Services Sector, Jambi is in the first place and South Sulawesi is in the third place.

There are seven sectors competed in this competition, namely traditional markets, modern markets, hotels, restaurants, tourist attractions, public transportation, and PTSP. The Provincial Government of North Kalimantan, from the 7 contested sectors, chose to show a video of the implementation of welcoming the new normal in the sector of hotel, PTSP, restaurants, tourist attractions and public transportation.

Governor Irianto Lambrie, on an occasion explained why the new normal is important. In his opinion, before a vaccine was invented, humans would coexist with COVID-19 for a long time, so they need to

adapt to live the life with the health protocols.

In addition, the results of a survey conducted by the Vox Populi Research Center are published on Tuesday (June 9, 2020), showing a picture of the condition of the community related to COVID-19, stating that COVID-19 is not the only scary thing at the moment.

The community is still worried about contracting COVID-19 but far more people are afraid of not being able to work/being laid off/not getting income. This means that regardless of the pros and cons, the implementation of the new normal in an effort to deal with the COVID-19 pandemic is indeed one option of solution that can be chosen.

The governor quoted President Jokowi's statement: "New Normal is a process towards a community order that is safe from COVID-19 but remains productive from the economic perspective. Adapt to the COVID-19 pandemic, but do not give up on efforts to contain the spread of the spread."

That, he said, is certainly not an easy job. The conditions are tough, and the stages are very strict. New normal life demands adaptability and community compliance with new habits to obey and implement the health protocols. New normal requires a clear legal basis and the enforcement of stricter rules. There should not be the slightest negligence and idleness. Being negligent means facing a new disaster, which makes it more difficult to deal with the virus. Negligence will be the first step towards defeat in dealing with the COVID-19 pandemic.

Previously, the Vox Populi Research Center has conducted other studies. As a result, the survey findings showed that 78.1% of respondents wanted the new normal to be applied. Only a small proportion or 16.5% disagreed, and the remaining 5.4 % did not know or did not answer.

The adaptation of new habits, according to President Jokowi's direction, includes the followings: Regional Government in accelerating the handling of COVID-19 and preparing to implement the new normal order protocol that is productive and safe. It must be based on a valid and detailed study of field data.

Subsequently, a warning or declaration of the area status is given to the areas recorded as having the highest cases of spread, the increase number of cases, or the highest fatality rate. This step is expected to be able to bring together the awareness of every local government in handling this pandemic. Areas that are allowed to open must go through strict and careful stages. There should be no mistake in making the decision so there is no sudden increase in cases.

Another direction is that the timing for implementing a productive and safe new normal order protocol must be precise. In this case, accurate calculations are needed based on existing data and field facts. Therefore, a strict precondition policy is required accompanied by intensive dissemination to the public regarding health protocols. Not all sectors are opened; it must be based on the existing stages. The opening

of the sector must also be done on a scale of 50 percent, or half of the normal condition.

Priority sectors that will be opened, among others, are fisheries, agriculture, plantations, goods transportation and petroleum. In implementing the opening of priority sectors with the new normal order protocol that is productive and safe, the President mentioned that there are several regions that have done it well. For this reason, it is expected that Kaltara can replicate their success.

Based on these grounds, in accordance with an appeal from the Ministry of Home Affairs, BPBD is currently making preparations for the new normal adaptation in all Regional Apparatus Organizations (OPD). The SOPs in each OPD already exist such as procedures for washing hands, maintaining distance, wearing masks, consuming a balanced nutritional intake, and Clean and Healthy Living Behavior.

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RIAU ISLANDS

Author:

Dr. dr. Tri Yunis Miko Wahyono, M.Sc.

Resource Persons:

Dr. H. Tjetjep Yudianta, M.Kes. as Acting Head of Riau Islands Provincial Health Office

Susilo Budi Hartanto, S.Si, Apt. as Head of Public Health Department of Riau Islands Provincial Health Office

Dr. Hasim As'ari, M.Si. dan Hafiz

Supriyadi, S.T., M.Eng. as Associate Trainer of Riau Islands Province

Donie Tuah Fitriano Putra, S.I.P., M.I.Pol. and Hendra Kurniawan, S.I.P. M.Si. as Senior Trainers of Riau Islands Province

Contributor:

Nida Hanifah Nasir, S.K.M., M.K.K.K.



corona.kepriprov.go.id



Interview performed on June 22 and 23, 2020



COMMUNITY EMPOWERMENT MANAGEMENT IN COVID-19 PREVENTION IN RIAU ISLANDS

Riau Islands Province (Kepri) has 7 districts/cities with more than 2 million people predominantly of the Malay ethnicity. The province has 254 cases of COVID-19. The first case occurred in Tanjungpinang City on March 18, 2020, when a tofu seller returned from Malaysia. Then, other clusters appeared. Meanwhile in Batam City, the first case was in Hog Eden Park with 49 cases, which were cases of church congregations in Batam. Furthermore, another cluster occurred in Tanjungpinang followed by other clusters up to 17 clusters. In general (more than 80%), the cases in Riau Islands Province came from these clusters. The success of the Province in identifying clusters and isolating all of its cases has made the Province a Green Zone. The Regional Leadership Communication Forum (FORKOMPIMDA) was the means of their success. Furthermore, a task force was formed at the RW, Village, and Sub-District level to support the success of the Province in facing the New Habit Adaptation (*Adaptasi Kebiasaan Baru*, AKB) or also known as the New Normal. With a community empowerment management strategy, the Riau Islands Provincial Government is trying to explore the potential that exists in the community to jointly handle COVID-19. A variety of pro-citizen policies makes the regional government present in handling COVID-19.

■ A Glimpse of Riau Islands

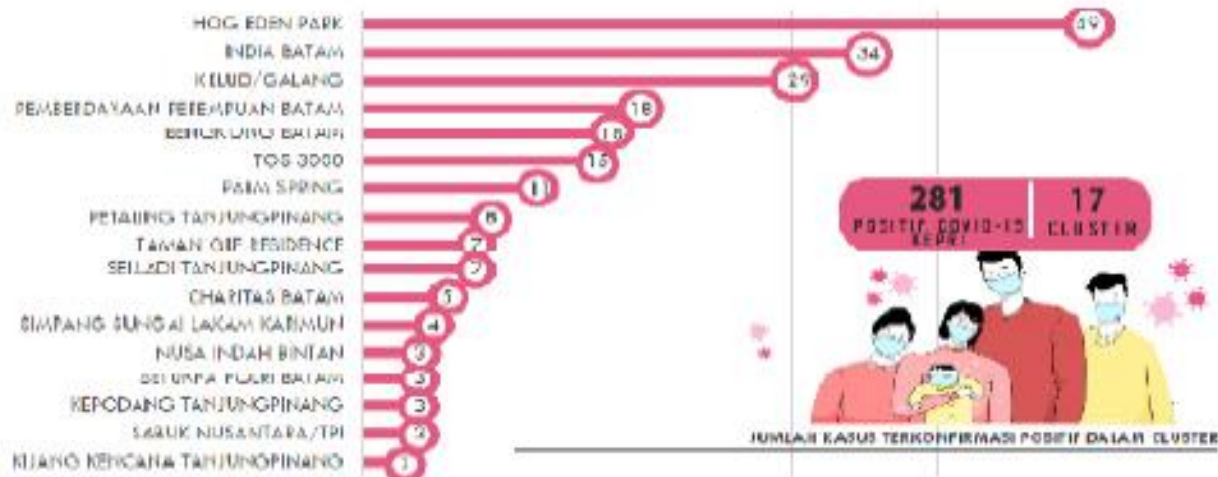
Riau Islands Province consists of 1,796 islands. The position of the Riau Islands is very strategic because this province is directly adjacent to several other provinces in Indonesia and with several ASEAN countries. Territorial borders include Vietnam and Cambodia (Northern Borders); Singapore, Malaysia and Riau Province (West Borders); Malaysia and West Kalimantan (Eastern Borders); South Sumatra and Jambi (Southern Borders).

There are 7 districts/cities in the Riau Islands, namely Batam, Bintan, Karimun, Anambas Islands, Lingga, Natuna, and Tanjungpinang. The Riau Islands Province has experienced a significant development in the number of administrative regions, which initially consisted of 4 districts and 2 cities with a total of 17 sub-districts and in 2018, it changed to 5 districts and 2 cities with a total of 70 sub-districts.

The total population of Riau Islands in 2019 was 2,189,653 people consisting of

50.79% male and 49.03% female. The largest population is in Batam City at 63.41%, while the population density in Riau Islands Province reaches 2.67 inhabitants per km². The most densely populated area is Tanjungpinang City, which is 14.64 inhabitants per km².

The case in Riau Islands Province then spread to several districts such as Bintan, Karimun and Sabuk Nusantara 48, as well as Lingga. There are 2 districts that are free from COVID-19 cases, namely Anambas and Natuna Districts. It is because the shipping operation was stopped when there were



■ Epidemiology

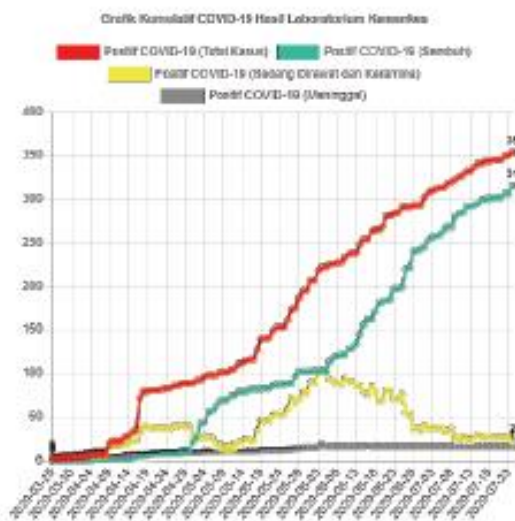
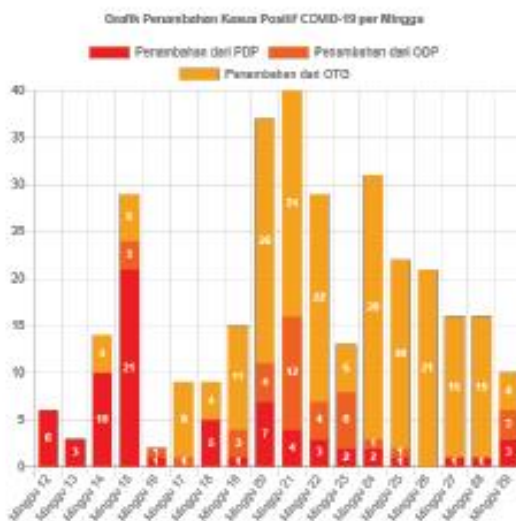
The case in the Riau Islands started with 17 clusters. The first and largest cluster was the cluster in the Hog Eden Park church with 49 cases followed by the Indian cluster in Batam city. Then, other clusters appeared, such as the Kelud cluster, Batam Women's Empowerment and so on. As a result, the number of cases was increasing and developing like today.

The Task Force then handled these clusters and all cases originating from these clusters were isolated in the hospital. There are several cases that were isolated at the Galang Island Hospital with a capacity of 3,000 patients and there are only 800 beds that are filled.

many declared as Red Zones, meaning that the number of cases was high, with only ships for logistical shipping were allowed to operate.

■ Institutional and Legal Basis

In dealing with COVID-19, a response team was formed before forming a task force because the prevention effort in the Riau Islands Province began in December 2019 and the task force was formed in March 2020. Therefore, the response team had already worked before the task force was formed. The following are the policies and legal basis made from December 2019 to June 2020.



- Coordination with all relevant stakeholders, such as Vertical Agencies, Indonesian National Army, Indonesian National Police, District Governments, City Governments, State-Owned Enterprises, and the Private sectors in handling COVID-19;
- Refocusing and Reallocation of Regional Revenue and Expenditures with

districts/cities to accelerate the handling of COVID-19;

- Providing financial aids to districts/cities for communities affected by COVID-19;
- Circular Letter concerning Increasing Alertness to the Risk of Transmission of COVID-19 Infection;
- Circular Letter on the Implementation of National Examinations and Teaching and Learning Activities at Education

Units in the Context of Prevention of the Spread of COVID-19 in Riau Islands Province;

- Governor's Instruction concerning the Obligation to Wear Masks and Provision of Hand Sanitizer Facilities in Public Facilities;
- Circular Letter concerning Standards and Protocols to Prevent the Spread of the COVID-19 Pandemic;
- Circular Letter concerning Technical Guidelines for Implementing the Work System for State Civil Servants. In efforts to Prevent the Spread of COVID-19 within the Riau Islands Provincial Government;
- Governor's Instruction concerning the Implementation of Ramadan and Eid Al-Fitr Worship on 1 Syawal 1441 H in Riau Islands Province;
- Submission of Incentives to 10,343 *Mubaligh* (Quran and Islamic School Teachers), Non-Civil Servants Islamic Religious Instructors, and Imam Hafish for 10, 20, and 30 Juz of Quran throughout the Riau Islands Province;

- Social aids of 15,000 basic needs for communities affected by COVID-19 in Tanjungpinang City;
- Circular Letter concerning Efforts to Accelerate the Reduction of COVID-19 Cases ahead of the 1441 H Eid Al-Fitr;
- Circular Letter concerning Efforts to Accelerate Handling of COVID-19 Cases in Tanjungpinang City on the 1441 H Eid Al-Fitr holiday;
- Legal counseling education in the context of handling and preventing the COVID-19 pandemic;
- Circular Letter concerning Protocol for the implementation of worship in mosques during the New Normal Phase.
- Supervision of Health Protocol Enforcement by Satpol PP of Riau Islands Province in coordination with the Indonesian National Army and Indonesian National Police and the COVID-19 Task Force of Tanjungpinang City;
- Supervision of Health Protocol Enforcement to all Heads of Regional Officials Organization (OPD) in the Environment;



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Head of the Task Force for COVID-19 Control of Riau Islands is Holding a Coordination Meeting at the Regional Police of Riau Islands Office.

- Riau Islands Provincial Government;
- Circular Letter concerning Readiness of District/City in implementing the New Normal Order and safe from COVID-19;
- Establishment of Task Force United Against COVID-19 in an effort to help prevent the spread of COVID-19 in Batam City;
- Participation of Regional Government in Regional Innovation Competition in the Context of Implementing the New Normal Order and Productive Society and Safe from COVID-19;
- Supervision of the implementation of the Protocol to Prevent the Spread of COVID-19 in mosques during Friday prayers;
- Establishment of an Economic Impact Assessment Team for a New Normal Order;
- Collecting data on the magnitude of the impact of COVID-19 which is divided into each sector;
- Circular Letter concerning the criteria of people's travel.



■ Community Empowerment Management

In handling COVID-19, Riau Islands Province applies a management strategy that is based on community empowerment. The concept of community empowerment itself is defined as all efforts made by community components by exploring the potential that exists in the community so that they are able and participate in preventing the transmission of COVID-19. The following are the stages:

This community empowerment strategy refers to a health promotion strategy (Ministerial Regulation of Health No. 74 of 2015). In this strategy, an advocacy for community empowerment is important to be implemented properly. The expectation is that by exploring the potential of the community, the innovations for handling COVID-19 can be sourced from local human resources and uniqueness of each region.

The aim of community empowerment is, among others, to build interpersonal relationships through communication and convey information about an overview of health promotion activities in empowering families to be free of COVID-19.

Activities performed include discussion with community leaders, religious leaders, Women from Family Welfare Movement (PKK), cadres in the RT level in order to discuss and agree on what to do. Together with the COVID-19 team, the community empowerment team strictly monitors the physical distancing and the use of masks every day; raises donations from non-governmental organizations that are used

for the needs of prevention and handling of COVID-19; creates a 1-door entrance portal and supervises residents who enter and exit the area, measures their temperature and sprays disinfectant. Together with the residents, the team also provides support for COVID-19 patients, People under Surveillance (ODP), Patients under Observation (PDP), Asymptomatic People (OTG), and people implementing self-isolation and optimizes the role of cadres in educating the public.

From these community empowerment activities, it was subsequently known that the Village/Ward has formed a separate Task Force (79.2% of the Village/Ward is included in the Sub-District Task Force). Monitoring of residents entering and exiting the area (All Villages/Wards) has been carried out. Through RT/RW level, the Task Force has monitored migrant residents and reported it through the WhatsApp group to the Public Health Center. In terms of Education of Clean and Healthy Living Behavior and Environmental Sanitation, all villages/wards

have issued an appeal and have socialized it through RT/RW and other sectors.

Sanitation in the form of spraying disinfectant routinely has been carried out. In terms of logistics fulfillment flow for isolated residents, 20.8% of Villages/Wards have raised mutual cooperation funds from the community for the community. Meanwhile, some other villages/wards maximize BLT and basic needs aids coming from the Center, Province or Business World. In terms of supervision, all villages/wards have conducted physical distancing supervision with Bhabinkamtibmas.

Riau Islands Provincial Government has performed the community empowerment management strategy. Indeed, there are several keys to the success of each village, among others, RT and RW must truly understand their roles, duties, and responsibilities as community protectors, recognize the ins and outs of the community so that they are able to take the necessary steps. Public Health Center play a role not

Public Relations Doc.

PCR facilities at
Galang Island Special
Hospital for
Infectious Disease in
Batam





only in providing information but also as a facilitator and catalyst in empowering the community in its area. Good communication to the community will facilitate the community empowerment process and avoid the emergence of negative "stigma".

Meanwhile, there were several obstacles found in the field, such as the difficulty of several villages/wards in obtaining data related to ODP, PDP, OTG, and Confirmed COVID-19 cases in their regions. The lack of optimal coordination between the village/ward/sub-district government and the District/City Task Force Team has resulted in community empowerment only being carried out by village/ward officials themselves. Behavioral factors, such as the difficulty of avoiding crowds, not being disciplined in wearing masks, indifference and selfishness attitude in society or non-behavior, and very dynamic mobility of the population became its own obstacle.

From the activities, recommendations were made, including recommendation on the need to increase the capacity of RT/RW/Cadres in implementing community empowerment. Preparation for New Normal

Life (New Habit Adaptation) involves academics/students. Likewise, it also applies to the ongoing monitoring and evaluation.

■ Pro-citizen Policy

Other than trying to implement the community empowerment strategy, the Riau Islands Provincial Government also implements a variety of pro-citizen policies, especially for those who are directly affected by COVID-19.

In the health sector, budget was allocated for the preparation of referral hospitals in Riau Islands Province (According to the Decree of the Minister of Health, there are 4 hospitals, namely: Embung Faomah Regional Public Hospital, Raja Ahmad Tabib Central Public Hospital, Muhammad Sani Regional Public Hospital and BP Batam Hospital and the Decree of the Governor, 32 referral hospitals in districts/cities). Furthermore, there was a provision of incentives for health workers. Another policy was a provision of compensation in the amount of 15 million for those who died from COVID-19 and 1 month of District Minimum Salary for



Public Relations Doc.

Rapid test at Tos Market 300 in
Batam

Patients under Observation (PDP) (the poor/people vulnerable to poverty). Lastly, PCR tests have been operated at Batam Environmental Health Technical Hall (*Balai Teknik Kesehatan Lingkungan, BTKL*) since April 19, 2020.

In the economic sector, the Riau Islands Province made an anticipation by carrying out the following: a) Exemption from tuition fees for 3 months for high school/vocational high school students. b) Aids in the form of packages of primary food to people affected by COVID-19, totaling 425,000 packages. c) Empowerment of MSME in the form of a production stimulus for the local UMKM sector, such as the procurement of masks for local business products by the government which will subsequently be distributed to the community. d) Through banks and other financial institutions, providing loan relief to customers in the form of credit/loan restructuring at banks, leasing, and pawnshops in accordance with the Regulation of Financial Service Authorization No. 11/POJK.03/2020 e) Ensuring the availability of primary food and other important goods.

The Riau Islands Provincial Government has also raised support from the private sector and banks through CD/CSR funds and other private financing in order to provide aids to people affected by COVID-19 through:

- Financial institutions through the Regional Banking Consultative Body (*Badan Musyawarah Perbankan Daerah, BPMD*) and the Financial Services Industry Communication Forum (*Forum Komunikasi Industri Jasa Keuangan, FKIIJK*) have distributed 755 food packages worth IDR 226 million to the community in Riau Islands Province (especially Batam and Karimun);
- Bank Indonesia Representative of the Riau Islands provides assistance of 300 food packages and 3,750 personal protective equipment (PPE);
- The Riau Islands Customs and Excise Regional Office provides goods grants, consisting of 10 tons of sugar, onions, shallots, chilies, salt, blackfish and soy sauce;
- Aids from SKK Migas Sumbagut in the form of PPE, medical equipment, and 10 tons of rice;

- Bank Riau, Riau Islands, Tanjungpinang Branch, provides 250 food packages worth IDR 75 million for the community of Tanjungpinang and Bintan.

In addition, a team is formed which consists of several OPDs who carry out economic affairs and involve vertical agencies (Bank Indonesia of Batam Region, Financial Services Authority, Treasury



Public Relations Doc. | Galang Island Special Hospital for Infectious Disease

As a follow-up action, an Economic Recovery Analysis Team of Riau Islands Province will be formed towards a New Normal Order and Safe from COVID-19 which is tasked to assist the Task Force for the Acceleration of Handling COVID-19 in the Riau Islands Province in terms of: (1) Preparing data in formulating policies, strategies, programs as well as activities to be undertaken in the context of economic recovery. (2) Providing recommendations related to economic recovery. (3) Coordinating and synchronizing stakeholders involved in the economic recovery stage. (4) Preparing matters needed in the economic recovery, such as preparing supporting data, facilitating meetings, as well as preparing reports and studies.

Regional Office and the Central Bureau of Statistics). This team, together with the Team of Experts and academics will conduct an analysis of the impact of COVID-19 as recommendation material in formulating leadership policies to overcome the economic crisis and the impacts arising from the COVID-19 pandemic.

■ Lesson Learned

In handling COVID-19, the Riau Islands Provincial Government has indeed a courage to implement the community empowerment management strategy. A bold strategy that tries to directly involve in exploring the potential in society and then optimizing it in order to participate in the

response to COVID-19. Indeed, there are still many obstacles, but they can still provide significantly contribution. Meanwhile, various policies carried out by the Riau Islands Provincial government solely for the benefit of the citizens, have made the Regional Government present in the response to the COVID-19 pandemic.

The success of the Riau Islands Province in reducing COVID-19 cases in the Province, which in June 2020, 254 cases were recorded. Most of these cases occurred in 17 clusters. The success of the Provincial Task Force in investigating clusters and isolating cases was due to the solidarity upheld by its Regional Leadership Communication Forum. As a result. All these efforts have become efficient and effective, thus turning the Riau Islands Province into a Green Zone in July 2020. In entering into the adaptation of new habits, a task force has been formed at the RW, Village/Ward, and District level. Therefore, the province is ready to face the AKB and New Normal era.



Public Relations Doc.

Handover of Honey Aids for
Medical Personnel

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LAMPUNG

Author:

Dr. Hayati Sari Hasibuan, S.T., M.T.

Resource Persons:

Nasdan M A as Head of Logistic Division of BPBD Lampung

Dr. dr. **Reihana**, M.Kes. as Head of Lampung Provincial Health Office

Contributor:

Yudarini, S.H., M.Kes.



covid19.lampungprov.go.id



Interview performed on June 20, 2020



LAMPUNG AND REGIONAL RELATIONS STRATEGY IN FACING THE PANDEMIC

Lampung deserves to be praised for its success in preventing an increase of COVID-19 cases. Even though it does not implement the Large-Scale Social Restrictions (PSBB) policy, Lampung is able to control the spread of COVID-19 in its region. It is done through the strategy of local limitation in the villages and the ability of the surveillance team to detect and map the spread of positive cases. Thus, it does not destroy the area considering the area is surrounded by two Red Zone provinces. Another advantage of Lampung is the high level of food security. Therefore, not only it can overcome local food problems, but it can also support the food security of other provinces.

■ Entrance Gate of Java-Sumatra

As part of the main islands in Indonesia and with near geographical location, Java and Sumatra have a close and inseparable relationship. The Sunda Strait has not decreased the interest of the residents of the two islands to visit each other, whether for a job, to maintain kinship, or just for a trip.

Overland trips between the two islands will be brought together at a point called Bakauheni. Bakauheni itself is a major port in Lampung Province which serves as a link and entry point for anyone who wants to visit Sumatra or travel to Java.

Lampung Province is located in the southernmost region of Sumatra Island. The capital is called Bandar Lampung. The province has two cities, namely Bandar

Lampung City and Metro City, as well as 13 districts, namely Pesisir Barat, Tulang Bawang, Pesawaran, Tanggamus, North Lampung, South Lampung, East Lampung, Pringsewu, Central Lampung, West Lampung, Mesuji, Way Kanan, and West Tulang Bawang.

Geographically, Lampung Province is adjacent to the Indian Ocean to the west; Java Sea to the east; South Sumatra Province in the north; and the Sunda Strait to the south.

Apart from Bakauheni port, Lampung Province has other entry gates, for example, the main airport, namely Radin Inten II whose name is originated from a national hero from Lampung. The location is about 28 km or 30 minutes from the city of Bandar Lampung. There is also Tanjung Karang Station, which is located in the provincial

capital and plays a role as a link between Lampung and South Sumatra Provinces.

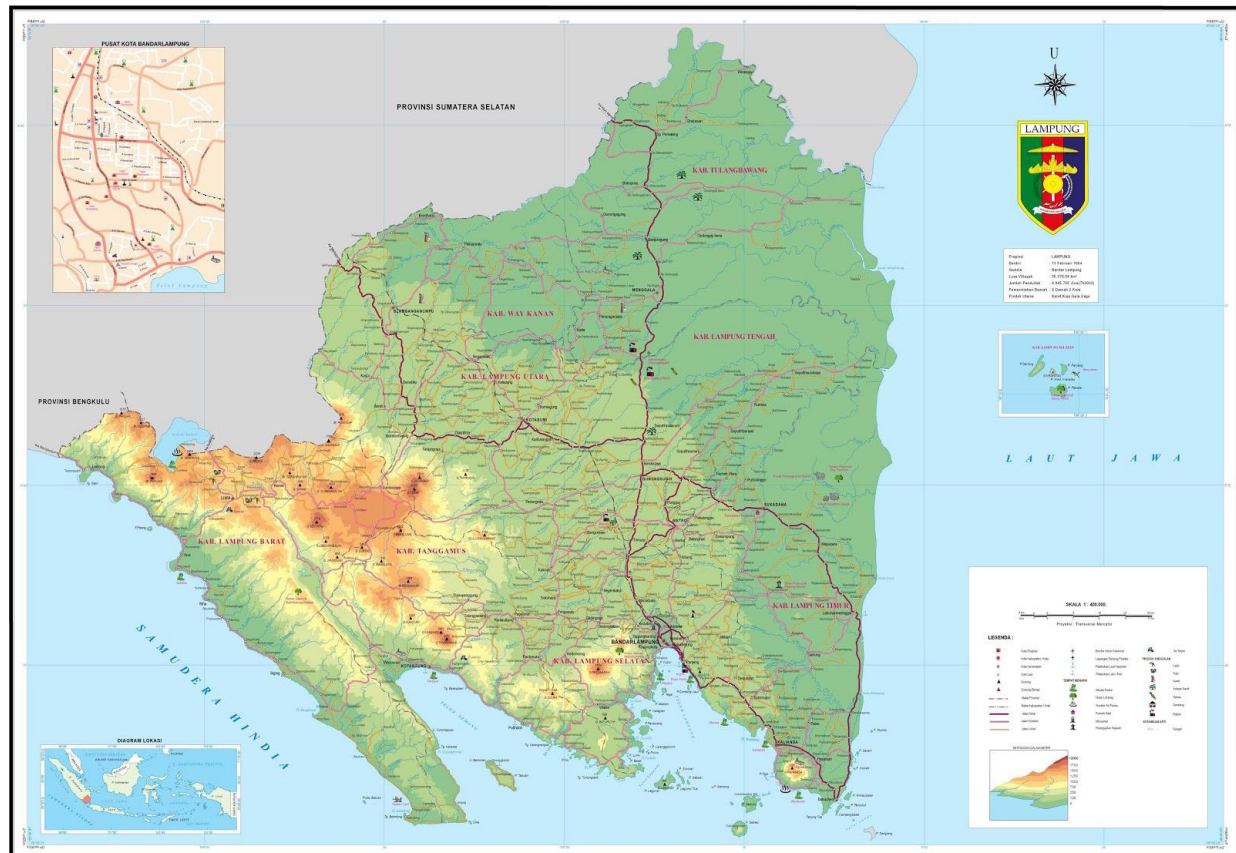
This province was born on March 18, 1964 with the enactment of Government Regulation No. 3/1964 which subsequently amended by Law No. 14 of 1964. Prior to that, Lampung Province was a residency that was included in the Province of South Sumatra.

Several islands are included in the territory of Lampung Province, most of which are located in Lampung Bay, including, Darot Island, Legundi Island, Tegal Island, Sebuku Island, Kelagian Island, Sebesi Island, Pahawang Island, Krakatau Island, Putus Island, and Tabuan Island. There is also Tampang Island and Pisang Island which are included in the Pesisir Barat District.

The people of Lampung coastal area mostly work as fishermen and planters. In some coastal areas, fishery commodities such as shrimp are more prominent, even at the national and international levels. Meanwhile, people who live not on the coastal area mostly plant rice and farm pepper, coffee, cloves, cinnamon, and others.

Lampung Province focuses on developing land for large plantations, including oil palm, rubber, rice, cassava, cocoa, black pepper, robusta coffee, corn and sugar cane. From such produce, many industries are established such as in the area of Panjang, Natar, Tanjung Bintang and Bandar Jaya.

This region is a province consisting of diverse ethnicities with 3 majority ethnic



groups, namely Lampung, Java and Sundanese. The plural Lampung community also uses various languages, including Indonesian, Javanese, Sundanese, Balinese, Basemah, Bugis, Minang, and a local language called Lampung language.

Of course, the Province which has an area of 34,623.85 km is not spared from the pandemic that has spread to 216 countries and killed more than 12 million people in the world. Moreover, the position of Lampung, which is a strategic area and the entrance to the two main islands in Indonesia, is an area that is quite disadvantageous considering the spread of this pandemic is so fast and several countries are implementing lockdowns.

The potential of Lampung's produce in maintaining the resilience of the area during the pandemic and the public health center strategy in supervising and monitoring the spread of COVID-19 can be a lesson for us all on how Lampung is able to reduce the number of positive cases of COVID-19 in its area.

It was recorded that the first positive case of COVID-19 in the Province with a population of 8,521,200 people occurred in early March, which was an imported case from Bogor, West Java. At that time, a group of clergies arrived in Lampung and was tested positive. From there, a local transmission occurred starting from his father, mother, son, and uncle. Apart from the Bogor cluster, there was also Sukabumi cluster, Jakarta cluster, Yogyakarta cluster, Magetan cluster and Gowa cluster.

Since the first case, Lampung has managed to reduce the number of confirmed COVID-19 cases to below 300 cases with a recovery rate of 76% and 12 death even though Lampung is surrounded by two regions categorized as Red Zone, namely South Sumatra and Banten. In addition, Lampung is also passed by a flow of entry and exit of land routes on the islands of Sumatra and Java.

For this reason, the writer feels the need to share the lessons learned from the province which has the Elephant Protection

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The Governor of Lampung directly monitors the Bakauheni Port, which serves as the gateway to the land route to Sumatra Island



National Park, starting from the public health center strategy implemented, to the cooperation between institutions, including the community that they carry out.

■ Strength of Leadership and Coordination

Since the beginning, the Central Government had declared that there was a new flu from China or around the end of February 2020, the Lampung Provincial Government has guarded its entry gates considering that the Lampung region is very prone to the exposure. Moreover, Lampung Province has many large ports.

Through cooperation with the KKP, the Lampung Provincial Government has implemented a quarantine system, especially for migrant workers who are forced to return home, as well as ships that are about to stop at the port in Lampung. The checks have been carried out since they were still in the middle of the sea.

For this reason, Lampung Provincial Government has formed a Task Force for Handling COVID-19 based on the Decree of the Governor of Lampung No. G/173/V.02/HK/2020 who appointed the Regional Secretary of Lampung Province as the Chairman of the Task Force with a deputy chairman consisting of 1) Assistant for Government and People's Welfare of the Regional Secretary of Lampung Province, 2) Assistant for the Economy and Development of the Regional Secretary of Lampung Province, 3) Assistant for General Administration of the Regional Secretary of Lampung Province. The Decree was issued

only several days after the first case of COVID-19 occurred in Lampung.

Subsequently, based on the Circular Letter of the Minister of Home Affairs No. 440/2622/SJ concerning the Establishment of a Task Force for the Acceleration of Handling COVID-19 in the regions on March 29, 2020, the Governor of Lampung was appointed directly as Chairman of the Task Force for the Acceleration of Handling COVID-19 and cannot be delegated to other officials. In addition, the Governor is also a Member of Steering Committee of the Covid-19 Task Force in national level.

This Task Force Team was formed from the Provincial level to the Village/Ward level. The members of the Task Force include cross-sectoral ranging from civilian (OPD), BPBD, Indonesian National Army, Indonesian National Police, and Satpol PP. BPBD as an agency that mitigates natural and non-natural disasters has established command posts with its center located at the Governor's Office, which is only about 3 km from the office of Lampung BPBD. As for districts/cities, on average there are 4 command posts in the field with one command post located next to the regent/mayor's office.



Leadership is a key factor in the speed and accuracy of coordination in handling pandemic disasters.

Teras Lampung

The signing of a joint agreement, at an Integrated Command Post of COVID-19 Task Force in Lampung Province.



Meanwhile, the determination of the non-natural disaster emergency response status due to COVID-19 in the Lampung Province was issued two weeks earlier based on the Decree of the Governor of Lampung No. G/157/V.02/HK/2020, or on March 13, 2020.

The letter is strengthened by other circular letters, including:

- Circular Letter of the Governor No. 440/1022/06/2020 on Anticipation and Preparedness in Facing COVID-19 Infection in Lampung Province;
- Appeal of the Governor of Lampung No. 045.2/1021/06/2020 on Increased Awareness of the Risk of the Spread of COVID-19 for the community;
- Circular Letter of the Governor No. 045.2/1118.07/2020 on Adjustment of the Work System for the State Civil Apparatus in Efforts to Prevent the Spread of COVID-19 in Lampung Province;
- Circular Letter of the Regional Secretariat No. 025.2/1074/07/2020 on the Prohibition of Official Travel in

Emergency Situations of the COVID-19 Pandemic for State Civil Servants in the Lampung Provincial Government;

- Letter of the Regional Secretariat No. 440/1142/01/2020 on the Anticipation of the Spread of COVID-19 to Regents/Mayors in Lampung Province;
- Letter of the Regional Secretariat No. 420/808/V.01/2020 on the Prevention of the Spread of COVID-19 in the Education Unit of Lampung Province.

What should not be overlooked is the governor's policy in handing over the technical affairs of the pandemic to the ranks of the Health Office because they are considered to be the ones who know the potential strength and threats in Lampung. The governor himself feels blind in terms of public health. For this reason, the Governor every day calls the Lampung Provincial Health Office to carry out consultation so that *"the right man at the right place"* can be utilized according to its main function.



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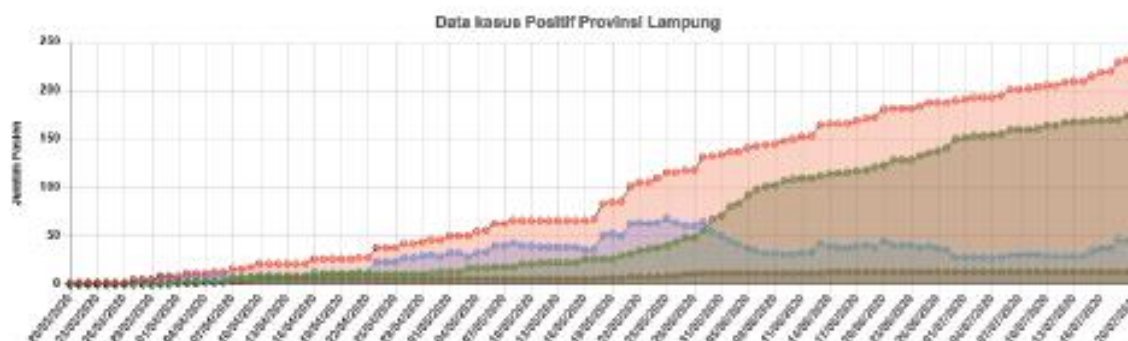
Head of Health Office of Lampung Province is giving information on the latest public health situation in Lampung

■ Measuring the Strength of Public Health Center in Lampung Province

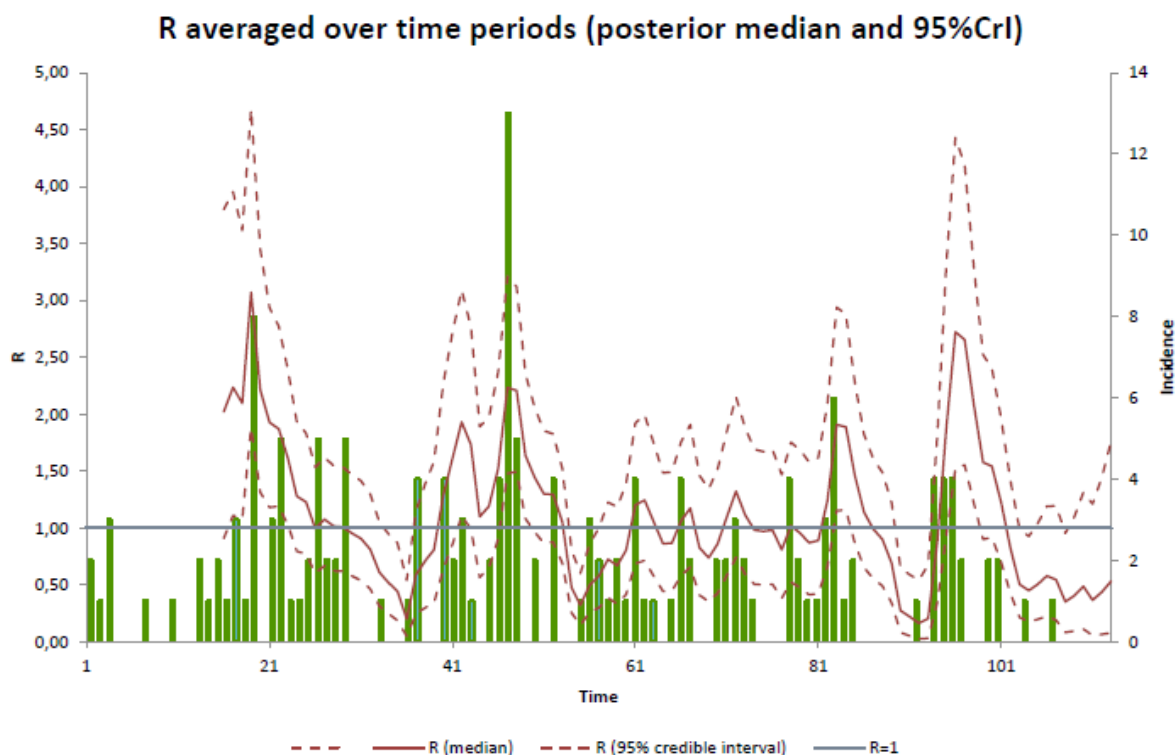
As of July 20, 2020, the number of positive cases of COVID-19 in Lampung Province was 231 people. Of such number, 177 people were declared recovered, 42 people are still under treatment, and 12 people were declared dead. On the other hand, the total number of people under surveillance (ODP) is 3,750 and 3,666 of whom have been monitored, while the number of patients under surveillance (PDP) is 197 people.

Based on its distribution, Bandar Lampung City is categorized as the region with the most positive cases of COVID-19 (112 cases), followed by the District of Central Lampung (31 cases), South Lampung (26 cases), North Lampung (15 cases), Pesawaran (10 cases), Pesisir Barat (9 cases), Way Kanan (6 cases), Metro City (6 cases), West Tulang Bawang (5 cases), West Lampung (4 cases), Tanggamus (2 cases), Pringsewu (2 cases), Tulang Bawang (1 case), East Lampung (1 case), and Mesuji (0 case).

The situation of the COVID-19 pandemic in the Lampung region is not completely safe when viewed from: 1) The Effective Reproduction Rate/ R_t (onset) which fluctuates in the initial phase to the end of



Infographics | Positive Cases in Lampung Province



Infographics | Effective Reproduction Rate in Lampung until June 18, 2020

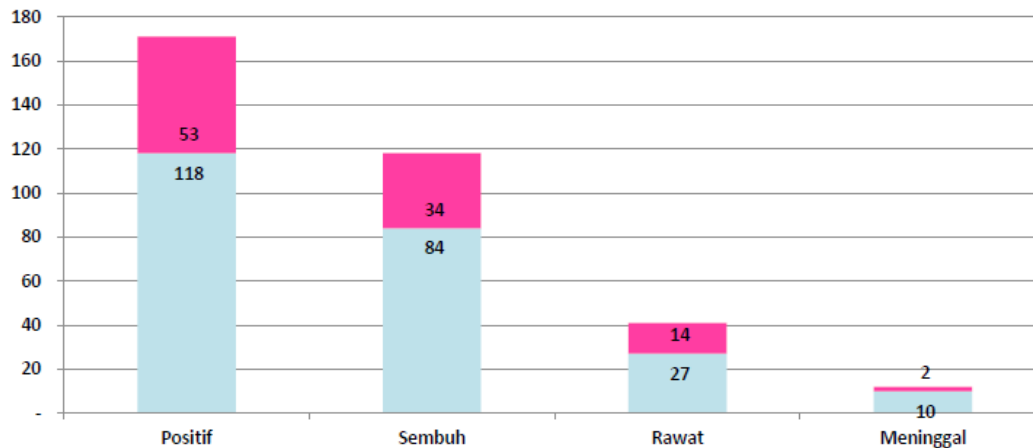
May 2020, meaning that the pandemic has not been completely controlled. 2) Epidemiological curve (onset) has not sloped until the end of May 2020. The graph shows that the number of cases is still fluctuating. This data is obtained from the results of tracing (tracking), which on average are asymptomatic people (OTG).

Based on the distribution of the “morbidity” rate per 100,000 population in districts/cities, the morbidity rate of COVID-19 in Lampung is 2.02 cases per 100,000 population. As based on gender, the highest number of confirmed cases is obtained for men (69.01%). This is related to the high mobility of men outside the home such as to work and worship.

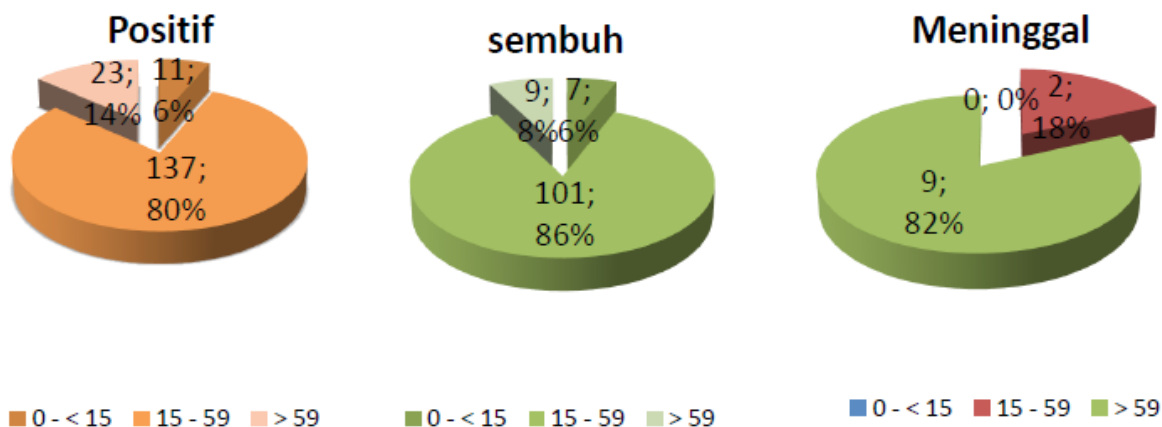
Based on the age group, the highest number of positive cases is in the age group

of 15-59 years which incidentally is the productive age, namely 80%. Likewise, the highest number of recovered cases is in the age group of 15-59 or productive age, namely 86%. The most cases of death are in the age group of 59 years and over, namely 82%. In this case, it is necessary to watch out for children and the elderly who have comorbidities or non-communicable diseases and limit the movement of that group, as well as carry out early detection through rapid tests, especially in closed residences, such as nursing homes and prisons.

Since June 7, 2020, the National Task Force Team has issued the results of an analysis of areas per district/city with the risk criteria of Green, Orange, Yellow and Red. The Risk Area in Lampung based on the



Infographics | Confirmed cases by gender



Infographics | Confirmed cases by age group

National Task Force is divided into three, namely: a) Red Area or uncontrolled spread of the virus (not yet occurred in Lampung); b) Orange area or high risk of uncontrolled spread and potential of the virus, there are 3 districts/cities; c) Yellow Area or controlled spread but there is still a possibility of transmission, there are 11 districts/cities, d) Green Area or the risk of spreading the virus exists but no positive confirmed cases have been found, it is in Mesuji District.

Since the end of May 2020, there has been a trend of increase of recovery rate and decrease of number of patients under

treatment after an intervention was carried out at health services. As a result, Lampung is included in the top 5 with the lowest incidence of cases, namely 1.56 per 100,000 population. In the latest data until July 20, the cumulative cases of the pandemic are 231 cases. There were no additional positive cases in the last two days, and there were less than 5 additional cases each day. A total of 177 people recovered (76.6% of cases) and 12 people died (0.05% of cases).

The prevention and control efforts carried out by the Lampung Provincial Government are through a community

Health Office data

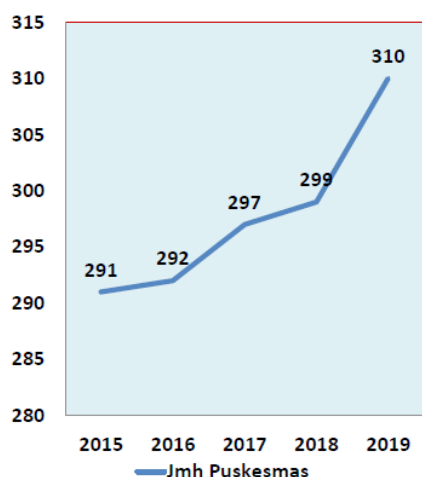
Hospitals in Lampung Province from year to year.

No.	Parameter	2012	2013	2014	2015	2016	2017	2018	2019
1	Public Hospital	14	15	15	16	18	19	20	20
a.	District/City Hospital	10	11	11	12	14	15	15	15
b.	AM Provincial Hospital	1	1	1	1	1	2	2	1
c.	Armed Forced Hospital	1	1	1	1	1	1	1	1
d.	National Police Hospital	1	1	1	1	1	1	1	1
e.	Mental Health Hospital	1	1	1	1	1	1	1	1
2	Private Hospital	35	37	38	46	46	52	57	58
a.	Private General Hospital	26	26	26	31	31	31	35	36
b.	Private Specialist Hospital	9	11	12	15	15	21	22	22
TOTAL HOSPITAL		49	52	53	62	64	71	77	78

approach, such as inviting the community and their community movement to wash their hands with soap/hand sanitizer and wearing masks, inviting villages/wards to restrict movement of their residents, and strictly enforcing health protocols. In order to promote the awareness of these prevention and control efforts, the Governor of Lampung embraced all parties, including *ulama* and MUI, as well as the rectors at universities in Lampung.

BPBD also plays a role in providing water barrels for washing hands as an important step in educating the public and familiarizing themselves with healthy habits.

For health facilities, the Lampung Provincial Government has appointed 42 out of 78 hospitals as referral hospitals for the management of COVID-19 cases, namely confirmed cases and severe PDP, such as Dr. H. Abdul Moeloek Regional Public Hospital in Bandar Lampung, Dr. H. Bob Bazar SKM



Health Office data

The development of public health centers from year to year in Lampung Province.



Public Relations Doc.

The development of public health centers from year to year in Lampung Province.

Regional Public Hospital in South Lampung District, Jend. Ahmad Yani Regional Public Hospital in Metro City, Mayjend HM. Ryacudu Regional Hospital in Kotabumi, Ir. A. Dadi Tjokrodipo Regional Public Hospital, Bhayangkara Hospital in Rajabasa, and several other hospitals that can be accessed through the official website covid-19.lampungprov.go.id/hospital. In this case, the Husada Negara Bandar Hospital is a place of isolation for confirmed asymptomatic cases.

In addition to hospitals, the Lampung Provincial Government has also prepared 310 registered public health centers and 298 accredited public health centers. The registered public health centers have always increased every year, likewise with the accredited public health centers.

For isolation room, the Lampung Provincial Government divides it into:

1) negative pressure isolation room (*Ruang Isolasi Tekanan Negatif*, RITN), and 2) natural air flow isolation room.

The Lampung provincial government also projects the strength of Lampung with 476 beds. So, if an escalation occurs, like the second wave of COVID-19, the Government is ready. This includes preparing the Hajj boarding house and health training center.

At the beginning or precisely before May 15, 2020, the Lampung Provincial Government was hampered by the PCR test because all of the data had to be sent to the BLKK in Palembang and the Research and Development Agency of the Ministry of Health in Jakarta for reconfirmation. As a result, there was a pause of time for almost a month without data to enter. Only then did the Lampung Provincial Government get the assistance of COVID-19 test kits from the Ministry of Energy and Mineral Resources, enabling them to carry out independent tests at the Regional Health Laboratory, including also at the RSUD, Veterinary Lab, and Food and Drug Authority Agency for PCR. With independent PCR tests, the waiting time is only about 6 hours.

NEGATIVE PRESSURE ISOLATION ROOM (NPIR)							
VENTILATOR				NON-VENTILATOR			
ROOM		BED		ROOM		BED	
EXISTING	EXPANSION	EXISTING	EXPANSION	EXISTING	EXPANSION	EXISTING	EXPANSION
2	4	3	19	6	12	29	59

ISOLATION ROOM (NATURAL AIR FLOW)							
VENTILATOR				NON-VENTILATOR			
ROOM		BED		ROOM		BED	
EXISTING	EXPANSION	EXISTING	EXPANSION	EXISTING	EXPANSION	EXISTING	EXPANSION
8	0	20	4	13	7	221	69

The Lampung Provincial Government also introduced the implementation of swab test with TCM or molecular rapid tests and appointed Menggalo Hospital, A. Yani Metro Hospital, and Pringsewu Hospital as the operators. In addition, there is also a viral load that is in the preparation stage and is planned to be placed at Abdul Moeloek Hospital.

The Lampung provincial government has prepared a free rapid test for travelers passing through the Lampung area, including a rapid test in markets considering that markets have the potential to become a new cluster. Apart from markets, the Lampung Provincial Government also conducted rapid tests at 4 district/city terminals with the highest positive cases of COVID-19 in Bandar Lampung, South Lampung, Central Lampung, and Kesawar.

Based on the ratio of the number of contacts per one positive case, Lampung has 7.13 contacts or out of 172 cases, there are 1,227 contacts. Ideally, it must be increased to a minimum of 25 contacts per one positive case according to epidemiological studies or about 4,300 contacts. Of the 4,300, ideally, 80% have been checked by PCR or about 3,440 contacts.

There were several problems that make it difficult for the Lampung Provincial Government to increase the ratio of the number of contacts, such as the complexity of tracing contacts, from human resource needs, tracing (tracking) taking swab tests, and data management of tracing results. In addition, people's fear triggers them to hide information of contact. However, the surveillance team has made an effort to dig the information deeper when the tracing was being carried out.

Broadly speaking, the health service facilities prepared by the Governor of Lampung through reconstruction funds are quite large, around IDR 200 billion with an allocation of IDR 103 billion provided for the health sector. Currently, the health fund has taken approximately IDR 28 billion by observing the development of the case.

■ Non-Large Scale Social Restriction (PSBB) Strategy and Economic Empowerment

Lampung is an area that is surrounded by two Red Zones, namely South Sumatra and the western region of Java Island (Jakarta and Banten). The two

Red Zones are separated by the Sunda Strait for Java Island and the Barisan Hill for South Sumatra Province.

However, as of this writing, Lampung has not adopted the Large-Scale Social Restrictions (PSBB) policy considering its location as the entrance to Sumatra Island and the exit to Java Island. If the PSBB was enforced, this would certainly create difficulties for traffic going to Java and Sumatra.

Seen from the development of positive cases of COVID-19, this area tends to be under control considering that the non-PSBB policy was less popular during the pandemic. What the Lampung Provincial Government has done is tighten check points in each region starting from the inter-provincial borders, ports, terminals, and in villages in Lampung Province so that they follow the applicable health protocols during the pandemic period, including:

- Providing socialization of COVID-19 and efforts to prevent transmission in the working area of transportation nodes;

- Collecting passenger data related to name, age, sex, address of origin, complete address of destination, telephone/cellphone number;
- Passengers arriving at the transportation nodes are required to go through the disinfectant booth/disinfectant spray booth in the arrival room;
- Passengers must wash their hands in a portable sink;
- Measuring the body temperature of officers, passengers, and public transport crews arriving at the transportation nodes by using a *thermogun*;
- Provision of hand sanitizers in the passenger waiting room;
- Passengers must sit in a waiting room that has been spaced apart as an attempt to do physical distancing;
- Spraying disinfectant regularly in the waiting room and in the working environment of the transportation nodes;



Public Relations Doc.

Deputy Governor of Lampung Visits Bakauheni Port Checkpoint Command Post.

- Preparation of isolation rooms to anticipate if there are passengers with COVID-19 symptoms;

There are at least 10 transportation nodes in Lampung, including 64 checkpoints in districts/cities, and 3 checkpoints in the province. The Lampung Provincial Government has also formed an Integrated Team and an Insulation Command Post at Bakaheuni Port, Panjang, and the KM 215 toll road since early May 2020.

The ten transportation nodes are 1) Radin Inten II Airport, 2) Bakaheuni Ferry Terminal, 3) Panjang Port, 4) Baku Jaya Airport Crossing Port, 5) Taufik Kemas Airport, 6) Tanjung Karang Train Station, 7) Rajabasa Type A Terminal, 8) Perum Damri, 9) Mulyojati Type B Terminal, 10) Simpang Propau Type B Terminal.

For inter-provincial borders, the Lampung Provincial Government implements an insulation on national roads bordering the neighboring provinces, namely Mesuji-South Sumatra, Way Kanan-South Sumatra, Lemong-Bengkulu, and provincial roads bordering Sukau-South Sumatra. All checkpoints are directly supervised by the Governor on a weekly basis.

Tightening health protocols and the existence of cross-provincial toll roads are also key factors for Lampung's success in reducing the number of positive cases of COVID-19 even without PSBB. For the toll road area itself, there are at least 5 integrated points of command post such as: 1) South Bakauheni toll gate, 2) Itera Kota Baru toll gate, 3) Terbanggi Besar toll gate, 4) rest area of KM 234 lane A, 5) rest area of KM 215 line B.

With these strategies, the economy in Lampung Province will continue to run, such as in business establishment, work environment, or tourist location. All of these activities run through strict health protocols. Coordination is carried out with HIPMI regarding economic and tourism activities. In this case, the export value of Lampung actually increased by 26% and there was a surplus in Lampung's trade balance in April 2020.

However, there are also economic impacts from the pandemic, which has been going on for 6 months. For Lampung Province itself, in the first quarter, there was a significant decline in economic growth of 1.73% compared to economic growth in 2019 of 5.21%. The agricultural sector still contributes the largest to Lampung's GRDP structure with a composition of 29.65%. This agricultural sector is also the source of economic resilience and a source of food security for the Lampung region and other provinces, including Jakarta.

The impact of COVID-19 does not only affect public health conditions, but also the education system, economic system and people's purchasing power. The worst case scenario is that the economic growth throughout 2020 will reach a negative position. For this reason, it is important for the Lampung Provincial Government to prepare a strategy for economic recovery in 2021, with the following policy directions:

In terms of household consumption and non-profit institutions serving households (LNPR), the Provincial Government is committed to maintain and increase people's purchasing power by: a)

maintaining inflation stability, b) overcoming various inequalities both in the context of income between community groups and between regions, c) targeted and timely distribution of social aids, d) economic empowerment of the community, especially the poor.

The Lampung provincial government is also committed to improve a conducive investment climate by: a) simplifying and accelerating investment services, b) providing tax incentives for investors, c) providing guarantee for legal certainty of business, certainty of service costs, d) doing investment promotion, and e) implementing synergy between the government, business world, and society in order to support business and investment.

In terms of government consumption, the Lampung Provincial Government seeks to increase the value of money so that the quality of government expenditure is more productive. As for the export perspective, the policy direction of the Provincial Government is to increase the competitiveness of export products by: a) developing potential export products, b) encouraging the development of export-oriented industries, c) diversifying export destination countries, d) increasing exports between regions through trade cooperation.



Good social capital will provide strength and resilience to the community in the face of a pandemic disaster

From the import perspective, the provincial government attempts to meet regional needs, especially raw materials and capital goods.

In addition to formulating policy directions, the Lampung Provincial Government has also prepared a post-COVID-19 economic recovery strategy, such as: 1) strengthening health, 2) strengthening social protection programs, 3) accelerating investment, 4) agricultural development, 5) industrial and trade recovery, 6) tourism development, 7) human resource development, and 8) infrastructure development.

The details are as follows:

- Strengthening of health is carried out by increasing promotive and preventive efforts through community movement, health security capacity, especially surveillance, networking and laboratory capacity, and information systems, as well as the fulfillment of health resources such as facilities, pharmaceuticals, medical devices, and health human resources;
- Strengthening of social protection programs is carried out through broadening social aids programs, including expanding the database covering informal sector workers. This step is taken mainly to maintain the purchasing power of the community, especially vulnerable groups, after COVID-19;
- Investment acceleration is carried out through efforts to attract maximum investment through the

following efforts: a) simplification and acceleration of investment services, b) provision of tax incentives for investors, c) business legal certainty, service fee certainty, d) investment promotion, e) synergy between government, business, and society in order to support business and investment;

- Agricultural development is carried out by: a) increasing the Cropping Index as a result of the development of dry land irrigation, b) focusing on food crop subsectors such as bananas and pineapples, c) increasing cattle production in the farming sector, and d) implementation of Successful Farmers Card (*Kartu Petani Berjaya*, KPB);
- Recovery of trade industry is carried out through efforts such as: a) continuing efforts in debottlenecking regulations on ease of investment, certainty of land supply, and adequate supply of electrical energy, b) improving markets and labor productivity, and c) trade facilitation for manufacturing exports and

facilitation of imports of materials raw and capital;

- Tourism development is carried out through the following efforts: a) increasing the frequency and route of flights, b) increasing tourism marketing to recovered origins, c) increasing activities of sports, cultural arts, and MICE, d) providing incentives for special tour packages in priority destinations, e) improving infrastructure and service standards;
- Human resource development is carried out through efforts to increase the productivity and competitiveness of the workforce, among others, through strengthening vocational education and training, as well as general secondary and tertiary education;
- Infrastructure development is carried out through an investment of labor intensive infrastructure that supports agricultural, industrial and tourism areas.



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Lampung Volunteer Rescue Forum (*Forum Rescue Sukarelawan Lampung*, FRRL) distributing ready-to-eat food for residents affected by COVID-19.

■ Regional Resilience, Social Capital, and Adaptation during the Pandemic

Lampung's resilience in the face of this pandemic has to be praised, not only in terms of health and economic policies, but also in terms of social capital for the people of Lampung who also support the

Government's programs. One of them is by adapting to the new habits.

The resilience of this province is evident from the success of Lampung in conducting major harvests and its ability to support the needs of other regions from agricultural products, such as DKI Jakarta and its surrounding areas.

In terms of educational activities, the Lampung Provincial Government adjusted

SEHUBUNGAN DENGAN MARAKNYA INFORMASI MENGENAI COVID-19 CORONAVIRUS

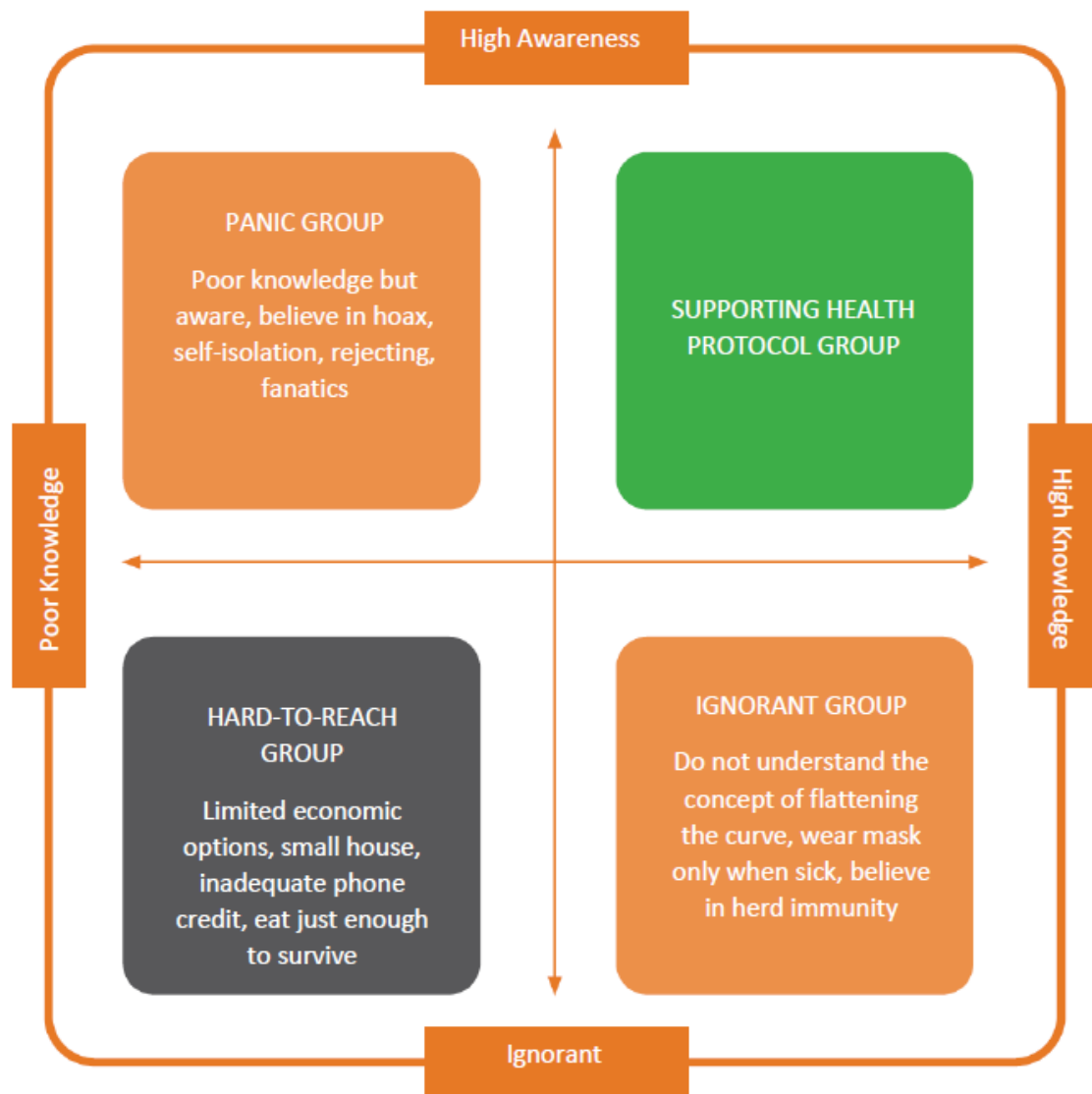
HIMBAUAN GUBERNUR LAMPUNG KEPADA MASYARAKAT :

- Tetap tenang jangan resah dan tidak panik serta tidak menyebarkan berita yang belum tentu kebenarannya.
- Masyarakat dihimbau untuk tetap melakukan Perilaku Hidup Bersih dan Sehat dan GERMAS (Gerakan Masyarakat Hidup Sehat) serta tetap menjaga stamina agar daya tahan tubuh terjaga.
- Tidak perlu menimbun sembako karena akan mengganggu perekonomian.
- Jika ada gejala demam lebih dari 38°C, batuk, pilek, sakit tenggorokan dan sesak nafas segera menemui petugas kesehatan untuk dilakukan pemeriksaan lebih lanjut.

SAAT INI BELUM TERSEDIA VAKSIN COVID-19

Ir. H. ARINAL DJUNAI
GUBERNUR LAMPUNG

www.dinkes.lampungprov.go.id Like Facebookpage : Dinas Kesehatan Prov Lampung Follow Twitter : @dinkes_lampung Subscribe & Like Youtube : Dinas Kesehatan Provinsi Lampung Follow Instagram : dinkeslampung



the agreement results of 3 Ministers regarding learning activities during the pandemic by learning online at home. In fact, graduation activities at several universities in Lampung are also carried out online.

From a socio-cultural perspective, Lampung has a COVID-19 Emergency Response Village which utilizes Village Funds to deal with the pandemic in rural areas under the Village and Community Empowerment Agency Office (Dinas PMD)

As a form of socialization, the Lampung Provincial Government uses an information technology approach through dissemination on the web and social media, such as Facebook, Instagram, Twitter; banners and flyers.

It also includes the development of a social distance application. This is an innovation of one of the students in Lampung in adapting to the new habits in the form of maintaining a distance as a tool for monitoring and tracking. This application is

given to people who have confirmed positive to make them aware of social restrictions.

Seen from its strength, Lampung is quite ready in terms of regional resilience. This can be seen from the existence of regulations regarding the COVID-19 pandemic situation, including budget support for the response to COVID-19 in the form of regional and central refocusing which includes regional incentive funds, tobacco excise sharing funds, unexpected aids funds (BTT), and special allocation funds. From the food side, Lampung Province can be relied on because it is a national rice granary.

Lastly, an interesting and innovative thing from the Lampung Provincial Government is to create a quadrant for identifying typology of society in responding to the COVID-19 pandemic. The typology of the community, which is divided into 4 quadrants, will greatly influence the way of handling each typology of society. Therefore, the Lampung Provincial Government feels the need to work hard in implementing the health protocols considering there are 4 quadrants of the community in Lampung. It is especially for groups that really need attention, namely those who are unreachable due to economic limitations, inadequate housing, limited communication access, and those who do not care about the food they consume, including the group that is too panicked due to low knowledge, or the group that underestimates the pandemic because they do not understand the flattening curve.

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EAST NUSA TENGGERA

Author:

Prof. Dr. dr. **Rachmadhi Purwana, S.K.M.**

Resource Persons:

Thomas Bangke, S.E., M.Si. as Chief Executive of East
Nusa Tenggara Provincial BPBD

Contributor:

Miranda Surya Wardhany, S.K.M., M.O.H.S.Sc.



covid19ntt.com



Interview performed on June 12, 2020

LOCAL WISDOM AND LEADERSHIP IN EAST NUSA TENGGARA: SUCCESS KEYS FOR SUPPRESSING THE SPREAD OF COVID-19

Since the outbreak of positive cases of COVID-19 in the Province of East Nusa Tenggara (NTT) in early April 2020, the Task Force team has continued to work hard to reduce the spread. As of July 5, 2020, there were 118 positive COVID-19 patients in NTT. The success shown by the NTT Provincial Government under the command of Governor Viktor Laiskodat should be appreciated for his leadership in times of crisis that is able to suppress the spread of the COVID-19 outbreak. Apart from hard efforts, this success is also supported by the values of local wisdom in NTT which are the main glue for maintaining unity among the people. Some have been recorded, among others, the spirit of communality and togetherness in carrying out religious rituals, especially during the COVID-19 pandemic. The combination of the two, a wise leader and the practice of local wisdom makes citizens excited and unite to help the government.

■ A Gem in Eastern Indonesia

East Nusa Tenggara (NTT) is a gem in Eastern Indonesia. During the current administration, NTT has been one of the areas that becomes the concentration of the Head of State to maximize all its potential, especially in the tourism sector. Now, the region which is one of the poorest provinces in Indonesia has started to transform into a province whose name is very “selling”, especially in the tourism sector.

This fact is not surprising as ten amazing tourist destinations lie there, such as Labuan Bajo, Komodo Island National Park, and Wae Rebo. The three of them are three tourist

objects that are currently the choice of local and foreign tourists.

The NTT province includes several islands, among others, the islands of Flores, Sumba, Timor, Alor, Lembata, Rote, Sabu, Adonara, Solor, Komodo, and Palue; each with all its uniqueness. The total number of islands in NTT is 550 islands. The three main islands are the islands of Flores, Sumba and Timor; the city of Kupang on the Timor Island is the municipality and capital of NTT.

NTT's economy is dominated by the agriculture, forestry and fisheries sectors. NTT agricultural products, apart for meeting the food needs of the local community, are also exported to Timor Leste. NTT's marine and fisheries potentials include shellfish,

grouper fish, mackerel, skipjack, etc. Meanwhile, the famous forest products in NTT are sengon wood, red wood, mahogany, teak, coconut, and *randu* (kapok).

The current governor, Viktor Bungtilu Laiskodat, S.H., M.Kn. and Deputy Governor Dr. Josef Nae Soi, M.M., is the pair of regional heads for the 2018-2023 period. Together with the ranks of government, they try their best to work. It seems that the community's satisfaction has been felt during their one year leadership.

The community witnessed NTT experiencing a big leap in regional development. Many strategic decisions were made to accelerate the development of the welfare of the people of NTT, for example, the development of the salt industry and the development of the tourism sector. Salt fields that were not previously utilized can be managed properly. Therefore, NTT contributes to meeting the national salt needs.

In terms of tourism, the management of the Komodo National Park tourism area,

which was previously controlled by the central government, can be managed jointly with the NTT Provincial Government.

Behind all the abundance of blessings from the Maker to NTT as the jewel in Eastern Indonesia which has 21 districts and 1 city, namely Kupang with a total population of 5,437,200 (data for 2019), there is a dark side that people feel about the geographical conditions of NTT. Natural disasters are familiar to its people, ranging from drought, floods, landslides, tornadoes, coastal abrasion, tidal waves, to volcanic eruptions.

Awareness of Public Health

To become aware of a situation, it requires a correct understanding of the nature of that state from various points of view. Regarding the problem of the COVID-19 disease that is currently hitting Indonesia, public health problems have become very prominent, but at the same time it makes us realize that this situation requires a deep and precise understanding that includes several points of view.



IG: @seanicienie

Wae Rebo Village, East Nusa Tenggara

Some important points of view are the political, economic, social and cultural sectors that will be affected by the COVID-19 disease problem. This is understandable because in order to solve the public health problems it causes, efforts must be made to stop person-to-person transmission by avoiding personal encounters between them. As a result, there is also an atmosphere of social life that is distant and impacts the activities in the Political, Economic, Social and Cultural sectors. Furthermore, there has been a shift in the wheels of daily life for people in Indonesia.

The people of Indonesia are widespread in an archipelago that stretches from West to East in Southeast Asia. That wide place also provides different patterns of life both in the community and in the environment. The interaction between the community and the environment in each region is also different with their respective patterns. Characteristics that vary according to their respective regions are also supported by different infrastructures, thus forming a dynamic system of community activities that is specific to each place.



Differences in systems, infrastructure, environment, and community in all regions of Indonesia have resulted in different ways and successes in dealing

Differences in systems, infrastructure, environment and community in all regions of Indonesia have resulted in different ways and successes in dealing with the problem of COVID-19 transmission. Therefore, different policies have been formed between regions in Indonesia in accordance with the System, Infrastructure, Environment and Community of each place. As an example, the following describes the successes, obstacles and achievements experienced by the East Nusa Tenggara regions.

■ First Steps when Positive Cases of COVID-19 occurred in NTT

In the NTT region, the first confirmed positive case of 1 (one) person occurred in mid-April 2020; it means about one month since it became known that the first patient in Indonesia was identified in Depok. At that time, of the 34 Provinces declared to have positive cases in their regions, NTT and Gorontalo were 2 (two) provinces which up to April 1, 2020 still showed 0 cases.

Despite this situation, the Provincial Government and its staff are aware that NTT is already surrounded by such frightening potentials or threats. Under the leadership of Governor Viktor Laiskodat, a meeting was immediately held with the NTT Regional Disaster Management Agency (BPBD), the Provincial Health Office, and the District/City Health Office to improve coordination and cooperation that has been fostered. On that occasion, the BPBD explained their capacity to anticipate the threat of a deadly new outbreak.



idn times

Komodo National Park, East
Nusa Tenggara.

The principles conveyed at the first meeting were concerns about the lack of health facilities, such as hospital capacity and human resources if the COVID-19 outbreak hit the NTT region. Based on the results of the meeting, a policy decision or strategic steps were made to immediately form a Task Force. The Task Force was determined by a decree of the Governor and all components of society in accordance with the Penta-helix principle.

Meanwhile, the Minister of Home Affairs, Tito Karnavian, provided the latest directions to all regional heads related to preventing the transmission of the COVID-19 virus. This directive is contained in the Circular Letter of the Minister of Home Affairs No. 440/2622/SJ concerning the Establishment of a Regional Task Force for the Acceleration of Handling Corona Virus Disease (COVID-19). In the letter, it was requested that the Governor, Regent and Mayor carry out the following steps:

- Governor and Regent/Mayor become the Chairperson of the Regional Task Force for the Acceleration of Handling COVID-19 and cannot be delegated to other officials in the region. In addition, the Governor is also a Member of Steering Council of the Task Force for Covid-19 in the National Level;
- As Chairperson of the Regional COVID-19 Handling Task Force, Governor and Regent/Mayor shall take the following steps:
 - a. Anticipation and handling of COVID-19 in the regions shall be carried out with due observance of the direction of the Chairperson of the Task Force for the Acceleration of Handling COVID-19;
 - b. Arrangement of the organizational structure, membership, and duties of the Regional Task Force for the Acceleration of Handling COVID-19 shall refer to the attachment which is an integral part of this Circular Letter; and

- c. Funding required for the needs of the Regional Task Force for the Acceleration of Handling COVID-19 which is borne by the Regional Revenue and Expenditure Budget (APBD).

The provincial Government has the authority to declare the status of a COVID-19 disaster preparedness state and/or a COVID-19 emergency response situation at the provincial and/or district/city levels by considering several things, including:

- Declaration of disaster preparedness or disaster emergency response status must be based on a study or assessment of regional conditions regarding the spread of COVID-19 by the Regional Disaster Management Agency (BPBD) and District/City and Provincial Health Offices; and,
- After conducting a study or assessment of the condition of the area regarding

the spread of COVID-19, the Governor, Regent/Mayor may determine the status of the COVID-19 disaster.

NTT is indeed well known for its religiousness and compliance, so the local BPBD then prioritizes strategies to coordinate and gain support from religious leaders, namely followers of Protestant, Catholic and Muslim religions.

The role of communication based on a religious approach is in fact very effective in providing public awareness. Through mosque pulpits and church pulpits, for example, the public is reminded not to panic because the government will immediately be responsible as broadly as possible for the safety of the community. On that occasion, education is also given in more depth so as not to stay away from families whose members were affected by the COVID-19 outbreak. This is deemed important because it is feared that there will be a growing

Public Relations Doc.

Secretary 1 of the Task Force for COVID-19 of NTT Province, drg. Dominikus Minggu Mere is giving press statement.



stigma in the community regarding people with COVID-19. As a result, the affected family is shunned.

Another strategy that was immediately thought of was to anticipate the entry of the epidemic from the transmission of people in and out by sea and air. In the NTT region, they have 13 seaports. However, with the large number of port facilities, the capacity of the KKP which functions and is tasked with conducting screening (inspection) is still very limited because the KKP only has 20 human resources in all of NTT, covering 21 districts and 1 city. Regarding this fact, there are several ports that cannot be monitored carefully, so this situation becomes a threat that must be taken into account.

Furthermore, for entrances through air transport, almost all districts in NTT have airports so that the number of entrances is not balanced with the number of existing KKP personnel. So, there are 10 airports that cannot carry out strict screening.

Apart from human resource obstacles at seaports and airports, another crucial obstacle is the lack of medical personnel. In general, in NTT, there are four pulmonary specialists and 16 internal medicine doctors. The rest are general practitioners and pediatricians. Likewise, in districts/cities, the hospital capacity is not sufficient to accommodate patients in the event of a massive spread of COVID-19 in NTT. Based on these facts, it is agreed that the most strategic step is prevention.

The prevention that was carried out begins with the involvement of all elements including the Indonesian National Army, Indonesian National Police, and the

formation of Task Forces to the village level as soon as possible. The Indonesian National Army and Indonesian National Police personnel who are deployed have played a major role in preventing the spread of the epidemic to the villages. In early June 2020, there were 105 cases recorded in NTT; all of them came from Kupang City.

■ Development of Daily Case in NTT

In accordance with the report obtained from representatives of the NTT BPBD, it describes the daily situation of the acceleration of handling COVID-19 in NTT Province until June 11, 2020 at 20.00 Eastern Indonesian Time (WITA). Based on data recapitulated from 21 districts/cities, on average, the increase of cases occurred on May 31, 2020, with 6 cases, bringing the total number of positive cases at the beginning of June 2020 to 105 cases. On average, the increase is 1.4 cases per day, so that nationally the R0 number is more than one.



NTT is indeed well known for its religiousness and adherence, so the local BPBD then prioritizes strategies to coordinate and gain support from religious leaders, who are the followers of Protestant, Catholic, and Islam.

For distribution, out of 21 districts and 1 city in NTT, 12 districts/cities in NTT were declared green or free of COVID-19 cases. This was achieved thanks to the efforts made in prevention and as a result of collaboration, especially between the Government and religious and other community leaders.

condition, the graph of the spread of COVID-19 in NTT has not shown a sloping curve. Therefore, support and readiness and medical equipment from the National Task Force are needed to help reduce the level of the spread of COVID-19 in NTT.



pos-kupang.com

One of the positive COVID-19 patients who recovered at Siloam Hospital in Kupang took a photo with the doctor when he was about to be discharged.

Furthermore, there are 8 districts that are classified as the Yellow Zone according to the determination of the zone for the spread of COVID-19 nationally. On the other hand, there are 2 districts/cities, namely Kupang City and Sika District which have the potential to become the Red Zone as they have a relatively high number of cases. Therefore, these regions are still under observation by the National Task Force.

Overall, there are 1,356 people classified as OTG, ODP, PDP, positive patients, and recovered. The number of people under surveillance (ODP) was 1,805, followed by 124 patients under observation (PDP), and 105 positive cases with 36 patients recovered and 1 person died. Based on this data, the mortality rate due to COVID-19 in NTT is relatively low, although since March 1, 2020 until the latest

■ Empowerment of Community and Business

During the period of handling the COVID-19 outbreak, it must be admitted that the Government certainly cannot operate alone without a reciprocal relationship with other parties. What happened in NTT was the same. Participation came from 159 non-governmental organizations or institutions that are actively preventing and dealing with COVID-19 in NTT. Community institutions and the business world are willingly participating, working directly with the community and coordinated by the Provincial Task Force.

For example, there are about 6,630 target-groups of households that receive aids from the aforementioned institutions;

including 24 institutions and communities, including 24 institutions and communities that are directly involved in the community, such as the Javanese community, the Sundanese community, the Bugis community, and the Pare community. So, almost all Indonesian regions moves simultaneously in NTT.

The lesson behind this disaster, for the NTT Provincial Government itself, is that this pandemic disaster teaches that unity and integrity are very important in dealing with dire and deadly situations. By moving together under the command of the Governor of Laikodot, the ranks of NTT Provincial Government felt that they received guidance and wisdom in executing the decisions that had been made. It has also encouraged the optimism on all fronts that this terrifying pandemic can be defeated.

The NTT provincial government is grateful that the community has a positive view of Governor Laikodot. He is considered a wise figure because he pays attention to many aspects that directly touch the needs of society. Concern for what is happening in the NTT region is monitored in detail. This raises the enthusiasm for his subordinates to continue working so that at least all problems can be eliminated so that the community does not become victims.

Based on the data and facts obtained, there were 12 districts that are included in the Green Zone and since then, two more districts became Green Zones, namely South Timor Tengah District and Rotendao District which is in border with Australia. In the area of South Timor Tengah, it was reported that 4 cases had recovered so that together with

Rotendao, both regions have become the Green Zone.

So far, there has been a close working agreement between the Governor of NTT and the regents and mayors, considering that this pandemic has had a major impact on the community's economy. This is because most of the NTT region and around 80% of its population are in the primary sector engaged in the agriculture, plantation and trade sectors.

Based on this fact and in accordance with the President's order, there are 9 sectors that can be reopened on June 15, 2020 while the entire community will live "side by side" with COVID-19 while maintaining strict health protocols.

■ Impact on the Education Sector

The NTT Provincial Government also implements work from home (WFH); closure of schools and shopping centers, implementation of health protocols in public places, offices and public facilities in the form of wearing masks, applying physical distancing, washing hands with soap and running water and using hand sanitizers.

Implementation of health protocols is supervised by the Task Force of each district/city. In addition, a screening of new case findings was carried out followed by tracing. If there are a large number of positive cases in a cluster, the Village-Culture Task Force will apply lockdown to break the chain of transmission. The Village-Culture based mutual cooperation Task Force plays a

role at the lowest level that directly deals with the community.

For the projection of when schools will reopen in the future, all are waiting for instructions and direction from the Ministry of Education. This is done because elementary school (SD) children are seen as the most vulnerable group and the group at greatest risk. In addition, development in the provinces and districts must focus on urgent matters. So, not all sectors including the education sector can be opened directly, but it must be done in stages while calculating how likely it is to be exposed to the people of NTT.

► Impact on the Transportation Sector

Furthermore, regarding transportation, the Task Force continues to carry out the health protocols at the airport. However, for the time being, NTT only opens El Tari Airport in Kupang City because it is feared that if the airport and port entrances are opened, it will increase public panic.

At the village level, for people who travel in and out to work, a regulation applies that all districts open their borders. To anticipate the spread of the COVID-19 outbreak, the Village Level Task Force is doing its best; outsiders who will enter the village are rejected. The strictness of leaders at the smallest unit level is deliberately applied so that the traffic of people entering and leaving the village is truly monitored and recorded.

For the negative impact, the farming community cannot work in the fields and rice fields. This made the situation unproductive because farmers are afraid to leave as they could be detained or be investigated in the

Village Task Force which is so strict and they carry out patrol for 24 hours.

Meanwhile, all modes of land, sea and air transportation from and to NTT started to reopen on June 15, 2020 while still implementing the health protocols. The central government during this pandemic continued to carry out development related to the support zone for the National Cross-Border Post (*Pos Lintas Batas Negara*, PLBN) due to President Joko Widodo's wish for the facility to be completed in 2020 as well. Also, the Minister of Home Affairs stated that the Motaain PLBN support zone in Belu District, East Nusa Tenggara Province would be used as an economic area and industrial center.

President Joko Widodo wants PLBN not only to check the crossing of people and goods, but also to become industrial storefronts and centers. Motaain PLBN is a border crossing post on the border between Indonesia and Timor Leste. This is also considered important because PLBN is the location for the outflow of people (entering and leaving the NTT region).

► Impact on the Health Sector

Next is the education step about other diseases as in NTT, there are other endemics, namely malaria and dengue fever. This dengue fever is still continuing, the victims are more than 30 people already, more than COVID-19. Therefore, apart from COVID-19, the endemic of malaria and dengue fever will also be paid attention to.

On the other hand, last June, the BPBD of NTT and all districts/cities were preparing to face drought; because it is an annual disaster that is a regular part of Timor Tengah and will have an impact or could

have an impact on food security. For this matter, the BPBD of NTT admits that they still need a lot of input and solutions on how to anticipate the drought that usually hits 21 districts and 1 city.

Contingency plans are needed to deal with these disasters so that mitigation strategies can be implemented, especially the impact on society which is very dangerous. Regarding drought, if it leads to food security, maybe the situation will be even worse than COVID-19 as the incident directly impacts the small community.

Then, a special attention is also needed for vulnerable groups, especially the elderly, children and infants. Especially for the elderly group, procedures have been made so that public servants aged 50 years and over who work in the formal sector can work from home.

When the time comes, all sectors are allowed to work again to develop the regions while sticking to and implementing the COVID-19 protocol so that there will be no escalation or second wave of cases. Of course what happened in South Korea and Japan was not expected to happen in NTT.

The next effort is to carry out mass rapid tests in the red zone, such as in Kupang City and Sikka District, Ende District, and West Manggarai District in Labuan Bajo which are the entry points for premium tourism.

Apart from that, what has been continuously carried out is coordination of the Task Force which is beautiful to say but difficult to implement, especially with the District/City. There is a problem with the intermittent signal network for mobile phone communication. In the end, the communication with cellular phones that has been carried out is not optimal, considering the 24-hour readiness that must always be carried out. Therefore, coordination is more of a collaboration.

In the future, BPBD also wants to fight for the distribution of aids from the Central Task Force in terms of health workers. It is estimated that they will be overwhelmed if there is an increase of COVID-19 transmission and other health problems. The most urgent need for now is volunteers and doctors in 21 districts, especially doctors who specialize in pulmonary and internal medicine. In terms of efforts, BPBD will open itself up to recruit medical volunteers and directly provide on the job training.

Meanwhile, further coordination is still being carried out, namely maintaining distance (social distancing and physical distancing), especially in public areas, such as markets, malls, churches and mosques. The provincial government has communicated with religious leaders so that when worship is held in mosques and at churches, physical distancing is always carried out.

"COVID-19 pandemic really affects the economy of the people. This is because most of the areas of East Nusa Tenggara and around 80% of the people are in the primary sectors such as agriculture, plantation, and trading."

The provincial government through its task force will not prohibit agricultural productive activities as long as it implements the health protocols, but it is still adjusted to the working conditions. For example, farmers when hoeing the soil in their fields or fields do not need to use masks. However, anticipation such as washing hands with soap thoroughly is still mandatory.

The provincial government will also carry out activities to educate and explain the term of new normal to the public as well as possible so that there is no misunderstanding, as it will feel strange if later all the efforts that have been made result in the community becoming ignorant of COVID-19 transmission. All of these educational efforts are adjusted to local wisdom that develops in the local community. If indeed no one in a village is infected with COVID-19, the community is only advised to keep wearing masks when gathering at home or gathering at the village hall.

► Impact on the Micro, Small and Medium Enterprises (MSME) Sector

While the outbreak occurring in the NTT region, more than 4,000 MSME activities in

NTT were affected by the COVID-19 pandemic based on coordination between Bank Indonesia (BI) and the Cooperative Office, Manpower and Transmigration of NTT. Thousands of affected MSME experienced a decrease in income of up to 75 percent. If the situation does not improve, then there is a possibility that the number of MSME in NTT affected will continue to increase, leading to an economic crisis.

BI of NTT is currently trying hard to save the economy of the people in the province, where nearly 99 percent of GDP is obtained from the MSME sector.

As a result of the COVID-19 outbreak, MSME activities are almost non-productive and the Provincial Government will try to save them, especially MSME activities in NTT, most of which are related to tourism. With the decline in tourism businesses due to COVID-19, many MSME need to change. Small programs have been prepared to encourage MSME entrepreneurs to switch products amid the COVID-19 virus pandemic. The program in question is to encourage MSME entrepreneurs to slightly switch products, for example, from selling handicrafts to selling kitchen spices or other ingredients.

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The ETIKA action facilitates HAKKA Indonesia, INTI, Lions Club Indonesia, and BPR Christa Jaya in the distribution of PPE aids at the Task Force for the Acceleration of Handling COVID-19 in NTT.



MSME entrepreneurs in NTT can switch products, such as from selling chips to selling vegetables or fish, kitchen spices such as ginger, chili, lemongrass, or the like. As a result, MSME entrepreneurs rose from their bad condition while waiting for the current situation to improve again.

■ Sharing in the Middle of a Pandemic

During this pandemic, the BPBD of NTT hopes that there will be logistics and equipment management which is standardized, easy to understand, and easy to do, from the center to the regions in order to face such disaster. If it goes well, it will be of a great benefit in facing the current disaster as well as other disasters.

BPBD added that if the logistics management is not improved, it will have a wide impact on the community. An example is the delivery of Personal Protective Equipment (PPE). If PPE is not available on time, many medical personnel, including doctors, will be exposed to COVID-19 because the use of PPE is an absolute requirement when examining a patient or PDP.

BPBD has been holding a coordination continuously with officers in the District Task Force. As a result, 12 districts are retained as Green Zones and free of cases. BPBD also optimizes the use of rapid tests with all its limitations. In addition, the NTT Provincial Government needs an additional PCM molecular test laboratory to speed up some sampling in the community. This is due to the fact that the COVID-19 cases that have arisen

in NTT are generally imported cases which have occurred as local transmissions in the cities of Kupang, Ende, and Labuan Bajo. However, the cases identified can still be traced because the area is not too large and most cases are found in urban areas. Furthermore, the BPBD of NTT will follow the directions based on the Ministerial Decree of Transportation regarding the regulations on travel for people in NTT.

Sharing in the midst of a pandemic situation for the people of NTT is currently manifested in the form of distribution of masks and brochures as a form of concern and as a Binda program of NTT in order to support and educate the public to prevent the spread of the COVID-19 virus. Brochures containing calls to prevent the spread of COVID-19, among others, were distributed to residents in Waitabula village, Kota Tambolaka Sub-District, SBD District in NTT.



They hope that the people will follow government recommendations and health protocols to always live clean, maintain distance and always wear masks to prevent exposure to COVID-19.

Humanitarian activities for the distribution of free cloth masks to the community and student groups in Kupang City were also carried out in May 2020. The distribution of cloth masks was distributed over a period of several days among the people of Kupang City and Kupang District. Meanwhile, the student groups who received this mask aids were students from Sabu Raijua District, Kupang District, and several student groups from Lembata District. The total distribution of masks at that time amounted to 800 pairs. The synergy that occurs is indeed a wonderful

experience and unites one party with another.

■ Community Traditions Based on Local Wisdom

In accordance with the conditions of the people of NTT who adhere to a communitarian culture that often gather with each other, during this pandemic, what the Government did through its task force was to educate how to change the communitarian culture into a culture of social distancing and physical distancing.

This socialization is very important for the people of NTT who are accustomed to gathering in various events, starting from praying in congregation, traditional parties,

BPBD of NTT

The tradition of *tolak bala* (to protect against negative events) in facing COVID-19 at the top of Mount Mollo, TTS District



and other religious ceremonies. The step taken was to invite all components in NTT, from community leaders, religious leaders, to medical personnel to communicate about the aforementioned matters, and this had been done long before the pandemic hit the NTT region.

The people of NTT are known to be very diverse. The results of research by experts show that the values of local wisdom in NTT are a great social capital for creating harmony between religious communities. It is also the main glue for maintaining the unity among the people of NTT, such as the spirit of communality and togetherness in carrying out religious rituals, especially during the COVID-19 pandemic.

The people of NTT also have a special way to prevent the spread of COVID-19. In Malacca district, Rai Samane Village, for example, there is a tradition of rejecting havoc which within the local wisdom, it aims to "*Ta Sena Moras*" or fence the village against disease.



The values of local wisdom in NTT are a great social asset for the creation of inter-religious harmony, such as the spirit of communality and togetherness in performing religious rituals, especially during the COVID-19 pandemic

This traditional ceremony is carried out by collecting items that are no longer used by the residents, such as clothes and kitchen utensils, then putting them in baskets or sacks. In the next procession, these items are gathered in one place before being dumped into a forest or creek located at the village border. The used goods taken from their respective residences will be paraded to the old village (Leo Laran) for the *Kose Mama* traditional ceremony. All residents will be smeared with betel nut on their foreheads by traditional elders, who are believed to be able to keep themselves away from all diseases, including those caused by the COVID-19 virus. In addition to the aforementioned religious ritual activities, the people of NTT also make use of the plants around them which are believed to bring healing and health to their residents.

■ Development of the Number of Positive Cases in NTT

The development of the epidemiology of COVID-19 patients from early March to late May 2020 was still dominated by imported cases and in early June 2020, the increase in cases was dominated by local transmissions.

It was started with the first positive case in NTT announced on April 11, 2020. On April 25, the patient was declared recovered by the Task Force of NTT. However, on April 30, it was announced that 9 people were tested positive for COVID-19, 7 cases from Kupang City, and 2 cases from West Manggarai District. Furthermore, based on data on May 21, 2020, it is known that there has been an

increase in cases so that the number of positive patients for COVID-19 has reached 79 people, with 6 patients declared recovered, and 1 patient died.

There were three hospitals that became the reference for handling COVID-19 in NTT: 1) Prof. Dr. W.Z Johanes Public Hospital, 2) Dr. Tc Hillers Regional Public Hospital, and 3) Komodo Labuan Bajo Regional Public Hospital.

From the initial 3 referral hospitals, as time and needs developed, finally there was an addition of 8 more hospitals, bringing a total of 11 referral hospitals available in NTT.

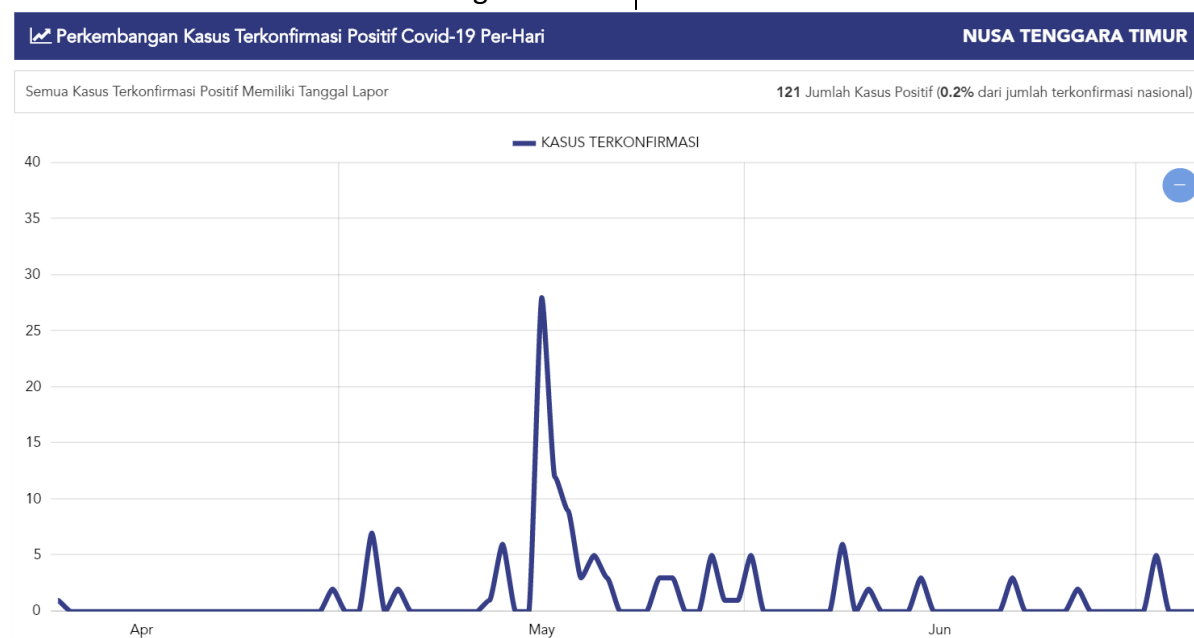
The data of June 30, 2020, in line with what has been said by the Spokesperson for the Task Force for the Acceleration of Handling of COVID-19 in East Nusa Tenggara Province, Marius Ardu Jelamu, in Kupang, the recovery rate for COVID-19 patients in NTT is quite high. The patients were considered to be very obedient to medical staff's recommendations during their

hospitalization until the recovery rate continued to increase. The number of positive patients for COVID-19 at the end of June 2020 was 113 cases, 40 people recovered, and 1 person died.

As of this writing, per July 5, 2020, the number of positive COVID-19 patients in NTT was 118, 54 people recovered, and 1 person died.

The following is the epidemiological curve of positive cases of COVID-19 in NTT from the source <https://covid19.go.id/peta-sebaran>

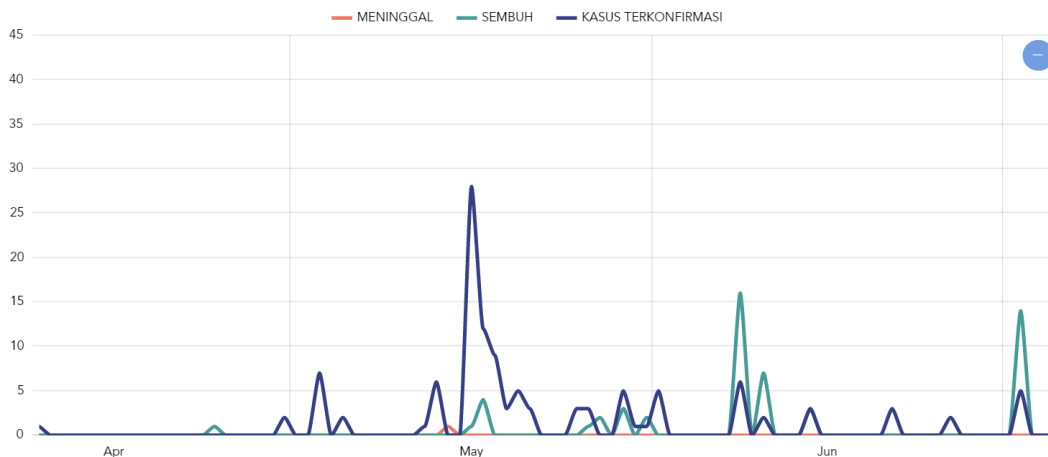
The NTT provincial government hopes that there will not be an increase in the number of positive COVID-19 patients. So, even with all the limitations currently faced, efforts are still made so that the public is well educated about the threat of the virus, so as not to increase the number of victims.



Infographics | Chart of confirmed positive cases during April, May, and June 2020.

Perkembangan Kasus Per-Hari (Grafik Gabungan) NUSA TENGGARA TIMUR

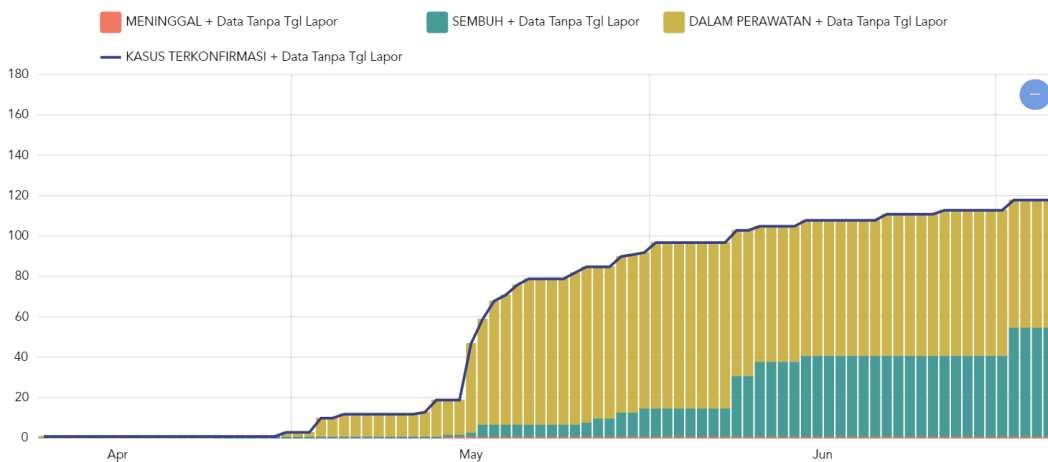
Semua Kasus Memiliki Tanggal Laport



Infographics | Positive cases, patients recovered, and patients died in April, May, June 2020

Tren Provinsi (Akumulasi Data) NUSA TENGGARA TIMUR

Semua Kasus Memiliki Tanggal Laport



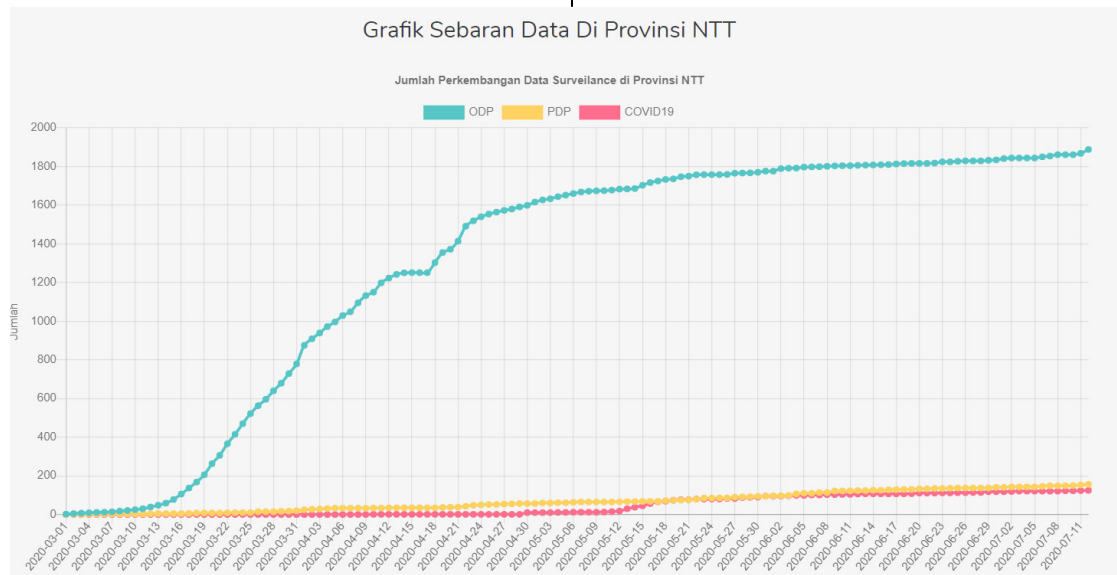
Infographics | PDP, recovered patients, and patients who died

■ During New Normal, East Nusa Tenggara will Boost the Tourism Sector

President Joko Widodo asked the public to adapt to the virus that causes COVID-19. He emphasized that adapting does not mean losing but living with new habits according to health

protocols. It is hoped that the current health crisis will not be protracted, resulting in an economic crisis. That is why the adoption of a new normal life order that is starting to take effect means that people can remain productive but also safe from the transmission of the COVID-19 pandemic.

It is well understood by Governor Viktor Laiskodat as the Head of the Task Force for



Infographics | Distribution of COVID-19 positive patients, ODP, and PDP per day

the Acceleration of COVID-19 of NTT region and his staff. He and his staff translated this matter through tactical steps. The tourism sector is the main target of Governor Laiskodat.

On June 15, 2020, the opening of the tourist attraction was carried out by the NTT Provincial Government by reopening tourist destinations of Labuan Bajo and Komodo National Park in West Manggarai. The Head of the Tourism Office of NTT Province stated that the Regional Government has been preparing a standard operational procedure (SOP) for the health protocols at all destination nodes.

All destinations in the national strategic area will be opened simultaneously, but with special conditions. For example, local administrators of the destinations, both private and village government, must ensure the implementation of physical distancing movements.

In addition, as a preparation, the NTT Provincial Government has communicated

with associations engaged in the tourism sector, such as Asita, Astindo, and PHRI, to design a safe travel scheme. With regard to such matter, it was also explained that the security in question must be guaranteed starting from the departure of the tourist, arrival at the location, until the time to return. The NTT Provincial Government is targeting, by the end of the year, the number of tourists coming to the Labuan Bajo and Komodo National Park areas to reach 1.6 million people. As many as 1 million people are domestic tourists, while the rest are foreign tourists. Currently, the number of foreign tourists visiting is 200 thousand people. The visit to Komodo Island during March 2020 nearly reached 20 thousand visitors.

Tourism objects are indeed a priority for the NTT Provincial Government, considering that the opening of tourist destinations results in a stimulation to the people's economy and income to the Regional Revenue and Expenditure Budget (APBD).

The NTT Provincial Government does not stay silent but continues to improve several leading tourist destinations to be presented to tourists. That is why seven new flagship destinations have been completed, including Liman Beach on Semau Island, Mulut Seribu Waters in Rote Ndao District, nature tourism, as well as Fatumnasi culture in South Timor Tengah District.

■ Leadership Strategy and Local Wisdom are the Keys to Success in NTT

The COVID-19 pandemic which is now hitting all parts of the world has had a significant impact on all sectors of life. However, our state bureaucracy must not stop moving and must be adaptive to these changes. Regional leaders, in particular, must remain alert to serve the community in the midst of a pandemic.

The whole world is now facing the same problems, whether socially, economically, and services, as well as other sectors. There

is no other choices but to move; even the leader is required to be adaptive to the existing situation. Therefore, this situation requires a leader who can be a role model and who is able to see the problems faced by the nation and can find solutions to solve them.

Governor Laiskodat is considered to have good leadership in the face of the COVID-19 pandemic that hit the NTT region. As a leader of change, he is able to read the situation and map various problems that occur in the society. Many reports have proven that Laiskodat's leadership is able to reduce the situation so that the situation does not get worse during the COVID-19 pandemic.

Until now, he and his staff are working hard to suppress the increase in positive cases of COVID-19. Several days at the end of June, NTT, as well as North Maluku and Gorontalo, proved themselves by having zero new cases.

The regional leadership strategy during this pandemic must provide valuable lessons



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Before the New Normal is applied, the Task Force Team of NTT sprayed offices and houses of worship with disinfectant.

because it presents a bigger challenge. That is where their quality is tested to continue to provide comfort and protection to the community so that they are paid attention to with regard to their health and their welfare.

Local wisdom is also seen as very helpful in reducing the spread of the COVID-19 epidemic in NTT. Religious rituals, guided by local religious leaders, are the most effective means of communicating and educating people, especially those in remote villages, to understand the dangers that arise due to the COVID-19 pandemic.

Of course, the hard work of the BPBD of NTT Province which is the spearhead of the implementation of disaster management in all coverage areas in the NTT Province must be fully appreciated. Without the services of BPBD and its entire team, coordination and collaboration from the top leadership to the smallest village apparatus will not be achieved.

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WEST PAPUA

Author:

Bagus Aryo, Ph.D.

Resource Persons:

Derek Ampnir, S.Sos., M.M. Chief Executive of West Papua Provincial BPBD as the Daily Chief Executive of COVID-19 Control Acceleration Task Force of West Papua Province

Dr. Eng. **Hendri, S.Si., M.Si.**, as the Chairman of Higher Education Forum for Disaster Risk Reduction of West Papua Province

Contributor:

Abdul Kadir, S.K.M., M.Sc.



covid19.papuabaratprov.go.id



Interview performed on June 30, 2020

THE SHADOW OF OUTBREAK AMIDST LIMITED FACILITIES IN WEST PAPUA

West Papua as a newly established province in Indonesia has various risks of natural disasters such as floods, landslides, fires, and earthquakes. This region is also prone to riots. The COVID-19 pandemic has prompted the West Papua Provincial Government to form a Secretariat and Task Force for COVID-19 in an effort to unite against COVID-19. Although the region has limited facilities and infrastructure, it does not neglect services in West Papua. The philosophy of "living in harmony" is the strength of West Papua in handling disaster cases, whereas the healthy stay healthy, the sick can be cured so that they are equally healthy. Another uniqueness in handling COVID-19 in this province is the use of health promotion media using local languages. With all the limited facilities and infrastructure, including the infrastructure that is owned, it does not weaken this province. In fact, the recovery rate achieved reaches more than 50 percent.

■ Overview

West Papua is a province in Indonesia located on the western end of Papua Island, with its capital city in Manokwari. The name of this province was previously West Irian Jaya, which was stipulated in Law Number 45 of 1999. Based on Government Regulation Number 24 of 2007 dated April 18, 2007, the name of this province was changed to West Papua. Like Papua Province, as the previous parent region, West Papua received special autonomy status (papuabaratprov.go.id).

West Papua Province has 13 districts/cities, consisting of 12 districts and 1 city. Districts/cities in West Papua Province include Fakfak District, Kaimana District,

Manokwari District, South Manokwari District, Maybrat District, Arfak Mountains District, Raja Ampat District, Sorong District, South Sorong District, Tambrauw District, Bintuni District, Wondama Bay District, and Sorong City. The number of sub-districts is 181 units, urban areas 83 units, and villages 1,531 units (Ministry of Village, 2017).

West Papua Province has tremendous potential, both in agriculture, mining, forest products, and tourism. Pearls and seaweed are produced in Raja Ampat District. Raja Ampat tourist location is also known as a paradise on earth because of its beauty and exoticism. The beauty of the underwater world in the Raja Ampat District is very global. It is known that of the 610 small islands in the area, about 35 are inhabited by

residents. The coral reefs in Raja Ampat waters are considered to be the most comprehensive in the world. It is because of the 537 types of coral in the world, 75 percent are located in these waters. In addition, there are at least 1,104 types of fish, 669 types of molluscs, and 537 species of coral animals that are found throughout its waters. The district which was established based on Law Number 26 of 2002 is a new autonomous region resulting from the expansion of Sorong District. Raja Ampat is designated as a National Marine Protected Area (KKPN) as it has a high diversity of natural resources, in the form of coral reefs, mangroves, littoral, and seaweed (Directorate General of Marine Spatial Management, Ministry of Marine Affairs and Fisheries).

There are still many natural resources in West Papua that have not been explored. The province, which covers 102,955.15 km² and has a population of 937,458 people, still has a lot of hidden wealth. The potential of this province is enormous.

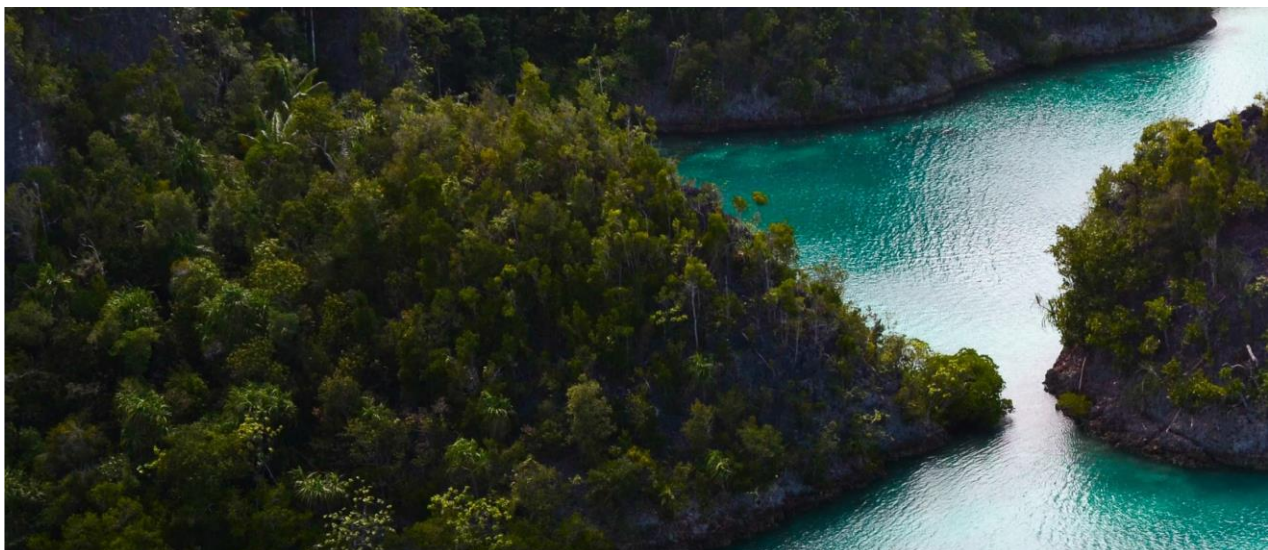
Amidst of abundant natural resources, as a new province with difficult terrain and

inadequate infrastructure, West Papua Province is indeed moving with all its limitations, even with minimal health facilities.

■ Conditions before COVID-19 Pandemic

The disaster events in West Papua Province that were recorded in the BNPB DIBI from 2011 to 2015 were earthquakes, tsunamis, floods, flash floods, extreme weather, extreme waves, and abrasions.

Data of disaster from 2019 to 2020 shows that the most dominant disasters are earthquakes, tsunamis, floods, flash floods, extreme weather, extreme waves, and abrasion. One of the disasters that resulted in physical losses and a lot of casualties on October 4, 2010 was the flash flood in Wasior. Then, based on reports in 2019, disasters occurred in West Papua, including floods, landslides, fires, and earthquakes. A social disaster also occurred on 19 August 2019. People in the capital city of West



Papua took to the streets with students burning tires and damaging public and business facilities in various corners of the city or on main roads. This mass action was a result of cases of alleged racism against Papuan students in Surabaya and Malang.

West Papua has Regional Regulation No. 3 of 2012 on the Implementation of Disaster Management and has conducted many trainings and simulations. In addition, there is cooperation between the West Papua Provincial Government and the University of Papua (Unipa). There has also been an MOU with the University of Hawaii to carry out disaster management with the National Preparedness Training Center in Hawaii. This is carried out to increase the capacity of the local government and human resources in West Papua. So far, cooperation has still

Unsplash | @ridha ibrahim

focused on natural disasters, because Hawaii as a fellow Pacific region has similar characteristics to West Papua.

■ The COVID-19 pandemic

When the COVID-19 pandemic hits the world, especially Indonesia, other provinces in Indonesia were busy mobilizing all their potential with the support of adequate facilities and infrastructure, while West Papua was facing it with all of its limitations. However, the unyielding soul inherited teaches them not to give up easily. Various difficulties, due to natural conditions and the distribution of the population, do not necessarily make the health authorities in that region give up. The number of health facilities, especially hospitals, in West Papua Province is still very



limited and far behind compared to other regions in Indonesia.

In other provinces, in Central and Western Indonesia, each district/city has a regional hospital. If it does not belong to the government, at least there will be private hospitals or Indonesian National Army and Indonesian National Police hospitals. In terms of health services, people in areas without hospitals should be referred to Manokwari and other areas. In South Manokwari and Arfak Mountains, for example, there are no hospitals. So, if the first level health facilities cannot provide services, the patient must be referred to Manokwari. Not only that, hospitals in West Papua have limited medical equipment, including a limited number of doctors and other medical personnel.

The occurrence of the COVID-19 pandemic in West Papua further adds to the burden on the West Papua Provincial Government. The existing constraints do not neglect the service, even though it has limited time and energy. Thus, as a form of commitment of West Papua Provincial

Government, a Secretariat and Task Force for COVID-19 of West Papua was inaugurated to unite against COVID-19.

The Chief Executive of the Task Force for COVID-19 of West Papua, Derek Ampnir, said the West Papua Provincial Government had taken anticipatory steps, both before the disaster (December 29, 2019 to March 26, 2020), during the emergency response period, as well as post-disaster, as mandated by Law Number 24 of 2007 concerning Disaster Management. In fact, the Provincial Government has prepared handling until the transition to a new normal era. The authorities in West Papua also launched a philosophy, namely "Living in Harmony", with the description that the healthy stay healthy, the sick are cured, so that they are equally healthy.

As a province that still has very few health facilities, West Papua faces three challenges, namely natural, sociocultural, and system challenges. Naturally, it must be understood that West Papua Province is one of the most extensive areas, which has high mountains, deep valleys, areas with brackish



Public Relations Doc.

Press Conference of the Task Force for COVID-19 of West Papua



GUGUS TUGAS PAPUA BARAT BERIKAN RAPID TES GRATIS !!!!



PERSIAPAN ADAPTASI KEBIASAAN HIDUP BARU DISKOMINFO PAPUA BARAT

water, isolated islands, and areas hidden in the mountains.

With regard to the socio-culture, the challenges faced by the Task Force for the Acceleration of Handling the COVID-19 Pandemic in West Papua are also not light. The large number of ethnic groups with different social and cultural lives is a challenge that is not easy. Moreover, the lives of most ethnic groups are not friendly to cleanliness and togetherness.

Then, regarding the system for controlling the COVID-19 outbreak in West Papua, the Regional Government established several policies in order to find the most appropriate system. Various methods have been used, both with top-down and bottom-up approaches, for example, reminding residents of the importance of wearing masks, providing handkerchiefs, and always washing their

hands. In addition, efforts to increase community participation from the lowest level were carried out in West Papua, involving all existing villages and sub-districts, then strengthening the role of RT and RW and village heads as the main motor.

The involvement of the lowest elements of government is very important, given the number of West Papuans who are few and scattered in cities, villages and in the mountains. This is an approach to the community that is considered the most appropriate to local wisdom and an approach that is considered fair in efforts to deal with COVID-19 in West Papua Province.

West Papua Province has conducted a study on West Papua disaster risk in 2016-2020, among others, related to local issues, such as malaria cases. The provincial government has succeeded in managing and

No.	District/City	EXPOSED RESIDENT (Person)	VULNERABLE GROUP (Person)			Category
			Vulnerable Age Group	Poor Residents	Persons with Disability	
1	FAKFAK	1,333	176	629	3	HIGH
2	TELUK WONDAMA	2,203	358	1,080	19	MODERATE
3	TELUK BITUNG	390	50	187	4	MODERATE
4	MANOKWARI	3,617	435	1,812	36	MODERATE
5	RAJA AMPAT	3,824	577	2,476	26	HIGH
6	TAMBRAUW	248	37	89	-	LOW
7	SOUTH MANOKWARI	1,721	218	855	58	MODERATE
8	ARFAK MOUNTAINS	192	18	95	-	MODERATE
WEST PAPUA PROVINCE		13,528	1,869	7,223	146	HIGH

determining areas in West Papua Province which are at high to moderate risk.

Based on the table below, an assessment of the population index exposed in each district/city in West Papua Province that has the potential for epidemics or disease outbreaks was conducted. The results showed that residents in West Papua Province are at high risk of being exposed to catastrophic disease outbreaks, including the COVID-19 pandemic.

First, since the positive case of the Corona virus broke out in Wuhan on December 20, 2019, the West Papua Provincial Government has prepared anticipatory steps. On March 10, 2020, the West Papua Provincial Government has formed an emergency task force team for handling COVID-19, commanded by Derek Ampnir, Head of the Regional Disaster Management Agency (BPBD) of West Papua, as a form of pandemic preparedness.

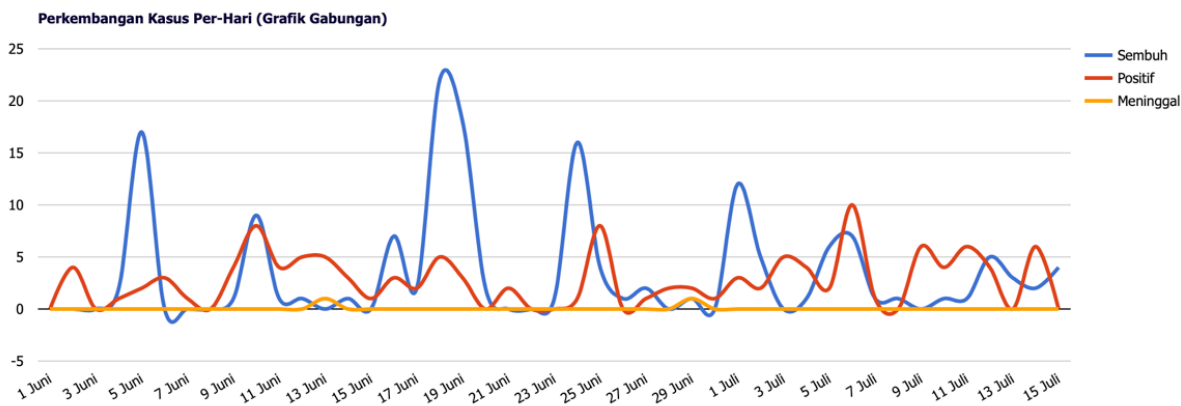
The Governor of West Papua, Dominggus Mandacan, explained that the Ministry of Health had appointed the

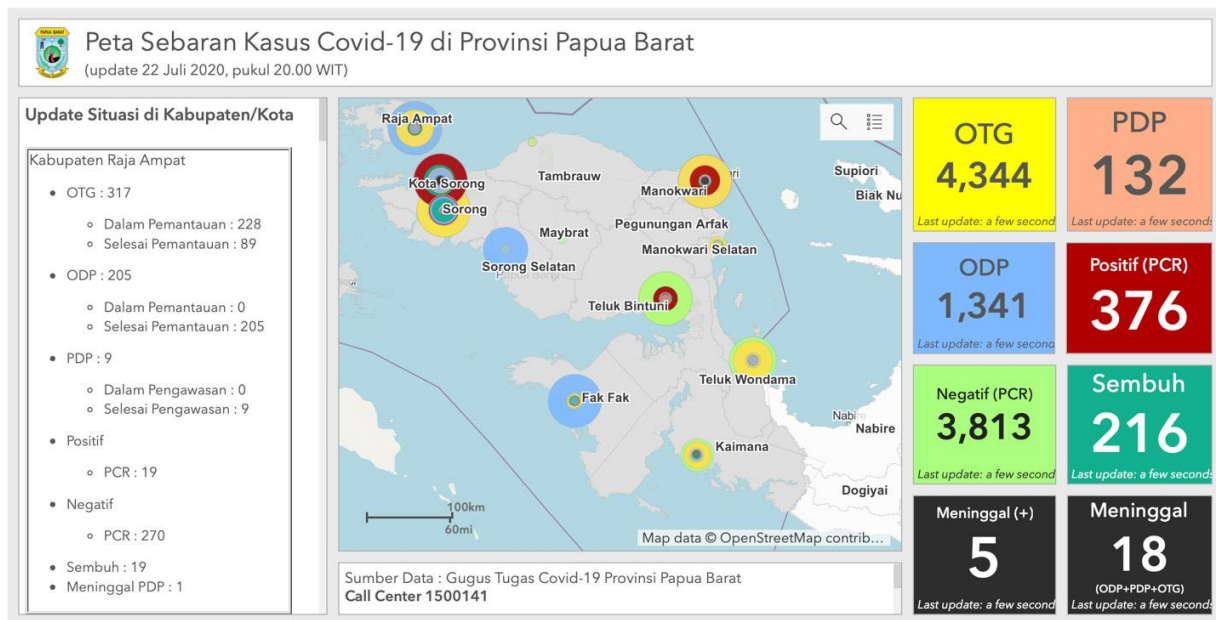
Manokwari Regional Public Hospital and the Sorong Regional Public Hospital as referral hospitals for handling patients with the Coronavirus if positive cases were found in West Papua. The appointment of the two referral hospitals was made because the potential for West Papua to contract the Coronavirus is very large, especially since Manokwari is a famous tourist destination. The designation of Manokwari Regional Public Hospital and Sorong Regional Public Hospital as referral hospitals was stipulated through the Ministerial Decree of Health No. 169 of 2020 concerning the Designation of Referral Hospitals for Certain Emerging Infectious Diseases.

■ Rapid Development of COVID-19

When the first case occurred in West Papua Province, which was in Sorong City, on March 27, 2020, all the authorities responded quickly. The contingency plan was upgraded to an

Perkembangan Kasus Per-Hari (Grafik Gabungan)





operational plan. The operational plan remains to be used until now, which is subsequently strengthened by the Decree of the Governor of West Papua on Disaster Emergency Response in West Papua Province. The status of disaster emergency response in West Papua has been extended several times, and was supposed to end on July 14, 2020.

Then, a special institution was formed to deal with non-natural disaster that is the COVID-19 pandemic. The institutional structure of the Task Force for Handling COVID-19 complies with the guidelines issued by the BNPB and the Ministry of Home Affairs. This institution is called the Central Operations Control Command Post (Poskodalo), with the Daily Executive Derek Ampnir, in his position as Head of the Regional Disaster Management Agency (BPBD) of West Papua Province. Apart from BPBD, Poskodalo involves task force units from other agencies and institutions, such as the Indonesian National Police, Indonesian

National Army, and BNPB. Considering the limited facilities and infrastructure, the Task Force for Disaster Management of West Papua empowers various components of the existing community, including improving the position of neighborhood and community relations. The involvement of RT and RW is very strategic, because the population of West Papua is scattered to remote villages.

Seven days after the first case of COVID-19 was found in Sorong, the number of sufferers continued to increase in West Papua. As of April 3, 2020, there were 345 people under surveillance (ODP) and 10 Patients under Observation (PDP), 4 of which are still under surveillance and 6 finished surveillance. Meanwhile, 3 patients died and 23 samples are still being tested in the laboratory, with the most cases came from Sorong City.

The data as of June 21 shows a significant increase in numbers in West Papua, with 2,530 asymptomatic people (OTG), 1,206 ODP, 99 PDP, 224 positive

people, 128 recovered people, and 18 people died. The data as of July 22, 2020 stated that there were 4,344 cases of OTG, 1,341 ODP, 132 PDP, and 18 positive cases.

The limited health facilities and infrastructure to deal with the COVID-19 pandemic, with the increasing number of sufferers, is indeed a cause for concern. It is no secret that the health facilities and hospitals in West Papua are minimal. The existing facilities are very inadequate, not even all districts/cities have hospitals. This condition is of course worrying. Medical personnel in West Papua are worried about an outbreak or increase cases of the COVID-19 pandemic. Considering that several areas in West Papua are world tourist destinations and international mining industrial areas, it is possible that the number of COVID-19

sufferers will increase. If this condition occurs, it is certain that health facilities will not be ready to serve patients.

The ability to carry out a PCR test or swab test in West Papua is left behind compared to other regions. Previously, existing samples would be sent to Makassar or Jakarta, so it will take a long time to find out if the test results are positive or negative. Procurement of PCR test kits is prioritized in West Papua. Now, it is available in places, namely Bintuni, Sorong, and Manokwari. This is very helpful in checking and tracing efforts, because so far the actions have been carried out too late.

6 NIGGINAUSI TUTU IPIYAP INDA IBA PAKE SABUN KIN MINYEI INNYENGTI MUHWINDAGOM


1 Ipiyap inda biapbei hacem


2 Ipiyap inda njek dip hacem


3 Ipiyap inda singgreti hacem


4 Ikinding ipiyap inda hacem


5 Ipiyap inda nipnem hacem


6 Ikinding ipiyap inda ngwakti hacem


INDA PWOIG KEI!



PEMERINTAH PROVINSI PAPUA BARAT



MUBJOIG ROT DESKA VIRUS CORONA EMIN SKOITAMI



KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

Mifesij rot deska Coronavirus (Covid-19)

Mifesij rot deska Coronavirus (Covid-19) bera virus efeinah ong rifeni eretint joig Rurkesi. Virus kef endeska monuh Cina. Mifesij sons rot deska Coronavirus ber mar Efeinah onnga omotturna erek egegs jera virus ong erawawa jeska rot SARS jera MERS.

MAR ONG OROCUNC ROT







MISISI/MUROUW JOIG:

- MIRA SABUN MURUT MITRA JWERIS
- KUJUNUNI JERA MOSUMFEY BIDA MIMIF MIFAKA MASKER JOUG ROT MAWESI EFENI
- MIT MART ROT ONG EDALU, NOWA MIT MARFOK JERA MEGEFEK OFOIKOI
- TOUTOUW YESMES DESKA ROT MAREFEL ONGA NIMFA GEMEMAS
- MUKUWYOS GU MUSYOMU ETIB ROT OROKOSKA, NOWA MIMIF TEIN MAHCA ROT ONG EDALU
- MIMIF MINET MARSKA ONGA RUNONNVA ENESI/MARSKA ROT EWAH GURU
- DESKA MOIGUNU, MOSUMFEY JERA MEFENI OMSASA BIDA MUJOSKOTA RUONG RIMFARUR GMOD MARENIR ROT EBEYBEY/EWERENS

DESKA RUA ONGA RINCHRA JAH MONUH YES/MONUH ONGA MAR OSKA EFENAH ENKANGOR:

- MINIKER DESGASMS DESI RUMONK EREK/OPOROT BIDA MIRAF AMFARA MASKER
- JESKA MAR OSKA EFENAH ONG OTUNGOM ROT MIFENI ESTIR OROOS MONA ONGA MINIKER MONUH CINA, NOWA MONA ONGA MUNGSONI JAH MIMIN MONUH, BIDA MUKOTA RUA ONGA RIMFARUR GMOD MARENIR EWERENSMS SKEDA MIFESI ROT MARENIMI SAKOTA RUA
- DISSEK IWA SKEDA INEJAH PASAR MARSKA GURU

TOUTOUW ROT MAR EFEYNAH NOVEL CORONA VIRUS (COVID-19)

JESKA MINJESMA MAR ONG OROCUNC ROT NOVEL CORONA VIRUS (COVID-19), BIDA MUSKOITA RUA ONG RINFARUR GU MOD MARENIR ONG DOIDODA EWERENSMS SKEDA RITMA AHKENG ARYAWUN NOUMI OJGOMUJA


 DESKA OROOS MONA ANGA KET BERA ARYAWUN DEK KACUN ONG EREKENG/OREKON ROT TENTER ENAH ENSI, COVID-19

177 Indonesia's Experience in Controlling the Pandemic of COVID-19

■ Prevention and Socialization Activities

The activities carried out by the West Papua Provincial Government include prevention and socialization, from religious aspects to community empowerment. Religious activities are carried out to remind residents of the importance of returning to the Maker, with the belief that this pandemic is a trial and also a challenge that must be faced to save fellow humans. Activities carried out include holding prayer events with religious leaders, both at the Governor's office and in their respective homes. Then, a working visit was carried out by the Governor to South Manokwari, Sorong, Wondama Bay, Bintuni Bay, Fak Fak, and Kalimana to pray together and hold meetings with mosque boards and religious leaders at places of worship in order to increase solidarity amid the pandemic.

What is unique for West Papua is that the socialization of COVID-19 is delivered in the local language. Socialization in local languages is carried out through the Pusdalops or FM radio and regional private television. This is aimed at socialization to reach various segments of society, so that the understanding increases and transmission of COVID-19 can be avoided. The following is an example of the use of

regional languages to socialize COVID-19 (covid19.papuabaratprov.go.id).

Health education and messages are also delivered through YouTube social media which are uploaded to the official website covid19.papuabaratprov.go.id.

Top-down and bottom-up approaches were taken by the Provincial Government and the Task Force to socialize prevention efforts. For example, until now there are still many residents who have not realized the importance of wearing masks, even though government officials have conducted socialization. This shows that the top-down approach has not yet been able to reach all citizens to make changes, so a bottom-up approach is required, namely encouraging RT-RW to play a more role as the front guard in preventing COVID-19. Activities in various villages, districts and wards have been launched to strengthen the role of RT-RW and village heads as the main movers. This idea is determined by considering the conditions of the residents who are few in number and live scattered in cities, villages, in the mountains, and so on. Thus, the bottom-up approach is considered to be an appropriate approach for handling COVID-19.

The experience of West Papua shows that the RT-RW as the driver of the smallest task force was quite effective and had an



impact, which in its activities was assisted by other components of society at the sub-village/village level, such as the PKK and tribal leaders. They all move in the community to help socialize the health protocols, such as washing hands, providing education about nutritious food, and so on. RT-RW is also assisted by Babinsa, religious leaders, and volunteers to jointly prevent the transmission and spread of COVID-19.



... it has now reached RT/RW and Dasawisma (group of ten houses), with the expectation to reach Babinsa as well. They are extraordinary. In West Papua, they are the front guard.

- Hendri, Chairman of the Higher Education Forum for Disaster Risk Reduction.

■ Large-scale Social Restrictions (PSBB) is Not Implemented in West Papua

At the end of May 2020, the number of COVID-19 cases in West Papua was increasingly worrying. More and more people were being exposed to this virus. On May 30, 2020, there were four more positive cases of COVID-19. Additional cases occurred in Sorong District with 2 people, in Bintuni Bay District with 1 person, and in Sorong City with 1 person. Therefore,

the cumulative number of positive cases to date in West Papua is 162 people. Meanwhile, 7 people were declared recovered in Bintuni Bay District, bringing the total number of recovered people to 49 people. There are 3 additional OTG from Raja Ampat District. Thus, in West Papua until May 30, there are a total of 1,285 OTG, 513 still under monitoring and 772 finished monitoring.

The number of people exposed to COVID-19 in West Papua continues to grow. Various efforts were made, including limiting people who enter and exit the area. In order to prevent uncontrolled transmission, people independently limit the flow of entry and exit in their area, although in the end, it must be adjusted according to the regional government regulations. People may come to the territory with an exception. In accordance with the health protocol, every person who comes must be equipped with several administrative requirements, such as a certificate from the village and RT/RW of the domicile of origin, and most importantly a health certificate or statement from the competent authority, such as public health center. It is preferable for residents to have a certificate of swab test results. So, if there are indications of infection, let alone positive, residents are not allowed to come to West Papua. In order to get around the non-enforcement of the PSBB, the West Papua Provincial Government only allows mobility of the population through designated entrances and exits.

West Papua does not implement the PSBB with various considerations, one of which is that the region is still dependent on other regions, especially Papua. West Papua

as a very young province, with very minimal infrastructure, requires transportation and medical personnel in large numbers. In essence, they need other people to develop West Papua. However, the priority for entry and exit is for those with an interest in dealing with the COVID-19 pandemic.

Meanwhile, West Papuan citizens who want to leave their territory are welcome and given the opportunity, by providing a statement. Thus, residents from Java or other regions are welcome to travel, but at the Manokwari Airport, they will be asked to fill out a statement form, which also contains data of duration of leaving, and they may come again by adhering to the health protocols.

■ Towards the Era of New Normal

In early June 2020, the number of people exposed to COVID-19 continued to grow. The West Papua Provincial Government does not implement PSBB, but does tighten supervision of people who come and leave. The involvement of village officials, such as RT, RW, village head, and Babinsa, is indeed very effective. Even though the facilities and infrastructure are very minimal, the conditions are still under control. At least until early June 2020, there was no outbreak or increase of COVID-19 cases.

As stated in the Health Office of West Papua website (<https://dinkes.papua-baratprov.go.id>), there are 168 positive cases of COVID-19 until June 1, 2020 in West Papua and 55 people have recovered. The following is a recapitulation of the number of

OTG, ODP, and PDP, both those that are still being monitored and those that have finished monitoring, as well as the number of positive cases of COVID-19 in districts/cities in West Papua until June 1, 2020. There were additional 31 OTG with the following details, 3 from Manokwari District, 21 from Teluk Bintuni District, 4 from Sorong District, and 3 from Raja Ampat District. In total there are 1,383 OTG, 576 of which are still being monitored and 807 have finished monitoring.

In mid-June 2020, there were 3 other additional positive cases of COVID-19 in West Papua, 2 people from Sorong District and 1 person from Sorong City, bringing a total of 212 positive cases of COVID-19. Meanwhile, 7 people were declared recovered with the following details, 3 from Teluk Wondama District, 2 from Teluk Bintuni District, and 2 from Sorong City, so a total of 94 people were declared recovered until now.

That number continued to increase at the end of June. On June 29, 2020, there were an additional 288 positive cases of COVID-19. However, the number of residents who recovered also increased quite significantly, reaching 153 people, while 22 people died. Then, there are a total of 2,833 OTG, 1,248 ODP, and 108 PDP. Although the data shows an increase in the number of positive cases of COVID-19 in West Papua, the graph shows that the movement is either sloping or decreasing. This is good news, especially since the recovery rate is more than 50 percent. The success in suppressing and reducing the number of cases was achieved not only because the local government and its staff

went directly to secure the area from the attack of the Coronavirus, but also because of the community involvement from the lowest level. This is because the community will be greatly disadvantaged if the virus continues to spread. In this case, like riding a bicycle, the government sits in the back and the people sit in the front to pedal.

As a province that is really young, with very minimum regional commodities, the government continues to strive to meet the needs of the community. The outbreak of the COVID-19 pandemic has indeed shaken the economy, but it is still under control. The community can still carry out activities by complying with the health protocols. Furthermore, so far, the Coronavirus has spread through people from the red zone, who are actively entering and leaving West Papua. In order to suppress and continue to monitor the progress of this outbreak, the Active Task Force also carries out tracing. Especially as a pandemic, the number of COVID-19 cases is certainly fluctuating. The increase in the number of cases in West Papua does not mean that the province is getting worse and failing to handle it. With the limited facilities and infrastructure as well as infrastructure owned by the province, the recovery rate which reached more than 50 percent is an achievement.

■ Mass Rapid Test

One of the programs carried out by the West Papua Provincial Government to prevent the spread of COVID-19 is holding a mass rapid test. The Governor of West Papua supported and emphasized that the test was not only

focused on the city center, particularly Manokwari. In all areas, including the Green Zone, this rapid test is carried out, with the aim of identifying and finding out whether any residents who have not been reached have been infected with COVID-19. In addition, the mass rapid test is an effort to prevent the spread of COVID-19 ahead of the new normal in the West Papua region. In its implementation, the Governor of West Papua also distributed 2,000 free masks, including at Wosi Market and Sanggeng Market, Manokwari.

As of July 22, a total of 4,189 people took the PCR test, with the results that 376 people (9 percent of the total people examined) were reactive and 3,813 people (91 percent of the total people examined) were non-reactive.

■ Sorong City Implements New Normal Starting June 22, 2020

The Governor of West Papua and all Regional Apparatus Organizations (OPD) have agreed to implement a new normal or a new order, by putting forward the protocol set by the Minister of Health. In this regard, the Governor appealed to all OPD to prepare facilities and infrastructure in order to support the protocol in each agency. Furthermore, the Governor suggested that the state civil apparatus (ASN) not enter the office on the same day to prevent the emergence of new clusters within the government. Then, the arrangement of school schedules is followed up by the Education Office related to prevention in educational institutions. The

important message conveyed is "it is better to prevent than to cure and all levels of society comply with the health protocols specified by the government".

At least, four regions meet the requirements of the central government to implement the new normal, namely Maybrat District, Tambrau District, South Sorong District, and Arfak Mountain District. Another thing that was taken into consideration was that there were no new positive cases of COVID-19 in the four areas. Later, other regions will follow to implement the new order.

Judging from the readiness to implement a new life order, the City of Sorong can be said to have met the requirements. Thus, the city has implemented it on June 22, 2020. Various agencies and levels of society are committed and working together to prevent the spread of COVID-19 in Sorong City.

■ Local Transmission Must be Taken into Account

The spread of COVID-19 in West Papua initially occurred through contact and import transmission. In this case, the



spread occurred due to the entry and exit of West Papuans or immigrants, especially those in the red zone. One area of concern is the tourist areas of Manokwari and Sorong.

In mid-May 2020, the Task Force for COVID-19 of West Papua identified local transmissions that occurred in three areas, namely Sorong, Raja Ampat, and Bintuni Bay. Based on these findings, residents infected with COVID-19 did not have a history of traveling outside the area or having contact with people who have just arrived from outside the area. One of the spokesmen for the Task Force for the Acceleration of COVID-19 in West Papua Province, Ardoldus Tini, is aggressively embracing the community to increase awareness by implementing protocols in order to prevent the spread of the coronavirus.

To prevent the number of COVID-19 cases from getting out of control, the Governor of West Papua, Dominggus Mandacan, also took part and instructed the team to coordinate with the local task force to monitor and conduct technical studies on regional requirements and readiness to implement a new order amid the COVID-19 pandemic. The spread of the Coronavirus through local transmission in particular needs to be taken into account, not limited to epidemiological, socio-economic aspects,

Public Relations Doc.

Head of the food security office of West Papua Province, Rudy Johanes Kabes, examining the quality of local food

as well as clean and healthy living habits in everyday life.

■ Local wisdom

Like other regions in Indonesia, the West Papua region which has diverse ethnicities also has different customs and cultures as local wisdom. Local wisdom is a great asset for local governments to face various challenges and disasters, including the COVID-19 pandemic. The richness of ethnicity in West Papua can also be used as capital for the West Papua Provincial Government to prevent the spread of the



... We have *Tangan Kasih* (Hand of Love) program of the West Papua Provincial Government as a brand to be adapted as a cash program for 32,317 people and those affected by COVID-19 in West Papua Province. They have not received aids services from our government (central government) and also from district governments administered by the province.

- Derek Ampnir, Daily Chief Executive of the Task Force for COVID-19 of West Papua

Corona virus, including the Hattam tribe in Aimim village.

One of the local wisdoms found in West Papua is the designation of Aimim Village, Prafi Sub-District, Manokwari District, by the Governor of West Papua as an independent village in the middle of the COVID-19 pandemic. This is based on the involvement of citizens who have high awareness in implementing the health protocols. In addition, Aimaan Village was chosen based on indicators, such as good and adequate resilience, health, food and security.

Aimim Independent Village refers to the cultural richness of the Hattam tribe (sub-tribe of Arfak large tribe), which in the language of the Hattam Tribe is called *Yaba Nonti Aimas*. With this designation, the Governor of West Papua hopes that it can be used as an example by other regional heads, which are scattered in districts/cities throughout West Papua.

■ Direct Cash Transfer

The ongoing COVID-19 pandemic that has occurred in Indonesia, especially in West Papua, has not only impacted the health sector, but all sectors, including the economic sector. West Papua's economic empowerment has suffered a tremendous downturn. However, fortunately, the West Papua region is endowed with an abundance of wealth, it has just not been explored yet.

West Papua has abundant natural resources, and those affected are artificial resources. This is because West Papua is still very dependent on artificial resources or goods from outside the region.

In accordance with the Circular Letter of the Governor, those directly affected by the pandemic are the informal and formal sectors. Those who work in the formal sector, such as the health, mining and tourism sectors, were laid off. In addition, the informal sector, such as home-based businesses, motorcycle taxis, laborers and farmers, was severely affected. To ease the burden on the people, the West Papua Provincial Government provided cash aids to 32,317 people affected by the COVID-19 pandemic worth IDR 600 thousand. In accordance with the decision of the Governor of West Papua, the budget has been allocated.

The distribution of cash aids uses banking services. The banks select the names given by the Provincial Government. Aid funds are allocated from the Regional Revenue and Expenditure by 25%.

Not only from the West Papua Provincial Government, the people of West Papua also received social aids from the Central Government through several doors. The aids was provided in the form of basic needs and cash. To ensure that the aids reaches its target, several agencies also supervise it, including the Village Community Empowerment Service (*Dinas Pemberdayaan Masyarakat Kampung, DPMK*). At the very least, DPMK supervises the distribution of aids from the 2nd phase of the Village Funds from the Ministry of Finance, which is transferred in cash. This step was taken to help village communities who were directly affected by the COVID-19 pandemic. By the Ministry of Finance, the 2nd phase of the Village Funds is delivered to this area not for village infrastructure

development. Meanwhile, in West Papua, there are 1,743 villages. Each family received Direct Cash Transfer of IDR 600 thousand per month from April to June, bringing the total to IDR 1.8 million.

For the record, referring to the Cabinet Secretariat of the Republic of Indonesia, Cash Social Aids (*Bantuan Sosial Tunai, BST*) is provided to village communities who have not received any government aids, such as the Keluarga Harapan Program, Non-Cash Food Aids, and Pre-Employment Cards.

In relation to the Village Funds that have been reallocated, the Community Empowerment Service advises village officials to revise the Village Revenue and Expenditure Budget, by referring to the Ministerial Regulation of Home Affairs No. 69 of 2018. With regard to the reallocation, the Village Funds will be focused on three things, namely handling of COVID-19, Village Cash Work Intensive Program, and Direct Cash Transfer.

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RIAU

Author:

Dr. dr. **Tri Yunis Miko Wahyono**, M.Sc.

Resource Person:

Jim Gafur A.P., M.Si. as Head of Emergency Division of Riau Province

Contributor:

Nida Hanifah Nasir, S.K.M., M.K.K.K.



corona.riau.go.id



Interview performed on June 11, 2020



VALUABLE LESSONS LEARNED FROM COVID-19 RESPONSE IN RIAU

Riau Province, which is predominantly of Malay ethnicity with a population of more than 6 million, had 120 cases of COVID-19 in July. The first case occurred in Pekanbaru, originating from *tabliq akbar* (mass religious meeting) in Kuching Malaysia. Then, the next case occurred in Indragiri Hilir, Dumai and other districts but not too many. There are districts with no cases of COVID-19, such as Rokan Hilir, due to limitation of access. After Large-Scale Social Restrictions (PSBB) was carried out twice in two districts/cities followed by other districts, in July 2020, the cases of COVID-19 decreased drastically and currently Riau Province has become a Green Zone.

■ A Glimpse of Riau Province

Geographically, the borders of Riau Province include North Sumatra and the Malacca Strait (northern border); West Sumatra and Jambi Provinces (southern border); West Sumatra Province (western border); Malacca Strait and Riau Islands Province (eastern border). Riau Province has an area of ± 8,915,016 hectares stretching from the slopes of Bukit Barisan to the Strait of Malacca. Indragiri Hilir District is the largest area in Riau Province, totaling an area of 1,379,837 Ha (15.48% of the total area of Riau Province).

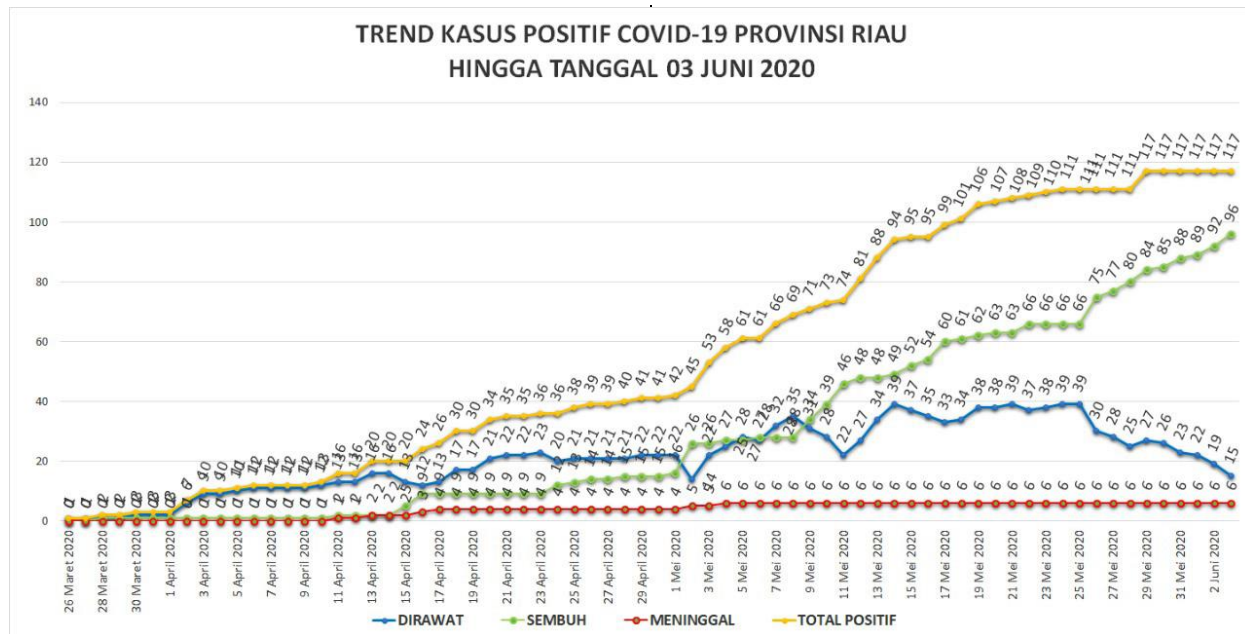
Riau Province consists of 10 districts and 2 cities and has 164 sub-districts and 1,836 villages/wards. The population of Riau Province based on 2019 data is 6,971,745 people, consisting of 3,396,803 women and 3,574,942 men. The population density in

Riau Province in 2019 is 80.11 people/km² with an annual population growth rate of 2.52%.

Based on population data in 2018, most of the population in Riau Province is Muslim with a total of 5,312,814 (87.47%), Protestant Christians 562,907 (9.27%), Buddhists 132,593 (2.18%), Catholic Christians 61,391 (1.01%), Confucianism 2,130 (0.04%), Hindu 757 (0.01%), and other beliefs 1,508 (0.02%). On the other hand, based on ethnicity, most of the population of Riau Province comes from the Malay ethnicity group.

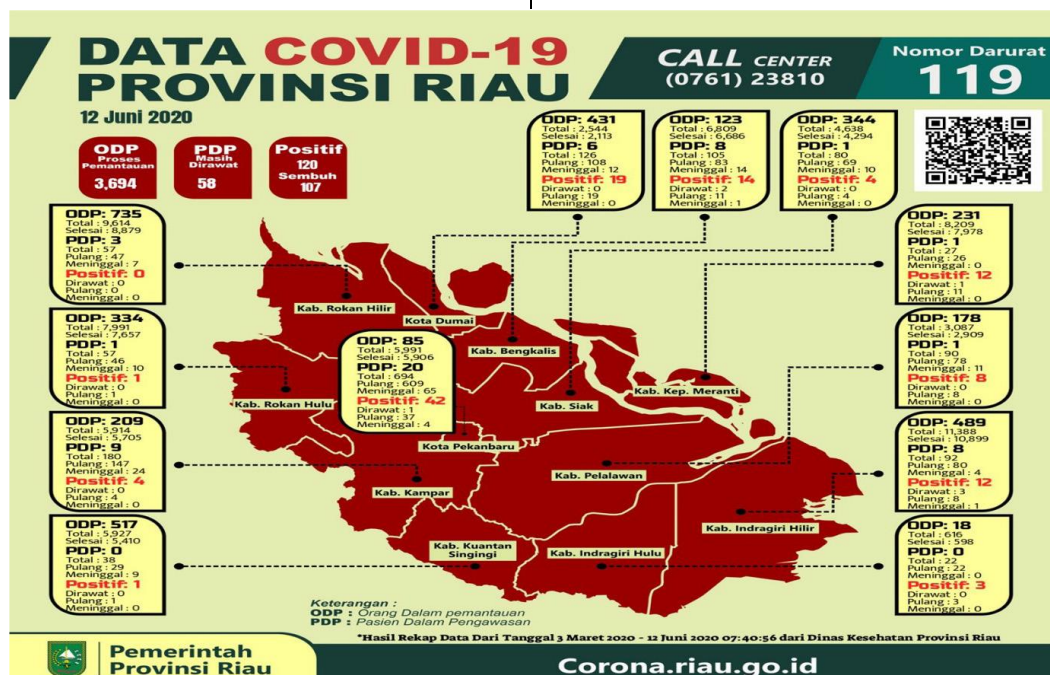
■ Epidemiology

In Riau Province, the COVID-19 case first appeared in Pekanbaru City. It was a positive case originating from one of the residents who participated in the *tablig*



akbar in Kuching, Malaysia. That was case 01 in Riau Province. As the effort was not optimal at that time, the case developed. Additionally, there were several cases that appeared in Dumai and lately we also received positive cases from outside, namely from Natuna community members who entered Riau. Furthermore, the case developed according to the picture below:

In the picture below, the first and second cases on March 26, 2020 subsequently developed to a dozen in June 2020 and continued to increase from month to month until June 2020. In June 2020, there were no more new cases. It shows that Riau Province has succeeded in making this province a Green Zone province (free of COVID-19 cases).



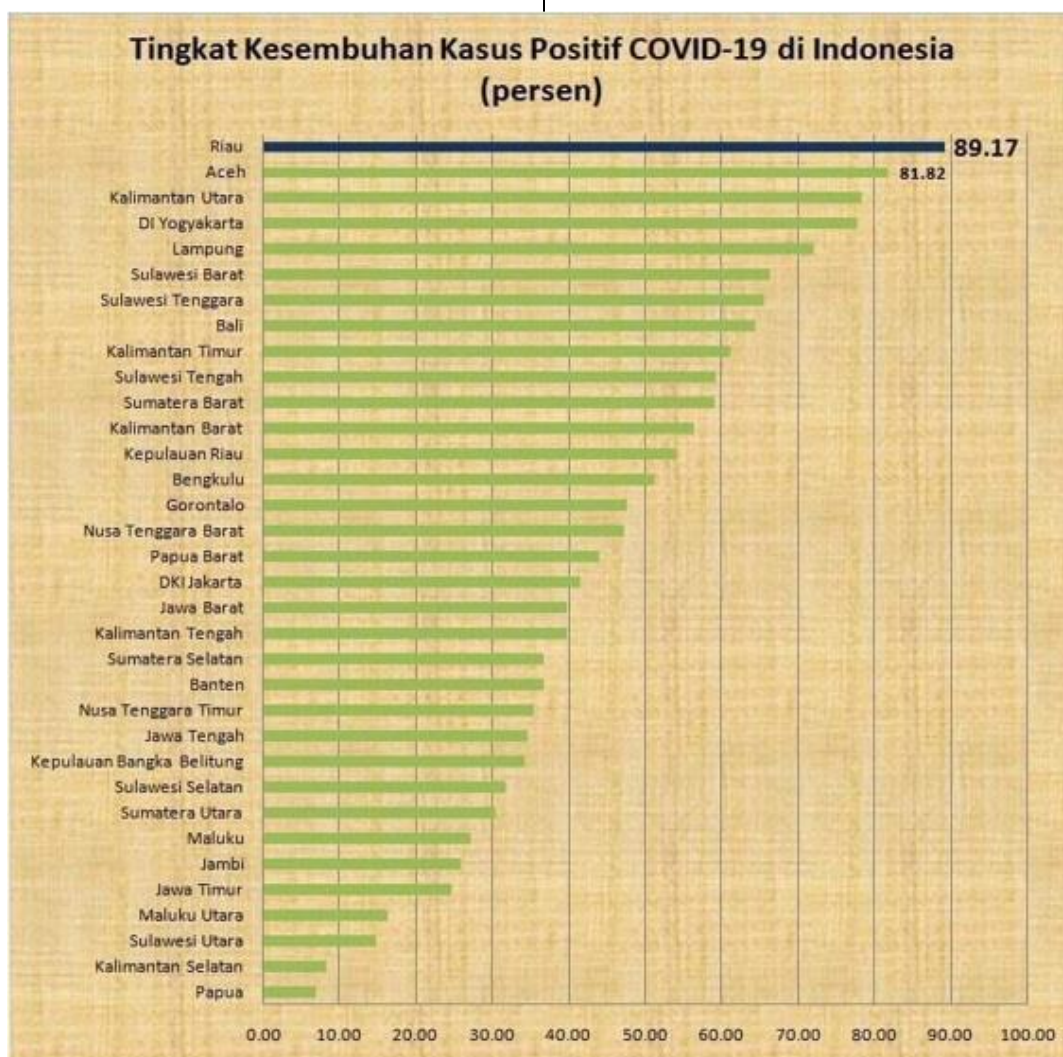
When the case occurred in Riau Province, the case spread to various districts/cities in Riau Province, as in the chart below:

The highest number of cases in districts/cities is Pekanbaru City with 42 positive cases, the second is Dumai City with 19 new cases, and the third is Bengkalis District with 14 cases. There is a district with no cases, namely Rokan Hilir. It is because the port prohibits migrants from outside the city.

When the Task Force was faced with the distribution of aforementioned cases, the PSBB was carried out in several cities.

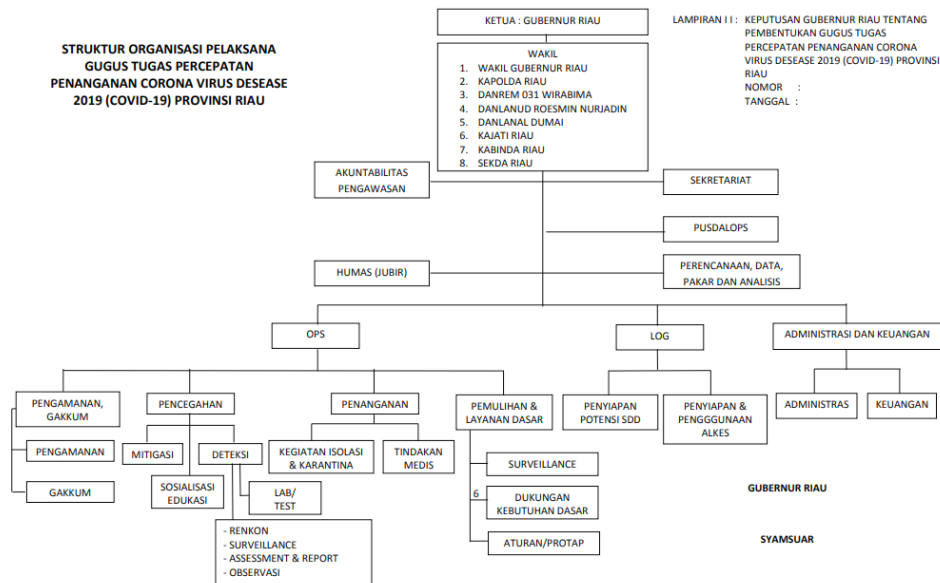
Initially, PSBB was only carried out in a few cities. Then, other districts subsequently did the same thing, implementing PSBB for 2 times. After PSBB was carried out 2 times, there was a decrease in the number of cases.

As of June 10, 2020, Riau Province is still among the 10 provinces with the lowest number of positive cases of COVID-19 in Indonesia, which is 120 cases. In terms of recovery rate of COVID-19 cases, Riau Province is in the first position in Indonesia, which is 89.17%. As of June 12, 2020, the recovery rate has increased by 1 person or cumulatively to 108 people (90%).



■ Institutional and Legal Framework

The Riau Province Task Force was formed based on the Decree of the Governor of Riau Number: kpts. 596/III/2020 concerning Determination of Emergency Alert Status for Non-Natural Disaster Due to Corona Virus Disease 2019 (COVID-19) in Riau Province in 2020. The Task Force based on this Decree established an organizational structure as follows:



Therefore, cross-sectoral and district/city coordinators are not an obstacle and in carrying out their duties, the Task Force works professionally in accordance with their respective sectoral main tasks and functions.

Legal Framework

- Regulation of the Governor No. 27 of 2020 concerning Guidelines for Large-Scale Social Restrictions (PSBB) in Handling Corona Virus

Disease (COVID-19) in Kampar District, Pelalawan District, Siak District, Bengkalis District, and Dumai City;

- Regulation of the Governor of Riau No. 26 of 2020 concerning Amendments to Regulation of the Governor No. 65 of 2018 concerning Cost Standards in the Riau Provincial Government;
- Decree of the Governor of Riau No. kpts. 596/iii/2020 concerning

Determination of Emergency Alert Status for Non-Natural Disasters Due to Corona Virus Disease 2019 (COVID-19) in Riau Province in 2020;

- Decree of the Governor of Riau No. kpts. 705/iv/2020 concerning Determination of Emergency Response Status for Non-Natural Disaster Due to Corona Virus Disease 2019 (COVID-19) in Riau Province in 2020;

- Decree of the Governor of Riau No. kpts. 567/iii/2020 dated March 16, 2020 concerning the Establishment of Task Force for Handling COVID-19 in Riau Province;
- Decree of the Governor of Riau No. kpts. 568/iii/2020 concerning the Designation of Referral Hospitals for the Management of Certain Emerging Infectious Diseases in Riau Province;
- Decree of the Governor of Riau No. kpts. 879/v/2020 concerning Extension of Non-Natural Disaster Emergency Response Status due to Corona Virus Disease 2019 (COVID-19) in Riau Province in 2020;
- Circular Letter of the Governor of Riau No. 43/se/2020 dated February 10, 2020 concerning Preparedness in Efforts to Prevent the Spread of Pneumonia;
- Circular Letter of the Governor No. 79/se/2020 dated 16 March 2020 concerning Precautions and Anticipation of the Spread of COVID-19 in Districts/Cities throughout Riau Province;

- Circular Letter of the Governor of Riau No. 80/se/2020 concerning Precautions and Prevention of COVID-19 Transmission Instructions for State Civil Servants and Non-State Civil Servants;
- Circular Letter of the Governor of Riau No. 800/disdik/1.3/2020 concerning Precautions and Prevention of the Spread of COVID-19 in the Education Unit of Riau Province;
- Circular Letter of the Governor of Riau No. 81/se/2020 concerning Precautions and Prevention of COVID-19 Transmission for Company Management;
- Circular Letter of the Governor of Riau No. 440/Dinkes/1051 dated May 12, 2020 concerning Data Collection and Tracing of Students of Al Fatah Islamic School in Temboro Magetan, East Java.

The main task of the Task Force for the Acceleration of Handling COVID-19 in Riau Province is to plan, coordinate, control and supervise the implementation of acceleration of handling of COVID-19 in the province.



Public Relations Doc.

The visit of the National Police Chief and the Indonesian National Army Commander.

Efforts made:

- Conducting COVID-19 case detection and contact tracing (surveillance and tracing);
- Conducting close contact monitoring of cases;
- Recording and reporting of contact tracing results;
- Conducting Intervention for specimen collection from contact tracing;
- Reporting of laboratory results to districts/cities and the Ministry of Health;
- Determination of PCR and TCM at Arifin Achmad Regional Public Hospital in Riau Province.

Medical Response:

- The assignment of a COVID-19 referral hospital based on the Ministerial Decree of Health No. 278 of 2020 and Decree of the Governor No. 26 of 2020;
- Provision of isolation rooms, beds, ventilators in the referral hospitals;

- Addition of beds in case of increase of cases totaling 1,064 beds;
- All PDP cases are treated at COVID-19 referral hospitals;
- Additional 27 health personnel at referral hospitals from PTT paramedics in Riau Province (from 2 districts).

■ Policies

Riau Provincial Government's policies in handling COVID-19 cases include:

- All people who enter Riau Province will receive a Health Alert Card (HAC) and be recorded as ODP, including those without symptoms who will be monitored by the Public Health Center;
- All PDP are treated at a referral hospital and receive treatment according to the treatment protocol and are allowed to go home if the results of the swab test come back negative for two times;

Public Relations Doc.

Guarding activity in provincial border areas.



- PDP patients who have confirmed positive swab tests are immediately treated at Arifin Ahmad Regional Public Hospital or other referral hospitals and receive treatment as positive patients according to the treatment protocol for positive COVID-19 patients and are only allowed to go home if the results of swab test come back negative for two times;
- The operation of the Bio Molecular Laboratory can speed up patient management, thereby reducing costs, time and energy. The current capacity has reached 400-500 samples per day;
- The implementation of PSBB in Riau Province for 5 districts/cities (Kampar, Pelalawan, Siak, Bengkalis, Dumai) was held on May 15, 2020 to May 28, 2020 and the implementation of PSBB in Pekanbaru City started on April 17 and it was extended 2 times and ended on May 28, 2020;
- Providing special financial assistance to districts/cities, sub-districts and villages to accelerate the handling of COVID-19;
- Conducting refocusing activities and reallocating of the 2020 Revenue and

Expenditure budget in accordance with the President's direction for the acceleration of handling COVID-19 in terms of handling health, social safety net, and economic recovery;

- Closure of ports and airports for departure/arrival abroad, as well as three bus terminals (Dumai, Bangkinang, and Pekanbaru);
- Strict supervision of people at border checkpoints in North Sumatra, West Sumatra and Jambi;
- All company employees and market traders are required to take a rapid test, and all ODP and resident tracing results must be checked by swab test.

■ Implementation of Handling Action

► Establishing a Legal Basis for Handling COVID-19

The Riau Provincial Government started the handling of COVID-19 by referring to its legal basis. This legal basis reference has established the Emergency Response status and has been extended. Therefore, this Emergency Response status is a very important legal basis since in the implementation of handling COVID-19, regional funds are mostly used, namely unexpected expenditure funds (BTT).

This program has been directed to be in line with the program of Ministry of Home Affairs. During disaster condition, the Regional Government must reallocate and refocuses the existing budget in the Regional Government, especially Riau, to concentrate on handling COVID-19. Thus, the legal basis for this budgeting is a state of emergency, namely an Emergency Response state for the acceleration of handling COVID-19. In the beginning, the status of Emergency Alert was declared and changed to Emergency Response, and now it has been extended for the second time. The program follows the Presidential Decree on the COVID-19 National Disaster, so the deadline is until the end or the revocation of the COVID-19 national disaster status. In this case, the Governor of Riau became the front leader to deliver various directions for handling.

► **Socialization and Evacuation of People Affected by COVID-19**

In addition to establishing the legal basis, there were many efforts made by the Riau Provincial Government through circular letters and several appeals to the public and

this has actually been done since the month when COVID-19 was detected in Wuhan. The Riau Provincial Government had been anticipating it at that time since December. When the virus has not been recognized as COVID-19 and was still mysterious, the Health Office has anticipated the outbreak by holding coordination meetings. At that time, the Riau Provincial Government has made an anticipation because in Wuhan, there were several Riau students who were trapped and needed to be returned at that time.

One of the efforts was that the Riau Provincial Government through the Governor of Riau requested the Minister of Foreign Affairs to be able to return students, especially from Riau and support all efforts to handle or return Riau residents to return to their area immediately. At that time, the effort was already attempted by the Government of the Republic of Indonesia. The students have been picked up and isolated under a quarantine program in Natuna for 14 days and returned to Riau afterwards.

Public Relations Doc.

Rapid test activity by
Riau Province Health
Office.



► Coordination between Agencies

Through BPBD, the government intensively established communication with the person in charge of handling COVID-19 in the central level, namely BNPB. In Riau, two task forces were formed, namely the COVID-19 Task Force and the *Karhutla* Disaster Task Force as there were two disasters faced by Riau. The first one established in January was the Task Force for *Karhutla* (Forest and Land Fires) disaster and then followed by the Task Force for COVID-19. Riau always places the governor as the supreme commander in handling such disaster which may provide good coordination and integration, good synergy with apparatus outside the government such as the Indonesian National Army and Indonesian National Police, since the governor is the top leader. This is one of the good points in coordination in handling *Karhutla* and COVID-19.

► Health Interventions

Because the proposal for the procurement of a COVID-19 test kit to the Health Laboratory in Jakarta was failed to be done, the provincial government in the end bought the equipment by itself and bought it directly from Singapore. Now, the Regional Government has been able to publish the result of up to 400 to 450 tests. Initially they were only able to publish 150 tests and now it is 450 tests. All of the effort was made by the Riau Provincial Government, by referring to the center target, with the expectation of reaching 10,000 tests per day and increasing it to 20,000 per day.

In addition, referral hospitals are added. Initially, there were only 3 referral hospitals in Pekanbaru, Dumai, and in Indragiri Hilir

District. In anticipation of greater PDP or positive COVID-19 cases, the Riau Provincial Government increased the number of referral hospitals to 48, both private and local governments, with 1,064 available beds. Meanwhile, in the highest number of cases, there were 400 patients occupied the rooms at the referral hospital.

The first PSBB was carried out by Pekanbaru City up to 3 times, then followed by 6 districts. After that, an evaluation was held. As a result, it turned out that the trend was very much decreasing. Therefore, the Governor and the Regent/Mayor agreed that they should not continue the PSBB and enter into a transitional period, namely an adaptation as there was information from the Central Government at that time that the New Normal had already been discussed. Therefore, the people should immediately adapt to the implemented patterns while still carrying out the health protocol.

The step is that each district/city continues to strictly implement the health protocols such as conducting checkpoints at provincial borders. At least, five checkpoints were conducted to limit travel for entry and exit the Riau region between Jambi Province, North Sumatra Province and West Sumatra Province. This effort greatly limited the entry and exit of both private and public vehicles so that it had a huge impact on the level of transmission in Riau Province.

The implementation of the checkpoints with very strict rules and based on a circular letter from the Head of the Central Task Force was carried out by the Health Office. In addition, the establishment of caring volunteers has also been carried out with



Public Relations Doc.

Disinfectant spraying
in Pekanbaru.

several partners, both students and other volunteers, including organizations like *Zakat dan Dompot Dhuafa*. They coordinate with the Provincial Government and work together to help all matters related to the handling of COVID-19.

In terms of health interventions, the followings have been done:

- Procurement of PPE, medicines, vitamins, rapid tests through the Regional Revenue and Expenditure Budget of Riau Province;
- Logistics (TCM cartridges, rapid tests, PPE) and medicines from the Ministry of Health;

- Aids from outside parties, namely PPE, milk, vitamins;
- PCR reagent assistance from Temasek Foundation from Singapore (equivalent to 10,000 tests);
- Empowering the community through the establishment of COVID-19 Response Villages throughout Riau Province;
- Socialization of the health protocols for handling COVID-19 in accordance with communication protocols;
- Mass education and distribution of cloth masks through mobile cars, interactive talk shows, spot radio

Public Relations Doc.

Supervision on health
protocol
implementation at
praying sites



for public service advertisement, banners, billboards and flyers, and through social media;

- Establishing partnerships to educate the public such as students, communities, businesses, and educational institutions in order to provide assistance to the community regarding the use of cloth masks, washing hands with soap, social distancing and stigma;
- Establishing caring volunteers for COVID-19 such as Gerakan Peduli Riau (consisting of 68 elements of student and youth associations throughout Riau and Riau Islands), COVID-19 volunteers (Members of Student Executive Boards, communities), COVID-19 prevention volunteers (health synergy partners);
- Cooperation with zakat organization forums, such as Dompot Dhuafa, IZI, and PKPU;

- Promotion Week to Prevent COVID-19 through the message #SatuKertasCegahCovid19 for all health centers and health offices throughout Indonesia;
- Call Center 119 and 0761 23810 to serve public inquiries about COVID-19;
- Establishment of a Media Center in the Riau Governor's Serindit Building;
- Additionally, publication of a manual for handling COVID-19 for RT/RW and Integrated Health Post (Posyandu), village heads or ward heads and sub-district heads in the form of digital books (PDF). Digital books are free to download, print and distribute.

With regard to hospital facilities and isolation rooms and ventilators prepared in Riau Province, the data are as follows:

District/City	Hospital	Isolation Room	Total Ventilator
Pekanbaru	22	418	12
Kampar	2	25	1
Rokan Hulu	4	18	0
Kuantan Singingi	1	16	0
Indragiri Hulu	2	19	0
Inragiri Hilir	3	13	0
Meranti Islands	1	11	1
Siak	2	26	0
Bengkalis	4	39	1
Dumai	2	36	1
Rokan Hilir	2	17	0
Pelalawan	3	20	1
Total	48	658	20



► Citizen Logistics Guarantee

The Social Service provides a variety of social aids programs, whether distributing Central and Provincial social aids. Therefore, Riau Province made social assistance efforts, among others, in the form of cash social aids. Cash aids is handed over to provinces and districts/cities. The point is to add to the aids programmed by the Center. For example, the Central Government has provided basic food aids and the Riau Provincial Government helped increase the financial aids for them. This program has been implemented in all districts/cities. Aids has been distributed to districts and cities and to people who would subsequently hand it over directly to the affected people. The Provincial Government also receive donations. Everything has been distributed to the regions and various agencies in need.

► Activating Forkopimda

The Riau Provincial Government has also activated what is referred to as the Regional Leadership Communication Forum

(Forkopimda). The Regional Leadership Coordination Forum involved, for example, the Regional Police Chief, Kodam Commander, and Lanud Commanders. They worked together by activating their staff and ranks who help on every line. This included the police, the army, and the prosecutor's office. Initially, doubts emerged because handling COVID-19 required a high enough budget. However, with the existence of Forkopimda, for example, from the prosecutor's office which was also overseeing the budget, all movements have become more directed and focused on all human resources and the budget in it was intended for the handling of COVID-19.

► Obstacles/Challenges

However, from the handling of COVID-19, there are still obstacles/challenges to be faced, including:

- Hospital facilities and infrastructure are not yet available specifically for isolation rooms and ventilators;
- There are still hospitals that reject PDP of COVID-19;



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Planting tree movement of to strengthen food security.

- Not all human resources are trained to handle COVID-19;
- Operational aids in the field has not been maximal.

■ Lesson Learned

Riau Province, which consists of 10 districts and 2 cities with 164 sub-districts and 1,836 villages/wards, has cases of COVID-19 which originated from cases in Pekanbaru and Dumai. Furthermore, 120 cases of COVID-19 were recorded in June and only distributed in 4 cities/districts. Riau has succeeded in becoming a Green Zone Province in June 2020 because of the effective Task Force and the support from the Malay community who obeyed leadership policies.

This support is also related to local cultural factors. The majority of the population of Riau Province (more than 90%) consists of Malay ethnicity and the majority of them is Muslim. Compliance with the leadership (or *rajo* in Malay) is very high, so that the PSBB which was only carried out for two times in Pekanbaru and Indragiri Hilir

and followed by other districts was implemented with high compliance. Community members follow the advice to work at home and wear a mask when leaving the house. It becomes a supporting factor for the successful handling of COVID-19 in Riau Province.

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WEST SULAWESI

Authors:

Prof. Dra. **Fatma Lestari**, M.Si., Ph.D.

Prof. dr. **Hasbullah Thabrany**, MPH., Dr.PH.

Resource Persons:

Rahmad Barawaja K, S.E., M.M. as Administrative Coordinator of West Sulawesi COVID-19 Task Force

Drs. H. **Salaluddin** as Head of Emergency and Logistics of West Sulawesi BPBD and Member of Task Force Accountability Supervisor

Contributor:

dr. Agung Cahyono T,



covid19.sulbarprov.go.id



Interview performed on June 22, 2020



LEADERSHIP COMMITMENT AND STRICT ISOLATION IN WEST SULAWESI

If Vietnam, as of July 28, 2020, only had 431 positive cases of COVID-19 and no deaths, in Indonesia there is West Sulawesi province where the number of COVID-19-related deaths is the second lowest. This is due to the high commitment of the West Sulawesi Regional Government in handling COVID-19 which is able to contain the transmission for up to 4 (four) months. As of July 28, 2020, in West Sulawesi Province, there were 166 confirmed cases per one million population. Meanwhile, the neighboring province, South Sulawesi, has 1,105 positive cases per one million population. This means that in West Sulawesi Province, there are only 15% (one sixth) of COVID-19 cases compared to the neighboring province with the highest number of cases in Sulawesi.

■ A Glimpse of West Sulawesi

West Sulawesi is an expansion of South Sulawesi Province and is the 33rd province formed in the Republic of Indonesia. The province was officially established on October 5, 2004 based on Law No. 26 of 2004 concerning the Establishment of West Sulawesi Province, with the provincial capital located in Mamuju District.

The establishment of West Sulawesi Province has been fought for since 1960. At that time, Sulawesi Island had 3 (three) provinces, namely South Sulawesi Province, Central Sulawesi Province and North Sulawesi Province. The reason for this expansion is not without reason, the main problem is that this area is too far from the

capital city of South Sulawesi, Makassar, thus this region is a little bit isolated.

The long struggle to establish a separate province was finally achieved when the Reformation took place in 1999. The Mandar people, who are the majority ethnic group in the region, found the best momentum. By using their massive efforts supported by the House of Representative (DPR) through the right of initiative of DPR members regarding the Law for the Establishment of a New Autonomous Region, the Province of West Sulawesi was formed concurrently with Banten Province, Bangka Belitung Province, and Gorontalo Province.

The total area of this province is 16,937.16 km² with the distribution of ethnicity of Mandar (49.15%), Toraja (13.95%), Bugis (10.79%), Java (5.38%), Makassar (1.59%) and others (19.15%).

Administratively, West Sulawesi Province is divided into 6 (six) districts, 69 sub-districts, and 649 villages/wards. The largest area of the six districts is Mamuju District, followed by Pasangkayu District, Central Mamuju District, Mamasa District, Polewali Mandar District, and Majene District. The province of West Sulawesi is adjacent to the Province of South Sulawesi in the east and south, Central Sulawesi in the east, and the Makassar Strait and East Kalimantan in the west.

Topographically, the West Sulawesi region has varied conditions, namely mountains, hills, lowlands, coastal areas and swamps. Most of West Sulawesi is difficult to reach as it can only be accessed by horse and on foot.

Based on the results of the 2019 Statistics survey, the total population of this province is 1,380,256 consisting of 692,833 men and 687,423 women. The young age group (0-19 years) reached 555,531 people, followed by the productive age group (20-49 years) in the amount of 622,287 people and the age group over 50 years amounting to 202,438 people.

In absolute terms, the number of poor people in West Sulawesi Province in March

2020 was 152.02 thousand people, an increase of 0.15 thousand people compared to the number of poor people in September 2019, and an increase of 0.62 thousand people when compared to the total number of poor people in March 2019.

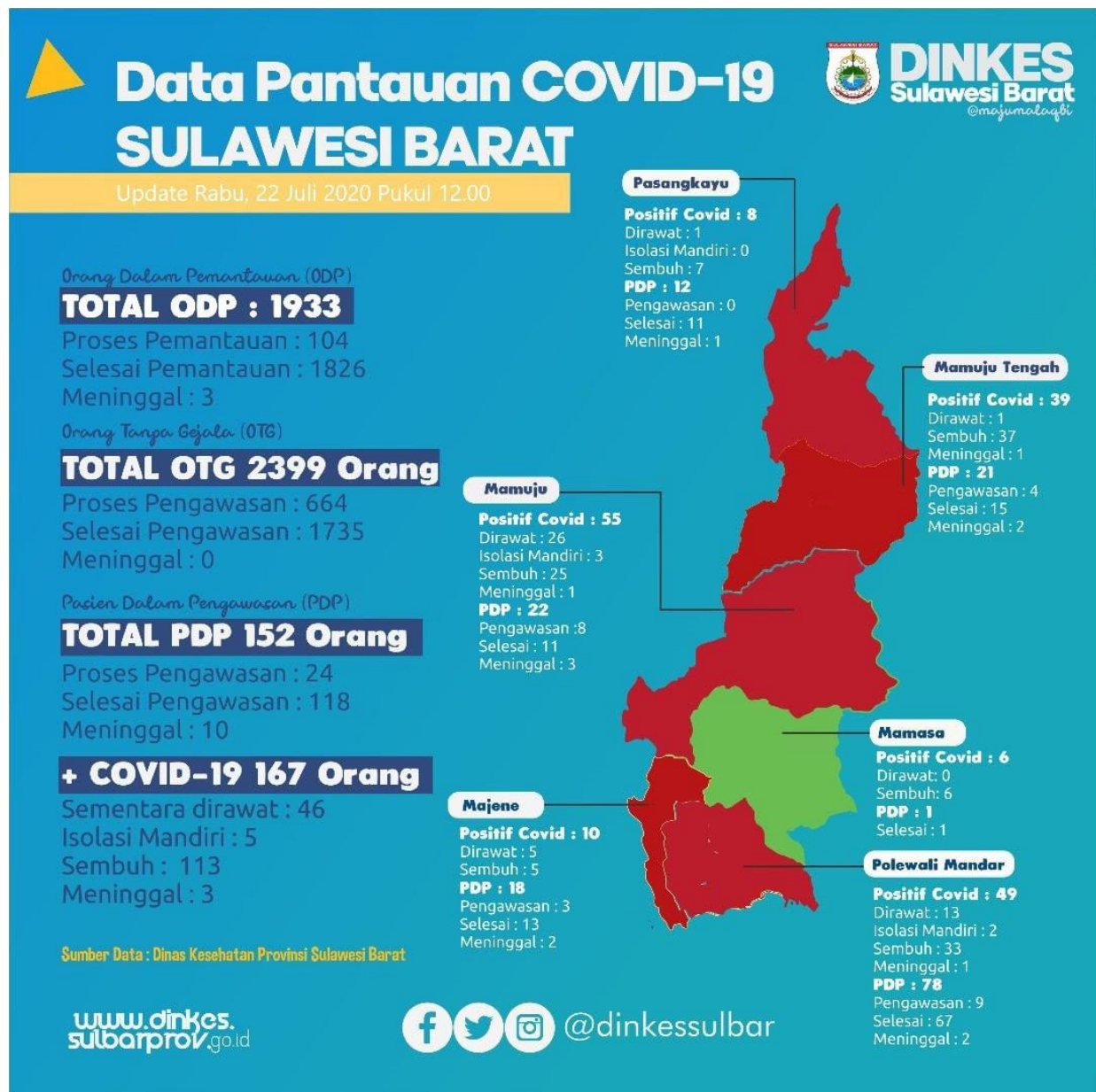
The province whose majority of people or 80% works as farmers, has not been spared by the global pandemic of COVID-19. It was recorded that the first positive case of COVID-19 occurred in April 2020, namely a woman with the initials J who is a resident of Majene District. Since that first case, several clusters were formed. Most of the clusters come from Magetan, East Java, then Magelang, Central Java, and Gowa, South Sulawesi. Of these clusters, 104 people were tested positive for COVID-19, and two of them died.

As of July 22, 2020, the number of positive cases of COVID-19 in West Sulawesi was 169 cases, with 48 cases still under treatment, 113 recovered, 5 self-isolating, and 3 died. Based on district, Mamuju is the area with the most positive cases, namely 56 cases; followed by Polewali Mandar with 49 cases, and Central Mamuju with 39 cases. Website related to COVID-19 can be



Public Relations Doc.

Closed Meeting with the Governor of West Sulawesi in the context of handling COVID-19.



accessed at a dedicated website for COVID-19 at <https://covid19.sulbarprov.go.id/>

Mamasa District is the region with the least number of confirmed cases of COVID-19 since its area is in the highlands and is not on the transportation route between West Sulawesi and Central Sulawesi. The communities in that region tend to be homogeneous.

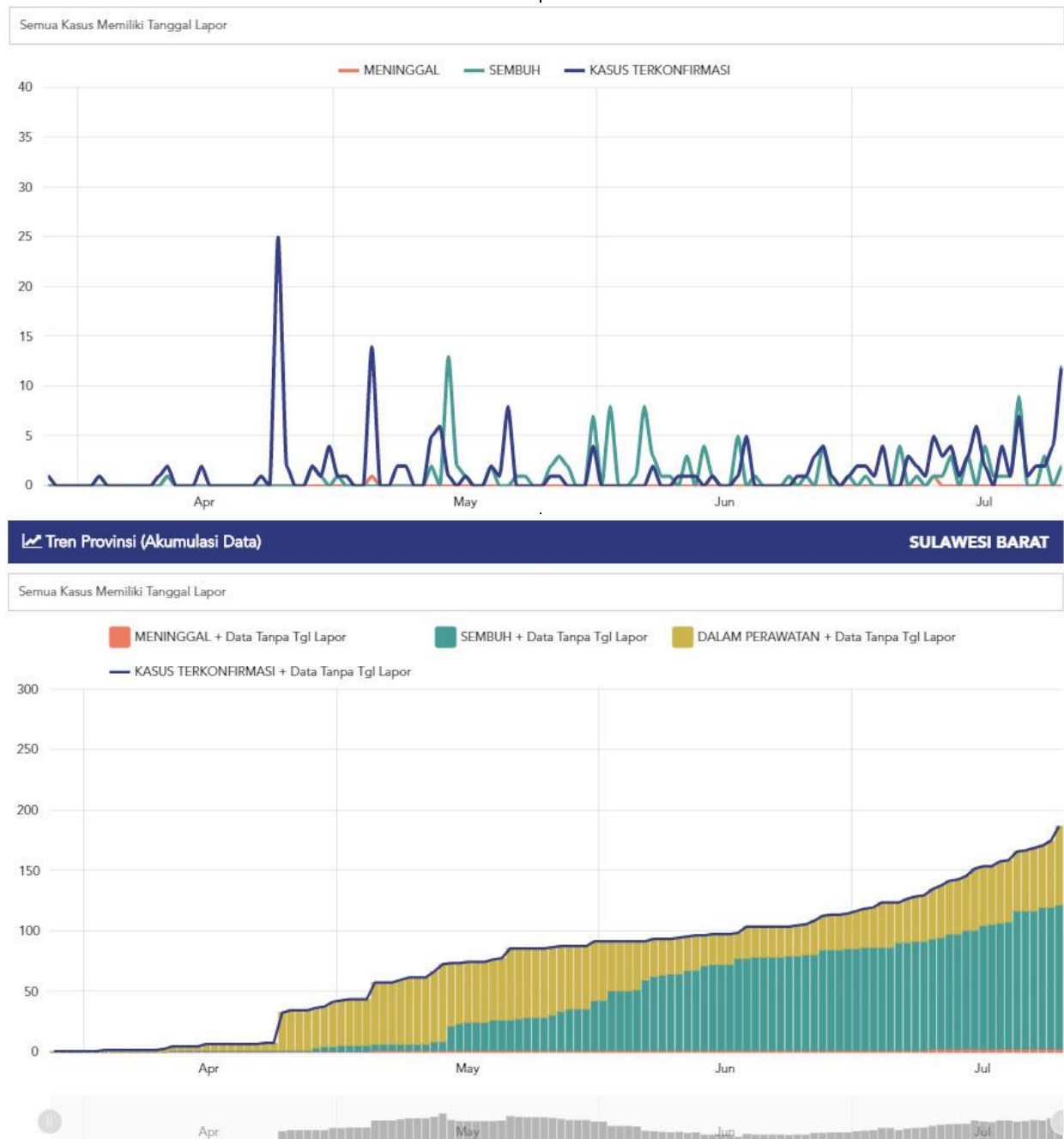
■ Government's Strategy in Overcoming Non-Natural Disaster

As an area located on the ring of fire, West Sulawesi has prepared a contingency plan with regard to natural disasters. However, for the case of COVID-19 which constitutes as a non-natural disaster, controlling COVID-19 is the first experience for the province of West

Sulawesi. One of the most frequent disasters in the province is landslides, considering that the area consists of highlands with quite high humidity levels.

The decree was issued not long after the first case was reported in Majene.

The hospital available in West Sulawesi is the West Sulawesi Regional Public Hospital



In order to carry out its duties in overcoming non-natural disasters, the West Sulawesi Provincial Government has formed a COVID-19 Task Force based on Decree No. 188.4/183/sulbar/mar/2020 in March 2020.

in Mamuju which is a COVID-19 referral hospital. Everyone who is a PDP is taken to the hospital which is located in the capital city of West Sulawesi Province. However, the Regional Government of Pasangkayu and

Polewali Mandar take care of the PDP and ODP in their own districts. There is also a referral laboratory in West Sulawesi Province, namely the West Sulawesi Regional Laboratory.

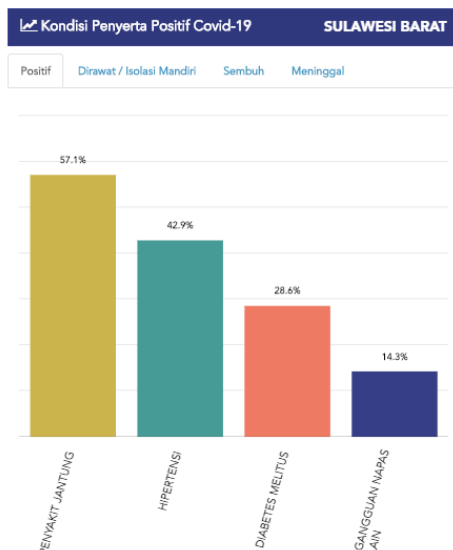
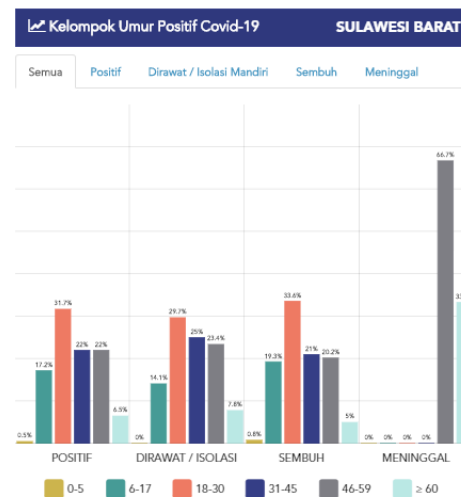
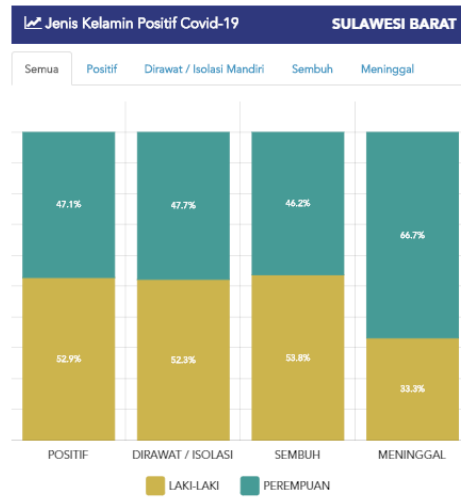
At the beginning of the pandemic phase, health facilities in this province were classified as inadequate, including the availability of PPE such as masks, hazmat, and ventilators. There were also no body bag which constitutes as one of the main items in the handling of COVID-19.

As a precautionary measure, the West Sulawesi Provincial Government did not use the term Large-Scale Social Restrictions (PSBB), they instead used Area Isolation, especially in areas bordering the Provinces of Central Sulawesi and South Sulawesi. Data shows that there have been a number of patient transmissions originated from South Sulawesi.

What is interesting is that all districts have prepared isolation areas. Even in Majene, LPMP is used as isolation houses. The government also strictly fortifies the West Sulawesi region in layers, starting from the entrances between villages and districts.

The government, through the Letter of the Governor of West Sulawesi Number 3400/642.1/III/2020 dated March 23, 2020, regarding the limitation of the transportation of people from areas affected by COVID-19, limits the crossing of people. People who do not have a West Sulawesi identity must make a U-turn to their area of origin, except for ambulances, vehicles delivering fuel, basic necessities vehicles, and Indonesian National Army/Indonesian

National Police as border guards that are allowed to pass.



The contents of the letter include:

1. To restrict the movement of people through the West Sulawesi region, both land and sea transportation by exercising strict supervision of drivers and passengers passing through the border route in the border areas of South Sulawesi-West Sulawesi and West Sulawesi-Central Sulawesi.
2. It is expected that the regents will assign the Task Force for the Acceleration of Handling of COVID-19 to establish a command post with the assistance of vertical agencies with regard to the efforts to prevent the spread of COVID-19 through the West Sulawesi region.
3. This movement restriction is exempted for goods/logistics (food) transportation vehicles passing through the West Sulawesi region.
4. To observe the closure carried out by the Central Sulawesi Provincial government which installed a COVID-19 monitoring portal on the trans Sulawesi road in the border area of Donggala District and Pasangkayu District starting March 25, 2020 until an undetermined time limit with a closing schedule at 22:00 Eastern Indonesian Time (WITA) and opening schedule at 06.00 WITA.

The operation to overcome COVID-19 with the Indonesian National Army/ Indonesian National Police has been carried out since March 17 for two weeks, in collaboration with the Health Office of West Sulawesi Province.

The peak of the pandemic in West Sulawesi occurred in May ahead of Eid Al-Fitr. The increase in cases occurred because a number of people studying in Java returned for the Eid Al-Fitr holiday.

For patients who died, the West Sulawesi Provincial Government handles them according to the COVID-19 protocol issued by the WHO, including using body bags. The first case died from COVID-19 in West Sulawesi was a migrant from Makassar. At that time, the Secretary of the Task Force for Handling COVID-19 in West Sulawesi Province, which was held by the Chief Executive of the Regional Disaster Management Agency (BPBD) of West Sulawesi, took part in the burial, considering that it was almost evening and the deceased had no siblings.

For the purpose of collaboration, the Government at both the provincial and district levels has built a joint commitment to fight the spread of COVID-19. Legislative members also played a role by supporting the regional government policies. The council members visited the disaster site together with the Regional Government and discussed ways to deal with COVID-19.

All stakeholders also played a role in building performance and prevention efforts, especially in vital objects such as offices, airports, terminals by spraying disinfectants. BNPB also participated in distributing masks and hand sanitizers through BPBD. If there is an area with a confirmed case of COVID-19, such area will immediately be visited and a quick response is carried out by spraying disinfectants, as happened in Pontanakayang Village. This

includes providing a car to deliver drinking water supply for 1 month for the residents in the area, considering that during the dry season, that area often experiences drought and lacks clean water.

In order to assist the performance of non-natural disaster management, the BPBD of West Sulawesi has a Rapid Reaction Team (*Tim Reaksi Cepat*, TRC) which has been formed before the COVID-19 pandemic. Therefore, an institutional system has been developed. The TRC team consists of a combination of State Civil Apparatus and non-State Civil Apparatus, pure from BPBD. The TRC team is trained in Jakarta by the National BNPB. Its job is to be ready for 24 hours to go to the field when a disaster occurs, both natural and non-natural. Apart from involving its internal personnel, the TRC trains cadres to penetrate remote villages. Therefore, when a disaster occurs, cadres know how to carry out fixed procedures for disaster risk management in the affected areas. During its development, the TRC formed new groups in villages, so that the community is already prepared when a disaster occurs.

In Majene, Resilient Village was formed as an effort for the community to have high initiatives towards the prevention of COVID-19, such as breaking the chain of the spread of COVID-19, maintaining the spirit of togetherness in dealing with COVID-19, anticipating the economic impact and socializing it to people of productive age to work with strict health protocols.

Likewise with Polewali Mandar District, which is the first Resilient Village representing West Sulawesi Province. The village, which consists of three sub-villages, namely Kuningan, Kama Kaco, and Majalengka, is considered successful in maintaining the food security of its residents during the COVID-19 pandemic. All citizens play an active role in monitoring migrants and helping residents who are undergoing quarantine during the pandemic.

Apart from TRC, there is also a Public Safety Center (PSC) which is a public facility owned by the Mamuju District Government, which is located in the capital city of West Sulawesi Province. PSC reacts when there is an emergency. Not all regions have this procedure.

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The Health Office of West Sulawesi Province carrying out the dissemination of prevention of the Spread of COVID-19.



Coordination between institutions, such as the Health Office, Transportation Service, Communication and Informatics, Indonesian National Army, Indonesian National Police, Forkopimda, and BPBD is the key to the success of West Sulawesi in suppressing to the maximum of 104 cases within 4 months. One form of coordination is through educating the public so that they can voluntarily be isolated in quarantine, such as the COVID-19 referral hospital and fishermen's houses in Pasangkayu District.

For fishermen's houses in Pasangkayu District, the Government has prepared 60 rooms which have not been used as of this writing since the patients exposed to COVID-19 have been declared recovered.

This form of education is carried out through a Circular Letter of the Governor regarding discipline in dealing with COVID-19. The government emphasizes that this pandemic is not to be feared, but to be watched out for and not to be taken lightly. This includes the call to always wear a mask, wash hands, and maintain a distance (3-M).

In order to support the 3-M program, in every office and residents' homes, portable

hand washing stations are prepared even in the simplest form, such as buckets.

Education also takes place at the fish auction. In this case, the Government recommends implementing the COVID-19 protocol by preparing uncirculated money in a special place as change. For example, when a fish buyer comes and buys fish for IDR 30,000 and gives IDR 50,000, then the change for IDR 20,000 is taken from that special place, not hand to hand, to prevent transmission. This new habit was directly exemplified by the wife of the Governor and the Regional Secretary. Also, the government has distributed handsoons and masks at the fish auction places amounting to tens of thousands throughout the District.

Houses of worship are also sprayed with disinfectant three times a week without exception especially after there is a confirmed case.

In order to facilitate socialization and education, the West Sulawesi Provincial Government has produced promotional videos, infographics, and news about efforts

Public Relations Doc.

Public Safety Centre in
Mamuju District, West
Sulawesi Province





GUGUS TUGAS
COVID-19
PEMERINTAH PROVINSI
SULAWESI BARAT

Akan Belum Mudik

“ Karena Rindu yang Kupaksakan
Bisa berbuah Kepedihan..!

#IkutAnjuranPemerintah #Covid19PastiBerlalu

Public Relations Doc. | One of the dissemination media of West Sulawesi Provincial Government in preventing the spread of COVID-19.

to prevent the spread of COVID-19, starting even from February 2020 through workshops.

The government is very assertive with regard to the strict isolation in the region. In fact, one district in the province, Majene,



closed itself off. This is because one of the residents who just returned from Magetan, East Java, actually brought COVID-19 exposure to the area. In fact, the Government subsequently issued a ban on going back to their hometowns for West Sulawesi residents with quite heavy sanctions. The community also complies with these regulations.

Effective sanctions apply according to government regulations prohibiting all

residents from returning to their hometown amidst the COVID-19 pandemic, including the 1441 H Eid Al-Fitr. Citizens who violate the restrictions on the transportation sector will be subject to Regulation Number 6 of 2018 concerning Health Quarantine, which is a 1 year sanction or a fine of 100 million rupiah as stated in Article 93 of Law No. 6 of 2018.

In terms of activities outside homes, the Government has issued a recommendation to stay at home for working and carrying out worship. During the adaptation period for the new habits, congregational prayers are given a distance of 1 meter and must wear masks.

The governor's order is clear "COVID-19 can be prevented". If it doesn't disappear entirely, at least do not let the COVID-19 cases increase in a significant number.

Even though the province is a Green Zone, the health protocols are still enforced. The government's initial step in building a communication system since the beginning, or to be precise since February 2020, has resulted in public awareness being formed for 90%. This is evident during Eid Al-Fitr, the urban atmosphere is quiet because people stay at home.

■ Efforts to Build an Economy Amidst the Pandemic

In 2010, or to be precise in the second semester of 2010, West Sulawesi's economic growth was the highest nationally, at 15.1%, even the highest in ASEAN.

West Sulawesi, with its natural resources and produces, is doing everything possible to maintain the regional economy. For information, the local revenue of West Sulawesi in 2019 reached IDR 370 billion.

Polewali Mandar is the largest rice producer in West Sulawesi. Apart from rice, there is also an agricultural product that is unique to West Sulawesi, namely cocoa, which is recognized for its quality by the world. It was initiated by the first governor of West Sulawesi with a program called "*Gernas Kakao*" or the national movement to increase cocoa production. Other agricultural products which are the leading commodities of West Sulawesi are sweet oranges, bananas, peppers and cloves, while for sea produces, it is fish.

In West Sulawesi, there are also mining areas, for example, oil and gas, including uranium in the Sebu Block which is still in the preparation stage.

Of course, the existence of COVID-19 has had an economic impact which has caused a decline in income in the Province throughout 2020. All sectors are also affected. One example is a land transportation company outside the region, such as Mamuju-Makassar, whose operation must be stopped within 2 months causing the economy to be cut off, especially for residents who work as traders. In this case, airports and ferry crossings from Balikpapan are also affected.

For the industrial sector, there are livestock and fisheries which are classified as small and medium-sized industries but no termination of employment occurs, including the oil palm processing industry

which absorbs thousands of workers and is located in Pasangkayu District.

As a precautionary measure in order to maintain the level of the economy, the Provincial Government provides aids to people affected by COVID-19 by distributing food packages, among others, BLT from the Central Government of IDR 600,000 per household which is managed directly by the Social Service.

The mortality rate in West Sulawesi is low because of the role of all parties, including funding. The Regional Revenue and Expenditure Budget (APBD) is focused on disaster management, particularly for APBD that has not been disbursed or the activity funds have not yet been operational. The ones that have been running cannot be disturbed, but those that have not been running can be refocused without reason.

The district government as well as the provincial government in West Sulawesi have also participated in implementing a social safety net in the form of basic needs that are distributed to affected residents. This is important considering that people's needs lead to friction and mobilization. If the distribution of basic food is even, there will be no movement.



PaPa Sulbar or Pantau Pandemi Sulawesi Barat is an application that contains pandemic monitoring information from the West Sulawesi Provincial Government.

■ Technology in West Sulawesi Pandemic Monitoring

The West Sulawesi Provincial Government has developed an Android-based application called PaPa Sulbar which contains information of Pandemic Monitoring in the region.

This application is the official application of the West Sulawesi Provincial Government. There are several feature updates every day such as notification of progress on ODP, PDP, and positive patient data.

In addition, on the official web at <https://covid19.sulbarprov.go.id> page, there

Public Relations Doc. | PaPa Sulbar screen display as officially developed by West Sulawesi Provincial Government





is also online early detection so that the public can find out the symptoms of COVID-19 and the West Sulawesi Provincial Government can find out the community's condition and its location if there are symptoms related to COVID-19.

■ Regional Challenges and Lessons Learned

The people from outside entering West Sulawesi, especially the capital city of Mamuju, is quite high, as indicated by the increasing variable means of public transportation. Even for flights alone, there can be up to 5 flights to both Makassar and Balikpapan.

Likewise with land transportation. Usually, there were 10-15 buses that carry passengers to Makassar. However, during a period of strict isolation, the operation of the passenger bus was suspended.

The Governor of West Sulawesi Ali Baal Masdar said that the closure of access was carried out following Government Letter Number 3400/642.1a/I/2020 dated March 24, 2020, concerning Restrictions on the Movement of People in West Sulawesi.

The ability to maintain population mobility is an important factor in West Sulawesi's achievement in preventing the transmission of the COVID-19 pandemic to its region. If not, the Provincial Government will be troubled by the increase in the number of positive cases of COVID-19.

The challenge is that sometimes information does not reach remote areas, considering the unavailability of internet and social media networks. Therefore, socialization is not enough only through social media, but also through newspapers and radio. There was a case of a runaway patient based on the information spread in the mainstream media. However, the

patient turned himself in again. There were also those who were picked up, including those who were prevented by their parents and claimed not to be positive. Through the process, they finally realized and were isolated in a referral hospital.

There is a local wisdom in West Sulawesi society, namely the culture of respecting older people and cherishing younger people. Apparently, this has had a positive impact on efforts to slow down the transmission of COVID-19.

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CENTRAL SULAWESI

Authors:

Prof. Dra. **Fatma Lestari**, M.Si., Ph.D.

Dr. rer. nat. **Agustino Zulys**, S.Si., M.Sc.

Resource Persons:

Dr. Ir. **Bartholomeus Tandigala**, S.H., CES as Secretary of
Central Sulawesi Provincial Task Force

Contributor:

dr. Agung Cahyono T, M.Si.



corona.sultengprov.go.id



Interview performed on June 11 and 15, 2020



ASSERTIVENESS IN LEADERSHIP AND COMMUNITY DISCIPLINE IN CENTRAL SULAWESI

Since the COVID-19 case occurred in Central Sulawesi in early March 2020, it was recorded that up to early July 2020, only less than 200 positive cases were found in the region which has the second population in Sulawesi Island after South Sulawesi. The success of the Central Sulawesi Government in reducing the number of positive cases of COVID-19 must be taken as an example. The assertiveness in leadership and discipline are the key factors for success in handling the pandemic.

■ Exploring Central Sulawesi

Central Sulawesi Province was formed on April 13, 1964 based on Law No. 13 of 1964. Previously, Central Sulawesi was part of the residency under the North-Central Sulawesi Provincial Government. This province has a capital city in Palu which is directly adjacent to the Sulawesi Sea and Gorontalo Province in the north; Maluku Province in the east; West Sulawesi and South Sulawesi Provinces in the south; Southeast Sulawesi in the southeast; and the Makassar Strait in the west.

This province with an area of 61,841.29 km² and a population of 3,222,241 people (2015) has the largest area among all provinces in Sulawesi Island.

The district with the largest population in Central Sulawesi Province is Parigi Moutong District with a population of

449,157 people, while the city with the largest population is Palu City with 362,202 people.

Based on the distribution, the people of Central Sulawesi who live in residential and hinterland areas are 30%, the coastal areas are 60%, and the island areas are 10%.

Central Sulawesi consists of 13 districts/cities, namely Banggai based in Luwuk, Banggai Kepulauan based in Salakan, Banggai Laut based in Banggai, Buol based in Buol, Donggala based in Banawa, Morowali based in Bungku, North Morowali based in Kolonodale, Parigi Muotong based in Parigi, Poso based in Poso, Sigi based in Sigi Biromaru, Tojo Una-una based in Ampana, Toli-toli based in Toli-toli, and Palu City.

Communities living in rural areas are also led by traditional leaders in addition to government leaders, such as the village head. The customary chief determines

customary laws and fines in the form of a buffalo for those who violate the laws.

Agriculture and plantations are the main source of people's livelihoods with rice as the main crop. In addition, there are also superior commodities, such as chocolate, coconut, coffee and cloves. This province also has forest products in the form of rattan and several kinds of wood: agatis, ebony and meranti which are the mainstays of Central Sulawesi.

This province consists of various ethnic groups that create diversity and are the uniqueness of the people of Central Sulawesi. In this region, there is a lot of cultural mixing, such as the people living on the west coast of Donggala District mixed with the Bugis people from South Sulawesi and the people of Gorontalo. In the eastern part of Sulawesi Island, there is also strong influences from Gorontalo and Manado. It can be seen from the Luwuk regional dialect and the dominant distribution of Gorontalo ethnicity in Bualemo District.

Meanwhile, the people of the mountains have their own culture which is heavily influenced by the Toraja ethnicity of South Sulawesi. However, their traditions,

customs, clothing styles and home architecture are different from Toraja. For example, they use banyan skin as clothes to warm their body.

There is also influence from West Sumatra as seen in the decoration of the wedding ceremony. In fact, the first governor in this province came from West Sumatra named Anwar Datuk Madjo Basa nan Kuning.

■ Public Health Strategy in Facing the Pandemic

The first case of COVID-19 in Central Sulawesi Province occurred on March 13. At that time, the patient was admitted to Bala Kesehatan Hospital in Palu and diagnosed with specific bronchopneumonia. After coordinating with surveillance officers in Palu City, an epidemiological investigation was carried out.

It was found that the person in question left for Jakarta in October 2019 to accompany her husband who was going to perform a heart surgery. At that time, she only visited the hospital about 3 times a



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The Governor of Central Sulawesi chaired a meeting with Forkopimda for the prevention of COVID-19.

week. While in Jakarta, the concerned person only carried out activities in apartments and hospitals.

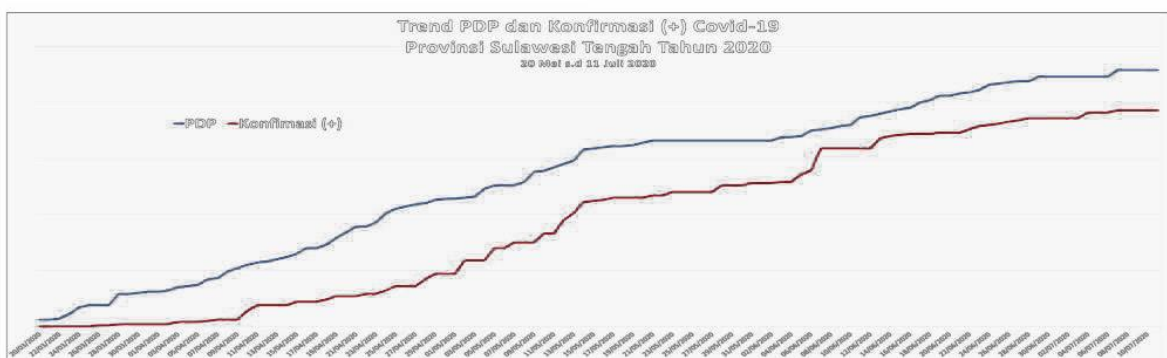
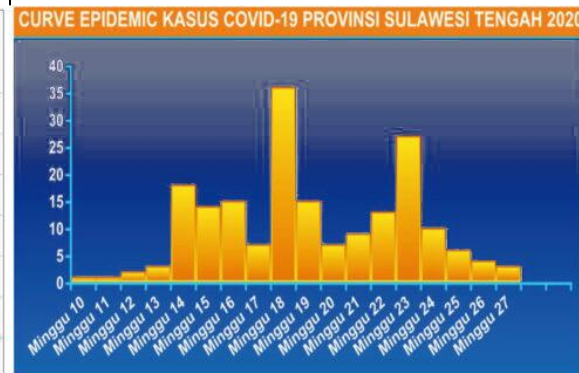
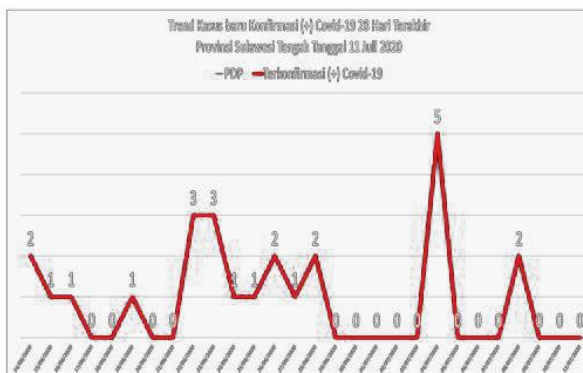
Upon her return to Palu on March 3, 2020, the person already felt a fever. On March 9, 2020, she visited Undata Regional Public Hospital to take a return referral, as well as to take medicine. At that time, she complained for fever so she was referred to an internal medicine doctor and performed an X-ray.

On March 13, the person experienced shortness of breath, high body temperature and cough. On the same day, she was immediately taken to Bala Kesehatan Hospital and diagnosed with specific bronchopneumonia. Based on the results of an epidemiological investigation, a coordination meeting was held with the Covid-19 Team of Bala Kesehatan Hospital and it was concluded that the person was declared as PDP (patient under surveillance).

Considering that Bala Kesehatan Hospital did not meet the standards, the patient was referred to the Undata Regional Public Hospital on March 14, 2020 and immediately placed in the COVID-19 isolation room.

As of July 5, 2020, the number of positive cases of COVID-19 in Central Sulawesi Province was 191 cases. Of these cases, 163 people have recovered, the mortality rate was 6 cases, with a case fatality rate (CFR) of 3.14%. Nationally, Central Sulawesi is in seventh place in the provinces with the lowest positive cases of COVID-19.

Therefore, it can be seen that this province has been able to survive since March 2020 with minimal cases or is in seventh place nationally with the lowest COVID-19 cases. This condition was due to the role of the Central Sulawesi Government in reducing the number of positive COVID-19.





Guidelines for handling cases made by the Central Sulawesi Government refer to the Guidelines for Prevention and Control of COVID-19, including: 1) conducting surveillance of influenza like illness (ILI) and pneumonia through an early alert and response system (SKDR) including pneumonia clusters; 2) conducting active surveillance/monitoring of travelers from the affected area/country for 24 days since their arrival to the area based on information from the local Health Office; 3) conducting risk communication including disseminating IEC media regarding COVID-19 to the public; 4) building and strengthening surveillance networks with stakeholders, cross-sectors and community leaders.

Surveillance is an ongoing monitoring or surveillance effort against risk groups, while quarantine is a limitation of a person or group of people in an area including areas suspected of being infected with the disease and/or contaminated with the aim to prevent possible spread of disease or contamination. Surveillance activities are an integral part of quarantine. During the quarantine period, surveillance is carried out to monitor changes in the condition of a person or group of people.

Early detection in the area was carried out through increased routine surveillance and incident-based surveillance activities, which were conducted actively and passively. Such activity is carried out in order to find indications of OTG, ODP, and PDP of COVID-19 which must be responded to immediately. The responses can be in the form of verification, case referral, investigation, notification, as well as countermeasure responses. The form of

verification and investigation activities is epidemiological investigation. Meanwhile, countermeasure response activities include identification and monitoring of contacts, referrals, risk communication and breaking the chain of transmission.

Epidemiological investigations for each ODP, PDP, and confirmed cases must be done by filling in the form first. Epidemiological investigation activities are carried out primarily to find close contact/OTG. The results of epidemiological investigations can provide input for policy makers in order to control or terminate transmission more quickly. Apart from epidemiological investigations, other prevention activities include patient management, prevention, elimination of disease causes, handling of bodies, and risk communication.



Considering the map of distribution of COVID-19 in Central Sulawesi, there is a shift of color in the map from the Red Zone to Orange Zone. In this case, the Government has succeeded in suppressing the increase rate of positive cases and is ready to implement a new normal (adaptation of new habits).

One of Central Sulawesi's strategies to prevent the spread of COVID-19 is by minimizing the entry and exit of people between provinces and between districts/cities. This is strengthened by a Circular Letter of the Governor, stating that for people intending to enter an area, they must bring a non-reactive result of a rapid test.

Due to limited test kits, the Central Sulawesi Government has advised people who wish to travel between districts to bring at least a certificate from the public health center stating that they are not affected by influenza. However, this does not apply in Palu City because all people must take a rapid test. If it is discovered that the person entering Palu City is COVID-19 reactive, the concerned person will carry out self-isolation in the Hajj Dormitory, unless the person has a Palu City Residential ID card.

The government has also prepared a budget for COVID-19 of 32 billion in addition to 15 thousand rapid test kits which are distributed in every district/city in Central Sulawesi. As an anticipation, the Government also carried out rapid tests on 12 thousand state civil servants (ASN).

The people of Central Sulawesi were quite affected by the presence of COVID-19, considering that they were in the recovery

phase of the trauma of the earthquake, tsunami, and liquefaction. This has made people discipline in adhering to the health protocols, even though there are still a few who are worried about exclusion due to the social impact of COVID-19. For this reason, the Government prepared anticipation by way of socialization. It is also carried out to the people with minimal skill of literacy in relation to COVID-19, which makes them neglect in bringing a test evidence when they are about to enter an area, eventually makes them to be tested directly at the checkpoint.

In addition to screening at checkpoints, the Government has also detected the spread of COVID-19 through public complaints at public health centers in rural areas. If there are signs indicating COVID-19, the concerned person will be immediately referred to the hospital to be accommodated and examined in detail.

There was a spike in cases in mid-May 2020 due to public misunderstandings regarding the new normal. Fortunately, as of now, only 29 people are tested positive for COVID-19. The recovery rate for COVID-19 in Central Sulawesi Province reaches 84.97% of the total patients confirmed by the new type of virus. As of July 7, 2020, the total number of patients who had recovered reached 164 out of 193 patients who had tested positive for COVID-19.

The most fantastic number of recovery occurred in Buol District, amounting to 100 percent of the 57 patients who were confirmed positive. This area was previously designated as the COVID-19 Red Zone and was the only district in Central Sulawesi that has implemented the PSBB (Large-Scale

Social Restrictions). There are two other districts that also had recovery rate of 100%, namely Sigi and Parigi Moutong, which had five and two patients respectively.

A fairly good rate of recovery also occurred in Morowali and North Morowali Districts. Of the 14 positive patients in Morowali, 12 of them recovered. However, the other two were declared dead. As for North Morowali, out of 14 patients, 13 of them recovered and one person died.

Meanwhile, in Palu City, as the area with the second highest number of positive cases of COVID-19 after Buol District, the number of recovered people reached 38 out of 44 positive cases.

This condition shows that the Government has handled COVID-19 according to protocol and has a fairly high recovery rate. Based on these data, the Central Sulawesi Government has been quite successful in implementing its public health center mitigation strategy.

For Central Sulawesi, there are at least 12 hospitals designated as referral hospitals for handling COVID-19. In total, there are hundreds of beds available for patients with an indication of COVID-19. The twelve hospitals are Undata Regional Public Hospital of Central Sulawesi, Madani Regional Public Hospital of Central Sulawesi, Anutapura Public Hospital of Palu, Wirabuana Public Hospital of Palu, Bhayangkara Public Hospital of Palu,

For simulation of handling COVID-19 patients, Anutapura Hospital in Palu Prepares a Team of Doctors.



Alkhairaat Sis Aljufri Public Hospital of Palu, Samaritan Public Hospital of Palu, Woodward Public Hospital of Palu, Budi Agung Public Hospital of Palu, Mokopido Tolitoli Public Hospital of Palu, Kolonodale Regional Public Hospital of North Morowali, and Luwuk Regional Public Hospital of Banggai.

The government has a unique way of anticipating an increase number of patients. They ask their people who have symptoms, such as pneumonia or influenza, to carry out self-isolation at home.



In July, thanks to the assertiveness of leadership and community discipline, Central Sulawesi was free of the red zone from the spread of COVID-19.

Although they have limited equipment, for example, only one laboratory for carrying out swab test in Palu, the government remains optimistic that this pandemic can be overcome quickly. At least, it is much faster than before the month of May 2020, which required them to send the sample data to Jakarta or Makassar first, so it took days.

Previously, the Government had quite a hard time sending the test samples to Jakarta, because no airline was willing to accept shipments except for Garuda, at a cost of IDR 600,000 per shipment.

For personal protective equipment (PPE), the Central Sulawesi Government was collaborating with Vocational High School 5 of Palu and Vocational High School 1 of Palu to produce 200 pieces of PPE ordered by Undata Public Hospital of Palu for medical personnel who handle COVID-19 patients in isolation rooms. In one day, they were able to produce 25 pieces of PPE by working for 10 hours.

The Health Office of Central Sulawesi Province has a traditional way to handle COVID-19, which is by providing free herbal medicine outlets for the public with the aim to increase their immune system. These herbs are processed products from curcuma, turmeric, lemongrass and ginger. There are also sweeteners from palm sugar extract, ginger, and cloves. People will feel a warm sensation in the body immediately after drinking the local herb.

Based on press statements from Acting Head of the Health Office of Central Sulawesi Province, dr. Jumriani, the cases of COVID-19 in this area are predicted to end at the end of 2020.

■ From Earthquake to Tsunamis Liquefaction, and COVID-19

Central Sulawesi is currently in recovery mode. Not long after the earthquake, tsunami, and liquefaction that hit this province at the end of 2018, the Government was faced with a non-natural disaster that has become a pandemic, COVID-19. This province is on the rise by starting to rebuild its infrastructure, including in the sector of tourism, given the tremendous tourism potential of this province, especially marine tourism.

Of course, COVID-19 has dispelled the hopes of Gahawisri, which is a forum for maritime and water tourism entrepreneurs in Central Sulawesi. As they were attempting to promote their regional excellence, a prohibition to travel was imposed both inside and outside the country globally.

The economy during the pandemic was sluggish, and so were the people of Central Sulawesi. Many of them have lost their jobs, especially those classified as day laborers. The ban on leaving the house has made them unable to do much because of the trauma they have felt since the liquefaction disaster, making them quite obedient to the COVID-19 protocol.

As a result of this pandemic, almost all construction has stopped. The workers and construction workers also felt the impact that was quite heavy considering that they depended their lives on daily wages as manual laborers.

The tourism program has stalled due to the COVID-19 protocol. Almost no one goes to tourist attractions. As a result, many hotel employees have been laid off and many hotels have closed permanently.

Agriculture, which is the main source of livelihood for the people of Central Sulawesi, was also affected, because the irrigation that was the source of rice field water was cut off due to the earthquake and liquefaction, thus making the rice fields dry.

Central Sulawesi has suffered the most from the COVID-19 pandemic, because the emergence of this non-natural disaster happened very close to the province's recovery period from liquefaction, earthquake and tsunami. In fact, most residents still stay in evacuation tents.

Specifically, for these evacuees, the Central Sulawesi Government had a little difficulty implementing the health protocol considering that they were always in a crowd. However, gradual socialization starting from RT, RW, village, sub-district, to

the province levels remains to be conducted. One of them is socialization of wearing a mask.

In addition to socializing the use of masks, the Central Sulawesi Government also conducted dissemination of information on washing hands with soap or sanitizer, and maintaining distance. For masks, people use cloth because of the difficulty of getting medical masks as personal protective equipment.

In terms of dissemination efforts, the Government is building an integrated information system, either through the WhatsApp group for daily data collection, as well as information processed by Pusdatina, abbreviation of *Pusat Data dan Informasi Kebencanaan* (Disaster Data and Information Center) which has existed since the earthquake, tsunami and liquefaction. Since the COVID-19 pandemic, it has been used as a data and information center for handling the pandemic.

The most basic problem is the depletion of regional budgets, because there has been no economic turnaround for months. Of course this will become a domino effect, not only in the health sector, but also in other sectors such as social, economic, and cultural.

Luckily, there are still colleagues from participating NGOs, and they even established a command post since the earthquake, tsunami and liquefaction occurred. They helped the needs of residents ranging from domestic matters to the socialization of the COVID-19 protocol.

During the COVID-19 pandemic, social safety net has been channeled through financial aids from the Ministry of Social Affairs (Kemensos), Provincial Revenue and Expenditures Budget (APBD), and district/city Revenue and Expenditure Budget (APBD). The aids is provided in the form of cash. The impact of COVID-19 greatly affects the structure of local APBD budgets due to a 10 percent reduction in the General Allocation Fund (*Dana Alokasi Umum*, DAU).

Sulteng Raya

Students of the State
Vocational High
School 1 Palu are
making 11,000 masks.



The reallocation of funds for handling this outbreak certainly has an impact on regional income. However, in the interests of the community, the Central Sulawesi Government is required to allocate this budget to overcome the spread of COVID and guarantee life to its people.

In addition, the local government also ensures the availability of rice stocks for consumption in the next three months or during the emergency response period for the COVID-19 disaster.

As an area with abundant marine products, Central Sulawesi has become one of the priorities for the stimulus budget of the Ministry of Maritime Affairs and Fisheries of the Republic of Indonesia amounting to IDR 1.024 trillion, which will be allocated for fishermen in the capture and aquaculture sector affected by the COVID-19 pandemic. The fund aims to develop the capture fisheries and aquaculture sector, which is provided in the form of group activity programs.

■ Assertiveness of Leaders Saves the Citizens

The Governor of Central Sulawesi, Longki Djanggola, appealed to all people of Central Sulawesi not to accept the arrival of tourists and foreign workers (*Tenaga Kerja Asing*, TKA) during the pandemic, especially TKA from Morowali. The aim is to prevent area contamination which greatly impacts the affected area if seen from the epidemiological data on the distribution of COVID-19 in this area.

Previously, it was known that there were 10 Chinese foreign workers who wanted to enter North Morowali District, Central Sulawesi, from Southeast Sulawesi. They were sent back to the company that employed them because their arrival did not go through the procedures established during the COVID-19 emergency response period.



Joernalinakor.com

PPE aids from the
Ministry of Health for
Central Sulawesi

This action is in accordance with the instructions to all regents and mayors Number: 443/157/BPBD which is reinforced by the Circular Letter of the Minister of Manpower of the Republic of Indonesia No: M/4/HK.04/IV/2020 regarding services for the use of foreign workers in an effort to prevent the entry of COVID-19.

The governor of Central Sulawesi has repeatedly emphasized, especially to regents and mayors, not to allow tourists to enter tourism areas for now, given the very fast transmission of the virus, even though the recovery rate is far greater than the mortality rate.



In July, the recovery rate for COVID-19 patients in Central Sulawesi was quite high, above 80%.

Broadly speaking, there are 5 steps that become the reference for the Central Sulawesi Government in suppressing the COVID-19 pandemic: first, prohibiting the entry of foreign nationals (*Warga Negara Asing*, WNA) and foreign workers (*Tenaga Kerja Asing*, TKA) into the Central Sulawesi region; second, to conduct checks at the border and port for people visiting the Central Sulawesi region, such as inspections at airports and a number of other transportation terminals; third, ensuring that education can be carried out at home and supervising students not to take advantage of the study period at home for travel; fourth, making sure the Governor's Circular Letter regarding the prevention of the spread of COVID-19 is delivered to all stakeholders of the Central Government, and immigration authorities; and lastly, ensuring the readiness of Regional Public Hospitals and Private Hospitals as referral hospitals and preparing representative observation sites in both Palu district and city.

This includes the spraying of disinfectants, which is very important, especially at public facilities and social facilities as well as densely populated settlements driven by the Indonesian National Army, Indonesian National Police, Fire Service, and BPBD involving 32 units of four-wheeled vehicles and several motorized patrol units (*Patroli Bermotor*, Patmor) to carry out security and escort.

The targeted locations include temporary shelters for victims of the September 2018 natural disaster, houses of worship, educational locations, hospitals, and residential areas.



liputan6.com | Photo of Ngata Toro Village surrounded by mountains and forests of Lore Lindu National Park, in Sigi, taken from the air (drone). (Photo: Dony-TNLL).

The Central Sulawesi government itself has declared "mutual cooperation" for all parties under the command of the Governor to stop the spread of COVID-19. All parties representing the government, such as the Indonesian National Army, Indonesian National Police, Regional Government, and community components, are increasingly united to eliminate the spread of this dangerous virus.

As a form of the Governor's assertiveness in fighting this pandemic, it was his decision to temporarily revise the budget for official travel for Central Sulawesi Province and relocate 50% of it for handling COVID-19.

■ Local Wisdom to Prevent COVID-19

A traditional village in Sigi District, Central Sulawesi, Ngata Toro, is a clear example of how a region can protect itself from a pandemic.

Long before COVID-19 became a global pandemic and raised concerns, Ngata (village) Toro has been known as a traditional village that steadfastly maintains its traditions, culture, and local wisdom. This remote village to the south of Palu City is also a vital area of Lore Lindu National Park in Sigi District.

Local laws and wisdom that characterize Ngata Toro are now enforced throughout the country, such as the isolation of villages.

In addition to village isolation, local residents also set customary sanctions and a number of rules for outsiders.

Community and elders also make rules to accommodate the interests of villagers and outsiders. For example, if an outsider wants to meet Toro villagers, the village official does not allow meetings inside the village and will bring them together at the command post entrance. Customary sanctions in the form of fines will also be imposed on residents who violate the rules.

Regarding the food needs of residents during the village isolation period, the village management has taken into account the food capacity of its residents by way of sharing.

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SOUTHEAST SULAWESI

Author:

dr. Adang Bachtiar, M.P.H., D.Sc.

Resource Persons:

Ir. H. **Boy Ihwansyah**, M.T. as Chief Executive of Southeast Sulawesi Provincial BPBD

Dody Rizal Puuwawoa, S.E. as Coordinator of GTPP Secretariat Team for COVID-19 of Southeast Sulawesi

dr. **La Ode Rabiul Awal**, Sp.B-KBD, FICS as Southeast Sulawesi GTPPC-19 Spokesperson

Busra, S.K.M., M.M. as Publication Data Manager of Southeast Sulawesi Provincial GTPPC-19

Hj. **Kartina**, S.K.M., M.Kes. as Surveillance Team Coordinator of Southeast Sulawesi Provincial Health Office

Andi Baso Amirul Haq, S.Farm. as Chairman of COVID-19 Youth Task Force of Southeast Sulawesi Province

dr. **Agriawan Al Hikmah** as Health Division Coordinator of COVID-19 Youth Task Force of Southeast Sulawesi

Contributor:

Aryo Wibowo, S.T., M.T.



corona.sultraprov.go.id



Interview performed on June 12 and 30, 2020



YOUTH AT THE FRONTLINE: THE FOOTHOLD OF SOUTHEAST SULAWESI IN COVID-19 CONTROL



Give me 1,000 adults, believe me I will take Semeru from its roots. Give me 10 young men, believe me I will shake the world.”

- Bung Karno

The statement of the first President of the Republic of Indonesia became an encouragement for the past struggle and is still relevant today. The role of youth, who are often referred to as millennials nowadays, has proven to have contributed a lot to the country. No exception in dealing with the COVID-19 outbreak that has hit the world. In dealing with the pandemic, Southeast Sulawesi Province (Sultra), under the leadership of its Governor, is collaborating with youths to be directly involved in the Task Force team for Handling COVID-19 of the Province.

This step and various other efforts have been successful in controlling the rate of spread of the virus in Southeast Sulawesi. Various challenges and strategies for dealing with COVID-19 in Southeast Sulawesi will be reviewed in this writing.

■ Getting to know Southeast Sulawesi and its potentials

Southeast Sulawesi or *Sultra* is a province that has a land area of 38,140 km² (3,814,000 ha) and water (sea) area of 110,000 km² (11,000,000 ha). With the composition of the sea area that is larger than the land, we can imagine the beautiful panoramic views of the beach and sea that can spoil the eye.

Initially, Southeast Sulawesi was a district from South and Southeast Sulawesi Province with Baubau as the capital of the district. Through Government Regulation in Lieu of Law No. 2 of 1964 in conjunction with Law No. 13 of 1964, Southeast Sulawesi was designated as an autonomous region with the capital city of Kendari. The current governor of Southeast Sulawesi Province is H. Ali Mazi, S.H., while the deputy governor is Dr. Lukman Abunawas, S.H., M.Si. Based

on 2019 data, Southeast Sulawesi has 15 districts and 2 municipalities, with a total population of 2,704,737 people.

Before the COVID-19 outbreak came, the investment climate in Southeast Sulawesi was delightful, especially because the Provincial Government of Southeast Sulawesi was focused and active in developing the tourism sector, as one of the potential sources of Regional Original Income (*Pendapatan Asli Daerah*, PAD). The Southeast Sulawesi Investment and One Stop Integrated Service (DPM PTSP) noted that the realization of Southeast Sulawesi investment in 2017 was IDR 11 trillion, and in 2019 it increased to IDR 17.1 trillion.

Three marine ecotourism that has been developed and has a “global” reputation are Wakatobi National Marine Park, Lasolo Bay Marine Tourism Park, and Padamarang Islands. Wakatobi is famous for its beautiful diving locations. Buton Island and Muna Island are nicknamed the Island of the Thousand Caves. These locations include 68 points of coral reefs that have been identified as potential as Indonesian tourism objects in the future.

There are still many other hidden paradises and currently being developed by the Southeast Sulawesi Provincial Government. The first touch made by Governor Ali Mazi was the opening of Toronipa Beach, Soropia Sub-District, Konawe District which has a 4 kilometer stretch of white sand, an elongated coastline and a very sloping land of 1 kilometer towards the open sea.

With its natural potential, Southeast Sulawesi is indeed the target of investors to invest their capital, even though the Provincial Government continues to open up space for local businesses to take part in developing regional tourism. Regional Revenue and Expenditure Budget (APBD) limitations do not make Ali Mazi stop halfway in transforming Toronipa into an international tourism destination. The construction of the Kendari - Toronipa tourist road began in early September 2019, with a length of 14.6 kilometers and a width of 40 meters. The Kendari - Toronipa tourist road project is targeted to be completed in 2023.



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Labengki Island,
North Konawe - one
of the natural
beauties in
Southeast Sulawesi.

Everything looked more beautiful everywhere before the COVID-19 outbreak hit the world, and Southeast Sulawesi is no exception. Realization of PAD in 2019 reached 778 billion. The target of PAD for 2020 is above 1 trillion rupiah. Apart from being superior in the tourism sector, Southeast Sulawesi also excels in the mining sector. Its natural resources contain nickel, asphalt and gold. About more than 100 mining companies operate in the region.

The fishery products based on BKIPM Baubau data are as follows: in 2018, live fish traffic reached 52,092 fish with a commodity value of IDR 3,233,525,850; in 2019, it reached 53,903 fish with a commodity value of IDR 3,936,180,900; and in 2020, it is only 18,899 fish with a commodity value of IDR 2,891,205,000. All fishery commodities are sent directly to Jakarta, Surabaya, Makassar, Kendari, and Jayapura. Some are even exported abroad.

We can imagine what happened in Southeast Sulawesi after the COVID-19 pandemic attacked the people there. Regional governments of course have to fight together with all elements of society so that the spread of the virus can be suppressed and community activities can continue.

■ Southeast Sulawesi and the COVID-19 Outbreak

The Southeast Sulawesi Provincial Government confirmed their first three positive cases of COVID-19 on Thursday evening, March 19, 2020 which was announced by the Spokesperson for the

Task Force for COVID-19 of Southeast Sulawesi Province, dr. Laode Rabiul Awal, Sp.B-KBD. The three Southeast Sulawesi residents continued to show signs of improvement after undergoing a week of intensive care in the isolation room at Bahteramas Kendari Hospital.

The referral hospitals for COVID-19 patients designated by the Southeast Sulawesi Provincial Government are the Kendari Bahteramas Hospital, Kendari City Regional Public Hospital, and Bhayangkara Hospital.

On April 29, 2020, the Task Force for the COVID-19 Control Acceleration of Southeast Sulawesi Province announced that the number of patients infected with COVID-19 in Southeast Sulawesi had increased to 53 people and 2 people died. On the very next day, April 30, 2020, the number of patients tested positive increased to 62.

Since the first case, the number of COVID-19 cases has increased daily with a sloping graph, around 6 to 10 additional positive cases per day. However, on May 13, 2020, there was a spike in the number of new cases, as many as 91 cases. Most of the new cases were travelers, 65 of whom were passengers of KM Dorolonda on the Ternate-Ambon-Namlea-Baubau-Makassar-Surabaya route. On the other hand, there was also an increase in the number of recovered patients. On May 22-May 26, 2020, 70 patients recovered, which was the highest recovery rate in Southeast Sulawesi since the first case.

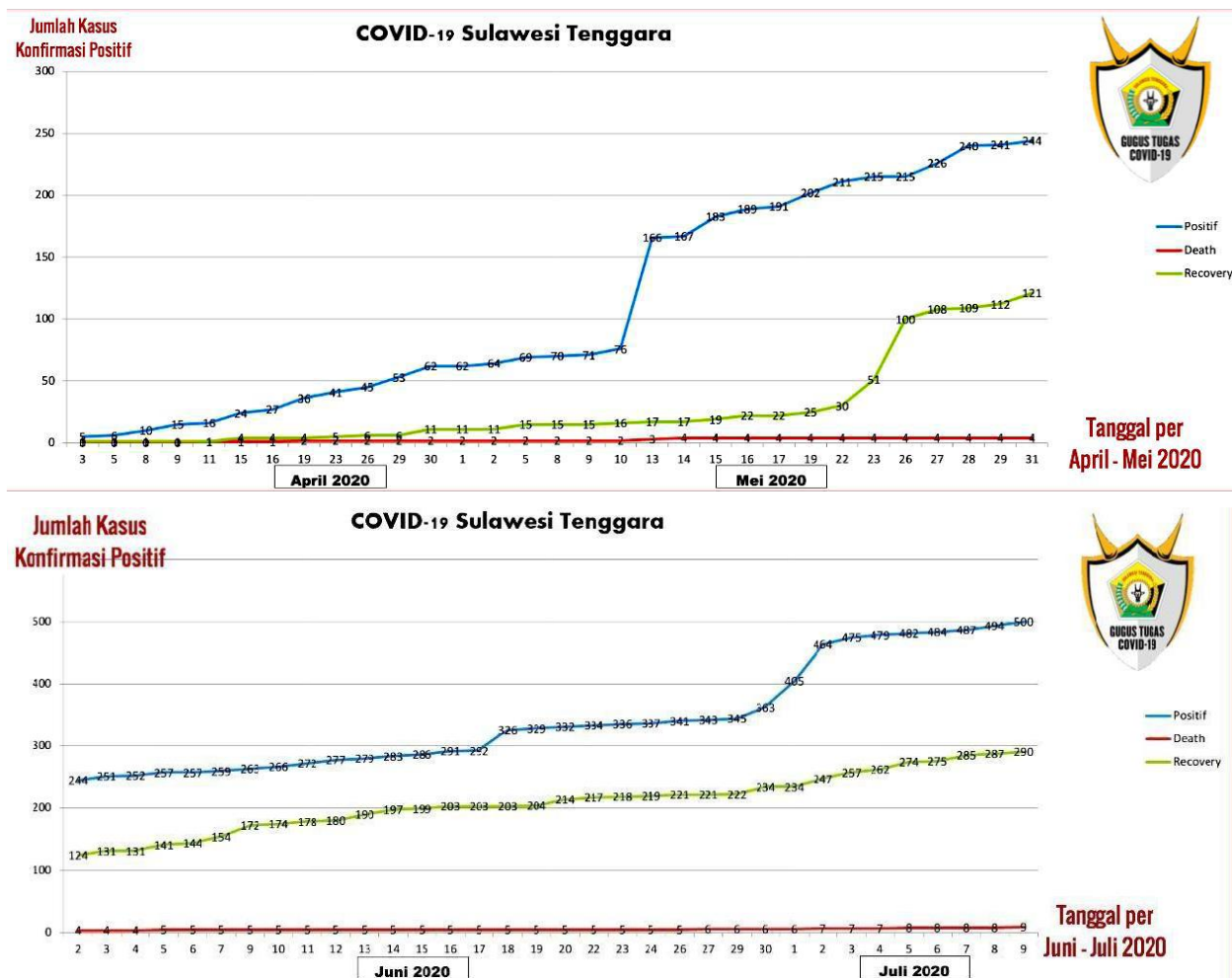
A significant increase in positive cases occurred again in July 2020. On the first day of July, Southeast Sulawesi Province

reported 42 new cases of COVID-19, bringing the total to 405 cases. All positive cases came from the mining worker cluster in North Kolaka District.

After 4 days, on July 5, 2020, the number of positive COVID-19 patients increased to 482. There was an increase in cases in Southeast Sulawesi because there were new clusters such as the mining worker cluster. On the other hand, sporadic cases whose distribution was not known were also increasingly massive and evenly distributed in all regions.

A spokesperson for the Task Force for COVID-19 of Southeast Sulawesi Laode Rabiul Awal stated that in addition to increasing the number of tracing and specimen collection, the increase in cases in Southeast Sulawesi was also due to decreased public compliance. The health protocols were ignored, starting from wearing masks to maintaining distance. In addition, the number of travelers without health protocols has also increased. Realizing that when entering the new normal phase, the community discipline is slacking, the Health Office continues to communicate

Task Force of Southeast Sulawesi Province | Chart of COVID-19 cases in Southeast Sulawesi in the period of April to July 2020



with district/city governments to implement strict protocols in their respective areas if the spread of the virus becomes increasingly difficult to control. Education and communication are increasingly being promoted to community members through coordination with stakeholders ranging from regents, mayors, to the smallest government structures, RT/RW.

■ Obstacles and Challenges Faced

Each province must have its own obstacles in handling COVID-19. The Provincial Government of Southeast Sulawesi really felt the obstacles faced at the beginning of the pandemic, which was in March 2020.

► Difficult Transportation System

In March 2020, there were logistical problems, both for diagnostics and for updates. Southeast Sulawesi was hampered in obtaining fast and accurate results because at that time, the process of sending samples still had to be done to the BLK Makassar laboratory. It hampered the provincial government so that daily cases could not be seen optimally. What could be seen from the daily report was the cumulative figure, because for several times, the samples had to be collected and put together to be sent to the laboratory in Makassar. Some deliveries were delayed, especially for the archipelago area. Then, at that time, the flight operational was stopped.

This also happens in sea transportation. Even though it ran regularly, it was still inadequate. As a result, it took 2-3 days for sending samples from Districts located in the archipelago to the province. From the provincial level, they could only make a delivery for just twice a week. In fact, at one point, the delivery could only be done by using Hercules aircraft. So, the existence of Hercules was urgently needed in other areas all of the sudden while it was scheduled to enter Kendari.

In fact, if the laboratory inspection system could be carried out in Kendari, such obstacles would not accumulate. However, this condition becomes a challenge for Southeast Sulawesi to innovate. All social constraints that have changed are always discussed with the leadership of the Provincial Task Force.



At the beginning of the entry of COVID-19 to Southeast Sulawesi, transportation difficulties became an obstacle, especially for sending samples to laboratories in Makassar. As a result, monitoring the status of COVID-19 could not be done in real-time.

► **Scarcity of Stock of Medical Equipment at the Beginning of the Pandemic**

Another obstacle that occurred at the beginning of the pandemic was the scarcity of medical devices in the form of PPE (masks, gloves, etc.), hand sanitizers, and other medical equipment which were the main needs to deal with the COVID-19 pandemic.

Seeing this phenomenon, Governor Ali Mazi appealed to mining companies that have benefited from mining operations to coordinate with the Task Force, and not distribute the aids independently so that everything is recorded in the Task Force and its responsibilities become clear. In the participation request letter signed by the person in charge for the Regional Secretary of Southeast Sulawesi Province No. 443/1421 dated March 26, 2020, the company was requested to help provide masks, hand sanitizers, gloves and personal protective equipment (PPE) through the company's Corporate Social Responsibility (CSR).

Eventually, the Southeast Sulawesi Provincial Government's instructions for all mining companies to contribute were

responded by PT Virtue Dragon Nickel Indonesia (VDNI) and PT OSS by providing aids in the form of PPE and rapid test kits which are the main needs for health workers to deal with the COVID-19 pandemic. Furthermore, PT Bososi on April 23, 2020 provided thousands of basic needs to the Provincial Government of Southeast Sulawesi to be distributed to the community. The aids was given directly by PT Bososi Pratama to the Energy and Mineral Resources Agency (ESDM) of Southeast Sulawesi Provincial Government. For the initial stage, the aids from the company was in the form of 1,000 basic food packages containing rice, instant noodles, cooking oil and sugar.

► **Challenges: Several studies are needed related to the pandemic occurring in Indonesia and especially in the province of Southeast Sulawesi**

We still need to see what our epidemiological criteria will be in Southeast Sulawesi and we need to study more deeply regarding the pandemic occurring in the provinces of Indonesia including Southeast



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Handover of aids between PT. VDNI and PT. OSS with the Southeast Sulawesi Provincial Government.

Sulawesi. Next, we must look at the health system criteria. So, not only see the criteria system from its epidemiology, but we must also see the health system criteria, as well as the incidence of its surveillance system. Of course, what needs to be done is for us to sit together so that we will see the development of COVID-19 cases in Southeast Sulawesi. Is there a possibility of a decline or maybe even an increase?



Governor Ali Mazi addressed the scarcity of medical equipment at the start of the pandemic by appealing to companies in Southeast Sulawesi to distribute aids centrally through the Task Force so that distribution can be on target.

■ Strategy of Southeast Sulawesi Provincial Government in overcoming the COVID-19 Outbreak

For the Southeast Sulawesi region, coordination has been running since March 17, 2020, when a certain emergency status was declared for the Southeast Sulawesi region. After that, work began to be carried out at the command post and in accordance with the Ministerial Regulation of Home Affairs concerning the establishment of the Task Force of Southeast Sulawesi, a Decree of the Governor was issued regarding the Establishment of a Task Force for the COVID-19 Control Acceleration No. 234 dated April 3, 2020.

Subsequently, a Command Post Task Force was formed, an integrated task force involving all related elements from all Regional Apparatus Organizations (*Organisasi Perangkat Daerah*, OPD) in Southeast Sulawesi as well as within the Indonesian National Army and Indonesian National Police for the Regional Police that has an operational task force. The personnel of the Operations Task Force were deployed in the Task Force's integrated command post. This means that all those involved coordinate in an integrated manner at the command post of the Task Force so that planning or operations can be carried out synergistically.

The elite team that was formed was chaired directly by Governor Ali Mazi and 9 deputy chairmen, including the Deputy Governor and all elements of the Regional Leadership Coordination Forum or referred

to as Forkopimda. To support its tasks, the Task Force consists of 13 task forces, among others, a logistics task force, an operations task force, a task force for preparation and use of medical equipment, a task force for preparing potential resources, and a task force for financing/finance.

The Southeast Sulawesi Provincial Government focuses the handling the COVID-19 pandemic in three main sectors, namely health, social safety net, and economic recovery. Each task force whose members are OPD (Regional Apparatus Organization) must have links with the aforementioned three main sectors. The Task Force is a bureaucratic official and stakeholder for matters other than those mentioned above. For OPD within the scope of the Provincial Government, All OPDs have 25 offices, 9 agencies, 9 bureaus, plus inspectorate and Satpol PP.

All budgets in the OPD were reallocated. The funds originally planned for official travel, for example, were allocated to purchase medical equipment and other COVID-19 needs. After it was collected for up to IDR 400 billion, the funds were redistributed for the needs of the Task Force units, which are OPD.

For example, if an agency cuts its budget by several billions for an activity, at a later stage the refocused funds will return again in a different form of activity, with an amount that could be less or more than what they previously “contributed”.

■ Independent RMT and PCR Laboratory

At the beginning of the struggle against COVID-19, one of the challenges was the inexistence of a laboratory in Southeast Sulawesi that is able to carry out the Polymerase Chain Reaction (PCR) test, or better known as the swab test, independently. Each sample from Southeast Sulawesi must be sent to a laboratory in Makassar for testing. This has an impact on the length of waiting time between sampling and test results. The waiting time may be longer if there are no flight leaving or entering Kendari. Testing a sample until the results come back can take a week or more.

Thanks to the hard work of the team of Health Office of Southeast Sulawesi and the Task Force for COVID-19 of Southeast Sulawesi, since May 14, 2020, the Molecular Rapid Test (RMT) can be carried out at the laboratory of the Bahteramas Public Hospital, Southeast Sulawesi. With the existence of this laboratory, testing of COVID-19 samples can be done quickly and the results can be recorded immediately.

A week later, the Bahteramas Public Hospital laboratory was able to carry out PCR testing. With this test, the process of tracing virus genetics can also be carried out independently, without having to send samples to other provincial laboratories. To support this program, apart from the laboratory and testing equipment, competent medical experts are also prepared to carry out examinations of the COVID-19 swab test.

With the existence of this laboratory, up to 100 samples of COVID-19 can be tested

Starting May 30, 2020, joint medical officers from the Health Office and the Task



Communication and Informatics Agency | Implementation of mass rapid tests.

every day. This laboratory is not only useful for the province of Southeast Sulawesi, but also for the surrounding areas.

■ Development of the Health Quarantine Center

Furthermore, the strategy is to build a quarantine center for patients tested positive with COVID-19. When the policy was imposed, positive cases of COVID-19 in Southeast Sulawesi were already moving fast. There were concerns that the case will continue to grow and the Provincial Government of Southeast Sulawesi does not have enough space for treatment. Therefore, plans were drawn up and potential treatment centers were prepared.

Force for COVID-19 have been carrying out rapid tests to approximately 100 people each day. Rapid test is an initial screening of the COVID-19 virus in the body through a blood sample. This sample provides information about the presence of immunoglobulins or IgM and IgG in the human body. For negative patients, the test will usually be repeated within 7-10 days. Rechecking is done to make sure the body does not produce IgM or IgG due to exposure to the COVID-19 virus.

Furthermore, until June 15, 2020, in rapid tests taken by the staff of the Secretariat of the Southeast Sulawesi Provincial Government, 162 of them were declared non-reactive or negative for the Corona virus. The Communication and Informatics Agency of Southeast Sulawesi

stated that the results of the rapid tests on 2,589 people carried out for 16 consecutive days were quite encouraging because none of them were found to be reactive or indicated to carry the COVID-19 virus.

Free rapid tests are held every day at the Regional Health Laboratory of the Health Office of Southeast Sulawesi Province and the government offices according to the letter of request. Also, the rapid test that has been carried out from May 30 to an indefinite time, is open to the public and it targets the government offices.

Rapid test becomes a mandatory requirement for those who have to travel as stipulated in the Circular Letter of the Task Force for the COVID-19 Control Acceleration No. 4 of 2020 concerning Criteria for Restricting Travel of People in the Context of COVID-19 Control Acceleration.

At the time of writing, the positivity rate was around 12%, whereas the positivity rate

indicator should have been below 5%. Of course by increasing case examinations, it is hoped that a significant decrease will occur. So, by doing more frequent laboratory testing to samples, the positivity rate will become lower. Every positive case found will be immediately informed to the relevant district/city within 1 x 24 hours so that the task force in the district/city can carry out positive contact tracing and the case does not become a source of transmission in the community. That is what has been done, by utilizing the human resources both in the district and at the public health center. In each district/city, a team consisting of several people is formed to carry out tracing.

Each province definitely has their own strategy in dealing with the COVID-19 outbreak in accordance with the characteristics of their area and its population. The certain thing is to remain

Communication and Informatics Agency | Youth Task Force of Southeast Sulawesi Province



vigilant and obey the applicable rules according to the health protocols.

Patients who are tested positive for COVID-19 based on test results in the laboratory will be referred for treatment at a number of hospitals provided. Southeast Sulawesi has prepared seven COVID-19 referral hospitals as outlined in the Decree of the Governor. The seven hospitals are Bahteramas Regional Public Hospital (Kendari), Kendari City Regional Public Hospital, Raha Regional Public Hospital, Baubau City Regional Public Hospital, South Konawe Regional Public Hospital, Benyamin Galuh Hospital (Kolaka), and Konawe District Regional Public Hospital.

The total number of beds available in Southeast Sulawesi specifically provided for COVID-19 patients is 204 beds, consisting of 199 regular beds and 5 ICUs.

Bed capacity for patients tested positive for COVID-19 at referral hospitals/areas is 1.7. There is 1 bed available for every 1 positive patient who is currently under treatment. There are still more beds available if there is an increase of new cases for up to 70% of the treated cases.



The young people of Southeast Sulawesi play an active role in efforts to deal with COVID-19 by directly engaging in the Youth Task Force for COVID-19.

■ Effective Breakthroughs Made in Southeast Sulawesi: Youth Fighting on the Front Line

Each province has its own advantages in handling the COVID-19 outbreak that has hit its region. It is also the case for the Southeast Sulawesi Provincial Government. The establishment of the Youth Task Force into the Task Force is an interesting story whose enthusiasm needs to be emulated.

The writer appreciates three things that the Youth Task Force of Southeast Sulawesi has done in helping to reduce the spread of the COVID-19 outbreak.

First, there is an innovation to make tracing bracelets in Kendari City. Tracing bracelets are for people under surveillance (ODP) and asymptomatic people (OTG). The benefit of tracing bracelets is that patients who have been given the bracelet can be traced. The patient must obey the rules when wearing the bracelet, such as maintaining a certain distance. If a specified distance is not maintained, the data will automatically be recorded in the Task Force and an officer will pay a visit. All data input is online based. However, it is unclear how many tracing bracelets have been provided so far.

The second is clear communication. The establishment of the youth task force for COVID-19 was purely an initiative of young people working in the health world/profession. This establishment was the desire of medical, public health, pharmacy, and engineering students, including the Islamic Student Association

(HMI) and a number of other students. They wanted to help directly in fighting COVID-19. The students with various backgrounds proposed a program, then had a discussion. After that, the brainstorming stage was held by inviting several other youth groups, particularly from the Cipayung group. Upon the completion of brainstorming, a mediation was carried out, but not directly to the Governor. The decision was made to meet with the Regional Police Chief because it was considered as the most related to the platform prepared. Discussions with the Regional Police Chief produced good results. As a result, they were suggested to directly mediate with Governor Ali Mazi. Their convincing program led them to a meeting with Forkopimda of Southeast Sulawesi on March 18, 2020. Coincidentally, at the same time, a Forkopimda meeting was being held which was also attended by the Governor. A presentation was able to be directly delivered in front of the Governor. The governor as Chairman of the Task Force was impressed with the real intentions and steps proposed by youth organizations to help overcome COVID-19 in Southeast Sulawesi. Through Decree No. 234 of 2020, the Youth Task Force officially entered the Task Force of Southeast Sulawesi Province under the coordination of the Education and Cultural Affairs Office.

The third is that youth are fighting on the front line. The youth of the millennial generation as exemplified in Southeast Sulawesi are together fighting at the front. Their involvement is interesting to explore with regard to their concerns in handling COVID-19 in Southeast Sulawesi. The efforts of the youths start from providing program

suggestions, proposing programs, until the programs are approved. Amazingly, the majority of programs initiated by them were approved by the leadership of the Task Force.

The youths from various backgrounds came together to prove their contribution. One of the tasks of this youth task force is that in the future it will provide education to the public regarding COVID-19, which as of now, many people do not know how to prevent and protect themselves from the COVID-19 pandemic.

The education to be conveyed, for example, is how to prevent and protect ourselves from the virus. These efforts include proposing programs, publishing data, processing slides, processing Instagram pages for direct and indirect socialization materials to the public. Also, they provide help with management needs, infographic design, to making electronic boards.

One young man who is active in the Provincial Research and Development Center stated that he and his friends had started the Sidavid (COVID-19 Epidemiology Data Information System) program online, which means 2 layers for the database for COVID-19 patients. Sidavid data can only be accessed by the Health Office and the Regional Technical Implementing Unit (UPTD). So, if people try to access there, they can use Sidavid. However, they can only see the e-board that can only be accessed by the general public since there are 2 layers.

The Youth Task Force for COVID-19 is the first task force in Indonesia to officially involve youth in the Task Force for the COVID-19 Control Acceleration in Southeast

Sulawesi under the Decree of the Governor No. 234 of 2020 concerning the Establishment of a Task Force for the Acceleration of Handling of Corona Virus Disease 2019 in Southeast Sulawesi. This is a sign that handling COVID-19 requires active involvement from various parties, especially youth and it makes youth the subject of development in the journey of Southeast Sulawesi.

In addition, the Youth Task Force has contributed to the prevention of COVID-19 and the socialization of facing the New Normal era in the area of educational institutions, especially Senior High School/Vocational High School/Schools for Special Children by carrying out Virtual Talk Show through Southeast Sulawesi Local Television Broadcast directly in schools in six districts/cities.

■ **Lessons Learned**

► **Economic Inflation caused by the Domino Effect**

Regarding economic matters, it was noted that as of May 2020, the Provincial Government of Southeast Sulawesi



The Youth Task Force for COVID-19 is the first task force in Indonesia to officially involve youth in the Task Force for the COVID-19 Control Acceleration.

experienced inflation of 0.206%, an increase compared to the previous month of 0.6%. Even though there was an increase, the inflationary pressure during the Eid al-Fitr period for this year is far below the average achievement of Eid al-Fitr inflation in the past 3 years. We indeed experience inflation in the economic sector, but it is still in a manageable portion.

► **Sharing during the Pandemic**

Attitude to help when our fellow humans are in trouble is a noble thing to do. Sharing during this pandemic has inspired elements of society in Southeast Sulawesi to distribute aids, as what has been done by volunteers Kodam Commander (Pangdam) XIV/Hasanuddin, Major General of Indonesian National Army Andi Sumangerukka, for 200 heads of families affected by COVID-19 in Konawe Islands District, Southeast Sulawesi. The aids provided was in the form of 200 basic food packages and the handover was carried out at the Wawoni Public Health Center at the end of June 2020. The aids was the fifth stage of aids for the people of Southeast Sulawesi, especially those affected by COVID-19. Furthermore, the volunteers said that the Kodam Commander would continue to provide similar aids to people affected by COVID-19 throughout the Southeast Sulawesi region.

Still in the Konawe area, aids was also provided by *Badan Amil Zakat Nasional* (Baznas) on July 1st to residents affected by COVID-19 in Ambepulu Village, Tongauna Sub-District, Konawe. Baznas Konawe is a program to eliminate poverty in the ancestral land of Konawe District. With the

existence of Baznas in the future, the state civil servants (ASN) in Konawe will collect donations for the purpose of community welfare and the construction of mosques in Konawe District.

■ Southeast Sulawesi approaching a New Normal (Adaptation of New Habits)

Approximately three months of struggling with the handling of the COVID-19 outbreak, the Provincial Government of Southeast Sulawesi has been able to show good performance, and even received an award from the Central Task Force Team for Handling COVID-19 coordinated by the National BNPB. Since June 15, 2020, the Southeast Sulawesi Provincial Government has stated that it is very ready to welcome a new life order by accustoming to behavior and protocols during the pandemic period.

In approaching the new normal, the Southeast Sulawesi Provincial Government will focus on handling three sectors in the midst of the COVID-19 pandemic. The three sectors are the economy, health and infrastructure, including the presence of the

state civil apparatus (ASN). These three sectors are included in the Program of *Sultra Sehat, Sultra Produktif* (Southeast Sulawesi is Healthy, Southeast Sulawesi is Productive).

In terms of concrete steps taken, for example, in the economic sector, the government will stabilize the economy by increasing productive efforts in society, both in terms of capital and also increase in facilities of the agricultural sector. The Regional Apparatus Organization (OPD) in charge of agricultural sector will provide fertilizer and agricultural machinery through the 2020 Reallocated APBD.

As reported on June 5, 2020, the Ministry of Agriculture through the Kendari Agricultural Quarantine recorded an increase of 47.7% in traffic between areas or domestic traffic for rice from Southeast Sulawesi. This rice comes from various districts in Southeast Sulawesi with the aim of being delivered to a number of cities, including Surabaya, Medan, Bitung, Jakarta, Sidenreng Rappang, Deli Serdang, and Bone. This is proof that the agricultural sector in Southeast Sulawesi continues to produce, not stopping even during the pandemic.

In addition, those who work at borders across the country supervise and control the



Public Health Office

Recovery of community economic activities with the new normal protocol.

safety and quality of food and feed from agricultural products. Specifically for 11 types of primary food, the smooth distribution is under strict supervision. Agricultural products, such as rice, red chilies, shallots and corn are also included in this group. Therefore, the distribution between areas is facilitated and cannot be exported, unless upon a recommendation from the related technical directorate general.

In the health sector, the provincial government will improve the facilities for medical equipment and medicines, as well as add medical and paramedical personnel and incentive funds.

As for the infrastructure sector, the focus is on improving or developing roads and bridges which are currently being handled by the Southeast Sulawesi Provincial Government.

In general, of course, in its implementation, wearing masks, washing hands regularly, exercising regularly, carrying hand sanitizers, and getting used to living clean and healthy are mandatory requirements for all residents. However, most importantly, how the people in the new normal order be present in their respective family life.

For example, how an employee works in a factory with strict health protocols. This means that all elements of society have to make adjustments in all sectors including industry, trade, education, transportation, food, tourism and other sectors.

The State Civil Apparatus (ASN) performance is currently under a new arrangement. ASN have started to come to

work for community services but with the implementation of strict health protocols. From the performance of ASN, it can be an example of how the real new normal looks like, thus it will become a forum for education for the community. The new normal order in the ASN ranks is an important concern; they must follow the health protocol because they are an example with regard to the services provided by ASN to the community on a daily basis.

In the education sector, in the new normal period, the postponement of opening schools, both Elementary School and Junior High School education, was carried out because the results of the verification of all education level units have not met the school verification requirements for the implementation of the new normal order during the COVID-19 pandemic. It was also based on the fact that children are among the groups vulnerable to the transmission of the COVID-19 outbreak. In Kendari, the Mayor of Kendari, for example, said the reason the city government has not opened a face-to-face teaching and learning process (PBM) at this time is that they are still waiting for instructions from the Ministry of Education and there is no formula to regulate such matter.

The provincial government is committed to give the best for the community through the implementation of the new normal so that people can return to their activities properly but with new habits. The Central Government is certainly not careless in applying the rules to the new normal because they do not want the presence of new normal or the adaptation of new habits increase the number of new cases.

■ Local Wisdom

Even though all aspects of life have changed due to the COVID-19 pandemic, cultural civilization in Southeast Sulawesi must be maintained and preserved during the pandemic. The governor of Southeast Sulawesi said that change of the way of life of humans is the dynamics of life that gives birth to a new civilization, so it needs to be harmonized with the civilization of society in Southeast Sulawesi, for example, the Buton civilization.

In Buton culture, relationship between family/community, local wisdom, as well as art and culture grow and develop together with a strong social familiarity value. Physical contact is one of the characteristics and identities of the Butonese civilization. The governor asked cultural people and related elements to work together to maintain cultural civilization while adhering to the health protocols. For example, in the culture of shaking hands when meeting someone, the truth is that when people shaking hands, they can attach various viruses, bacteria, and germs on their hands to other people's hands. If they subsequently touch their face or nose, it can be dangerous. Another example is the tradition of eating together to commemorate the tradition of returning home during religious holidays. Local wisdom that has tourism potential such as Pakande-kande and cultural arts such as the Kalegoa, Lariangi, Balumpa, Pangibi, Mangaru, and Silat dances must be handled properly as basic assets to encourage the community's economy and new habits. If possible, it can continue to stick and remain

to be a culture that is still rooted in a good culture.

For the update on positive cases of COVID-19 in Southeast Sulawesi, until July 5, 2020, Southeast Sulawesi had a total of 482 positive cases of COVID-19. At that time, Southeast Sulawesi was in the 19th position based on the number of COVID-19 cases. An achievement resulted from a good cooperation from all elements of society, with the youth as the main driver.

Based on the calculation of the public health indicators based on data, Southeast Sulawesi reached the score of 2.505 and is included to the low risk zone. This achievement is the result of the efforts of all elements in Southeast Sulawesi Province which must be maintained so that the number of positive cases and deaths can be reduced.



Approaching a new normal - change of the way of life of humans is the dynamics of life that gives birth to a new civilization, so it needs to be harmonized with the civilization of society in Southeast Sulawesi.

The current health crisis could lead to an economic crisis which we all certainly do not want. High support from the community during the new normal period is really needed so that the new normal can run as expected. Public compliance and discipline in following the rules specified by the government are of particular concern to the Provincial Government of Southeast Sulawesi. It is important as an effort to recover the economy as a whole.

“

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WEST SUMATRA

Author:

Dr. **Rachma Fitriati**, M.Si., M.Si. (Han)

Resource Persons:

Prof. Dr. H. **Irwan Prayitno**, S.Psi., M.Sc. as Governor of West Sumatra

Jasman Rizal as Head of West Sumatera Communication and Information Office

Novrial, S.E., M.A. Ak. As Head of West Sumatra Tourism Office

Dr. Ir. **Reti Wafda**, M.T.P. as Head of West Sumatra Research and Development Agency

Dr. Hj. **Merry Yuliesday**, MARS. As Head of West Sumatra Health Office

Dr. dr. **Andani Eka Putra**, M.Sc. as Head of Center for Infectious Disease Diagnostics and Research, Faculty of Medicine, Universitas Andalas and Director of General Affairs and Resources of Universitas Andalas Hospital

H. **Erman Rahman**, S.E., M.Si. as Head of West Sumatra BPBD

Yusmayanti, S.K.M., M.Epid. as Head of Surveillance and Immunization Division of West Sumatra Health Office

Contributor:

Dr. **Irfan Aulia Syaiful**, M.Psi. Psikolog

Devi Partina Wardani, S.K.M., M.K.K.K.



corona.sumbarprov.go.id



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SERVANT LEADERSHIP IN THE LAND OF MINANG

II

COVID-19 control is a test for every leadership in government administration, whether provinces, districts and cities. We have to know who our opponents are, how they are, and how important things are to handle. Leaders must analyze problems intelligently and quickly.

Governor of West Sumatra, Prof. Dr. H. Irwan Prayitno, S.Psi., M.Sc.

■ Introduction



West Sumatra Provincial Government Doc.

West Sumatra is a province located along the west coast of central Sumatra, the highlands of Bukit Barisan to the east, and a number of its offshore islands, such as the Mentawai Islands. The province with the capital city of Padang has an area of 42,297.30 km² consisting of 12 districts and 7 cities with the division of administrative areas after the sub-districts in all districts (except for the Mentawai Islands District) which are called *nagari* as a cultural village.

The population of West Sumatra Province in 2019 is 5,443,927 people with a population growth rate of 1.25 percent which is projected to increase to 5,498,751 people (BPS, 2016). Based on the Ministerial Regulation of Public Works and Housing of the Republic of Indonesia No. 02/PRT/M/2016, the population density of West Sumatra Province is categorized as low. However, at the district/city level, there are areas that have high population density. The city of Bukittinggi has the highest population density in West Sumatra, with 5,181.39 people/km². The high population density needs to be taken into consideration in

overcoming the spread of COVID-19, apart from the average number of family members in the household.

The composition of the population of West Sumatra Province based on gender consists of male population of 49.84% and female population of 50.16%. On the other hand, based on age group of the population, 64.58% of West Sumatra population is productive age group (15-64). This productive age group has a fairly high level of mobility compared to other age groups.

This country is known as a culinary paradise not only in the Archipelago, but also throughout the world. In fact, one of the typical Minangkabau culinary delights, *rendang*, has been named the most delicious food in the world by CNN Travel. Not surprisingly, world-renowned chef Gordon



The arrival of Ramsay has promoted the tourism sector as well as a typical West Sumatra culinary, rendang.

Irwan Prayitno

William Wongso's special

Welcoming ceremony for Gordon Ramsay in Tanah Datar, West Sumatra.

Note: This image was taken in January 2020, before the COVID-19 pandemic hit the world.



Ramsay visited West Sumatra to shoot the 'Gordon Ramsay: Uncharted Season 2 episode of Sumatra's Stunning Highlands in West Sumatra', in January 2020. Broadcasting Uncharted at National Geographic on Monday (29/5/2020) has promoted the tourism sector and culinary in West Sumatra.

■ A Country That Upholds the Culture *Basandi Syara* ', *Syara' Basandi Kitabullah*

West Sumatra is home to Minangkabau ethnicity, with Minangkabau customary

territory that is larger than the administrative area of West Sumatra Province. The government system in Minangkabau is not a centralized and authoritarian government but it is built with an egalitarian and open system of *nagari*.

The strength of administration of this government is deliberation and consensus resulting in a balance, after Islam succeeded in taking over the role in composing customs, which is called "*Tungku Tigo Sajarangan and Tali Tigo Sapilin*". *Tigo Sajarangan* consists of the customs of *Niniak Mamak*, *Alim Ulama*, and *Cadiak Pandai*. *Tali Tigo Sapilin* consists of the Bond of Religion, the Bond of Custom, and the Bond of Law (government law).



West Sumatra Provincial Government Doc. | The governor along with the Regional Police Chief of West Sumatra, Military Resort Commander 032 Wirabraja, Mayor Reza Pahlevi, Regent Effendi Arbi, Representative of the Central BNPB, Chairman of DPRD H. Dandim 0306/50 City, Chief of Police AKBP of Payakumbuh City, Forkopimda of Payakumbuh, several OPD in Payakumbuh City Government paying a visit to Resilient Village in Kubang Gajah Situjuah.

This concept will greatly assist the Governor of West Sumatra in collaborating in dealing with COVID-19 in Indonesia.

With this concept, a *nagari* will only be referred to as a *nagari* if it has a road, large rice fields, Rumah Gadang (house for Minangkabau People), a rice barn, and a mosque or *surau*. The existence of a mosque requirement makes Islam stronger in the customary system. Islamic acculturation is not easy. There are still many traditions that are against Islamic life. The struggle between custom and ulama continued until the Paderi Movement emerged. This movement succeeded in inculcating the highest customs of none other than Islam. Several regulations emerged, such as *Agamo Mangato, AdaiK Mamakai* ('religion states, custom applies'). The climax was agreed upon as the result of the deliberation, which was the statement of the customary culture of *Basandi Syara', Syara' Basandi Kitabullah* (custom with sharia and sharia based on Allah SWT's book'). This expression makes it clear that "*AdaiK nan sabana adaiK*" (custom which is actually customary) with Islamic teachings is parallel.

This local wisdom-based approach has become one of the keys to the success of the West Sumatra Provincial Government in dealing with COVID-19. One of them is by establishing Resilient Village in every village or *nagari*, which is at the forefront of all elements of society in working hand in hand to protect the area from the COVID-19 pandemic, with various food security activities, and a team engaged in spraying

disinfectant and establishing Independent Isolation Houses.

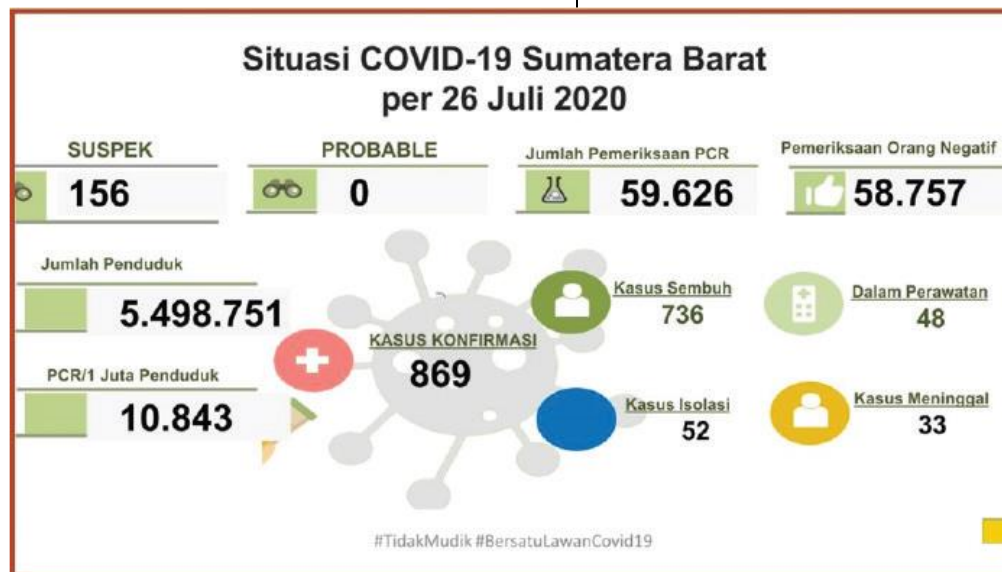
■ Building Collaborative Governance in Handling COVID-19

The first case of COVID-19 in West Sumatra Province was reported on March 26, 2020. On the same day, the number of confirmed cases of COVID-19 accumulated to 5 people, scattered in Padang City and Bukittinggi City. Then, the number of confirmed cases of COVID-19 continued to increase. The number of confirmed cases of COVID-19 in West Sumatra Province reached 48 people in a period of approximately 3 weeks which spread quickly in 8 districts/cities. The ability to detect COVID-19 confirmed cases in West Sumatra Province was a result from the regional ability to carry out RT PCR laboratory tests at the Andalas University Laboratory as part of the COVID-19 testing laboratory network established by the Ministry of Health of the Republic of Indonesia.

The spread of COVID-19 outbreak, caused by the new type of corona virus (SARS-CoV-2), has resulted in various impacts to the public. The West Sumatra Provincial Government has prepared various efforts to deal with the virus, starting from tightening entrances to West Sumatra, such as airports, ports and land transportation, as well as health facilities. Furthermore, the West Sumatra Provincial Government also involves all stakeholders (cultural leaders, universities, and provincial and district/city

governments) to prevent and overcome the spread of COVID-19.

history, patient's medical history, whether symptomatic or not. Thus, the success rate in breaking the chain of transmission is



Source: West Sumatra Provincial Government

At the beginning, West Sumatra Province was included in the ten provinces with the highest cases of COVID-19 in Indonesia. To overcome this spike, the West Sumatra Provincial Government took several steps, including starting to record and perform check to people who enter West Sumatra through 9 (nine) checkpoints, for example, airports, ports and land transportation, as well preparing health infrastructure.

In order to build collaborative governance in the field, the Head of Health Office of West Sumatra Province, Dr. Hj. Merry Yuliesday, MARS., explained the important role of surveillance officers. They are at the forefront of finding cases, meeting risk groups in person, and then tracing contacts. The surveillance officer is responsible for inquiring about travel

highly dependent on the results of the tracing of surveillance officers in the field.

After collecting the data, the surveillance officers subsequently analyzed and reported the COVID-19 data, whether the case could be controlled or not. The results of an epidemiological study will determine the regional zones whether it is green, yellow or red, which of course will influence policy decisions of the leaders including regional heads.

■ Migrants Not Doing *Pulang Basamo* (Coming Home Together)

The spread of COVID-19 cases in big cities like Jakarta, which has caused the economy to fade in overseas

lands, is one of the driving factors of the increase of flow of in-migration from overseas to West Sumatra Province. Moreover, April 2020 happened to be the holy month of Ramadan and Eid al-Fitr. The people of Ranah Minang (Minang Land) have a unique homecoming tradition that is often done just before Eid al-Fitr, the name is *Pulang Basamo* (Coming Home Together). The theme is sometimes unique from *Pulang Basamo Rumah Gadang, Kampuang Maimbau Pulang*, or *Taragak Kampuang*, and so on.

Pulang Basamo itself means the agreement of a group of overseas Minang people to come home or return to their village together and jointly rent some buses, ships, or planes before the Eid Al-Fitr. Land vehicles, buses or rental cars are usually affixed with various attributes attached to travelers, such as special uniforms for the group, banners installed on the vehicles. They even bring contribution fund to their hometowns. Remarkably, in a number of designated *nagari* or villages, local customary leaders would prepare welcoming ceremonies for them.

In the context of the current COVID-19 pandemic, the return of overseas people is a problem that needs special attention because restriction on mobility is one of the efforts to prevent the increasing number and expansion of the pandemic area because generally, young people are hidden carriers of COVID-19.

By taking into account the existing situation and conditions, the Governor of West Sumatra Irwan Prayitno immediately took firm steps by issuing a circular letter

regarding the spread of the corona virus (COVID-19) No, 050/078/BKPD/III-2020 dated March 24, 2020. This circular letter was a follow-up to the appeal of the Indonesian Ulema Council (*Majelis Ulama Indonesia*, MUI) of West Sumatra which previously also asked West Sumatra people to postpone their intention to return home. The purpose of this circular letter is to break the possibility of COVID-19 spread to West Sumatra. Through this circular letter, the West Sumatra Provincial Government has asked residents in other areas not to return to their hometowns for a while.



It is appealed to all Heads of Minangkabau Community Organizations, community leaders, and West Sumatra migrants wherever you are, to consider temporarily not returning to your hometowns in West Sumatra. This appeal is temporary, until the condition has been declared conducive by the government.

Irwan Prayitno (24/3/2020)

■ Regional Quarantine

In order to increase the effectiveness of acceleration of handling COVID-19 in West Sumatra Province and in view of the increasing escalation of COVID-19 transmission with the continued increase in the number of confirmed positive patients, a Regional Government policy in the urgency of regional quarantine is stipulated through a number of policies:

First, selective restrictions on people who enter the land border area of West Sumatra Province which consists of 9 border points, among others; (1) Pessel District 2 checkpoints, (2) Pasaman District 2 checkpoints, (3) Dharmasraya District 1 checkpoint, (4) West Pasaman District 1 checkpoint, (5) Sijunjung District 1 checkpoint, (6) Limapuluh Kota District 1 checkpoint, and (7) Solse District 1 checkpoint, in accordance with the Letter of the Governor of West Sumatra No. 360/363/BPBD-2020 dated March 29, 2020 regarding requests for personnel assistance.

Second, ensuring the availability of telecommunication services and networks at every border location point. Through the Letter of West Sumatra Governor No. 360/367/BPBD-2020 dated March 29, 2020 regarding Internet Facilitation Support at the Border Command Post for Handling COVID-19, the West Sumatra Provincial Government requested the support of Telkomsel for the West Sumatra Region to provide the facilitates.

Third, the implementation of marriage is only done in Sub-District Religious Affairs Office. Referring to the Ministerial Regulation of Religious Affairs No. 19 of 2018 concerning Marriage Registration, the Governor of West Sumatra issued a Letter No. 360/368/BPBD/III-2020 dated March 29, 2020 which contains an appeal to all Heads of District/City Ministry of Religious Affairs Offices and District Religious Affairs Offices throughout the Province of West Sumatra.

Fourth, support and arrangements from regional hospitals for the acceleration of handling COVID-19 through the Letter of

West Sumatra Governor No. 360/366/BPBD-2020 dated March 29, 2020.

Fifth, preparing data on the need for medical equipment and basic needs for regional food security in handling COVID-19 through the related OPD based on the Letter of West Sumatra Governor No. 440/184/Umum-2020 dated March 30, 2020.

Sixth, increasing supervision of all migrants from outside West Sumatra who are in their respective areas to comply with and implement the protocols or guidelines specified by the government. Through the Instruction of West Sumatra Governor No. 360/371/BPBD-2020 concerning Supervision of the Implementation of Self-Quarantine for Migrants in the context of Handling COVID-19 in West Sumatra, the West Sumatra Provincial Government instructs regents/mayors to order sub-district heads/*wali nagari* and village heads/*wali jorong* to monitor immigrants from outside West Sumatra (ODP) so as not to cause unrest in the community.

Seventh, *da'i* or *mubaligh* (religious preacher) in conducting *da'wah* (preaching) or recitation must use loudspeakers from the mosque or *musala* or *surau* so that they can still be heard by the community in their respective homes. In addition, in the contents of the preaching, the government policies and recommendations regarding handling COVID-19 must also be conveyed.

Eighth, carrying out direct and massive socialization and dissemination of information on handling COVID-19 to the public through public communication media. For that matter, the West Sumatra Provincial

Government issued a policy to optimize the use of official car units and work unit facilities as well as lighting car units in the work units. Appeals, instructions, and prohibitions related to handling COVID-19 must be carried out continually and continuously to all communities in remote *nagari*/villages/wards in every sub-district in the districts/cities.

Ninth, submitting a proposal to the Ministry of Health of the Republic of Indonesia regarding the designation of Bukittinggi Veterinary Center Laboratory (UPT Directorate General of Animal Husbandry and Animal Health, Ministry of Agriculture) as a laboratory unit for examining COVID-19 in West Sumatra.

Tenth, the establishment of a monitoring command post for migrants in *orong*, sub-village, village, RT/RW or other names in the context of handling COVID-19 based on Instruction of the Governor of West Sumatra No. 360/030/COVID-19SBR/IV-2020 dated April 14, 2020.

■ Budget Reallocation Focusing on Handling COVID-19

With regard to anticipation, handling, prevention, and socio-economic impacts caused by the COVID-19 outbreak, the Governor of West Sumatra has issued policy No. 903/344/Angg/B.Keuda-2020 on April 8, 2020, which essentially instructs all Provincial OPD to refocus their budgets through budget cuts and reallocations each in the amount of 45% of the total direct expenditure after rationalization phase I

outside DAK, BLUD, Central Government Grants, among others, PHJD, IPDMIP, Disaster Reconstruction Rehab.

Furthermore, the West Sumatra Provincial Government requested all OPD to carry out independent sweeping and rationalization of OPD 2020 activities which potentially cannot be/are impossible to be implemented due to COVID-19, such as: (1) official trips within/outside the region/overseas, (2) socialization/training/technical guidance/competition activities that bring large crowds, (3) National event activities that cannot be implemented/canceled by the central/implementing regions, and (4) procurement of goods/services/capital expenditures that have not been prioritized and can be postponed for next year.

In relation to the impact of the state civil apparatus (ASN) in the form of decreased income and an increase in household consumption to protect themselves and their family members from the threat of COVID-19, the Governor of West Sumatra requested the President Director of PT Bank Pembangunan Daerah (BPD) of West Sumatra to provide restructuring of loan payments for ASN according to the applicable laws and regulations (letter No. 360/014/COVID-19-SBR/IV-2020).

■ Action Plan in Handling COVID-19

In order to accelerate the handling of COVID-19 in West Sumatra Province, it is necessary to make several efforts and action plans that must be followed up comprehensively or integrated from various aspects by involving all parties or across sectors.

Campaign “Come on..!! Let’s fight together against "Coronavirus Disease 2019".

Pemerintah Provinsi Sumatera Barat

AYO...!! Bersama Melawan Corona

Tetap Di Rumah

- Belajar di rumah
- Bekerja di rumah
- Ibadah di rumah
- Berkegiatan di rumah

Keluar Rumah Urusan Penting Saja

- Jaga jarak dengan siapapun
- Gunakan masker
- Cuci tangan
- Usahakan tidak mengusap wajah

Setiba Di Rumah

- Segera mandi
- Ganti pakaian

Tetap Di Rumah Untuk Keselamatan Diri Sendiri Keluarga Serta Orang Banyak

- Jangan panik
- Berdoa kepada Allah SWT

IRWAN PRAYITNO
Gubernur Sumbar

“ Dengan Bersama Melawan Corona Inshaallah Wabah ini segera berakhir ”



PSBB Pembatasan Sosial Berskala Besar Provinsi Sumatera Barat

**PEMBERLAKUAN
DI SUMATERA BARAT**

**22 APRIL
SAMPAI
DENGAN 05 MEI
2020**
dan dapat diperpanjang

SEKOLAH/ INSTITUSI PENDIDIKAN

- ✗ Sekolah dan Institusi Pendidikan ditutup sementara dan dialihkan melalui metode belajar jarak jauh / di rumah.
- ✓ Dikecualikan bagi lembaga pendidikan, pelatihan dan penelitian yang berkaitan dengan pelayanan kesehatan.

TEMPAT KERJA/ KANTOR

- ✗ Perusahaan, Pemerintahan dan Institusi menutup kantor atau menerapkan aturan work from home (WFH)
- ✗ Untuk Perusahaan/ Institusi yang boleh beroperasi melarang karyawan yang memiliki penyakit penyerta, Ibu hamil dan lansia (>60th) berkegiatan di kantor.

SEKTOR YANG TETAP BEROPERASI

- Institusi Pemerintahan Pusat dan Daerah sesuai pengaturan dari Kementerian terkait.
- BUMN dan BUMD sesuai pengaturan dari Kementerian terkait.
- Intitusi tertentu seperti : Kesehatan, bahan pangan, TNI/Polri, Energi, Komunikasi,
- Keuangan, Logistik, Perhotelan, Media, Kontruksi, pelayanan sebagai objek vital nasional, objek tertentu dan kebutuhan sehari-hari
- Organisasi kemasyarakatan lokal dan internasional yang bergerak pada sektor kebencanaan.

TEMPAT IBADAH

- ✗ Penghentian sementara aktivitas keagamaan di rumah ibadah dan mengganti ibadah di rumah saja.
- ✓ Dikecualikan untuk penanda waktu ibadah seperti adzan.

TRANSPORTASI

- ✗ Menghentikan kegiatan pergerakan orang/atau barang kecuali untuk pemenuhan kebutuhan pokok, kegiatan terkait aspek pertahanan dan keamanan,
- ✗ Kendaraan roda dua berbasis aplikasi (ojek online) maupun offline dilarang membawa penumpang dan hanya untuk barang
- ✓ Kendaraan pribadi dan angkutan umum hanya boleh diisi penumpang 50% dari kapasitas dan membatasi jam operasional.

SOSIAL, BUDAYA DAN PARIWISATA

- ✗ Dilarang mengikuti atau mengadakan kegiatan yang menimbulkan kerumunan seperti : Politik, Olahraga, Hiburan, Akademik dan Budaya.
- Menutup seluruh destinasi wisata, tempat hiburan, diskotik, karaoke dan bioskop.
- ✓ Café, rumah makan/ restoran hanya melayani take away atau online
- Kegiatan khitanan di faskes; Pernikahan di KUA; Pemakaman atau Takziah bukan karena Covid-19 dengan tetap menerapkan jaga jarak (physical distoncing) dan membatasi jumlah orang.

FASILITAS UMUM

- ✗ Dilarang melakukan kegiatan lebih dari 5 orang di fasilitas umum.
- ✗ Pengelola wajib menutup fasilitas umum
- ✓ Dikecualikan fasilitas umum untuk penyediaan kebutuhan pokok dan barang penting sehari-hari
- ✓ Mengutamakan memesan barang secara daring/ jarak jauh dengan fasilitas layanan take away.

KEGIATAN TERTENTU YANG TETAP DILAKSANAKAN

- Pelayanan kesehatan (rumah sakit, puskesmas, apotek dan toko peralatan medis).
- Pelayanan kebutuhan pangan, makanan/minuman.
- Pelayanan utilitas publik (PLN, PDAM, pusat distribusi, pelabuhan, bandar udara, pemadam kebakaran, kantor pos, unit layanan transmisi, bea cukai, perpajakan dan unit yang bertanggung jawab untuk pengelola panti asuhan/ panti jompo/ panti sosial lainnya.
- Pelayanan ekspedisi barang (JNE, JNT, TIKI dll).
- Distributor bahan bakar minyak SPBU dan LPG.
- Penyediaan layanan internet dan penyiaran.
- Pelayanan perbankan, kantor asuransi, penyelenggaraan sistem berbayar dan mesin ATM.
- Toko-toko yang berhubungan dengan bahan kebutuhan pokok serta barang penting.
- Kegiatan media.
- Dan kegiatan penting lainnya.

Dengan tetap menerapkan protokol kesehatan dan pencegahan COVID-19

JALUR PERBATASAN

- Membatasi jumlah orang maksimal 50% dari kapasitas kendaraan.
- Mengisi formulir Isian pada pos pemeriksaan yang tersedia.
- Melakukan pemeriksaan suhu tubuh.
- Menggunakan masker dan sarung tangan (bagi kendaraan roda dua).
- Melakukan disinfeksi pada setiap kendaraan dan barang.
- Menjaga jarak antar penumpang (physical Distancing).
- Semua pendatang wajib mengikuti karantina selama 14 hari baik karantina mandiri atau tempat karantina yang telah disiapkan.
- Pendatang terindikasi gejala COVID-19 segera dibawa ke rumah sakit terdekat sesuai dengan protokol kesehatan COVID-19.

Bagi pengguna kendaraan penumpang atau barang wajib mengikuti proses pemeriksaan pada pos di jalur perbatasan.

**STOP
COVID-19**

#sumbartanggapcorona

#dirumahsaja

#bersamalahancovid19

corona.sumbarprov.go.id

■ Health Aspect

Data-based public health indicators towards a society that is productive and safe from COVID-19 by referring to Epidemiology, Public Health Surveillance, and Health Services:

1. Decrease in the number of positive cases in the last week by $\geq 50\%$ from the peak number;
2. Decrease in the number of ODP and PDP cases in the last week by $\geq 50\%$ from the peak number;
3. Decrease in the number of deaths from positive cases in the last week by $\geq 50\%$ from the peak number;
4. Decrease in the number of deaths from ODP and PDP cases in the last week by $\geq 50\%$ from the peak number;
5. Decrease in the number of positive cases hospitalized in the last week by $\geq 50\%$ from the peak number;
6. Decrease in the number of ODP and PDP cases hospitalized in the last week was $\geq 50\%$ from the peak number;
7. Cumulative percentage of cases recovered from all positive cases;
8. Increase in the number of completed monitoring of ODP and PDP cases over the past 2 weeks;
9. Incidence rate of positive cases per 100,000 population;
10. Mortality rate of positive cases per 100,000 population;
11. The number of diagnostic sample examinations increases over the past 2 weeks;
12. Low positivity rate (target $\leq 5\%$ positive samples of all people examined);
13. The number of beds in the Referral Hospital isolation room can accommodate up to $>20\%$ of the number of COVID-19 positive patients hospitalized;
14. The number of beds in the Referral Hospital can accommodate up to $>20\%$ of the number of ODP, PDP, and COVID-19 positive patients hospitalized;
15. R_t - Effective reproductive rate < 1 (as triangulated indicator).

Indicator Weight of Public Health of West Sumatra

Indicator	Weight	Category	Scoring	Scoring Result
Decreased number of positive cases in the past 2 weeks from the peak number (target $\geq 50\%$)	9.5%	59.61%	1	0.285
Decreased number of ODP and PDP cases in the past 2 weeks from the peak number (target $\geq 50\%$)	5%	ODP = 92.7% PDP = 46.4%	2.5	0.13
Decreased number of deaths from positive cases in the past 2 weeks from the peak number (target $\geq 50\%$)	10%	100%	3	0.30
Decreased number of deaths from ODP and PDP cases in the past 2 weeks from the peak number (target $\geq 50\%$)	9%	PDP = 81.8%	3	0.27
Decreased number of positive cases hospitalized in the past 2 weeks from the peak number (target $\geq 50\%$)	8%	69%	3	0.24
Decreased number of ODP and PDP cases hospitalized in the past 2 weeks from the peak number (target $\geq 50\%$)	2%	PDP = 66.6%	3	0.06
Cumulative % of cases recovered from all positive cases	7%	85.2%	3	0.21
Increased number of completed monitoring & surveillance of ODP + PDP cases in the past 2 weeks	2%	always increases	3	0.06
Incidence rate of positive cases per 100,000 population	9.5%	15.3	1.5	0.143
Mortality rate of positive cases per 100,000 population	9%	0.6	2	0.18

Source: West Sumatra Provincial Health Office, as of 24 July 2020

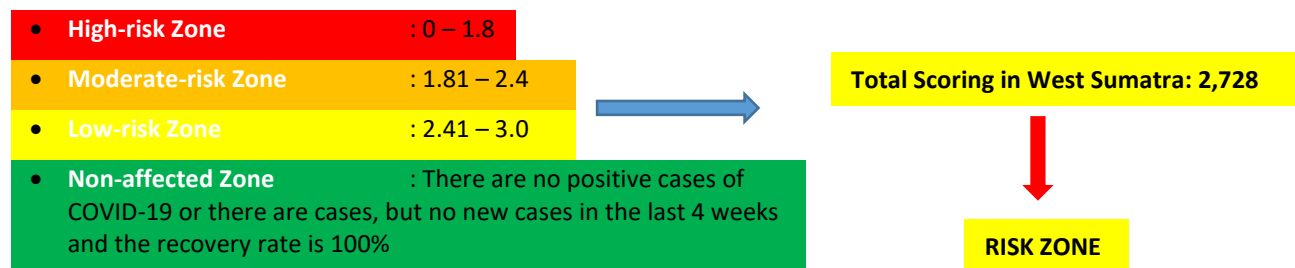
√	Health Surveillance	Indicator	Weight	Category	Scoring	Scoring Result
		Number of specimen examination increases in 2 weeks	4%	Increases	1	0.12
		Positivity rate < 5% (from all samples examined, the positive proportion is only 5%)	7.5%	1.58%	3	0.225
√	Health Service	Indicator	Weight	Category	Scoring	Scoring Result
		Number of beds in Referral Hospital isolation room is capable to accommodate up to > 20% COVID-19 patients	7%	Ada ≥ 1.2	3	0.21
		Number of beds in Referral Hospital isolation room is capable to accommodate up to > 20% ODP, PDP, and COVID-19 patients	10%	Ada ≥ 1.2	3	0.3

Total Scoring: 2,728

Source: West Sumatra Provincial Health Office, as of 24 July 2020

The West Sumatra Health Office categorizes risks by referring to:

- The data source for calculating the indicators comes from surveillance data;
- The data analyzed is a weekly cumulative data, the status of the risk of increase in cases will be updated every week;
- Each indicator (epidemiological, public health surveillance, and health services) is **assessed** and **weighted** and then added up. The calculation results are **categorized** into 4 risk zones, namely:



Source: West Sumatra Provincial Health Office, as of 24 July 2020

Efforts made by the West Sumatra Provincial Health Office

- Preparation of health service needs (supply side) by optimizing the

preparation of COVID-19 referral Government and non-Government hospitals;

- Increasing the need for health resources (personnel), infrastructure (such as beds

and isolation rooms), and medical devices (ventilators, oxygen cylinders, radiology equipment) as well as increasing the provision of PPE needs for hospitals, public health centers, and quarantine locations;

- Prioritizing care in hospitals (positive for COVID-19) by involving senior year students in ODP monitoring, involving internship participants & co-Associate in PDP treatment;
- Increasing the fulfillment of the needs of Regional Health Laboratories for the implementation of COVID-19 tests (both rapid tests and PCR), accelerating testing, shortening the flow of laboratory distribution;
- Increasing non-hospital isolation rooms (quarantine), designating Pariaman City Hospital as a Special Hospital for Handling COVID-19.

In relation to the number of medical human resources (HR) in West Sumatra, there are 18,183 people consisting of 2,248 doctors, 8,090 nurses, 5,885 midwives, 1,293 pharmacists, and 667 nutritionists. The available human resource capacity is adequate for the normal condition in West Sumatra. However, if the COVID-19 cases increase exponentially along with the increasing number of people entering West Sumatra, especially entering the months of Ramadan and Eid al-Fitr, the number of available medical human resources will not be sufficient.

For medical infrastructure, the number of hospitals in West Sumatra is currently 78 hospitals consisting of 32 government hospitals and 46 private hospitals spread over 19 districts/cities. The number of

hospital beds in West Sumatra is 7,040 units (Ministry of Health, 2018) and public health centers have 278 units (BPS, 2020).

With the number of hospitals as many as 78 units, it is actually quite adequate, with 168 isolation rooms. For COVID-19 rooms, the Government hospitals have 51 rooms and several rooms are still being prepared. In the future, private hospitals will also be prepared as referral hospitals for handling COVID-19.

Infrastructure that is also very important and needs attention in the case of COVID-19 is personal protective equipment (PPE). PPE is divided into 3, namely Level 1 Medical PPE consisting of masks, headgear, handschoon, and official clothes; Level 2 Medical PPE consists of a masks, headgear, handschoon, goggles, face shield, gloves, and boots; and Level 1 Non-Medical PPE consisting of: masks, headgear, gloves, and boots.

The availability of medical infrastructure at 46 private hospitals includes 34 ventilators, 18 radiology equipment, and 77 isolation rooms.

Responding to the development of the COVID-19 case in Sumatra Province which is increasing rapidly every day, of course the condition of the medical infrastructure in the hospital is inadequate. Therefore, in order to accelerate the handling of COVID-19 in West Sumatra Province, a quarantine location has been provided. This quarantine location is a place designated as a place to carry out quarantine for ODP/mild positive COVID-19 and has safety standards. The quarantine locations for positive COVID-19 are as follows:

- Education and Training Dormitory of BPSDM of West Sumatra, UPTD Cooperative Training Center of Cooperatives Offices and UMKM of West Sumatra Province;
- Education and Training of Health Training Center of Health Office of West Sumatra Province;
- Education and Training Dormitory of PPSDM of the Ministry of Home Affairs, in Baso;
- ITC UPTD BPTSD Building, Animal Husbandry Service of West Sumatra Province.

The quarantine locations for people under surveillance (ODP) of COVID-19 are:

- UPT Hajj Dormitory in Padang City;
- UPT BPP, Food Crops Service;
- Work Training Center Dormitory in Padang Panjang;
- Work Training Center Dormitory in Payakumbuh.

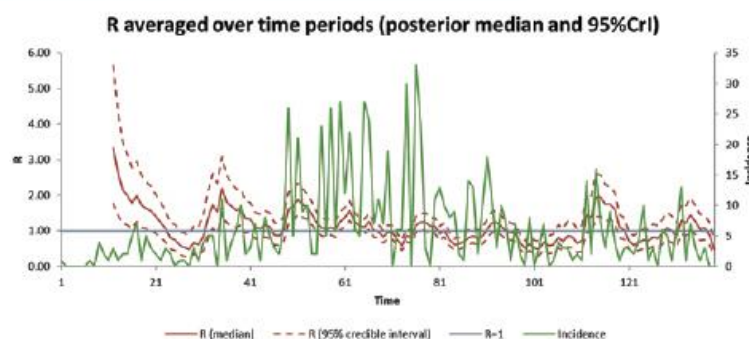
Approaching the Adaptation of New Habits, the West Sumatra Provincial Government implements a number of health protocols as follows:

1. Fulfillment of all standards specified by each ministry
2. Massive community education
3. T2IT (Trace, Test, Isolation and Treatment)
4. Surveillance in the districts/cities
5. Massive PCR test of all components:
 - Minangkabau International Airport (BIM)
 - Seaports
 - Hotels
 - Restaurants
6. Tourist destinations
7. Support for tourism
8. Community empowerment

The support of the West Sumatra Province Rt in entering a New Order for a society that is Productive and Safe from COVID-19.

Estimasi Reproduction Number (Rt)
tanggal 8 Maret sd 24 Juli 2020

UKURAN UTAMA : Angka Reproduksi Efektif (Rt) < 1 selama 2 pekan



Effective Reproduction Rate Number (Rt)

Tanggal	Rt
11-Juli-20	0,83
12-Juli-20	0,79
13-Juli-20	0,93
14-Juli-20	1,08
15-Juli-20	0,99
16-Juli-20	0,84
17-Juli-20	1,30
18-Juli-20	1,23
19-Juli-20	1,44
20-Juli-20	1,26
21-Juli-20	1,05
22-Juli-20	1,07
23-Juli-20	0,87
24-Juli-20	0,48

Source: West Sumatra Provincial Health Office, as of 24 July 2020

■ Food and Economical Aspect

1. Ensuring the availability of sufficient and affordable foodstuffs;
2. Monitoring the ease of distribution of foodstuffs;
3. Providing consumption of cheap foodstuffs for poor households;
4. Guaranteeing the supply of household non-food consumption requests during the PSBB;
5. Monitoring and controlling prices due to food scarcity;
6. Increasing the network of online market;
7. Accelerating distribution of financial aids for affected communities through social safety net through social aids cash amounting to IDR 215,946,000,000;
8. Overcoming the socio-economic impact by providing food reserves of IDR 32,298,891,600 and market operations of IDR 34,956,261,600;
9. Educating and fostering domestic workers so they can have skills (*undagi*) that have economic value as an income generator;
10. Educating all levels of society at the RT level, to the guesthouses/group of 10 houses/families, so that they can understand and know their positions; the government has also started to promote the use of community social capital to address these social impacts;
11. Improving the social safety net (JPS) by providing cash transfers to lower-class communities who will be most affected;

12. Involving economic resources or capital, both owned by the Government and the District/City through reallocation of budget focus, business entities, such as CSR and the community, such as donations from entrepreneurs and other solidarity, both in the form of money/materials as well as services to be used in overcoming impacts this economy.

■ Socio-Cultural Aspect

1. Involving and optimizing the role of RT/RW and all local potential (traditional leaders, religious leaders, LKAM, *Bundo Kandung*, *Ninik Mamak*, Youth, *Cadiak Pandai*), or other local agencies in overcoming the spread of COVID-19;
2. Providing direct social aids to communities through social safety net;
3. Carrying out continuous socialization on COVID-19;
4. Encouraging the community to improve hygiene and healthy living habits;
5. Motivating people to help each other (social capital) to overcome COVID-19;
6. Restricting, increasing seriousness, and focusing on monitoring large-scale social restrictions, such as: community, religious and customary activities, which may still exist, especially in vulnerable/red zones;

7. Closely monitoring the flow of entry and exit of West Sumatra;
8. Increasing community compliance monitoring to stay at home;
9. Increasing the spirituality of the community according to the teachings of their respective religions.

■ Security Aspect

1. Optimizing the role of the Indonesian National Army/Indonesian National Police/Satpol PP, community leaders (sub-district head, village head, RW/RT heads, *wali nagari*, and *wali jorong*), religious and traditional leaders to ensure that communities comply with the large-scale social restrictions (PSBB).
2. The involvement of the Police and the Army (TNI) along with Satpol PP to ensure the smooth running of activities during the PSBB to break the chain of COVID-19 through:
 - Ensuring that there are no road closures, especially for transportation modes of primary goods or other basic needs;
 - Maintaining security at each post that has been determined at the time of PSBB; Conducting patrols/monitoring in crowded places, such as markets and public facilities;
 - Ensuring and securing other public facilities which are required to be closed, such as entertainment venues,

playgrounds, meeting halls and sports halls;

- Conducting security patrols, especially in areas prone to crime to prevent the increase of crime as a result of economic problems;
 - Conducting check or monitoring by deploying personnel in border areas and certain points with the COVID-19 Joint Team in order to record and maintain the safety of migrants from other areas, especially those from pandemic areas and to ensure that community members comply with PSBB rules;
 - The police to make simulations and map possible regional disturbances, such as scarcity of basic needs, supply of fuel oil (BBM), and anticipate conditions in the event of looting at shopping centers;
 - Preparing security personnel with supporting tools, both special tools and communication tools.
3. It is necessary to make efforts to balance information and increase public knowledge to avoid panic, social stigma, and information gaps that can lead to security problems/social conflicts in the community.

■ Transportation Aspect

1. Activities of people and goods movement are temporarily suspended, except for:
 - Fulfillment of basic needs;
 - Activities that are allowed during the implementation of PSBB, namely: 1) Activities of government offices/institutions, both central and regional, 2) BUMN/BUMD that take part in handling Corona Virus Disease 19 (COVID-19) and in meeting the basic needs of the community, 3) Entrepreneurs engaged in the health sector, foodstuffs/food/beverage, energy, communication and information technology as well as logistics, 4) Hotels, construction, strategic industries, basic services, local and international community organizations engaged in the disaster and/or social sector.
2. Exclusion from the temporary suspension of people movement for the transportation modes of:
 - Personal motorized vehicles
 - Transport of people by public transportation
 - Train transport
3. Exclusion from the temporary suspension of goods movement for all modes of transportation;
4. The use of private passenger cars is required to comply with the following conditions:
 - Used only for the fulfillment of basic needs and other activities allowed during the PSBB;
 - Disinfecting vehicles after use;
 - Wearing masks in the vehicle;
 - Limiting the number of people to 50% (fifty percent) of the vehicle capacity;
 - Not driving if experiencing an above normal body temperature or sick.
5. The use of personal motorcycle is required to comply with the following conditions:
 - Used only for the fulfillment of basic needs and other activities allowed during the PSBB;
 - Disinfecting vehicles after use;
 - Wearing masks and gloves when driving;
 - Not driving if experiencing an above normal body temperature or sick.
6. Application-based two-wheeled transportation is restricted to be only used for the transportation/delivery of goods;
7. Public transportation by public vehicle, railroad transportation, and/or goods transportation mode are required to follow the followings:
 - Limiting the number of people to 50% (fifty percent) of the transport capacity;
 - Limiting operating hours according to the regulations of the Regional Government and/or related institutions;

- Conducting regular disinfection spraying to the transportation modes used;
- Detecting and monitoring the body temperature of officers and passengers entering the transportation modes;
- Ensuring officers and passengers using transportation modes do not have body temperature above normal or are sick;
- Maintaining the distance between passengers (physical distancing) of at least 1 (one) meter.

■ Educational Aspect

Four districts/cities in West Sumatra, namely Pesisir Selatan District, Pariaman City, Sawahlunto City, and West Pasaman District started teaching and learning activities at schools in the new academic year 2020/2021 and schools in the Green Zone can be held with face-to-face methods starting on Monday (13/7/2020).

In a video conference meeting from his office, West Sumatra Governor Irwan Prayitno explained that the selection for the 4 regions was due to the Green Zone category. *"The four regions have returned to being the Green Zone, as there has been no growth in new cases over the past month. All existing positive cases of COVID-19 have 100% recovered and there have been no deaths due to COVID-19 over the past month,"* Governor Irwan told reporters from his office, Monday (6/7/2020).

There are actually six regions that have returned to the Green Zone. Apart from these four areas, there are also Payakumbuh City and Lima Puluh Kota District. However, the two neighboring regions postponed the idea for now. *"Of the six Green Zones, only four are ready to open schools with face-to-face method in the new normal. Lima Puluh Kota and Payakumbuh postponed the idea."* The Governor of West Sumatra gave the regents and mayors the freedom to determine policies to open face-to-face schools using the virtual world method, or offline or online distance learning (PJJ).



West Sumatra Provincial Government Doc.

Discussion of learning in the New Normal Order that is Productive and Safe from COVID-19. Together with the West Sumatra Provincial Education Office in the Governor's Office.

(Padang, 5/7/2020)

The COVID-19 pandemic also gave lessons on the meaning of entrepreneurship for high schools. Slightly different from other provinces, whose MSME is the spearhead of manufacturing non-medical masks made of cloth as an effort to accelerate the handling of the COVID-19 pandemic, in West Sumatra Province, they also attempted to mass-manufacture masks, but in vocational high schools (SMK) and senior high schools (SMA). No less than 128,500 masks have been produced by students from 14 SMK and 2 SMA, namely SMKN 6 Padang (10,000 masks), SMKN 8 Padang (10,000 masks), SMKN 1 Payakumbuh (10,000 masks), SMKN 3 Payakumbuh (10,000 mask), SMKN Ampek Angkek (10,000 masks), SMKN Luhak (2,500 masks), SMKN 2 Bukittinggi (5,000 masks), SMKN 1 Sijunjung (5,000 masks), SMKN 1 Lubuk Sikaping (5,000 masks), SMKN 1 Sawahlunto (4,000 masks),

SMKN 1 Lembah Gumanti (12,000 masks), SMKN 1 Ranah Pesisir (27,000 masks), SMKN 3 Solok (2,000 masks), SMKN 1 Lintau Buo (5,000 masks), SMAN 2 Lintau Buo (10,000 masks), SMAN 5 Payakumbuh and SLB Tanah Datar (10,000 face masks).

In addition to empowering SMA and SMK to produce non-medical masks that are distributed free of charge to the people of West Sumatra who are in need, the District/City Government has also initiated the manufacture of masks at the UPTD Work Training Center. For example, the UPTD Work Training Center of Payakumbuh City already has the capacity to produce 500 masks per day while the Work Training Center of Padang Panjang has produced 640 mask per day with 16 students.



West Sumatra Provincial Government Doc. |The visit of the Governor of West Sumatra, accompanied by the Mayor of Padang Panjang, to monitor the production of masks at the Work Training Center of Padang Panjang. (Padang Panjang, 03/04/2020).

Padang Express Daily News, July 9, 2020

Education in the New Normal Era

By Irwan Prayitno

July is the time to start the new 2020-2021 academic year. Education today, in the New Normal era, must be different from education before the COVID-19 pandemic. Educational activities in the New Normal era likely are likely to avoid face-to-face method and gathering. It's because if there is face-to-face learning and gathering, there will be potential for infection to occur and the emergence of new clusters. Therefore, the opening of a new academic year requires a lot of consideration for its implementation.

The Minister of Education and Cultural Affairs, through its circular letter, informed that schools that can be opened for learning activities are schools in the green zone. The green zone has 15 indicators issued by BNPB. Among others are: areas that have never had cases of COVID-19, if in an area has ever had COVID-19 cases, within a month, there must have no additional positive patients, the recovery rate must be 100%, and in one month, there must be no deaths.

If those indicators can be achieved by an area, it is classified as a green zone. Thus, educational activities can be opened in that area (face-to-face). However, the green zone could quickly change to the yellow zone. Several districts/cities two weeks ago have entered the green zone, namely Bukittinggi, Padang Panjang, Kota Solok, Tanah Datar, Agam. Then, they returned to the yellow zone due to the increase in the number of people tested positive for COVID-19, although only slightly.

As of July 5, 2020, those entering the green zone are Pariaman, Payakumbuh, Lima Puluh Kota, Pesisir Selatan, Sawahlunto, and West Pasaman. However, on July 7, Lima Puluh Kota district returned to the Yellow Zone after there was a new case of positive COVID-19. There are only 5 regions that can open educational activities. In a meeting between the Governor and the Regent/Mayor some time ago, there were only four regions who wanted to open education activities with face-to-face method. Payakumbuh City and Lima Puluh Kota District were still postponing the idea, although Lima Puluh Kota categorized as yellow zone in the next day.

The possibility is that on July 13, 2020, the ones that will open face-to-face educational activities are Kota Pariaman, Pesisir Selatan, Sawahlunto, and West Pasaman. However, it is still required to wear a mask and comply with the rules of the COVID-19 health protocol. Namely: the class can only be filled at half the capacity, the learning time is not long, there must not be other activities besides teaching and learning at school, going from home to school, returning from school directly to home.

With face-to-face activities, the chances of an area getting into the yellow zone are huge. It's because currently West Sumatra is in the New Normal era where people outside West Sumatra can enter West Sumatra, economic activities are running again, the movement of people is getting faster and numerous. The chances for students and teachers to be exposed to the virus by family members and other people are quite huge.

Therefore, opening the education with face-to-face method needs to be thought of carefully so that no new clusters emerge. In other countries, schools that opened after the lockdown had to be closed again due to transmission. Considering such matter, teachers, school principals, related agencies and other stakeholders need to prepare several methods for learning activities.

The methods in question are: 1. Face-to-face learning (in New Normal) by complying with the health protocols, 2. Distance learning (PJJ) or virtual face-to-face in the network (online), 3. Combined face-to-face and virtual face-to-face, 4. Distance learning (PJJ) outside the network (offline).

These four things must be prepared by schools, stakeholders and related parties so that students can achieve the desired targets. It's because not all teachers and students are familiar with information technology such as the internet. In addition, there are also areas that have not had electricity, internet signals, or other facilities.

If schools can provide these four things, students can still access learning activities. If in a school or area, there is no electricity and internet signal, offline distance learning can be implemented. However, if a school or an area has electricity and internet signal, they can implement online distance learning.

What needs to be noted is that students will not always study at home. There will likely be face-to-face learning, by adhering to the health protocols. This is where the dilemma comes back as the risk of transmission is quite large. On one hand, more effective learning methods such as face-to-face learning are needed. On the other hand, conditions are still not possible to meet face-to-face.

Therefore, in order to achieve the desired target, an area must first enter the green zone. Then, learning activities are carried out in accordance with existing conditions. Perhaps, it can be done with face-to-face method, but not too often in order to avoid the virus transmission in schools.

Meanwhile, areas that are in the yellow and orange zones, let alone red zones, must be patient in carrying out the face-to-face learning activities. It is true that distance learning has not been able to achieve maximum results or targets. However, the main activities can still be carried out, so that educational activities can continue. For example, for areas or schools that have no electricity and internet signal, they can

implement offline distance learning.

The students can come to school to take lesson documents from the teacher in the form of materials, notes, and assignments. After that, they must go straight home, study and do the assignments at home. On the next day, the assignment and also questions about the material that they don't understand can be brought back to school, while taking new materials and new assignments.

We realize that providing education in the New Normal era is full of dilemmas. Having evaluated the online distance learning, it turns out that the results are ineffective and it tends to be boring. The students' basic competencies are not met, Minimum Completeness Criteria is incomplete, and there are problems with teaching methods from the teachers. In the end, the option for face-to-face method is the most desirable. However, it cannot be done at this time, except for green zone areas.

Therefore, it's only the minimum that can be obtained by the students but this is better than nothing, considering the current state. Considering such matter, parents need to accompany their children when studying at home using the distance learning method so that the children can be helped. If there is face-to-face learning, masks and health protocols must be followed. Parents must make sure of it. Even if required, they must take/pick up the children directly to and from the school.

With pandemic conditions and the dilemma of education, schools, stakeholders, and parents must understand and support each other. They must avoid blaming each other because we are currently in a critical situation. Hopefully, with our calm and patience in facing this pandemic, Allah will provide a way out. Amen. ***

■ RESTORING THE TOURISM SPIRIT OF MINANGKABAU



West Sumatra Provincial Government Doc. | Implementation of the PCR SWAB Test for Hotel Employees in Padang City, LO BNPB Rear Admiral (Purn) Fery and the Head of Tourism Office, as well as several hotel leaders in Padang City, carried out at Pangeran Padang Hotel (Padang, 29/6/2020)

The COVID-19 pandemic has given a major blow to the tourism sector in West Sumatra which happens to be the second largest contributor to the Regional Revenue and Expenditure Budget. Head of West Sumatra Tourism Office H. Novrial, S.E., M.A. Ak. said the COVID-19 pandemic had left the tourism sector in West Sumatra completely paralyzed. The implementation of large-scale social restrictions (PSBB) and airport closures is a necessity in the health emergency response period. West Sumatra Province through the Governor took anticipatory steps to prohibit civil airlines from entering and operating in West Sumatra in order to protect the community during the PSBB period. This is a proof of the seriousness of the commitment of the West Sumatra Provincial Government

in implementing public health priorities above any interests during the pandemic emergency response period.

Nevertheless, COVID-19 is finally able to make the West Sumatra Tourism Office realize about the resilience or durability of the West Sumatra tourism sector which is quite good amid the pandemic. This is due to the uniqueness of the tourism sector in West Sumatra, where the largest composition of tourists is domestic tourists or Indonesian tourists, which is 11 million people, while foreign tourists are only 61 thousand people. The destinations of domestic tourists, among others, are vacation, MICE, business, and migrant visits who return to their hometowns or Minang descent who want to visit their ancestral lands.

80% of foreign tourists visiting West Sumatra are Malaysian tourists. The high disparity between the number of domestic and foreign tourists is what makes the West Sumatra tourism sector better in terms of durability. It is because at the beginning of the pandemic, when foreign countries have started to apply restrictions, the tourism sector was still operating by incoming domestic tourists.

According to the calculation of the West Sumatra Tourism Office, the length of stay of domestic tourists is 1.9 and their spending is around 600-700 thousand per day, while foreign tourists have a length of stay of 2.9 and spending around 12 million per visit. If calculated by the number of incoming tourists, the incoming revenue from domestic tourists is much higher.

Therefore, the provincial government focuses on domestic tourists. The specialty of West Sumatra tourism is the existence of strong socio-cultural resources, supported by the West Sumatra branding of its signature culinary delights, namely the globally-known *rendang* and *nasi padang*.

The West Sumatra Provincial Government is working with the Research and Diagnostic Laboratory for Infectious Disease at the Faculty of Andalas University to carry out PCR swab tests for hotel employees in Padang City. In addition, preparation of tourism relaxation SOP involving all tourism pentahelix parties (academics, entrepreneurs/businessmen, communities, government and media) and districts/cities so that SOPs can be applied based on local wisdom possessed by each district/city. The general guideline for New



West Sumatra Provincial Government Doc. | Governor of West Sumatra Irwan Prayitno with Mayor of Pariaman Genius Umar and LO BNPB Rear Admiral (Purn) Ferry Sidjaja seeing the readiness of Pariaman City in the New Normal Order that is Productive and Safe from COVID-19, which has opened tourism by implementing the COVID-19 protocol and paying a visit to the ASEAN Monument and the naval monument located at Gandorah Pariaman Beach, 20/6/2020.

Normal for the tourism sector in West Sumatra has been prepared to assist each stakeholder to carry out their business activities according to the health protocols. This guideline consists of SOP for leading tourist attractions, provision of accommodation (hotels/home stays/inns/motels), food/beverage services (restaurants/cafes), tourism transportation services (tourist buses, travel cars, etc.), tour services (tour and travel), and tour guide services.

The West Sumatra Tourism Office has also initiated a Travel Campaign that is Safe/Adaptive to COVID-19 as a form of support for the West Sumatra safe tourism campaign by conducting free COVID-19 checks for all tourists. This free inspection facility is carried out as a form of marketing strategy to restore West Sumatra tourism. If there are incoming tourists who are found to have symptoms based on the results of temperature measurements, a free PCR

swab test will be conducted by the West Sumatra Provincial Government through the Laboratory of Andalas University.

In order to build a safe tourism image, the West Sumatra Provincial Government also provides a free swab test for 3,500 employees of the tourism front-liners registered with the Indonesian Hotel and Restaurant Association (*Perhimpunan Hotel dan Restoran Indonesian*, PHRI) of West Sumatra. Tourism front-liners are given periodic free swab tests every 1.5 months for 6 months. They receive a free of COVID-19 certificate and the company receives a certificate signed by the Governor of West Sumatra as a sign that they have taken the PCR test. As compensation for the free examination, PHRI will provide 22 rooms for free including breakfast to be utilized by the Task Force which will be used by the personnel of Laboratory of Andalas University during the sample examination for 6 months.



West Sumatra Provincial Government Doc. | The Governor of West Sumatra and Nevi Zuairina, Member of the House of Representative of the Republic of Indonesia (DPR RI), Commission VI FPKS, reviewing the community activities to ensure the readiness of one of the pillars of the tourism sector in the readiness of “New Normal Towards a Society that is Productive and Safe from COVID-19” in Jam Gadang (Bukittinggi, 27/06/2020).

Implementation of the Pentahelix in collaboration with the West Sumatra Provincial Government with PHRI BPD of West Sumatra Province



Perhimpunan Hotel dan Restoran Indonesia
Badan Pimpinan Daerah Provinsi Sumatera Barat

Padang 1 Juni 2020



No. : 025/Eks./PHRI-SB/VI/2020
Lamp : ---
Hal : Pelaksanaan Test PCR Karyawan Anggota PHRI Sumbang

Kepada Yth.,
Ketua Gugus Tugas
Penanganan COVID-19 Sumatera Barat
Di
Tempat



Dengan hormat,

Bersama surat ini kami sampaikan permohonan untuk dapat dilakukan barter atas pelaksanaan Polymerase Chain Reaction (PCR) untuk 3500 karyawan anggota PHRI Sumatera Barat. Permohonan ini kamiajukan atas pertimbangan keamanan dan kenyamanan tamu-tamu kami dalam situasi pandemik COVID-19, serta nama baik Sumatera Barat dalam melaksanakan kondisi New Normal khususnya di sektor pariwisata.



Permohonan rincian barter yang diharapkan adalah sebagai berikut:

1. PHRI memberikan Free of Charge akomodasi selama 6 (enam) bulan sebanyak 22 kamar untuk dimanfaatkan oleh Gugus Tugas dalam menangani permasalahan COVID-19 di Sumatera Barat. Kami melakukan barter ini secara gotong royong/swadaya guna dapat menolong anggota PHRI lainnya untuk dapat memulai bisnisnya kembali dengan memenuhi syarat protocol COVID-19 dan juga mempertimbangkan belum semua hotel beroperasi dengan sempurna serta segala keterbatasan yang ada pada setiap hotel yang hanya mengaktifkan kamar dan fasilitasnya terbatas guna efisiensi, maka pengaturan yang dilakukan adalah sebagai berikut:





- a. Hotel yang terlibat adalah sebanyak 11 hotel yang terdiri dari bintang 4, bintang 3 dan bintang 2 di Kota Padang (rincian hotel akan kami sampaikan kemudian),
- b. Setiap hotel pada poin 1a diatas memberikan 2 kamar,
- c. Setiap kamar hanya dapat diisi maksimal 2 (dua) orang,
- d. Kamar yang diberikan termasuk sarapan pagi,
- e. Sarapan pagi akan diberikan ke kamar,

Hotel Hangtiah, Jl Pemuda No. 1 Padang – 25117, Sumatera Barat
P : +62. 751. 841564, F : +62.751. 345798
Email : bpdsumbar@phrionline.com, website : www.phrionline.com



Perhimpunan Hotel dan Restoran Indonesia

Badan Pimpinan Daerah Provinsi Sumatera Barat

f. PHRI Sumbar akan menyiapkan data peserta untuk melakukan PCR test.



2. Pemerintah Provinsi Sumatera Barat:

- Memberikan PCR test gratis kepada karyawan anggota PHRI Sumbar sebanyak 3500 orang,
- Test dilakukan 2 (dua) kali setiap 3 bulan,
- Data Peserta dikeluarkan oleh BPD PHRI Sumbar,
- Setiap peserta yang mengikuti PCR test mendapatkan surat keterangan hasil test PCR yang menyatakan bebas COVID-19 (bagi yang telah dinyatakan bebas berdasarkan hasil test),
- Perusahaan mendapatkan sertifikat yang ditanda tangani oleh Gubernur Sumatera Barat sebagai tanda telah mengikuti PCR test.



Adapun benefit yang diperoleh dari kegiatan ini antara lain adalah:

- Sumatera Barat akan memiliki list akomodasi dan restoran yang telah melaksanakan PCR Test serta menjalankan protocol Kesehatan sesuai Permenkes Nomor HK.01.07/MENKES/328/2020.
- Sumatera Barat akan menjadi satu-satunya destinasi di Indonesia yang karyawan di sector hotel dan restaurannya melakukan PCR test sebelum menjalankan New Normal.
- Adanya kepercayaan traveller untuk berkunjung dan menginap di Sumatera Barat.



Demikian surat permohonan kami ini disampaikan. Atas pertimbangan dan kerjasamanya kami ucapkan banyak terima kasih.

Perhimpunan Hotel Dan Restoran Indonesia
Badan Pimpinan Daerah Provinsi Sumatera Barat



Ir. H. Maulana Yusran, MBA, MSc
Ketua

Tembusan:
1. Arsip



Hotel Hangtuah, Jl. Pemuda No. 1 Padang – 25117, Sumatera Barat
T : +62.751. 841584, F : +62.751. 840796
Email : bpdsumbar@phrionline.com, website : www.phrionline.com



The initiation of West Sumatra Safe Tourism was welcomed by PHRI of West Sumatra through a letter of PCR Test Implementation to Employees of PHRI of West Sumatra No. 025/Ex./PHRI-SB/VI/2020 on June 1, 2020. For the next stage, the Tourism Office proposes that the provision of a free swab test quota and a free from COVID-19 certificate can also be given to tourism object managers. The implementation of the PCR Swab Test for Hotel Employees in Padang City Lo BNPB Rear Admiral (Purn) Fery and the Head of Tourism Office, as well as several hotel leaders in Padang City was held at Pangeran Padang Hotel (Padang, 29/6/2020).

In an effort to revive the activities of the tourism and cultural sector amid the COVID-19 Pandemic, the Governor of West Sumatra regularly visits tourist sites. From a review of community activities, the Governor of West Sumatra is trying to ensure the readiness of one of the pillars of the tourism sector in the readiness of "New Normal towards a Society that is Productive and Safe from COVID-19". The West Sumatra Provincial Government ensures that the standard health protocols are enforced in all West Sumatra Province because the tourism sector is the second highest Regional Original Income (*Pendapatan Asli Daerah, PAD*) from the Minangkabau State.



West Sumatra Provincial Government Doc.

The visit of the Governor of West Sumatra to the Pagaruyuang Tanah Datar Palace to ensure the implementation of health protocols in tourist areas (Tanah Datar, 14/06/2020).

West Sumatra Provincial Government Doc.

The visit of the Governor of West Sumatra to UNESCO's World Heritage Site in Sawahlunto: Ombilin Coal Mine and Goedang Ransoem Museum.

Every visitor must follow the health protocols. They must wear a mask, wash their hands and check their body temperature when entering tourist attractions as well as maintaining a distance.



MILITARY PATRIOTS IN THE MIDDLE OF THE PANDEMIC



The main problem with COVID-19 is not the mortality rate, but the very rapid spread associated with a very contagious virus. Jihad against the plague. Swab and fast tracing is the key.

- Andani Eka Putra



Andani's Doc. (2020)

The handling of the COVID-19 pandemic in West Sumatra cannot be separated from the figure of Dr. dr. Andani Eka Putra, M.Sc., who has made a big contribution in overcoming the COVID-19 pandemic in West Sumatra Province. BNPB even stated that dr. Andani deserves to be declared as one of the COVID-19 patriots.

According to Andani, COVID-19 is a disease that spreads very quickly. Breaking

the chain of transmission requires rapid identification of the patient. The trick is through a swab test instead of a rapid test. *"Rapid test detects antibodies. There are people who, until the first 7 days, are still negative. The antibodies are not yet formed. The formation of antibodies can take anywhere from 2 to 3 months. If so, when people taking the test, all results will be reactive. Another reason, they don't see the diagnostic value compared to the laboratory, apparently the value is low."*

The swab test, said Andani, is the only way to make sure someone has COVID-19 or not. Meanwhile, the rapid test is only a tool to determine whether a person is reactive or not against a viral infection. The rapid test itself, said Andani, is not recommended by WHO for testing COVID-19.

Initially, the Diagnostic and Research Laboratory for Infectious Diseases of Andalas University was a research laboratory personally owned by dr. Andani, which was firstly established in 2014. The majority of laboratory items and equipment were purchased with his own money. Over time, he donated all of these laboratory facilities to Andalas University with the aim of making them more useful.

When the COVID-19 pandemic started to hit Indonesia, dr. Andani has been increasingly determined to contribute. He asked his colleagues and students to help him, including from various fields of science: *"I accept everyone, I accept people from Biology, FMIPA, Pharmacy, so it's not only from medicine. Anyone who wants to join, I even offer them to join. I asked my friend at Animal Husbandry, if there are students who have experience in molecular, please send them to me, I will train them. That's why at the beginning, our members were still a few. It's because the competency of our students are not good yet, but they will become experts eventually."*

The leaders of Andalas University provided space and repaired the laboratory. This laboratory has experience in conducting virological examinations of hepatitis, HIV, rota virus, and human papilloma virus. Actually, this laboratory is widely used for

the research development and commercial products development which will become one of the bases for national independence. In health sector, that is the way it is. Eventually, laboratory permits were issued on March 19, 2020 and the first COVID-19 sample examination was carried out on March 25, 2020. Since then, the Integrated Research Diagnostic Laboratory for Infectious Diseases, Faculty of Medicine, Andalas University, Padang and the Region II Veterinary Investigation and Testing Center of Bukittinggi have become the spearhead of West Sumatra in an effort to break the chain of COVID-19. With the support of 55 masters and doctoral students at the Faculty of Medicine of Andalas University, they were struggling in the laboratory by carrying out three work shifts. This laboratory received PCR (Polymerase Chain Reaction) equipment from the Padang City Government, West Sumatra Provincial Government and other parties, including proposals for procurement of extraction machines that did not take long: *"Every morning, I send data to the Head of the Provincial Health Office, P2PL and Mr. Governor. We always do early morning study with the Governor. At 5.30, the governor made a phone call until 6.00 o'clock. We often have discussion, share some experiences, theories about viruses, etc. We discuss all of it. Thank God, Mr. Governor is smart, everything can be easily comprehended. Secondly, we also don't think how much our budget will be. We just told the governor that I have aspirations to save West Sumatra. So we don't think about how much the honors are. If not for the support of the Governor of West Sumatra and also the Head of the Provincial Health Office, then massive testing and tracking would not have*

been possible. As a matter of fact, testing and tracking are the keys to controlling COVID-19 in West Sumatra."

With such various supports, the laboratory was able to exceed the targeted sample examination. From initially 300 samples per day, it increased to 700-800 samples and even reached 1,500 samples per day. That figure went up significantly when the extraction machine arrived. The samples examined can reach 2,500 per day. "We work 22 hours a day. The entire laboratory staff and volunteers are actually working full of militancy. They start working after dawn at 05.30 and finish at 03.30 every day. Every day. They only have one holiday, on the first day of Eid al-Fitr. There has not been a single laboratory in Indonesia that could exceed the 1,100 results per day at that time, whether the Ministry of Health's Research and Development laboratories, DKI Jakarta Health Research and Development, and Eijkman Institute for Molecular Biology. Outside our laboratory at the Faculty of Medicine of Andalas University, those three are the one that can categorized as large."

Pool test or Dorfman testing itself is a method of group examination, in which individual samples are combined into one sample pool for subsequent examination of the pool. This method was developed by Dorfman in 1943 in the United States. Several health projects related to this method include screening for syphilis, chlamydia and gonorrhea (Infertility Prevention Project), influenza, and West Nile.

This method is carried out in populations with a low proportion of

positive cases. The goal is to identify the infected population or individual in a short time, effectively and efficiently.

Andani reminded that the next obligation that must be considered is to provide an understanding to the public so that there is no negative stigmatization of corona patients. After that, we must consider the psychological conditions for the patient who is being treated in the hospital. "The main problem for patients in the hospital is a psychological problem. Nearly 95% of patients hospitalized are due to psychological problems. In times of stress and depression, the immune system becomes low, eventually their heart disease reoccurs, their diabetes reoccurs, their hypertension reoccurs, etc. The patient died because of the stress, not because of the coronavirus anymore. In fact, there are patients who experience affective and psychotic disorders, leading to schizophrenia. There are patients who want to commit suicide, patients who remove the infusion by themselves, patients who bang their head against the wall repeatedly, to patients who cry and laugh by themselves."

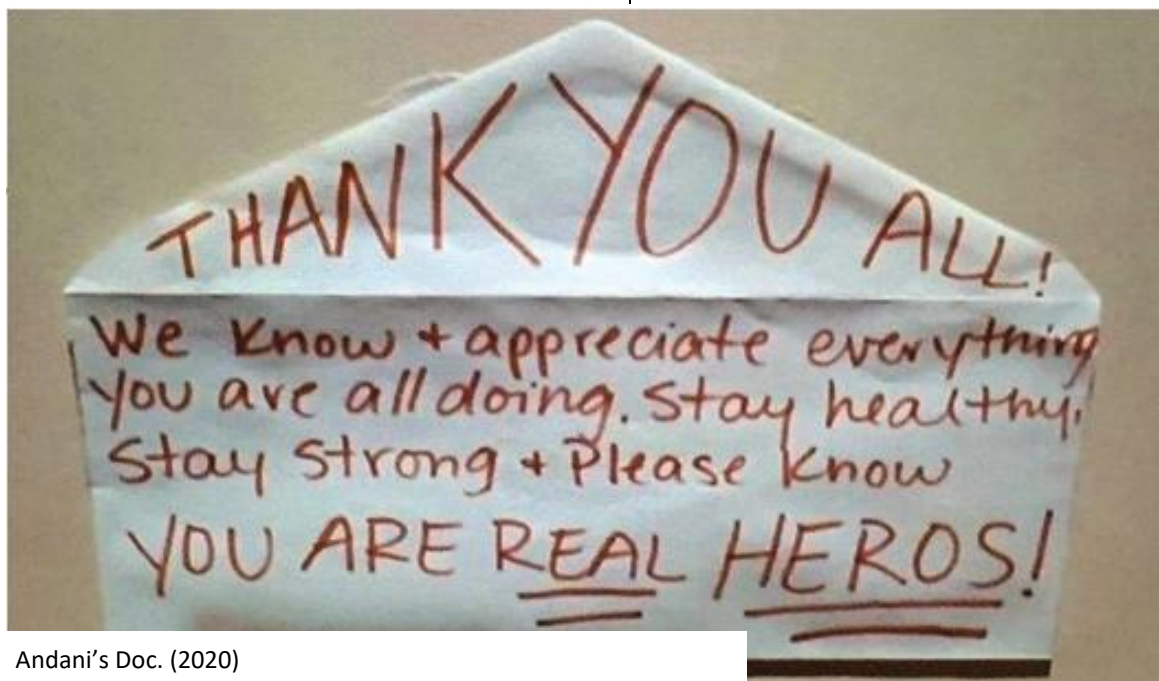
According to doctor Andani, breaking the chain of COVID-19 is like catching a roaming tiger, not a tiger that has been trapped. *"If we make a comparison between what happened at that time to a tiger. The people in the hospital are tigers. They are already in the cage, already been caught. While the ones outside are wild tigers. If we catch a wild tiger, we catch a lot of tigers, what do people think about it, good or bad? The answer must be 'good'. The more cases we get, the better because this will give an overview of the future. It is better for us to*

catch a tiger that is roaming in the forest than to find a tiger that has been trapped. It means that what we have to find is a person having COVID-19 without showing any symptoms, not a patient under observation."

The way to do so is by carrying out tracing, then swab test, and the sample is tested in the laboratory. Those who are tested positive are asymptomatic, not patients under observation. It is proven that in West Sumatra, 81% of positive cases of COVID-19 are asymptomatic people.

"The key is there. Tracing, swab and the sample tested in the laboratory. If there is someone tested positive, we do the tracing again, swab test again and check the sample again, and so on. These three things must be done quickly because we are fighting a virus with fast transmission. The Health Office will race against the tracing process. The ones' currently being the spearhead are the

officers working in the field, namely the Health Office officers who carry out the tracing, followed by examinations in the laboratory. The last stronghold is the hospital. If the treatment fails at the hospital, it will be like the case in Surabaya." As a closing, Andani reminds us all that in the pattern of COVID-19, 85-90% is without symptoms or with mild symptoms. It's only 15% with severe symptom and very severe symptom. The transmission period is 14 days, with transmission periods averaged 14-21 days with an average incubation period of 3-4 days. There is almost no incubation for up to 14 days, because usually the incubation time is short.



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PART

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CONSIST OF 5 COUNTRIES IN ALPHABETICAL ORDERS AS LESSONS
LEARNED ON HOW AN AREA FIGHTS AGAINST THE PANDEMIC OF
COVID-19

OVERVIEW



GERMANY

WRITTEN BY

Putri Bungsu Machmud, S.K.M., M.Epid



BNPB



UNIVERSITAS
INDONESIA



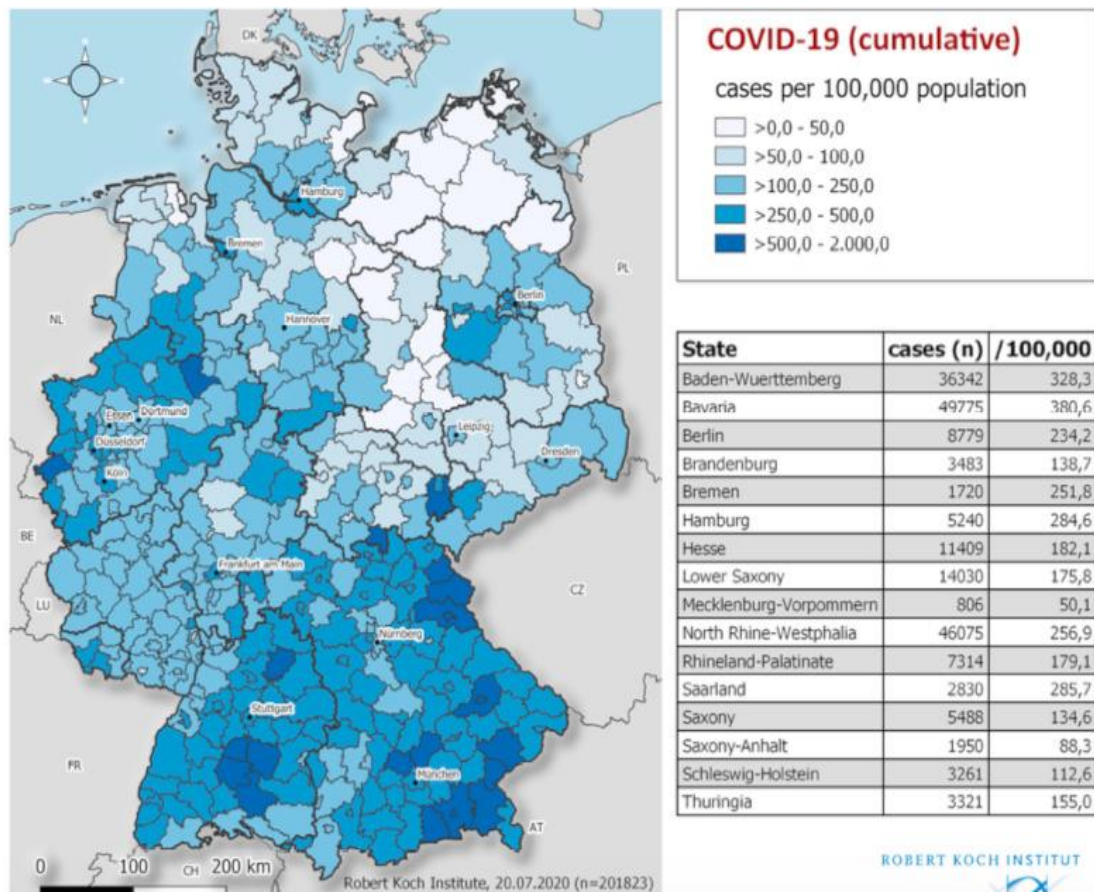
FEDERAL GERMAN REPUBLIC AND COVID-19

COVID-19 in Germany

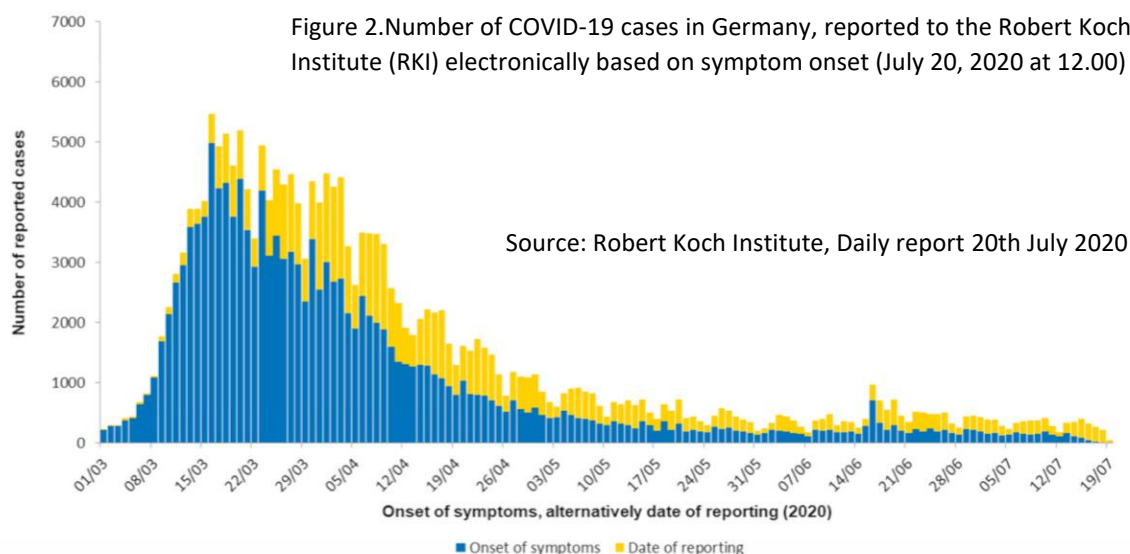
The German government through the Robert Koch Institute (RKI) reports that the national cumulative incidence rate in the last seven days (update report

dated July 20, 2020) is 3.1 cases per 100,000 population. In addition, 240 districts reported a case rate below 5.0 per 100,000 population and 109 districts submitted zero cases over the past seven days (Figure 1).

Figure 1: Number of cases from cumulative incidents (per 100,000 population) of 201,823 COVID-19 cases reported electronically in Germany (July 17, 2020 at 12.00



Source: Robert Koch Institute, Daily report 20th July 2020



As many as 30% of cases (61,334 cases) had no symptom onset since March 1, 2020 (Figure 2). In total, 201,823 laboratory-confirmed COVID-19 cases and 9,086 deaths from COVID-19 have been reported electronically to RKI in Germany.

■ Early Investigation of COVID-19 in Germany

On January 27, 2020, the Bavarian health and Food Safety Authority reported the first cases of COVID-19

Table 1: COVID-19 patients requiring intensive care (ICU) are recorded in the DIVI register (07/20/2020, 12:15).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	264		-3
- of these: mechanically ventilated	129	49%	4
Discharged from ICU	15,232		94
- of these: deaths	3,779	25%	25

* The interpretation of these figures should take into account the number of hospitals that changes slightly (with differences in the number of beds) from day to day (Source: Robert Koch Institute, Daily report 20th July 2020)

As of March 20, 2020, 1,272 hospitals or departments were registered with the German Interdisciplinary Association for Intensive Care and Emergency Medicine (DIVI). Overall, 32,450 intensive care beds were registered, with 20,721 (64%) occupied and 11,729 beds (36%) still available as of July 20, 2020 (table 1).

found in the Munich area and its surroundings. This case comes from someone from Shanghai, China who had a history of contact with his parents in Wuhan City before visiting Germany for business purposes. The investigation was carried out in Bavaria involving several parties, including the Bavarian Health and Food Safety Authority and the National Level (Robert

Koch Institute-RKI) Public Health Authorities and four public health laboratories. Böhmer et al. reported the results of this investigation in a paper and showed that as many as 16 serial cases recorded between 27 January to February 11, 2020 occurred through four distribution groups: one of which is spread through multiple-contact households; one patient diagnosed in China (Patient 13); one patient was diagnosed in Spain (Patient 12); and one patient died (Patient 15) on February 11, 2020.

■ Testing

The German government provides funding of COVID-19 tests for people who meet the criteria through insurance companies. In addition, the government provides incentives to private laboratories to improve testing services during the pandemic. Several criteria are established to determine whether a person is required to test for COVID-19 in Germany, which include people with respiratory infections accompanied by conditions that are getting worse than before, and/or people who have a history of contact with a positive COVID-19 patient or contact with individuals who are considered vulnerable during worked (for example, in a hospital or elderly care) in the past two weeks. These criteria are constantly changing as they are adapted to conditions during a pandemic. In general, hospitals and family doctors have the right to decide who should be tested for COVID-19 based on recommendations from the Robert Koch Institute (RKI). Also, people with these criteria must isolate themselves before the test results are known by staying

at home, avoiding contact with a distance of less than 2 meters and wearing a mask during contact with other people. On May 14, 2020, Germany expanded the criteria to include asymptomatic persons to widen the reach of testing to at-risk groups who may have come into contact with COVID-19 patients, particularly health care workers and nursing homes.

The first PCR test for COVID-19 was developed by the German Center for Infection Research (DZIF) at Charit Berlin. On April 8, Germany's largest university hospital (Charit) located in Berlin announced it would start large-scale COVID-19 testing and voluntary antibody testing for employed medical personnel to better assess infection rates among medical personnel. As of June 28, as many as 5,873,563 tests were conducted in Germany with the test capacity continuing to increase, from 40,000 tests per day in early March 2020 to 157,150 tests per day or 1,038,223 PCR tests per week in June 2020 by involving 134 laboratories.

■ Contact Tracing

On March 25, 2020, the federal and state governments agreed that each health office must have at least one contact tracing team per 20,000 residents, consisting of five people per team. Contact tracing activities are also assisted by additional personnel from public officials in other areas of the bureaucracy, especially for administrative activities. In addition, the Ministry of Health also finances training for medical students who are recruited centrally by RKI to assist in contact tracing activities that focus on documentation and data entry.

Initially, the results of the COVID-19 test were communicated via facsimile which had a major problem, namely the delay in reporting the test results between the testing center, medical practice and local health offices so that Germany decided to develop a technological solution, namely anonymous and decentralized contact tracing through the application. which was launched on June 16, 2020 which was originally planned for mid-April 2020.

Financial support of EURO 50 million was launched to 375 Public Health Offices of the Ministry of Health to support these digitization activities. However, the use of application-based technology is also not free from obstacles, namely data protection rights and concerns over privacy, which are considered to be serious problems in Germany so that this issue becomes a debate and one of the main reasons for the delay of this application, besides the problem of design and function readiness of technology. Germany involved more than 65,000 software experts volunteering to criticize the application to ensure that this application is functional and effective and ready to be launched.

Contact tracing with this application is focused on controlling the spread of the virus and preventing outbreaks through tracing and controlling the chain of infection. The process begins with identifying the exposed person in order to obtain data on the contact person in the last two weeks. Furthermore, the process of searching for those contacts is carried out for COVID-19 testing with PCR. If one of the contacts is found to be positive, the investigation process continues. This

process is considered important because there are still a large proportion of people who are sick without symptoms and do not even know if they are sick. Around 20 million EURO was launched for the development of this application. In addition, the operational costs of this application spend 2.5 to 3.5 million EURO per month, most of which are operated for hotlines that announce positive test results and upload them in applications and forums to answer questions about COVID-19 from the public.

■ Lockdown

Based on the quite drastic and massive increase in cases of COVID-19 every day, Germany has decided to impose a lockdown to reduce transmission of the virus. Starting on March 15, 2020, the Government prohibits all activities involving more than 50 people and limits gatherings of more than one person per household outside the home. Some states, such as North Rhine-Westphalia, even impose fines for citizens who gather or meet outside the home of more than two people per household. In addition, the City Government also closed all cinemas, theaters, concert halls and sports facilities including studios or gyms, bars, and pubs or nightclubs. In this condition, the restaurant is still allowed to operate under the applicable provisions, as long as they maintain a distance of 1.5 meters between individuals. Patients in hospitals and nursing homes are not allowed to be visited, except for pediatric patients who are under 16 years of age and seriously ill. Schools and child care were also closed by introducing school from home activities.

Also, supermarkets, pharmacies, banks and gas stations must remain open to support people's needs during the lockdown.

On March 17, 2020, the Government of Germany began imposing a travel warning by prohibiting non-urgent travels. The German government also brought back 1,500 of its citizens from several countries, namely Tunisia, Egypt, Morocco, Azerbaijan, the Philippines and the Dominican Republic on special flights. In this case, the German government uses 30 to 40 new Luthfansa, Condor, and Tui aircraft for 50 million EURO.

On March 22, 2020, the Government imposed standards for all supermarkets in Germany that include making distance markings on the floor, installing protective Plexiglas panels at the cashier, adding self-cashier facilities, providing disinfectants and gloves for employees and visitors, extending supermarket operating hours so that there is no accumulation of visitors, and limit the number of visitors. Some supermarkets impose social distancing rules between visitors by requiring each visitor to push the trolley while shopping.



As of June 28, the PCR test capacity in Germany reached 157,150 tests per day or 1,038,223 PCR tests per week involving 134 laboratories

Several agencies helped by providing assistance to residents who were in quarantine or elderly people, for example, helping to shop for basic necessities and helping pet dogs out of the house. Also, it can be seen that young people prefer to shop in the afternoon or evening and invite elderly residents to shop in the morning with the hope that in the morning the stock of goods is still more complete so that elderly residents have no trouble finding items that are considered rare. At that time (such as: toilet paper and pasta). In addition, this can also minimize contact between elderly citizens and young people who may act as carriers. Uniquely, this was done voluntarily and became a new culture in several states in Germany.

■ Monitoring and Surveillance

The northern state of Schleswig-Holstein has developed an outpatient monitoring system that aims to detect complications early and select patients who require hospitalization. Doctors are tasked with contacting and receiving updated information twice a day from infected people isolated at home; while public health offices are focused on conducting contact tracing and arranging isolation.

The Health Minister in the state of Schleswig-Holstein noted that 1,606 infected people had been placed under surveillance: 1,196 of whom were cured; 206 patients are still being treated in hospital; and 35 patients died. Practical GPs, pulmonologists, digital translators (not all patients speak German), mobile teams of anesthetists and health authorities have all worked from the

system's interactive database to provide appropriate care.

■ Health System

Germany has a strong health system, that is, all residents and tourists/newcomers are required to have insurance. It was noted that a total of EUR 391 trillion was operated for health system costs in 2018. It can be concluded that more than one in ten EURO of German GDP is operationalized in the health sector.

During this pandemic, all tests and treatment were covered by the insurance as of February 28, 2020. Previously, costs were only covered if the patient had contact with a confirmed COVID-19 case or was in a high-risk area for the past 14 days. On May 14, 2020, the Federal Parliament passed a new law to protect the population in this pandemic situation that provides regulations to expand the coverage of COVID-19 testing, intensive care for patients from EU countries, and people with private health insurance. In addition, asymptomatic individuals who are suspected of having the COVID-19 virus or having contact with an infected person are also subjected to tests funded by Social Health Insurance (SHI). The

Federal Government of Germany also accepts and covers the costs of pickup and intensive care for European patients from other countries being treated in Germany due to insufficient capacity of health facilities.

■ Medical facility

On March 12, 2020, the Federal Government urged all hospitals to postpone surgery and elective care and recruit additional healthcare professionals to prepare for a possible surge in COVID-19 patients who need treatment. Primary care facilities only focus on serving tests and treatments for those with mild and moderate symptoms, while patients with severe symptoms are hospitalized.

German Interdisciplinary Association for Intensive Care and Emergency Medicine (DIVI), the Robert Koch Institute (RKI) and the German Hospital Federation (DKG) launched a list of intensive care with free ventilators, intensive care capacity, and number of COVID-19 cases treated in hospitals all over Germany every day. In addition, RKI has also released various guidance documents for the prevention and



It can be seen that young people prefer to shop in the afternoon or evening and invite elderly residents to shop in the morning with the hope that in the morning the stock of goods is still more complete so that elderly residents have no trouble finding items that are considered rare at that time (such as: toilet paper and pasta). In addition, this can also minimize contact between elderly citizens and young people who may act as carriers.

management of COVID-19 cases for all relevant areas of care, for example, inpatient care, outpatient care, elderly care, and updated case definitions. Non-COVID-19 hospitals must also be kept free of COVID-19 patients to avoid infection (non-COVID-19) patients.

Several hospitals are also supported by telemedicine care facilities, namely doctor visits with the help of robots and consultation via video communication platforms. There are currently 25 visit robots being used to serve COVID-19 patients in Germany.

Since April 1, hospitals are legally required to report their intensive care capacity to the DIVI intensive care register on a daily basis. Under Federal Government regulations, each hospital must report the capacity of an ICU bed that has a ventilator device (high care ICU), no ventilator (low care ICU), and an extra-caloreal membrane oxygenation machine (ECMO). Capacity reporting also includes information on the number of beds occupied, empty beds, and the estimated maximum number of new admissions possible in the next 24 hours. Furthermore, the hospital must report the number of COVID-19 cases admitted to the ICU, who are being treated



The COVID-19 Relieve Act aims to guarantee hospital funding and ensure its liquidity by providing compensation to hospitals to increase treatment capacity and reduce administrative burdens

on a ventilator, or who have been discharged from the hospital since January 1, 2020.

■ COVID-19 Hospital Relieve Act (Support Funds for Health Facilities)

The German Parliament approved the COVID-19 Relieve Act which aims to ensure hospital funding and liquidity by providing compensation to hospitals affected by decreased admissions for patients and financial assistance and to increase treatment capacity and reduce administrative burdens. Some of the issues that are included in the COVID-19 Relieve Act are:

- Hospitals receive financial compensation and a health fund liquidity reserve sourced from the national budget of ± 560 EUR per day (value adjusted for hospital type) for each unoccupied bed, which is calculated from the difference between the number of patients currently treated per day and the average number of patients treated per day in the previous year;
- Hospitals that have additional ICU beds with ventilator facilities will receive a bonus of 50,000 EURO between 1 April to 30 September 2020;
- Hospitals also accept an additional payment of EUR 50 per patient to cover additional costs, especially personal protective equipment. This provision is valid from 1 April to 30 June 2020;

- Hospitals accept higher payments for nursing staff, i.e. the previously applied national nursing fee of EUR 146 per day will be increased to EUR 185 per day on 1 April;
- SHI-accredited doctors and psychotherapists working in outpatient practices receive compensation if they suffer loss of income due to the COVID-19 pandemic;
- Hospitals receive rescheduling and fixed fee reduction in the 2020 revenue budget agreement with the aim of protecting the hospital from costly and time-consuming billing audits.

■ *Lockerung*

The literal meaning of *Lockerung* is relaxation. *Lockerung* in Germany is carried out in stages and adjusted to the data that is continuously being collected and reported regarding the number of new cases, cures and deaths. The following are the *Lockerung* stages which are still ongoing:

► **Public Facility (Shopping Center, House of Worship, Salon, etc.)**

On April 20, 2020, shops such as bicycle shops, clothing shops, with an area of at least 800 square meters are allowed to reopen and must implement hygiene rules, use masks, and a strict system of access and entry and queues. Customers are only allowed to enter a limited number and are asked to stay away from each other. On May 4, 2020, the salon is allowed to open under strict hygiene rules. Restaurants have been

able to operate in stages, starting from being limited only to delivery/pick-up services and increasingly loosening up with restrictions on the number of customers who eat on the spot. Until now, there is no definite time for the re-operation of cinemas, bars and theaters.

On April 30, the Chancellor and the heads of Germany's 16 states agreed that houses of worship, museums, gardens, zoos, playgrounds and monuments would be opened under certain conditions and people could leave their homes without any reason.

On May 6, the Chancellor announced the next *Lockerung* stage for the coming weeks. The following are some of the rule changes at this *Lockerung* stage:

- Federal and state governments agree that meetings between members of two households (two families, two spouses, or members of two shared flats) are permitted but with a minimum distance of 1.5 meters;
- All shops are allowed to reopen, without the square meter limitation but the shop must ensure hygiene measures, access control and avoid queues;
- The use of masks is also mandatory when shopping and using public transportation;
- Employees with flu symptoms can ask their doctors to write sick letters by telephone until at least until May 18;
- Senior nursing homes in some states will be allowed to admit visitors as long as there are no active COVID-19 cases at the facility, and if there are

multiple cases of COVID-19, only visitors over 16 years of age will be allowed;

- Outdoor sports for children and non-professional leagues are also permitted;
- In most states, religious services will be allowed to operate according to applicable regulations;
- The German football league, Bundesliga, is allowed to resume matches in the second half of May with closed play (without stadium spectators).

On 11 May 2020, museums and art galleries will also be allowed to operate again in Hamburg, Berlin, Rhineland-Palatinate and Lower Saxony. In Bavaria, open seating areas in restaurants are allowed to open on 18 May 2020, while indoor seating in restaurants is allowed to open from 25 May 2020. In addition, hotels can host more guests on 30 May 2020.

In North Rhine-Westphalia, which is the northwestern state of Schleswig-Holstein, the northeastern state of Brandenburg and the southern state of Bavaria, residents are already allowed to meet in public with people from different households. People in Bavaria can also meet family members (who do not live together, for example, children, parents, siblings). In Berlin and the northeastern state of Mecklenburg-Vorpommern, massage studios, nail salons and tattoo studios and other "near-physical services" are reopening under strict regulations. In Saxony-Anhalt, visitors to nursing homes and retirement homes are allowed to visit for a maximum of one hour

with one visitor per day and must wear a mask.

In Berlin, as many as 20 people are allowed to gather for good reasons, for example, accompanying people who are dying, attending funerals, or baptisms or weddings of course with rules of hygiene and distance must always be met. Meanwhile, large events such as folk festivals, sporting events with spectators, concerts and larger festivals are still prohibited until 31 August 2020.

On May 26, 2020, the Head of the Federal Chancellery and the Head of Federal State agreed that federal states can allow public gatherings of up to 10 people who come from two households. People in public must continue to maintain a minimum distance of 1.5 meters by wearing a mask. The number of people permitted depends on the space available and ensures adequate ventilation and adhering to distance rules. Where possible, private meetings should be held outside where the risk of infection is much lower.

On June 17, 2020, the federal heads of state and the Chancellor agreed that major events would remain banned until the end of October. Subsequently, they decided that schools and kindergartens would operate normally after summer vacation, if possible.

In Bremen, indoor events of up to 250 or 400 people for outdoor events are permitted starting July 1 2020 while maintaining a distance of 1.5 meters between participants and event organizers must collect participant names. In Saxony-Anhalt, the minimum contact limit (no more than 10 people) was removed from

2 July 2020 and private celebrations have been allowed with 50 participants, further increasing the number to 500 by 29 August 2020. The state government plans to continue evaluating effectiveness of this Lockerung every month.

► **Schools and Universities**

In some states, schools have also been reactivated gradually, except for universities that continue learning online until the winter-semester 2020. The stages start with final grade students who first start the learning process with strict hygiene standards. Then gradually, all students start learning but with limited capacity (50% of the total students per day). Each class is divided into two groups of students, with each group attending school in turn each week. Access to and from schools is increased and students get different school entry schedules to avoid accumulation of students when they enter and finish class. Likewise with recess hours, each class has different break times. The teacher helps coordinate students by waiting for students to arrive at the school entrance, while parents/guardians are not allowed to enter the school area. The teacher also plays a role in supervising students during recess while reminding them to always keep their distance.

In addition, every Monday students are required to bring a statement letter signed by the parents regarding several things, such as not having a fever or other symptoms, the child has not traveled outside the city or country in the last two weeks, etc.

Students who are considered unwell during the learning process (for example,

repeatedly sneezing, coughing, etc.) are asked to be picked up by the parents and make an appointment with a pediatrician. A statement letter from the doctor and the result of the child's PCR test are required from the students before they can return to school.

► **Public Transportation and Flights**

Saxony is the first German state to wear masks on public transportation, starting April 20, 2020. At the same time, the federal states of Bavaria and Mecklenburg-Western Pomerania also announced that masks are a requirement for the use of public transportation. In the following days, most of the federal states followed and announced the same rules and implemented regulations for wearing non-medical masks, most of which began on April 27, 2020.

■ **Post-Lockerung Early Warning System**

On 30 June 2020, the federal states agreed on a roadmap forward for restoring some of the remaining COVID-19 lockdowns with varying rules based on the needs of each state, for example, the state of Saxony Anhalt which has developed a local early warning system. This system works if 20 new infections are recorded per 100,000 population within seven days, then the initial lockdown protocol will be reinstated. Furthermore, if cases reach 35 per 100,000 population then the local government will cancel the event and reimpose some distance measures. If the number reaches 50 cases per 100,000 then

social distancing will be reactivated. In addition, COVID-19 testing is mandatory for certain professions and population groups.

■ COVID-19 and the Country Economy

The German government is considered quite fast, decisive and focused in addressing the impact of COVID-19 on the economy by providing the largest aid package in the history of the Federal Republic of Germany. This aims to provide protection for people affected by the COVID-19 pandemic. The government provides financial assistance to families, care centers, and freelancers and entrepreneurs who lost their income during the pandemic.

In general, there are four assistance programs designed by the German

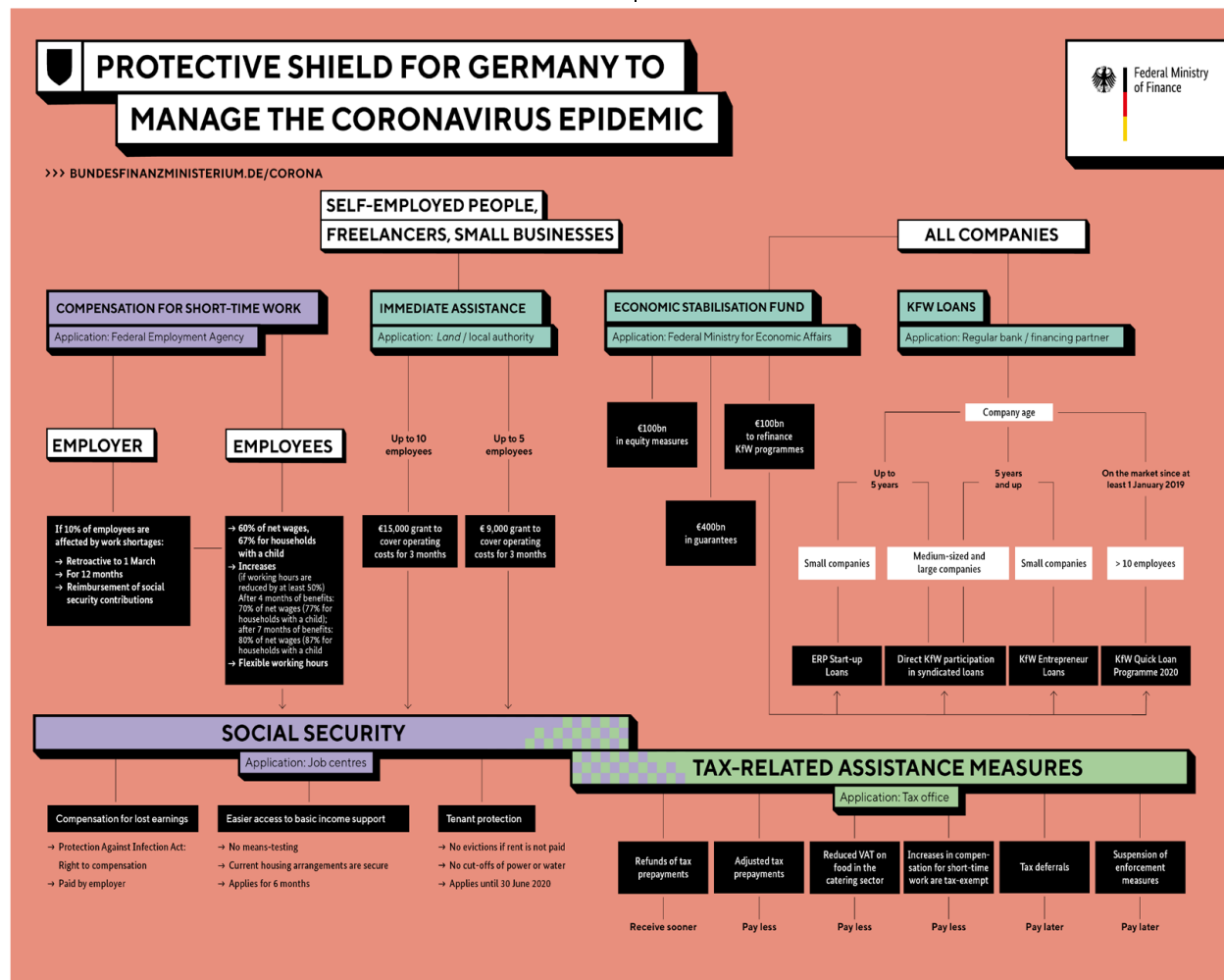
government (Figure 3), including the direct assistance program (Soforthilfe) which is targeted at small entrepreneurs, freelancers and self-employed persons. The German Federation has allocated EURO 50 billion for this program. These funds will be used to provide a one-time grant to cover operational costs for three months. This grant does not have to be returned and the application is designed as easy as possible. Through this program, entrepreneurs receive EURO 9,000 for entrepreneurs who have up to 5 employees and 15,000 EURO for entrepreneurs with up to 10 employees.

The government also ensures that entrepreneurs can support themselves and pay for housing and provides a suspension of payment for facilities for six months. On May 14, 2020, the Minister of Health announced that the German government would use tax



A mobile laboratory for COVID-19 testing is provided in the City of Gangelt in Heinsberg, Germany. (Doc. Wolfgang Rattay/Reuters)

subsidies to support social security funds suffering from shortages due to the pandemic and hinted that such support could be accessed until 2021 to keep the social system stable.



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OVERVIEW

Cover:

mainichi.jp | South Korea Deoksu Guards are wearing mask amidst COVID-19 pandemic



SOUTH KOREA

WRITTEN By

Andrio Adiwibowo, M.Sc



BNPB



UNIVERSITAS
INDONESIA



LEARNING FROM MERS TO FLATTEN THE PANDEMIC CURVE WITHOUT LOCKDOWN

■ INTRODUCTION

South Korea's response to COVID-19 is recognized by the world because it has been able to turn the direction of the pandemic curve quickly without having to close businesses, issue lockdown orders, or implement many of the strict measures taken by other countries in general. The country has demonstrated initial success in the three phases of pandemic preparedness and response frameworks covering detection, control, and treatment. From the start, decision making on COVID-19 in South Korea is the result of collaboration between the government and the scientific community.

► Detection

South Korea, or known as the Republic of Korea (ROK), has built hundreds of high-capacity clinics and is working with the private sector to ensure the need for COVID-19 testing is met. As the outbreak escalates, about 600 COVID-19 testing centers are set up to efficiently screen people who cannot be accommodated by the existing health system. The test center has a capacity of 15,000 to 20,000 tests per day.

► Control

South Korea isolates infected patients, supports patients in quarantine to improve adherence, and most importantly contact tracing with great care. For tracking, hundreds of epidemiologists are deployed in the context of tracing and empowered using various data sources.

► Treatment

Health systems are being upgraded to meet demand, particularly in Daegu, where a large cluster of infections is found. At that location 2,400 health officers were added. Across South Korea, the Government is building temporary hospitals to increase capacity. To solve the shortage of PPE equipment, the Government implements centralized purchases.

South Korea's supportive and strong condition has positioned the government to act swiftly and effectively. Learning from MERS in 2015, the government made several reforms to the health system to improve preparedness. Also, a well-functioning national health insurance system, adequate human resources and infrastructure, and constructive coordination between major agencies, such as the Office of the President,

the Ministry of Health, and the Korea Centers for Disease Control and Prevention, allow for extraordinary decision.

After South Korea went through the pandemic and entered into a transition period, South Korea offers lessons how to move the pandemic curve without having to limit activities.

South Korea's healthcare system is centered on hospital-based care. Compared to other high-income countries, the number of hospital beds per capita is much higher, at 12.3 beds per 1,000 population. That figure is more than twice the average for countries that are members of the Organization for Economic Cooperation and Development, or OECD. The South Korean health system has



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South Korea learns from MERS 2015 to deal with COVID-19.

■ COUNTRY PROFILE

Since the 1960s, the South Korean economy has grown at an incredible pace. South Korea's economy is currently the twelfth largest in the world and progress in its health sector over the past 50 years has matched its economic progress. South Korea achieved universal health care coverage in 1989 (although a version of social health insurance has been around since the 1970s). In addition, the country switched to a single payer system in 2004.

successfully responded to COVID-19 quickly without sacrificing care for non-COVID-19 patients. In addition, South Korean health care has "led" all other OECD countries.

Despite having a strong health system, South Korea previously struggled to respond to the outbreak of MERS in 2015, with nearly 17,000 cases and 38 deaths. During the six months of the outbreak, the government lost an estimated US \$ 2.6 billion in tourism revenue and also had to spend nearly US \$ 1 billion on diagnosis, treatment and other response activities.

After the MERS, South Korea learned and made a series of policy changes to improve pandemic preparedness and response. When COVID-19 hit, South Korea was reminded of MERS again and inspired the government to provide an aggressive initial response, namely the compliance of the public to wear masks, collaborating to trace contacts and listen to the opinions of public health experts. Public compliance has been fostered, for example, always wearing masks in public spaces, and this has become a habit due to air pollution and is now a social norm at the start of the pandemic. Recent polls show that more South Koreans are adhering to health protocols during the COVID-19 outbreak than during the MERS outbreak.

■ PANDEMIC TIMELINE

South Korea is one of the first countries to experience the COVID-19 outbreak, where the first case was imported

from Wuhan, China. This case was reported on January 20, 2020. The South Korean government formed an emergency response committee within a few days after the case was discovered. The number of confirmed cases ranged from zero to two per day during the first month of the outbreak, until a group was identified in Daegu, a city of about 2.5 million. The cluster that first appeared with 15 cases were identified on February 19, 2020, in Shincheonji.

The cases originated from patient number 31 who traveled around Daegu City and Seoul prior to his diagnosis. After that, the daily confirmed cases increased rapidly and reached a peak of 909 cases on February 29, 2020.

After the peak of the Covid-19 curve in South Korea, the number of new cases fell rapidly in the following two weeks to drop below the 200 daily confirmed cases on March 12, 2020. Daily cases continued to decline to almost zero, although there was a

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Wearing mask has become a social norm for South Koreans.



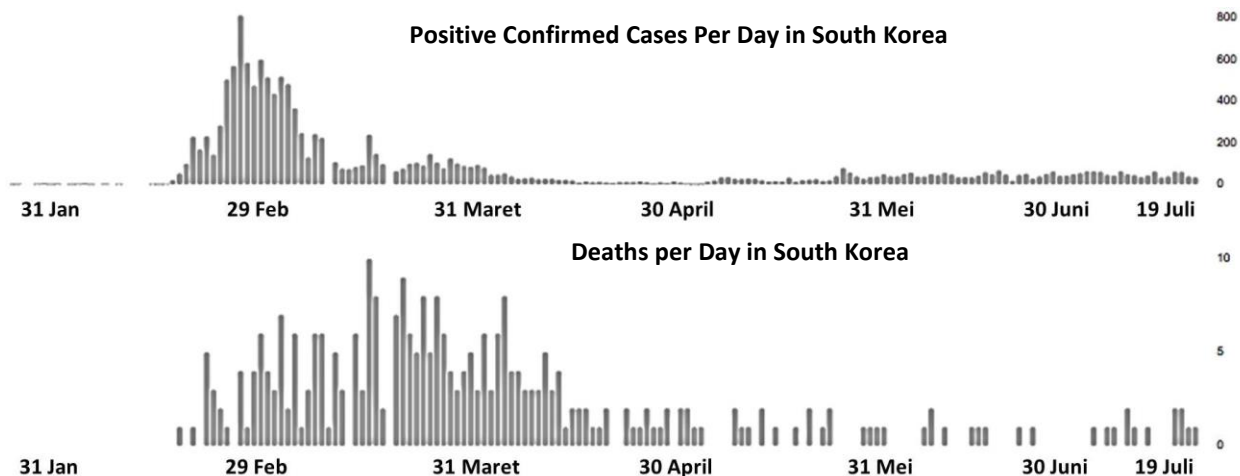


Image source: <https://covid19.who.int/region/wpro/country/kr>

brief slight spike in mid-May (about 30 cases per day) when South Korea began to reopen.

► Detection

South Korea receives virus specimens from China to start developing diagnostic tools, even before the first cases were confirmed in South Korea. As soon as the first case was reported, South Korea shifted its focus to prepare for large scale COVID-19 testing. There are many biotechnology companies emerged during the years between MERS and COVID-19, which

allowed public and private partnership in developing and enhancing testing for SARS-CoV-2, the virus that causes COVID-19. 19.

On January 27, 2020, a week after its first COVID-19 case, South Korea directed private companies to produce COVID-19 diagnostic reactants. Within two weeks of the first case, thousands of test kits were delivered daily, with the number increasing to 100,000 kits per day by March. As of April 24, 2020, 118 institutions are available to run diagnostic tests. Collectively, they have a

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Drive-through COVID-19 test booth in South Korea.



capacity to run an average of 15,000 to 20,000 tests per day.

After expanding the testing capacity, the focus then shifts to the direction of screening. To prevent an infected person from entering the hospital, for example, a COVID-19 screening clinic has been set up outside the entrance. Those marked by the screening were tested and told to return home and self-quarantine pending results, while those deemed low risk received a day's admission to hospital.

During the spike in cases, 600 screening centers were opened using innovative approaches to increase the capacity. For example, a drive-through testing center that collects three times as many samples as a conventional screening center while reducing the need for a negative pressure chamber that prevents contaminated air was established. Meanwhile, the testing location in the form of a booth allows health workers to take samples from people without having to make direct contact with them. Initially, officers stood outside the negative pressure booth wearing PPE but then the officers switch to positive pressure booths, which minimize the need for PPE and thus prevent attendant fatigue. By the end of March 2020,

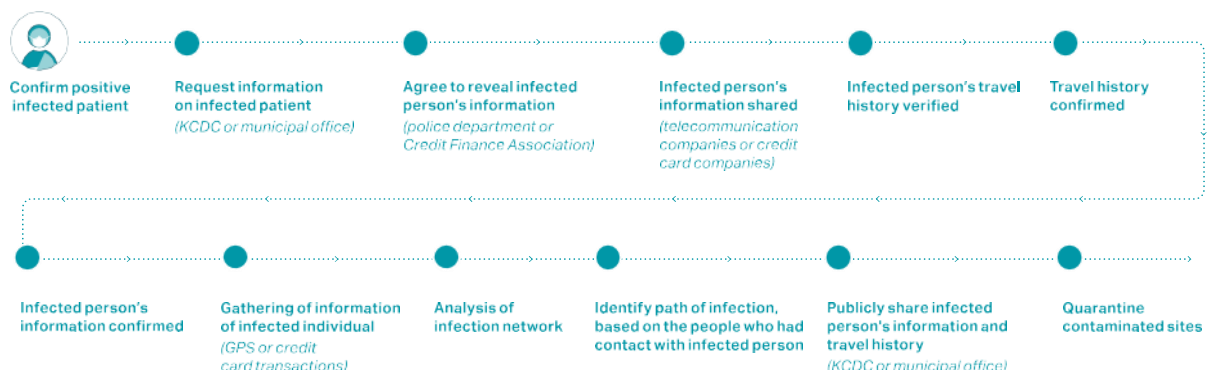
South Korea had conducted more than 300,000 tests in total, which is 40 times higher than the number of tests in the United States.

■ CONTROL

► Isolation and Quarantine

The South Korean government has turned public facilities owned by private companies into temporary isolation rooms. This is due to two reasons: to treat COVID-19 patients while preventing household transmission and to relieve hospitals from overcrowded. Health care workers regularly monitor and quarantine patients who are clinically stable. In Daegu, the location of the first cluster, 15 community care centers, including some in dormitories for private enterprise training institutions, such as Samsung and LG, accommodated 3,033 people between March 3 and March 26, 2020. Health workers monitor the centers and patients report their symptoms regularly through the smartphone app or by phone. The facility is equipped with a pulse oximeter, X-ray machine and real-time RT-PCR test for SARS-

COVID-19 epidemiological tracing process in South Korea



CoV-2. Only 81 of 3,033 (2.67%) cases were referred to hospital for a higher level of care.

Meanwhile, local public health center officials are closely monitoring people who are self-quarantined because they have been in contact with confirmed cases, have traveled internationally, or are suspected to be infected. A public health worker monitors the patient several times a day while delivering food and sanitation needs.

► Contact Tracking

South Korea took an aggressive approach to contact tracing early in the outbreak. First, South Korea is increasing its tracking network. Second, South Korea provides health workers with access to a wide variety of data, in addition to what they can learn from patient interviews. Third, South Korea uses public communication to empower citizens to assist the health system with contact tracing.

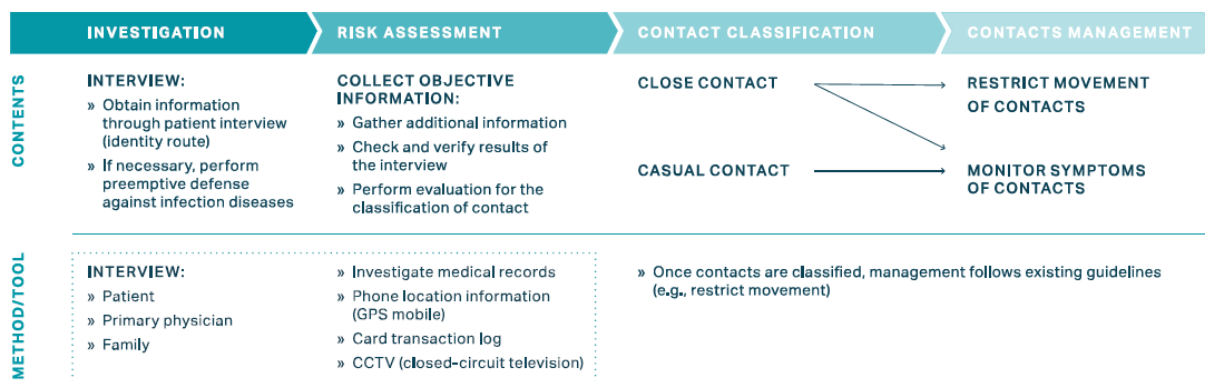
South Korea is increasing its Epidemic Intelligence Service (EIS) contact tracing human resource by conducting training in 250 local community health centers, employing 300 private epidemiologists, and increasing capacity in 11 nongovernmental

organizations that train and support EIS officers. This multilevel approach is effective, involving former EIS officers carrying out more difficult epidemiological investigations in large groups and health facilities; while the new EIS officers are working on smaller groups, including families. These efforts lead to detection of earlier cases, keeping rates of new infections low, and potentially reducing death rates by preventing overcrowding of hospitals and infections among high-risk populations.

Contact tracing methodology in South Korea.

In order to get a smooth epidemiological investigations, the work of EIS officers was further facilitated by changes to the law that followed the 2015 MERS outbreak. Where necessary, EIS officers were permitted to utilize four main types of information in addition to patient and doctor interviews, which included:

- Facility visits, including pharmacies and medical facilities;
- Cellular GPS data from cell phones;
- Credit card transaction logs;



Contact tracing methodology in South Korea

- Surveillance camera.

This information is combined with interviews and cross-checked with other data to identify contacts and take appropriate precautions.

Those identified as having had contact with confirmed or suspected cases are required to self-quarantine at home or at a designated facility for 14 days, as are travelers to the country. In late January 2020, South Korea started mandating special entry procedures for travelers arriving from Wuhan. Initial procedures included special entry routes and questionnaires, later expanded to temperature checks, border testing for all travelers, and mandatory 14-day monitored quarantine. This tracing and quarantine policy, apart from restricting entry, is also in line with international health regulations, while border closures are not.

South Korea employs efficient use of technology to help ensure compliance by developing applications that collect relevant data, lighten the burden on EIS officers, and enable them to cope with the high volume of epidemiological investigations. Patient trails were made open to allow citizens to track their own movements against positive case suspects. Tourist information is shared

with health facilities and pharmacies for easy identification of cases and contacts.

■ TREATMENT

► Identification and Protection of High-Risk Groups

South Korea defines the following seven groups as at higher risk for severe disease from COVID-19:

1. People aged 65 and older;
2. People with chronic underlying conditions (comorbidities), such as diabetes, chronic kidney, liver, or heart disease, and HIV;
3. Patients with blood cancer;
4. Cancer patients receiving chemotherapy;
5. People using one or more immunosuppressive drugs;
6. Pregnant women, people who are very obese, on dialysis, transplant recipients, and smokers;
7. People with a blood oxygen saturation level below 90 percent.

South Korea also ensures response preparedness for this and other groups by running simulations of various outbreak conditions in hospitals before the start of the COVID-19 pandemic.



Lessons learned from South Korea include the availability of daily information from the government, early warning, smartphone applications, and GPS tracking.

Hye Jin Park, Communications and Partnership Specialist, UNDP Global Policy Center, Seoul.

► **Securing Necessary Personnel and Technology Needs**

During the shortage of hospital beds at the epicenter of Daegu, health officials developed a triage system, using the Short Severity Rating System to classify a patient's illness as mild, moderate, severe, or critical. Patients with mild illness are sent to community care centers where they are closely monitored; a sick patient is being sent to a public hospital; and seriously ill or critically ill patients are admitted to a tertiary hospital equipped with the capacity to provide intensive care.

South Korea uses portable negative pressure devices so that the government can quickly expand its supply of temporary infection isolation rooms. In Daegu, South Korea has provided about 400 negative pressure hospital beds during the pandemic.

The Daegu government has also recruited some 2,400 additional health care workers who are scattered among screening clinics, infectious disease hospitals and community care centers. In addition, 327 doctors volunteered to participate in the public health response, with 30 volunteering

for a centralized COVID-19 response team and 260 volunteering for COVID-19 call centers.

Like many cities around the world during the COVID-19 pandemic, Daegu is facing a shortage of PPE, a critical problem that is escalating to national governments. Initially, the government restricted the export of masks and imposed sanctions on those hoarding masks. However, in mid-February 2020, emergency measures were taken to double the production of masks in South Korea, which produced an average of 10 million masks per day by March 2020.

The South Korean government stepped in in early March 2020 to buy 80 percent of the supply of masks from Korean manufacturers, completely ban exports, impose price caps on mask sales and limit the number of masks sold weekly. In addition, the government has prioritized the distribution of masks to medical facilities. These interventions provide relief and prevent further mask shortages, without forcing hospitals to issue policies on mask reuse.



Daegu, the epicenter of COVID-19 in South Korea. Source: Kompas.com



South Korea is a very good example of how to deal with the COVID-19 pandemic effectively and efficiently without having to lock down.

Stephan Klingebiel, Director of the UNDP Global Policy Center, Seoul.

■ LESSONS LEARNED

South Korea has a lot of lessons and experiences to learn, although not all of these lessons may be relevant for all countries. South Korea, which is separated from China by North Korea, is effectively an island linked by travel and border access. The population is highly urbanized, with more than 80 percent living in urban areas. Unlike island nations, such as South Korea, countries that are located on land may face a different set of problems.

In fact, most of the COVID-19 cases in South Korea are clustered or concentrated in a more specific and limited area than in China or other countries. Cases are often concentrated at an event or location with high transmission, such as locations used for

sports group meetings, hobbies, workers in telecommunications centers, and also in overcrowded call centers. As such, contact tracing is easier for COVID-19 cases in a cluster than elsewhere with cases spreading through several smaller clusters and via community transmission.

Culturally and legally, South Korea is more tolerant of sharing personal data and the success of handling COVID-19 depends very much on South Korea's ability to utilize data management technology. Countries with limited technology and citizens who do not have smartphones or are unwilling to share data may find it difficult to adapt to such data-based strategies for coping with COVID-19.

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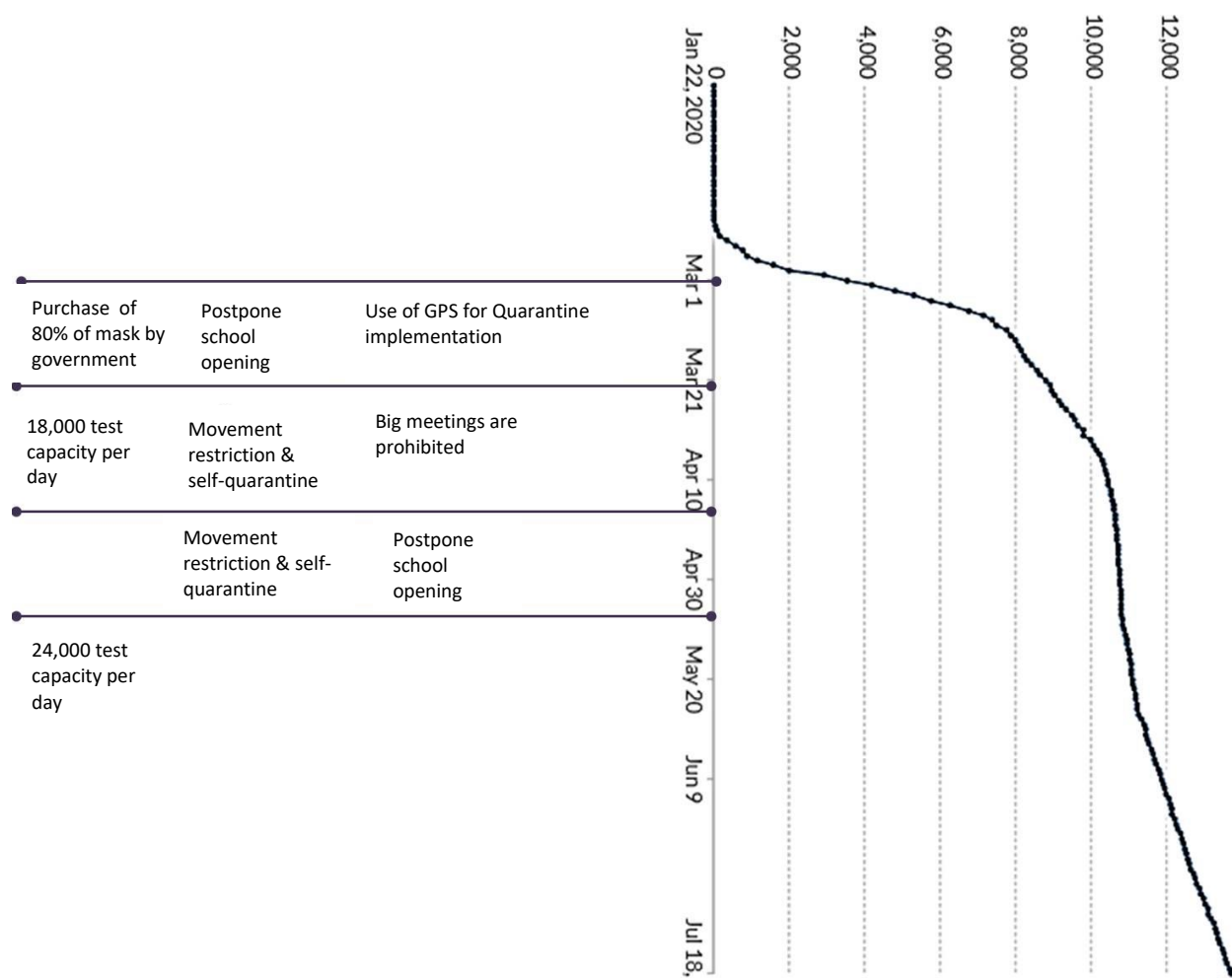
The use of smartphones and data management is the key to handling COVID-19 in South Korea.



Despite these differences, many aspects of the South Korean response are worth examining, including investment in preparedness, assertive and data-driven leadership, clarity of strategy (focus on testing and tracking contact), and a willingness to be innovative. Until the end of May 2020, South Korea is still determining how best to implement the reopening procedure, drawing up clear guidelines for how to maintain social distancing while returning to the path to a new normal life. It's a long road that requires more

flexibility and is data driven that has created South Korea's success so far. For example, just days after reopening, a man who visited five bars in Seoul caused an outbreak of more than 100 cases. Following up on this situation, health authorities tested and tracked more than 7,000 people.

COVID-19 cumulative cases and response in South Korea



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NEW ZEALAND

WRITTEN By

Dr. dr. **Iqbal Mochtar**, M.P.H., M.K.K.K., DiplCard., DOccMed |

Prof. Dra. **Fatma Lestari**, M.Si., Ph.D. |

Debby Paramitasari, S.K.M., M.Dis.Mgt.



BNPB



UNIVERSITAS
INDONESIA

COVID-19 RESPONSE IN NEW ZEALAND: FROM THE RIGHT DECISIONS TO THE STRONG LEADERSHIP

■ Introduction

WHO formally and openly appreciates New Zealand as one of the countries that carries out a systematic and comprehensive control of COVID-19. In his press conference, WHO Executive Director Dr. Michael Ryan said New Zealand had done many things, from measurable public health measures to case finding through extensive testing and systematic contact tracing.¹ WHO also released a video showing the various steps that New Zealand has taken to control the pandemic. Regarding the video, the Director of WHO, Dr. Tedros Adhanom, commented that the people and Government of New Zealand have shown that COVID-19 can be overcome with commitment, action, and awareness. WHO is not the only one that praises how New Zealand controls COVID-19 pandemic. Various international media also share the sentiments, including the Guardian, Washington Post, and Time magazine. New Zealand is considered successful in getting rid of COVID-19 after on June 8, 2020, the country announced that the last person infected with COVID-19 has recovered.²

Recent data shows that the total number of positive cases of COVID-19 in New Zealand is 1,555 with a positivity rate of 0.34%. Of this number, 22 people died (1.4%), 1,506 people

recovered (96.9%), and the rest were still active. Since the last few weeks, no new cases have been found in this country. From this data, it can be seen that this country's achievements are indeed very good. Very few countries in the world can combine three rate indicators with brilliant values, namely a low positivity rate and death rate as well as a high recovery rate. Let's compare, for example, with Germany in Europe and South Korea in Asia. In Germany, the total number of cases was 203,890 with a positivity rate of 2.96%; who died 9,180 people (4.5%); and 188,100 people who recovered (92.25%). Although Germany also reports no new cases at this time, its positivity rate, death rate and recovery rate are still below New Zealand's. South Korea is one of the countries in Asia that is also considered successful in overcoming COVID-19. In that country, the current number of cases was 13,879 with a positivity rate of 0.93%; 297 people died (2.14%); and 12,689 people who recovered (91.42%). However, to date, South Korea has found 63 new cases and 1 death. This means that compared to New Zealand, South Korea is also still far behind.³

With various excellent epidemiological indicators, it is only natural that New Zealand gets appraisal from various parties. In fact, in its continued appraisal, WHO stated that New

Zealand is an example of how a systematic, effective and integrated handling of a pandemic can control and even eliminate the spread of pandemics, including COVID-19.

■ A Glimpse of New Zealand

New Zealand is a country located in Oceania, which is an island in the South Pacific Ocean and is located in the south eastern part of Australia. Another name for this country is Aotearoa, which in Maori means the land of the long white cloud. The total area of the country is 268,838 square km with a coastal strip of 15,134 km. The total population is 4,925,477 people, consisting of European ethnicities (64.1%), Maori (16.5%), Chinese (4.9%), Indian (4.7%), Samoan (3.9%), Tongan (1.8%), and other ethnic groups. The language commonly used is English. However, in everyday life, other languages commonly spoken are Maori, Samoan, Mandarin, and Indian. The majority of the population is Christian (37.3%), followed by Hindu (2.7%), Maori (1.3%), Islam (1.3%), Buddhism (1.1%), and other religions. The largest age category is 25-54 years (39.98%), followed by 0-14 years (19.63%), 65 years and over (15.54%), 15-24 years (12.92%), and 55-64 years (11.93%).⁴

This country gives considerable attention to the health sector, indicated by the large allocation of the health sector budget, which is 11% of the value of GDP. The value of per capita health expenditure (health expenditure per capita) is US\$ 4,018. In 2012, New Zealand's per capita income amounted to US \$ 30,750. The life expectancy for men is 80 years and for women 84 years. The infant mortality rate is 6 per 1,000 live births, while the crude mortality rate for men aged 12-60 years is 81 per 1,000 population, and for women 51 per 1,000 population.⁵

New Zealand's health system is unique in that its health services are universal but tax-

funded. In this health system, there are several special structures or units, among others, the existence of a Pharmaceutical Management Agency, where agents can negotiate with pharmaceutical companies to obtain drugs at the right price. The country's health system is committed to providing social services. The New Zealand healthcare system is known for its high quality. In general, the health service system is divided into 3 categories, namely public health services, primary health care, and secondary health care. Public health services are fields that promote the role of the environment and society in supporting high health status, for example, through immunization programs, a smoke-free environment and clean air. This department is also responsible for managing an outbreak or spread of infectious diseases. Primary health care is the domain of individual health care at the early stage and at the forefront when the community needs treatment or treatment. In this domain, there are various health providers, including doctors, dentists, midwives, and other professions who can be contacted for the first time when experiencing complaints or disorders. Contact with primary health care is direct; that is, the community does not need referrals for primary care. Primary health care is not free, but subsidized. Secondary health care includes a wide range of follow-up care that is generally hospital-based with serving professionals generally at specialist level. To obtain this secondary service, people need to get referrals from primary services. Secondary service networks can take the form of government institutions, which are generally free of charge, and private institutions. Some analysts stated that of the three types of community services, the most currently supported by the Government is secondary health services, which are more focused on individual health than public health. At the same time, some analysts state that health development in this country

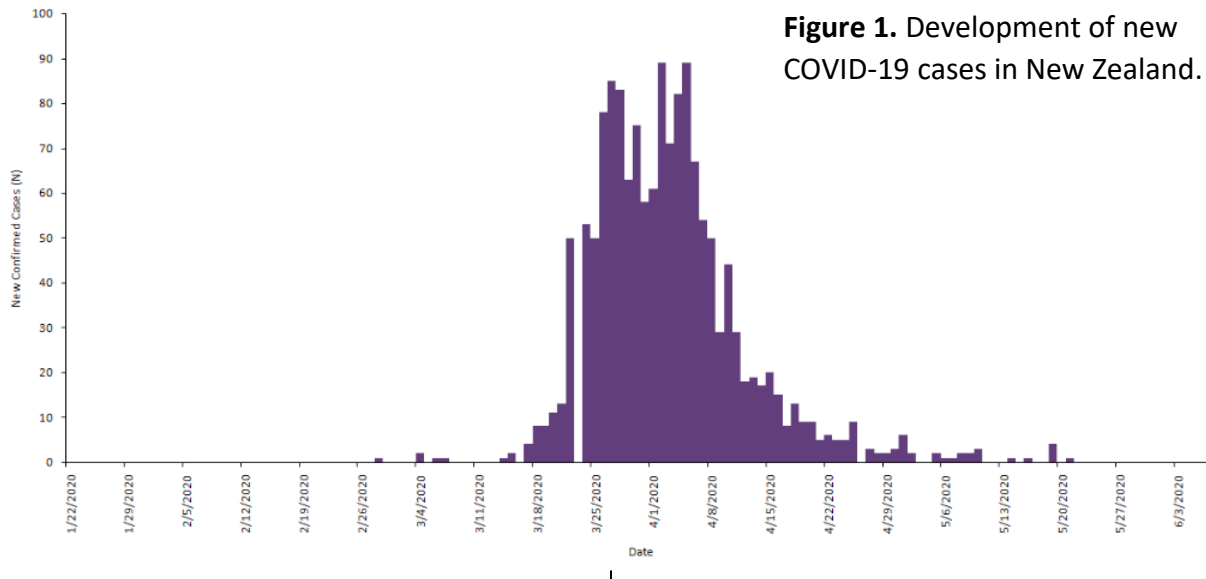


Figure 1. Development of new COVID-19 cases in New Zealand.

Source: Global Data, John Hopkins CSSE 2020; www.pharmaceutical-technology.com

still leaves a problem of inequity in the field of health services.^{6,7,8}

In connection with COVID-19 pandemic, New Zealand has a number of specific conditions that have the potential to affect the development and response to the pandemic:⁹

1. Do not have land borders, making it easier to close the border from international migrants, if necessary;
2. Has a small population with a relatively low population density;
3. Having indigenous people who need to be protected from various unfavorable conditions, including poor health status;
4. It is the main point of access or entry point to a number of Pacific countries, particularly in the South Pacific, and thus has a crucial position in preventing the spread of disease to Pacific countries;
5. The availability of ICU beds is currently undergoing expansion but remains a limited facility;
6. The existence of a structured information infrastructure that allows the availability of good information.

■ COVID-19 Development

In general, the development of new COVID-19 cases in New Zealand follows the bell-shaped¹⁰ distribution pattern as shown in Figure 1.

The first case of COVID-19 was confirmed on February 28, 2020, in a woman in her 60s who recently returned from Iran. This case was handled according to procedures, including contact tracing. Several days after the first case, no new cases were found. The second case was confirmed on March 4, 2020, which is a woman who recently returned from northern Italy. After that, there were no cases found until the first week of March. The number of cases started to increase significantly in the second week of March.

On April 1, 2020 the number of new cases increased by 61 cases and brought the total to 708. This number continued to increase until the end of April, namely the number of cases had reached 1,241. The peak increase in cases occurred between the third week of March to the first week of April. April 6, 2020, began to

decline, which was followed by a more significant decline in the days that followed.

On May 1, 2020 the total number of cases was recorded at 1,479, with the addition of very few new cases. As of May 31, 2020, no new cases were found. As of this date the total number of cases recorded was 1,504 (1,154 confirmed and 350 probable). The number who have recovered is 1,481, while the number of deaths has reached 22. The last person hospitalized was also discharged on 27 May 2020 and only one active case remains in the country.

On June 8, 2020, the last active case was declared recovered. On 19 June 2020, the Director General of Health Dr. Bloomfield confirmed that 327,460 tests had been carried out in New Zealand with 6,273 tests carried out the previous day. After 24 consecutive days of no new cases, two new imported cases from the UK were reported on 16 June 2020. As of 30 June 2020, there were a total of 22 active cases (all as a result of overseas travel) in New Zealand, bringing the total to 1,528 cases (1,178 confirmed and 350 probable). The number who recovered also rose to 1,484 while 22 people died.

From the journey above, it can be concluded that in less than 100 days, New Zealand managed to control the COVID-19 virus. The first case was confirmed on February 28, 2020 and on May 22, 2020 the Government has informed that no new cases have been found.

■ Principles of the Control Program

Before deciding on strategic actions to be taken, the Government first communicates and coordinates with various parties, including experts in the fields of medical, public health and pandemic

response. From the results of this communication, 6 strategic options were obtained that could be used by New Zealand, namely *elimination, sustained stamp it out, sequestration, mitigation, suppression, and keep it out*.⁹ Of the six options, which are widely used in European countries, The United States, and Australia are mitigation options. The selection of mitigation options is generally based on previous experience in dealing with pandemic influenza. However, experts and relevant agencies in New Zealand saw a number of principal differences between influenza and COVID-19, including their biological and epidemiological functions. They then followed this with in-depth analyses that include analyzing various models of control measures that are built on the basis of available medical and community health data. They also took into account the situation of New Zealand, which has specific characteristics compared to other countries.¹¹ Based on the analysis carried out, the experts and related agencies agreed to select and propose an option for elimination, not mitigation. This idea was approved by the Government which subsequently decided to carry out a strategic option for elimination.¹²

Elimination strategy is a sustainable approach to prevent, discover and eliminate COVID-19. Eliminating does not mean permanently eliminating the virus in New Zealand, but eliminating the chain of transmission for at least 28 days, thereby effectively controlling future cases that will emerge. This approach is carried out while waiting for a definitive response to the pandemic, including the availability of vaccines. They realize that this strategy is a long-term strategy and has several consequences. Therefore, they have to prepare appropriate and measurable programs to anticipate the possibility that this strategy will not work or cause crucial side effects, including preparing strategic steps to make this option

work.¹² The experts then proposed a number of strategic pillars that need to be done to support this option.¹³

First, it is necessary to carry out strict border controls to prevent the entry of new cases from abroad. Everyone entering New Zealand needs to be screened closely and subject to a minimum of 14 days of quarantine. *Second*, it is necessary to make systematic case detection and surveillance efforts in the community to detect new cases and take appropriate action. The COVID-19 surveillance plan should include a program to test anyone with respiratory symptoms as well as sentinel testing in the wider population. In addition, detection and surveillance of the Maori and Pacific populations is also necessary, as these populations are at risk of being affected by a pandemic. This population-based testing needs to be done in a coordinated manner. *Third*, it is necessary to carry out effective contact tracing, including carrying out quarantine of contacts. This is an important part of controlling virus transmission. Contact tracing is considered successful if 80 percent of contacts can be traced and quarantined within four days of exposure to a positive case. For tracking effectiveness, it is



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necessary to use technology tools. Fourth, it needs strong community support for all actions. The most important steps are to stimulate the public to be aware of and participate in various standard precautions, such as maintaining physical distancing, practicing a culture of good hygiene, staying home when sick, and using effective personal protective equipment (PPE). These voluntary measures are essential to prevent the development of a pandemic. Ensuring continued public support can be carried out through clear communication with people of various age, ethnic and social groups.¹³

All of these strategic steps need to be carried out and maintained while awaiting definitive measures. The government also needs to work with other agencies to ensure the availability of an effective vaccine for a period of at least 12 - 18 months.¹³

■ Implementation of the Countermeasures Program

After deciding to take the elimination strategy as the control measure, the Government immediately took strategic steps to support the achievement of the elimination strategy objectives effectively. These steps include the implementation of various important control measure pillars.

► **First Pillar: Border Preparation Strict and Control**

The New Zealand government began taking preventive measures long before the discovery of cases of COVID-19 in this country. One of them is establishing a National Health Coordination Center (NHCC) which acts as an institution that coordinates the handling of COVID-19. This institution was formed on 30 January 2020.⁹ Another preventive measure is in the form of partial restrictions. After learning

about the widespread COVID-19 disease in China, on February 3, 2020, the Government issued a regulation prohibiting travelers from China from entering New Zealand. New Zealand citizens as well as permanent residents and their families are still allowed to enter.

The first case was confirmed on February 28, 2020. Less than 3 weeks after the confirmation of the first case, the Government issued a regulation closing all New Zealand borders. No more immigrants are allowed to enter the country, except citizens and permanent residents. Two days after the closure, the Government issued a COVID-19 alert

system consisting of 4 levels, namely level 1 - prepare, level 2 - reduce, level 3 - restrict and level 4 - lockdown. Each level has a risk assessment and actions taken. The level of restrictions gets tighter as the level increases (Figure 2).

Interestingly, within 4 days after the issuance of the alert system, the Government quickly implemented alert level 4, namely total lockdown. At this level, people are not allowed to leave the house except for very important matters, travel is severely restricted, group meetings are eliminated, educational facilities and business centers are closed except those

New Zealand COVID-19 Alert Levels Summary

- The Alert Levels are determined by the Government and specify the public health and social measures to be taken in the fight against COVID-19. Further guidance is available on the [COVID-19.govt.nz](https://www.covid19.govt.nz) website.
- The measures may be updated based on new scientific knowledge about COVID-19, information about the effectiveness of control measures in New Zealand and overseas, or the application of Alert Levels at different times (e.g. the application may be different depending on if New Zealand is moving down or up Alert Levels).
- Different parts of the country may be at different Alert Levels. We can move up and down Alert Levels.
- Essential services including supermarkets, health services, emergency services, utilities and goods transport will continue to operate at any level. Employers in those sectors must continue to meet health and safety obligations.
- Restrictions are cumulative (e.g. at Alert Level 4, all restrictions from Alert Levels 1, 2 and 3 apply).

Updated 5 June 2020

ELIMINATION STRATEGY – New Zealand is working together to eliminate COVID-19			
Alert Level	Risk Assessment	Range of Measures (can be applied locally or nationally)	
Level 4 – Lockdown Likely the disease is not contained	<ul style="list-style-type: none"> • Community transmission is occurring. • Widespread outbreaks and new clusters. 	<ul style="list-style-type: none"> • People instructed to stay at home in their bubble other than for essential personal movement. • Safe recreational activity is allowed in local area. • Travel is severely limited. • All gatherings cancelled and all public venues closed. 	<ul style="list-style-type: none"> • Businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics, petrol stations) and lifeline utilities. • Educational facilities closed. • Rationing of supplies and requisitioning of facilities possible. • Reprimand of healthcare workers.
Level 3 – Restrict High risk the disease is not contained	<ul style="list-style-type: none"> • Community transmission might be happening. • New clusters may emerge but can be controlled through testing and contact tracing. 	<ul style="list-style-type: none"> • People instructed to stay home in their bubble other than for essential personal movement – including to go to work, school if they have to, or for local recreation. • Physical distancing of two metres outside home (including on public transport), or one metre in controlled environments like school and workplace. • People must stay within their immediate household bubble, but can spend this to reconnect with one family, whānau, or origin caregivers, or support isolated people. This extended bubble should remain exclusive. • Schools (years 1 to 10) and Early Childhood Education centres can safely open, but will have limited capacity. Children should remain at home if possible. • People must work from home unless that is not possible. • Businesses can open premises, but cannot physically interact with customers. 	<ul style="list-style-type: none"> • Low risk local recreational activities allowed. • Public venues restricted (e.g. libraries, museums, cinema, food courts, gyms, pools, playgrounds, markets). • Gatherings of up to 10 people allowed but only for wedding services, funerals and tangihanga. Physical distancing and public health measures must be maintained. • Healthcare services use virtual, non-contact consultations where possible. • Inter-regional travel is highly limited (e.g. for essential workers, with limited exemptions for others). • People at high risk of severe illness (older people and those with existing medical conditions) are encouraged to stay at home where possible, and take additional precautions when leaving home. They may choose to work.
Level 2 – Reduce The disease is contained, but the risk of community transmission remains	<ul style="list-style-type: none"> • Household transmission could be occurring. • Single or isolated cluster outbreaks. 	<ul style="list-style-type: none"> • People can reconnect with friends and family and socialise in groups of up to 100, go shopping or travel domestically, if following public health guidance. • Keep physical distancing of two metres from people you don't know when out in public or in retail stores. Keep one metre physical distancing in controlled environments like workplaces, where practicable. • No more than 100 people at gatherings, including weddings, birthdays and funerals and tangihanga. • Businesses can open to the public following public health guidance including physical distancing and record keeping. Alternative ways of working are encouraged where possible. • Hospitality businesses must keep groups of customers separated, seated, and served by single person. Max of 10 people at a time. 	<ul style="list-style-type: none"> • Sport and recreation activities are allowed, subject to conditions on gatherings, record keeping, and – where practicable – physical distancing. • Public venues such as museums, libraries and pools can open if they comply with public health measures and ensure one metre physical distancing and record keeping. • Event facilities, including cinemas, stadiums, concert venues and casinos can have no more than 100 people at a time, provided that there are no more than 10 lines defined space, and the groups do not mix. • Health and disability care services operate as normally as possible. • It is safe to send your children to school, early learning services and tertiary education. There will be appropriate measures in place. • People at higher risk of severe illness from COVID-19 (e.g. those with underlying medical conditions, especially if not well-controlled, and seniors) are encouraged to take additional precautions when leaving home. They may work, if they agree with their employer that they can do so safely.
Level 1 – Prepare The disease is contained in New Zealand	<ul style="list-style-type: none"> • COVID-19 is uncontrolled overseas. • Isolated household transmission could be occurring in New Zealand. 	<ul style="list-style-type: none"> • Border entry measures to minimise risk of importing COVID-19 cases. • Intensive testing for COVID-19. • Rapid contact tracing of any possible cases. • Self-isolation and quarantine required. • Schools and workplaces open, and must operate safely. • No restrictions on personal movement but people are encouraged to maintain a record of where they have been. 	<ul style="list-style-type: none"> • No restrictions on gatherings but organisers encouraged to maintain records to enable contact tracing. • Stay home if you're sick, report ill-like symptoms. • Wash and dry hands, cough into elbow, don't touch your face. • No restrictions on domestic transport – avoid public transport or travel if at all. • No restrictions on workplaces or services but they are encouraged to maintain records to enable contact tracing.

Source: Ministry of Health of New Zealand

that provide essential services, and health services are prioritized. Practically, the movement of people and goods is very minimal and this will have a significant effect on many things, including the socio-economy. This determination was considered bold and extraordinary because the total lockdown was set only a few days after the Government introduced the alert system. This implementation is also different from that practiced in a number of other countries. In other countries, the alert system is usually started from the lowest level and then gradually moves up. In some countries, they even tend to maintain the alert system on the lowest system for economic and political reasons. In New Zealand, they did the opposite, namely quickly enforcing level 4 alerts and then reducing restrictions as conditions improve. The courage to impose this rapid lockdown is based on the rapid development of the pandemic.

Within one month after the total lockdown status was implemented, the pandemic condition improved, marked by improving various epidemiological indicators. In response, on 27 April 2020 the Government lowered the

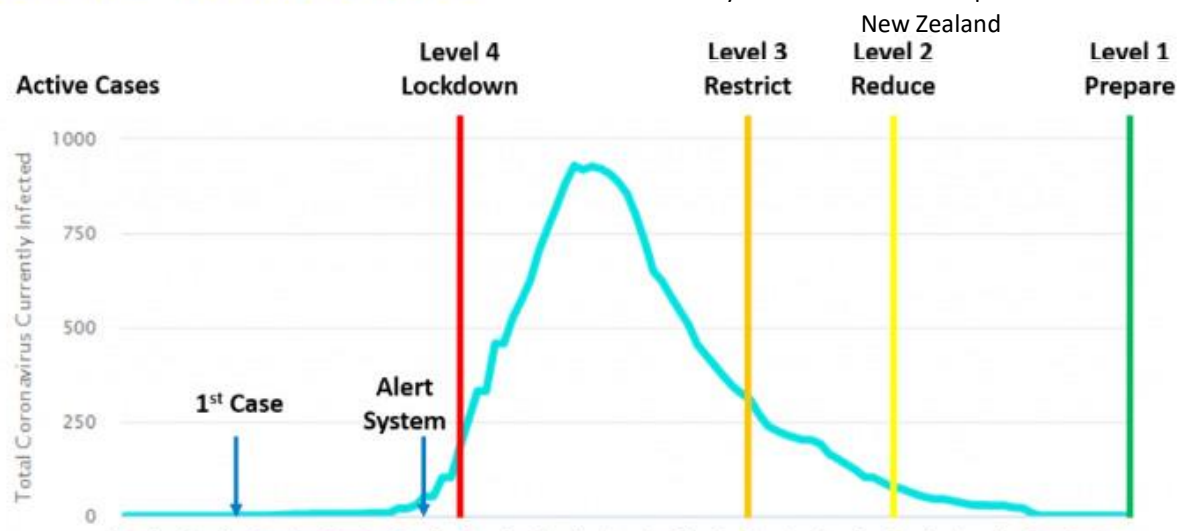
alert level to level 3. This level was then lowered again to level 2 within 2 weeks thereafter and to level 1 on 8 June 2020.¹⁴ The progress of the change in alert status and its implementation is illustrated in Figure 3.

► Second Pillar: Widespread Case Detection¹⁵

The government immediately carried out an extensive case detection effort by screening the community for PCR swabs. In New Zealand, everyone who has a flu-like illness (flu-like illness) is asked to undergo a PCR test. This approach differs from some other countries that screen only when people have a history of travel to endemic or high-risk areas or have a combination of complaint criteria and travel history. PCR examinations were also carried out in people who had a history of contact.

In addition, the Government also conducts tests on migrants entering New Zealand. Entrants who enter through the airport are quarantined at the facilities provided for a certain period and are subjected to a swab test. Meanwhile, migrants who come by ship are first tested on board while waiting for the test results. Those who confirmed positive were

COVID-19 Timeline



Source: <http://www.qualitylifemag.com>

Figure 3. The development of the alert system status and its implementation in New Zealand

immediately referred for hospital treatment. Case detection through PCR tests is also carried out on high-risk workers, including health workers.

With a broad testing strategy, New Zealand is one of the countries in the world with a fairly high test-rate. Currently, 448,786 tests have been conducted with a test rate of 89,720 per 1 million population. Compared to New Zealand's population of less than 5 million people, the coverage of this test is broad. This test rate is also much higher than the test rate of several European countries.

► **Third Pillar: Effective Contact Tracing and Quarantine¹⁵**

Contact tracing is an essential element of pandemic control and is part of a multi-pronged approach. The Ministry of Health conducts contact tracing through a service program known as the National Close Contact Service.



With a broad testing strategy, New Zealand is one of the countries in the world with a fairly high test-rate. To date, 448,786 tests were carried out. Compared to New Zealand's population of less than 5 million people, this test coverage is high.

Those detected as contacts with positive cases will be contacted and monitored periodically by the Ministry of Health or the District Health Board's Public Health Unit (PHU). They are asked to do quarantine and are given information about what things they must

do while undergoing quarantine. Apart from using the telephone, they are also given an e-mail which can be contacted if things happen that are not desired or want to communicate with the Government. New Zealand has been successful in this program. In a metric analysis of the success rate of contact tracing, New Zealand achieved an M3 result of 83%. This M3 value indicates reaching 80% of the target contact in 48 hours. With a score of 83%, New Zealand is considered successful in running this program well.

To help with the contact tracing system, on 20 May 2020 the Government launched the NZ Covid Tracer application. This application allows users to scan QR codes at entry points of various places. If positive, the contact tracer can check where the person is and decide to follow up by warning them of their potential risk.

► **Fourth Pillar, Strong Community Support**

Strong community support can arise if there is a process of good reciprocal communication between the Government and the community. With regard to handling pandemics, the Government has opened a wide communication space with the public. The government disseminates information openly and transparently to various media about the latest conditions, successes, obstacles and the steps taken. Every day the Government conducts briefings at the national and local levels, disseminates the latest information about the pandemic and its handling on newspapers, radio, television and special websites with detailed and clear instructions. In fact, when the lockdown was carried out, the Government conducted a national emergency broadcast that was broadcast live and continuously. Due to the existence of an adequate and effective communication process, the people of New Zealand give full support to the programs carried out by the Government. In a survey conducted in May 2020, respondents were asked their opinion

on whether they agreed that the Government had taken the right steps in tackling COVID-19, 92% of respondents agreed, 7% disagreed, and the rest did not answer.

► **Other Pillars: Leadership and Economic Assistance**

A number of analysts explained that one of the determining factors for the success of handling the pandemic in New Zealand was the leadership ability of its leaders, namely Prime Minister Jacinda Ardern. The Prime Minister of New Zealand demonstrated his brilliant leadership qualities in leading his country to face the pandemic. He has a sense of pandemic and comprehensive insight into the problems at hand and has the courage to take action. He is also communicative, speaks in simple and easy to understand language, is consistent, and always opens communication space with the community for every program he carries out. For example, the slogans he often uses are not social distancing or self-isolation but 'act as if you have COVID-19' or 'be strong and be kind'. He also displayed an empathetic side in handling the pandemic. Unlike other countries that use the slogan 'war against COVID-19', PM Jacinda uses the slogan 'unite against COVID-19' or 'our team of 5 million people'. In addition, PM Jacinda also works together, listens to and considers the opinions of experts before making a decision. PM always conducts regular briefings with experts and related institutions. On March 14, when New Zealand had only six cases, Prime Minister Jacinda announced border restrictions, self-isolation for those entering the country, and economic support measures to be implemented. At that time, a number of experts approached and suggested Jacinda to adopt a more aggressive and ambitious approach than simply "flattening the COVID-19 curve". They argue, the standard WHO information is not relevant to be used as a single reference because this information is based on the previous

countermeasures against influenza. In their view, COVID-19 has a higher rate of infection and spread and therefore more aggressive management is needed. Prime Minister Jacinda considered this idea and a few weeks later imposed a lockdown.^{16,17}

Another important pillar is economic support or financial support. The response to COVID-19, especially lockdown measures, disrupts economy. The economic effect of the lockdown is a reduction of GDP by 4% at the level of 1 to 37% at the level of 4.¹⁸ The government of New Zealand is providing various types of economic support to the people affected by the pandemic. In general, this economic support is divided into 3 categories, namely for individuals, for foreigners in New Zealand, and for businesses. Each category is divided into various types. For example, for individuals there is a wage subsidy and leave scheme, redundancy support for workers laid off due to the pandemic, protectors for renters and tenants for building or apartment owners, mortgage repayment deferral schemes for those with credit, and so on. Communities can claim economic assistance based on their conditions and circumstances. For this economic support, in March 2020 the Government provided \$ 12.1 billion in Initial Economic Response Package assistance, which was then increased in number according to the conditions of the development of COVID-19. In May 2020, the Government rolled out another \$ 50 billion COVID Response and Recovery Fund. In addition, there are a number of other economic assistance programs launched by the government to support economic improvement in various sectors. This economic assistance is very helpful for the people who are affected and the economic conditions that are disturbed.

► Learning Points

The WHO's appraisal and various international media regarding New Zealand's success in controlling the COVID-19 pandemic are reasonable. The epidemiological data show that in less than 100 days, the country has managed to effectively and efficiently contain and even stop the progress of the COVID-19 pandemic. In this regard, there are a number of learning points that can be learned.

First, the pace of taking preventive action. New Zealand has taken entry restrictions or entry restrictions when the number of COVID-19 cases in the country still does not exist. In addition, long before the emergence of cases, this country had prepared various handling steps, including appointing the National Health Coordination Center (NHCC) as an institution tasked with coordinating the handling of COVID-19. By coordinating with relevant agencies, the NHCC is taking various preparatory steps to deal with a pandemic. The speed of taking this preventive action is very important to prevent cases from entering an area. This fast action (early action) is different from a number of other countries that have only started taking action after the number of cases has increased significantly in their regions. Delays in taking preventive action hinder efforts to contain the pandemic.

Second, the courage to take strategic steps based on rational and accurate considerations and to consider expert opinions. New Zealand dares to take strategic steps of elimination, not mitigation. In fact, at the same time, mitigation measures are an option that is widely chosen and carried out by western countries, including the United States, European countries, and Australia. New Zealand has chosen a different course of action because of the scientific, geopolitical and social considerations of its people. Before taking the steps, the Government went on to do intensive consultations with

experts and seriously considered the various models proposed by the experts. The conclusion is that a mitigation strategy based on an influenza pandemic handling model is not appropriate for use in the COVID-19 pandemic because these two pandemics have a number of significant differences. The decision to make the elimination option was not based on personal considerations or particular interests. Not many countries have dared to take the option of elimination because they don't want to take risks related to this option and prefer options that are mainstream. The courage to take this decision was also seen when the Government boldly established a level 4 alert or lockdown status, just a few days after introducing the alert system. Again, New Zealand is doing something different in this respect. While other countries usually initiate restrictions from the lowest level and then gradually increase to the highest level, New Zealand is doing the opposite. This country in a short time dared to implement a level 4 alert system or total lockdown and then gradually lowered its restriction level to a lower level according to the existing conditions. It should be noted, however, that the determination of the implementation of these levels is not based on personal considerations or particular interests, but is based on careful consideration of the development of the pandemic and is supported by evidence and scientific bases and expert support. The decision turned out to be right, as evidenced by the disappearance of the COVID-19 case in less than 100 days.

Third, New Zealand has a leader who has excellent leadership abilities. He succeeded in leading his people to unite against the pandemic. PM Jacinda Ardern is a leader who is communicative, consistent, has the courage to take a stand, and is ready to hear input from various parties, including from the community. He is able to make slogans that are simple and catchy and easy for the public to understand. Because of his leadership skills, he is

trusted by the community. And, because of this belief, he received the full support of the community for every step he took. Good leadership skills are very important in handling COVID-19. In many countries, this factor is sometimes a locus minoris or weak point. Many state leaders are not communicative, inconsistent and dare not take a stand. Wisdom can change rapidly without even any scientific consideration or even without involving experts in the field. It is not uncommon for decision-making to be haphazard because of the overlapping interests of various parties. In New Zealand, 92% of survey respondents believe that the government has taken the right steps to contain COVID-19. Because of the good leadership qualities, the community also complies with the steps taken by the government. When the lockdown came into effect, the activity metric in New Zealand fell by over 80%. This means that the community obeys the Government's policy of conducting a lockdown by staying at home and not carrying out activities outside the home. The survey also shows 87% of the public admit to complying with the Government's lockdown recommendation

Fourth, the Government will carry out the find, trace, and isolate program widely and effectively. To date, New Zealand has conducted 448,786 tests with a test rate of 89,720 per 1 million population. This test rate is quite high, especially when compared to other western countries. The number of tests carried out is quite large, especially when looking at New Zealand's population of less than 5 million inhabitants. The tracking system implemented was also effective, namely the success parameter of tracking 80% of contact cases within a 48-hour period, ranging from 83%. People who are included in this close contact are then approached persuasively, asked to do quarantine, and given clear information about things they need to do during the quarantine process.

Apart from the various factors above, New Zealand also has favorable factors for the response to COVID-19, namely its specific situational conditions. New Zealand is a country with a population of less than 5 million, with a low population density and relatively good levels of education and socio-economy. In addition, geographically New Zealand is on an island whose land borders are not shared with other countries. All of these conditions are beneficial factors for New Zealand in overcoming COVID-19.

■ Conclusion

New Zealand deserves to be considered successful in overcoming the COVID-19 pandemic, at least so far. This country has brilliant epidemiological indicators of control which are even better than several other countries that are also considered successful in overcoming the current pandemic. Many factors contributed to this success. The most important thing is the Government's ability to take appropriate strategic options based on consideration of rationality and existing scientific evidence. This ability is inseparable from the leadership ability of the leader. New Zealand is fortunate to have PM Jacinda, who has a strong and good leadership character, who is able to bring nearly 5 million people against the COVID-19 pandemic. Another important factor is the implementation of an effective lockdown supported by adequate economic assistance. New Zealand also undertakes a wide and effective find, trace and isolate effort. In addition, the specific conditions of New Zealand with a population of less than 5 million and its geographical location which is on a separate island are favorable factors for this country in controlling and getting rid of the COVID-19 pandemic in the area.



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OVERVIEW



MALAYSIA

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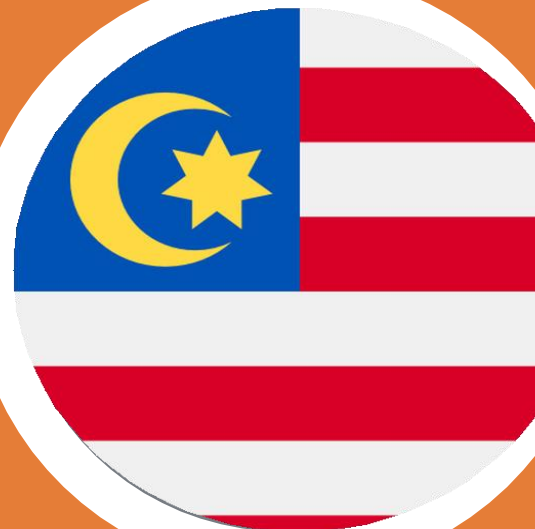
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| Dr. **Robiana Modjo**, SKM., M.Kes. |
Debby Paramitasari, S.K.M., M.D



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COVID-19 MANAGEMENT IN MALAYSIA: A COMBINATION OF EFFECTIVE FAST MOVEMENT AND INTEGRATED ACTION

■ Introduction

Compared to other ASEAN countries, Malaysia has relatively better epidemiological indicators of COVID-19. Based on data as of July 19, 2020, Malaysia has conducted 889,744 tests with a test rate of 27,474 per 1 million population. With this figure, Malaysia is the third country with the most tests in ASEAN after Singapore (172,494 per 1 million population) and Brunei (81,039 per 1 million population). In Vietnam, the current test rate is 2,824 per 1 million; while in Indonesia the test rate is 4,464 per 1 million population or six times lower than Malaysia. Interestingly, with the relatively high number of tests in Malaysia, the positive rate is relatively low, namely 271 per 1 million population. This positive rate is better than Singapore (8,187 per 1 million), Brunei (322 per 1 million), and Indonesia (316 per 1 million), but is below Vietnam (4 per 1 million). With the total number of deaths currently at 123, the death rate in Malaysia is low, which is at 1.4% of the number of positive cases. In comparison, the global death rate is 3.4% and the death rate in Singapore is 0.06%, Brunei is 2.13%, and Indonesia is 4.78%.¹

With the availability of these relatively good epidemiological indicators, some experts include Malaysia as one of the countries with effective COVID-19 control. This is also emphasized by Malaysian Prime Minister, Tan Sri Muhyiddin Yassin, that his country is one of the most successful countries in handling and controlling the COVID-19 pandemic. Prime Minister Tan also added that this success is inseparable from the cooperation of all components, from the government in terms of its comprehensive policies, strong participation from the public, to the private sector, non-governmental organizations, and the community.²

Malaysia and Indonesia are countries that are geographically very close. Both also have a number of similarities or identicalities, which are similarities in climate, similarities in language and culture, and similarities in the majority of religions that are followed by the population. With the similarity in various aspects, then sharing best practices or exchanging experiences between the two countries is relevant.

■ Overview of Malaysia

Malaysia is a country located in the southeastern Asia peninsula bordering Thailand, Indonesia, Brunei, the South China Sea and Vietnam. Malaysia has a total area of 329,847 km². The total population in 2019 is 32.6 million with a population growth rate of 0.6%. In the previous year, the population was 32.4 million with a growth rate of 1.1%. Of the total population, 29.4 million (90.2%) are Malaysian citizens and the rest are non-Malaysians. The ratio of female to male is 1:1.07. Of the population, 70% are in the age range of 15-64 years, 23.3% are in the age range of 0-14 years, and 6.7% are 67 years and over. The median age in 2019 is 28.9 years, an increase compared to 2018 which was around 28.6 years.^{3,4} The ethnic group consisted of 62% (Malaya, Indigenous, Dayak, Anak Negeri [Anak Negeri represents 39 different indigenous ethnic group in Sabah, Malaysia]), 20.6% Chinese, 6.2% Indian, and 10.3% non-citizens. The language used is Malay as the official language and other languages, such as English, Mandarin, Tamil, Telugu, Malayalam, Panjabi, and Thai. The majority of the population is Muslim (61.3%); the rest are Buddhism 19.8%, Christianity 9.2%, Hinduism 6.3%, Chinese religion 1.3%, and others.⁵

Malaysia is classified as the upper middle-income country with fairly good health indicators. The indicator figures are: birth rate of 18.3 per 1,000 population, mortality rate of 5.3 per 1,000 population, maternal mortality ratio of 29 per 100,000 live births, infant mortality rate of 11.4 deaths per 1,000 live births, and life

expectancy rate of 75.9 years. The allocation for health spending is 3.9% and education expenditure is 4.7% of GDP. The GDP in 2017 is USD 933.3 billion with a GDP per capita of USD 29,100.⁵

Malaysia applies a universal health system that combines public and private health care systems. Health is an important and prioritized factor, marked by the increasing commitment of the Government to add, expand, and equip hospitals, polyclinics, community health centers and increase the allocation and training of health personnel, including the development of telehealth.

Recently, efforts to improve health have been increased, including by attracting more investment. The main problem in the health care sector is public health centers for rural areas are not enough, which the Government is trying to solve through the development and expansion of a system called “teleprimary care”. The government also pays real attention to the health of the poor. They run the 1 Clinic Malaysia program, which is a Government-based clinic located, especially in poor areas that lack of health facilities, for which health services are paid very cheaply or for free.

Malaysia has experiences in controlling various outbreaks. The last one was the MERSCov outbreak in 2018. At that time, there was a resident who was exposed (drinking unpasteurized camel milk and having direct contact with camels) when the person visited a camel farm in Riyadh in 2017. The government carried out patient care and clinical, laboratory examinations, and close monitoring of the 70 people who

had contact with the case. Another MERS-CoV import case occurred in 2014. At that time, the outbreaks occurred in 27 countries with an infected number of 2,123 cases and at least 740 deaths.⁶

In various cases of outbreaks, the Government has taken standard outbreak steps including identifying all contacts from cases confirmed by laboratory, hospital care for contacts who have complaints accompanied by MERSCoV testing with RT-PCR, isolating asymptomatic contacts at home for 14 days for further laboratory confirmation. The government is also strengthening surveillance of “Influenza-like Illness” (ILI) and “Severe Acute Respiratory Infection” (SARI) throughout Malaysia, especially for residents who have recently returned from Saudi Arabia. Simultaneously, infection prevention and control efforts are made in all health care facilities. So, in general, Malaysia has relevant experiences in outbreak case management.⁶

■ COVID-19 Development

In general, the development journey of the spread of COVID-19 in Malaysia consists of two waves.

➤ First Wave

The first case of COVID-19 was confirmed on January 25, 2020, about 2 days after Singapore announced its first case. This first case happened to a traveller (migrant) from China. Within 6 days of confirmation of this first case, a total of 8 cases were found. All of these cases were from residents who had recently arrived from Wuhan, China, while the first case from a Malaysian was

reported on February 3. In this case, the person concerned had just finished attending a business meeting attended by a delegation from China. The total number of confirmed cases in this first wave is 22 people. Of this total, only 2 were suspected to come from local transmissions and the rest were imported cases. All first-wave cases received immediate treatment including hospitalization. The government was actively conducting tracing of people who had close contact with this case and carrying out a quarantine process for them. After being treated and declared cured, 22 were discharged from the hospital on February 27, 2020.⁴ After all cases were considered cured and discharged from the hospital, for 11 days, namely February 16-26, there were no new cases found in Malaysia. Malaysia is considered successful in overcoming this first wave.⁴

➤ Second Wave

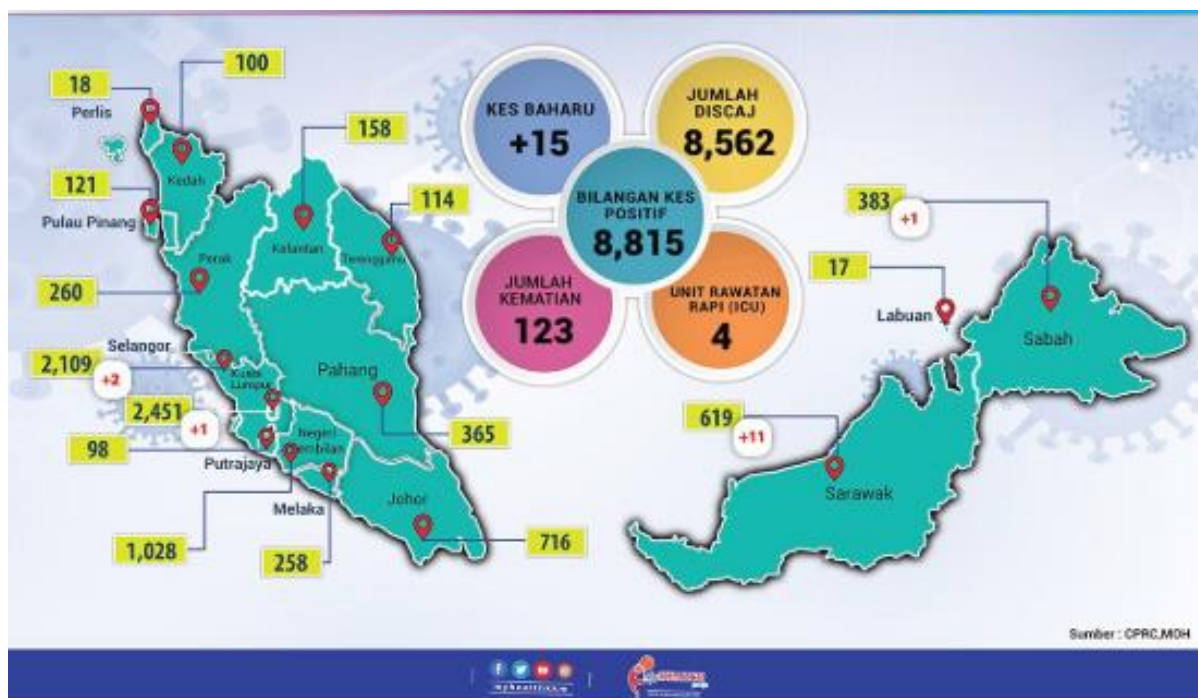
The second wave occurred in March 2020, shortly after one of the infected persons (case) who had travelled to China attended a number of meetings. At the same time, one of the positive confirmed cases in Brunei attended a religious gathering in Seri Petaling, Selangor Malaysia, which was attended by more than 16,000 participants. Of this number, around 1,500 came from outside Malaysia, mainly from ASEAN countries. This meeting lasted for 4 days. After this event, the number of cases increased greatly, which there were more than 100 cases every day. More than half of the cases have a history of attending the religious gathering or having contact with people who attended the gathering. Cases

from this second wave have become a serious threat, marked by the increasing number of cases and the number of critical cases being treated in the ICU. It was also during this time that the first death case occurred. As a result of the increasing cases of this second wave, on March 16, 2020, the number of positive cases had reached 553 cases and continued to increase from day to day.^{4,9}

The next incident occurred in April 2020 due to the spread of two clusters, namely the religious meeting cluster in Sarawak which was associated with 83 positive cases and a wedding ceremony in

Bandar Baru Bangi Selangor which resulted in 88 cases. In addition, there are additional sub-clusters related to religious gatherings in Sri Petaling with the number of cases of 27⁽⁵⁾. On April 13, Malaysia recorded the largest cumulative number of cases in ASEAN at that time, namely 4,817 cases with a death toll of 77.¹⁰

Currently, the number of cases in Malaysia is 8,815 (Figure 1). Of this number, 73.5% are Malaysians and the rest are non-Malaysians. The number of deaths is 123 with a fatality rate of 1.39%. Cases recovered are 8,562 with a cure rate of 97.21%.



Situation during the COVID-19 Pandemic in Malaysia

Updated on July 21, 2020, 5.00 pm

Total Number of Cases 8815 +15	Imported Cases: 4	Number of Cured Cases (Discharge) 8562 +7 97.1% Of the Total Cases	Number of Active Cases 130 ICU: 4 Breathing Support: 1		Number of Deaths 123 +0 1.40% Of the Total Cases
	Local Cases Non-citizen: 1 Citizen: 10				

Figure 1. COVID-19 Profile in Malaysia. Source: Ministry of Health, Malaysia

■ Management Program

Management of COVID-19 in Malaysia is carried out in a timely, synergic manner, and involves government and non-government elements, including non-governmental organizations (NGOs) and the community.

Since December 2019, the Malaysian Government has made preparations and plans for handling COVID-19. This happened after the Government obtained information about the acute respiratory syndrome case caused by an unknown virus. The government has started to alert and coordinate preparations with various related agencies, including the Ministry of Health and hospitals. Among the actions taken are preparing and coordinating the agencies that will be involved, identifying hospitals that will be used as treatment centers and preparing stockpiling for rapid reverse transcriptase-PCR tests and personal protective equipment (PPE) and the institutions appointed to do so. The government has also started to discuss and develop treatment protocols. (11) At the same time, data was collected on “non-notifiable” influenza cases to anticipate cases in Wuhan. Status alerts are also prepared for the National Crisis Preparedness and Response Centre (CPRC). The government took the initiative to do this because it had previous experience when Malaysia had to face SARSCoV. ^{4,9,10}

When the first wave occurred, the Government immediately took various management steps, for instance, caring for patients and conducting active tracing of people who had close contact with cases.

Other steps taken included building a standard guideline for the management of COVID-19 and the appointment of 34 hospitals and screening centers in Malaysia, including Kuala Lumpur Hospital (Kuala Lumpur), Sungai Buloh Hospital (Selangor), Tuanku Jaafar Hospital (Negeri Sembilan), Sultanah Aminah Hospital (Johor Bahru), Miri Hospital (Sarawak), and Tawau Hospital (Sabah). The first wave was successfully overcome and for eleven days after the first wave, there were no new cases found.⁹

Shortly after the second wave occurred, the Government carries out a more intensive management program. The program is in the form of expanding and tightening health screening at every entrance to the country by using various means including thermal scanner and inspection by officers. This is especially carried out to migrants and in certain areas where the people are suspected of having a history of contact. The government intensively carries out a find, test, trace, isolate, and support program. At the same time, the Government expands and completes health service facilities and hospitals for handling COVID-19 cases, including utilizing university hospitals and the Ministry of Defence Hospital.⁴ The government appointed 57 hospitals that handle COVID-19 and determined 409 locations to be used as the quarantine zone including universities, technical institutions, training centers, and hotels. The number of available facilities has also grown to 5,484 beds in 40 hospitals, 3,973 beds in additional hospitals for low-risk cases, 422 ICU beds, and 1,059 ventilators.

Along with this, various health professional societies coordinate and carry out coalitions to support pandemic control. They carry out research activities related to COVID-19 and become a driving force for the dissemination of information and health education so that the public is not trapped in the wrong understanding, views, or actions about COVID-19 management. They use all available media, both formal, informal and social media.⁴ Health messages delivered are recommendations to wash hands frequently with soap and water or alcohol-based hand sanitizer, wear masks and gloves, maintain physical distancing of 1 meter, avoid mass gatherings, avoid touching eyes, mouth or nose, avoid shaking hands, stay at home if you are immunocompromised or have comorbidities, avoid traveling to areas or countries affected by COVID-19, self-isolate at home for 14 days after returning from abroad, do screening after returning from abroad, fight the spread of false information about COVID-19, and cover the mouth and nose when coughing or sneezing (Figure 2)

The government also increases the diagnostic capacity of the available laboratories, both the Government and private, in order to meet the need for examination. Within a few weeks, the laboratory capacity increases by 86% with the number of laboratories increasing from 6 to 43 laboratories. With this capacity, the Government can conduct extensive laboratory examinations, especially for those with high risk and close contact. With this increased capability, by mid-April Malaysia was able to carry out 14 thousand tests per day which were then increased to reach more than 20 thousand per day today.⁷

Due to increasingly significant increase cases, the Government implemented a Movement Control Order (MCO) or lockdown for 2 weeks from March 18-31, which was then extended to May 12 (Figure 3). The aim of this program was to contain the rate of cases that has increased significantly. With this MCO, 6 types of restrictions were carried out, for example,



Figure 2 Physical distancing and the use of mask in Malaysia | Source: Ministry of Health, Malaysia

the prohibition of mass gathering, including for business, educational, religious, and cultural activities. There was also restriction on leaving the house, where only one family member was allowed to go out to buy necessities and was only allowed to move within a 10 km radius from their residence. Malls, offices and trading centers were closed, except for those selling daily necessities. In almost every place, check points were established to monitor the movement of people and goods with police and armies guarding the important check points. At the same time, Malaysian residents were prohibited from leaving Malaysia and similarly migrants were not allowed to enter Malaysia. This program is based on the legal protection of the Prevention and Control Diseases Act 1988 and the Police Act 1987.¹¹ The MCO is recognized as a comprehensive measure, affecting all individuals, and related interests to the state. The implementation of the MCO underscores the swift and firm nature of the government. Malaysia announced the MCO on March 16, 2020, about one and a half months after the first case was detected and the number of confirmed cases in the

country passed the 500 cases. This proves Malaysia's level of responsiveness to take bold action. The government complements the MCO with increased contact tracing and testing. The capacity to carry out testing has increased from 3,500 daily tests (at the start of the outbreak) to 11,500 in early April and 16,500 at the end of April 2020. The Malaysian Ministry of Health then aimed to conduct 22,000 daily tests in early May 2020.

In order to obtain more effective results, in some areas that experienced an increase in cases, this program was further strengthened by Enhanced Movement Control Order (EMCO) which aimed to prevent and control the local spread of disease. With EMCO, certain areas are totally locked and all residents must stay in their houses. Police, armies and civil defences were deployed to oversee some areas. Some areas that have implemented EMCO include Simpang Regang (Johor), Sungai Lui (Selangor), Menara City One, Selangor Mansion, and Malayan Mansion (Kuala Lumpur Guild Area). To support the lives and needs of people undergoing this program, the Government has deployed a Social



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Figure 3. Situation during Movement Control Order applies

Welfare Department in charge of providing and coordinating the supply of necessary foodstuffs for residents.¹¹

The socio-economic impact of COVID-19 is very high and devastating. The economic loss due to the lockdown is estimated at 2.4 billion ringgit per day. To anticipate the socio-economic effects of the MCO and EMCO programs, the Government has provided various types of funding, including COVID-19 Fund, which specifically aims to help residents experiencing financial disruption due to the lockdown program. Initially, the fund allocated was 1 million Malaysian ringgit (RM). One of the fund allocations is the distribution of RM100 per day to residents who do not receive any income and are temporarily undergoing quarantine and treatment processes. In addition, on March 23, 2020, the Government disbursed an additional fund of RM600 million with RM500 million used for the purchase of ventilators, PPE and the appointment of 2,000 contract nurses. On March 27th, the Government disbursed another RM250 million Prihatin Package which aimed to support small and medium enterprises in supporting their workers. An additional RM1 billion was disbursed again to fund medical needs. The Government also received RM8 million in assistance to help workers carry out COVID-19 tests. At the same time, the Government has also increased the allowance for health workers from RM400 to RM600 per month until the pandemic ends.⁴

To reduce the effects of the decline in business due to the pandemic, the Government also provided a financial stimulus package of RM260 billion. This fund

is expected to help overcome the impact of COVID-19 on businesses, increase economic movement and investment. As part of this effort, the Government has also provided a 15% discount for electricity payments, travel companies, airlines, shopping malls from March to August. They also give RM600 to taxi drivers, tourist bus drivers, tourist guides, and trishaw drivers on record.⁸

Regarding clinical management, all confirmed cases are sent to the hospital for treatment, both symptomatic and asymptomatic cases. Patients who have had close contact or have travel history to the outbreak sites are also quarantined at the prepared places. This way, all confirmed or high-risk residents receive tighter and better care and monitoring. Malaysia uses two terms for COVID-19 cases, namely suspected and confirmed cases. A person is considered a suspected case if he has complaints of acute respiratory infection (breathing difficulty, sore throat, or dry cough) with or without fever AND has a history of travel to or living in a foreign country within 14 days before the onset of the disease OR having close contact with people who are infected in the last 14 days prior to the onset of symptoms and attended a meeting or event related to the COVID-19 outbreak. Meanwhile, a person is considered a confirmed case if the status is confirmed positive through a laboratory examination.⁹

Patients who are confirmed positive are categorized into 5 stages and each stage has different management, namely:⁹

- Stage 1. No symptoms – No special treatment required

- Stage 2. With symptoms but no pneumonia – basic therapy in the form of hydroxychloroquine
- Stage 3. With symptoms and pneumonia – basic therapy combining hydroxychloroquine with lopinavir/ritonavir
- Stage 4. With symptoms, pneumonia, and experiencing serious impaired oxygenation – basic therapy combining hydroxychloroquine with lopinavir/ritonavir
- Stage 5. Critical illness with multiple organ dysfunction – basic therapy combining hydroxychloroquine with lopinavir/ritonavir, ribavirin or interferon B.

In managing COVID-19, the Government is transparent. Information on the development of COVID-19 and its control is openly informed to the public in a number of ways, for example, through the official portal of the Ministry of Public Health, Facebook specifically for Crisis Preparedness and Response Centre (CPRC), the Ministry of Health, Malaysia (KKM), and CRPC KKM Telegram. The Government also conducts a national daily briefing on the status and latest developments of COVID-19. Thus, the public will receive the latest information that is useful for the management of COVID-19.^{4,9}

In addition to the Government, Non-government parties, including the community, are actively involved in managing COVID-19. Existing companies instruct their employees to work from home while still paying the appropriate salary. Many NGOs are actively involved in management, among others, providing food

and drinks, allocating housing for the vagrants or homeless people, and also providing necessary financial assistance. A number of NGOs are directly involved in raising funds and helping to provide and distribute masks and disinfectants as well as volunteering at various hospitals. They also help spread the right information regarding COVID-19. A number of NGOs, fashion designers and even prisoners even initiate the manufacture of masks which are then distributed to medical workers and the public.⁴

All public institutions, schools, and other educational institutions support the COVID-19 control program by giving employees and students days off, and relaxing learning activities by allowing an online learning system. However, this does not mean that they stop their scientific activities. A number of universities have even continued to conduct research in the midst of the pandemic, such as researching drugs that can be used for COVID-19, sterilization and disinfection efforts, making instant hand sanitizers, and face shields that are now used by the public. Besides, the university also conducts fund collection and fundraising to help students affected by the outbreak.^{4,9}

■ Learning Points

From the explanation above, several lessons can be drawn about overcoming COVID-19 in Malaysia which can be useful in controlling COVID-19 in Indonesia.

First, early preparedness to deal with a pandemic. Malaysia began to prepare and plan for controlling COVID-19 in December 2019. As soon as they received information about the spread of the disease in China, the Malaysian Government immediately coordinated with various related agencies to anticipate the spread of the outbreak in Malaysia. The government's early readiness was based on Malaysia's experience in dealing with several previous outbreaks, which are SARS, MERS, and H1N1. Malaysia has a continuous program and a trained team to carry out pandemic management measures including screening and contact tracing. This way, the Malaysian Government is ready to anticipate a pandemic. In fact, pandemic preparedness is one of the important strategies practiced by various countries that have succeeded in controlling COVID-19, such as Taiwan and Japan. When the outbreak occurred and China fought hard against the outbreak, several countries still took a relaxed attitude and took the outbreaks lightly. They did not take serious actions, even did things that were counterproductive for managing the pandemic. In Malaysia, the distance between the start of the pandemic in China and the discovery of the first case was 1-2 months. In this crucial period, Malaysia took various preparatory and anticipatory measures, for example, PPE stockpiling, and preparations in the fields of mobilizing medical facilities and personnel, ordering examination reagents, increasing laboratory capacity, and developing management protocols. At this stage, the activation of the rapid response team was also prepared as well as providing transparent information to the public about the possibility of the

outbreak. One of the important lessons to be learned is that each country needs to have a stand by team that has a special task and is experienced in carrying out pandemic management activities, including screening and contact tracing. This team needs to exist at various levels, from national to sub-district levels. This team also needs to be trained regularly and improved in knowledge and skills and ready to be activated if needed. In addition, shortly after a report about an outbreak it is necessary to immediately carry out strict screening at entry points or state borders. Experiences from various countries show that a number of countries have done this but the implementation is not strict and serious and seems to be done as a mere formality. Strict screening at the early stage is very important because the passing of cases, although the number is small, has the potential to transmit and spread the disease massively.

Second, Malaysia implemented the FTTIS principle (find, test, trace, isolate, support) effectively. Shortly after the first case was found, Malaysia implemented this principle by actively seeking, tracing, isolating and treating existing cases. The first eight cases were successfully contained and managed properly and then these cases were declared cured. This was proven by the absence of new cases within 11 days after the first case was found. The principle of find was carried out by the Government by identifying as many people as possible who had symptoms or had contact with positive cases. They disseminated information through mass media and social media and invited people who had symptoms or had contact with sufferers to immediately

contact health facilities. All identified in the find activity was tested. However, previously, health facilities had been prepared and equipped with examination and diagnostic facilities. The principle of test was carried out by providing test or examination places that were widely spread and easily accessible. The Malaysian government had prepared various means of conducting tests, including drive-through testing, mobile testing, dedicated testing, and even group-based testing by visiting certain high-risk areas, including apartments and offices. The principle of trace was also implemented by tracing those who had contact with sufferers and asking them to undergo quarantine with support during quarantine. Providing support for those who were undergoing quarantine or isolation was one of the crucial factors of FTTIS principles. Experiences in various countries show that one of the reasons for the failure of the lockdown program is related to the lack of support for those who are undergoing quarantine/isolation. When undergoing quarantine/isolation, people are not allowed to go out or have contact with other people even though they have the necessities of life that must be met. The Malaysian Government is considered successful in carrying out the lockdown because the Government provides adequate support, among others, by distributing the foodstuffs needed and providing an incentive of RM100 per day for those who are undergoing isolation/quarantine and have no income or whose income is affected. Quarantine/isolation is also mandatory for Malaysians and foreigners who come to Malaysia. Initially, it was recommended to self-quarantine, but later the Government

set tighter rules by requiring quarantine at government-determined quarantine centers, including hotels financed and covered by the Government.

Third, the second wave of COVID-19 in Malaysia was triggered by a number of positive cases in religious activities involving large numbers of participants and were done for a long time. In this case, the religious meeting which was the cause of the event was attended by around 16 thousand people and lasted for 4 days. From these religious activities, clusters were formed, such as religious schools and markets. In addition, a number of cases also occurred due to contamination with positive cases who attended weddings. An important lesson is that once the pandemic management has begun, the Government needs to strictly prohibit mass gatherings, especially those that last a long time. And, this prohibition must apply at all levels, from national level to regional level. Experiences in other countries show that this policy is sometimes implemented inconsistently. For example, prohibition is carried out at the national level but at the local level it is permitted or vice versa.

Fourth, in a very short time, Malaysia has succeeded in increasing its diagnostic capacity and health facilities. In less than two months, Malaysia managed to increase 86% of laboratory diagnostic capacity, 89% of bed capacity for critical cases, and 49% of the number of ventilators. The government is also rapidly converting various public infrastructure and facilities into quarantine places with appropriate facilities. A number of universities, training centers and hotels have been converted into quarantine

centers equipped with the necessary public infrastructure and facilities. Experiences in other countries show that quarantine infrastructure are often provided but not equipped with adequate infrastructure. Some quarantine centers are located in field or in places away from the crowd without adequate air conditioning, water supply, and room facilities.

Fifth, all patients who confirmed positive are hospitalized, whether they have symptoms or not. One of the advantages of this kind of treatment is that besides being able to prevent patients from making contact with other people, patients can also be monitored for their health conditions and can be treated immediately if necessary. This model is one of the advantages of management that is not commonly found in other countries. A number of countries allow positive cases to be treated at home and are only asked to report if they have a significant complaint. This poses a risk as the case in question may leave the house and contaminate others. In addition, immediate treatment cannot be done if complications suddenly arise.

Sixth, Malaysia prepares adequate funds for COVID-19 control. These funds are not only to complement the medical needs to handle COVID-19, such as purchasing PPE, drugs, ventilators, building, and developing hospitals, but also for non-medical purposes. These funds are also used to support those who are undergoing quarantine and isolation processes, allowance increase for health personnel, to provide assistance for employees or workers who are affected, even including providing discounts on electricity payments and other basic

necessities. The funds are also obtained from cooperation with the private sector and the business world, which help nearly 60% of the procurement of ventilators and other equipment needed by hospitals. The involvement of the private sector is managed by the Government so that the funds obtained are used as needed. Funds from the private sector and the business world are also used to help people in need.

Seventh, Malaysia is among the first countries to carry out a near complete lockdown with a Movement Control Order.¹² The enforcement of strict rules coupled with adequate support for those affected and efforts to increase public awareness of the impact of the pandemic are factors in the success of the MCO. Although initially there were doubts about the effectiveness of this program, the number of new cases has decreased significantly since mid-April, several weeks after the implementation of the program. Therefore, it is quite reasonable if some experts consider that MCO is one of the main factors that contribute to the successful management of COVID-19. Malaysia's experience in implementing an effective lockdown program can be a lesson in controlling the COVID-19 pandemic in other countries.¹³

Eighth, developing technology to monitor the development of the COVID-19 pandemic in Malaysia. This technology called MySejahtera is based on an application that can be downloaded via a cell phone. This application aims to assist the Government in regulating and mitigating the COVID-19 pandemic. In addition, users can also monitor their health status and also help to get health services if needed, such as

information about the location of the nearest hospital and clinic. MySejahtera can also be used by the Government to monitor user movements. Thus, if there are cases, tracing cases who have had close contacts with those who are confirmed positive will be easier. The use of MySejahtera application is also linked to the disbursement of incentives for assistance from the Government so that the number of users can increase sharply in a short time.

Ninth, effective communication and involvement of all communities regardless of ethnicity, race, and religion is an important factor for Malaysia in managing COVID-19. Since January until now, the Malaysian Government under the direct command of the Prime Minister has carried out effective communication in preventive, anticipatory, and curative measures against the pandemic. The determination of power is really used effectively and efficiently in terms of communication and services. This creates coordination between related agencies in the response and facilitates the availability of the tools needed for the control, including accurate data. The government conducts effective risk communication. The essence of risk communication that is always conveyed to the public is that people must have a strong sense of community empowerment to protect themselves and their surroundings by practicing standard precautions for managing COVID-19, such as physical distancing, use of masks, and washing habits. hand. Malaysia has implemented effective communication measures more frequent

and clear communication. Examples of messages delivered to the public are avoiding '3C' (crowded places, confined space and close conservation) and doing '3W', (washing their hands with water and soap; wearing face masks especially in public places or when they encounter people who are having fever and flu). Effective communication is carried out in collaboration with various authorities, such as the involvement of the Minister of Religion/Mufti in urging the public to volunteer for testing, especially those included in cluster of religious activities that triggered the second wave of COVID-19 in Malaysia. In addition, the participation of community-based organizations is also very important in bridging communication between the Government and the community. Another example of communication is through announcement, including actions and policies by the Prime Minister. In Malaysia, the Prime Minister's plea to "Stay at Home" has become the watchword and gives people a sense of belonging. In addition, in his remarks for the recent National Month, the Prime Minister raised the theme *Malaysia Prihatin* (Malaysia is concerned), where this theme illustrates the deep sense of concern and agreement of all components of Malaysia to jointly fight the pandemic. The effectiveness of sending messages and communications carried out by the Government is proven in the level of public compliance with MCO which reaches 97 percent.

■ Conclusion

Malaysia's ability to handle the COVID-19 pandemic is quite good. This country has succeeded in controlling the rate of COVID-19 cases and changing Malaysia's status from a country with the highest cases in ASEAN to one with a low positive rate and death rate, as well as a high cure rate, especially for the ASEAN region. Quick anticipation and effective integrated action are key to Malaysia's success. Malaysia immediately took precautionary action as soon as it got information about the spread of cases in China. The country also combines various standard pandemic control programs, such as extensive tracing, capacity building for health services, provision of medication, and adequate preventive measures. At the same time, restrictions on the movement of people and goods in the form of MCO were also implemented. All of these programs are standard pandemic control programs. Malaysia proves that with standard programs carried out correctly and effectively it can control the pace of the COVID-19 pandemic.

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VIETNAM

WRITTEN BY

Prof. dr. **Hadi Pratomo**, M.P.H., Dr.P.H |

Abdul Kadir, S.K.M., M.Sc.



BNPB



UNIVERSITAS
INDONESIA



VIETNAM'S EXPERIENCE AND BEST PRACTICE IN CONTROLLING COVID-19: LESSONS LEARNED*

■ Introduction

Even though on January 23, 2020 Vietnam reported its first case of COVID-19. The following four months, the number of cases reported in this country was less than 300 cases and the number of deaths occurred remained zero.^{1,2}

This initial success is attributed to several key factors, including a well-developed public health system, a strong central government, and a proactive containment strategy based on comprehensive testing results, tracing and

quarantine. Vietnam has taken a targeted testing approach by increasing the number of tests in areas experiencing community transmission and by carrying out three-degree contact tracing (isolation and treatment of infected patients in health facilities, isolation in institutions for patients who have had close contact with infected patients, and home-based isolation for people who have been in contact with those isolated in the first category) for each positive case. As a result of the detection process, hundreds of thousands of people including international travelers and those in



Vietnam has learned from SARS that they have to react quickly to the disease outbreak and take the right first step.³

close contact with people who test positive are placed in quarantine centers. This quarantine center is set up and run by the Government. This action is very effective in reducing the number of transmissions at the household level and in the community. Hotspots of community transmission are closed immediately and the Government communicates frequently with the community. This is aimed so that the community is properly informed about the outbreak and they are involved in the public health response carried out by the Government.

Vietnam experienced the 2003 SARS outbreak and cases of bird flu in humans during the period of 2004 and 2010. Both of these outbreak experiences give lessons to Vietnam to act quickly to deal with COVID-19. In addition to learning from the experiences of SARS and bird flu, Vietnam has also built the infrastructure needed to take appropriate action. As the COVID-19 pandemic continues and Vietnam loosens a number of restrictions that were previously implemented, the monitoring of changes in the number of cases and investigating the reasons for these changes will be of utmost importance. Lessons from the early detection and restriction control strategies that were successfully implemented in Vietnam are feasible to be studied more deeply so that other countries can apply them in responding to a pandemic in their countries.

■ Overview of Vietnam

➤ Review on Cultural, Social, Economic and Political Aspects

Vietnam is essentially an agrarian country and is heavily influenced by the philosophical views of China known as Confucius and its teachings known as Confucianism. How Vietnam's agrarian society thinks, acts, and behaves is strongly influenced by this view. These values include collectivism, where a person is born not only as a member of the family, but also as a citizen of a village and a state. One needs to live naturally with other societies. Values or community values are more important than personal values. Vietnamese is a common society, not a society with thriving individual values (egoism). The second value is the teaching of causality, which is what happens today is result of past actions. Parental behaviors affect the fate of a child. Success, failure, rich, poor, and war are not random incidents but always related to human behaviors. The third philosophy is life is survival (striving, "Life is to endure"). This is associated with the Vietnamese people who live in river delta with full difficulties and challenges. There is a local saying "If you are too smart, you will die; likewise if you are too stupid, you will die too. However, if you know how to live, you will survive" [originally "Khon chet, dai chet, biet thi song"]. Based on this philosophy of life, the Vietnamese behaviors are very elastic and flexible. Another value is face saving and relationship keeping. A person's values are largely determined by honesty, trustworthiness, and the ability to maintain relationships with other people. Because of collectivism, the

views of society are highly respected by Vietnamese individuals. Another value is respect for parents. Agrarian society has great respect for parents when it comes to decision making. This value may start to fade away.

Another value that is also important is the value of harmony, balance, consensus, and conflict avoidance. It is very important to maintain harmony and avoid conflict at the personal, community, and state levels. Agreement or consensus is a force that creates a peaceful atmosphere in rural areas. The last value is *Nhan Nghia*, which is benevolence; this value encourages Vietnamese to behave well to others.⁴

Vietnam is experiencing rapid demographic and social changes. The current population is nearly 100 million and it is estimated to reach 120 million by 2050. The majority (70%) are under 35 and have a life expectancy of 76 years. This figure is the highest in countries with the same income. The country is also ranked 46 out of 157 countries in terms of the Human Capital Index (HCI) and is second best after Singapore. Education is generally good. Vietnam scores high on the Program for International Student Assessment (PISA) in 2012 and 2015. Student performance in Vietnam is higher than those from the OECD. Vietnam has undergone a significant economic transformation since the 1980s. The adoption of economic reforms known as the *Doi Moi* policy in 1986 transformed a centrally planned economy into a socialist-oriented market economy. This is believed to put Vietnam today on the path to middle-income country status. Between 2002 and 2018, the Gross Domestic Product (GDP) per

capita increased by 2.7 times and reached US\$2,700 per capita. In addition, 45 million people have been removed from the poverty line (2019).⁵

In Vietnam, politics is controlled by the Communist Party of Vietnam (CPV) which was founded on February 3, 1930. This party adopted the teachings of Marxism-Leninism and Ho Chi Minh was one of the former figures/President of Vietnam. The party command structure is very strong from the central, provincial, city, district, to community levels. Thus, a strong communist party apparatus exists at every level of government.

■ Various Public Health Aspects in COVID-19 Management

➤ Review on Pandemic Experiences and Health Care System

Vietnam has a history of fruitfulness and success in managing pandemics. In 2003, this country was the first country recognized by the World Health Organization (WHO) as a country free from SARS. During the SARS epidemic (2003), this country intervened a lot and this experience is used to respond to the COVID-19 pandemic. Likewise, the experiences of epidemic preparedness and response measures being taken by the country have generated greater awareness among the Vietnamese people to comply with the public health response established by the Government. In fact, a survey conducted in late March 2020 by a public opinion research

firm found that 62% of Vietnamese people believe that the Government's response rate is at "the right amount". This percentage is higher than the percentage found in other 45 countries also surveyed.

After the SARS epidemic, Vietnam increases investment in its public health infrastructure, including by developing a public health emergency operations center and a nationwide public health surveillance system. Vietnam established a national emergency operations center in 2013 and built four regional emergency operations centers in 2016. The centers are managed by skilled personnel including alumni of the Field Epidemiology Training Program, a program run by the country's Department of Preventive Health, Ministry of Health and supported by the U.S. and WHO CDC. The program consists of three curricula aimed at "training disease detectives in the field".⁶ As of May 2019, the program has produced 23 alumni in Vietnam.⁷ This network of emergency operations center conducts training and exercise to prepare key stakeholders in government for dealing with the outbreak. In addition, this staff has also managed preparedness and response efforts related to measles, Ebola, MERS, and zika.

Vietnam has invested heavily in the health care system with public health spending per capita increasing by an average of 9.0 percent per year, between 2000 and 2016.⁸ This investment is paying off with health indicators that improve rapidly. Between 1990 and 2015, life expectancy (LE) increased from 71 years to 75 years⁹; meanwhile, the infant mortality rate (IMR) fell from 36.9 deaths per 1,000 live births (LB) in 1990 to 16.5 deaths in 2018.¹⁰ In

addition, the maternal mortality ratio (MMR) dropped dramatically from 139 deaths per 100,000 LB to 54 deaths.¹¹ In 2018, measles immunization coverage in children aged 12 to 23 months reached more than 97 percent.¹²

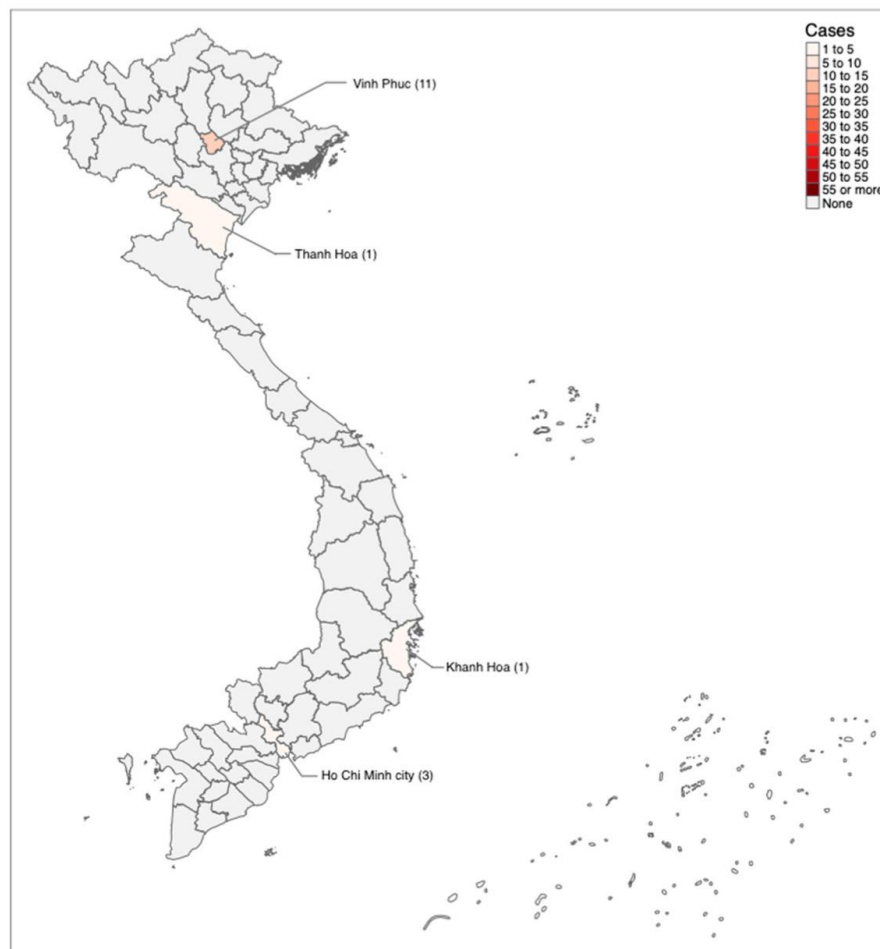
Vietnam has long maintained a strong data collection and aggregation system from public health entities which switched to a near realtime web-based system in 2009. Since 2016, hospitals have been required to report notifiable diseases within 24 hours to data center to ensure that the Ministry of Health can track epidemiological developments across the country in real time.¹³ Vietnam in collaboration with CDC/U.S. piloted an "event-based" surveillance program in 2016 with a focus on communities and health facilities in six provinces followed by pilot hospital event-based surveillance enhanced and supported by WHO in two pilot provinces from 2017 to 2018. Guidelines for National Event-Based Surveillance were published in March 2018 and implemented nationally in 2018 after seeing positive results from pilot research. Event-based surveillance at the community level empowers community members, including teachers, pharmacists, religious leaders, community leaders, and even traditional medicine practitioners, to report public health-related events. This community-based surveillance aims to identify groups of people with similar symptoms who may be showing signs of an outbreak.¹⁴ In addition, Vietnam's focus on epidemic preparedness and response can be seen from its participation as one of the first countries to join the Global Health Security Agenda, a group of 67 countries committed

to strengthening global efforts in the prevention, detection and response to threats of contagious disease, in 2014.^{15,16}

➤ **History of COVID-19 Outbreak Transmission and Epidemiology**

Vietnam's first COVID-19 case was reported on January 23, 2020. The patient is a man from Wuhan, China and his son, who lives in Vietnam.¹⁷ The third patient, and the first Vietnamese to contract the disease, is a 25-year-old woman who travelled to Wuhan on business and returned to Vietnam on

January 17, 2020.¹⁸ A week after the first case was confirmed, Vietnam formed a national steering committee to coordinate a strategy for Vietnam's "whole government" which initially met once every two days.¹⁹ The provincial leader in Vinh Phuc, a province in the north about an hour's drive from Hanoi, put a lockdown on a commune called Son Loi, isolated patients and their close contacts in quarantine camps for at least 14 days, and activated screening throughout society when the first evidence of disease spread in the community was found.²¹

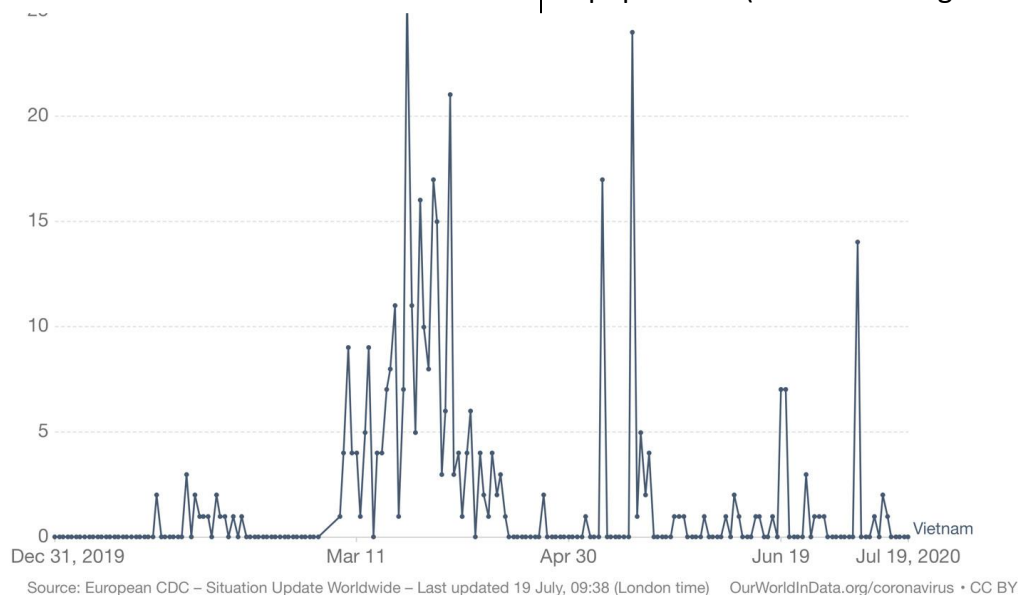


Transmission of the First COVID-19 Case in Vietnam.²²

Source: La, Viet-Phuong & Pam et al, 2020

➤ Number of COVID-19 Cases Confirmed Every Day

The number of confirmed cases is greater than the total number of cases as of July 2020. The main reason for this difference is the limited number of tests.²³



European CDC – Situation Update Worldwide – Latest update per July 19, 9:38 am (London time)
OurWorldInData.org/coronavirus. **Source:** Todd Pollack et al., 2020

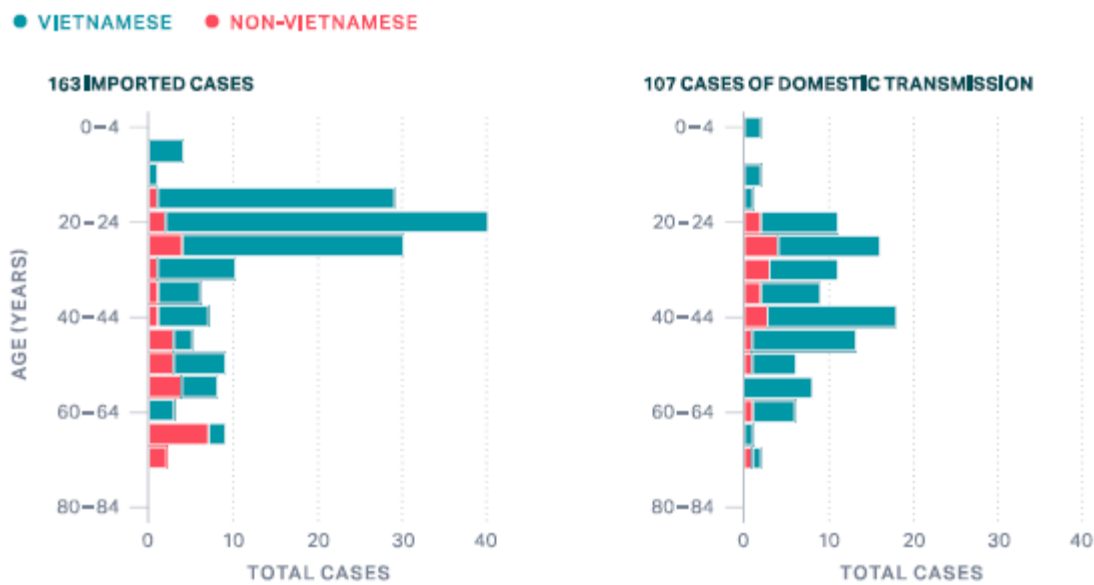
The second wave of COVID-19 occurred on March 6 that included cases from overseas and originating from new hotspots, including Europe, the UK and the United States. A day after the first case of the second wave was detected, the government tracked down and isolated about 200 people who had close contact, lived on the same street, or who were on the same flight from London with the patient.²⁴

On May 1, 2020, one hundred days after the outbreak emerged, Vietnam only confirmed 270 cases despite extensive testing had been done, and community transmission had not occurred since April 15, 2020.²⁵

To date, no patient has died from COVID-19 in Vietnam. Although further research into the study of illness and death from COVID-19 in Vietnam is still needed, some experts speculate that the very low obesity rate combined with a young population (the median age in Vietnam is

30.5 years, with only 6.9 percent of the population over 65 years, while the median age of COVID-19 patients is 29 years)²³ has contributed to better treatment outcomes for COVID-19 patients. In addition, most of the cases (67 percent by May 25, 2020) in Vietnam are cases of migrants from countries affected by COVID-19: first from China and then from Europe and the United States.

➤ **Cases in Vietnam based on Age and Gender²⁷**



Data Source: Centers for Disease Control and Prevention Vietnam, 2020

➤ **Cases from Abroad vs Community Transmission Cases in Vietnam²⁸**



Data Source: Pham TQ, Rabaa M, Duong LH, et al., 2020

➤ **Detection and Development of Diagnostic & Testing Tools**

At the end of January 2020, the Ministry of Science and Technology held a meeting with virologists to encourage the development of diagnostic tests. Starting early February 2020, publicly funded institutions in Vietnam developed at least four locally made COVID-19 tests validated by the Ministry of Defence and the National Institute of Hygiene and Epidemiology. Furthermore, private companies such as Viet A and Thai Duong offered the capacity to manufacture test kits. Most of the laboratory confirmatory tests on the test site are analyzed using the in-house version of WHO protocol, which allow the test to be carried out extensively without long waiting. Molecular testing (for example, polymerase chain reaction or PCR) on respiratory tract samples is the main test used. Rapid diagnostic test that detects host antibodies is rarely used.

➤ **Timeline of Development of Diagnostic & Testing Tools:**

- February 7, 2020: Test kit was developed by Hanoi University of Science and Technology. Test method: RT-LAMP (reverse transcription loopmediated amplification isothermal). Cost: USD 15. Test time: 70 minutes.
- March 3, 2020: Test kit was developed by Vietnam Academy of Science and Technology. Test method: real-time RT-PCR (reverse transcription polymerase

chain reaction). Cost: less than USD 21. Test time: 80 minutes from receiving the sample.

- March 5, 2020: Test kit was developed by Military Medical University, commercialized by Viet A. Cost: USD 19-25. Test method: RT-PCR and real-time RT-PCR. Test time: more than one hour (faster than the two-step Charité protocol) but has a test capacity of four times the number of samples from tests using CDC kit.²⁹ Viet A test has been certified by the European Union and other authorities and is now being exported to other countries, although WHO certification is still in progress based on conditions as of May 2020.³⁰
- April 28, 2020: Production and launch of the RT-LAMP and RT-PCR^{31,32} equipment commercialized by Thai Duong company.

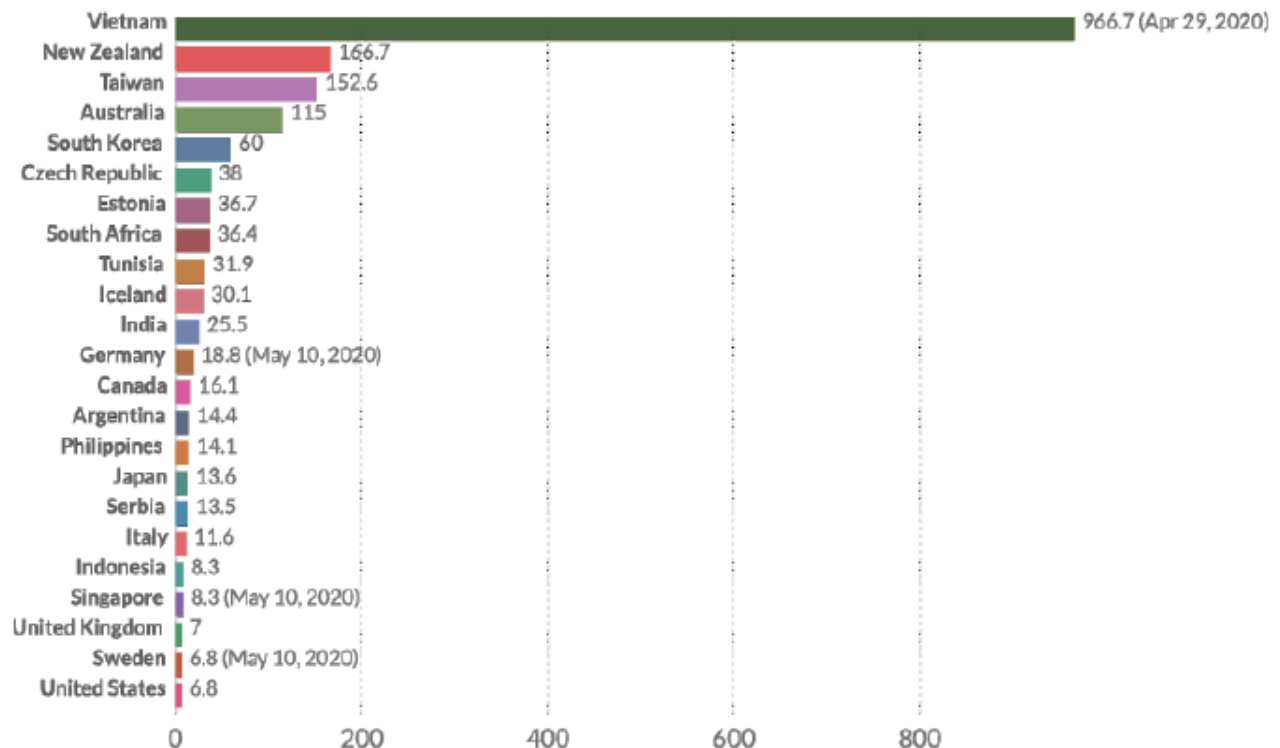
Test capacity has also increased rapidly to 120 from just two national test sites at the end of January 2020 in May 2020. As of May 2020, 63 test sites have confirmation test services, i.e. analyzed the results of any test.³²

Given its low number of cases, the country decided to adopt a strategy of using testing in an effort to identify clusters and to prevent wider transmission. When community transmission is detected (even if only one case is found), the government reacts quickly by carrying out contact tracing, lockdown at the commune level, and extensive local testing to ensure no cases are

missed. This action explains why Vietnam has carried out far more tests per confirmed case than any other country in the world

despite its relatively low number of tests per capita.

➤ Number of COVID-19 Tests for Each Confirmed Case, May 9, 2020



Source: Test data from official sources compiled by Our World in Data, confirmed cases from ECDC - OurWorldInData.org/coronavirus. **Note:** Comparison of test data between countries are affected by differences in how data is reported. Details can be found on our Testing Dataset page.

➤ Contact Tracing and Restriction (Quarantine)

Testing is used as a tool for detection in contact tracing. Contact tracing and quarantine are major parts of containment efforts. Vietnam's contact tracing strategy stands out because it is uniquely comprehensive. This strategy is based on tracing contact levels from F0 (infected people) through F1 (those who have had

close contact with F0 or are suspected of being infected), F2 (close contact with F1), and continue through F5.

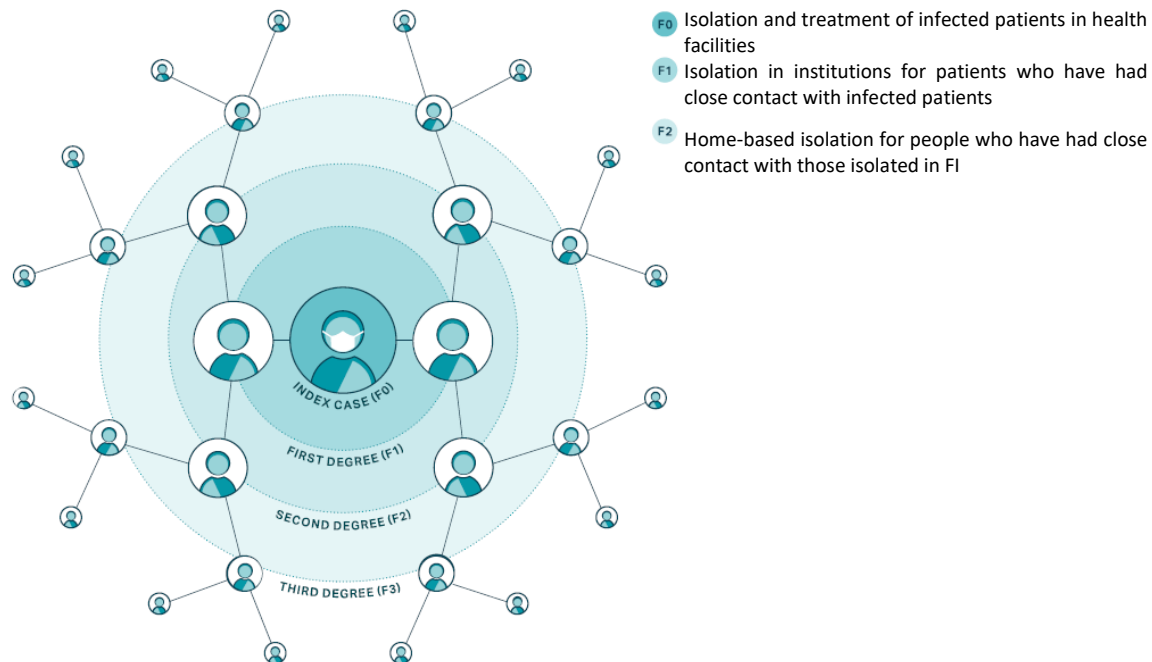
There is a very narrow window period for tracing and quarantining contacts before they can transmit disease. The incubation period between contact with the virus and the onset of symptoms averaged five days. Infection occurred two days before symptoms. Because of this, there is only

three days from the point of contact with cases to find and quarantine contacts before they can potentially infect others. It is imperative to move fast, mobilize contact tracing devices, and find contacts.

The process in Vietnam takes place as follows:

- Once a patient with COVID-19 is identified (F0), local public health officials, with support from health professionals, security forces, military and other civil servants, work with patients to identify who they may have contacted and infected in the past 14 days .
 - All close contact (F1), defined as those who have been within approximately 6 feet (2 meters) of or had prolonged contact for 30 minutes or more with a confirmed
- case of COVID-19, are identified through this process and tested for presence virus.
 - If a positive F1 test shows the presence of the virus, they are isolated in hospital. All COVID-19 patients are hospitalized free of charge in Vietnam, regardless of symptoms.
 - If F1 does not test positive, they are quarantined in a Government-run quarantine center for 14 days.
 - Close contacts of previously identified close contacts (F2) are required to self-isolate at home for 14 days.

➤ Three-degree Contact Tracing in Vietnam



Data Source: Ministry of Health of Vietnam, 2020

One of the important aspects of Vietnam's approach is that it identifies and quarantines suspected cases based on the epidemiological risk of infection (if they come into contact with confirmed cases or travel to a country affected by COVID-19), not on whether they are showing symptoms. The high proportion of cases without symptoms (43 percent) shows that this approach may be a major contributor to the limited community transmission in early stages.³³

For SARS, strategies to identify and isolate persons with symptoms can be implemented because the disease is only contagious after symptoms appear. However, for SARSCoV-2, infection can occur before the onset of symptoms or even when there are no symptoms at all, so

identification and isolation strategies after symptoms appear are inadequate.

From January 23, 2020 to May 1, 2020, more than 200,000 people have spent their time in quarantine facilities.³⁴ Those in government-run quarantine centers are

On April 15, 2020, this app was ranked fourth in the ranking of the most downloaded apps among all free health and fitness apps available on iOS Store Vietnam.³⁷ In mid-



Photo Document

A mandatory quarantine area for Vietnamese returning from abroad.³⁹

given three meals a day, sleeping facilities, and basic toiletries, and reactions to conditions in quarantine centers on social media are generally positive. Although unpopular, "on demand" quarantine facilities have also been established at certain hotels for those willing to pay.

On March 10, 2020, the Ministry of Health started to collaborate with a telecommunications company to launch NCOVI, an application that helps residents implement an "environmental surveillance system". The app complements official contact tracing efforts and may have helped slow disease transmission, although it has drawn criticism from some privacy defenders. NCOVI includes maps of detected cases and infection clusters and allows app users to state their own health status, report suspected cases and view the real-time movement of people placed in quarantine.³⁶

April, a cybersecurity firm in Vietnam called Bkav launched Bluezone which is a Bluetooth-enabled mobile app that notifies users if they are within about 6 feet (2 meters) of a confirmed case within 14 days. When users are notified of exposure, they are encouraged to contact public health officials immediately.³⁸

Another important strategy that is implemented to limit the spread of disease (containment) is to prevent transmission to health workers, then return to the community. During the SARS outbreak in 2003-2004, dozens of Vietnamese health workers were infected with the disease. In addition to the index patients, the victims who died from SARS in Vietnam were doctors or nurses at that time.⁴⁰ However, over the past ten years, Vietnam has significantly increased the implementation of hospital infection control by investing in

organizational systems, building physical facilities, purchasing equipment and supplies, and train health workers.

In preparation for the COVID-19 pandemic, Vietnam is increasingly strengthening hospital procedures to prevent infection in all health services. On February 19, 2020, the Ministry of Health issued National Guidelines for Infection Prevention and Control for Acute

hospitals in Hanoi and Ho Chi Minh City, health facilities at all levels are ready to admit patients to avoid overloading acute healthcare system in the event of a larger outbreak. In fact, Vietnam does not have enough cases to create an excessive burden on hospitals. It should be noted that only four health workers who have been infected in this country.



The Vietnamese Government has chosen to take a COVID-19 prevention approach according to the conditions and context of the country, one of which is community involvement. This relationship between the government and its people has an authoritarian element so that all citizens or people are very obedient to their government.

Respiratory Disease COVID-19 in Health Services. This document provides comprehensive guidance to hospitals on the screening, acceptance, and isolation of confirmed or suspected cases of COVID-19, preparation of isolation areas in hospitals, use of personal protective equipment, cleaning and disinfection of environmental surfaces, waste management, collection, preservation, packaging, and delivery of patient samples, prevention of COVID-19 infection in laboratories, handling of corpses of confirmed and suspected COVID-19 patients, and guidelines for the prevention of COVID-19 for family members and hospital visitors.

Although most COVID-19 patients in Vietnam are admitted to specialized

COVID-19 LOCKDOWN IN VIETNAM

➤ **Appropriately targeted Implementation of Lockdown**

Vietnam implements mass quarantine at suspected hotspots based on epidemiological evidence that continues to develop over time (see table).

Vietnam entered a nationwide lockdown on April 1. Initially, the lockdown was set to last 15 days, but was extended to 21 days in 28 of the 63 provinces.

Area	Date	Number of Affected Population	Details
Son Loi Commune (Vinh Puhuc Province)	February 13 – March 4	10,000 people	At that time, there were 16 cases of COVID-19 across the country with 6 of them in Son Loi. ⁴¹
2 Streets in Truc Bac (Hanoi)	March 6 – 20	190 people	Patient 17 (the first confirmed case in the second wave) lives on this road. Sixty six households were locked down. ⁴²
Phan Thiet Street (Binh Thuan)	March 13 – April 3	150 people	On two roads (Hoang Van Thu and Ngo Sy Lien) where 38 patients live. Twenty-nine households were locked down. ⁴³
Van Lam Village (Phuoc Nam Commune, Thuan Nam District, Ninh Thuan Province)	March 17 – April 14	5,000 people	Two COVID-19 infections, patient 61 and patient 67, triggered a total lockdown in the area and movement restrictions imposed on all of its residents. All 16 entrances to the village are closed and monitored. ⁴⁴
Thua Loi Village (Ben Tre Province)	March 23 – April 20	1,600 people	Isolation measure was applied to 480 households after a resident, patient 123 aged 17, was infected with the virus that causes COVID-19. ⁴⁵
Bach Mai Hospital (Hanoi)	March 28 – April 11	4,000 – 5,000 people	Lockdown after 45 people related to hospitals tested positive for COVID-19. ⁴⁶
Ha Loi Village (Me Linh District, Hanoi Province)	April 7 – May 6	10,000 people	A sign was put up during the lockdown, after the last case was detected which was a case of community transmission (other than the patient from Ha Giang, patient 268)
Dong Van District (Ha Giang Province)	April 22 – 23	7,600 people	Lockdown is enforced before test results were obtained for suspected cases and was completed one day after the test results were stated negative. This is an example of how quick the authorities reacted.

Data Source: Pham TQ, Rabaa M, Duong LH, et al. 2020

➤ Number of People Quarantined in Vietnam⁴⁷



Data source: Pham TQ, Rabaa M, Duong LH, et al. 2020

➤ Restrictions on Gathering, Travel, and Movement

In fact, before Vietnam's first case was confirmed, Vietnam had taken the first of many measures that were then implemented by closing and restricting mobility for citizens and international travellers. Most other countries are waiting for much higher case rates before implementing the measure. Passengers arriving from Wuhan, China, received an additional screening step before Vietnam's first case was confirmed. Visas for Chinese tourists are no longer issued starting January 30, 2020, only a week after the first case was confirmed. At the end of the ten-day Lunar New Year holiday on January 31, 2020, and with only five confirmed cases across Vietnam, the Government requires that all schools across the country remain closed.

Flights to and from China were suspended on February 1 and travel by train

was canceled immediately thereafter, namely on February 5, 2020. These restrictions were applied when cases were within the single digit range. Flights from the Schengen countries and the UK were suspended on March 15, 2020 (after a second wave of cases, which were traced to persons traveling in Europe), and all visa issuance was suspended on March 18, 2020. Vietnam closed borders and suspended all international flights on March 22, 2020.

In early February 2020, Vietnam began implementing a policy of placing all arrivals from countries affected by COVID-19 in large government-run quarantine centers for 14 days (figure below). Vietnam began using quarantine centers for Vietnamese who have arrived from China on February 4, 2020 and extended this policy to those arriving to Vietnam from South Korea on March 1 and, finally, to all international arrivals from March 20-22. International flights are also

transferred from airports that are still used for domestic travel.

launched “Ghen Co Vy,” which means “Jealous Coronavirus,” a popular pop song



Photo Document

The implementation of social distancing in a Vietnamese market.⁴⁸

➤ **Aspects of Communication: Clear, Consistent and Creative Public Health Messages**

While leaders in many countries are downplaying the threat of COVID 19, the Vietnamese Government communicates clearly and powerfully about the dangers of the disease, even before the first case was reported. On January 9, 2020, a warning was issued by the Ministry of Health for the first time to residents about the dangers of the threat of COVID-19. Since then, the Government has been in frequent communication with the residents, adding brief precautionary statements to all phone calls made in the country, sending direct messages to people, and taking advantage of Vietnam's high social media use. The country has 64 million active Facebook users and 80 percent of smartphone users in Vietnam install a local social media app, Zalo.⁴⁹

In late February 2020, the National Institute for Occupational Safety and Health

given new lyrics and turned into a community service message about hand washing. The institution asked Khac Hung to rewrite the lyrics and dancer Quang Dang to choreograph the dance moves, which in turn spearheaded the dance challenge on Tik Tok.⁵⁰ In March 2020, the Ministry of Health sent ten messages to all cell phone users in Vietnam.⁵¹ Throughout these communications, the Government has continually carried the motto: Fighting against the epidemic is like fighting against an enemy.⁵² This message engenders community enthusiasm and makes them feel inspired to do their part, whether it's wearing masks in public or staying in quarantine for several weeks.

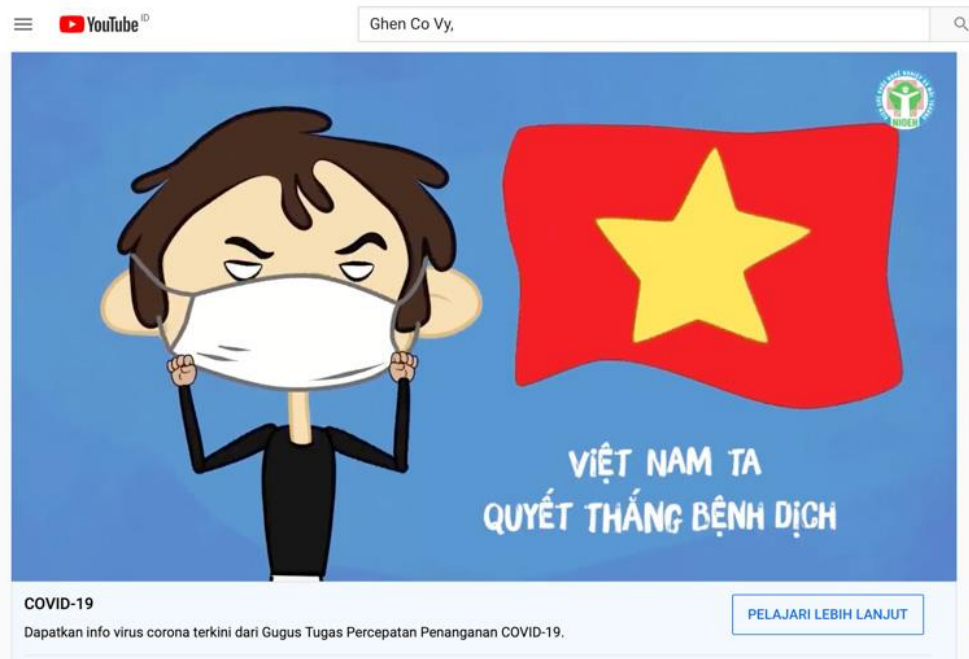


Photo Document

Community service messages for COVID-19 prevention via Youtube.

NCOVI-Apps is the official application of the Ministry of Health and the Ministry of Information and Communications to help people across Vietnam to voluntarily make a medical declaration and contribute to the prevention and fight against acute pneumonia caused by a new strain of coronavirus.

This app is also the official channel for state agencies to send messages and recommendations to people about the current situation related to the COVID-19 disease.⁵³



Description

The implementation of socialization and communication using a motorbike.⁵⁴



Description

Socialization media using a minitruck.⁵⁴

On April 14, 2020, Vietnam issued a decree allowing the authorities to fine people who use social media for "sharing false, misleading, distorted or defamatory information." This Ordinance has been opposed by Amnesty International and other parties. However, according to data from YouGov, as of 4 May 2020, 93 percent of Vietnamese people believe the Government gives a "very" or "quite" good response.⁵⁴

■ LESSONS LEARNED

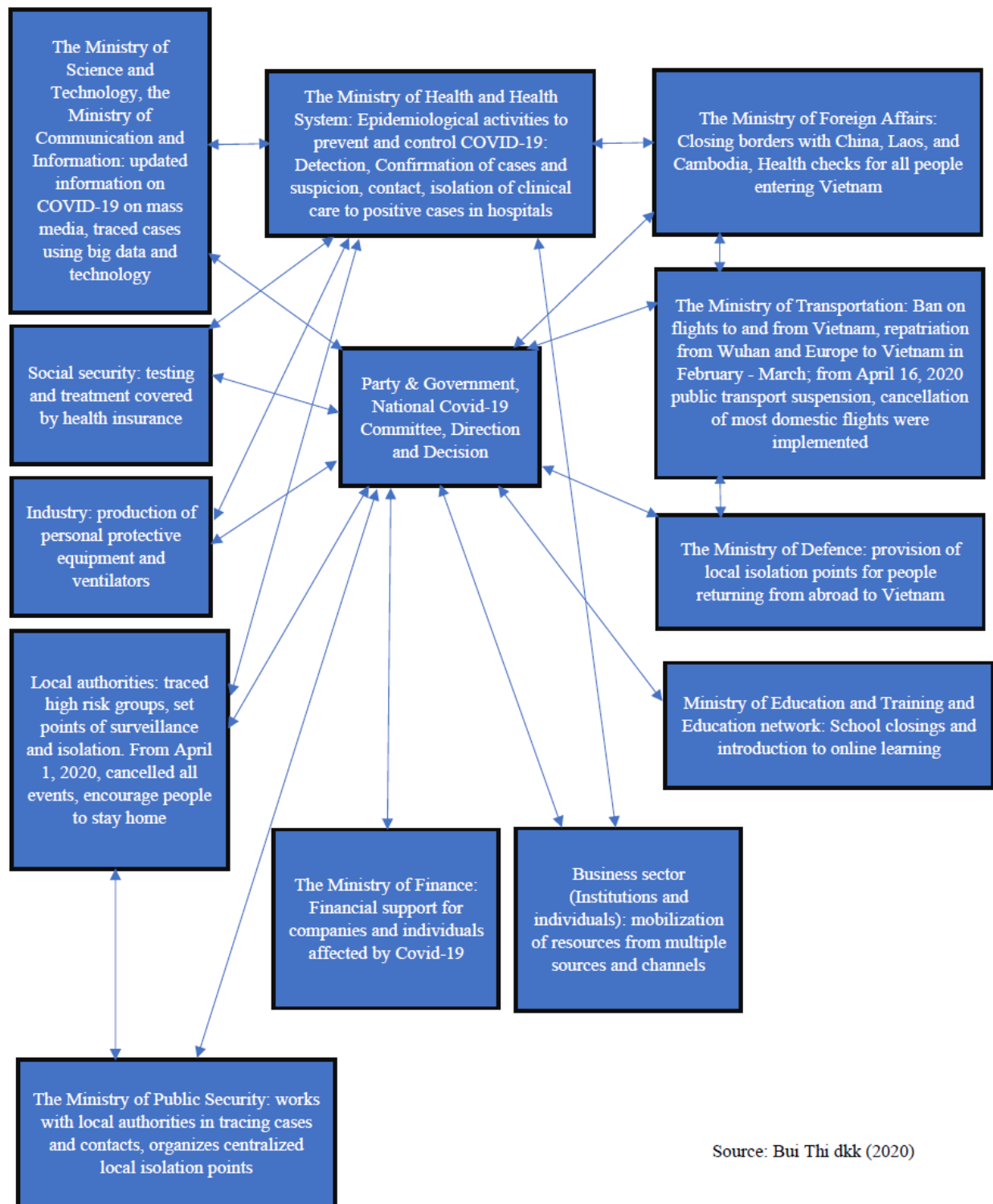
Certain aspects of Vietnam's response to COVID-19 may not be replicated in other countries. Its experience with past epidemics prompted Vietnamese citizens to take significant steps in an effort to slow the spread of the virus. Because Vietnam has a one-party government with a chain of command that extends from the national to the village level, this government system is well-suited for mobilizing resources, implementing public health strategies, and ensuring consistent messages while enforcing strict regulations. There are many lessons from Vietnam that can be applied in other countries, including:

- Investments in public health infrastructure (e.g., emergency operations centres and surveillance systems) will enable countries to start managing public

health crises effectively. Vietnam is learning from the SARS and bird flu outbreaks, and other countries can learn the same from COVID-19;

- Early action, from closing borders to testing and lockdowns, can contain the spread of disease in communities before it becomes uncontrolled;
- Comprehensive contact tracing can help facilitate appropriately-targeted containment strategies;
- Quarantine based on possibility of exposure, rather than just symptom-based, can reduce transmission without symptoms (asymptomatic) and before symptoms appear (pre-symptomatic);
- Clear communication is essential. A clear, consistent, and serious narrative is essential during a crisis;
- A strong whole-of-society approach by involving multi-sectoral stakeholders in the decision-making process and activating cohesive participation of appropriate steps.

The following is a coordinated national response flow in managing COVID-19 in Vietnam.⁵⁵



Source: Bui Thi dkk (2020)

Vietnam started lifting its nationwide lockdown on April 22, 2020. Schools opened between May 4 and May 11, 2020. Public transport, domestic flights, and taxis are now permitted to operate, but international flights are still prohibited. Everyone must wear a mask in public. The full timeline of the COVID-19 outbreak can be seen in appendix 1. Since April 16, 2020, Vietnam has not recorded any new cases of COVID-19 that

have been transmitted in the community. However, as more and more Vietnamese citizens are being repatriated to the country, 54 positive cases have been detected at airports and in quarantine centers. This next phase of Vietnam's COVID-19 journey is important to note. The main question is how and when will Vietnam open their borders and will Vietnam be able to sustain this success when they open borders?

➤ **CASE STORY 91 THAT IS FAMOUS IN VIETNAM⁵⁷**

Stephen Cameroon (42 years) is a pilot with Scottish nationality and ventured into becoming a pilot for Vietnam Airlines. On March 14, 2020, one night he hung out at a bar the day before Vietnam went into lockdown. It turned out that he contracted COVID-19 and the case was getting worse. Cameron was treated in the High Intensive Care unit in one of the hospitals and was on a ventilator for 68 days. His weight dropped to 20 kg. Cameron was known as case no. 91 and all Vietnamese specialists were very attentive. His case became daily news in newspapers and on television. His lung function remained 10%, so it used a ventilator machine. At that time, hundreds of Vietnamese wanted to donate a lung for his life. In mid-June 2020, after undergoing rehabilitation, Cameron was ready to return to his country. "Fortunately, I was sick and contracted COVID-19 in Vietnam, if only I had contracted COVID-19 in other countries, I would have died".

Vietnam is one of the countries in the world that is “champion” against COVID-19. This disease was defeated by Vietnam almost without a fight. To date, there are 355 cases of COVID-19 in the country and ALL of them have recovered and no one has died. Bravo Vietnam!

Source: Miguel Patricio, Vietnam v, Covid: The Champion of the World, Courthouse News Service

➤ VIETNAM SUCCESS TIPS IN CONTROLLING COVID-19⁵⁸

Learning from the past:

- Vietnam and its government has learned from the experience of dealing with previous pandemics, namely the SARS case in 2003 and the H1N1 case in 2009.
- Strong leadership and strong command of the communist apparatus at every level of government to village level;
- Intensive surveillance and tracing (case tracing);
- The Government continues to put forward vigilance and emphasizes that COVID-19 is not just the flu;
- Clear, consistent, creative public health messages

Vietnamese People:

- The nationalist tradition of society in difficult situations (to survive);
- The collective culture of Vietnamese society originating from the Confucian tradition that encourages people's behavior to respect leaders, consensus, and be willing to sacrifice for others.

Source: Viet Phuong Nyugen (2020). The Domestic Politics of Vietnam's Coronavirus Fight. The Diplomat

* This study was inspired by the writing of Todd Pollack, Guy Thawaites, Maia Rabaa, Marc Choisy, Rogier van Doorn, Duong Huy Luong, Dang Quang Tan, Tran Dai Quang, Phung Cong Dinh, Ngyu Duy Ng- hia, Tran Anh Tu, La Ngoc Quang, Nguyen Cong Khanh, Dang Duc Anh, Tran Nhu Duong, Sang Minh Le, Thai Pham Quang. 2020. Emerging COVID-19 Success story: Vietnam's commitment to containment.
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APPENDIX 1.

Vietnam: Timeline of Outbreak
and Policy Actions

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Indonesia's experience in Controlling COVID-19 Outbreak

**in 17 Provinces and Lessons
from Other Countries**

The COVID-19 outbreak is one of the biggest disease outbreaks in this century which not only affects safety, health, but also on the economy, socio-culture and all aspects of human life. Indonesia, with all its diversity and limitations, is working hand in hand to deal with the impact of this outbreak.

This book tells the various uniqueness and creativity of controlling the COVID-19 outbreak based on local wisdom throughout Indonesia. Not only controlling in the health sector, this book also describes various economic, socio-cultural leadership programs and various other programs implemented in Indonesian society.

This book also contains a collection of information and views from a number of sources regarding the development of the COVID-19 pandemic in Indonesia and several countries that are considered successful in controlling the pandemic. The results of interviews, literature reviews, and reviews of various other information are presented in the form of popular scientific narratives that are easy to understand.

This book, the result of collaboration between BNPB and University of Indonesia, can be a source of reference for various stakeholders in Indonesia, add insight and understanding of the controlling of the outbreak, and show the world what Indonesia has done in controlling the COVID-19 outbreak.

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