



INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

The COVID-19 Long-Term Care Situation in Indonesia

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Last updated 30 May 2020

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This document is available through the website Itccovid.org, which was set up in March 2020 as a rapidly shared collection of resources for community and institution-based long-term care responses to Covid-19. The website is hosted by CPEC at the London School of Economics and Political Science and draws on the resources of the International Long-Term Care Policy Network.

Corrections and comments are welcome at info@Itccovid.org. This document was last updated on 30 May 2020 and may be subject to revision.

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Suggested citation

Sani TP, Tan M, Rustandi KK, Turana Y. (2020) *COVID-19 Long-Term Care Situation in Indonesia*. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE, 30 May 2020.

Acknowledgements

We thank Adelina Comas-Herrera and Klara Lorenz-Dant from the CPEC/LSE for providing us with the report template and for their valuable comments. This report builds on the Strengthening Responses to Dementia in Developing Countries (STRiDE) research project <https://stride-dementia.org/>, which is supported by the UK Research and Innovation's Global Challenges Research Fund (ES/P010938/1)

1. Key points

- There is limited data and information on people needing long-term care who are affected by COVID-19.
- COVID-19 cases have spread to all 34 provinces in Indonesia. As of 28 May 2020, there are 24,538 confirmed cases, 6,240 recoveries (25.4% of confirmed cases) and 1,496 deaths (6.1%). Older people (defined as aged 60 and above) made up the biggest proportion of deaths (43.6%).
- The government of Indonesia has taken several measures to reduce the spread of the virus, starting from establishing a National COVID-19 Task Force, issuing regulations to implement regional partial lockdowns, as well as issuing clinical guidelines and protocols for prevention and management of the virus and for adapting to a 'new normal'.
- There has been no specific guideline or protocol regarding COVID-19 prevention and management or for long-term care system users in general. However, there are protocols and education materials issued to support vulnerable population groups who might be in need of long-term care, such as older people and people with disability in institutional care settings. There are also guidelines for the protection of women with disabilities and older women.

2. Introduction

Indonesia declared its first COVID-19 case on 02 March 2020.¹ The first case suspected to have resulted from local transmission was declared on 10 March 2020. On 10 April 2020, the Ministry of Health declared that COVID-19 cases have been found in all of Indonesia's 34 provinces.²

On 13 March 2020, the central government formed the National COVID-19 Task Force, led by the National Disaster Mitigation Agency (BNPB). The Task Force involves collaboration between various ministries and institutions including the Ministry of Health, the Indonesian Military, and the National Police.³

Through the Minister of Health's Decree No. 169/2020, initially 132 hospitals across the country were appointed as referral hospitals for COVID-19 cases.⁴ The number of hospitals has been increasing since. As of 28 May 2020, there are 140 hospitals listed as COVID-19 referral hospitals throughout the country. The list of the hospitals can be found [here](#) on the Task Force's official website.⁵

¹ <https://www.thejakartapost.com/news/2020/03/02/breaking-jokowi-announces-indonesias-first-two-confirmed-covid-19-cases.html>

² <https://www.thejakartapost.com/news/2020/04/10/covid-19-cases-reported-in-all-34-provinces-as-death-toll-exceeds-300.html>

³ <https://www.thejakartapost.com/news/2020/03/13/indonesia-scrambles-to-contain-coronavirus-as-most-hospitals-not-ready.html>

⁴ Keputusan Menteri Kesehatan No. 169/2020. <https://covid19.kemkes.go.id/situasi-infeksi-emerging/info-coronavirus/menteri-kesehatan-tetapkan-132-rumah-sakit-rujukan-covid-19/#.XtDK8zozZPZ>

⁵ <https://covid19.go.id/daftar-rumah-sakit-rujukan>

The government has committed IDR 563 trillion (US\$35.9 billion) to several economic stimulus policies and compensation programs to mitigate the COVID-19 impact on the population⁶. Out of this, social safety net and social protection measures receive US\$ 6.7 billion, health assistance programs US\$ 4.6 billion, and the rest has been allocated to support small-and-medium enterprises.

In addition to this, the government has also repurposed *Wisma Atlet*, an apartment complex previously used to house athletes competing in the Asian Games 2018, as a temporary hospital (officially named Wisma Atlet Kemayoran Emergency Hospital for COVID-19 (*RS Darurat Penanganan COVID-19 Wisma Atlet Kemayoran*)).⁷ In general, the Wisma Atlet Hospital admits patients with positive rapid test results and patients with confirmed RT-PCR lab results, who fulfil several criteria, including: patients are aged 15 or over, have controlled comorbidities (if any), and are independent in activities of daily living.⁸

As of 21 May 2020, there are 103 laboratories in Indonesia's laboratory network for COVID-19 testing⁹.

3. Impact of COVID19 staff so far

3.1. Number of positive cases in population and deaths

As of 28 May 2020, there are 24,538 confirmed cases, 6,240 recoveries (25.4% of confirmed cases) and 1,496 deaths (6.1%). People aged 60 and above made up the biggest proportion of deaths (43.6%), as seen in Fig. 1.¹⁰

Fig.1: Proportion of COVID-19 patients by age group (as of 2 May 2020).

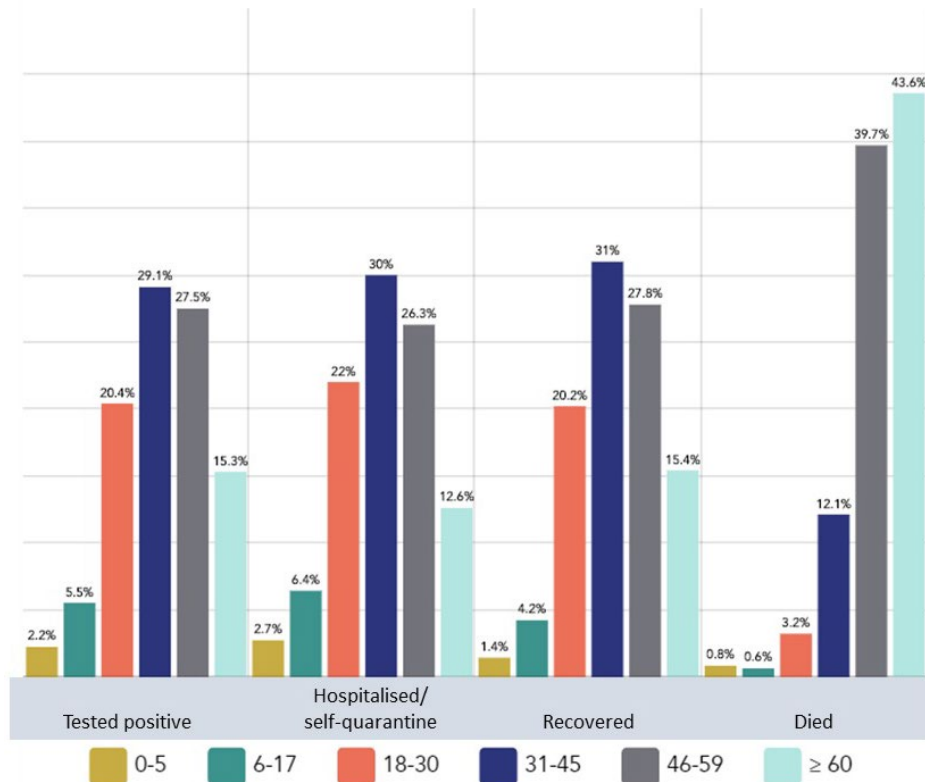
⁶ <http://www.tnp2k.go.id/download/39372280420%20PBkerentananlansia.-ENG.pdf>

⁷ <https://www.kompas.com/tren/read/2020/03/23/083100265/jalan-panjang-wisma-atlet-kemayoran-sebelum-disulap-jadi-rs-darurat-covid>

⁸ <https://covid19.kemkes.go.id/warta-infem/begini-alur-penerimaan-rujukan-pasien-di-rs-darurat-covid-19-wisma-atlet/#.XtF3QTozZPY>

⁹ WHO. WHO Coronavirus disease 2019 (COVID-19) Situation Report - 9. Data as of 24 May 2020.

¹⁰ <https://covid19.go.id/peta-sebaran>



No age data for 8.1% of cases

Source: <https://covid19.go.id/peta-sebaran>

3.2. Population level measures to contain spread of COVID-19

On 03 April 2020, the Ministry of Health issued Large-Scale Social Restrictions (*Pembatasan Sosial Berskala Besar/PSBB*), which is similar to the partial lockdowns imposed in other countries.¹¹ The regulation outlines the procedure that regional governments should follow to obtain permission from the central government for PSBB implementation. During a PSBB period, offices, schools, public areas, and places of worship are forbidden to operate. There are also limited public transportation services at regional level. However, regional governments are not authorised to stop inter-regional transport services, as this falls under the Ministry of Transportation’s authority.¹²

The Special Capital Region of Jakarta, the country’s capital city, which is also a province, became the first area to get approval to implement PSBB on a provincial level. Following this, there have been three other regions approved to apply PSBB at provincial levels: West Java, Gorontalo, and West Sumatra. Besides these four provinces, PSBB was implemented only in 27 other regencies and municipalities; despite the fact that by 26 May 2020, COVID-19 cases had spread

¹¹ Peraturan Menteri Kesehatan Republik Indonesia Nomor 9 Tahun 2020. <https://covid19.go.id/p/regulasi/permenkes-no-9-tahun-2020-tentang-pedoman-psbb-dalam-rangka-percepatan-penanganan-covid-19>

to 406 regencies and municipalities across all 34 provinces. Four out of all regencies and municipalities have decided not to extend the PSBB (as of 28 May 2020). The PSBB in Jakarta will end on 4 June 2020 and there has been no information whether this will be extended.¹²

Based on the Ministry of Transportation's Regulation no. 25/2020, a regional lockdown has been imposed in the Greater Metropolitan Jakarta Area, also known as Jabodetabek (made up of the country's capital city Jakarta, and its satellite cities: Bogor, Depok, Tangerang, Bekasi). The regulation was issued on 23 April 2020 and became effective between 24 April and 31 May 2020. This measure was taken to prevent *mudik* (the activity of migrants in large cities going back to their hometowns and villages to celebrate the upcoming important holiday Eid-al Fitr at the end of the Ramadan month).¹³ Annual *mudik* activities usually cause a massive exodus from urban to rural areas before and during the holiday, and bring newcomers seeking employment after the holiday. As of 30 May 2020, the ban on travelling outward/inward of Jabodetabek area has been extended to 7 June 2020.¹⁴

As of 7 May 2020, the COVID-19 Task Force chief Doni Monardo made a public statement forbidding *mudik* and issued a letter detailing criteria on travel restrictions (and people exempted from it).¹⁵ This is supported by the Ministry of Transportation's decree that specifies sanctions and punishments for those who violated the ban¹⁶.

On 20 May 2020, the COVID-19 Task Force published on their website a Guideline Package on Cross-Sectoral COVID-19 Response: Adapting to a 'New Normal' Situation (*Paket Panduan Lintas Sektor Tanggap COVID-19: Menuju Situasi 'Normal Yang Baru'*). This guideline provides recommendations, practical information, technical guidelines and resources on communicating COVID-19 information to the public and media, hygiene and disinfection protocols, essential healthcare services across all service levels, education (distance-learning), protection of children and vulnerable population groups, and funding mechanism around COVID-19. The chapter on funding also discussed social security measures for poor households, including unemployment benefit, food subsidy, and cash transfer programmes.¹⁷

¹² https://www.thejakartapost.com/news/2020/05/28/50-days-of-indonesias-partial-lockdown-is-it-enough-for-the-new-normal.html?utm_campaign=os&utm_source=mobile&utm_medium=android

¹³ Peraturan Menteri Perhubungan Nomor 25 Tahun 2020 (Permenhub 25/2020) Tentang Pengendalian Transportasi Selama Masa Mudik Idul Fitri Tahun 1441 H <https://kemlu.go.id/bern/id/news/6389/peraturan-menteri-perhubungan-nomor-25-tahun-2020-permenhub-252020-tentang-pengendalian-transportasi-selama-masa-mudik-idul-fitri-tahun-1441-h>

¹⁴ <https://money.kompas.com/read/2020/05/30/190500926/larangan-mudik-dan-arus-balik-diperpanjang-hingga-7-juni-2020>

¹⁵ <https://prfmnews.pikiran-rakyat.com/nasional/pr-13378007/ketua-gugus-tugas-percepatan-penanganan-covid-19-mudik-tetap-dilarang>

¹⁶ <https://www.thejakartapost.com/news/2020/04/23/govt-temporarily-bans-passenger-travel-to-prevent-mudik.html>

¹⁷ <https://covid19.go.id/p/protokol/paket-panduan-lintas-sektor-tanggap-covid-19-menuju-situasi-normal-yang-baru>

3.3. Rates of infection and mortality among long-term care users and staff

As of 28 May 2020, there has been no published data on the number COVID-19 cases and deaths linked to users of long-term care support in Indonesia. There is no data of COVID-19 cases among residents or staff in long-term care facilities in Indonesia.

The COVID-19 Task Force's official website provides data on the proportion of COVID-19 cases with comorbidities of chronic diseases, such as hypertension, diabetes mellitus, heart disease, kidney disease, chronic obstructive pulmonary disease (COPD), asthma, cancer, liver disease, and immune disorders. These chronic diseases might lead to debilitating complications which can result in the person needing long-term care.

As of 28 May 2020, there are 2.5% of the confirmed cases which are linked to at least one comorbidity. There is no data on the proportion of cases with multi-comorbidity.

More than half of patients with a comorbidity have hypertension (52.8%), 33.3% have diabetes mellitus, and 20.7% have heart disease, as seen in Fig. 2. As can be observed in Fig. 3, among patients who died, the proportions for those diseases are 20.6%, 15.9%, and 10%, respectively.

Fig. 2: Comorbidities in confirmed COVID-19 cases

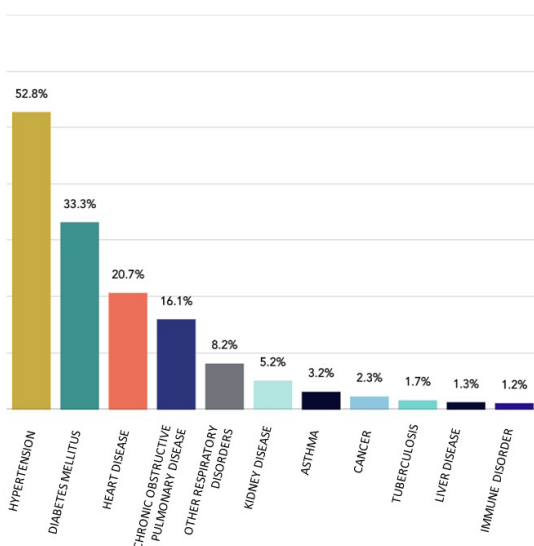
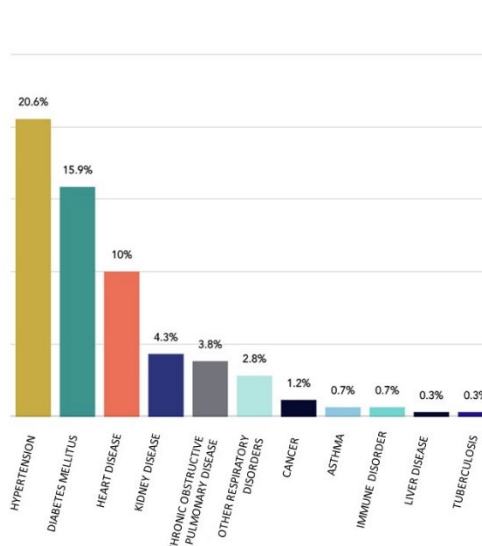


Fig. 3: Comorbidities in deaths due to COVID-19



Source: <https://covid19.go.id/peta-sebaran> (As of 28 May 2020)

4. Brief background to the long-term care system

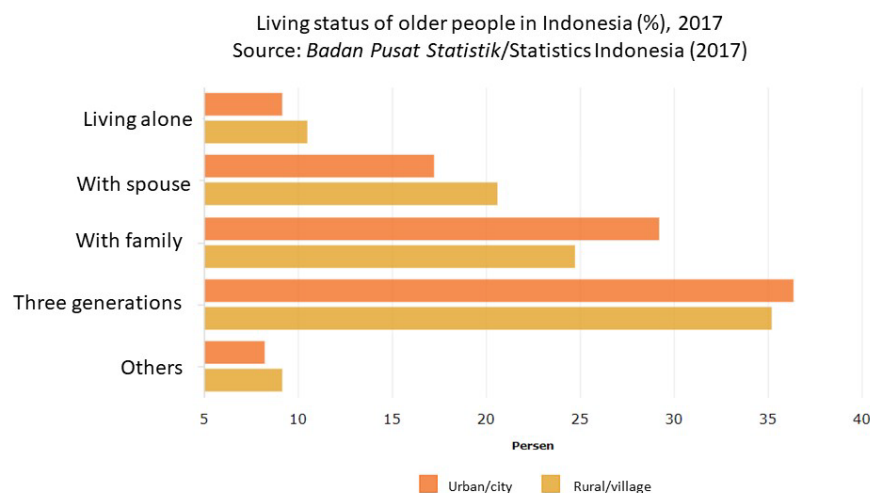
The long-term care system in Indonesia is receiving an increased attention, given the growth in the country's ageing population. The provision of long-term care for older people consists of social security mechanisms and healthcare services. Other care services such as day care and respite care are very limited and mostly operated by private providers. Institutional care in the

form of senior or nursing homes are provided by the government for those without means, with all the limitation in services.¹⁸

Long-term care service provision in Indonesia focuses primarily on strengthening care at home and in the community.¹⁹ The healthcare arm of the long-term care services provision is under coordination of the Ministry of Health. The frontline providers are Puskesmas, the state-funded primary care centres.²⁰ The services in the Puskesmas are covered by the National Health Insurance System (*Jaminan Kesehatan Nasional*), which was established in 2014.²¹

A national survey (2017) showed that the majority of older people in Indonesia live with their family, as seen in Fig. 4.²² Dementia is one of the conditions requiring long-term care. In Indonesia, there is a tendency for family caregivers to opt for caring for a person with dementia at home. The Alzheimer’s Disease International’s 2019 survey on attitudes to dementia showed that less than 6% of Indonesian respondents would wish for their parents to move into institutional care.²³

Fig.4: Living status of older people in Indonesia (%), 2017



¹⁸ UNESCAP. (2014). *Report of the Regional Expert Consultation on Long-term Care of Older Persons*. Bangkok, Thailand. Retrieved from <http://www.unescap.org/resources/long-term-care-older-persons-japan>

¹⁹ <https://theconversation.com/risiko-kematian-lansia-dengan-covid-19-tinggi-tapi-pelayanan-kesehatan-belum-berpihak-pada-mereka-apa-yang-harus-dilakukan-138107>

²⁰ Permenkes No. 25/2016

[http://hukor.kemkes.go.id/uploads/produk_hukum/PMK No. 25 ttg Rencana Aksi Nasional Kesehatan Lanjut Usia Tahun 2016-2019 .pdf](http://hukor.kemkes.go.id/uploads/produk_hukum/PMK_No._25_ttg_Rencana_Aksi_Nasional_Kesehatan_Lanjut_Usia_Tahun_2016-2019_.pdf)

²¹ Agustina et al. (2019) "Universal health coverage In Indonesia: concept, progress, and challenges" *Lancet*, Jan 5, pp.75-102

²² <https://databoks.katadata.co.id/datapublish/2018/04/30/banyak-lansia-tinggal-dengan-anak-mantu-dan-cucu>

²³ Alzheimer’s Disease International. World Alzheimer Report 2019: Attitudes to Dementia. <https://www.alz.co.uk/research/world-report-2019>

Data Source: *Badan Pusat Statistik/Statistics Indonesia (2017)*, diagram from <https://databoks.katadata.co.id/datapublish/2018/04/30/banyak-lansia-tinggal-dengan-anak-mantu-dan-cucu>

5. Long-term care policy and practice measures

5.1. Whole sector measures

On 16 March 2020 (updated on 27 March 2020), the Ministry of Health issued a guideline on COVID-19 Prevention and Control (*Pedoman Pencegahan dan Pengendalian COVID-19*). This guideline covers surveillance and response systems, clinical management, infection prevention and control, specimen handling and laboratory confirmation, and risk communication and community empowerment regarding COVID-19.²⁴

The Ministry of Women Empowerment and Child Protection has issued a guideline on Gender-perspective Protection of Older People during the COVID-19 Outbreak (*Panduan Perlindungan Lanjut Usia Berperspektif Gender pada Masa COVID-19*). This guideline highlights the increase of abuse cases among older women and provides advice and pathways to support for older women during this outbreak.²⁵ They have also issued a guideline on Specific and Further Protection for Women with Disabilities during the COVID-19 Pandemic Situation (*Panduan Perlindungan Khusus dan Lebih bagi Perempuan Penyandang Disabilitas dalam Situasi Pandemi COVID-19*).²⁶

As of 28 May 2020, there 9 education modules related to higher-risk groups, including older people, available on the COVID-19 Task Force official website, these cover various topics such as prevention and extra measures for vulnerable population groups, nutrition for older people, and mental health support.²⁷

There are no specific COVID-19 guidelines regarding people needing long-term care support. However, a collaboration among the Associations of Pulmonologist, Cardiovascular Specialist, Internal Medicine Specialist, Anesthesiologist and Intensivist, and Pediatricians produced a COVID-19 Management Protocol (*Protokol Tatalaksana COVID-19*) issued in April 2020, which has a chapter on the management of COVID-19 cases with comorbidities. This chapter provides clinical guidelines to manage geriatric COVID-19 patients, as well as COVID-19 patients with

²⁴ Pedoman Pencegahan dan Pengendalian Coronavirus Disease (COVID-19). [https://www.kemkes.go.id/resources/download/info-terkini/COVID-19%20dokumen%20resmi/2%20Pedoman%20Pencegahan%20dan%20Pengendalian%20Coronavirus%20Disease%20\(COVID-19\).pdf](https://www.kemkes.go.id/resources/download/info-terkini/COVID-19%20dokumen%20resmi/2%20Pedoman%20Pencegahan%20dan%20Pengendalian%20Coronavirus%20Disease%20(COVID-19).pdf)

²⁵ Panduan Perlindungan Lanjut Usia Berperspektif Gender pada Masa COVID-19 <https://covid19.go.id/storage/app/media/Protokol/PANDUAN%20COVID%20LANSIA%20PEREMPUAN%20ttd%20p araf.pdf>

²⁶ Panduan Perlindungan Khusus dan Lebih bagi Perempuan Penyandang Disabilitas dalam Situasi Pandemi COVID-19. <https://covid19.go.id/storage/app/media/Protokol/PANDUAN%20PHP%20DISABILITAS-.pdf>

²⁷ <https://covid19.go.id/edukasi/orang-orang-berisiko>

diabetes mellitus, autoimmune disease, kidney disease, heart disease, hypertension, COPD, and tuberculosis.²⁸

On 16 April 2020, the Ministry of Health's Director General of Health Services issued a letter appealing to all hospitals across the country to postpone all elective medical services or procedures and to focus on treating only emergency cases (including non-COVID-19 cases) as well as to develop telemedicine option or to use available online apps to continue providing services to patients who need them.²⁹

To reduce transmission rate, the National Health Insurance's back-referral programme is optimised to provide services to patients with chronic diseases needing long-term care. Patients who were referred to specialist care in hospitals, once stabilised, are referred back to their local primary care centre for follow-ups and medication refilling. This programme already existed before the outbreak, but was not optimally implemented due to a lack of knowledge of the mechanism among health staff and patients.³⁰ However, this outbreak might improve the reception of this programme among long-term care users. Of out of more than 1.5 million cases referred back to the primary care, hypertension and diabetes make up the majority. They account for nearly 600,000 cases in March 2020, followed by heart disease, asthma, stroke, COPD, epilepsy and schizophrenia.³¹

Communities of people living with disability have called for improved access to COVID-19 information. Sentra Advokasi Perempuan Difabel dan Anak (Sapda) Yogyakarta, an advocacy organisation, calls for increasing government support during the outbreak, starting from providing sign language interpreters for all press conferences related to COVID19³². The government has implemented this demand.³³

5.2. Care coordination issues

As of 28 May 2020, there is no guideline available on intersectoral care coordination. The Ministry of Health in collaboration with United Nations Population Fund (UNFPA) are organising an upcoming webinar in June 2020 on essential health service for older people during the COVID-19 pandemic. This webinar has a target audience of approximately 500 people across different

²⁸ PDPI, PERKI, PAPDI, PERDATIN, IDAI . Protokol Tatalaksana COVID-19.

<https://drive.google.com/file/d/1x12PIsyiBOB5YDRIMB5Mhi5NM05OjfC/view>

²⁹ <https://www.kemkes.go.id/article/view/20041600001/seluruh-rs-diimbau-tak-buka-praktik-rutin-kecuali-emergensi.html>

³⁰ <https://kebijakankesehatanindonesia.net/25-berita/berita/2656-program-jkn-disayangkan-petugas-kesehatan-dan-peserta-tak-paham-layanan-rujuk-balik>

³¹ <https://kompas.id/baca/riset/2020/05/28/dilarang-sakit-kecuali-covid-19/>

³² <https://www.hukumonline.com/berita/baca/lt5e7323372400b/dampak-corona--kaum-difabel-pun-butuh-jaminan-kesehatan>

³³ <https://itccovid.org/2020/03/25/report-from-indonesia-improved-access-to-covid-19-information-required-for-people-living-with-a-disability/>

sectors, and will discuss about strengthening the healthcare service using the Integrated Care for Older People (ICOPE) approach developed by the WHO.³⁴

Patients are allowed to be discharged after 2 consecutive negative swab results.²¹

There have been no guidelines regarding hospital discharge to the community or to residential care settings. For cases funded with the National Health Insurance scheme, after recovery and discharged from the hospital, the patient will be referred to the Puskesmas (government primary care centre) nearest to their home for further monitoring.³⁵

Long-term care in Indonesia for older people is partially dependent on volunteers' home-care visits. Since the end of March, all regular health programmes conducted by local health volunteers (*kader*) have been stopped. Health monitoring efforts continued through checking on older people who are known to be unwell or have not been seen or contacted for a while. Groups of volunteers have organised themselves into WhatsApp groups to report on local circumstances in real-time. The in-person visits that still take place require all volunteers to wear gloves and a mask. However, primary care facilities have stopped referring older people with diagnoses of cancer, high blood pressure, cholesterol, stroke or heart disease to the hospital for check-ups³⁶.

On 24 April 2020, four children with multiple disabilities who are students at the Special Needs School (SLB) Ganda Rawinala in Jakarta were confirmed COVID-19 as positive through a rapid test and swab. They were not eligible to be admitted to Wisma Atlet Hospital because they need assistance with activities of daily living. Three of the four children do not have any family members and therefore had to be quarantined and cared for in the school dormitory. Three of the school staff were also reported to test positive for COVID-19 and had to be quarantined in Wisma Atlet Hospital. The school reported a lack of financial support due to reduced donation during this outbreak.³⁷ This case highlights the importance of guidelines on case management for people with disabilities contracting COVID-19, including those with mild symptoms.

5.3. Care homes

5.3.1. Prevention of COVID19 infections

The Ministry of Home Affairs issued a national guideline for local governments on COVID-19. This document has a section for care workers, detailing advice for nursing homes to prevent COVID-19 infection in the facility.³⁸ Some of the advice include:

- Daily prevention measures include ensuring that staff and residents have relevant knowledge, that they refrain from sharing personal medical equipment, regularly ventilate rooms and disinfect surfaces.

³⁴ Letter of Invitation for Ministry of Health's webinar "Layanan Esensial Kesehatan Lansia pada Era Pandemi COVID-19" (Letter no. KG.05.01/5/799/2020) addressed to Alzheimer's Indonesia organisation.

³⁵ <https://kumparan.com/kumparannews/kemenkes-beri-surat-rujuk-balik-bagi-pasien-semuh-corona-1t0IQVbstvT/full>

³⁶ <https://www.corona-older.com/post/letter-from-jakarta-ales-of-resilience-and-vulnerability-amidst-covid-19>

³⁷ <https://tirtoid.com/anak-difabel-ganda-positif-covid-19-ditolak-dirawat-di-wisma-atlet-eUuf>

³⁸ https://www.kemendagri.go.id/documents/covid-19/BUKU_PEDOMAN_COVID-19_KEMENDAGRI.pdf

- Daily documentation of the health status of all staff and residents.
- Implementation of a visitor registration system and refusal of entry for visitors with suspected COVID-19 symptoms

The Directorate of Social Rehabilitation for People with Disability under the Ministry of Social Affairs issued a guideline on Health Protection and Psychosocial Support for Persons with Disabilities regarding COVID-19 outbreaks in institutional care. This guideline is not focused on specific types of disability but seems to emphasise on the institutional care of children with disabilities. The guideline still allows in-person visits if substitutions (e.g through video calls) are not feasible, but it stresses the importance of adequate screening before allowing visitors in.³⁹

Alzheimer’s Indonesia, a non-profit organisation working to improve the quality of life of persons living with dementia and their carers in Indonesia, issued a advice on COVID-19 control in nursing homes. The messages are aligned with the directives issued by the Ministry of Home Affairs and the Ministry of Social Affairs, with additional advice on screening procedures to enter nursing home facilities, intra-facility mobility restrictions, information sharing to residents and monitoring of residents with suspected symptoms.⁴⁰

Some private nursing homes in Jakarta have banned all visits to prevent the spread of COVID-19.⁴¹

5.3.2. Controlling spread once infection is suspected or has entered a facility

The Ministry of Home Affairs’ national guideline for local governments advises nursing homes to prepare an isolation room for residents showing COVID-19 symptoms. Residents showing symptoms have to be quarantined in a timely manner, evaluated by healthcare professional, and moved to an appropriate medical facility. No visits shall be allowed in this case.²⁸

5.3.3. Managing staff availability and wellbeing

The Ministry of Social Affairs, which is responsible for government-owned senior/nursing homes and institutional care for persons with disability, issued a letter allowing civil servants working for this ministry to work from home, under one of these conditions:⁴²

- showing COVID-19 symptoms
- pregnant
- can only use public transportation to go to the office
- aged 50 and above
- living with someone who is a COVID-19 suspect or currently being monitored for COVID-19 symptoms
- had travelled abroad in the past 14 days

³⁹ <https://kemsos.go.id/uploads/topics/15852709524796.pdf>

⁴⁰ <https://alzi.or.id/advice-on-covid-19-control-for-nursing-homes/>

⁴¹ <https://www.thejakartapost.com/news/2020/04/26/seniors-left-to-face-covid-19-without-social-security.html>

⁴² <https://kemsos.go.id/uploads/topics/15843679197491.pdf>

This means the regulation also applies to care workers whose status of employment are as civil servants. However, this document did not give information on the policy for non-civil servants care workers.

The advice issued by Alzheimer's Indonesia calls for a screening for COVID-19 symptoms before staff entering the facility. The staff cannot enter the facility and should stay at home if they show any COVID-19 symptoms. If the symptoms appear during their shift, the person should keep their face mask on, report to the supervisor and leave the facility.⁴⁰

5.3.4. Provision of health care and palliative care in care homes during COVID-19

There are no national-level directives available on health and palliative care measures during COVID-19. Initiatives seemed to be organised locally through NGOs. For instance, The Surabaya Palliative Foundation (Yayasan Paliatif Surabaya (YPS))⁴³ donated food, medical supplies, and PPEs to the City Hall of Surabaya and to various COVID-19 referral hospitals in the city. The Chairman of YPS mentioned that the foundation is focusing on improving the quality of life of patients, medical workers, volunteers, and their families⁴⁴.

5.4. Measures to prevent the spread of COVID19 at community-level

National guidelines for local governments on COVID19 were released by the Ministry of Home Affairs and include a section on village-level readiness⁴⁵. It encourages neighbourhood-based volunteer coordination, including awareness raising about the disease, responding to emergency situations, sterilising public facilities, and monitoring visits from guests from outside of the village.

In addition to the national protocol, different regions and cities implement different measures to prevent COVID-19 infections. For instance, the city of Mojokerto closed all *posyandu lansia* and *posyandu balita* facilities (community-based health facilities for older people and for infants) until the end of March 2020⁴⁶. More recently, the area of Kuningan Barat in Jakarta conducted a public health education campaign on hygiene education⁴⁷.

On 31 March 2020, the Indonesian government announced increased efforts to prevent and control the spread of COVID19 infections at the village level by forming a COVID-19 Village Response Volunteer initiative under the auspices of the Head of Research and Development Agency, Education and Training, and Information Ministry of Villages, Disadvantaged Regions and Transmigration. The village volunteer committees are chaired by the village head, with representatives from the Village Consultative Body (BPD) as deputies. Members of the

⁴³ <https://paliatifsurabaya.com/>

⁴⁴ <https://www.harianinhuaonline.com/yayasan-paliatif-surabaya-peduli-pasien-kanker-dan-covid-19-donasi-1500-paket-semako-alat-medis-apd-ke-pemkot-surabaya/>

⁴⁵ https://www.kemendagri.go.id/documents/covid-19/BUKU_PEDOMAN_COVID-19_KEMENDAGRI.pdf

⁴⁶ <https://jatim.suara.com/read/2020/03/19/101018/wabah-corona-mojokerto-tutup-semua-fasilitas-publik-sampai-29-maret>

⁴⁷ <https://jakarta.tribunnews.com/2020/05/07/masuk-zona-hijau-ini-sederet-upaya-kelurahan-kuningan-barat-terbebas-dari-corona>

committee consist of BPD members, community leaders, neighbourhood leaders, to professional assistants in the village⁴⁸.

As aforementioned, Indonesian sign language interpreters are now present during televised official press conferences regarding COVID-19.⁴⁹

5.5. Impact on unpaid carers and measures to support them

There is no specific public assistance or measures for unpaid or family carers. However, the Ministry of Health had released a guideline for carers who are responsible for older family members. It details basic information about COVID-19 and its spread, how to prevent older relatives from contracting the virus, and what to do when the family members show symptoms. The Ministry of Health strongly encourages familial support and compassion for older people during the COVID-19 outbreak⁵⁰.

There is a concern about insufficient material support. The Jakarta-based social welfare think tank Perkumpulan Prakarsa estimated that 518,000 households with older members would lose their Family Hope Program (PKH) assistance, after the government increased the age limit for elderly beneficiaries from 60 to 70 in December 2019. This measure has not been rectified in light of COVID19 situation, potentially negatively affecting older people and their family carers.⁵¹

Although not exclusively for unpaid carers, several non-contributory schemes / social assistance programs exist for those impacted by the COVID-19 pandemic, such as food assistance, subsidized contribution for the National Health Insurance (3rd Class Premium) and free or subsidised electricity bills⁵². The Ministry of Social Affairs will also provide assistance worth IDR 15 million for each heir of people who died of COVID-19, contingent upon official medical confirmation from the hospitals that the deceased person died due to COVID-19⁵³.

The full list of the Ministry of Social Affairs' publications of activities for COVID-19 relief can be found [here](#).

5.6. Impact on people with intellectual disabilities and measures to support them

People with mental health disorders or intellectual disabilities in Indonesia face challenges during COVID19, as those who reside in institutions find it challenging to practice social distancing due to densely populated facilities. The situation is worsened for people with disabilities living in rural areas, as a lot of the most recent public awareness and education

⁴⁸ <https://www.jpnn.com/news/pemerintah-tunjuk-kepala-desa-jadi-ketua-relawan-desa-tanggap-covid-19>

⁴⁹ <https://itccovid.org/2020/03/25/report-from-indonesia-improved-access-to-covid-19-information-required-for-people-living-with-a-disability/>

⁵⁰ <http://www.padk.kemkes.go.id/article/read/2020/04/23/21/hindari-lansia-dari-covid-19.html>

⁵¹ <https://www.thejakartapost.com/news/2020/04/26/seniors-left-to-face-covid-19-without-social-security.html>

⁵² <http://www.tnp2k.go.id/download/39372280420%20PBkerentananlansia.-ENG.pdf>

⁵³ <https://kemsos.go.id/kemensos-siapkan-social-safety-net-untuk-kpm-hadapi-covid-19>

efforts are now done through internet-based media outlets⁵⁴. There is only limited internet access and electricity supply in some areas of Indonesia.

While not specifically for people with intellectual disabilities, the Ministry of Social Affairs released a guideline for healthcare protection and psychosocial support for people with disabilities across settings (social welfare institutions, facilities, etc.)⁵⁵.

The Ministry of Social Affairs has distributed social and food assistance for people with disabilities and older impacted by COVID-19 pandemic. As of 17 April 2020, the ministry sent 6,839 basic needs assistance packages for people with disabilities and 4,673 for older people in the Greater Metropolitan Jakarta Area. The distribution efforts was organised through 8 social welfare institutions (LKS), 13 organisations of people with disabilities (OPD), and 93 social welfare institutions focused on older people (LKS-LU)⁵⁶. The full list of the Ministry of Social Affairs' publications of activities for COVID-19 reliefs can be found [here](#).

Some community-based facilities in Central Java for people with mental disorders or intellectual disabilities still practice *pasung* or shackling on the residents with more severe mental conditions, who are at higher risk of contracting COVID-19 due to comorbid conditions. In response, the Indonesian president committed on increasing the social assistance for people with disabilities by 25%, up to IDR 2.4 million per year, through *Program Keluarga Harapan*. The Ministry of Social Affairs also promised to push private actors to increase CSR contributions for people with disabilities⁵⁷.

There are several measures initiated by advocacy groups for people with disabilities. Organisations such as KOMPAK Disabilitas and Lembaga Daya Dharma increased support for people with disabilities during COVID19, such as in providing personal hygiene supplies and face masks as well as cash donation⁵⁸. The International Disability Alliance has also released a document detailing key recommendations for inclusivity in response to COVID-19 for people with disabilities⁵⁹, with specific recommendations for people with visual and hearing impairment. Local organisations for people with disabilities are singled out as key actors to build a strong response for the community. Plan International Indonesia has visited 200 villages in Eastern Indonesia to educate the communities about COVID-19⁶⁰.

5.7. Impact on people living with dementia and measures to support them

While not aimed directly at people living with dementia, the Ministry of Social Affairs plans to increase its quota from 9.2 million beneficiaries of social security programs for older people to

⁵⁴ <https://nasional.kompas.com/read/2020/05/17/13314491/informasi-covid-19-untuk-penyandang-disabilitas-di-wilayah-terpencil-minim>

⁵⁵ <https://kemsos.go.id/uploads/topics/15852709524796.pdf>

⁵⁶ <https://www.antaraneews.com/berita/1428449/kemensos-salurkan-bantuan-bagi-disabilitas-lansia-terdampak-covid-19>

⁵⁷ https://kbr.id/nasional/04-2020/derita_difabel_di_masa_krisis_covid_19/102732.html

⁵⁸ <https://www.beritasatu.com/nasional/618881-antisipasi-dampak-covid19-kaum-difabel-bantu-sesama>

⁵⁹ <http://www.internationaldisabilityalliance.org/sites/default/files/ida-covid7.pdf>

⁶⁰ <https://nasional.kompas.com/read/2020/05/17/13314491/informasi-covid-19-untuk-penyandang-disabilitas-di-wilayah-terpencil-minim>

10 million recipients as a result of the pandemic. The funds will also be distributed monthly instead of every three months⁶¹.

While not specifically for people with dementia, the Ministry of Health has provided assistance (mainly food distribution) for the older people who live in poverty-stricken areas and are impacted by the COVID-19 pandemic. The distribution is done following a social distancing protocol. Hence, representatives from the social welfare institutions visit the families' houses instead of distributing the food packages from a centralised distribution facility (usually the social rehabilitation centres present in various regions).⁶²

There is concern about corruption around social assistance funds during the COVID-19 pandemic, thus further impeding the access for older people (including those with dementia) and their families. On 19 May 2020, corruption practice was found on the financial assistance funds that were meant for 45 older people in the village Mempawah, Kalimantan Barat province. The social welfare institution Bustanul Ulum was suspected to not have distributed the full amount of the available budget of IDR 121.5 million⁶³.

6. Lessons learnt so far

The COVID-19 pandemic has exposed the urgent need of improvements in the health and social care system in Indonesia. As its impact spans over multiple sectors, and is not limited to the health sector only, inter-programme and inter-sectoral coordination is required to effectively respond to the outbreak.

There is still very limited data on COVID-19 cases among people in need of long-term care.

6.1. Short-term calls for action

- Data from surveillance of COVID-19 cases in institutional care settings (both residents and staff) is needed to better understand the impact of this outbreak on this population.
- An Inter-ministry streamlined approach is needed to ensure support for long-term care users especially during COVID-19.
- Guidelines on self-quarantine and care for COVID-19 patients who live with disabilities are needed.
- Guidelines on care coordination especially regarding discharge from hospital to community and institutions are needed.

6.2. Longer term policy implications

- There is an urgent need to develop an integrated universal health and long-term care service based on the existing systems.

⁶¹ <https://www.thejakartapost.com/news/2020/04/26/seniors-left-to-face-covid-19-without-social-security.html>

⁶² <https://kemosos.go.id/respon-dampak-covid-19-kemensos-berikan-bantuan-sembako-untuk-lansia>

⁶³ <https://news.okezone.com/read/2020/05/19/340/2216673/dana-bansos-untuk-lansia-terdampak-corona-dikorupsi>

- Surveillance of older people infected with COVID-19 and the availability of free rapid testing on a large scale is essential to obtain data to support long-term policy decision-making on vulnerable population.
- Monitoring and evaluation of existing long-term care policy is fundamental to ensure effective implementation of the policy.
- There is a strong cultural tendency to care for family members at home in Indonesia. This calls for the strengthening of community and family-based long-term care through capacity building of caregivers and ensuring adequate government funding, including for older people recently discharged from hospitals.