

One War, Many Battles: COVID-19 in Urban Southeast Asia

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By any metric, COVID-19 has disrupted Southeast Asia immensely, affecting even those countries that have fared comparatively well. Master narratives of the course of the pandemic across the region have been inescapable; which countries sprang into action and which lost time in denial or dithering; which implemented testing

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and contact-tracing and which remain short on tests and strategies even now; where the death toll and economic costs have been devastating and where they have not been quite so terrible.¹ The latest plot-lines in these unfolding dramas address when and from where vaccines are being secured, how effective authorities are in distributing them to their respective populations, and how they are preparing for and responding to new waves of infection.

These national stories dominate media coverage—including among domestic media—but what is often missing is the great variety of subnational experiences. In most of the states of Southeast Asia, as elsewhere, managing the pandemic is at least partly (and often largely) a decentralized and localized affair, with regions within a single country sometimes varying greatly in both the relative impact of the pandemic and in government and societal efforts to manage it and ameliorate its effects. National plans, directives, and statistics matter, but individuals have experienced this pandemic on the ground, where central regulations meet local implementation. Local actors can mobilize to implement, amplify, or subvert official directives from the centre. And it is at the local level where we observe the biggest gaps between aspirations and outcomes, as health workers deal with patients and communities, and workers and businesses struggle with the economic repercussions of the pandemic.

The essays that follow aim to deepen understanding of the politics of the COVID-19 pandemic in Southeast Asia, specifically in Indonesia, Malaysia, the Philippines, and Thailand, shifting from the national level and instead looking closely at experiences in 13 urban centres across the region. The authors of the Roundtable, most of whom are writing from the vantage of their own communities, and with the benefit of what creatively arranged field research they could safely accomplish, offer a range of novel perspectives on experiences of the pandemic in the region. Taken as a whole, the articles highlight the salience of local governance and local context to pandemic management and response. In particular, these pieces also address one overarching theme as well as providing other invaluable perspectives.

The overarching theme is the major divergence in both government capacity and the character of central-local relations. On the relatively more sanguine end of the spectrum, several of our authors describe broadly positive interactions and effective collaboration between national and local authorities. Towards the middle of the spectrum are those cases in which relations are more compensatory: local strengths offset weakness at the centre or vice-

versa. Far more deleterious outcomes emerge from those situations in which neither centre nor city proves able to mount an effective response to the pandemic, and/or where the two are in conflict about how best to proceed.

We must emphasize at the outset that this Roundtable does not purport to capture a representative sample of pandemic responses as they have evolved in urban areas across the four countries; rather, we have invited a range of authors to contribute vignettes about particular issues that have emerged in settings that they are already studying.² We fully recognize, therefore, that this collection contributes to a topic that deserves a great deal more ongoing study in the years to come.

It is in Thailand that we find some of the prime examples of how government capacity and central-local political dynamics work to positive effect. In their study of Khon Kaen Province, Sirisak Laochankham, Peerasit Kamnuansilpa, and Grichawat Lowatcharin argue that a well-coordinated national strategy coupled with a degree of devolved autonomy has thus far proven especially effective in dealing with the pandemic. Hatchakorn Vongsayan and Viengrat Nethipo, comparing experiences in Rangsit and Chiang Mai, find that even in quite different urban contexts—and places politically out of joint with the central government—strong institutional capacity and public health outreach allow for an effective devolved response. The national government has played a key role in coordinating the flow of information, they explain, while at the same time providing resources and leeway to local governments, allowing them “to respond to the pandemic in an agile and effective way”. Writing on Nakhon Si Thammarat, Amporn Marddent and Vithaya Arporn likewise acknowledge the role of the central government in providing overall direction, but put the major focus on ground-level efforts. They particularly call out the crucial role of village health volunteers who leverage their relationships with local communities to implement, supplement, and lend credibility to government-run health initiatives.

Elsewhere, we can see compensatory processes in play. Focusing on Salatiga, in Central Java, Rebecca Meckelburg examines a locality that was able to contain the pandemic reasonably well as the central government remained fixated on economic impacts and seemed unprepared to deal seriously with the national scope of the public-health emergency. In the breach, it was up to the local government and civil society organizations to respond to the health concerns of those directly affected, take steps to stop the

spread, and provide welfare assistance to those most in need. Chris Morris sees a moment such as this exposing the trade-offs inherent in Indonesia's framework for pandemic response, which centralizes authority over the imposition of critical public health measures: Jakarta's city government was ready to take more decisive action than the waffling central state preferred, but the latter dragged down the city's pace without presenting a coordinated better option. Overall, he concludes, the Indonesian government "displayed a curious knack for intervention where greater regional discretion may have been appropriate, while absenting itself where a more active coordinating role would have been beneficial". In the Philippines, an early attempt at strong central coordination merely exposed a high degree of central government incompetence. As Juhn Chris Espia, Weena Gera, and Rosalie Arcala Hall conclude, "The pressure to gradually open the economy, and the dismal results in reducing the rate of infections based on national initiatives, eventually resulted in the [national pandemic task force] ceding much of its decision-making power to local governments." Not surprisingly, as in Indonesia, outcomes in the Philippines have varied a great deal from one setting to another.

This leads us into cases that exhibit major shortcomings at both the national and the local levels. While Iloilo in the central Philippines was able to manoeuvre with some effectiveness within the national framework, Espia, Gera, and Hall explain, nearby Cebu used its close ties to the presidential palace to short-circuit national processes—leading to a disastrous spike in cases, which ironically necessitated a particularly heavy-handed national response involving army tanks on city streets. Haryanto examines particularly damaging political dynamics, too, in Makassar, Indonesia. While the national government failed to provide adequate overall coordination across the archipelago, the local government was dragged down by rivalries and in-fighting among leading politicians. As the city faced a growing pandemic, it also witnessed angry mobs stealing corpses from hospitals and mounting blockades against medical workers, the police training water hoses at some shops and small businesses that refused to comply with closure orders, and a general disregard for public health measures. All the key ingredients of effective pandemic response, as identified by Francis Fukuyama, were notable in their absence: "state capacity, social trust, and leadership".³

Mary Joyce Bulao and Rolan Jon Bulao offer a different lens on intergovernmental relations, addressing issues of horizontal rather than vertical coordination. Their focus is on the Metro

Naga Development Council, which has transformed itself from an institution for development coordination into one able to play a valuable role in resolving pandemic-related issues that have arisen between Naga City and its neighbouring municipalities in the Bicol peninsula southeast of Manila. Soon after the outbreak of COVID-19, local officials commonly responded by imposing border controls. But this strategy did not take into account the extensive movement of people and goods across political jurisdictions, necessitating a forum for balancing health and economic concerns. Through a process of “institutional layering”, a pre-existing organization was brought off the shelf and re-jiggered in the service of present needs.

As important as issues of state capacity and coordination clearly are, the contributions to this Roundtable address other critical issues as well. Several highlight how other actors may also play key roles, augmenting a strong response or making up for what state or local governments miss or mangle. While Meckelburg addresses the role of civil society organizations in working alongside Salatiga’s local authorities, Azmil Tayeb and Por Heong Hong examine how counterparts in Penang, Malaysia have mobilized to support refugee and migrant communities that the state deems beyond its purview. Government persecution or, at best, neglect, has deprived these communities of their human rights. In addition, their members have suffered the effects of stay-home orders, shutdowns, and a generalized economic downturn without the benefit of the state relief enjoyed by citizens. Local citizens and their allies within the Penang state government, coaxed into action, have reinterpreted the boundaries of the “community” rather than accept the central state’s mandate. We see elsewhere, too, the risks of focusing too narrowly on state efforts in understanding experiences of the pandemic. The Khon Kaen case, for example, shows also the role of local businesses, working in tandem with local government; as in Salatiga, moreover, citizen action has played an important part. Meanwhile, the discussion of spiritual strategies for dealing with the pandemic in Nakhon Si Thammarat reminds us of further resources that lay outside of the state. A singular focus on government performance, in short, cannot suffice.

But the state remains key—not just its capacity and alignment across tiers, or its blind spots (*viz.*, for refugees and migrant workers in Penang), but also in how its networks are used for electoral purposes. Ngu Ik Tien’s examination of food aid programmes in Sibiu, in the East Malaysian state of Sarawak, illustrates how the pandemic has brought new opportunities for old practices. Politicians

across the region have a record of seeking to claim credit for what good their governments do and of currying electoral support through patronage.⁴ Those tendencies have not evaporated—and the sudden influx of resources for aid packages has put more emphasis on speed than on ensuring controls against abuse are in place. Ruling parties gain advantage while opposition parties complain about being marginalized. Still, politicking can also spur positive results, as we see in the comparison of Chiang Mai and Rangsit. Local politicians in both have invested in local healthcare capacity, including a network of village health volunteers, with an eye to boosting their future electoral prospects. These programmes provide opportunities for dispensing patronage and building patronage networks, but better healthcare remains an extraordinarily important public good, whoever claims credit for its provision.

Cleo Calimbahin observes a somewhat different kind of political advantage in the City of Manila, where a new mayor is quite effectively using digital communications to project his achievements in the fight against the pandemic, “in contrast to the slow and inadequate response of the national government”. This public relations effort reaches a broad audience that extends well beyond Manileños alone. In the short term, the broadcasting of his achievements from the nation’s capital to the national stage allows “Mayor Isko” to cultivate support from top conglomerates and obtain goodies that he can then dole out to his constituents. Over a longer time horizon, this projection of mayoral performance places him prominently among those viewed as possible future contenders for the top offices of the land.

As of this writing, the COVID-19 pandemic rages on across Southeast Asia; though some states continue to perform remarkably well, a second or third round of lockdowns is only now settling in, and vaccine rollouts have barely begun. Current estimates are for the region’s macro-level economic recovery to start in 2021—albeit with still potentially devastating long-term effects in terms of rising poverty and inequality in particular—but for the virus to linger longer.⁵ We hope the contributions in this Roundtable will not only encourage ongoing attention to the political dynamics and impact of the pandemic across the region—that seems assured—but also promote analysis with a more contextualized, ground-up focus. This complex, protracted crisis helps lay bare the virtues and shortcomings of central governance, the potentials and problems of local administration, and where citizens themselves can fill the breach.

NOTES

- ¹ The United States-based Center for Strategic and International Studies (CSIS) has maintained an updated “Southeast Asia Covid-19 Tracker” throughout the pandemic, with statistics on cases, deaths, and economic projections, as well as timelines of government public health and economic responses in, plus international assistance provided to or from, each state. See <https://www.csis.org/programs/southeast-asia-program/southeast-asia-covid-19-tracker-0>.
- ² Most of the authors in this Roundtable are part of an Australian Research Council Discovery Project entitled “Local Politics, Governance and Public Goods in Southeast Asia” (DP180101148).
- ³ Francis Fukuyama, “The Pandemic and Political Order: It Takes a State”, *Foreign Affairs* (July–August 2020): 26.
- ⁴ We address these practices in a forthcoming book, *Patronage Politics in Southeast Asia: Money, Machines, and Networks* (New York: Cambridge University Press).
- ⁵ See, for example, Asian Development Bank, “Asian Development Outlook (ADO) 2020 Supplement: Paths Diverge in Recovery from the Pandemic”, December 2020, <https://www.adb.org/publications/ado-supplement-december-2020>; World Bank, “From Containment to Recovery”, October 2020, <https://openknowledge.worldbank.org/bitstream/handle/10986/34497/9781464816413.pdf>.

Locally Driven Action in Pandemic Control: The Case of Khon Kaen Province, Thailand

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The COVID-19 pandemic¹ has been cause for alarm for nations around the globe. Public health policies to control the epidemic have been formulated in all countries. The success of their implementation, however, differs from country to country and has no relation to the level of socio-economic development.² For example, Thailand, a country which ranks lower on development indicators and medical technology than the United States and the United Kingdom, has fared

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much better in containing the spread of the disease.³ This article attempts to describe the processes local governments used in Thailand's Khon Kaen Province to control the spread of the coronavirus in the first six months of the pandemic. The characteristics of this process were determined through interviews with provincial administrators, district and local officials, village headmen, as well as village health volunteers. Secondary data were gathered through the analysis of orders and announcements issued by the national government and provincial authorities. Through these steps, the article identifies five key factors that enabled the Khon Kaen government to successfully contain the spread of the virus.

Strong National Leadership

Soon after the first case of COVID-19 was confirmed in Thailand on 13 January 2020,⁴ Prime Minister Prayut Chan-o-cha established the Centre for COVID-19 Situation Administration (CCSA). The Centre disseminated information to the Thai people through multiple channels and began efforts to raise awareness of the danger posed by the virus.⁵ At the provincial level, the responsibility for tackling the pandemic rested with each province's Communicable Disease Committee (CDC) headed by its provincial governor.⁶

The CDC met to set guidelines and oversee all actions to control communicable diseases within the province. The committee also established a procedure for receiving regular reports on the local COVID-19 situation and passing this information up to the central government so that it could establish a picture of the national situation and to communicate it to the public on a daily basis. Drawing on past experiences with contagious diseases, Thailand had already established a system through which the central government could initiate policies and work effectively with regional and local authorities to respond promptly to pandemic outbreaks. However, local authorities did not simply wait for directions from the central government before taking action. Instead, as soon as the outbreak began in Thailand, authorities in Khon Kaen started to draw up plans and were prepared to respond to the pandemic within their jurisdiction.⁷

Strong Intergovernmental Collaboration

At the start of the pandemic in mid-January 2020, Thai administrators at all levels became fully aware of its seriousness. Indeed, local

officials realized that this was a deadly situation and wasted no time in taking strong measures to protect the lives of their residents. The measures were in accordance with the Emergency Decree issued by the national government in late March: to restrict access to public venues during specified times; to control certain locations where there was a high risk of transmission; and to require people to wear masks in public places.⁸ In addition, local governments throughout Khon Kaen set up surveillance points to identify visitors from other parts of the country and checked the body temperature of all inbound travellers. Within each community, we found that local governments also updated residents about the pandemic situation elsewhere and warned them against travelling to high-risk areas. This helped create strong collaboration between residents and local governments.⁹

Without even having to resort to policy guidelines, local healthcare practitioners were well aware of what was entailed in this situation based on their experience with prior viral outbreaks such as the Severe Acute Respiratory Syndrome (SARS), the Middle East Respiratory Syndrome (MERS) and Avian Flu.¹⁰ Village health volunteers also had experience with these diseases and were able to quickly respond to the COVID-19 outbreak and assist with the monitoring of residents and visitors, especially those from areas designated as high-risk by the national government.

It is interesting to note that in more routine situations, when local governments initiated management interventions, such as when there was an outbreak of rabies in 2017, the State Audit Office of Thailand ruled that local administrators had over-stepped their authority and misused funds since controlling rabies was not specified as the responsibility of local governments. In the case of COVID-19, however, no central agency expressed any objection regarding the use of local governments' budgets to control the spread of the coronavirus. Moreover, local governments did not seek credit for their actions but instead gave credit to the provincial governor who, as a representative of the central government, is accountable to it. This, to some extent, also facilitated intergovernmental collaboration.

Fiscal Autonomy for Local Government

To local government agencies, especially those at the municipal and subdistrict levels, the ability to make financial decisions without having to seek prior approval from higher authorities enabled them to take prompt policy actions.¹¹ This was in stark contrast to past practices, when all disbursements of local governments had

to be included in the budget bill and passed by the local council before being signed off by the provincial governor. We observed that this new practice enabled local governments in Khon Kaen to take decisive action to prevent the spread of the virus within and between communities. Under normal circumstances, a legitimate item like daily allowances to compensate for the loss of time and potential income of the volunteers would have been either frowned upon or questioned. In this situation, however, all parties concerned realized that a quick response was not just an issue of fiscal and administrative autonomy but also a matter of life and death. As such, local authorities were given more fiscal flexibility to deal with the pandemic in a prompt manner.

However, the pandemic response also put local governments' budgets under stress. One local administrator who was working with the volunteer network in an area where infected people were reported told us that the area had not been allocated a budget to cover unanticipated expenses. To deal with this, the local administrators exercised their own discretion to approve the use of emergency funds. As was the case elsewhere, local governments in Khon Kaen were aware that the mitigation and relief procedures could not wait—the pandemic represented an immediate threat to the lives and livelihoods of local people. As soon as the seriousness of the outbreak was recognized, the safety of local people became the top priority.¹² Compared to central government agencies, one advantage enjoyed by local governments is that they have their own funds reserved for disasters and emergencies. Local administrators have full autonomy over these funds and do not have to wait for approval from the provincial or central government to disburse them. Local authorities are also able to redirect existing funds to support relief work and purchase necessary supplies such as hand sanitiser and face masks without having to wait for additional funds to be allocated by the central government.

Local autonomy and decision-making power were therefore essential to Khon Kaen's successful containment of the virus, even when cooperation with and support from central and provincial officials also played an important part.

Community Backing

Various measures established by the provincial government could not have been implemented without cooperation and support from the community. Village heads are local representatives who helped

implement the policy issued by district and provincial governments. They promoted orderliness in the community and, in the case of COVID-19, established screening points, handled public relations, and provided information and assistance to vulnerable groups. They coordinated with local networks of volunteers, many of whom were able to draw on their experiences from previous health emergencies.

The network of health volunteers was very strong in Khon Kaen as they had been well trained and already understood their duties when the pandemic struck. Working in a network together with district hospitals and health offices, the volunteers were available 24 hours a day through a rotational work schedule. This means they were quick to respond to health emergencies without having to wait for an order from another agency to mobilize them. They were closer and could reach the community more efficiently than government officials, who are usually based outside the area.

An example found during our research illustrates this point. In the first phase, doctors from the Sub-district Health Promoting Hospital located in Nam Phong District launched a pandemic response operation, but the local people were afraid and initially withheld their cooperation. Therefore, local volunteers were assigned as go-betweens and received excellent cooperation from local people as the volunteers were known to them. The volunteers understood the concerns of the people in their communities, were trusted by them and communicated more effectively than government officials from the outside. This has contributed to Khon Kaen's success in dealing with past disease outbreaks as well as the current COVID-19 pandemic.

The private sector was also an important local player. In addition to allocating resources while there were shortages and high prices, private sector actors, such as the Chamber of Commerce, the Federation of Industry and the Mitr Phol Sugar Factory, also helped by providing alcohol to produce hand sanitiser and supplying face masks. A smartphone application called Khon Kaen Trust City was also developed through the collaboration between public and private actors to help the provincial health office collect health and travel information from residents. The application worked alongside the Thai Chana application developed by the central government.

Citizens' Responsibility for the Safety of Others

Thais have had experience in the prevention and control of epidemics in the past, making most of them willing to accept the processes to control the COVID-19 pandemic. In addition to complying with

instructions given by the government, they also took initiatives to proactively protect themselves and their community. As such, they acted as a shield to limit the spread of the disease. As one interviewee said, “people in our village comply with government measures and policies, such as quarantine, non-travel to high-risk areas, limiting contacts, always wearing a mask in public places, and washing their hands frequently, because they are doing it not just for themselves but also for the benefits of others”.¹³

Conclusion

While the field research for this study is limited to Khon Kaen Province, the policies and procedures were made primarily at the national level, and the structure of local operations to deal with the COVID-19 pandemic are largely similar across provinces. This lends validity to our research results, which are generally applicable throughout the country.

A major lesson gained from Khon Kaen’s experience is that considerable benefits can be derived from providing local governments with greater autonomy, especially in the fiscal domain. It is doubtful if Thailand’s response to the pandemic would have been as effective without local governments’ ability to make decisions unfettered by the requirement for those decisions to be approved by higher levels of government. Further, constant red tape leads to frustration and undermines the will of the people to “give their all” in pulling together to combat the pandemic.

Another aspect in which Khon Kaen deserves praise is the effective collaboration between the public and private sectors. The private sector realized that the coronavirus affects the economy and that lockdowns hurt everyone. Businessmen and philanthropists donated food, basic medical supplies and amenities to those who lost their jobs. Their contributions helped reinforce a sense of mutual responsibility among all citizens to fight the pandemic together. Khon Kaen wants all residents to walk together with no one left behind.

NOTES

¹ In late December 2020, Thailand experienced a surge in COVID-19 infections. As of 1 January 2021, Thailand also reported its first cases of the variant B.1.1.7 (believed to have originated in the United Kingdom). The consequences of this strain are unclear at the time of writing. It should be noted that this

- study focuses on the initial outbreak of COVID-19 and the impact of these later outbreaks is not considered.
- ² Rajib Shaw, Yong-kyun Kim and Jinling Hua, “Governance, Technology and Citizen Behavior in Pandemic: Lessons from COVID-19 in East Asia”, *Progress in Disaster Science* 6 (2020): 1–11.
 - ³ “COVID-19 Situation Update Worldwide, as of Week 52 2020”, European Centre for Disease Prevention and Control, last modified 30 December 2020, <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>.
 - ⁴ World Health Organization-Thailand, COVID-19: WHO’s Action in Countries: September 2020, full text available at file:///C:/Users/colaall1/Downloads/thailand-c19-case-study-20-september.pdf.
 - ⁵ World Health Organization-Thailand, *Joint Intra-Action Review of the Public Health Response to COVID-19 in Thailand* (Nonthaburi: WHO Country Office for Thailand, 2020), p. 14.
 - ⁶ Communicable Disease Act B.E. 2558 (2015), full text available at https://ddc.moph.go.th/uploads/ckeditor/c74d97b01eae257e44aa9d5bade97baf/files/001_2gcd.pdf.
 - ⁷ Authors’ interview with a Khon Kaen Deputy Governor and a local administrator in Nam Phong District, Khon Kaen Province, 2 December 2020.
 - ⁸ “Declaration of an Emergency Situation in all areas of the Kingdom of Thailand”, 25 March 2020, <http://web.krisdika.go.th/data/slideshow/File/02-Declaration.pdf>.
 - ⁹ Authors’ interview with a village health volunteer in Nam Phong District, Khon Kaen Province, 2 December 2020.
 - ¹⁰ World Health Organization-Thailand, *Joint Intra-Action Review*, p. 14.
 - ¹¹ Danny Unger and Chandra Mahakanjana, “Decentralization in Thailand”, *Journal of Southeast Asian Economics* 33, no. 2 (2016): 172–87.
 - ¹² Authors’ interview with a local administrator in Nam Phong District, Khon Kaen Province, 2 December 2020.
 - ¹³ Authors’ interview with a village health volunteer in Nam Phong District, Khon Kaen Province, 2 December 2020.

The Roles of Thailand’s City Municipalities in the COVID-19 Crisis

HATCHAKORN VONGSAYAN AND VIENGRAT NETHIPO

During the pandemic, Thailand was praised for its adept management of the coronavirus outbreak. Much of the credit was given to the Centre for COVID-19 Situation Administration (CCSA) established by Prime Minister Prayut Chan-o-cha, and to Thailand’s provincial administrations, an extended apparatus of national government outside Bangkok. However, the role of local authorities has largely gone unnoticed.

This article examines the role of local administrations—specifically the city municipalities (*thesaban nakhon*) which govern the urban areas outside Bangkok—in fighting the pandemic from February to August 2020. The main purpose is to unpack the municipalities’ capacity for handling COVID-19. We examine how they were able to adjust pre-existing mechanisms and create new

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procedures to cope with the crisis. Two municipalities were selected as case studies: Rangsit Municipality, a suburb of Bangkok; and Chiang Mai Municipality, a popular tourist destination in northern Thailand.

Thai politics have been undemocratic since the 2014 coup. Since then, all local elections have been suspended with incumbents allowed to sit in acting positions. Although a national election was held in 2019, it was under a voting system which allowed the military to retain power and which caused massive street protests throughout 2020. Despite the lack of immediate electoral accountability, we find that local incumbents worked hard during the pandemic to sustain their linkages with voters. The public healthcare programmes, for instance, have enabled the incumbents to connect with their voters. Speculation that local elections would be held in 2020 further motivated incumbents to work harder to improve their electoral prospects.

Case Studies: Rangsit City and Chiang Mai City Municipalities

We chose to study urban administrations because the areas they govern are generally more vulnerable to outbreaks of COVID-19. Both municipalities are the business centres of their provinces, while the number of cases in each province was near the national average. Therefore, they are both fairly representative of a typical city municipality in Thailand. Both city administrations have generally good reputations for competence and a proactive approach to health and education policies. Notably, as both cities are located in strong Red-shirt provinces, the incumbents did not ally politically with the central government controlled by the junta.

Chiang Mai City Municipality, located in Chiang Mai Province, is home to a population of 122,000, but as a tourist destination it accommodates a much larger number of visitors. The city is home to 94 communities,¹ many of which are poor and overcrowded. The municipality owns a hospital, two Public Health Centres (PHCs) and a Thai Traditional Health Centre with almost 1,500 Village Health Volunteers (VHVs) and 180 municipal healthcare staff. The first COVID-19 cases in the area were found among Chinese tourists, but the risk inevitably affected the entire city.

Rangsit City Municipality, located in Pathum Thani Province, is part of the northern Bangkok Metropolitan Region. The city's population is just 83,000, but it hosts many more people as it is a public transportation hub which connects Bangkok to the rest of

the country, and is home to a mega shopping mall. Thus, the area was highly prone to a viral outbreak. The municipal executives have made significant investments in public health over the years and its public health infrastructure is generally considered to be outstanding by local residents. The city possesses five PHCs and approximately 300 VHVs.

While they have different economic bases, in terms of disease prevention they share many characteristics. First, they both are vulnerable to the spread of disease as they have some high traffic sites. Second, there are several underprivileged and overcrowded communities in both cities which could have been the source of community spread. Third, and most importantly, both municipalities have prioritized public healthcare in their policy agenda long before the pandemic. This is partly because healthcare networks and services are seen as effective tools for local politicians to win electoral support from voters, especially among the poor.

The Two Municipalities' Capacity and Role in Epidemic Management

We found similarities in the way the two municipalities successfully responded to the pandemic, indicated by not having a single cluster in their communities. They both have demonstrated significant capacity in managing the pandemic, especially by utilizing power through formal as well as informal channels and multi-levelled networks. Their capacity can be analysed in three categories: first, institutional capacity; second, networking and participation; and third, the effective mobilization and redeployment of human resources to respond to emerging situations.

Institutional Capacity

Institutional capacity of local governments refers to knowledge, expertise and efficiency in managing public affairs. In this case, the two municipalities gained experience from their previous management of public healthcare. As a result, when the pandemic struck, they had no difficulty managing the situation. In January 2020, the municipalities could instantly institute actions before the national government launched its response, utilizing funds from the local public health budget as well as the main budget. Both municipalities' initial focus was to raise public awareness via public relations channels, i.e., messages about preventive measures

on billboards, LED screens and brochures. Social media, especially Facebook, became a convenient platform for official announcements. Existing chat groups in the LINE messenger application were also a useful platform for delivering information and providing two-way communication between officials and citizens.²

Budgetary resources were used to purchase medical equipment and other necessary items, such as personal protective equipment, N-95 masks and protective goggles. The procurement was handled using the normal procedures of the local medical service agencies in both Chiang Mai municipality hospital and Rangsit city's five PHCs. These procedures were in line with pre-existing local guidelines and later adjusted to comply with the recommendations of the Ministry of Public Health (MoPH).

Institutional capacity in healthcare was not built overnight. The Local Health Security Fund (LHSF), established in 2006 by the National Health Security Office (NHSO), was one of the keys to institutionalizing the municipal capacity for public healthcare. The LHSF provides funding to local municipalities and Tambon Administrative Organizations (TAO)³ at the rate of 45 baht (US\$1.50) per person, while the local government makes an additional contribution based on the size of the organization. The city municipality must contribute at least 60 per cent of the LHSF budget, and the LHSF is administered by a committee of the local government chaired by its chief executive. The fund allows local healthcare providers and civil society groups to submit proposals for projects that are relevant to health promotion, disease prevention, rehabilitation or proactive primary healthcare. The projects are normally in the form of group-exercise, training, medical check-ups and promoting traditional medicine. These activities not only help strengthen the municipality's healthcare capacity but also allow the local government to connect with residents through various projects. The fund is also relatively flexible when compared to the strict rules for the disbursement of government budget.

During the pandemic, the municipalities modified the objectives of the fund to facilitate projects directly related to COVID-19 prevention. The NHSO endorsed this procedure by issuing practical guidelines. In order to utilize the fund, the municipalities invited citizens to create relevant projects, such as workshops to teach people how to make cloth masks, mask straps, face-shields and alcohol-based sanitiser. Some workshops trained school students in personal hygiene, while others trained people in COVID-19 monitoring. Both municipalities made good use of the funds. Other

examples include projects designed to support social distancing compliance, provide preventive equipment, set up protective measures at public transportation services, and a door-to-door programme for the elderly and chronic disease patients. In total, Chiang Mai municipality spent approximately 8 million baht (US\$268,000) on various projects while Rangsit municipality used approximately 7 million baht (US\$234,000) on nine projects.⁴

In addition to the pre-existing public health capacity, the municipalities could draw on additional resources earmarked for disaster relief. By drawing on these funds, both municipalities were able to provide immediate assistance to affected people. For example, Chiang Mai city immediately distributed 15,000 sets of emergency survival bags (containing 5 kg of rice, one bottle of cooking oil, 10 tins of fish and one large pack of instant noodles) and Rangsit city provided cash relief of 1,000 baht (US\$33.50) for over 100 households.⁵

Networking and Participation

The network of VHVs who worked closely with the local authorities was also a key factor for pandemic prevention at the community level across the country. In Chiang Mai and Rangsit, where there are many overcrowded communities, these networks successfully managed to prevent clusters from spreading. Thailand's VHVs, established by law four decades ago, are originally selected from the people in the community before being trained to meet standards set by the MoPH. As an important element in the primary healthcare system, the strength of the country's 1.04 million VHVs includes each volunteer's ability to reach out to approximately 10–15 assigned households in their community. Their responsibilities include disseminating information and educating people about health-related issues, creating and managing a local healthcare database, and campaigning on disease prevention. Currently, each VHV receives a stipend of 1,000 baht (US\$33.50) per month (and an extra 500 baht during the outbreak) from the MoPH. They are an extremely valuable part of the municipal health care infrastructure and often develop a close personal relationship with the local authorities compared to their more formal relationship with the healthcare personnel under the provincial administration.⁶ This is because the volunteers are part of the community and have been funded and supported through projects by these local authorities since the administrative and political decentralization process started in the early 2000s.

As early as January 2020, the MoPH's Department of Health Service Support (DHSS) announced strict guidelines for the VHVs to prepare for the viral outbreak, but when it came to the actual implementation of these guidelines, VHV worked alongside the municipalities. Based on the recommendations by the DHSS, volunteers updated the community database to facilitate the handling of high-risk groups. The programme required coordination with provincial hospitals and Public Health offices. In both cities, when a case of an exposed (close-contact) person was reported, the VHVs quickly identified the person's residential address, then together with the municipal healthcare staff took the person to the provincial hospital and coordinated the required treatment.⁷ At the peak of the pandemic, the VHVs of these cities were working round the clock.

VHVs also conducted many other activities in cooperation with the municipalities. For example, they provided the main manpower to staff all inbound checkpoints, arranged social distancing at food donation centres (30–40 centres each day inside Chiang Mai City alone)⁸ and monitored self-quarantining individuals. The local networks often reached out to the target groups before being informed by the hospitals. Apart from the VHV networks, Community Committees, senior citizen clubs and other community clubs also helped carry out the work of pandemic response in the municipalities. Communication between the VHVs themselves, and with other networks, was essential. This was facilitated by the use of the group chat function in the LINE messenger application. However, when some decision-making required authorization, the municipal healthcare officers and council members would step in, also via LINE, to assist, authorize and coordinate with provincial health officers and hospital doctors to back up the decision-making.⁹

Another piece of evidence that illustrates the close relationship between the local government and the local community is the emergence of the Community Health Development Volunteer Club (CHDVC) in the case of Rangsit Municipality. Believing it was necessary to set up a direct healthcare mechanism under the municipality, prior to the pandemic the city reorganized its own group of healthcare volunteers under the CHDVC to supplement the work of the VHVs. The municipality provides training and support for many of the clubs' activities. In practice, up to two-thirds of the CHDVC members are also VHVs. The creation of the CHDVC strengthened the relationship between the volunteers and municipal officials, which, in turn, helped improve health management and secured the cooperation of the community.¹⁰ Having volunteers as an ally can also bring local

politicians electoral benefits in future elections. In Chiang Mai, for example, the government uses the city-owned hospital as a vehicle for building and maintaining connections with the VHV network, which can later be mobilized for electoral purposes.

The networking capacity also extends to acquiring resources outside the municipal jurisdiction. For instance, Rangsit Municipality requested the Excise Department to reduce tax on alcohol used for sanitiser production and leveraged personal relationships among local representatives to secure the supply of thermometers from the Provincial Administrative Organization.¹¹ This was also the case in Chiang Mai although the municipal network there relied more on members of the mayor's family network, who hold a few key elected positions in the province.¹²

Effectively Mobilizing Human Resources

Under the Communicable Disease Act, the MoPH is authorized to appoint certain public officers as Disease Control Officers (DCO). The DCOs have the authority to summon and investigate individuals, enter venues for the purpose of disease control and impose fines on those who fail to comply with instructions. When the pandemic situation turned critical, an MoPH announcement on 13 March 2020 delegated extensive power to certain local officers to act as DCOs. This reflected the shortage of manpower within the national and provincial governments available to deal with the pandemic, but it also empowered local officers to act more effectively in disease control. We also observed new roles assigned to municipal employees. For example, certain municipal officials whose normal duty is to manage street vendors were deployed to arrange social distancing at food donation centres at the city's bus terminal.¹³ All this enabled both municipalities to mobilize their human sources more effectively to deal with the COVID-19 pandemic.

Conclusion

National politics in Thailand has normally been associated with failure and stagnation, especially since local democracy was suspended in 2014. Yet, local governments have remained resilient and capable, which is demonstrated in the municipalities' effective handling of the COVID-19 pandemic. These capacities derived from their expertise and investment in local public healthcare, the possession of databases and management structures based on close

linkages with local communities. Although the management of the coronavirus at the national level is centred on the CCSA, it mainly acts as a centralized information control centre. At the community level, residents acknowledged the efforts made by local officials and generally had a positive image of their local administrators. This proves that public healthcare can be an effective tool to secure voters' support if it is handled competently.

In the context of Thailand, two main mechanisms empowered local governments to handle the COVID-19 outbreak effectively. One is the application of the Communicable Disease Act which allows for a dispersed decision-making mechanism. The other is the use of local health funds which are locally controlled by design. As this article shows, these two mechanisms have provided local governments with autonomy, flexibility and the necessary tools to address the pandemic in an effective and timely manner.

NOTES

- ¹ Communities are local administrative units and are the urban equivalent of villages. Each community within a municipality is governed by its own set of community leaders.
- ² Authors' interviews with a member of the Chiang Mai Municipal Council (No. 1), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.
- ³ Tambons are the rural organizational counterparts to municipalities.
- ⁴ Authors' interviews with a member of the Chiang Mai Municipal Council (No. 2), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 2), 30 November 2020.
- ⁵ Authors' interviews with a member of the Chiang Mai Municipal Council (No. 3), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 2), 30 November 2020.
- ⁶ Authors' interviews with a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.
- ⁷ Authors' interviews with a member of the Chiang Mai Municipal Council (No. 2), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.
- ⁸ Authors' interview with a member of the Chiang Mai Municipal Council (No. 1), 28 November 2020.
- ⁹ Authors' interviews with a member of the Chiang Mai Municipal Council (No. 2), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.
- ¹⁰ Authors' interview with a CHDVC member, 30 November 2020.

- ¹¹ Authors' interview with a Public Health Administration officer of Rangsit City Municipality (No. 2), 30 November 2020.
- ¹² Authors' interview with a member of the Chiang Mai Municipal Council (No. 3), 28 November 2020.
- ¹³ Ibid.

“Or Sor Mor” and “Ai Khai”: Frontliners in Thailand’s Fight against COVID-19

AMPORN MARDDENT AND VITHAYA ARPORN

People are sort of suspicious of us since a Muslim student returning from Iran was found infected with the coronavirus. They must know we are supporting our communities to combat COVID-19. We live here in Muang (District) Nakhon (Si Thammarat) not Tha Sala (District). At that time, our own mobility was restricted. We stopped visiting relatives in that area although no ban was imposed on intra-provincial travel.¹

We have mixed feelings along with confusion after returning from Phuket to our hometown. We then started to seek good fortune from Ai Khai.²

Thailand reported its first case of COVID-19 in January 2020. On 5 March, the 47th of the country’s confirmed cases of COVID-19 was detected in Nakhon Si Thammarat, a province in Thailand’s Upper South. This was the first case detected in the province. The victim was a male student from Tha Sala District who had been studying in Iran.³ He arrived in Bangkok on 27 February, and visited a hospital

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in Nakhon Si Thammarat on 2 March, with a fever and runny nose. Another notable case of COVID-19 in the province was a male who had attended a boxing competition in Lumpinee Boxing Stadium in Bangkok on 6 March 2020. The boxing competition became a super spreader event resulting in 143 positive COVID-19 cases across Thailand. The infected male returned to Nakhon Si Thammarat and subsequently spread COVID-19 to several other venues.

This article, based on ethnographic work conducted by the authors from March to August 2020, aims to examine how people in Nakhon Si Thammarat Province are coping with the increased uncertainty caused by the pandemic, including health problems, economic hardship and restricted movement. One useful approach to analysing how individuals respond to uncertainty is to study the narratives and experiences of those who were susceptible to COVID-19. We use narratives to give voice to these participants, particularly those at risk of infection.⁴ Building on these narratives, we discuss two forms of relief available to residents in Nakhon Si Thammarat: first, access to village health care volunteers; and second, access to spiritual or divine sources of assistance. Examination of these sources of assistance helps illuminate the importance of local contexts in understanding how the Thai people are responding to the COVID-19 crisis.

Health Support: Or Sor Mor

The national government attempted to control the spread of the coronavirus by implementing a variety of measures including social distancing, school closures, a prohibition on social gatherings, curfews and declaring a state of emergency. Following the issuance of the National Emergency Decree, effective 26 March until 30 April 2020, provincial governors and the media began communicating to the public the message that “health must come before rights and liberties”.⁵

Yet, throughout the pandemic, local actors, such as “Or Sor Mor”, or village health volunteers (VHVs), have played the most significant role in responding to the pandemic. These volunteers provide health advice to residents, support governmental activities and collaborate with public health officials in dealing with the viral outbreak. They also helped individuals and families in their community deal with the fallout of the pandemic and with repercussions of the government’s measures. In the eyes of many, VHVs are “unsung heroes”⁶ who led and coordinated efforts to contain the disease. They have also been an important and immediate source of help

for locals who could not get timely medical care from hospitals or public healthcare facilities.

The VHV network was formed to support local health officials and community health workers as part of the 4th National Economic and Social Development Plan (1978–87). These local volunteers have no formal medical education but they are given basic training and authorized to provide certain health care services to help accelerate the implementation of national health development programmes at the village level. With supervision from public health officials, each of the VHVs is assigned to assist seven to 15 households and helps implement health development programmes in their village. They receive a monthly allowance of 1,000 baht (US\$33.50) from the government for their service.

During the COVID-19 pandemic, VHVs helped to implement government guidelines to curtail the spread of the virus. For example, they played a significant role in supporting prevention campaigns run by the central public health authorities. VHVs helped create public health awareness, with volunteers knocking on doors of all households to give advice on COVID-19 prevention, symptoms, and self-observation. They also distributed health flyers and protective equipment, including masks and alcohol-based hand sanitizers in high-risk settings such as public hospitals, where doctors and health care workers worked with limited resources. To compensate for their extra hard work during the crisis, the government provided VHVs with an extra payment of 500 baht per month.

We investigated the roles of VHVs in Nakhon Si Thammarat Municipality as a case study to demonstrate the relevance and importance of healthcare decentralization and local empowerment in Thailand's COVID-19 response.⁷ Despite efforts to delegate more power to local governments since the constitutional reforms of 1997, Thailand remains highly centralized. However, during the pandemic, giving local governments and their employees the autonomy to act was critical to the successful management of the crisis. In the case of Nakhon Si Thammarat, VHVs played a significant role in supporting the prevention campaigns of the central public health authorities by spending many hours going from door to door to give advice on COVID-19 prevention and control guidelines, distribute cloth masks and hand sanitiser, and provide information on self-monitoring for symptoms of COVID-19.

The gendered aspect of VHV activities is also noteworthy. Most VHVs are women and they tend to maintain strong ties with their communities. These women play an essential role within their

villages as informal caregivers, frontline health workers and trust enhancers. They regularly provide emotional support through family counselling sessions and informal conversations. Although this is not an easy task, requiring devotion and commitment, they have gained trust and respect from community members.

A conversation we had with a group of residents illustrates the importance of VHVs and citizens' distrust of the central government. Nam, a 43-year-old man, explained to us that his family returned home from Phuket when the pandemic began. Onn, Nam's younger cousin, then noted:

We wonder whether the government alone can solve this problem when our primary health care system normally relies on local volunteers. Or Sor Mor also have knowledge in modern medical techniques, but more importantly, they know us. They are our friends and relatives.

Kate, Onn's wife, added:

Yes, they are our friends and relatives. We know how to lead our lives. We would be better off relying on ourselves.

Onn continued:

Yes, providing health care during the pandemic is truly our responsibility. Relying on the central government in Bangkok alone can exacerbate the problems. They want to maintain law and order. This virus is showing us that they often act counter-intuitively.⁸

During the COVID-19 pandemic, VHVs have faced the challenges of dealing with increased workloads as well as anxiety among family members. A local government health worker said she was under stress as the state of emergency required her and local volunteers to prioritize public health, which could expose them and their family members to the virus. However, she acknowledged that the service of health volunteers like her was essential to tackle the pandemic.⁹

Waranya Jitbantad, a lecturer at Boromarajonani College of Nursing in Nakhon Si Thammarat and a supervisor who designed training programmes for health volunteers in our research area, observed that without the assistance of VHVs, the state-based COVID-19 response would have failed. From her perspective, the government health system would not have been efficient in providing preventive education and conducting house visits. Only village health volunteers were well-equipped to provide such services, and their scrupulous medical records of villagers could be useful for contact tracing and

health monitoring. These volunteers deserved appreciation for their crucial role in supporting public health programmes and guarding communities against the pandemic.

Spiritual Support: Ai Khai

Facing the COVID-19 global health crisis, many people relied not only on medical services and state-supported institutions but also spiritual protection at sacred places and from religious rites. Nakhon Si Thammarat is home to a famous sacred place, Wat Chedi. During the pandemic, Wat Chedi became a pilgrimage site as a large number of people from across Thailand visited the temple to ask for blessings from Ai Khai (egg boy). Ai Khai is believed to be the spirit of a young boy that resides in a wooden statue in the temple. The popularity of Ai Khai derives from rumours circulated in the early days of the pandemic that visitors to the temple had their wishes granted after making offerings to Ai Khai. By the end of the year, more than 300,000 people had visited the temple each month to seek blessings from Ai Khai.

Supernatural beliefs provide spiritual refuge for many Thais as they face stress and uncertainties during the pandemic. To overcome these problems, they visit sacred sites to pray for divine protection and to maintain hope. Ai Khai's spirit is not the only source of spiritual hope in times of crisis and uncertainty in Nakhon Si Thammarat. Historically, during times of economic hardship and political crisis, people in Nakhon Si Thammarat also sought blessings from several other deities, such as Luang Phor Thuad (Reverend Father Thuad), and Chatukham-Ramathep, a divine spirit who represents auspiciousness and bestows good fortune and wealth.¹⁰ However, Ai Khai's lower status as a child ghost deity makes him more approachable for some worshippers.

Ai Khai became famous in the 1970s when rangers set up a temporary base of operations at the temple as part of a campaign to crack down on communists. Reports circulated that during the first night of the troops' stay at the temple, they were unable to sleep because the ghost was playing with their arms, pulling their legs, and hitting their heads with guns. Once the villagers were informed of the story, they told the troops to pray to Ai Khai and offer him food. The next night everything was calm. As a result of these events, the rangers and villagers came to view Ai Khai as a benevolent spirit, willing to grant a boon to those making sincere offerings, with a preference for the military.¹¹ Subsequently, the

Ai Khai statue was dressed in a military uniform to guard the community. Before the COVID-19 outbreak, many local believers made offerings to Ai Khai, and when they reported being blessed financially, Ai Khai became even more popular. Consequently, people from other provinces, including celebrities, came to pay their respects to Ai Khai and some publicly attributed their success in business or other forms of good fortune to the worship of Ai Khai. The temple therefore attracted even more visitors, which helped boost the tourism industry in Nakhon Si Thammarat prior to the pandemic.¹²

In early 2020, when the pandemic struck and Thai people began to struggle with the public health crisis and economic problems, Ai Khai became a source of hope for many people who experienced business losses. They were willing to travel to Wat Chedi to seek good fortune and blessings from Ai Khai to help overcome their difficulties. Some people who lost their jobs in other parts of the country also started small businesses at Wat Chedi to take advantage of opportunities brought about by the great number of tourists and visitors. But challenges remain. The local government has asked visitors to comply with COVID-19 restrictions on intra-provincial travel, and new restrictions have also been placed on business operations since January 2021 to deal with a second wave of infections.

Conclusion

Similar to observations by other authors in this Roundtable about responses to the COVID-19 pandemic by local governments in other parts of Thailand, the case of Nakhon Si Thammarat shows that an effective local response to the crisis requires the delegation of power to local authorities. Clear directions from the central government are necessary, but strategies to deal with the pandemic are implemented most effectively by local actors who know local conditions well and have good connections with residents. Laws and regulations should empower these local actors. As in other parts of Thailand, VHVs proved to be a key resource that helped Nakhon Si Thammarat manage the viral outbreaks quite well. While medical practitioners and VHVs helped Nakhon Si Thammarat residents deal with the virus, we also found that many local people turned to supernatural forces like Ai Khai to seek spiritual assistance, ease their anxieties and generate hope they would somehow be able to overcome the economic difficulties generated by the pandemic.

NOTES

- ¹ Authors' interview with a Muslim village health volunteer in Nakhon Si Thammarat, Thailand, 23 October 2020.
- ² Authors' conversation with a male villager in Nakhon Si Thammarat, Thailand, 11 November 2020.
- ³ Department of Disease Control, "Corona Virus Disease (COVID-19): Thailand Situation", *COVID-19 Situation Reports*, 28 November 2020, <https://covid19.ddc.moph.go.th/>.
- ⁴ Limor Samimian-Darash and Paul Rabinow, eds., *Modes of Uncertainty: Anthropological Cases* (Chicago, Illinois: University of Chicago Press, 2015).
- ⁵ Khemthong Tonsakulrungruang and Rawin Leelapatana, "Health Before Rights and Liberties: Thailand's Response to COVID-19", *VerfBlog*, 8 May 2020, <https://verfassungsblog.de/health-before-rights-and-liberties-thailands-response-to-covid-19/>.
- ⁶ Montira Narkvichien, "Thailand's 1 Million Village Health Volunteers – 'Unsung Heroes' – Are Helping Guard Communities Nationwide from COVID-19", WHO, Thailand, 28 August 2020, <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-covid-19>.
- ⁷ In the seventeenth and eighteenth centuries, the city was designated an independent principality in recognition of its hegemony over 12 satellites—smaller centres (*mueang*) that included some Malay ones in the far south. The governmental restructuring in the late nineteenth century subordinated Nakhon Si Thammarat, replaced its local rulers, and, over the years, reduced its status as a new provincial framework was gradually implanted.
- ⁸ Group discussion with male and female villagers in Nakhon Si Thammarat, Thailand, 22 November 2020.
- ⁹ Authors' interview with a health professional in Nakhon Si Thammarat, Thailand, November 2020.
- ¹⁰ Craig J. Reynolds, *Power Protection and Magic in Thailand: The Cosmos of a Southern Policeman* (Canberra, Australia: ANU Press, 2019).
- ¹¹ Sitthipong Bunthong, "Wat Chedi Ai Khai: The Construction of Worship under Modernization Crisis" [วัดเจดีย์ไถ่ไฉ่: การประกอบสร้างให้กลายเป็นพื้นที่ศักดิ์สิทธิ์ภายใต้วิกฤตความทันสมัย], MA thesis, Prince of Songkla University, 2018.
- ¹² Thipwimol Poonsuk et al., "Wat Chedi (Ai Khai) as a 'Sacred Area' in the Context of Tourism" [วัดเจดีย์ (ไถ่ไฉ่) ในฐานะ 'พื้นที่ศักดิ์สิทธิ์' ในบริบทการท่องเที่ยว], Proceedings of the 1st Academic Conference on Humanities and Social Sciences, Songkhla Rajabhat University, 20–21 August 2018.

Indonesia's COVID-19 Emergency: Where the Local is Central

REBECCA MECKELBURG

The earliest responses to the social, economic and health crises caused by the COVID-19 pandemic in Indonesia came from local community initiatives. Around the country, local community groups, neighbourhoods and villages worked to organize community lockdowns, providing personal protective equipment (PPE) for health workers, and food and goods for people who had lost income. Within weeks, local governments responded by closing schools, implementing work-from-home policies and imposing local and provincial movement restrictions. These efforts effectively slowed the spread of the virus in the first half of 2020, providing a window that should have allowed the national government to mobilize adequate resources to establish the effective testing and contact-tracing infrastructures which international epidemiological guidelines and experience have shown are critical to containing a pandemic.

Central Failures, Local Responses

The central government largely failed to capitalize on this opportunity. From the start, it paid limited attention to improving testing capacity beyond Jakarta, largely leaving strategic public health planning to

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local and provincial authorities and requiring them to reallocate funds from their own budgets. Instead, the national government focused on mitigating the economic impacts of the pandemic. Over time, it became increasingly obvious that the national health response was slow, inadequate and often incompetent.¹ The consequences became visible in January 2021, when Indonesia faced an escalating pandemic crisis, with hospitals reaching full capacity across Java and Bali,² record new case numbers being set daily and rapidly rising mortality.

In the early months of the pandemic, there were numerous conflicts among different levels of government over public health strategies and resource deployment.³ By January 2021, it was clear that local governments and communities were bearing the burden of the response. Whether a particular locale managed to contain the spread of the virus largely depended on whether its local government had the capacity to mobilize sufficient budget resources and work with the community to mitigate spread, provide acute and community healthcare and help those affected by the economic crisis.

Jakarta Province is the only region in the country that has some measure of adequate testing and medical facilities. With roughly 3.5 per cent of the national population, Jakarta consistently makes up 30 per cent or more of the national tally of people being tested each day. While Jakarta has a Polymerase Chain Reaction (PCR) testing rate of over 200,000 tests per one million people, the testing rate for Indonesia as a whole is only 18,531 per one million people.⁴ But despite Jakarta's relatively well-functioning testing regime, the contact-tracing system remains limited. In September 2020, there were reports of only two contacts per positive patient being traced in most regions including Jakarta, rising to four contacts by January 2021. As a result, even the greater Jakarta area has not been able to control the spread of the virus.

Meanwhile, the central government has not deployed national budgets or human resources to provide regional areas with the kind of testing capacity available in Jakarta. With relatively few people being tested, positivity rates regionally have ranged between 15 and 50 per cent since August 2020,⁵ with 30 per cent positivity rates reported nationally on the first two days of 2021—pointing to a pandemic that is out of control. The alarmingly low levels of testing were highlighted in December 2020, when local authorities in Central Java announced new guidelines for testing.⁶ These guidelines explained that the authorities would provide PCR-swab tests only to people with COVID-19 symptoms who were close contacts of

positive patients, while asymptomatic close contacts (the majority) could not be tested. In most regions, access to testing services for most people is on a user-pays basis, which means many people simply do not get tested because they cannot afford to do so.

So in the midst of this escalating crisis, what do local responses look like? I have previously explained that local government responses in the early stages of the pandemic were highly varied, contingent on the dynamics of local government leaders and their varied levels of responsiveness to their constituents.⁷ In some areas, local governments and public health authorities responded swiftly and effectively, by focusing on tracing positive patient's contacts and providing medical and logistical support for patients and contacts to self-isolate. Such steps allowed some regions to mitigate the spread of the virus, despite limited testing. Unfortunately, in other regions, a combination of lack of political will, inadequate human resources and poor management has resulted in ongoing outbreaks.

The View from Salatiga

The regional town of Salatiga in Central Java—with a population of 180,000—is one example of a community that has managed to formulate an effective local strategy, despite limited resources. In March 2020, rapid local community mobilizations provided the first line of pandemic response, locking down local neighbourhoods (*kampung*), organizing face masks, soap and hand sanitiser for local distribution and economic support for people who had lost work.⁸ Eleven months into the pandemic, community mobilizations remain important for providing logistical, financial and moral support to positive patients and close contacts who must self-isolate. Local community health services (*Puskesmas*) provide daily support for self-isolating positive patients and close contacts, while hospitals provide acute care for residents from Salatiga and nearby rural districts.

Close community-government relations have a long history in Salatiga, which has won consecutive annual awards as Indonesia's most tolerant, pluralist city. Historically, it was a strong base of progressive activists both prior to the 1965 military coup and in the pro-democracy movement of the 1990s. Since *reformasi*, access to government facilities, including the mayor's city residence, is routinely provided free of charge for community and activist groups to organize public events. The local government has prioritized community engagement throughout the pandemic. For example, it

provides daily COVID-19 updates on social media, eliciting active comments by local residents, which are responded to by local officials. It uses social media platforms to provide direct information on local government services and support. The town government conducted surveys in December 2020, asking residents what further information residents required from it. This assisted officials to provide better targeted community health education aimed at halting the spread of COVID-19 at a household and neighbourhood level.

The local government in Salatiga has been reasonably effective in managing acute and community health services within the constrained scope of its existing local resources, even as the pandemic has worsened. A significant rise in reported case numbers in Java generally, including in Salatiga, began in October 2020. From a maximum of 40 active cases at any one time in Salatiga, there were suddenly more than 550 active cases for several weeks in December. While testing facilities remained limited and samples required seven to eight days to be processed, tracing of close contacts by local subdistrict health services were reasonably effective. Local community health centre staff asked each positive patient to provide a list of close contacts during the 14 days prior to their positive test. Close contacts were then contacted and asked to self-isolate for 14 days. This tracing did not include alerts to the physical locations that positive patients had visited unless they were government offices, workplaces or health services. The local government coupled this tracing process with an intensive testing campaign in late November, with Salatiga achieving the highest testing rates in Central Java in December, until the capacity of the town's two small testing facilities—the first such facilities set up in Central Java, initially to service the whole province—could no longer meet demand. Meanwhile, *kampungs* provided support to local residents who were suspected cases or close contacts and were self-isolating in homes or government-organized quarantine facilities. These various elements combined to effectively mitigate against this breakout by late December, with the number of active cases declining to around 200 from the last week of December 2020. Salatiga is thus part of the current national surge, but doing better than many regions.

On the economic front, the impact of the pandemic in Salatiga has been significant. Anecdotal evidence suggests that the majority of residents working in the informal sector are feeling the long-term economic impact especially severely.⁹ Losses in routine incomes are around 30–50 per cent for people working in sectors such as

food and beverage and for daily labourers working in small-scale construction. From the start, community organizations partnered with the Salatiga government to provide information and deliver logistical support to individuals and families facing economic hardship. Local neighbourhood and community groups supported the government by identifying people in need of various forms of social security. At the *kampung* level, local leaders organize collections of money and goods for positive patients and close contacts who are self-isolating. These contributions recognize the individual circumstances of residents, making particular provision for people employed in the informal sector who lack paid leave and social security. Viewed from the grassroots, the COVID-19 response in Salatiga has been one of active community participation, social mobilization and social solidarity.

The Failure to Scale Up

Why have these dynamic community-level responses to COVID-19 not been scaled up in the form of demands directed at the national government? In the face of such intense local mobilization, how has the central government been able largely to escape social and community pressure?

The first thing to acknowledge is that these local-level mobilizations have not been “spontaneous”. Rather they have emerged from already existing networks of social solidarity and community organization, which typically take the form of local community groups: everything from skaters, musicians and artists, to pensioners, religious associations and nature lovers, to name but a few. The self-initiated organizing of sections of society across rural and urban society in this time of crisis has shone a spotlight on the presence of significant spaces that operate beyond state governance structures. Such spaces are typically neglected by the state in normal times but become visible in times of crisis or natural disaster.

In Salatiga, the main community forum coordinating support and assistance to residents vulnerable to the economic crisis in the early period of the pandemic was the social media forum *Kabar Salatiga (Salatiga News)*. This forum includes many community groups which between them have extensive networks across rural and urban areas in and around Salatiga. Through social media and WhatsApp chat groups, members of different groups have networked to share information, raise funds and coordinate volunteers. These networks have a history of rapidly mobilizing material and human

resources in response to small-scale disasters prior to the pandemic. Most locations across Indonesia have such local groups with greater or lesser capacity for local coordination which have similarly responded to local community needs during the pandemic crisis.

Kabar Salatiga and other local networks have not been interested in organizing channels up into the infrastructure of national politics—partly because of their independence from political parties. Their cooperation with political institutions historically has extended only as far as local government. They act as pressure groups at the local level, urging the city government to respond to issues of concern for local citizens. However, at the national level, political parties and members of parliament have yet to consider responding to local pandemic concerns as an issue of national politics.

At the same time, there has been plenty of public discussion and debate over pandemic strategies and national policy, even though critical views have not been dominant in the mainstream media. These criticisms arguably contributed to two important decisions in December 2020. The first was the new appointment of Budi Gunadi Sadikin as national health minister, replacing Dr Terawan Agus Putranto, who had been widely criticized as incompetent since the outset of the crisis in March 2020. The second was a government backdown on its national vaccination policy, which would have required a large part of the target population to pay for their own vaccines. After a loud negative response from citizens across Indonesia, the national government announced a free vaccination programme for 70 per cent of the population. However, there has been no sustained campaign demanding more effective nationally coordinated responses such as material support for testing and tracing facilities, and additional trained medical staff for communities at the local level.

In the face of rapidly rising case numbers, the national government declared large-scale restrictions on mobility for 23 regions in Java in the second week of January 2021. However, it still left the strategy for managing this response to local governments, again requiring them to make do within their existing resources.¹⁰ In turn, provincial governors in early January 2021 ordered that increases in isolation and intensive care unit (ICU) bed capacity for COVID patients must be managed by district governments from existing local budgets. The recruitment of health workers required to support these new beds was left to the resources of local governments, despite the Central Java Governor, Ganjar Pranowo, acknowledging that there were inadequate additional qualified healthcare workers in Java

to support this.¹¹ In short, the national government provides the appearance of taking strategic action in response to the massive rise in cases but has failed to increase the provision of testing and tracing facilities or make coordinated efforts to recruit and deploy adequate healthcare staff. Again, local governments and communities continue to bear most of the burden of the pandemic.

NOTES

- ¹ “Endless First Wave: How Indonesia Failed to Control Coronavirus”, *Reuters*, 20 August 2020, <https://www.reuters.com/article/idUSKCN25G02J>.
- ² “RS Penuh, Jokowi Batasi Jawa-Bali” [Hospitals Full, Jokowi Limits Java-Bali (Movement)], *Kompas*, 7 January 2021, <https://jeo.kompas.com/rs-penuh-jokowi-batasi-jawa-bali>.
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- ⁶ A letter from the Salatiga mayor addressed to residents was distributed electronically via neighbourhood WhatsApp groups to our family on 22 December 2020.
- ⁷ Rebecca Meckelburg and Charan Bal, “As Covid-19 Escalates in Indonesia, Responses are Fractured and Fractious”, *Melbourne Asia Review*, 5 October 2020, <https://melbourneasiareview.edu.au/as-covid-19-escalates-in-indonesia-responses-are-fractured-and-fractious/>.
- ⁸ Meckelburg and Bal, “Indonesia and Covid-19”.
- ⁹ Data is from discussions conducted in December 2020 in Salatiga with street food sellers, small food and beverage outlets and construction labourers who work on daily rates in small-scale construction.
- ¹⁰ Angling Purbaya, “SE Gubernur Diterbitkan, Ini 23 Daerah di Jateng yang Berlakukannya PPKM” [Governor's Instruction issued, these are the 23 regions in Central Java Enforcing the Restrictions on Community Activities], *Detikcom*, 9 January 2021, <https://news.detik.com/berita-jawa-tengah/d-5326850/se-gubernur-diterbitkan-ini-23-daerah-di-jateng-yang-berlakukannya-ppkm>.
- ¹¹ “Tenaga Kesehatan Menipis, ini Usulan Ganjar Pranowo” [Health Workers in Short Supply, this is Ganjar Pranowo's Proposal], *Kabar24*, 7 January 2020, <https://kabar24.bisnis.com/read/20210107/15/1340126/tenaga-kesehatan-menipis-ini-usulan-ganjar-pranowo>.

A Centralized Pandemic Response in Decentralized Indonesia

CHRIS MORRIS

In 2001, sweeping decentralization reforms in Indonesia shifted responsibility for the delivery of many basic services—including healthcare—from the centre to the regions. In contrast, decision-making authority over a range of key pandemic response measures remains largely centralized. This article draws on events in the greater Jakarta area during February–April 2020 to highlight how these arrangements—together with a dash of politics—slowed initial local responses to COVID-19 without a corresponding payoff in the form of better national coordination.

However, this was not inevitable. A central government more intent on curbing the spread of the virus should have been able to work within Indonesia’s framework for pandemic response (or make subtle adjustments to it) to minimize delays in taking action against the virus. Instead, it displayed a curious knack for intervention where greater regional discretion may have been appropriate, while absenting itself where a more active coordinating role would have been beneficial.

The Head Says Walk, the Feet Say Run

In late February 2020, Indonesia’s then Minister of Health, Terawan Agus Putranto, made headlines with his claim that divine intervention

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and prayer explained the apparent absence of COVID-19 in the country. The identification of Indonesia's first confirmed cases in early March soon diminished the plausibility of that line of argument. But the tone for Indonesia's early response to COVID-19 had been set. As March wore on, and more cases of COVID-19 were confirmed, pressure mounted on Indonesia's seemingly reluctant central government to adopt stronger public health measures to contain the spread of the virus.

Lockdowns—generally understood to mean restrictions on the movement of people into, out of and within regions—became a particular point of contention. Under the 2018 Health Quarantine Law, the minister of health has exclusive power to authorize lockdowns as well as other social distancing measures such as the closure of schools and workplaces (components of what are known in Indonesia as large-scale social restrictions or PSBB). Regional governments must obtain approval from the minister before applying these measures; alternatively, the minister can mandate their application by regional governments if necessary.

Understandably concerned about the economic impact of lockdowns, President Joko Widodo (Jokowi) pointedly reminded regional heads of government that they were forbidden from taking this course of action without central approval. Nevertheless, a small number went ahead and did so anyway. While doubtless irritating to Jokowi, isolated disobedience from small-time local politicians was not a serious affront to his authority. However, the same could not be said for what was happening right under his nose in the capital Jakarta, a sprawling, densely populated mega-city of 10.5 million people and the initial epicentre of the pandemic in Indonesia.

Having himself used the governorship of Jakarta as a springboard to the presidency, Jokowi was keenly aware of the city's importance in national politics. And there was no love lost between Jokowi and the current governor, possible 2024 presidential aspirant Anies Baswedan. The two had once been politically close, with Anies helping to manage Jokowi's transition team when he was first elected president in 2014, and subsequently being appointed Jokowi's first minister of education. But he was replaced in a cabinet reshuffle less than two years later amid suspicions he was using his position to further his own presidential ambitions. Anies then successfully contested the 2017 Jakarta gubernatorial election with the support of Gerindra, the party of Jokowi's two-time challenger for the presidency, Prabowo Subianto. Naturally, this did nothing to enhance his standing in the eyes of the president.

Tensions and Bottlenecks Constrain Jakarta's Response

Anies—driven by a convenient alignment of principle and political expediency—was impatient to take a more proactive approach to the pandemic. His background as a scholar and intellectual was likely behind his greater respect for scientific and medical opinion than that displayed by many of his national-level counterparts. Moreover, with the 2024 presidential election in mind, he doubtless also saw political advantage in positioning himself as one step ahead of the central government.

For the most part, one step ahead he was. Throughout February and March, his administration outflanked the central government in providing early warning to government agencies and the business community of the risks posed by the virus, recommending the closure of schools, offices and houses of worship, and creating a task force to coordinate the city's COVID-19 response prior to the establishment of a national equivalent. The majority of these measures either did not require central government approval or were implemented by voluntary rather than coercive means. However, by late March, as the number of confirmed cases of COVID-19 continued to rise, Anies concluded that stronger action was necessary.

On 28 March 2020, Anies sent a letter to the president requesting permission to lock down Jakarta. Rejecting his request two days later, Jokowi declared that Indonesia would instead rely on a strategy of social distancing measures (PSBB) under the Health Quarantine Law. The Ministry of Health issued a government regulation on PSBB the following day (31 March), but without detailing the process for regional governments to make an application to the health minister. Wasting no time, Anies wrote to Minister Terawan on 2 April requesting approval to impose PSBB in Jakarta. But he was again rejected on 5 April for not having complied with the provisions of a ministerial regulation requiring applications to be presented in a certain format, issued the day after he made his request.²

Venting his obvious frustration, the following day Anies accused the Ministry of Health of “show[ing] no sense of urgency” and it being “as if we are proposing a project that needs a feasibility study. Can't the Ministry see we are facing a rising death toll?”³ Nevertheless, the Jakarta administration resubmitted its request in the stipulated format, and later that evening the minister finally approved the imposition of PSBB in Jakarta for an initial period of 14 days effective from 10 April—almost two weeks after Anies made his first request.

Inefficient bureaucratic processes can clearly account for some of that lost time. But more rapid action would surely have been possible had national political leaders desired it. A greater cause of the delay, therefore, was Jokowi's fear that the "cure" for COVID-19 might, economically speaking, be worse than the disease. And if he had any doubts about his more "relaxed" approach, a concern not to be outshone by Anies likely hardened his conviction.

An added complication arose from the fact that Jakarta is bounded by the satellite cities of Depok, Bogor and Bekasi (in West Java) and Tangerang and South Tangerang (in Banten). For the most part, the distinction between the component parts of this urban agglomeration is imperceptible but for lines on a map. Acknowledging this reality, Anies also requested that the entirety of greater Jakarta be treated as a single region for the purposes of applying PSBB.

Again, Terawan rejected his request on the grounds that one region (Jakarta) could not seek to impose those measures on another. Instead, the minister insisted that those municipalities or districts (or their respective provinces) must request permission on their own behalf. This they did, with the neighbouring jurisdictions in West Java approved to commence PSBB on 15 April and those in Banten approved to commence PSBB on 18 April—a full eight days after those measures commenced in neighbouring Jakarta.

At a point where time was of the essence, the central government had again squandered an opportunity to lead and coordinate. For while it is true that the regulations did not permit Anies to request the imposition of social distancing measures on neighbouring regions, there was nothing stopping Minister Terawan from doing so on his own behalf. Indeed, it was arguably a textbook case for where the central government—under the principles articulated in the 2014 Regional Governance Law—should have played a coordinating role across provinces in relation to an issue of national strategic importance.

Explaining the Failure to Realize the Benefits of Centralization

Given that local government capacity varies significantly across the archipelago, there is good reason for the central government to retain ultimate control over certain public health measures. Communicable diseases such as COVID-19 are unconstrained by administrative boundaries, meaning that reckless decision-making by any of Indonesia's 514 districts and municipalities has the potential to trigger significant national consequences from both a public health

and economic perspective. There is clearly value in the central government being able to step in and function as a circuit breaker if and when regional governments fail to act.

Ideally, of course, the central government should also go one step further and actively lead and coordinate a truly integrated national response. The fact that it initially fell short on this front—particularly in relation to greater Jakarta—begs the question of what would have happened had the regions not pushed for action. The answer, it seems, is very little: the central government subsequently made clear that it would not require regional governments to apply PSBB if they did not want to. As such, one of the main benefits of a centralized decision-making framework—that circuit-breaker function—was effectively disabled from the outset.

Instead, the central government used its authority in reverse, blocking a number of regions (including at one stage the province of Gorontalo) from applying PSBB. Once a region had been granted PSBB status, however, it was given complete discretion over when and what to reopen upon achieving “green” status (indicating low risk). The logic, presumably, was that regional governments had sufficient economic incentives not to prolong the application of PSBB for any longer than was necessary. This has largely been borne out in practice.

Applied at the front end, that logic should also serve as a natural brake on the unnecessary application of PSBB. So why did the central government insist on a time-consuming process of active approval, rather than permitting greater regional discretion and only vetoing PSBB in circumstances where it was clearly unjustified? The approach cannot have been driven by a need for the central government to obtain epidemiological data on the situation in each region; the Ministry of Health should already have had that data and been analysing it itself.⁴ Indeed, the Ministry routinely chastised regional governments for using data that had not been sourced from the Ministry, arguing that it could not rely on such data because it did not know where it had come from.

Rather, the answer lies partly in the misguided belief of Jokowi and his senior ministers that they must choose between protecting public health or protecting the economy, as opposed to protecting the economy by protecting public health (a position Jokowi subsequently adopted). Perhaps worried that local leaders might be more responsive to community fear of the virus and take a more health-focused approach, central control was the logical solution. The other explanation for this approach is a mentality,

still deeply ingrained in the central bureaucracy, that many regions lack capacity and still require strong “guidance”. Despite over two decades of democratization and decentralization, traces of Suharto’s 32 years of authoritarian rule still linger and influence the way Indonesia is governed.

Conclusion

While early missteps cost Indonesia’s COVID-19 response valuable time, there are at least some positive signs that the central government is learning from experience. In September 2020, Jokowi’s “Mr Fixit”—Coordinating Minister for Maritime Affairs and Investment Luhut Pandjaitan and Deputy Chair of the National COVID-19 Committee—was given a target of reducing case numbers and deaths in eight provinces, including Jakarta. One of his three areas of focus was to promote greater coordination between regions, especially in the greater Jakarta region.⁵ The question will be whether Luhut can do that without unduly stifling regional discretion and the advantages it can bring in terms of speed and local appropriateness of response.

Viewed more broadly, the Indonesian case adds weight to more general observations about the influence of systems of governance on national responses to COVID-19. Whether unitary or federal, centralized or decentralized, system design entails trade-offs. These trade-offs have consequences—both positive and negative—but are not necessarily determinative of a particular outcome. Many other factors are also at play. In Indonesia’s case, a significant factor has been how policymakers have decided to use (or not) the policy levers at their disposal. And that is something that no system—however well designed—can do on their behalf.

NOTES

- ¹ This article draws in part on a longer report written by the author. See Chris Morris, “Governing a Pandemic: Centre-Regional Relations and Indonesia’s COVID-19 Response”, *New Mandala Research Brief*, November 2020, <https://www.newmandala.org/governing-a-pandemic-centre-regional-relations-and-indonesias-covid-19-response/>.
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Public Trust Deficit and Failed Governance: The Response to COVID-19 in Makassar, Indonesia

HARYANTO

In March 2020, a few days after the first case of COVID-19 was recorded in Makassar, the capital of South Sulawesi Province, a series of events posed immense challenges to the local government's handling of the coronavirus outbreak. A spate of street actions began on 31 March, when residents in Kelurahan Bitowa refused to allow the burial of a COVID-19 patient in a public cemetery.¹ The next day, in other parts of the city, mobs burned car tyres and blockaded roads, rejecting the burial of patients near their homes.² Several days later, residents in certain parts of the city refused to allow entry to medical teams, blocking roads and holding up banners that read “tolak rapid test” (refuse rapid test).³ It was clear that a crisis of public trust regarding the government's COVID-19 response was developing in Makassar. The challenge deepened when citizens tried to forcibly seize the corpses of patients who had died in four hospitals, succeeding in three. For example, at Stella Maris Hospital, about 150 people came to take the body of a patient suspected of dying from COVID-19. In another hospital, a crowd even managed to break through a military and police cordon

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to take a body away. In each case, relatives of the deceased led these crowds, refusing to allow their loved ones to be buried using COVID protocols (which meant placing them in distant cemeteries and burying them in coffins).

The COVID-19 Situation in Makassar

Why did local people act this way? In this article, I argue that local governments' unpreparedness in facing the outbreak, coupled with poor governance, resulted in public distrust of the government's handling of the COVID-19 crisis. The response to the pandemic was hampered by three major factors: intense political rivalries that constrained the government's capacity to impose regulations on the local business community; a high degree of instability in Makassar's political leadership; and weak government capacity in delivering public health services. The crisis of public confidence in Makassar—arguably the worst in Indonesia—points to government failure at the local level, which compounded wider failings at the national level.

Even using official figures—which many observers regard as an underestimate—Indonesia has suffered the worst COVID-19 outbreak in Southeast Asia. As of 14 January 2021, there were 858,043 confirmed cases and 24,951 deaths.⁴ At the start of the pandemic, Indonesia's COVID-19 response was described as the fourth worst in the world.⁵ Numerous studies have examined the reasons behind this policy failure, including lack of clarity in the government response, conflicts between local and national levels of government, poor-quality health service delivery, public distrust expressed in social media, and corruption.⁶ However, such studies have not examined how these problems relate to dynamics at the grassroots level, and their impact on ordinary people's behaviour in responding to the outbreak. This is the approach taken in this case study of Makassar—Indonesia's twelfth most populous city or urban municipality (*kota*), with a population of 1.6 million people. From the first outbreak of COVID-19 in Makassar in March through to November 2020, the author collected data through interviews, online research and field documentation. The author also conducted a short online survey with 500 respondents on 10–14 November 2020.⁷ The survey assessed public satisfaction with the response to COVID-19 and grassroots issues, including beliefs regarding the virus.

Makassar has been one of the hardest hit cities by COVID-19 in Indonesia. By mid-August 2020, the number of confirmed COVID-19

cases was 5,938, the fourth-highest among all cities in the country.⁸ By 12 January 2021, the official number of COVID-19 cases was 19,414 with 402 fatalities. The government responded to the crisis relatively quickly. As early as 16 April, the central government designated Makassar an area with a high level of COVID-19 transmissions. Under Indonesia's devolved framework for managing the crisis, the city government was given responsibility for designing its response. Its first major policy step was to declare—under the national Ministry of Health framework—PSBB (Large-Scale Social Restrictions) for 14 days starting from 24 April. It extended this with a second period of PSBB until 21 May. Under PSBB, the city government banned a range of school and work activities and public worship, closed down public facilities and transportation, and restricted a range of social activities, only allowing strategic economic activities to function as normal. To work effectively, PSBB requires consistency from the local government in implementation and a high degree of community compliance.

Explaining the Government's Failed Responses

However, problems quickly emerged in both spheres. With regard to governance, conflict soon broke out between the city mayor, Iqbal Suhaeb, and the South Sulawesi governor, Nurdin Abdullah. The trigger was a conflict over New Agung, the city's largest stationery store. Initially, Iqbal Suhaeb revoked New Agung's business license on 5 May because it had violated PSBB rules by remaining open. The next day, Governor Nurdin Abdullah permitted New Agung to resume operations and apologized for the policies that had been implemented by the Makassar city government. Nurdin argued the closure had been excessive, but his objectivity in the matter was questionable as New Agung was the main supplier of stationery to the government and its owner is reputedly close to the governor. Similar conflicts also occurred over two other large shops. While many smaller shops were still prohibited from opening, some of them did open, in violation of the rules. "If the big ones stay open", complained one shop owner, "why should the small ones close?"⁹ Academics and local activists began to vent their frustration in the local media, arguing that these cases demonstrated injustice and poor governance.¹⁰

The conflict soon escalated. With many shop owners refusing to comply with PSBB, the government ordered its city police (Satpol PP) to spray water into shops that had remained open from the

fourth day of PSBB, 27 April, causing water damage and stock losses to businesses that were already suffering reduced income as a result of the pandemic. The police also beat security guards at one store. These actions prompted considerable public anger and resistance, undermining the government's ability to win community support for its policies.

A second and related factor was problems associated with the rotation of the local leadership in Makassar. Between March and June 2020—when the virus began to spread—Governor Nurdin Abdullah replaced the acting mayor of Makassar three times, with Iqbal Suhaeb making way for Yusran Yusuf, who was subsequently replaced by Rudy Djamaluddin.¹¹ One of the acting mayors, Yusran Yusuf, served only 44 days. Governor Nurdin Abdullah argued that he needed to replace Yusran Yusuf, who had been selected as acting mayor by the Interior Minister from a list of three sent to Jakarta by the Governor, because his COVID-19 response had failed. However, many media commentators speculated that the real reason was political, especially given the lead-up to the mayoral election in December 2020, when it was believed that Yusran would back Danny Pomanto, the former mayor and a political enemy of the Governor.¹² These relatively quick changes in leadership prevented a coordinated and consistent response to COVID-19. For example, it led to rapid switches back and forth on policies prohibiting wedding parties and closing shopping malls, further undermining public trust in the city's response.

A third governance issue was that health services tended to be slow, which confused the public. In interviews with ordinary citizens and health experts, several issues kept recurring. One was that the rapid tests used widely in Makassar—as in other parts of Indonesia—were often inaccurate, undermining public confidence in the government's capacity to understand the spread of the coronavirus. Facilities for the more accurate Polymerase Chain Reaction (PCR) tests were very limited. During the first two months of the outbreak, there were only three laboratories capable of conducting PCR tests in the province. Early on, the local government had to send samples to Jakarta, resulting in long delays. These problems with the testing regime provided fertile ground for the spread of public scepticism and conspiracy theories. In my November 2020 survey of Makassar residents, 74.2 per cent accepted that COVID-19 existed while 20.8 per cent expressed doubt and 5 per cent stated they did not believe in it. One belief that COVID-19 is a conspiracy designed to generate income for hospitals, doctors and the local government

spread widely on social media and in urban neighbourhoods. Many doubted government reports of COVID-19 deaths, while others explained that they would not go to hospital for treatment because they were afraid of the rapid test and of being “*di-COVID-kan*” i.e., being falsely tested positive for COVID-19. Again, this was associated with the widespread suspicion that hospitals and medical staff were designating people as COVID-19-positive in order to boost their incomes. Given the widespread acceptance of such views, the government had apparently failed to provide the community with adequate education and clear communication about the virus in the first eight months of the outbreak.

To further examine the relationship between governance and social trust in the COVID-19 response, I conducted an online survey of Makassar residents (with respondents selected through snowball sampling). The survey showed that the level of community satisfaction with the local government’s response was evenly split, with similar numbers saying they were “satisfied” (45.2 per cent) and “somewhat unsatisfied” (45 per cent), with the remainder of respondents registering stronger views (2.8 per cent “very satisfied” and 7 per cent “unsatisfied”). On the other hand, more respondents viewed the local government’s policies as “good” (50 per cent) or “very good” (6.2 per cent) than “okay” (*biasa*) (38 per cent) or “bad” (5.8 per cent), suggesting that implementation rather than policy design was what most concerned residents.

Conclusion

Makassar was not the only place in Indonesia where residents expressed dissatisfaction and distrust with the government’s COVID-19 response. Similar responses were recorded throughout the country.¹³ According to a survey conducted by the Central Bureau of Statistics in September 2020, 17 per cent of the population did not believe in COVID-19.¹⁴ However, expressions of distrust in Makassar were especially pronounced, and this translated into forceful actions on the streets of the city: demonstrations, objections to the presence of medical teams, road closures, forced seizures of corpses and widespread disregard for health protocols. Makassar had it all, motivated in part perhaps by the widespread belief that COVID-19 was a conspiracy designed to generate income for hospitals. At the root of this public response was the failure of governance. Protecting citizens’ lives and health is the responsibility of the state, but the state’s early failures in the management of the pandemic had fuelled

a cycle of public distrust that in turn undermined the effectiveness of subsequent responses.

While some of these failings were specific to Makassar, they also reflected more general governance and leadership failures throughout Indonesia's regions, and at the national level, too. Learning from this situation—and preparing for future phases of pandemic management—local governments in Indonesia need to adopt approaches that involve what a team from the University of Gadjah Mada has described as collaborative governance based on social solidarity.¹⁵ Experiences of local governments elsewhere—such as Kerala in India¹⁶—show that it is possible to win public trust in the course of managing the COVID-19 pandemic even when the national government fails to provide clear leadership.

NOTES

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Local Adaptations to Central Government Shortcomings: COVID-19 Responses in the Cities of Iloilo and Cebu, Philippines

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The Philippine national government's largely ineffective response to the COVID-19 pandemic sets the context for a diversity of policy adaptations at the local level. This article focuses on the two largest metropolitan areas in the Visayan Islands, Cebu City and Iloilo City. The Cebu City government, with strong personal ties to

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President Rodrigo Duterte, acquiesced to the national government's takeover with uniformed personnel deployed for enforcement. The Iloilo City government, lacking such ties, pushed back and pursued innovative strategies including frequent use of appeals against national government quarantine classifications. The cases depict constricted decision-making space for local governments to balance public health safety and economic reopening. This is especially problematic given the deficiencies in the central government's pandemic response.

The Philippine government was expected to play a major role in coordinating an appropriate delivery of public health services amid limited capacity for tertiary care and testing outside Manila. Its response to the pandemic, however, has revealed the inadequacies in the country's public health infrastructure and underlying tensions between the president together with executive agencies and local governments. The national Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), activated under the March 2020 Bayanihan to Heal as One Act, was the coordinating mechanism within the framework of "a national-government-enabled, Local Government Unit (LGU)-led, and people-centered response".¹ Its effectiveness in reducing the rate of infections, however, was undercut by the evident lack of capacity across many national government agencies, leading eventually to IATF ceding much of its decision-making powers to local governments. Vested with emergency powers, President Duterte compelled local governments to obey IATF directives, deployed the military to implement lockdown measures, and released US\$5.7 million in emergency funding to tackle the coronavirus. These emergency powers amplified the importance of President Duterte, and local responses were thus heavily influenced by ties (or lack thereof) between the *supremo* in Manila and local leaders.²

There are five areas in which LGU implementation of measures proved contentious: first, testing and contact tracing protocols; second, community quarantine classification with the corresponding restrictions; third, repatriation of returning overseas Filipinos and locally stranded individuals; fourth, opening of business establishments and return to work; and fifth, coordination between the Department of Health (DOH) offices and the local emergency operations centres for data collection and reliability. National health officials did not allow local governments to conduct rapid testing and insisted instead on correct science-backed protocols. When the national government pushed its *Balik-Probinsya* (Return to the Province) plan, large numbers of people had to be transported

to their hometowns alongside thousands of retrenched overseas Filipino workers (OFWs). Receiving and sending local governments had to tag, report and manage these returnees, and shoulder the costs of transporting them to their homes and quarantine facilities. Meanwhile, LGUs worked within the guidelines issued by the IATF on suspension of non-essential work, closure of business establishments and restrictions on public transport services and public gatherings. The strong leadership role asserted by the national government is evident in the language of IATF resolutions “enjoining” and “directing” LGUs to enact ordinances strictly in line with its guidelines, and to refrain from imposing additional requirements. LGU compliance with IATF directives and reporting of data were checked by the national agencies. President Duterte also threatened to prosecute local government officials who were not abiding by national government directives.³ The Department of the Interior and Local Government (DILG) issued several “show-cause” orders to various local government officials, demanding explanations from those who had been deemed non-compliant with quarantine policies or who were thought to have committed violations in the disbursement of emergency assistance.

Iloilo and Cebu, the two most populous cities in the Visayan Islands, illustrate contrasting cases of local government responses to the pandemic.⁴ Both experienced dramatic surges in community transmissions, but while the national government deployed the military and took over the lockdown implementation in Cebu, it adopted a very different approach in Iloilo. In a highly personalistic political system centred on the presidency, strong ties among the Palace, the Presidential Assistant for the Visayas and the Duterte-aligned mayor of Cebu translated into more robust national government intervention. Personal ties smoothed what elsewhere might be considered a heavy-handed gesture, thus making these measures more acceptable to Cebu City officials. Lacking direct channels to President Duterte, Mayor Jerry Treñas of Iloilo City had to find alternate, and more institutional, means to obtain favourable accommodation.

Iloilo City: Compliance and Pushback

Iloilo City is the commercial and trading centre of the Western Visayas region. With a new airport and seaport, it has experienced a surge in major investment in recent years. The city has been dominated over the last two decades by a political machine headed by current mayor (and former congressman) Jerry Treñas, former Mayor Jed

Mabilog, and Senator Franklin Drilon, the latter of whom was widely credited with getting “big ticket” projects for Iloilo from the national government when he was senate president during the administration of his partymate President Benigno Aquino III. Linked by family and professional ties, this well-oiled coalition experienced a major shakedown when former Mayor Mabilog was publicly linked by President Duterte to the illegal drug trade—with the latter accusing the former of turning Iloilo City into the country’s most “shabu-ized” locale i.e., the foremost hub for the use and distribution of *shabu*, or crystal methamphetamine. A number of other factors also put the city on the wrong side of the president, including Duterte’s loss in Iloilo in the 2016 elections and Drilon’s vocal opposition to the new administration. While Treñas is by no means openly hostile to Malacañang, the lack of a strong connection has shaped Iloilo City government’s response to the pandemic.

Iloilo City is an example of how decisions made at a higher level could be countered at the local level. Community quarantine directives from the IATF come with varying degrees of restrictions on movement of people, ranging from the stringent Enhanced Community Quarantine (ECQ) to Modified Enhanced Community Quarantine (MECQ) to the relatively more relaxed General Community Quarantine (GCQ). Local Chief Executives (LCEs) can appeal for an upgrade or downgrade, and also impose, lift, or extend quarantine classifications with the concurrence of the regional equivalent of the IATF. After a public tussle between Mayor Jerry Treñas and national officials on the quarantine classification of the city, Iloilo City utilized this system of appeal a number of times and for different reasons—in some cases to retain tighter restrictions, in other cases to relax them. These appeals were done through Mayor Treñas’ direct communication with IATF as well as with Defense Secretary Delfin Lorenzana and Secretary of the Interior and Local Government Eduardo Año.

On the repatriation of OFWs, the Iloilo City government appealed multiple times and imposed additional requirements for entry of repatriates through IATF-approved flights. Mayor Treñas also requested and was granted a temporary halt to the return of OFWs to the city.

For Iloilo residents returning from other regions within the country, starting on 16 May 2020, the city government required those coming from areas under ECQ and MECQ to provide documents from their local governments, along with negative COVID-19 test results. In June, those coming from or going to Cebu City were

temporarily banned. It also requested a temporary halt to repatriations from Bacolod City and Negros Occidental Province between 8 and 22 August. As for those coming from LGUs elsewhere in the Western Visayas region, there was a temporary ban on all travel beginning on 7 September that was partially lifted after a week. Faced with the sharp rise in cases, and to avoid the local healthcare system becoming overwhelmed, travel from areas classified as “low-risk” by the IATF was also stopped for another two weeks in September.

The Iloilo City government’s efforts to deviate from standard IATF guidelines extended to testing. Government testing capabilities were initially made available through the UP-Genome Center, and later to four facilities run by the city government itself. To standardize testing and contact-tracing, the DOH established the Reverse Transcription-Polymerase Chain Reaction (RT-PCR) as the national government’s “gold standard” in testing. Apart from requiring RT-PCR results for repatriates, Mayor Treñas also made it mandatory for those who had previously tested positive to undergo a repeat test before returning to normal activities—a policy deviating from the DOH’s June guidelines not requiring repeat tests and instead counting such cases as “recoveries”. These repeat tests were paid for by the Iloilo City government and were made available to both city residents and non-residents who were staying in hospitals or city-run quarantine facilities.

The Iloilo City government topped up emergency aid distributions from the Bayanihan Act allocations, allocating PhP291 million (around US\$600,000) for the purchase of basic essentials that were distributed to around 70,000 low-income households. It also established soup kitchens around the city, which at its height numbered 240. The city government also raised PhP1.5 million (around US\$30,000) for the procurement and production of personal protection equipment (PPE) for frontline workers, and solicited private donations for food assistance to villages under lockdown.

Prior to the national government’s publication of Omnibus Guidelines, categorizing industries and rules for operation per quarantine classification, LGUs were left to decide on rules for the gradual reopening of industries and business establishments. Iloilo City harmonized its industry classification with that of the national government in May 2020, but eventually allowed the reopening of Iloilo Fishing Port Complex (the site of a major coronavirus outbreak) as well as the Iloilo Terminal Market. As of early 2021, under a GCQ classification, most industries in Iloilo City were allowed to operate at 100 per cent capacity while facilities such as

gyms, testing and review centres, and internet cafes were allowed to operate at 30 per cent capacity.

The enforcement of border controls and quarantine rules within the city was done by both local security forces and civilian personnel. Land borders were regulated by the police, with support from local army units, the city Public Safety and Traffic Management Office, and the city Disaster Risk Reduction and Management Office. Within the city, quarantine rules were primarily enforced by village officials, with support from the aforementioned elements. A key exception was areas under lockdown, where the borders of *barangays* (urban wards) were manned by joint task forces composed of the police and army. No additional army or police personnel were deployed to Iloilo City to enforce the community quarantine.

Cebu City: Accommodation and Renegotiation

As the dominant jurisdiction in the country's second most populous metropolis, Cebu City is a major hub of economic activity, tourism and travel. It is also home to scattered high-density poor urban neighbourhoods. Cebu City's current administration is strongly allied with President Duterte. In what is a distinctive arrangement, moreover, city officials are under the close guidance of the Office of the Presidential Assistant for the Visayas (OPAV). This post is held by Secretary Michael Dino, businessman and founder of the "*Bisaya Na Pud*" ("It's the turn for a Visayan") group in Cebu that first pushed and campaigned for Duterte's presidency as early as 2014.⁵ Secretary Dino's intervention in local affairs is more tangible in Cebu City than in any other LGUs in the three Visayan regions formally under the scope of his office. Within this close political alliance, a common public criticism is the subordinate role of Mayor Edgardo Labella; Duterte's man, Secretary Dino, is widely perceived to be lording over the city's elected mayor.

Apart from Metro Manila, Cebu City is the only other city where the national government deployed the military and police to enforce the lockdown for several weeks. This followed an alarming surge of cases in June 2020 and the imposition of strict ECQ measures. Tasked to direct the local response was Environment Secretary Roy Cimatu, a retired army general who was designated chief implementer of IATF-Visayas. As President Duterte's "eyes and ears" in Cebu City,⁶ Cimatu effectively outranked not only Mayor Labella but even OPAV Secretary Dino. As part of the underlying dynamics, Mayor Labella and OPAV Secretary Dino sought a quick economic reopening to allow

Cebu's bedrock firms—in business process outsourcing (BPO) and manufacturing—to resume operations. They negotiated directly with the presidential palace to achieve this goal. The surge in coronavirus cases—which was broadly perceived as a direct consequence of this political accommodation—ironically provided justification for Duterte to effect a crisis response “take over”, deploying additional military personnel to enforce the lockdown. This was emblematic of the dangerous potential of executive emergency powers.

The IATF-Visayas' initial assessment confirmed that rising cases were in fact due to relaxed enforcement of quarantine restrictions and failure to isolate suspected and confirmed cases.⁷ Cimatu then ordered the lockdown of urban wards considered hot spots and revoked quarantine passes earlier issued by the city government. At least 150 out-of-region police and an undisclosed number of Special Action Forces were posted in the city, and they primarily manned the checkpoints along city borders. Army tanks were prominently deployed around the city.⁸

Under IATF-Visayas' direction, the city government's Emergency Operation Center (EOC) kicked into high gear. The EOC, a coordination platform aligning the efforts of many agencies, operates based on data collected by the city health office in a format developed by the DOH. Contact tracing teams increased from five to 423 and were paid for by the city government. Aside from ensuring the accuracy of data, they also shouldered RT-PCR testing costs and made them available for all residents. Other initiatives included pooled testing for concentrated areas (e.g. public markets) and, within BPO companies, the designation of health officers tasked with monitoring compliance and coordinating with the EOC. A structural innovation was the appointment of City Councilor Joel Garganera as EOC deputy chief implementer, in which role he oversees coordination among the *barangay* (urban ward and village) clusters, harmonizes all efforts of the IATF in Cebu City, and ensures coordination between the city government and IATF-Visayas. While Garganera reports directly to IATF-Visayas, it is evident that work on the ground is very much locally led.

There was a significant drop in the city's positivity rate, from a very high 32.8 per cent in June down to 0.6 per cent as of early October 2020.⁹ Competing narratives are offered to explain this successful turnaround. OPAV Secretary Dino touts the “centralized COVID-19 management system”, while others argue that the city's case is a rough approximation of a “national government-enabled and LGU-led response”, with the IATF-Visayas setting the framework

and the local government steering the EOC. As most interventions were centred at the barangay level, it is here where officials had to coordinate and delineate tasks among agencies and sectors across levels.

Amid such contestations, it is critical to highlight the early missteps of Cebu City. The city government purchased rapid antibody test kits to effect surveillance and monitoring in line with OPAV's Project *Balik Buhay* (Regaining Life) (PBB) programme in a bid to reopen the economy, a strategy that was pushed by business groups and chambers of commerce but opposed by the city council's minority bloc. Mayor Labella staunchly defended the decision to participate in the PBB mass testing programme despite earlier warnings from the DOH and the Food and Drug Administration (FDA) that rapid test kits could produce inaccurate results. Based on his confidence in the PBB, Mayor Labella successfully appealed for a downgrade of the city's quarantine classification from ECQ to GCQ from 1 to 15 June despite the IATF recommendation for the intermediate category of MECQ. However, after community transmissions and deaths spiked, there was a return to ECQ from 16 June to 15 July. The city was again downgraded to GCQ starting in August, upon Duterte's order. These two critical decisions by the mayor—a flawed rapid mass testing programme accompanied by the easing of lockdowns—are widely seen as key contributors to the surge of cases in the city. They were apparently influenced by the OPAV and ultimately sanctioned by the Palace.

The president's imprint on Cebu City government's pandemic response stands out among local cases. Three separate authority streams—the IATF-Visayas chief, the OPAV secretary and the mayor—made decisions in a distinctly hierarchical manner of authority, with the former ultimately proving to be supreme in view of the emergency context.

A Tale of Two Cities and their Ties to the Palace

The COVID-19 pandemic laid bare the ability (or inability) of the Philippine state to fulfil the core governance functions of security, effective and efficient service delivery, and the challenges of achieving and maintaining political legitimacy. Key to this is how power, authority and responsibility over fiscal, political and administrative systems are allocated between the centre and the periphery. While the 1991 Local Government Code supposedly gives LGUs discretionary powers in a unitary setup, how the governments

of highly urbanized cities dealt with the pandemic was mostly conditioned by the relationship of their leadership with President Duterte. These differing ties to the Palace notably defined the two cities' divergent strategies in negotiating with the IATF rules amid their parallel desire to assert a strong local role in response to the pandemic. In Cebu, the OPAV functioned as a parallel mechanism linking the city's Duterte-aligned mayor with the presidential palace, allowing for the initial bypassing of the rules of the IATF as well as those of the DOH. No such direct link was available to Iloilo City, whose non-aligned mayor played by the rules of the Regional IATF and sought alternate channels.

In the early months of the pandemic, the degree of local manoeuvre varied between central government "takeover" with military deployments for Cebu City, and the recalibration of parameters and requirements based on risk-classification for Iloilo City. Even within the context of an emergency, each of the local governments was able to negotiate for more local control over time. By July, the IATF allowed highly urbanized cities to lock down areas with community transmission; they were also given permission to undertake all necessary options to manage returning residents and rising cases within their jurisdictions. The pressure to gradually open the economy, and the dismal results in reducing the rate of infections based on national initiatives, eventually resulted in the IATF ceding much of its decision-making power to local governments. The overtly militarized national intervention in Cebu was a dramatic response befitting the dramatic spike in cases, and occurred in a place where local resistance was perhaps least expected.

NOTES

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Inter-jurisdictional Cooperation and the COVID-19 Pandemic: The Case of the Metro Naga Development Council

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Local governments in the Philippines have been at the forefront of the fight against the COVID-19 pandemic. On 15 March 2020, in an initial move to try to contain the virus, the national government imposed a community quarantine that included the suspension of classes and government work, business closures and the non-operation of mass transportation. As the closure of business establishments led to mass layoffs, many residents of Metro Manila quickly returned to their home provinces. Unfortunately, this came prior to the release of protocols on COVID-19 response for local government units (LGUs), forcing local officials to craft individual strategies to tackle the pandemic.

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A common initial strategy of LGUs was border control, which sought to limit mobility in and out of their respective jurisdictions. From an economic standpoint, however, this was an inherently flawed strategy that did not take into consideration the movement of people and goods across local borders. As neighbouring municipalities have interconnected goods, services, labour and financial markets, it was necessary to coordinate with other LGUs. However, achieving this posed a problem.

This article examines how these issues were resolved in the vicinity of Naga City, an urban centre in the Bicol peninsula of southeastern Luzon Island. Our focus is the Metro Naga Development Council (MNDC), an inter-jurisdictional institution that played a significant role in promoting coordination among its member LGUs: Naga City and 16 neighbouring municipalities. It examines subtle changes endogenous to the MNDC since it was established in 1993, and how such changes in metropolitan governance played a critical role in the local response to COVID-19. We argue that subtle institutional layering has allowed the MNDC to persist and function beyond its mandate during the pandemic.

Institutional Layering and the MNDC

Institutions are bound to change, and without change they may become irrelevant or cease to exist. According to the punctuated equilibrium model, institutions persist or break down depending on how they respond to exogenous shocks.¹ However, some changes in institutions happen very subtly and gradually over time. In order to account for how these incremental changes affect the evolution of institutions, Kathleen Thelen introduces the concept of institutional layering, whereby change happens within an institution by adding new arrangements that may diverge significantly from the goals that initially led to the establishment of the institution.² This framework helps explain the evolution of the MNDC.

MNDC is an inter-jurisdictional institution, created via a 1993 presidential executive order, mainly for the purpose of promoting equitable development in Naga City and neighbouring municipalities. Initial members included the City of Naga and 12 neighbouring municipalities, namely Bombon, Calabanga, Camaligan, Canaman, Gainza, Magarao, Milaor, Minalabac, Pasacao, Pili, Pamplona, and San Fernando. Four more municipalities joined over the next few years. The presidential order provided the council with seed money of Php500,000 (US\$18,000, 1993 conversion) and made explicit

the source of funding: the national budget and contributions from member jurisdictions.

Among the MNDC members, Naga City deviated politically and economically from the others. Naga City is formally designated an independent component city, meaning that it is independent of the supervision of the province and directly under the national government. The jurisdictions of the Bicol peninsula and nearby islands (six provinces plus Naga City) constitute, in turn, the administrative entity of Region V, one of 17 administrative regions in the Philippines. Naga City is an island of programmatic politics, deviating from the usual dominance of patronage politics in the Philippines.³ While its neighbouring municipalities have long been ruled by well-known political families, Naga City has been governed by a group of more developmentally-oriented politicians who are not related by blood—a striking contrast to the patterns of dynastic politics commonly found elsewhere in the Philippines. This distinctive brand of politics started during the mayorship of Jesse Robredo (1988–98, 2001–10), whose leadership style and system of open and transparent governance led to significant changes in the city both politically and economically.⁴

Naga City's population is the biggest among MNDC members with 196,003 (2015 census) out of Metro Naga's total population of 857,005. It is also much more prosperous than its neighbouring municipalities, as can be measured in terms of the national government's income classifications of local governments across six classes. Nine of the 16 MNDC municipalities occupy the lower rungs, as fourth- and fifth-class jurisdictions. In 2018, the 16 municipalities had a combined annual regular income of nearly PhP2.1 billion (US\$43.1 million); Naga City, by comparison, has an annual regular income of PhP1.1 billion (US\$23.2 million), more than half the size of all its neighbouring municipalities combined. While the 16 municipalities are on average 91 per cent dependent on the national revenue sharing scheme (the Internal Revenue Allotment, through which a portion of national internal taxes are allocated to LGUs), Naga relies on national support for only 50 per cent of its budget.

The MNDC displayed considerable promise in the 1990s. A 1998 study identified several indicators of success for the MNDC, including in the areas of health, livelihood, employment, tourism and disaster management; however, the study also identified challenges faced by the Council, including funding.⁵ At this point, the council's membership was expanding, and it enjoyed a continuous flow of

funding from the national government (initially from the Office of the President before it was transferred to the National Economic and Development Authority, the country's economic planning and development agency) and local contributions (with each jurisdiction initially promising to contribute 2 per cent from their respective Economic Development Funds). In 1998, however, President Joseph Estrada ended the national government's funding of the MNDC, perhaps because Robredo did not belong to Estrada's *Pwersa ng Masang Pilipino* (PMP, Force of the Masses) political party. Over the years, as municipalities surrounding Naga had become less dependent on Naga City in terms of resources and services, they had built their own hospitals, markets, and nurtured a substantial number of business establishments and investments in their respective jurisdictions. As such many member jurisdictions questioned the benefits of membership. In 2004, eight of the 15 expressed a desire to withdraw from the MNDC.⁶

In 2007, the MNDC signed a memorandum of agreement with the Philippine Council on Women (PCW) to include Metro Naga among the clusters for the five-year Gender Responsive Economic Actions for the Transformation of Women (GREAT Women) Project, with a total funding of roughly US\$6 million from the Canadian International Development Agency (CIDA). This catalysed a renewal of cooperation within the inter-jurisdictional institution.

With the MNDC in full swing again, a "Tooling Up for Tourism Project" was launched in 2013 with the aim of developing a tourism circuit called "Naga X". The project was a partnership between the MNDC and the Local Government Support Program for Local Economic Development (LGSP-LED) of the Department of the Interior and Local Government and funded again by CIDA. At this point, two more municipalities, Libmanan and Siruma, joined the MNDC. While enthusiasm was high at the beginning, achieving the project's goals became difficult because of funding constraints. Member jurisdictions' interest started to decline, especially when the national LGSP-LED project ended and the MNDC had to rely solely on member contributions for funding. Over time, the MNDC has had difficulty in collecting contributions from many of its members. A municipal development council officer admitted that his town has not promptly paid annual contributions, and explained that Naga has been lenient and allowed voluntary contributions.⁷ Naga City Mayor Nelson Legacion acknowledged that the council accepts any amount given by the other LGUs.⁸ In order to cut costs, the MNDC closed its physical office and has relied entirely on Naga

City government personnel to coordinate its affairs. This enabled the council to persist, barely, despite the pre-pandemic decline in projects and activities.

The MNDC and the Local COVID-19 Response

Through the years, the MNDC has been able to adjust to the contexts in which it operates, especially through gradual changes in agreed-upon rules and procedures. The intergovernmental institution has not imposed rigid rules and operational guidelines, which has paved the way for a more receptive membership. The organization was able to persist regardless of funding support from the national government and its members. Despite a limited budget and mobility, MNDC facilitated communication among its member LGUs. This enabled the institution to have an immediate coordinated response to the pandemic.

Leadership has also played a critical role. Since its inception, the MNDC has been chaired by the Naga City mayor; these mayors, all from the same political group, have provided a sense of stability and continuity to the council. This experience conforms to the conclusions of the 2008 UN-Habitat report, which emphasized the significant role of effective leadership in metropolitan governance.⁹ Aside from institutional layering, the literature on inter-jurisdictional governance suggests that cooperation is more likely in repeated games.¹⁰ In the case of MNDC, the players are the member LGUs and inter-jurisdictional relations is their repeated game. Local executives are more prone to support inter-jurisdictional organizations that both recognize their interdependence and provide benefits to their constituents. However, term limits for local executives would commonly allow for only short-term goals, with the exception of jurisdictions such as Naga City with substantial continuity in political leadership.

After Metro Manila was placed under community quarantine, Naga City imposed border restrictions that affected at least 45,000 workers from outside the city.¹¹ Interviews with officials and unit heads of Naga City, Camaligan, Bombon, Milaor, Pili, and Canaman, conducted in November 2020, highlighted the way in which economic interdependence was obvious to all: jurisdictions outside the city recognize their dependence on Naga in terms of trade and employment, and city businesses are highly dependent on outside labour as well as the supply of goods, especially agricultural products.

While the MNDC was created for the purpose of development, it played a critical coordinating role among member jurisdictions during the pandemic. After its nearly three decades of adaptation and persistence, the MNDC remained in place and provided a viable means of local-local coordination. Mayor Legacion, the current MNDC chair, utilized the network to communicate the city's planned actions before implementing them. Several member jurisdictions attest that the MNDC has been very effective in disseminating information, thus allowing them to adjust their actions accordingly.¹² The MNDC also became a venue for developing effective inter-jurisdictional strategies, including a mobile Automated Teller Machine that was fielded to those jurisdictions with no banks, and, later, the use of a contact-tracing mobile application. The council also proved to be an effective means for local-local negotiations. Some member municipalities—fearing transmission of the virus in their jurisdictions and noting the particularly high number of cases recorded in Naga City—saw border control as beneficial to them. Others, however, needed to negotiate their terms of interaction given their higher level of dependence on the city for goods and services. In general, member jurisdictions have appreciated how the efforts of the MNDC facilitated a more effective collective response to the pandemic.

Conclusion

This analysis has examined how an inter-jurisdictional institution, which has gradually evolved over time, played a significant role in coordinating member jurisdictions' responses to the new challenges presented by the COVID-19 pandemic in 2020. Through a historical process of institutional layering, an organization set up for development purposes not only persisted but eventually proved itself useful in coordinating member jurisdictions' handling of a major public health crisis. With Naga City's effective leadership, the institution was able to remain in place and retain its members even in the absence of funding and a physical office. The layers of incremental positive and negative experiences that shaped the MNDC across nearly three decades seem, from the present vantage point, to have helped the metropolitan area facilitate coordination and response to the twin challenges of the pandemic and the ensuing economic downturn.

NOTES

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- ³ Mary Joyce Borromeo-Bulao, “Naga City Camarines Sur: An Alternative Mode of Politics Under Strain”, in *Electoral Dynamics in the Philippines: Money Politics, Patronage, and Clientelism at the Grassroots*, edited by Allen Hicken, Edward Aspinall and Meredith Weiss (Singapore: NUS Press, 2018), pp. 187–203.
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- ⁶ Authors’ interview with Frank Mendoza, Naga City Budget Officer, 22 January 2021.
- ⁷ Authors’ interview with Ruel de Loyola, Camaligan Municipal Planning and Development Officer, 24 November 2020.
- ⁸ Authors’ interview with Nelson Legacion, Naga City mayor, 24 November 2020.
- ⁹ UN-Habitat, “Metropolitan Governance: Governing in a City of Cities”, in *State of the World Cities 2008/2009*, 2008, <https://sustainabledevelopment.un.org/index.php?page=view&type=400&nr=1119&menu=35>.
- ¹⁰ Repeated games, in game theory, are played out over and over for a period of time. Such games offer incentives for players to cooperate or compromise to continue receiving a payoff over time, knowing that if a player does not uphold its end of the deal, the other player(s) may decide not to either. See David Matkin and George Frederickson, “Metropolitan Governance: Institutional Roles, and Interjurisdictional Cooperation”, *Journal of Urban Affairs* 31, no. 1 (2009): 45–66.
- ¹¹ Authors’ interview with Allen Reondanga, Naga City Communications Officer, 23 November 2020.
- ¹² Authors’ interviews with Nonie Catimbang, Pili Municipal Oversight and Compliance Officer, and Ruel de Loyola, Camaligan Municipal Planning and Development Officer, 24 November, 2019.

The City of Manila under COVID-19: Projecting Mayoral Performance amid Crisis

CLEO CALIMBAHIN

As the second-largest city in the Philippines' National Capital Region (NCR), with a population of nearly 1.8 million, Manila is also one of the most densely populated cities in the world. With 42,857 people per square kilometre, the city has tried to contain the spread of COVID-19 by employing hard lockdowns and curfews. As the pandemic hit in early 2020, problems were exacerbated by poor access to clean water due to an earlier water crisis and a lack of clean public sanitation, particularly among informal settlers living in crowded and squalid conditions in many of the city's 897 urban wards (*barangays*). The lack of decisive and swift actions from the national government, especially Health Secretary Francisco Duque III, was only one of many factors that fuelled public anxiety over the government's response. The reality that the Philippine healthcare system does not have the capacity to address the pandemic became readily apparent when, two weeks into the lockdown, the five best-equipped private hospitals in the NCR (also known as Metro Manila) publicly announced that they could not accept any more COVID-19 patients.

The key figure leading the pandemic response in the City of Manila was Mayor Francisco "Isko" Moreno Domagoso, a former actor elected to his post in May 2019. One month into the pandemic,

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Mayor Isko enforced a hard lockdown in the areas of Tondo and Sampaloc, both with high concentrations of urban poor, to control COVID-19 outbreaks. In July, an additional 31 barangays were placed under hard lockdowns due to rising COVID-19 cases. The Rizal Memorial Sports Complex in Manila was turned into a 600-bed quarantine facility. Eight months into the pandemic, Mayor Isko was handing out cash incentives of PhP100,000 (US\$2,000) to 73 barangays that had recorded zero COVID-19 infections during the previous two months.

With the assistance of his public relations team, Mayor Isko has managed to use the pandemic as an opportunity to show his leadership skills during the crisis and contrast his performance with the slow and inadequate response of the national government. Using both new and old strategies, the local government's response has been projected not just across the six districts of Manila but also to a national audience. Good optics and ample promotional material can be found in the actions and rhetoric of the mayor, from his crisis management to his cash aid to constituents, to his attempts to promote order by adopting a tough approach to those who disregard the law. None of this is new. Filipino politicians have long used posters or large banners, prominently displaying their name and picture, to take credit for public goods and services they extend to their constituents. However, Mayor Isko has adopted a novel approach through the use of digital platforms, from live Facebook feeds of his daily activities to YouTube channels that show he is a take-charge mayor roaming the streets of Manila. This technique has successfully drawn nationwide public attention and private sector support.

Since Moreno became mayor, parallels have been drawn between him and Rodrigo Duterte, who before assuming the presidency in 2016 displayed a populist style of mayoral governance in Davao City. Like Duterte, Mayor Isko uses tough rhetoric to try to curb opposition and enforce order. Moreno has further demonstrated an impressive capacity not only to win the support of many low-income constituents in the city, but also to generate goodwill from elite actors who have been criticized by the Duterte administration for being part of the oligarchy that has amassed excessive wealth and power. The publicity surrounding his leadership achievements has fuelled speculation that Mayor Isko may be a contender for higher office—if not in the presidential election scheduled for 2022 then perhaps in 2028.

Projecting Performance

Moreno's effective projection of youthful and decisive leadership started even before the pandemic. After defeating the then 82-year-old former president-turned-mayor Joseph Estrada in the 2019 mid-term election, the then 44-year-old Isko Moreno began to capture the nation's attention. In a televised programme in which he was hosing down one of Manila's historical landmarks, Mayor Isko was visibly upset after he stepped onto a pile of excrement which soiled his immaculately clean rubber shoes. The former actor proceeded to turn this unpleasant situation into an occasion to talk to the camera and, with the cadence of a traditional politician, lecture about discipline, order and how he would clean up the City of Manila. In his own words, "*paliliguan ko lang naman*" (I will wash the city clean).¹ This was a rebuke to former mayor Estrada for failing to provide basic public services such as sanitation and garbage collection.

Manila has a neglected look to it.² In a televised interview, the mayor-elect lamented the sad state of the city and observed how it had fallen behind other cities such as Makati and Taguig. Mayor Isko's straightforward and strong sense of vision for Manila was a breath of fresh air for those who longed to see the city restored to its former glory. It is, after all, the capital of the Philippines. As he proceeds to try to fulfill this goal, it is important to emphasize that the former actor is not a newbie to Manila politics: during the past 20 years he has served in various capacities in the city from councillor to vice mayor. He has the support of influential Manila political families and their machines, especially the Lacunas. He refers to the patriarch Danilo Lacuna as "Boss Danny", thus publicly acknowledging his debt of gratitude to Lacuna, who was formerly a vice mayor of Manila.³

In addition, with his almost two decades of experience as a local government official, Mayor Isko knows what social amelioration programmes for the poor, the elderly and students can do to solidify his electoral base. Increasing the pensions and benefits of Manila residents was one of his campaign promises. He often cites the much wealthier Makati City—the business and financial hub of the Philippines—as the gold standard, not just in terms of infrastructure development but also in extending cash benefits to its constituents.⁴ The 30-year political dynasty that controls Makati courted personal votes through patronage and dispensed public service as personal favours.⁵

Mayor Isko talks tough on crime and law breakers. Using language that is coarse and direct, he is quick to show he knows the city's neighbourhoods—thus reminding Manileños that he is one of them. One of his first orders as mayor was the removal of the names of politicians in public schools and public recreational facilities, a campaign intended to show that he was doing away with a practice typical of Filipino politicians and political dynasties. However, Mayor Isko himself is not shy about promoting his own achievements. Quite the contrary: his Manila Public Information Office (MPIO) makes effective use of social media to trumpet his every achievement to a national audience and build up his image as a successful crisis manager. In February 2020, a study showed the Manila mayor had the biggest online presence among national and local politicians.⁶ Moreno has more than ten official Facebook, Twitter and YouTube channels that cover his day-to-day activities, public policy pronouncements and occasional glimpses into his personal life. The MPIO is largely composed of millennials who are quick to share Moreno's daily online activities. One of these programmes is a weekly Friday afternoon show, "The Capital Report", in which Mayor Isko gives an update on city affairs. Apart from this TV-style show, Moreno also has a regular opinion-editorial column called "Batang Maynila" (Manila Boy) in *The Manila Bulletin*, the broadsheet published by the Yap family.

Mayor Isko's projection of his COVID-19 performance is not limited to one segment of the population. In the glossy *Tatler Philippines* magazine, the mayor was featured as one of "Tatler's Heroes, Filipinos Leading the Fight Against Covid-19". The article features Mayor Isko and photographs of his office. One of the mayor's staff explains the presence of colourful plastic piggy banks containing donations from supporters who "believe in his dream of providing homes for the homeless of the city".⁷ Other magazines have likewise featured Isko Moreno. *Esquire*, published by the Gokongweis, and *Metro Society*, published by the Lopezes, have conducted exclusive interviews with the mayor. The *Manila Standard*, owned by the Romualdez family, also regularly covers Mayor Isko's projects and pronouncements. The ability of Moreno to move easily between the streets of Tondo and a *Tatler* photoshoot, mingle with informal settlers in Manila's North Harbor or rub elbows with the taipans like the Yaps and the Lopezes, results from a combination of his political savviness and his team's success in amplifying his performance beyond the barangays of Manila. As large urban centres throughout the Philippines have been placed in strict lockdown

since March 2020, the business sector has borne a huge burden, with only a handful of essential businesses allowed to resume full operations. In a virtual meeting with the leaders of the 170 chapters of the Filipino Chinese Chamber of Commerce and Industry in September 2020, Moreno reiterated his commitment to keep the government and business running with his “*Tuloy ang Gobyerno*” (the government will continue) programme. Mayor Isko told the city’s business leaders that he was aware of their difficulties during the pandemic and assured them that Manila’s infrastructure projects, including the construction of a new hospital, would proceed as planned with support from the Department of Finance.

Mayor Isko remains allied to President Duterte. He is careful not to criticize the extrajudicial killings that have been part of Duterte’s so-called “war on drugs” and showed support for the administration’s costly (and unnecessary) rehabilitation of Manila Bay at the height of the COVID-19 pandemic—even while acknowledging that it was not a priority for his city. On the strict enforcement of quarantine rules, Mayor Isko was asked if Manila will apprehend beggars as ordered by a close Duterte associate, Department of Interior and Local Government Undersecretary Martin Diño.⁸ The mayor used the occasion to deflect controversy and explain that he “would rather rescue them, embrace them, be compassionate towards them as long as we are capable, the way we have been doing it for the past seven months”.⁹

COVID-19 Responses and Longer-Term Challenges

With assistance from the British government, Moreno developed a plan that he dubbed CODE COVID-19, with “CODE” derived from “contain and delay”.¹⁰ This involved the distribution of PhP227 million (US\$4.7 million) of food assistance to 350,000 families and PhP12.9 million (US\$268,000) of medical supplies. Starting in January 2021, Manila has offered free COVID-19 testing and, with the help of the Ayala Corporation, was able to create the Manila Infectious Disease Control inside the Sta. Ana Hospital (the city’s best-equipped medical facility). Apart from having the capability to provide 1,000 tests per day, the City of Manila has also allotted PhP200 million (US\$4 million) to purchase a COVID-19 vaccine. In November 2020, Mayor Isko met with Pfizer executives to discuss the possibility of purchasing vaccines. With Pfizer vaccines costing US\$56 per dose, however, the city’s initial allocation of funds would only cover some 72,000 doses of the vaccine.

In the meantime, Moreno likes to spotlight the freebies that the city provides to its low-income constituents, and the gratitude this generates from his fellow Manileños. Much of this largesse comes from donations, whether handwashing stations and hygiene kits from the US Embassy, a “manila.staysafe” smartphone application and an online payment system from a software company, or laptops and tablets for public school children, given away by the Ayala Corporation’s telecommunications arm. All these initiatives deserve recognition, but there is still much more to do for the City of Manila. There are, for instance, more than 250,000 public school children in the city that are now learning remotely with quite basic modules provided by the national government. The district hospitals in two of the city’s poorest areas, Tondo and Sampaloc, were periodically closed due to high infection rates and strained capacity. The 73 COVID-19-free barangays which received cash rewards constitute less than 10 per cent of the city’s 897 wards. And if Moreno is to demonstrate that he can go beyond crisis management, he needs to push through with plans for mass housing, health infrastructure, and green city projects meant to reduce poverty, promote development and attract investment. Manila, after all, needs much more than just a clean-up and a wash.

Manila: The Road to the Presidential Palace?

Talk of Isko Moreno aiming for the presidential palace is not new, as it began as soon as he won the mayoral race in 2019. On 28 November 2020, a picture showing actor-turned-Mayor Isko having dinner with boxer-turned-Senator Manny Pacquiao went viral online. With national elections approaching in 2022, there was a buzz of speculation that this could be the team to beat. Might Moreno, like Duterte, use local office to propel himself to a top national post? At times, he has denied any intention to run and said his focus is on Manila. At other times, as at a September 2020 press forum, Mayor Isko has candidly declared that “as a general rule, all those in government want to be president. They will dream of that ... and would want to serve the country.”¹¹ As he continues to project his local mayoral performance to a national audience, we can anticipate that the mayor of Manila will continue to be viewed as a possible contender for higher office.

NOTES

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Xenophobia and COVID-19 Aid to Refugee and Migrant Communities in Penang

AZMIL TAYEB AND POR HEONG HONG

On 18 March 2020, the Malaysian government announced a Movement Control Order (MCO) in an attempt to contain a rise in COVID-19 cases across the country. The MCO compliance rate was near-universal and the hashtag #kitajagakita (we look after us) trended as Malaysians from all walks of life came together to face the scourge of the pandemic. Amid these efforts, in mid-April, a rickety boat of more than 200 Rohingya refugees tried to land on the island of Langkawi in northern Malaysia. Ultimately, the authorities turned the boat away. The episode triggered a vicious wave of xenophobia among a broad cross-section of society, directed towards Rohingya refugees already staying in Malaysia. Prior to this, the Rohingya had been generally welcomed in Malaysia and had never encountered such rancour. The federal government actively supported this sentiment, so much so that current and former immigration and intelligence officers set up Facebook pages where the public could denigrate and report on Rohingya refugees (Facebook later took down these pages).¹ Angry calls emerged to deport them back to Myanmar or Bangladesh. The authorities went so far as to round up hundreds

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of Rohingya, along with undocumented migrant workers, detaining them in special facilities for the purpose of “containment”. It was apparent to many Malaysians, including the federal government, that #kitajagakita only applied to citizens. Non-citizens, including refugees and migrant workers, were deprived of their livelihoods and were left to fend for themselves during the three-month MCO. Simply put, helping refugees and migrant workers during the MCO was not a popular policy, especially at the federal level.

However, pockets of humanity persisted amid the miasma of xenophobia that pervaded every part of the country during the MCO (and until today). In Penang, a concerted and well-organized effort emerged—supported to a certain degree by the state government—to help refugees and migrant workers. In this article we argue that despite the enormous challenge that the pervasive xenophobic sentiment among the general Malaysian public presented, this effort to provide aid to refugees, and to a lesser extent migrant workers, proved successful, particularly in comparison to other regions in Malaysia with similarly large refugee and migrant communities such as the East Malaysian state of Sabah and the Klang Valley area that encompasses Kuala Lumpur and Selangor. The success can be primarily attributed to the strong civil society network in Penang that identified early on in the MCO the looming humanitarian crisis among the refugee and migrant communities and managed to mobilize their resources before the start of the xenophobic wave in mid-April 2020. The fact that Penang is led by the coalition in opposition at the federal level was not a major factor in easing the delivery of aid to these vulnerable communities since xenophobic sentiment cut across the partisan divide, although the state government facilitated civil-societal efforts to a limited extent.

Mobilization Efforts to Benefit Refugees

In early March 2020, even before the MCO was announced, civil society organizations formed a Penang Working Group that included the Penang Stop Human Trafficking Campaign/ASPIRE Penang (PSHTC/ASPIRE), Médecins Sans Frontières (MSF), the International Catholic Migration Commission (ICMC) and leaders of refugee communities, in anticipation of potential hardship within the refugee communities resulting from the impending MCO. As of March 2020, Penang alone had 18,660 officially registered refugees, 80 per cent of whom were Rohingya. These refugees comprised around 3,500 families, including 5,000 children, and about 8,000 single men. Women made up 30 per

cent of the total.² On 11 April 2020, the United Nations High Commissioner for Refugees (UNHCR) office in Malaysia established a WhatsApp Coordinating Group in Penang that included members of the aforementioned Penang Working Group and other civil society groups such as Caremongers Penang, Mercy Malaysia, Malaysia Relief Agency, Global Development Association, Tzu Chi (a Buddhist humanitarian organization) and others. In short, when the federal government imposed the MCO, civil society groups in Penang were ready to deal with its expected deleterious fallout among refugee and migrant communities.

While these civil society groups were well equipped with information, mainly from working closely with refugee community leaders and the UNHCR, they were woefully short on resources, particularly for aid, whether food parcels or cash handouts. PSHTC/ASPIRE launched a fundraising campaign to solicit donations from the general public. Despite the toxic environment for refugees and migrant workers, PSHTC/ASPIRE managed to raise almost RM200,000 (US\$50,000) by the end of July 2020, half of which was contributed by the Penang state government on 14 April 2020.³ The relatively sizable contribution from the state government came as a pleasant surprise, a testament to the long-standing activism of civil society groups in Penang and an open channel of communication they had with the state government.⁴ An outpouring of RM10 (US\$2.50), RM20 (US\$5) and RM50 (US\$12) donations made up most of the rest of the funds raised.

The civil society network delivered the aid either to specially designated collection points—usually located in areas where many refugees reside—or door-to-door. A collective of young activists called “Love Your Neighbour Penang Covid19” (hereafter LYNPC) collaborated with the online supermarket Hong Hong to allow donors to buy food directly from Hong Hong, which it then delivered free of charge to refugee communities.⁵ LYNPC made the decision to deliver aid exclusively in the form of food parcels to avoid handling large cash donations, especially since, as an ad hoc group yet to be registered by the Registrar of Societies, it was not allowed to open a bank account. It also worked closely with PSHTC/ASPIRE to deliver aid since the latter was better connected with the refugee communities and would refer cases to LYNPC.⁶

However, hostile elements in local communities often disrupted the delivery of aid by trying to intimidate volunteers as they distributed food parcels. For this reason PSHTC/ASPIRE switched to cash aid since it was less conspicuous than stacks of food parcels.

One alternative way to circumvent the backlash from the local community was to deliver food parcels through the local mosque. An elected official, for instance, took this route when assisting 250 Rohingya refugees living in her constituency.⁷

Despite these challenges, LYNPC successfully delivered food parcels to about 400 refugee families during the MCO, while PSHTC/ASPIRE and other civil society groups helped the rest. Refugee families received several small cash handouts that amounted to an average of RM200 (US\$50) per family by the end of July. It was not nearly enough, considering that the poverty line in Malaysia had just been revised from RM908 (US\$225) to RM2,208 (US\$547) per month in July 2020. Nonetheless, refugee families managed to stretch out this meagre amount over the perilous four-month period.⁸ In all, civil society groups managed to reach every refugee family and individual in Penang and provide them with some form of assistance to help them get through the difficult MCO period.

Less Success in Reaching Migrants

Unfortunately, the same cannot be said for aid delivery to migrant communities. Migrant workers, especially undocumented ones, tend to be more geographically dispersed than refugees. At the latest count, there were 135,490 documented migrant workers in Penang.⁹ Many migrant workers live among the locals in low-cost flats, which makes keeping track of them difficult. Undocumented migrant workers, who were already living off the grid, so to speak, before the pandemic due to their illegal status, went deeper into hiding during the MCO. Many who work and live in makeshift containers at the numerous construction sites that dot Penang Island were trapped there when work stopped and were too fearful to go out to seek help lest the authorities arrest them.

Civil society groups found it especially difficult to deliver aid to migrant workers since there was no organized and centralized way to help them.¹⁰ Employers were supposed to take care of their migrant workers during the MCO, but many companies shirked their responsibilities because there was no oversight by the local authorities; they left migrant workers to fend for themselves. Many survived by tapping into their country network of fellow migrant workers or reaching out to local communities for help. The Indonesian embassy, for instance, actively helped its citizens during the MCO and was a major source of relief for Indonesian migrant workers.¹¹ Conversely, the Bangladeshi and Nepali embassies did not provide

much aid to their citizens in Penang. Ahupathi (a pseudonym), a 28-year-old Nepali security guard working at an apartment complex in the Gelugor area, lamented that neither he nor his friends received any assistance from the Nepali embassy during the MCO. He managed to survive simply because his job was considered an essential service, so he was allowed to work during the MCO.¹² Many migrant workers, particularly undocumented ones, fared much worse than Ahupathi.

Now, six months after the conclusion of the MCO, we can see that decisive and timely action by numerous civil society groups prevented a humanitarian disaster among the refugee communities and, to a lesser extent, the migrant communities in Penang. This successful effort was only possible because of a strong civil society network, a state government that was open to working with civil society groups (though within strict political limitations imposed by internal disagreements and the pervasive xenophobic sentiment among the general population) and numerous concerned citizens who rose to the occasion to aid the unfortunate. The hardship the COVID-19 pandemic has created has certainly brought out the worst and the best in people, manifested in hateful sentiment against refugees and migrant workers or in the selfless acts of Good Samaritans who brave toxic public opinion to help others in the name of common humanity. In Penang, it is the latter inclination that has ultimately prevailed.

NOTES

- ¹ “Anti-Rohingya Sentiment Rears Ugly Head on Facebook as Covid-19 Fear Grips Malaysia”, *Malay Mail*, 14 October 2020, <https://www.malaymail.com/news/malaysia/2020/10/14/anti-rohingya-sentiment-rears-ugly-head-on-facebook-as-covid-19-fear-grips/1912531>; “Ismail Sabri: Wristbands for Migrants Just a Proposal, Will be Presented to Security Council Today”, *Malay Mail*, 20 November 2020, <https://www.malaymail.com/news/malaysia/2020/11/20/ismail-sabri-wristband-for-migrants-just-a-proposal-will-be-presented-to-se/1924384>.
- ² “Supporting Refugees in Penang in the Time of COVID19: Affirming the Power of Refugee Leadership and Community Networks, Affirming the Positives of Collaboration”, *A Report from Penang Stop Human Trafficking Campaign and ASPIRE Penang* (June 2020), p. 3, <http://aprrn.info/wp-content/uploads/2020/06/PSHTC-Report-on-refugees-in-Penang-C19-090620.pdf>.
- ³ *Ibid.*, p. 19.
- ⁴ That is not to say that the state government is free from xenophobia. According to a member of a civil society group involved in the lobbying effort, there was a deep division within the state government over whether to help the refugees

because some DAP members did not see doing so as a popular political move. In the end, the Chief Minister agreed on the RM100,000 (US\$25,000) amount, which civil society groups saw as “supportive but not too supportive”, in a clear attempt to appease all parties. Author interview with Tobias (a pseudonym), a civil society activist, Penang, 27 November 2020.

⁵ “Love Your Neighbour Penang Covid19” actively solicited donations and voluntary help on social media, especially Facebook, <https://m.facebook.com/loveyourneighbourpenangc19/>; Hong Hong’s online supermarket can be accessed here: <https://www.honghong-online.com/>.

⁶ Author interview with Mat Pon and Ayu (both pseudonyms), husband and wife volunteers for Love Your Neighbour Penang Covid19, Penang, 26 November 2020.

⁷ Author interview with Syerleena Abdul Rashid, State Assemblyperson for Seri Delima, Penang, 29 November 2020.

⁸ All local refugees and undocumented migrant workers are daily-wage earners working in restaurants, construction sites, and providing cleaning services. The stop-work order during the MCO meant a total loss of income for them. Author interview with Tobias (a pseudonym), a civil society activist, 27 November 2020.

⁹ “6,700 Foreign Workers Screened in Penang so far”, *The Star*, 27 May 2020, <https://www.thestar.com.my/news/nation/2020/05/27/6700-foreign-workers-in-penang-screened-so-far>.

¹⁰ According to Tobias (a pseudonym), a civil society activist, most aid provided to migrant workers was purely by chance. Volunteers who stumbled across migrant workers surreptitiously searching for food would ask if they needed help. Author interview, 27 November 2020.

¹¹ Ibid.

¹² Author interview with Ahupathi (a pseudonym), a Nepali security guard, Penang, 28 November 2020.

The Politics of Food Aid in Sarawak, Malaysia

NGU IK-TIEN

For Malaysia, the COVID-19 outbreak has been unprecedented in terms of the scale of the crisis. The virus has indiscriminately spread to all areas of the country, from metropolitan areas such as Kuala Lumpur and Penang on Peninsular Malaysia, to fishing villages on the coast of Sabah in East Malaysia. Quick and coordinated efforts among federal government agencies, local enforcement units, civil society organizations and political parties are required to effectively control the spread of the virus and channel a massive volume of disaster relief to hundreds of thousands of affected individuals and households. The sense of urgency arising from the need to tackle the coronavirus outbreak has meant that large government spending plans have avoided the usual scrutiny.

Among all the resultant government programmes, food aid is probably the most politicized. Transparency levels in the government planning and implementation processes at both the federal and state levels in Malaysia are generally low, and the agencies or officers in charge are rarely held accountable.¹ When asked about the details of the food aid provided, the government agencies and officials involved have only revealed the numbers of beneficiaries and total spending. Most of them have declined to provide details of how their plans were drawn up and implemented, including soliciting aid (some of which was sponsored by private entities), selecting food items and vendors, and packaging and delivery. These officials

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and agencies have generally ignored demands from the public to release lists of recipients, the selection criteria for vendors and the value of food packages distributed.

Opposition politicians have exposed political interference in federal-government food-aid programmes, usually at the delivery phase. They have also cried foul at being excluded from the entire process and for the marginalization of their constituencies. Local ruling-party politicians control the purchase and delivery of foodstuffs and other aid. In an initiative organized by the Ministry of Women, Family and Community Development in March 2020, many elected representatives from the opposition parties claimed that they did not receive promised food baskets for their constituencies from the federal government.² Some Members of Parliament (MPs) have complained that politicians from the ruling-party in their constituencies “instructed” the local welfare departments to work with them rather than with opposition-party representatives in distributing foodstuffs. State governments have rolled out programmes to supplement or make up for shortfalls in federal aid. These programmes have demonstrated similar patterns of political interference in most states.

Politics in the Food-Aid Programme

This article highlights the politics of a food-aid programme implemented by the Sarawak state government during the pandemic. The case study reveals how the food-aid programme marginalized opposition parties and weakened government institutions, especially the grassroots bureaucracy. The relatively low incidence of COVID-19 cases in Sibul District in Sarawak enabled the author to conduct some brief fieldwork there during the pandemic. Sibul District is a multi-ethnic area with a total population of 281,200 people. The ethnic Chinese constitute nearly half of the population, followed by the Iban, the second largest group; minor ethnic groups include Malay, Melanau and Bidayuh communities. Currently, the main economic activities of Sibul are shipbuilding, tourism, plantation agriculture, and education.³ Politically, Sibul is a stronghold of opposition parties, especially the Democratic Action Party (DAP), making it especially useful to examine. The Sarawak ruling coalition only managed to win one of four state assembly seats in the 2016 state election. The state government, whose term ends in July 2021, hopes to win back some of these seats in the forthcoming state election which is due in August 2021. The political atmosphere in Sarawak has thus cast a shadow over its disaster relief programmes.

During Malaysia's Movement Control Order (MCO) period, state governments rolled out food-aid programmes to complement federal efforts to mitigate the pandemic's detrimental impacts. On 1 April 2020, the Sarawak state cabinet announced an allocation of up to RM16.4 million (US\$4 million) for a state-wide food-aid programme to be implemented in all 82 state constituencies in Sarawak. Under this programme, each constituency would receive an allocation of RM200,000 (US\$50,000). The state government set up a Food Supply Chain Sub-Committee to ensure a stable food supply during the MCO period, and made it responsible for implementing the food-aid programme.⁴ According to the Sub-Committee's deputy chairperson, Datuk Seri Fatimah Abdullah, the funds for the programme were channelled to Divisional Disaster Management Committees (DDMCs) tasked with implementing the programme.⁵ The total allocation each DDMC received was based on the number of state constituencies within its jurisdiction.

The controversial part of the programme was that the state government entrusted state representatives from Gabungan Parti Sarawak (GPS)—the four-party coalition in power at the state level, allied with the federal ruling Perikatan Nasional coalition—with monitoring allocations for their constituencies and placed the funds for opposition-held constituencies under their supervision. This arrangement gave GPS politicians substantial influence over how allocations were spent, including purchases of foodstuffs, the selection of vendors and beneficiaries, and how the aid was distributed.⁶ Though state ministers and local GPS politicians claimed the programme was mainly coordinated by DDMCs, and denied any misconduct in implementing the process, they failed to explain the reasons for this partisan approach. They also brushed off questions such as why the value of food items was lower than the value officials had announced.⁷

Undermining Opposition Parties

The partisan political aspect of Sarawak's food-aid programme was also manifested in the state's approach to distribution. In Sibü, the local branches of GPS political parties, especially the Sarawak United People's Party (SUPP), played an important role in distributing the aid, even in areas under opposition party control. On many occasions, SUPP members, wearing party T-shirts, served as volunteers at the aid distribution venues, helping to distribute government food packages. On weekends, party members, identified

by their party logos, transported government food aid to rural communities. In some constituencies, the food aid was stored at the service centres of GPS political parties. The local news that featured SUPP branch chairpersons' coordinated efforts in food-aid distribution sometimes did not clearly state the sources of the aid. The boundary between party and state was also blurred due to the same party leaders' holding key positions in the Sibu Municipal and Sibu Rural District Councils. An opposition leader questioned SUPP involvement in the state food-aid programme in Sibu, given that the party has no representative in the district.⁸ He suspected that a SUPP politician who had been actively engaged in the food-aid programme in the area of Bukit Assek was planning to contest that seat in the forthcoming state elections.

Opposition parties played a minimal role in the state's food-aid programme. They compiled names, addresses and contact numbers for households which needed food aid and submitted the lists to the relevant agencies, such as the DDMC and the Welfare Department. However, they were not informed about the selection criteria for food-aid beneficiaries, or the verification and distribution processes. They only knew outcomes through the figures the government released, for instance, the number of food-aid recipients in their constituencies. One of their complaints was that more than half the individuals whose names they submitted did not receive any food assistance under the programme. Not only did the state aid programme allow only a minor role for opposition parties, but the lack of transparency in implementation also hindered the opposition from serving effectively as a watchdog for the public interest.

State Institutions Susceptible to Political Interference

The food-aid programme also showed the extent to which political interference could disrupt government agencies' professional handling of a crisis. In some constituencies, politicians easily exercised their influence to alter the plans or decisions made by lower state institutions, such as local governments and local welfare departments. Some argue that the lower level of the bureaucracy, which is understaffed and faces many other problems, is not equipped to manage such a large-scale crisis. However, asking parties to step in should be the last resort, given that it neither empowers state institutions nor enhances efficiency and effectiveness in enforcing disaster relief programmes. In the long run, taking such a partisan

approach might weaken state institutions and leave them more susceptible to political interference.

In the case of Sibü, the Sibü DDMC, which is officially headed by the Resident's Office, has a small number of staff. Nevertheless, it has to oversee three districts: Sibü, Kanowit and Selangau. Thus, it is understandable that it should engage external parties to implement government policies effectively. However, state agencies such as the Sibü Municipal Council (SMC), the largest local state agency in Sibü, also hardly played any role in the state-funded aid programmes.⁹ Instead of deploying personnel from other state agencies or engaging local civil society organizations in the food distribution process, the state government entrusted these duties to local ruling-party politicians and party supporters.

Structuring food aid distribution in this way inevitably creates space for patron-client relationships between local politicians and their supporters. The role of patrons in many aspects overshadows the role of state institutions. For instance, in an interview with the author, the chairman of the SMC¹⁰ (who also chairs the SUPP's Pelawan branch) attributed the relatively low number of COVID-19 cases in Sibü compared to that in the city of Kuching to the cordial and long-term personal relationships among local leaders. Such relationships, he suggested, have encouraged constant negotiation among these leaders and prepared them to accept the divisional health officer's leadership. Their unity helped to overcome setbacks in the coordination among local agencies and officers, enabling practical and comprehensive enforcement of government rules and programmes.

Conclusion

Sibü's case is not extraordinary, but presents a case through which to understand Malaysia-wide patterns. Besides what has been reported on the complaints made by opposition MPs, the author's communication with a Pahang state assemblyman revealed the same pattern as in Sarawak: the Pahang state government delegated the task of food-aid distribution to ruling parties. As happened in Sibü and elsewhere, local opposition parties and civil society have not been able to access spending and purchasing details for food aid. In light of the prolonged pandemic, the government has released several economic stimulus packages and passed the 2020 national budget in October to assist vulnerable groups and affected sectors. All the measures involve vast spending that is supported by public

funds and government borrowings. Transparency and accountability are needed in the spending of public funds, including food-aid programmes. Scrutiny from opposition parties and civil society is necessary to reduce the chances of misconduct due to political interference and to ensure food aid is quickly distributed to the needy. However, an examination of food-aid programmes reveals how partisan politics has influenced the design and distribution of disaster relief, hampering opposition parties' scrutiny of the effectiveness and efficiency of these programmes. Moreover, the politicization of disaster relief has opened the door to personalized politics that undermines state institutions.

NOTES

- ¹ According to a personal communication with a former federal deputy minister (25 October 2020), the government usually purchases disaster-relief items through direct negotiation and not through a tendering process, and these accounts are difficult to audit. This system provides ample opportunities for cronyism and corruption.
- ² Hannah Yeoh, the MP for Segambut, posted a list of constituencies which had yet to receive food baskets on her official Facebook page on 19 April 2020. Most of these constituencies are held by the opposition parties.
- ³ State Planning Unit, *Sarawak Facts and Figures 2017/2018* (Kuching, Malaysia: Chief Minister's Department, 2018).
- ⁴ The sub-committee was headed by state cabinet ministers, including the Deputy Chief Minister and the Minister of Welfare, Community Wellbeing, Women, Family and Childhood Development. The chairperson and deputy chairperson come from the same political party, Parti Pesaka Bumiputera Bersatu (PBB), the largest component party of the ruling coalition, Gabungan Parti Sarawak (GPS).
- ⁵ Tania Lam, "324,224 Household Heads Received Food Assistance", *New Sarawak Tribune*, 19 April 2020, <https://www.newsarawaktribune.com.my/324224-household-heads-received-food-assistance/>.
- ⁶ On 11 April 2020, the *Sarawak Report* carried an investigative report on the state food-aid programme implemented in Sarawak. The report, entitled, "Cashing in on Covid – Political Lies and Shrinking Supplies? EXPOSE" (available at <https://www.sarawakreport.org/2020/04/cashing-in-on-covid-political-lies-and-shrinking-supplies-expose/>), was based on critiques and comments made by both ruling and opposition party politicians, and a confidential memo issued by the state Ministry of Welfare, Community Wellbeing, Women, Family and Childhood Development. According to the article, the memo notified all division heads of the changes in the allocation method and the role of state representatives in monitoring the fund.

- ⁷ When the programme concluded, the state Food Supply Chain Sub-Committee chairman announced that the total number of beneficiaries was 380,887. See *Borneo Post Online*, 8 May 2020. Based on the figures for total allocation and beneficiaries, opposition members claimed the value of each food basket should be around RM100 (US\$25). The chairman of the Sub-Committee rebutted this figure, but he did not provide any explanation for the figures.
- ⁸ Author interview with David Wong, the Bukit Assek state assemblyperson, Sibü, 12 September 2020.
- ⁹ Their primary duty is to enforce the standard operating procedures (SOP) set by both the Sarawak Disaster Management Committee (SDMC) and the federal government.
- ¹⁰ Author interview with SMC Chairman Clarence Ting Ing Horth, Sibü, 10 September 2020.