

Chapter 6

Conclusions and Recommendations

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CHAPTER 6

Conclusions and Recommendations

1. Conclusions

It has been more than a year since the COVID-19 pandemic started, and there is no certainty when it will be overcome completely. With the escalation of confirmed cases and fatality rates, Indonesia has become the most afflicted country in Southeast Asia. COVID-19 has disproportionately affected older people worldwide in terms of health, economic, and social aspects. The July 2020 phone survey report provided evidence of these impacts, such as limited access to health services, shortage of medicines, declining income, reduced quality of food consumption, the risk of social isolation, etc.

The second round of phone surveys on 'Older People and COVID-19 in Indonesia' conducted in November 2020 aimed to determine the current conditions of older people and compare them with the findings of the July 2020 phone survey. For this purpose, we re-interviewed respondents from July 2020. We used the phone survey method to avoid close contact with the respondents while collecting data. Both the phone interview and the sample selection brought some limitations to this study.

As described in the July 2020 survey report (Study Team, 2021a), the sample of this study is not nationally represented. The target provinces and districts/cities were purposively selected when SILANI was established in 2019. Also, phone interviews excluded some SILANI respondents who did not have a landline or mobile phone. Thus, we are urging readers to be careful about the interpretation of the results of this study.

Despite these limitations, we still believe this study provides vital and valuable information on the impact of COVID-19 on older people. Besides the comprehensiveness of the questionnaires that made it possible to reflect the actual lives of older people during this pandemic, the longitudinal approach in this study successfully identified the change of older people's conditions over time. We hope that the findings of this longitudinal study will help in policymaking and improve the strategies to mitigate the impact of the pandemic.

1.1. Economic condition of older people

Some older people lost their productive source of income and even experienced income decline in the ninth month. As a result, their food consumption was affected in terms of quality and quantity. The strategies adopted by some older people to overcome economic problems changed as the pandemic period extended. In general, in-kind assistance changed to cash assistance.

- In November 2020, fewer respondents experienced a decline in income as restrictions on economic activities were relaxed. Likewise, respondents whose income decreased experienced a reduction in their food quality. Nonetheless, more respondents reduced the frequency or amount of their meals.
- Regardless of the change in the number of respondents whose income decreased, a lower percentage of respondents did nothing to overcome this condition in November 2020 than those in July 2020. The highest preference of most respondents who tried to overcome income reduction in July 2020 asked for help from families and/or communities that had better economic conditions. Hereafter, in November 2020, they preferred to reduce their expenditure.
- Most older people living in PKH families and non-cash food assistance beneficiaries received these continuously in July 2020 and November 2020.

1.2. Health condition of older people

Better access to health services leads to proper diagnoses so that more older people who have physical health problems were identified. Meanwhile, older people's mental health slightly improved. However, several respondents still had problems accessing healthcare facilities and ran out of medicines. In addition, older people changed their preference for activities to maintain physical and mental health as the pandemic lasted longer.

- More older people stated that their physical health deteriorated. More need support for instrumental activities of daily living (IADL) than those in the early part of the pandemic. Likewise, more respondents had increasing comorbidity scores. We cannot just conclude that more respondents were ill. Rather, this has to be correlated with proper diagnoses and easier access to health services due to the relaxation of restrictions.
- Older people's mental health slightly improved. As the pandemic persisted, older people became more adaptable to changing conditions.

- Relaxation of social restrictions made access to health services better so that lesser old people had difficulties accessing and delayed visiting health facilities. Nonetheless, some of them still had difficulties accessing health facilities caused by the lack of money to pay health service costs and long queues. In addition, some respondents had a shortage of medicines since they had no money to buy the medicines.
- Almost all respondents preferred to maintain physical and mental health by increasing outdoor activities. Besides outdoor exercises, they took vitamins, supplements, spices, or herbs to maintain physical health. Meanwhile, they preferred listening to music, watching TV/YouTube, or listening to preachers besides praying. Unfortunately, fewer older people adhered to health protocols.

1.3. Social support for older people

The risk of social isolation decreases with the length of the COVID-19 pandemic. The percentage of beneficiaries of social support decreased.

- In November 2020, more respondents socially interacted with relatives, friends, and/or neighbours through in-person meetings than those in July 2020.
- The number of respondents who contributed to the community increased; however, the type of social support declined.
- The total beneficiaries of social and public support from Posyandu cadres, healthcare workers, and/or social cadres more than doubled from July 2020 to November 2020.
- The trend of the forms of social support received by the older people from Posyandu cadres, health workers, and/or social cadres changed. The percentage of beneficiaries of COVID-19 and other health counselling decreased, while the percentage of beneficiaries of mosquito larvae checks and health checks increased.
- All types of support received by respondents from families, neighbours, friends, village officials, rukun warga, or rukun tetangga, etc. in November 2020 decreased than those in July 2020.

2. Recommendations

The world has been in a pandemic for a long time, and it has not shown any signs of abating. Thus, an effective mitigation strategy is still needed to minimise the

negative impact of the pandemic on older people. Nevertheless, many efforts have been made to respond to the condition.

Based on several significant findings in this study, we formulate the following recommendations to mitigate the impact of the pandemic on older people.

Health:

- Provide dedicated care and waiting rooms/areas for older people in health facilities to minimise long queues and crowds with other patients;
- Expand online registration services in health facilities to simplify the procedures and shorten queueing time for older people or family members who assist older people in accessing healthcare;
- Improve home care services from health workers, *Posyandu* cadres, healthcare personnel, and/or social cadres to reach older people who have difficulty visiting health facilities;
- Provide transportation support from the community and families for older people who need access to health services;
- Provide medicine delivery services to older people to anticipate the shortage of medicines by involving *Posyandu* cadres, healthcare personnel, and/or social cadres;
- Ensure the increase of *BPJS Kesehatan* coverage for older people regularly to achieve universal health coverage;
- Provide alternative health service cost subsidies to older people who do not have *BPJS Kesehatan* or other health insurance and those who need those subsidies.

Economic and Social Protection:

- Update data on social assistance beneficiaries with a responsive mechanism to the increasing number of older people who need social assistance during the pandemic, including the possibility to accommodating community participation in reporting older people who need it;
- Increase social assistance coverage for older people, especially for those who experienced a decrease in income;
- Monitor and evaluate the sustainability of social assistance so that older people who need it still receive such assistance continuously, at least during

the pandemic or until the economic crisis is resolved;

- Involve older people who can work in productive economic recovery programs organised by the government or the private sector to help them overcome crises and maintain independence.

Social support:

- Provide proper information of the detail for social support to older people and their families.
- Increase the awareness of older people and their families on health compliance protocols through various effective communication by involving health workers, *Posyandu* cadres, healthcare personnel, and/or social cadres in their community;
- Monitor the condition of older people regularly to ensure their physical and mental needs are sufficient and assess the need for social support programs according to current conditions. This can be done by involving families, *Posyandu* cadres, healthcare personnel, and/or social cadres, and community institutions in their community.

Overall, such strategies to mitigate the crisis caused by COVID-19, which also affected older people, need collaboration between stakeholders – the government, community, and family. A comprehensive support system must ensure that older people are safe through this pandemic and achieve better resilience and well-being. Digital technology can facilitate older people's needs with available services. Therefore, community-based integrated older people care assisted with digital technology is a priority strategy. In Indonesia, Bappenas, with development partners, has initiated a pilot of integrated older people care in some SILANI locations in the Yogyakarta Special Region and Bali. The pilot empowers and integrates older people care programs and providers at the village level to provide more comprehensive care to older people in need. Integrated care is also equipped with SILANI digital platforms that allow digital connection between older people and case managers, which is appropriate in a pandemic setting by potentially accelerating service provision and reducing infection risk