

Appendices

1. Transcription Of Anies Baswedan's Speech

Thank you, Professor Zulfikar, Professor Leo, and all distinguished professors, and all participants. It is indeed an honor and privilege to be back to NTU and share some of our experience from the neighboring city of Jakarta. Visit Jakarta is not that far from Singapore. And what I will be sharing today about urban leadership has a lot to do with the crisis that we went through since 2020, which is the COVID pandemic. And it hits countries across the globe, cities, and I think now is time for many of us to start picking up lessons learned. In Bahasa Indonesia, there is a word called hikmah. Hikmah is lessons that you pick up after a period or after something is happening.

Then it is called hikmah. And the hikmah is always coming after the crisis, after the event. No hikmah is coming before the event, before the crisis. So now it's time for us to start. Learning, picking up some of those lessons, and prepare us better for future challenges. We hope we don't have to face similar challenges. But if we do, what are key lessons learned that we can pick up from the crisis that we had? So, allow me to share some of the basics about Jakarta. Okay, yeah. Just a minute. Me. Just a minute. Make sure, All right. Give you basic data.

Jakarta is a city of 11 million people within the city. Plus, its surrounding, its neighboring cities, another 23 million. So plus - minus is about 35 million people in that area. And... The city... The city contributed about 17% of Indonesian economy. So, on the one hand, we are congested in terms of populations. The number is 11 million compared to the entire Indonesia, which is 270 million. So,

the proportion is small. But on the other hand, our contribution to the economy is huge. And Jakarta is the gateway of Indonesia. If you enter Indonesia, then the gateway is Jakarta. And if you're departing to the world, it's always through Jakarta. So when we started to see a contagious virus in Wuhan...At that time, it was December. Not too long ago. In 2019. We were monitoring in Jakarta. And at that time, it was still called pneumonia Wuhan. It wasn't called COVID.

And I think SARS-CoV-2 virus was there, but rarely mentioned. It was basically pneumonia Wuhan. And we were monitoring closely. Why the Jakarta government monitoring closely? Because our city is having direct connection with Wuhan. There are many direct flights coming in. And then our city is the hub of Indonesia. If we are having problems, then the rest of Indonesia will at some point also experiencing what we are experiencing. So, it was our concern. And I remember in the beginning of January 2020. We had meetings. We had meetings with interdepartments representative. And those meetings, the immigration was invited. The intelligence office was invited. All agency that relates to mobility, that relates to international travels were all invited. It is a rare occasion because Jakarta government rarely inviting all those agencies that deal with international travelers. Usually, it is we're dealing with domestic travelers. But this time was international travelers. The question was this.

How many people coming back from international places where the virus have been detected then? And our data was so minimum. We had minimum database on tracking people. And I think. At that time, we're not tracking people yet. We're not identifying where have you been visiting of cities, of countries at that time. So,

we need more information. So immediately, we start our second approach. Let's identify to anyone who have symptoms similar to pneumonia Wuhan. So, we send like a booklet, like an instruction book to all hospitals. So, we send like a booklet, like an instruction book to all hospitals in Jakarta. If you are seeing patients with these symptoms, do report to us. What basically we're doing is this. Let's anticipate what is coming from outside. And then two, let's anticipate what is happening within our jurisdiction. We have about 190 hospitals across Jakarta. So, all hospitals were having these instructions and they have to monitor. So, we have been receiving reports of individuals with similar symptoms of COVID.

At that time, we're talking about early 2020. The authority to undertake the testing was not in the provincial government. It is at the national government. Ministry of Health. We have PCR machine to do testing for viruses. But we didn't have the reagent for extracting and doing the testing. Only labs that is authorized for certain virus, they will get the reagent for that particular virus. So, SARS-CoV-2 was not on our list. So, we didn't have the reagent. Either one though. We have the PCR machine. So, what happened was we keep sending samples collected from hospitals to our Department of Health, sending it to the Ministry of Health, the laboratory. However, we keep getting answer that the answer is no answer basically at that time. We didn't get, is it a positive? Is it a negative? Basically, we didn't get an answer. We keep sending samples and we don't get answers back. Now, our team is reporting to the governor. The governor, we have been reporting this many. We have not heard anything back. What should we do? So, we communicated with the Ministry of Health, demanding result, being informed to us. We didn't get any reply.

This is talking about how should we deal when we are facing this kind of situations. What should we do? Should we just wait? Or should we do something? I decided to go to the public and report to the public that Jakarta, it was first of March 2020. I went out to the public and said, we have had X patients under surveillance, under monitoring. And these are numbers of individuals detected with symptom of COVID. And this is the number of patients. And it was a news that the country has been avoiding for weeks. Nobody wants to talk there is COVID in Indonesia at that time. And it was, I announced it in the morning. Late afternoon, the Minister of Health was saying the number reported by Governor of Jakarta was incorrect. Okay. So basically, they were saying there is no cases. And we come up with that. But what are the key aspects here? Why there is that difference?

The Ministry of Health, in explaining what is happening, and our approach that has been let's open up. Let's inform public. Here is the difference. Or here is our lesson. Let's learn. During the period of January, February, we have been reading what is happening outside the country. Our team were monitoring news outside Indonesia, reading policymakers outside Indonesia, talking about COVID. If you don't have, if your team don't speak English, then you know nothing about what is happening outside the country. If you don't read things outside, you have to really understand what is happening in the world. So, in March, not long after that event, I gathered about 150 leaders of our city. These are head of departments, head of agency, head of bureau, head of hospital, directors, all, about 150 people. Gathering, just like this gathering, 150 people. And I started the gathering by asking

simple questions. Raise your hand. Raise your hand if you read news about Jakarta every day.

So, all these 150 people raising their hand, all of them, because they work for Jakarta. They better read news about Jakarta every day. Everyone is raising their hand. Second questions. How many of you read news about Indonesia every day, national news? Almost all. Not all. Almost all. Third questions. How many of you were reading world news, global news, every day? Only seven. Okay? So, I mentioned to all of you. So, for all of you, from now on, listen to what I'm going to say and trust me. Okay? Because you have not been following news outside Indonesia. If you don't follow news outside Indonesia, then you don't know that there is, you know, a disaster is coming. And we better be prepared.

Rule number one. I mentioned in that room. Do not handshake from now on. And everyone is like, do not handshake? What do you mean? No handshakes? Yes. From today, no more handshake. Social distancing. And everyone is saying, hmm, really? Social distancing? We used to be very intimate, right? We meet each other. You know, we kiss. We hug. We handshake. And then suddenly stop all of that. So, all these measures that not us invented those measures. We are learning from others that have faced these problems earlier than us. It was March. Wuhan experienced it since November, December. And then Korea experienced it in January. And then Iran is around that time. Italy is around that time. We are picking up lesson learned from them.

And we share that to our team. And then number two, what was also a lesson learned is this. We realize early on that this kind of, quote, disaster is going to take place in a long period of time, which we don't know how long. It could be a year. It could be two years. It could be three years. We didn't know at that time. But it's not going to be over in the next few months. And then we look at data of the last pandemic, the flu pandemic in the early 20th century. And you look at the data. It takes so many years for that pandemic to end. So, we expect and we start looking at numbers of casualties in Jakarta, in Indonesia during the last five or six months. the flu pandemic. And the numbers of death was quite significant then, a hundred years ago.

A hundred years ago, with long-term disasters like this, what is needed from government to the general public, in our perspective, is one word, trust. We need the public to trust us. If they don't trust us, there is no way we can collaborate. There is no way that the public is going to listen to what government is advising the general public to do. Because it requires everyone to get engaged. To break the circuit, it requires everyone in our populations to be actively involved. So, the key here is trust. If we build trust, we will be able to go through the crisis, and we'll be able to allow our policy to be implemented by everyone. Not only by a certain group of individuals, but by everyone. And that has been our approach.

One. Why we had that in mind. I had the opportunity to engage with city mayors across the globe. I was active in the C40, C40 Association of Mayors of Big Cities. I served as the vice chairman of C40 steering committee. The chairman was the mayor of LA at that time. The vice chairman is the governor of Tokyo and

governor of Jakarta. So, we organized many meetings with all these mayors. Who are the speakers of all these meetings? Mayors in cities that experienced the pandemic early stage. So, mayor of, mayor of Seoul. And then mayors of Milan. And then mayors of New York. And then mayors of, you know, some countries in Northern Europe, Tehran, and many other cities that have experienced earlier than us. All mayors across the globe were participating on those meetings. And they were listening testimony of our fellow mayors, sharing their tough times in a very emotional way. And they were sharing, sir, our hospital. And they were sharing, sir, our hospital is unable to take care of all these patients. They are, you know, on the hallway. They're on the hallway. They have, you know, pictures that we have started to see in the months later. But at that time, we've been listening to all these mayors. And then they've been saying, please do this necessary measure. Preparing a quarantine area. Preparing capacity. Enlarging your capacity.

So many of these lessons learned from other places were being noted down. And we started to adopt that. But one thing that we thought was clear, trust is key. And to gain trust, at least there are three components of trust. One, and it's like a function. It's like a model. Trust equal. One, competence. Plus, integrity. Plus, intimacy. Then you get trust. You want to be trusted? You have to have competence. You want to be trusted? You have to have integrity. You want to be trusted? You have to have intimacy with whoever is going to trust you. So those three variables. But number one is on the competence. Then you need to understand the problem. We invited scholars, scientists to actually come and tell us what needs to be done. I remember. I remember a meeting in March 14. Three days after WHO declared

pandemic. Pandemic was declared on March 11. So, March 14, it was Saturday evening, Saturday afternoon, we had a meeting and we invited everyone.

Everyone, meaning all important stakeholders, the Association of Epidemiologists, Association of Hospital Leaders, head of faculties of medicine. And we invited everyone. And WHO. And this is also a turning moment for me. A turning point at that time. Why? The WHO representative in Jakarta confirmed he was going to join. When the meeting started, he wasn't there. So, we called him and said, you know, we have invited you to join. And they said, yes, I'm joining it online. Okay. We're talking about March 2020. Not March 2021. Okay. But I think having a meeting online was still very rare. And he said, our procedure at WHO is we are no longer allowed to attend face-to-face meetings. We are only allowed to do an online meeting, teleconference. And it was an eye-opening for me. Oh my God. And we all here in the room, face-to-face, no mask, no face covering, and we were in the stage of ignorance. Ignorance at that time. And then this is an eye-opening statement from the head of WHO representative in Jakarta saying that I'll continue. And during that meeting, we decided to close one, all schools in Jakarta, starting on Monday, 16th of March, and then close all parks, close all public facilities.

Okay. Okay. at all why because the general public is not seeing victims yet okay and we know the numbers is growing from our hospitals reports but we are not seeing the result coming back from our testing yet so we had to adopt a policy that may not be in favor of the general public and number two the national government also not in favor of that policy and you have to adopt it in the capital city and that was sort of the constraints of the dilemma that we face but we kept

telling ourselves we better do the right thing because this is what all the scientists on epidemiology has been advising this is the way to go so on the competent aspects learn from the expert. We were no expert on epidemiology at that time.

Lesson number two is integrity. Tell the truth. No sugarcoating. Do not hide any numbers. Just tell the truth. And the truth may not be fun, it can be painful, but you just have to tell the truth. Without telling the truth, then we will go nowhere. So, with that, I'll give you one example of telling the truth. Look, this is funeral services in Jakarta since January 2018 all the way to February 2020. So, this is monthly funeral services. Jakarta is perhaps the only provincial government that manages cemetery, that manages funeral services. No other provinces, it's dealing with this, but only us. There's limited space of land. So, we manage cemetery, we manage funeral services. The average funeral services is around 2,700. That's average for two years prior to that. And then in March, suddenly it increased to 4,400. In April, that's the same thing. Something must have gone very wrong, right? On the other hand, the health department was not able to know what have been the result of our testing.

We have been testing, and the test never come back to us with positive result. And you report to the Ministry of Health, and the Ministry of Health is coming back with no answers. So that was the kind of dilemma. And when we presented this, there was a general reaction. Pak Gubernur, Pak Minister, please do not exaggerate the problem okay do not exaggerate and what we are saying is this is fact I'm not exaggerating this is fact that we have been providing service at the average of 2400 700 why it suddenly become four thousand four hundreds in spike and then we look

at hospital bills hospital bills were so interesting why in our insurance system because bills for pneumonia doubled and tripled but it was categorized as pneumonia something has gone very wrong as leaders in that city I have to decide should I keep this data myself and my team should I go public should I tell the general public I decided to do the later I go out to the public and said this is a fact and we better be prepared something big is coming up to our city we are not realizing it yet but we still have to start restrictive measure immediately and so that was a period in which you have to hold on this the values that you believe in

It was a time where many were writing public opinion of the general public who were not yet informed of the magnitude of the consequences of this pandemic. The experts have been saying this is quite dangerous, we better do something. So, we went out and did transparency measures. All data is being presented there. However, this is not enough, what we're doing is we built, let me put it this way. From the beginning, we said that symmetric information on COVID pandemic for the people of Jakarta and that we are all in this together. So, I want to make sure that everyone in our city, they know exactly what we know. We want everyone to know. To know what is happening. And we created a new platform called corona.jakarta.go.id. And this is, we established this from the very beginning. That everyone can access this data and you can look at the map. You have laser pointers here. You have a map here.

So, for our residents, they're able to click maps and they're able to click the district they live in, the neighborhood they live in, and then it will then emerge number of cases in that area. So, we started building an information system that

allows our citizens to know how many cases in their area. And even to the RT level. RT is the neighborhood level. And when we build this, we're able to know mortality rates. And when it comes to mortality, they can also check in their own district how many cases of mortality in every district. The idea is to ensure everyone knows. Everyone that we are on board together. This is what we know. This is the measures we're taking. And this is what you need to do. And with that in mind, we are grateful to know, to report today, that when we adopt a more restrictive policy, the public generally obey to our policy. For example, when we have to close down. The House of Worship. That wasn't easy. But we gather leaders of all religious groups, explain to them the situations, explain the consequences, and they all said, okay, sir, we listen to you, you decide, we follow. And we went out to public with a press conference, me explaining steps will be taken, and all religious leaders take turn. They're endorsing the decision. And general public's listening to that. Why that is the case? Again, we need to build trust. And intimacy, what I mentioned, the last point, is key. You need to communicate closely to all these groups in our society, be it religious group, be it ethnic groups, be it community leaders. Build that intimacy through intensive communications. Then you can trust.

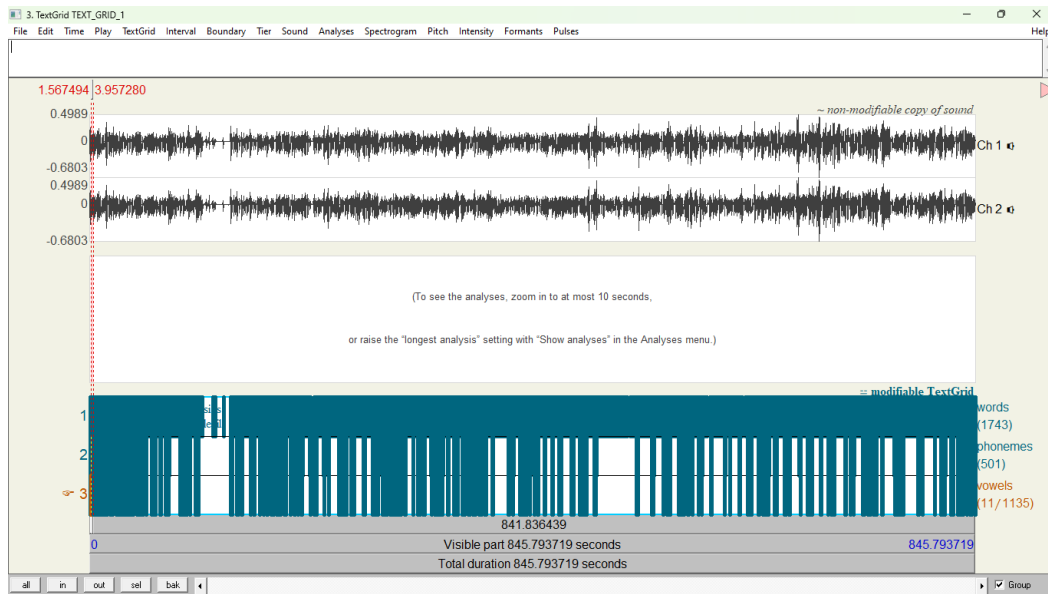
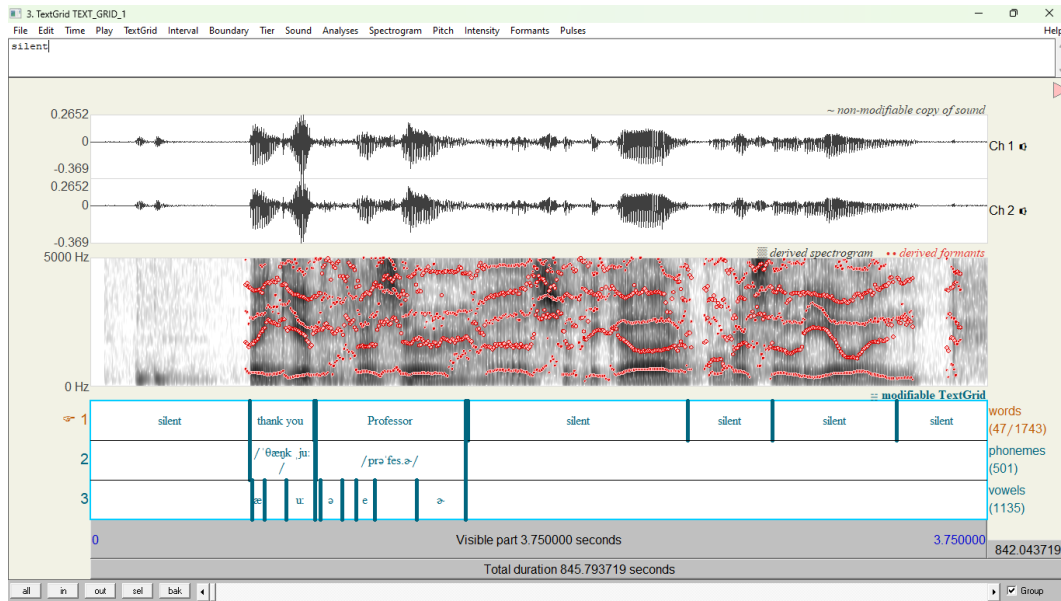
Competency, and then integrity, and then intimacy, that's key. With that, with this transparency, it truly helped our approach. The rest is more technical. Increase our capacity to do testing, and our approach has been collaboration. Collaborations meaning, so this is the approach I mentioned. My presentation is not following the PowerPoint, but following the structure of our experience. The collaborations are key because let me share to you, when we started this journey beginning of 2020,

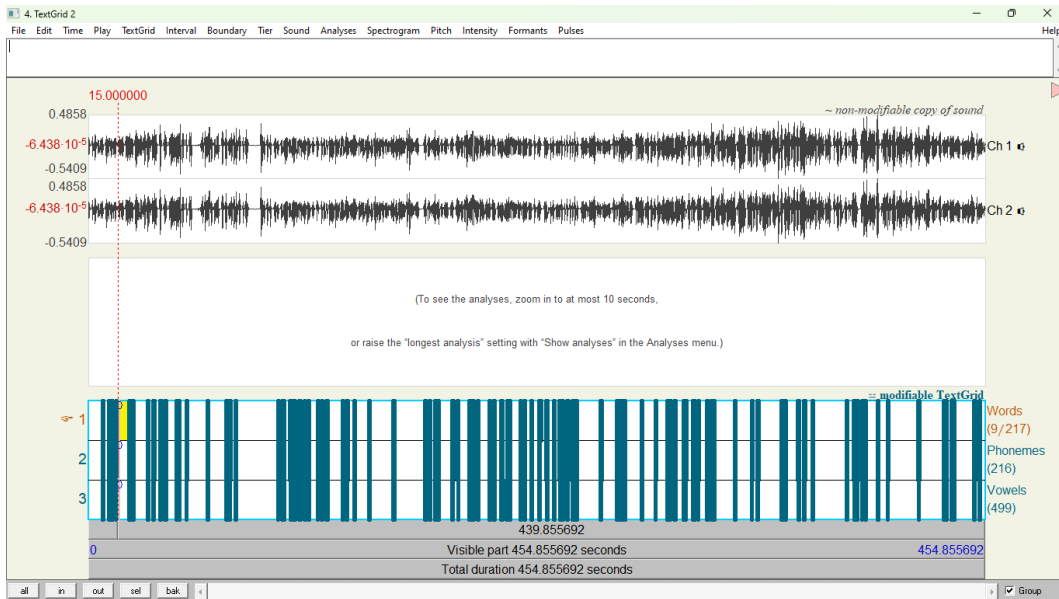
our testing, our testing capacity in the government of Jakarta is only 150 cases per day. Because the PCR test was never used as a diagnostic tools for diseases. Suddenly, you have this COVID-19 that requires PCR testing as a diagnostic measures. So, we have to multiply our capacity. Now, the approach, the approach was this. One, we enlarge our capacity on our own. Or two, we call all laboratory across the city. How many of you have PCR machines? How many of you have extraction machine? Let's collaborate. We will send you the samples, and then we will refund all expenses. Instead of us investing on new equipment, That has been our approach. And with that approach, Jakarta was able to do testing way much higher than the WHO would require us.

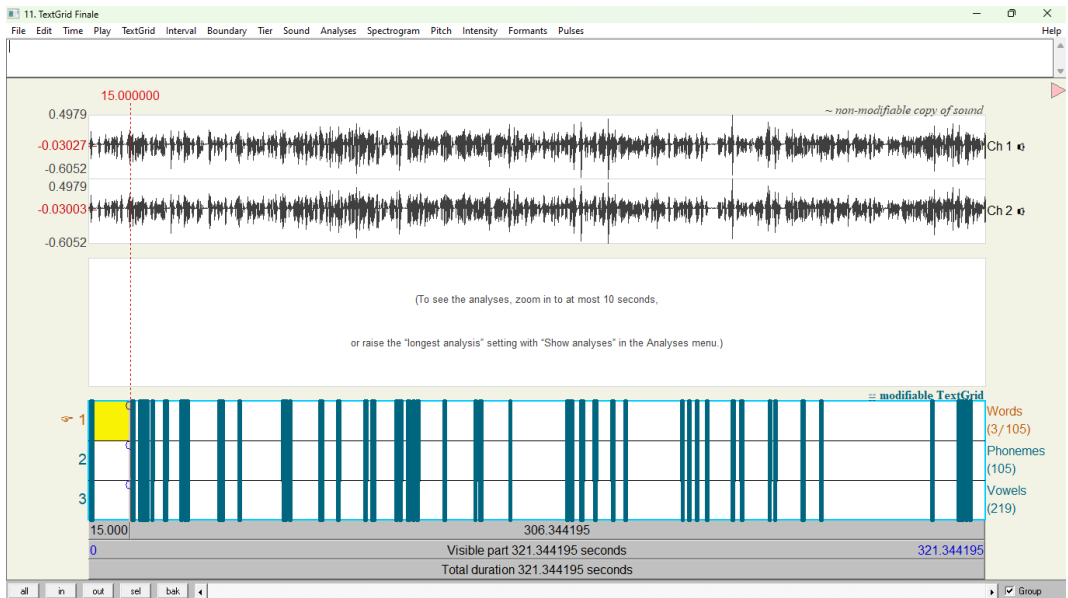
So we are capacity is much higher. We're actually better than New York. We're actually better than many major cities across the globe, not because us expanding our capacity, but because we did it in a collaborative way. and we have so many labs that we didn't know that PCR machines and then they all signing up all expenses is covered by city government that's at the early stage in term of testing capacity which is needed number two is all hospitals were being invited to join and at the beginning many hospital were rather hesitant on handling COVID patients for obvious reason because then you have to you have to basically segregate the hospital for COVID patients and non-COVID patient the procedure is completely different and this is also one of another eye-opening session for me one was the WHO that said you know no more online I mean no more of a face-to-face meeting but the second was this.

I came to a COVID hospital it was a mid of March to visit someone who has been treated for COVID when I arrived into that hospital at the gate of the hospital there is a chain in in the in the gate so the gate was basically locked so I asked the security there and with our team I'd like to make a visit he said sir the hospital is closed for visitors you cannot even come in and park it was basically blocked why because this is a COVID hospitals today we know what is COVID hospital but then it was an eye-opening oh my god so it's completely isolated you're not entering the facility so all hospitals were many or private hospitals were invited to join the networks and again in the collaborations the way we did it is like this you take care of the patients we will take care of the bills but you do your part don't worry about bills we will take care of the bills later we will do take care and with that our capacity is enlarged birth so Jakarta's hospital facility for COVID in term of percentage was the highest and even our neighboring residents whenever they had a positive case they would rather be treated in Jakarta rather than in their local hospitals because the hospitals in Jakarta has been treating since the beginning of 2020 so they knew they have been exposed to all of this and again collaboration is key without collaboration there is no way we're able to do what we did.

2. Praat Analysis Data







3. Thesis Guidance Card



UNIVERSITAS PASUNDAN

FAKULTAS ILMU SENI & SASTRA

KEPUTUSAN
DEKAN FAKULTAS ILMU SENI DAN SASTRA UNPAS
 NO : 039 /UNPAS-FIS.D/SA/IV/2024
 Tentang
 Pengangkatan Dosen Pembimbing Tugas Akhir
 Jenjang S1 Program Studi Sastra Inggris
DEKAN FAKULTAS ILMU SENI DAN SASTRA UNPAS
 UNIVERSITAS PASUNDAN

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|-----------------------|---|-----------------------|---------|--------------|------------------|-------|--|
| Merimbang | Bahwa untuk meringkaskan dan efektifitas pelaksanaan bimbingan tugas akhir dipandang perlu adanya surat keputusan tentang pengangkatan dosen pembimbing tugas akhir | | | | | | |
| Mengingat | <ol style="list-style-type: none"> 1. UU RI nomor 20 tahun 2003 tentang sistem pendidikan nasional 2. Peraturan pemerintah nomor 66 tahun 2020 perubahan atas peraturan pemerintah nomor 7 tahun 2010, tentang pengelolaan dan penyelenggaraan pendidikan 3. Keputusan Yayasan Pendidikan Tinggi Pasundan No. 203/PTPP/UC/2012 tentang peraturan Pokok-pokok kepegawaian Yayasan Pendidikan Tinggi Pasundan 4. Keputusan pengurus Yayasan Pendidikan Tinggi Pasundan nomor 433/PTPP/SA/C/2012 tentang peraturan pokok-pokok kepegawaian Yayasan Pendidikan Tinggi Pasundan 5. Keputusan Rektor Universitas Pasundan No. 314/keputusan R/SA/VI/2023 tentang pengangkatan Dekan Fakultas Ilmu Seni dan Sastra Universitas Pasundan masa bakti 2018 - 2023 | | | | | | |
| Memperhatikan | Surat undangan dan proposal program studi Sastra Inggris nomor 141/FIS Unpas SI 28/8/2024 | | | | | | |
| Memutuskan | <ol style="list-style-type: none"> 1. Mengangkat dosen Pembimbing tugas akhir (Skripsi) yakni Pembimbing I : Hana Shamsi, S.S., M.Hum Pembimbing II : Regi Estika, S.S., M.Pd Untuk Membimbing Tugas Akhir / Skripsi Mahasiswa di bawah ini: Nama : Shady Aprianty Wardana NIM : 201010255 Tema : An Analysis of Felix Budawanto's Speech on the NISDI YouTube Channel from Phonological Perspective 2. Kepada Dosen pembimbing tugas akhir harus diberikan honorarium sesuai ketentuan yang berlaku di Fakultas Ilmu Seni dan Sastra 3. Surat keputusan ini berlaku sejak tanggal ditetapkan sampai dengan tanggal 20 Juli 2024, dengan ketentuan apabila dikehendaki lain terdapat kebijakan dalam hal ini akan ditetapkan dan dipublikasi sebagaimana mestinya | | | | | | |
| Menetapkan | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Ditetapkan di Bandung</td> <td style="width: 50%;">Bandung</td> </tr> <tr> <td>Pada Tanggal</td> <td>17 Februari 2024</td> </tr> <tr> <td>Ketua</td> <td></td> </tr> </table> <div style="text-align: center; margin-top: 10px;">  Dr. Henny Sugarna Alwaniyah, SS., M.Pd NIP. 151.102.322 </div> | Ditetapkan di Bandung | Bandung | Pada Tanggal | 17 Februari 2024 | Ketua | |
| Ditetapkan di Bandung | Bandung | | | | | | |
| Pada Tanggal | 17 Februari 2024 | | | | | | |
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Tambahan

1. Dosen Pembimbing
2. Mahasiswa yang bersangkutan
3. Penanggal

PROGRAM STUDI :

- DESAIN KOMUNIKASI VISUAL
- FOTOGRAFI
- SENI MUSIK
- SASTRA INGGRIS

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FAKULTAS ILMU SENI & SASTRA

KARTU BIMBINGAN SKRIPSI

Nama : Shandi Apriantary Spandilla
 NIM : 202010054
 Judul Skripsi : An Analysis of Anna Karenina's Speech on the Heart's Hidden Channel from Phonological Perspective
 Pembimbing 1 : Liauw Hanania, S.S., M. Hum
 Pembimbing 2 : Eggi Lestari, S.S., M. Pd

| NO | TANGGAL & HARI | CATATAN PEMBIMBING | TANDATANGAN | |
|----|--------------------------------|--|--------------|--------------|
| | | | Pembimbing 1 | Pembimbing 2 |
| 1 | Friday 23 Feb 2024 | - Paragraph awal dijadikan paragraph ke dua - Paragraph kedua di jadikan paragraph pertama - Paragraf body di tempai di bab 2 - What type of vowel phoneme is pronounced? - Where do the vowels in the target vowel cluster - How many the segments of the segmenting syllable? | | |
| 2 | Friday 29 March 2024 | - Done All chapter 1 on 11 March 2024 - Add passage - Paragraf body sudah dibuat - Paragraf dan paragraph deskriptif di mana - Apa hubungan pada bahasa - Apa tema ya kesimpulan yang sudah ada - Apa jumlah cluster yg di analisis? | | |
| 3 | Tuesday 23 April 2024 | - All chapter 2 by pembimbing 1 - Revised cover + research paper - Add passage on chapter 1 (no draft) | | |
| 4 | May, 10 th 2024 | - grammar fixed - summary - All bab 2 by pembimbing 1 on 10 May | | |
| 5 | July, 14 th 2024 | - Bab 4-5 - Bab 4 revised notes (add draft) - All by pembimbing 1 on 13 July | | |

- PROGRAM STUDI
 • DEKORASI KOMPUTER VISUAL
 • FISIKA
 • SAINS DATA
 • SASTRA INGGRIS



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| NO | TANGGAL & HARI | CATATAN PEMBIMBING | TANDA TANGAN | |
|----|----------------|----------------------------|--------------|--------------|
| | | | Pembimbing 1 | Pembimbing 2 |
| | 17 July 2024 | Ace bab 43 dg pembimbing 2 | | |
| | | Ace prasidang | | |
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Pembimbing 1
 Pembimbing 2

Mengetahui,
 Ketua/Sekretaris Prodi

 Hani Thammir

- PROGRAM STUDI
- DESAIN KOMUNIKASI VISUAL
 - FOTOGRAFI
 - SENI MUSIK
 - SASTRA INDOENSIS