



LESSONS LEARNED DURING CVTL COVID-19 OPERATION



A message from IFRC Head of Country Cluster Delegation for Indonesia, Brunei Darussalam, Singapore, and Timor-Leste



COVID-19 pandemic has been one of most challenging operations that IFRC have overcome with National Societies, especially in the country cluster of Indonesia, Brunei Darussalam, Singapore, and Timor-Leste. This global pandemic has impacted many sectors of people's lives that called the National Societies to give a hand – reaching out to the community in need from the center of capital city to the edge of country. Regardless the risks and obstacles during the mission.

It is the time to appreciate all of three years hardwork, dedication, and commitment that resulted to more resilient and stronger community and nation. There must be many lessons to learn from the process, what was good and what did not work. A time to reflect what could be done better and more in the future. Finally, let us embrace the new season with strength and readiness.

Kind regards,

Elkhan Rahimov

A message from Secretary General of Timor-Leste Red Cross



Since the first wave of COVID-19 pandemic outbreak in Timor-Leste, Timor-Leste Red Cross Society (Cruz Vermelha de Timor-Leste/CVTL) has been responsively coordinating with the public authorities to assist communities across the country. CVTL has optimized the resources utilization and mobilized staff and volunteers from national to municipal level even to hard-to-reach areas. Collaboration works has brought good impact to community in facing the pandemic and recovering stronger today.

COVID-19 pandemic operation is a great journey, especially for CVTL that has been trying to adapt with the changing situations and new way of work. There are many achievements, as well the challenges during the time. The important thing is what we have learned and will do better on the upcoming days. To conclude, CVTL will remain strong as a National Society that is ready to stand for Timor-Leste, to reach out everyone in need.

Best regards,

Luis Pedro

CVTL COVID-19 OPERATION OUTLOOK



CVTL volunteers are preparing boxes of COVID-19 vaccination for community's village (suco) at top of hill in Bobonaro municipality. (Photo: IFRC)



OPERATIONAL PRIORITY 1 : CURB THE PANDEMIC - Prevent Transmission and Sustain Health and WASH

470,182 people have been tested for COVID-19 with the support of CVTL

594,365 people have been reached directly and indirectly through risk communication and community engagement for health, hygiene promotion and other risk reduction

24,159 people have been supported through community WASH activities

59 people have been reached through mental health and psychosocial support services

92 people health facilities have been supported by CVTL in the area of infection prevention and control, WASH or other relevant interventions

463 CVTL staff and volunteers have been trained to prepare for the COVID-19 vaccine introduction

9,242 people have been supported to get COVID-19 vaccinations

24,124 people have been reached with essential community health services that are scaled or implemented to meet the needs created by the COVID-19 pandemic



OPERATIONAL PRIORITY 2 : TACKLE POVERTY AND EXCLUSION - Addressing Socio-economic Impact

3,871 people made vulnerable by COVID-19 have been reached with food or other in-kind assistance

660 people made vulnerable by COVID-19 have been reached with conditional and/or unconditional cash and voucher assistance

18,248 people have been reached with safe and adequate shelter and settlements under the circumstances of COVID-19

3,016 community feedback comments (e.g. concerns, rumours or suggestions) have been collected

2 reports have been produced based on the analysis and interpretation of collected community feedback

122 CVTL staff and volunteers have taken training on risk communication/community engagement and accountability

3 CVTL branches include an analysis of the specific needs of marginalised groups in assessments



OPERATIONAL PRIORITY 3 : STRENGTHENING NATIONAL SOCIETIES

CVTL has developed contingency plans for COVID-19 response

CVTL role and activities expressly included in Timor-Leste main plan for COVID-19 response/recovery

CVTL has adapted business continuity plan (BCP) for COVID-19

Most of CVTL volunteers provided with insurance that covers accidents, illness or death benefits

Most of CVTL volunteers have access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty

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ABBREVIATIONS

CEA	: Community Engagement and Accountability
CVA	: Cash and Voucher Assistance
CVTL	: Cruz Vermelha de Timor-Leste (Red Cross of Timor-Leste)
FGD	: Focus Group Discussion
ICBRR	: Integrated Community Based Risk Reduction
IEC	: Information Education and Communication
IFRC	: International Federation of Red Cross and Red Crescent Societies
IPC	: Infection Prevention and Control
KII	: Key Informant Interview
MoH	: Ministry of Health
PER	: Preparedness for Effective Response
PMER	: Planning, Monitoring, Evaluation and Reporting
PMI	: Palang Merah Indonesia/Indonesian Red Cross
PPE	: Personal Protective Equipment
PSS	: Psychosocial Support Services
RCCE	: Risk Communication and Community Engagement
SAMES	: Servico Autonomo de Medicamentos e Equipamentos de Saude (SAMES) – the National Medical Stores of Timor-Leste.
SG	: Secretary-General
UN	: United Nations
WASH	: Water, Sanitation and Hygiene
WHO	: World Health Organization



BACKGROUND

Since World Health Organization (WHO) declared COVID-19 as a global pandemic, the public has been exposed to the risk of disruption in all sectors, including health and economy. Timor-Leste Red Cross (*Cruz Vermelha de Timor-Leste/CVTL*) has a defined role in Timor-Leste's national preparedness and response plan as the auxiliary to the government. In the COVID-19 national response plan of Timor-Leste, CVTL is responsible for three out of five pillars outlined in the government's strategy to respond to the pandemic: Risk Communication and Community Engagement (RCCE), logistics, and financial support.

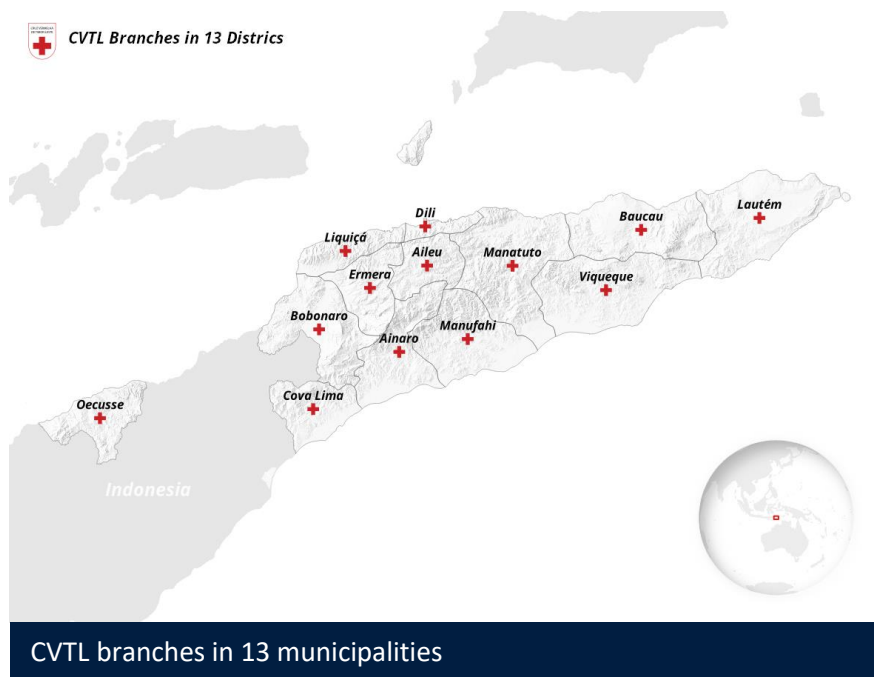
With the support of IFRC, participating national societies and other partners, CVTL perform their role in reducing morbidity, mortality, and social impacts of the COVID-19 outbreak. This is being achieved by preventing and slowing transmission and helping to ensure communities affected by the outbreak, maintain access to basic health and social services and support CVTL itself with dignity. As the pandemic progresses to endemic state, it is important to identify the lessons learned during CVTL's operation on tackling the pandemic effect. The identified lessons learned will help CVTL on preparing

potential next health crises as well as transitioning COVID-19 pandemic response into longer health program.

This report aims to show the main findings of the lessons learned review through a series of data collection that was held in December 2022, as the operation phases out. The main review was conducted by focusing on how CVTL perform their role on three IFRC COVID-19 Operational Priority: Sustaining Health and Wash, Addressing Socio-economic Impacts of COVID-19, and Strengthening National Society.

METHODOLOGY

The process of lesson learned review of COVID-19 operation by CVTL was conducted through a set of data collection. In December 2022, a team from IFRC collaborated with CVTL to conduct a workshop, field visits, Focused Group Discussions (FGD), Key Informant Interviews (KII), and desk review. A



one-day workshop was held by inviting unit representatives from headquarter office and CVTL branches from 13 municipalities, including volunteers. During the workshop, all participants were divided into groups to share their learning process of the operation and give their recommendations.

Following the findings from the workshop, three-day field visits were made to conduct FGDs and KIIs in Dili capital city, Aileu, and Bobonaro municipality. Those municipalities with distinct context were selected as sample to convey CVTL's services impact that was expected to cover all assisted areas in the country. Aileu is the nearest municipality across the border from Dili with a highland area. On the other hand, Bobonaro is the farthest municipality from Dili, close to the border with East Nusa Tenggara province of Indonesia, which was seen as a potential entry point of COVID-19 cases to Timor-Leste. In total two FGDs with CVTL volunteers and six KIIs with the local authorities were conducted.

A KII was conducted with CVTL Health Coordinator to complete the information and to understand how CVTL management was carried out during the pandemic operation. Desk review of operation documentations was also conducted for data triangulation.

LIMITATION

Despite the data collection through various sources, this study of lesson learned review has four main limitations. The first limitation is since pandemic response was new to CVTL and Timor-Leste that may have different context from other organizations and countries, the review was based on CVTL experiences and less referred to other studies or external sources from other countries. The second limitation is the study was heavily conducted using qualitative approaches that were conducted internally by IFRC and CVTL technical staff. Since it was held during December which is a peak season (Christmas celebration) in Timor-Leste, it was difficult to recruit and train enumerators or volunteers who were available to do quantitative data collections during the season, while the reviewer should have good capacity and knowledge of the operation program context. The third limitation is the pandemic operation implemented by CVTL was designed with no specific one single logical framework that designed with a baseline and targeted indicators to monitor and compare at the end of the project. And the fourth limitation is this review process involved limited numbers of resources, focusing on CVTL staff and volunteers as well as the government representatives (specifically only to health officials) and could not include the assisted communities during the data collection. This may impact the point of view of the results and conclusions of the study. Finally, this review will be more useful as CVTL and its related stakeholders' reference, yet open to further study regarding pandemic operation.



**OPERATIONAL
PRIORITY 1**
Sustaining Health
and WASH

Amid The Limitation, Performing the Auxiliary Role

Involved at the very beginning, responding to the latest COVID-19 situation.

Since WHO declared COVID-19 as a global pandemic in March 2020, the Government of Timor-Leste had prepared the scenario of COVID-19 preparedness including cross-border screening, in-country testing, health promotion and quarantine. Unfortunately, the issue of COVID-19 pandemic is not that simple. When the first cases were found on 20 March 2020 in

cross-border areas between Indonesia and Timor-Leste, the health authorities coordinated with various sector to mobilize resources in order to prevent more spreading of the virus. On 21 March 2020, the *Ministério da Saúde* (Ministry of Health/MoH) issued a letter that instructed CVTL to be involved in COVID-19 operation as an auxiliary role to the government. Immediately, CVTL mobilized staff and volunteers consisting of paramedic, doctor, and nurses to the cross-border area, health quarantine, and isolation centre. Amid the limitation, CVTL performing their role as an auxiliary from the very beginning of the response by rapidly mobilize volunteer and staff, set up tent for quarantine and addressed the need for masks as CVTL still had a small supply.

CVTL key activities at the beginning of the response:

1. Staff and volunteer mobilization to support cross-border screening and health and quarantine service
2. Set up tent at quarantine and isolation service
3. Health promotion
4. Contact tracing
5. Management of Dead Bodies

Through its large network of volunteers, CVTL is able to provide endless support to the health authorities.

The health authority was overwhelmed when the first COVID-19 cases found in Timor-Leste, especially in Dili as the capital of Timor-Leste, where economy and government activity centred. As one of the government departments who was responsible to prevent COVID-19 cases, Dili Health Office received information from WHO back in December 2019 on COVID-19 preparedness. Unexpectedly, the first cases found in Dili revealed that health authorities were not ready yet to manage COVID-19 cases. As Dili Health Office was responsible with not only preventing the COVID-19 virus in cross-border area between Dili and other municipality including contact



CVTL volunteer Felisidade joined CVTL in Aileu to respond COVID-19 situation in her village. By working together with primary health center, Felisidade and other volunteers conducting door to door visit to increase obedience of society towards health protocols and COVID-19 vaccination program.

tracing, manage isolation service and quarantine, but also still responsible to manage other health program, the capacity of human resources in Dili Health Office had been inadequate. By looking to the large network of CVTL volunteers, Dili Health Office asked CVTL support to mobilize their volunteer and staff to the cross-border area to support contact tracing, quarantine, and isolation area, and install WASH facility. During the pandemic operation there were 28,944 people (M: 14,277 F: 14,667) reached through screening including swab test conducted by CVTL. Volunteers were also mobilized to conduct health promotion on health protocol and COVID-19 vaccination in their area. By involving CVTL volunteers, it was easier for communities to accept information (COVID-19 Perception Survey Result, 2022).

Liaising the communication gap between the government and the community.

Community Engagement and Accountability (CEA) is one of key activities performed by CVTL to support the risk communication and community engagement approach during the COVID-19 operation. Through its large network of volunteers at branch level, volunteers were mobilized to reach their own community by door-to-door visit and produce pamphlets and banners consisting of relevant information regarding COVID-19. The communication was effective as volunteers delivered the messages in local language with reference to WHO and IFRC guidance.

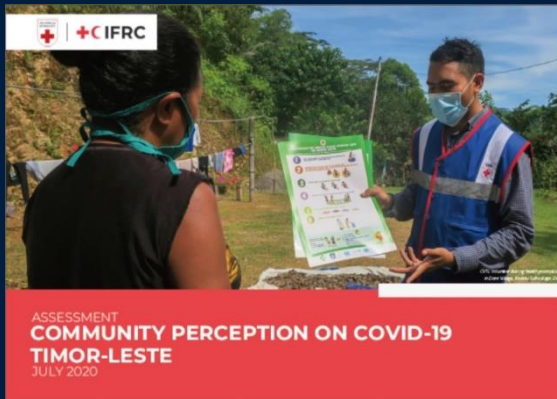


95,199

people (44,866 female; 50,333 male) were reached directly through Information, Education & Dissemination in 13 municipalities.

To ensure accountability to community, CVTL conducted a community perception survey at the outset of the pandemic and COVID-19 vaccination campaign with the purpose to understand community's level of knowledge about COVID-19 and to track rumour. Based on this CVTL survey result, it was found that information about COVID-19 vaccination is preferably delivered in the form of video (40.5 per cent) and through direct dissemination or counselling (31.6 per cent) (n=2,718). By learning from this survey results, door-to-

door visit become one of the most effective methods to spread the information regarding COVID-19. As the government often did not reach the local communities, particularly in rural areas, CVTL volunteers were able to fill the information gap and listen to communities' concerns about COVID-19 and public health.



ASSESSMENT
COMMUNITY PERCEPTION ON COVID-19
TIMOR-LESTE
JULY 2020



SURVEY
COVID-19 VACCINATION
SURVEY IN TIMOR LESTE
2022

CVTL conducted two surveys during the COVID-19 operation as a channel of community feedback. The survey on community perception on COVID-19 was conducted in July 2020 while the survey on COVID-19 vaccination was conducted in 2022. The aim of the survey is to determine the knowledge, attitude, and perceptions of people about COVID-19, determine most effective communication channels and detect misinformation and stigma of COVID-19 in the community. The link of the surveys could be found here [COVID-19 Perception Survey Timor-Leste](#).



Efforts to improve the quality of water, sanitation, and hygiene (WASH) in the community.

As one of the efforts to prevent COVID-19 transmission in the community is to ensure infection prevention and control (IPC) is available, CVTL supported the government by installing hand washing facilities in health care facilities as well as at-risk public areas. Drums with a capacity of up to 200-litre were converted as water tanks while CVTL also ensure the










24,159

people (approx.) benefited through the hand washing facility that CVTL installed.

availability of water supply to the water tank. The effort to prevent COVID-19 infection did not stop with the installation of hand-washing facilities. CVTL also became one of the government partners in the disinfectant of entry point to Timor-Leste and distributed hygiene kits to people in need.

REPÚBLICA DEMOCRÁTICA
MINISTERIO PLANEAMENTO INV
(MPIE)
MUNICIPIO DILI, POSTU (AD)
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"AI-HAN"

\$15.00	\$12.50	\$0.15	\$0.50
			
AAA	Bimoli	MASIN	MANTEGA
\$1.50		\$1.50	\$1.00
			
MANU T		KARI AYAM	TERIGU

OPERATIONAL PRIORITY 2



Addressing Socio-economic Impacts of COVID-19

Addressing The Needs of People Made Vulnerable by COVID-19

Food and commodity voucher distribution.

As part of its response to the pandemic, in June 2022 CVTL provided in-kind donations to communities in need, funded by the Australian Red Cross (ARC). One of these donations was made to Bobonaro Municipality in Timor-Leste, targeting two villages located in the border area. The targeted villages were in a border area where access to basic needs and services was limited, and many families were struggling to cope with the challenges of the pandemic. The CVTL Program addressed the Socio-Economic Impact through in-kind donation, which helped to alleviate this burden by providing essential items that helped families put food on the table.

In-kind donation made by CVTL and funded by ARC in Bobonaro municipality was an important contribution to the COVID-19 response efforts in Timor-Leste. The donation provided essential items such as rice, cooking oil, salt, and can fish, to vulnerable households that were struggling to cope with the challenges of the pandemic. The food distribution benefited 738 households and 3,871 individuals, including 2,322



males and 1,549 females. This donation is a testament to the power of community organizations to make a difference in times of crisis, and to the importance of targeted interventions in areas of greatest need.

By looking to its successful distribution, CVTL started to implement Cash Voucher Assistance (CVA) which The Red Cross and Red Crescent movement has widely adopted as a modality to support the livelihood and socio-economic recovery of people affected by disasters, crises, and emergencies. CVA is an effective modality as it provides tangible benefits to the community, enabling them to receive appropriate support, greater choice, dignity, and control over their lives.

In collaboration with the IFRC and donors, CVTL implemented Commodity Voucher Assistance as one of CVA modalities in three municipalities in Timor-Leste, including Dili, Liquica, and Atauro, during July to August 2022. Through the support of the American Red Cross and Netherlands Red Cross, a total of 377 households received food relief using commodity voucher assistance. Some of the best practices

implemented during the program such as conducting training on CVA, market assessment, and commodity voucher. The training also covered information management, using various new applications such as Kobo Collect, Microsoft Office, and Labeljoy. Additionally, a training was carried out to conduct vendor selection and financial service providers (FSP). There were more than 50 CVTL staff and volunteers were trained in implementing CVA.

During the distribution of commodity vouchers, an application was introduced to improve the implementation of the voucher. The IFRC developed an android-based application called the Loja (shop) app to ensure transparency in distribution. The app was designed to enable beneficiaries to select food based on their needs. The Loja app was used in Atauro municipality. The CVA intervention has significantly contributed to the socio-economic recovery of the affected households. It has enabled them to fulfill their basic needs and support local markets as the food vendors were selected during the respective local communities. The commodity voucher assistance provided tangible benefits, including increased purchasing power, greater access to food, and an opportunity to choose preferred food items. The use of the Loja app enhanced the transparency of the distribution process, ensuring that beneficiaries received their allocated food items based on their choices.

The successful implementation of the CVA modality in Timor-Leste by CVTL, IFRC, and donors had significantly contributed to the socio-economic recovery of households affected by COVID-19. The best practices and the use of innovative applications have enhanced the effectiveness of the intervention, and the community could get benefits of CVA modality to be independent in using it to support their lives based on their needs and preferences. The successful implementation of the CVA intervention highlights the importance of such modalities in promoting socio-economic recovery in disaster and crisis-affected communities.

Despite the commitment of giving the best in this assistance, CVTL still faced many challenges. Many targeted communities live in hard-to-reach areas that became harder to reach in a bad weather. In addition, limited funding and food stock caused late distribution.

Address the information gap in the communities in need.

As the effect of COVID-19 made disruptions in every aspect of community, including the lack of knowledgeable about COVID-19 that led to misunderstanding around the community, CVTL played the role to address the information gap. At the very beginning of COVID-19 alerted by WHO as a public health treat, CVTL gathered early information of COVID-19 from health authority and UN partners in the country. When the time WHO declared COVID-19 as a pandemic, IFRC sensitized the information regarding COVID-19 to the National Society, including CVTL. Through multiple channels of information, CVTL was able to have information regarding COVID-19. By looking to the capability of CVTL on

assisting the government in risk communication for COVID-19, on 22 March 2020 CVTL and the MoH signed a Memorandum of Understanding (MoU) on volunteers' mobilization for dengue outbreak prevention, Tuberculosis, and COVID-19 responses.

From the very beginning of detection of COVID-19 in Timor-Leste, CVTL deployed volunteers in the cross-border area between Indonesia and Timor-Leste and the capital city of Dili to support health screening and at the same time disseminate the risk of COVID-19 and how to



CVTL Volunteer visiting Camea Village, Lenuk-Hun Sub-village, Dili for COVID-19 prevention sensitization.

prevent it by obeying to the health protocols. By the time COVID-19 was detected in other municipalities, CVTL showed its effort to visit communities by door-to-door. In the beginning, the acceptance of volunteers was questioned by the communities, and some closed their doors because community were afraid to be visited or vaccinated. During that phase, community would not believe humanitarian workers (especially when they came with PPE) and rumours were traveling in the villages from social media and word-of-mouth. This was particularly challenging in the rural areas such as villages (*suco*) on the top of hills or area where there is less literacy. Although, the CVTL volunteers also would not give up trying different approaches until they are trusted by the community. CVTL opened dialogues with community members to listen and respond what have been people's concerns. In Timor-Leste, door to door visit was more effective to reach most remotely area, where the information of COVID-19 risks might be uninformed. CVTL actively mobilized its volunteers in 13 municipalities. The disseminations were using tools such as posters, one sheet paper, leaflets, brochures to help volunteers explained directly to the community.

To understand more what people think or feel during pandemic, in July 2020, CVTL conducted a community perception survey on COVID-19. The survey was held to determine the knowledge, attitude, and perceptions of people about COVID-19 and determine the most effective and safe communication ways or channels to reach communities in Timor-Leste. Apparently, the survey found 97 per cent of respondents trust the information that comes from CVTL. This is because the CVTL volunteers were often visiting communities in villages and created well communication and trust. Through the survey, CVTL also found that traditional media such as televisions and radio are still the

preferred sources of information across different age groups above 17 years, while the internet and social media are particularly more effective for communities below 30 years. As the COVID-19 vaccination program rolled out in the country, CVTL ensured to be updated of community's perception by conducting a perception survey on COVID-19 vaccination. This survey was carried out to understand the reason why people were willing or unwilling to be vaccinated, their social behaviours, and to identify the most trusted sources of information. The survey identified those who have received vaccinations and who have not expected more information regarding the effectiveness and safety of vaccines. The survey also highlights that doctors/nurses/health workers, the national government, and CVTL volunteers are the most trusted sources for providing vaccine-related information. The community's trust was not only gained by CVTL, but also by the national authorities and other medical and health workers.



**OPERATIONAL
PRIORITY 3**
Strengthening
National Society

CVTL readiness and sustainability as National Society

CVTL Readiness as National Society.

As a government auxiliary, CVTL has an important role in responding to pandemic situations and any other concurrent disasters as needed. COVID-19 pandemic has been a great disaster that impacted all sectors in Timor-Leste. With the strong engagement and the government's trust, CVTL became the main actor to overcome the pandemic impact among communities in Timor-Leste from national to village (*suco*) level. The Prime Minister of Timor-Leste officially asked CVTL to respond to the pandemic. It was then followed up with the MoH to instruct Health Offices in each municipality regarding working with CVTL. By working closely with the government CVTL has efficiently collaborated with stakeholders and partners in 13 municipalities across the country. CVTL was also actively participating in coordination with UN agencies including WHO and other NGOs during the operation. This could enhance the acceleration of cases treatment. Moreover, the availability of human resources and logistics enabled CVTL to respond immediately since the first pandemic wave came in 2020 and declared to be endemic in the end of 2022. Because of its active participation, CVTL was awarded from the National Task Force for Covid-19 response.

Internally, CVTL adjusted and adapted its daily working and services in communities. Health protocols during the pandemic required CVTL staff to change their working style from working at office to be more flexible working at home unless they were deployed to assist communities. This situation encouraged them to engage more with technology or digitally to support their work. Some in-person meetings have been changed to online meetings and working documentation and materials have become more paperless. This improved digital engagement of work style is being one of main priorities in strengthening CVTL as a National Society.

Support to Volunteers.

The readiness of CVTL in overcoming pandemic could not ignore the mobilization of its committed volunteers. By end of COVID-19 operation, there are 841 volunteers (365 Female and 476 Male) who have been mobilized to 13 municipalities area in coordination with each CVTL branch. To support the volunteers, CVTL ensured to apply health protocols. Volunteers who were diagnosed COVID-19 positive or having close contact with people affected were in quarantine for 14 days, including those who were involved in management of the dead, since CVTL is the main actor in doing this assistance. CVTL has 12 trained volunteers and four cars to mobilize in the management of the dead.

However, managing volunteers during pandemic operation was not easy. Coordination and protection to support volunteers' mobilization were still challenging. CVTL deployed some regional volunteer

coordinators to manage volunteer mobilization in all municipalities. The coordination was limited due to the number of volunteers and coordinator was not proportional. While there was no available feedback and complaint mechanism to volunteers. In order to protect the volunteers, CVTL provided insurance since the volunteers were working in risky areas that was included in CVTL volunteer policy. But not all the volunteers got covered because of limited funds. This shall become CVTL main concern to maintain the volunteer mobilization in the future.

CRUZ VERMELHA
DE TIMOR-LESTE



CRUZ VERMELHA DE TIMOR-LESTE FILIAL BOBONARO

Rua : Maravilha Holsa / Odomau Maliana



“ I'm proud to be a CVTL
volunteer for we are helping
people. I learn much from CVTL.
Being a volunteer develops my
mental to overcome any challenge.
I want to always be with CVTL.
My heart belongs to CVTL. ”

Gustavo Dos Santos (19 years old)
CVTL volunteers for Bobonaro Branch

INSPIRING STORIES

Bringing light in the darkness.
Moments amid the pandemic.



Inspiring Story 1

Continuing Lifesaving Mission Through a Challenging Situation.

As the impact of the COVID-19 first hit Timor-Leste, “panic buying” is appear everywhere inside the country. Lot of empty rows in local supermarket appeared resulted from stockpiling goods, including the stock of mask, hand sanitizer and family basic needs. The problem also becomes apparent for frontline CVTL volunteers and healthcare staff to get access to personal protective equipment (PPE). By looking to this situation, CVTL responded with creativity and determination to continue their mission to tackle the COVID-19 impact. Early in the pandemic, CVTL utilizing the remaining medical masks stored in CVTL, to continue its support on health screening in cross-border area and health isolation. As their support to the government, CVTL also distributed masks stocked for previous Avian Influenza response although in limited quantities. Looking to the situation where demand of mask is higher than normal, CVTL responded to provide fund in amount of USD 1,000 to 13 CVTL branches to produce cloth face mask. The mask has been produced locally by CVTL volunteers using fabric material.

As the COVID-19 pandemic continues, generous donors to the CVTL stepped up. During their operation, CVTL received PPE donation from the government and Partner National Societies such as American Red Cross and Australian Red Cross to protect volunteers in their deployment. Through the support from IFRC Global Appeal, CVTL also able to receive medical equipment donation to support health facility in providing medical equipment needs. CVTL efforts in supporting PPE and medical equipment availability become one of the key roles to save people’s lives during the COVID-19 pandemic.

Inspiring Story 2

A Disaster on Top of a Disaster.

On 4 April 2021, following days of heavy rainfall, flash floods and landslides swept through 11 municipalities (Dili, Manatuto, Viqueque, Aileu, Ainaro, Covalima, Oe-cusse, Liquica, Baucau, Manufahi and Ermera) with the capital of Dili worst affected. As rivers burst their banks, many districts in the capital of Dili were heavily flooded. As floodwaters and mudslides swept



CVTL prepared relief item to be distributed. (Photo: CVTL NHq)

through Dili, houses by the banks of the Comoro River were dragged into the raging waters. Major damage to private houses, public buildings, commercial establishments, roads, bridges, and vehicles has been reported. Moreover, electrical power distribution and communication services were severely disrupted, and water systems were also damaged. Road access has been cut off in multiple locations including the road connecting Dili to municipalities. Even though the government of Timor-Leste through Social Protection kept providing support, however, many of the organization who supported the community in the emergency phase concluded their support and created gaps at the field level. CVTL continued their support to the community by providing early-recovery services and activities to the community. Even in the most uncertainly time with COVID-19 affecting the country, CVTL was there to help community.

Inspiring Story 3

Prevent What is Preventable. CVTL's Effort to Deliver COVID-19 Vaccination to the Community.

In Bobonaro municipality, CVTL volunteers worked closely with the local health authorities to support the COVID-19 vaccination program. The vaccination center was located two hours away from the city center and situated up on a hill. The road to reach the village (*suco*) was arduous and challenging, passing through rocky terrain, rivers, and forests. Furthermore, the rural area lacked internet access, making communication with the outside



CVTL volunteers are preparing boxes of COVID-19 vaccination for community's village (*Suco*) at top of hill in Bobonaro municipality.

world difficult. To make matters worse, a rumor had been spreading throughout the village (*suco*) that the vaccine would lead to death. A video had circulated, showcasing old people dying after getting vaccinated. This was untrue, but it had caused immense fear among the community, leading to a lack of trust in the vaccination program. The CVTL volunteers, in collaboration with the local health authorities, knew that they had to take action to dispel these rumors and build trust within the community. Despite facing multiple setbacks and challenges, they persevered. They spent hours engaging with the community, explaining the importance of vaccination and how it could protect them against COVID-19. Every time the vaccination centre opened, the community was hesitant to attend.

However, the CVTL volunteers and health authorities were persistent and continued to build trust. They held dialogues with community members, answered their questions, and provided information to address their concerns.

Over time, the community began to trust the CVTL volunteers and health authorities, and their efforts bore fruit. People began to understand that getting vaccinated would not lead to death. They started coming to the vaccination centre, and the number of vaccinations increased significantly. The CVTL volunteers and health authorities' dedication and hard



CVTL volunteer explained what is in the COVID-19 vaccination card after they got vaccine.

work paid off as they were able to overcome the challenges of the rural setting and lack of internet access to support the COVID-19 vaccination program successfully. The community's trust in CVTL and health authorities grew, and they were able to get vaccinated, making their village (*suco*) a safer place for all.



**KEY LESSONS
LEARNED &
RECOMMENDATION**

Lessons Learned

Capacity strengthening of CVTL volunteers on public health in responding to the future pandemic or health crises.

According to US Centers for Disease Control and Prevention, public health is defined as the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals¹. By looking at its definition, public health involves not only health-care system but also improving disease prevention and health promotion to the entire population.

Learning from the COVID-19 pandemic situation, public health approach could be effective in addressing the health needs in such situation faced by entire population. To prepare for the next health crises or pandemic, a public health approach will apply as public health is linked not only to specific diseases but also to its factors such as social conditions or economic factors.

The implementation of public health approach could be in many ways. It can be implemented in the form of health education that seeks people adopting certain behaviors. It is expected individuals will rely on their knowledge and health practices gained to protect themselves and the community. Moreover, they are expected to conduct community-based surveillance to screen health issues at the community level. By looking to the large network of CVTL volunteers, it is important to have volunteers who have the necessary skills and knowledge on public health emergencies. As public health approach seeks to address the overall health of population, having volunteers who have capacity to address public health needs will become an advantage for CVTL.

It is in line with 2023 IFRC Network Country Plan for Timor-Leste where CVTL will continue to improve the capacity of health staff, volunteers, and community members to prepare and respond to epidemics and pandemics by implement Preparedness for Effective Response (PER) which will highlight component of epidemic and pandemic preparedness and response².

Feedback and complaint mechanism affects to community acceptance and engagement.

The availability of volunteer mobilization by CVTL has helped the government to do health promotion during the pandemic. The volunteers also were mobilized to collect perception survey and feedback from the community, yet CVTL did not open feedback and complaint channels which collect feedback regularly. The perception survey result was shared to internal CVTL and external organizations. Besides perception surveys, CVTL also conducted Post Distribution Monitoring to gain feedback from beneficiaries. Meanwhile, some issues spread in the community were getting worse since the

¹ [Introduction to Public Health, CDC](#)

² [2023 IFRC Network Country Plan Timor-Leste](#)

government and CVTL volunteers also faced language barrier in the community. Those situations were particularly challenging in gaining community acceptance of CVTL assistance and information distribution in the beginning of the pandemic operation. Hence, some assistance provided to the community was not optimally used. For example, volunteers at an FGD in Bobonaro municipality shared that CVTL mobilized its volunteers to distribute information education and communication (IEC) materials but did not distribute more masks and hand soaps that the community most needed. Such information was not always addressed due to lack of resources to manage the feedback mechanism regularly. However, CVTL has tried to manage the coordination with volunteers and stakeholders to be align the assistance with the government priorities and community needs.

CVTL answers the gap of public health facilities and resources availability.

Lack of public health facilities and medical equipment in the community have become a challenge during pandemic outbreak. The public authorities also found an obstacle to giving basic services and reaching the community due to limited resources. For example, in Aileu, CVTL collaborated with local firefighters to provide water because the public health facility could not provide it to support WASH activities during pandemic. CVTL has provided 1,070 handwashing stations in public areas across 13 municipalities. Since the first wave of COVID-19 outbreak, CVTL has contributed to support isolation and quarantine facilities and distributed logistics such as masks, tents, and medical equipment due the public health authorities have limited logistics and human resources to mobilize. Through interview with health department in municipality level, informed that CVTL volunteers has helped much in delivering health promotion to the community, even to the difficult-to-access locations. When the public authorities had to work from home, CVTL volunteers were always ready to mobilize in serving the community, including getting involved in management of the dead.

Local authorities involvement enhanced community trust to CVTL services.

CVTL has a strong engagement with the government from national level to village (*suco*) level. Frequent communication and coordination with the local authorities has supported CVTL to reach out to the community. CVTL and the Health Office in Bobonaro municipality faced challenges to do health promotion and vaccination. Misinformation and disinformation about COVID-19 and vaccination among the community made them afraid of health officials and CVTL volunteers coming to the village (*suco*). Many believed in the stigma of people affected by COVID-19, and those who were diagnosed with COVID-19 would be discriminated against. There was also rumor that vaccine would lead to death. People would close their houses and refuse to be visited, until the village leader was involved to sensitize with the community and invite them to get vaccinated. The community started to accept the health officials and CVTL volunteers once the village leader was involved because they would listen

to their local leader first. As well in Aileu municipality, that the community leader and government implemented door-to-door approach to encourage vaccination.

Through KIIs with the government officials at municipality levels, it was mentioned that CVTL branches and their volunteers had helped a lot in doing health promotion even to the hard-to-reach communities geographically. The local government really appreciated CVTL commitment to respond during pandemic. With collaboration at the national level, CVTL branches were able to easily mobilize their volunteers to collaborate with the health workers from health officials.

Through the built relationship with the government, has given CVTL opportunities to access government programs and resources such as task force to tackle pandemic and/or endemic outbreak, respond to disasters, and health campaigns. This enhanced CVTL's reputation in Timor-Leste. Based on interviews with some government officials, the engagement with CVTL was further strengthened compared to before the pandemic. They really appreciate CVTL support and expect to continue their collaboration beyond the pandemic response, since CVTL is one of the most responsive humanitarian organizations that the government could rely on anytime. CVTL was said that it could cover what the government could not do, and always ready to address what the government asked. This means that CVTL needs to have very good management internally and sustainable resources to accommodate the government and community needs.

Collaboration between National Societies.

To meet the community's needs during the pandemic, the government of Timor-Leste partnered with neighbouring countries, such as Indonesia, New Zealand, Australia, and China, to supply medical logistics, including vaccines. The Indonesian Red Cross (Palang Merah Indonesia/PMI) and CVTL, as the neighbouring National Society, collaborated to provide medical logistics stocked and distributed through SAMES - Timor-Leste's National Medical Warehouse. Due to Indonesia's proximity, PMI's support was quickly distributed, unlike other countries whose borders were closed to flights. Moving forward, CVTL could continue collaborating with PMI, especially in assisting cross-border areas between Timor-Leste and Indonesia.

Amid the Delta variant surge of COVID-19, the American Red Cross, Australian Red Cross, and International Committee of the Red Cross rallied to aid the government of Timor-Leste through CVTL-IFRC or bilaterally. Responding to the mobilization table, a comprehensive list of necessary medical equipment compiled by SAMES and circulated by IFRC, these organizations provided vital support to health facilities and isolation centres in the area. This effort was a testament to the power of collaboration and cooperation in times of crisis.

Recommendation

As COVID-19 pandemic response transitions to the longer health program, CVTL needs to prepare continuity plans.

As the world transitions from a global pandemic to a country-endemic disease, to ensure sustainability, CVTL must develop national strategies for epidemic and pandemic preparedness, drawing on lessons learned from the COVID-19 outbreak and other disease operations, such as the 2022 dengue outbreak. By doing so, CVTL can establish a minimum standard of public health in emergency response, paving the way for a more resilient future.

By looking to the CVTL's strength on RCCE, CVTL needs to prepare the availability of feedback and complaint mechanism across programs and linked to other monitoring processes. By looking to the CVTL operation on COVID-19, where community often express their concern to the volunteer in branch level, some information not always addressed by CVTL NHq. The availability of standard of operational procedures on feedback and complaint mechanism will allow CVTL to provide a response back to the wider community.

CVTL must strengthen its capacity to deliver epidemic control to volunteers (ECV), with a particular focus on high-risk areas. This entails implementing initiatives such as Community-Based Surveillance (CBS) with simpler data structures and pandemic preparedness planning.

Additionally, CVTL needs to prioritize the training and capacity building of healthcare volunteers, particularly those in high-risk areas, to ensure that they are well-equipped to respond to epidemics and pandemics. This includes providing regular training on infection prevention and control measures, as well as ensuring that healthcare workers have access to appropriate personal protective equipment (PPE).

It was also realized during the pandemic of the lack of access to WASH services across the country. The provision of safe water through the construction of improved water systems, training and capacity development for community WASH management teams, including stronger engagement with local authorities. The WASH intervention is part of the larger Integrated Community Based Risk Reduction (ICBRR) program which seeks to develop community resilience in a holistic way targeting livelihoods, risk reduction, community health, and youth.

Finally, CVTL must work closely with international partners to ensure that there is a coordinated global response to future disease outbreaks. This includes participating in international disease surveillance and response networks, sharing information and expertise.

Authors



Ewinur Machdar

Operations Coordinator, COVID-19
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Priska Apsari P.

Health Specialist, COVID-19
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Ayu Purwani Asih

Community Health Officer, COVID-19
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Puput Ertiandani

PMER Senior Officer
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Hasna Pradityas

CEA Specialist
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Macario Santos Lopes

Programme Senior Officer
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Kristian Yudhianto

PMER Officer
IFRC CCD Indonesia, Brunei Darussalam, Singapore and Timor-Leste



Contact Information

For further information, specifically related to this operation please contact:

In the Timor-Leste Red Cross (Cruz Vermelha de. Timor-Leste, CVTL)

- **Joao Pinto**, Operation Manager; email: jaopinto_cvtl@redcross.tl

In the IFRC Country / Country Cluster Delegation for Indonesia, Brunei Darussalam, Singapore and Timor-Leste

- **Ewinur Machdar**, COVID-19 Operations Coordinator; email: ewinur.machdar@ifrc.org
- **Puput Ertiandani**, PMER Senior Officer; email: PUPUT.ERTIANDANI@ifrc.org

In the IFRC Asia Pacific Region

- **Kwan-Ho Timothy Lam**, Operations Coordinator COVID-19; email: kwanho.lam@ifrc.org
- **Cessie Petchi**, Senior Officer, Partnerships and Resource Development; email: cessie.petchi@ifrc.org
- **Alice Ho**, Regional Head, PMER and Quality Assurance; email: alice.ho@ifrc.org
- **Lyn Phang**, PMER Senior Officer, COVID-19; email: lyn.phang@ifrc.org

Lessons Learned During
CVTL COVID-19 Operation

