



**SIAP SIAGA
Program
Australia – Indonesia
Partnership in Disaster
Risk Management
(AIP- DRM)**

**Lessons Learned Report
No. 2: COVID-19
Response in East Nusa
Tenggara Province,
Indonesia**



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SIAP SIAGA Program

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Workshop Summary

The Lessons Learned Workshop on the COVID-19 response in East Nusa Tenggara province (NTT) was conducted to assess the critical lessons from the response, particularly the best practices, and to provide recommendations for future policy development. In addition to that, the workshop also assessed the coherence, clarity, and communication of the response within the broader disaster management system, specifically (1) coordination, (2) public accountability (data, information, and communication), and (3) policy development/implementation.

The workshop resulted in seven strategic issues and related recommendations to address the areas for improvement, namely (1) the weak in implementation of regulations: a lack of socialization, a lack of enforcement, a lack of resources, (2) lack of availability of data and information SOPs, including standards for public communication, (3) information transparency and accessibility, (4) low COVID-19 testing capacity, (5) lack of long term perspective on the sustainability of the response and community empowerment, (6) insufficient involvement of CSOs, religious institutions, private sectors and academia in the Task Force operations, and (7) disaster response system not in line with the current regulations on disaster management.

Finally, by assessing the response through the lens of coherence, clarity, and communication, the recommendations are grouped into short term and long-term follow up recommendation, not only for COVID-19 but also for the improvement and enhancement of disaster management in the long term.

Background and Objectives of the Workshop

Background

Since the confirmation of COVID-19 in Indonesia on 2 March 2020, and the subsequent nomination of the National Disaster Management Agency/Badan Nasional Penanggulangan Bencana (BNPB) to lead the national Task Force on 13 March (Presidential Decree 07/2020) SIAP SIAGA pivoted to provide support to BNPB and other key government departments, as well as the provincial Task Forces in Bali and NTT, to manage the COVID-19 response. The primary focus of this support was to strengthen the disaster management system to accommodate response to a pandemic.

The NTT Provincial Government formed their Task Force on 13 March 2020, prior to the confirmation of any cases in the province, with SK Gubernur 121/KEP/HK/2020, revised with SK Gubernur 152/KEP/HK/2020 to adjust to subsequent national regulations. The Task Force is headed by the Governor, and the Operational Team is headed by Regional Secretary (Sekretaris Daerah/Sekda). The Sekda is assisted by the Head of the Provincial Health Office whose main task is to handle the health/medical aspects, as well as the Head of the Provincial Disaster Management Office (Badan Penanggulangan Bencana Daerah/BPBD) whose main task is to handle the non-medical aspects, including prevention, coordination, and logistics. The secretariat is in the Health Office.

From late May 2020, national and sub-national governments began to discuss the 'new normal' phase to prevent further economic loss. In NTT, this phase started with Pergub No 26/2020 on New Normal Order in NTT Province. Despite the ongoing COVID-19 response, the regulation identified milestones and space for reflection on COVID-19 prevention and handling, especially by the NTT Task Force. Considering this, BPBD NTT, with support from SIAP SIAGA, organized a workshop on Lessons Learned from COVID-19 Task Force operations in NTT.

Objectives

The workshop focused on identifying lessons, best practices, and recommendations from the implementation of COVID-19 prevention and response strategies by the NTT Province Task Force using a panel and discussion approach.

The specific objectives were:

1. Share and learn from experiences in the prevention and handling of COVID-19 in NTT;
2. Identify good practice and areas for improvement for more effective emergency response in the future; and
3. Formulate and agree on mutual recommendations.

Recommendations from the workshop can also be used for the implementation of the New Normal phase.

The workshop was divided into two phases:

a. Panel Discussion

The panel discussion aimed to provide an overview from different perspectives on the best practices and what should be improved and what should be avoided in the future. Each speaker was given a question guide to ensure the material delivered meets the requirements of the workshop.

b. World Café

The second part of the workshop was originally planned as a group discussion, but to get deeper participation on each topic, the discussion was changed to a "world café." It was divided into three topics: data, information, and public communication, coordination, and policy.

About SIAP SIAGA

Launched in November 2019, SIAP SIAGA is funded by the Australian Government, through the Department of Foreign Affairs and Trade (DFAT) and is managed by Palladium. This five-year program of AUD 25 million aims to strengthen Indonesia's management of disaster risk and engagement between Australia and Indonesia. The program has both a domestic focus on improving Indonesia's ability to prevent, prepare for, respond to, and recover from rapid and slow onset disasters; and a regional focus to strengthen cooperation between Australia and Indonesia on regional humanitarian issues.

Working at national and sub-national levels, SIAP SIAGA supports Government of Indonesia priorities related to DRM under the National Medium-Term Development Plan (RPJMN 2019-2024) and Indonesia's 2015-2045 Disaster Management Master Plan. In line with the Government's commitment to a pentahelix approach, SIAP SIAGA also partners with civil society, academia, development partners and the media to strengthen the disaster management system.

Workshop Findings

Findings

Strategic issues were identified by key words from the panel and *world café* discussions. Recurring key words indicated the high relevance of issues.

1. Even though several policies and regulations were issued, **implementation was weak**. This is because: a) a lack of policy socialization to the communities; b) a lack of (law) enforcement or discipline and monitoring of the policy implementation; and c) inadequate resources to implement the policies. For example, the policy on centralized quarantine could not be implemented in all districts due to a lack of budget for operational costs.
2. **Data and information SOPs were not available, including standards for public communication**. Even though SOPs were developed at the national level, they were not translated for provincial and district level use to work with the villages, apart from surveillance data entry by the District Health Office which was then sent to the provincial Health Office. This resulted in the unstandardized collection and poor management of data, which in turn could not inform policy (with policy becoming irrelevant/not responding to the needs in the field) and causing miscommunication. For instance, when the governor prohibited RDT result announcements, his decision was not based on a clear SOP or regulation, hence the objections from some districts. Another example is the poor integration of logistic and health data to support decision making on allocation of resources.
3. **Information transparency and accessibility** also become a strategic issue. Even though there is a COVID-19 website: covid19.nttprov.go.id and a daily press conference, the data and information published was limited to surveillance data. Lack of transparency in tracing resulted in, for instance, low public awareness on the extent of the virus spread. Further, data and information did not reach most of the society, as many villages have limited internet access and electricity. Most of the data and information from the government was disseminated through social media which can only be accessed using smart phones and requires internet access. There were few efforts by the government to reach people without internet access to provide accurate/updated information. This resulted in the spread of numerous hoaxes, stigma against patients, suspects, and probable cases - which further dissuaded people to disclose risk factors and/or symptoms. The workshop participants highlighted several potential solutions that could solve the issues. For example, the government could utilize a more diverse network and media, utilizing the army and police as well as religious institutions and NGOs to help disseminate data/information. These institutions usually have a network to villages that do not have internet access.
4. **COVID-19 testing capacity is still low** and is the lowest among all provinces in Indonesia. The main challenges are the availability of laboratories, specimen delivery from regencies in Kupang to Jakarta, the availability of reagent for testing, etc. With the low capacity of COVID-19 testing, this impacts public awareness and discipline to the health protocol in the new normal phase. The low capacity for testing also limits the policy decision making on prevention and handling in specific areas and for specific groups. This needs policy intervention and serious resource allocation.
5. Many participants highlighted the need for a long-term perspective related to **sustainability and community empowerment** issues, especially in the new normal phase. There is no policy/transformation to make sure everyone has access to water for hand washing, behavior change for hygiene, access to clean water in public facilities, especially traditional markets, routine use of masks, social distancing, etc. And while there are a sample of quarantine facilities in villages and RT/RW with their own resources, this should not become the basis for quarantine policy by the provincial government.

6. Issues about **wider coordination** also become a strategic issue. Workshop participants appreciate coordination between the Task Force, led by the Provincial Sekda, and coordination between province and districts lead by the Governor. However, although the Governor Decree includes select non-governmental organizations as members of the Task Force, they were not involved in meetings or activities. On the other hand, there are some active organizations not included in the Task Force, such as Indonesia Red Cross and NTT DRR Forum. Moreover, many organizations are actively undertaking prevention and handling activities related to COVID-19, but do not coordinate and collaborate with the Task Force.
7. **The disaster response system**, either the emergency response or transition to recovery, **does not align with current regulations on disaster management**, including timing set up. For example, for emergency response, which requires strong coordination, BPBD does not hold this function, despite having a broader mandate for coordination for disaster management in planning, etc. The absence of a contingency plan is accepted and understood as one of the causes of this issue, as well as the lack of understanding of all parties regarding existing disaster management regulations.

Recommendations

The recommendations are based on learning from the prevention and handling of COVID-19 but are relevant for more than COVID-19/pandemic response, as they relate to the improvement and enhancement of the disaster management system over the long term. To understand how the recommendations could best serve the NTT provincial government, they were mapped against the relevant sections of the NTT Medium-term Development Plan (2018-2023) and the BPBD NTT Strategic Plan (2018-2023) to identify where the recommendations would have the most value add.

| Recommendations | Regional Medium-Term Development Plan 2018-2023 | BPBD NTT Strategic Plan 2018-2023 |
|--|---|--|
| Improve policy socialization and regulations on COVID-19 and disaster management by maximizing all existing media options and ensuring they reach isolated groups/villages. It is also important to educate society to reduce stigma and hoax. | Added Value to Mission III : to increase availability and quality of infrastructure to accelerate development. Strategy: increasing quality and capacity of communication infrastructure. | Added Value to Strategic Issue : poor dissemination of disaster information. |
| Improving data, information and public communication systems on COVID-19 and other disasters, particularly for consistency from national agencies to provinces and districts and other related sectors. This should also ensure that data and information is comprehensively collected (cross-sector), supporting analysis, communicated to the public and be the basis for policy making, both for disaster management planning, emergency response and recovery. | Added Value to Mission I : To create a just, independent, and prosperous community. Objective 2: increasing access to decent housing for the poor using cross sector coordination to synchronize poverty data. Social services program with indicators of percentage of poor people, isolated indigenous communities, vulnerable groups and others which qualify for social protection programs (requiring gender disaggregated data). | Added value to Strategic Issues : A lack of monitoring and coordinated indicators of related offices on disaster issues; a lack of data and information analysis in time of disaster; and a lack of synergy in planning, implementation, and evaluation of disaster management. |
| There is a need to accelerate the capacity of tracing and testing in the province. | Added value to Mission IV : Increasing quality of human resources by increasing access to health services for the population. | |
| Society needs to be more involved in implementing the transition to the 'new normal', including through independent community monitoring of the implementation of health protocols, promotion of community creative initiatives to help the public adapt their lifestyles and livelihoods, as well as encouraging independent funding or using village funds, especially for | Added Value to Mission I : Create a just, independent, and prosperous community with transparency and inclusivity as principles, by encourage participation of all stakeholders. | Added Value to Activity : increasing community participation in disaster preparedness and management. |

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| behavioral change, particularly on hygiene issues. | | |
| Improve the coordination of the prevention and handling of COVID-19, and disaster management more broadly, by utilizing the existing <i>pentahelix</i> platform/concept. This can be replicated at all levels, down to sub-district and village. | Added Value to Mission III : to create quality human resources through partnerships among the government, community, and private sector to develop the quality of education and health services. | Added value to Addressing root causes of strategic issues : a lack of monitoring and coordination of disaster related partners' performance indicators. |
| Focus on strengthening disaster management systems, especially for preparedness and emergencies, such as developing contingency plans and the outreach, to mitigate against the impacts that crises eventuate, such as with COVID-19. | Added Value to Disaster Management aspect : Performance Indicator (1) Additional contingency plan and early warning system, (2) number of districts with RPB and (3) increasing number of disaster resilience villages; and Environmental Aspect : increasing disaster risk due to a lack of disaster preparedness measures. | |

Next Steps

There are short term and long term follow up plans. Short term plans include:

1. Discussing the lessons learned with Sekda and BPBD to encourage and support action within the framework of the government planning documents, particularly increasing testing and tracing capacity, extension of information outreach and community involvement in ensuring new normal implementation; and
2. Facilitating deeper lessons learned at the district level and the development of case studies to document and learn from the experience of COVID-19.

The long-term plan is to feed the recommendations into the government work plans to strengthen disaster management in line with the system approach, with a focus on emergency response and increasing BPBD capacity with support from pentahelix stakeholders.

Annex 1: List of Participants

| No | Name | Gender | Institution |
|----|--------------------------|--------|----------------------------|
| 1 | M. Th. Rosany Mbindy | F | RSUD Johannes Kupang |
| 2 | Aghawaty | F | DP3A Prov. NTT |
| 3 | Okto Nenobesi | M | Diskominfo |
| 4 | Agustinus Taek | M | PMI Kupang |
| 5 | Mayor CKM dr. Mursyid | M | Dirut RST Wirasakti |
| 6 | Adriyani Nahak Seran | F | RSU Siloam Kupang |
| 7 | Murniyati Djou | F | Dinkes Kota Kupang |
| 8 | R. Krisna B, SH, SIK, MH | M | Polda NTT |
| 9 | Markus Riwu | M | Kantor Kesehatan Pelabuhan |
| 10 | Ermi Ndoen | M | UNICEF |
| 11 | Petter G. U | M | Korem 161/WS |
| 12 | Stevie Jo | M | Victory News (V.N) |
| 13 | Stefanus Kosat | M | Victory News (V.N) |
| 14 | Acep Effendi | M | Dinkes Prov. NTT |
| 15 | Siprianus Tua | M | Dinas P & K |
| 16 | Else Hayer | F | BPBD Prov. NTT |
| 17 | Sarah Lery Mboeik | F | PIAR NTT |
| 18 | Patrick Andriyani | F | Ba.Kesbangpol |
| 19 | Veronica Johannis | F | BPBD Prov. NTT |
| 20 | Sintus Karolus | M | BPBD Prov. NTT |
| 21 | Tonda S. Sirait | M | BAPPELITBANGDA NTT |
| 22 | Madaris Dethan | F | BPBD Prov. NTT |
| 23 | Silvester Ladolima | M | Dinkes Prov. NTT |
| 24 | Vran Y. Sabu, SH | M | Korem 161/WS |
| 25 | L. Sulaksono | M | BPBD Prov. NTT |
| 26 | Nasir Baki | M | BPBD Prov. NTT |
| 27 | Ryan Radamuti | M | BPBD Prov. NTT |
| 28 | Silvia Fanggidae | F | SIAP SIAGA NTT |
| 29 | Paul Kolo | M | Dinsos Prov. NTT |
| 30 | Buce Ga | M | Forum PRB |

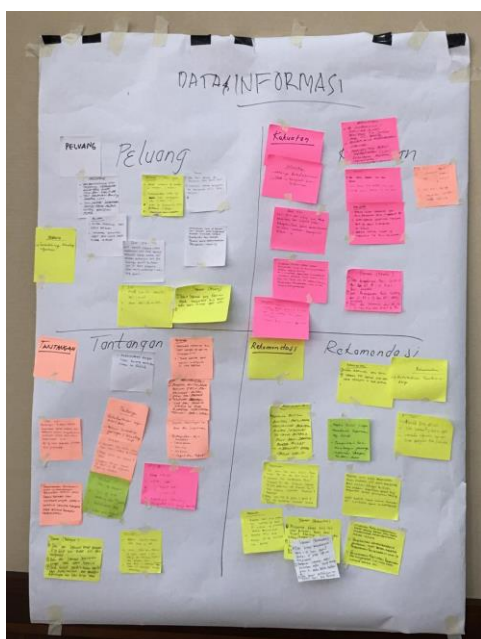
Annex 2: Photos



Opening Session Lessons Learned Workshop NTT



Participants in Lessons Learned Workshop NTT



Findings for Data and Information



FGD Session



World Cafe sharing session