COVID-19 OUTBREAK TIMELINE

OVERVIEW

FACTORS INFLUENCING THE TIMELINE

- Date of introduction/transmission
- Public health interventions
- Social factors
  - Population density
  - Hygiene
  - Mobility
  - Age of population
  - Health of population

MANY COVID-19 INFECTIONS
Mild symptoms (~80%)
No symptoms
Undetected

Confirmed Sick Cases

Confirmed Deaths

Peak Sick Cases

Peak Deaths

Risk of Transmission Recurrence

# CASES PER DAY

Undetected Transmission

many COVID-19 infections
Mild symptoms (~80%)
No symptoms
Undetected
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

OVERVIEW

PREVENTION
COVID-19 awareness
Handwash & Hygiene Promotion

CONTAINMENT
Early detection & isolation
Contact tracing

MITIGATION
Social distancing
Health seeking, Safe burials

RECOVERY
• Detect remaining cases & contacts
• Slowly remove social distancing

RESILIENCE
Maintain prevention
Stop recurrence
Address consequences
Strengthen systems
CROSS-SECTORAL INTERVENTIONS FOR EACH STAGE OF COVID-19 RESPONSE

OVERVIEW

Health Sector
Preparedness & Essential services

Water Sanitation & Hygiene

Child Protection

Education in Emergency

Health Sector Preparedness & Essential services

Financing & Social Protection
WATER SANITATION & HYGIENE

OVERVIEW

Homes, Public transport areas, Markets, Restaurant & Food stalls, Offices, Schools, Mosques/Churches

IMPLEMENT

- Frequent handwashing with soap
- Low cost handwashing stations in public spaces

AVOID

- Disinfection chambers

Disinfect indoor areas & frequently touched surfaces

1 part bleach: 9 parts water

Disinfection of open public spaces
HEALTH SECTOR PREPAREDNESS & ESSENTIAL SERVICES

OVERVIEW

- Improve case detection and testing
- Expand health sector capacity
- Keep the health system COVID-19 free

- Maintain Essential Primary Health Services
  - POSYANDU
  - PUSKESMAS

- N95 Mask
- Goggles
- Gloves
- Apron
OVERVIEW

SCHOOL CLOSURE

- Ruang Guru
- Rumah Belajar

ONLINE & REMOTE LEARNING

- Print
- Television
- Radio

SAFE SCHOOL PROTOCOL

IMPLEMENT

- Handwashing stations
- Handwashing with soap

AVOID

- Assemblies and inter-school activities
- Contact between students

Healthy food options
- No food sharing
CHILD PROTECTION

OVERVIEW

- Address household violence
- Map Resources
- Strengthen core services
- Expand alternative care options
- Psycho-social support
- Reduce stigma & discrimination
FINANCING AND SOCIAL PROTECTION

OVERVIEW

ADDITIONAL SUB-NATIONAL GOVERNMENT FINANCING FOR COVID-19 RESPONSE

Sub-national financing
Presidential decrees
Ministry of Finance
Ministry of Home Affairs

Health Sector
Health Operational Assistance (BOK)
Physical Special Allocation funds

SUPPORT TO VILLAGES FOR COVID-19

Guidance on the use of Village Fund
For local COVID-19 Response

EXPANDED SOCIAL PROTECTION FOR HOUSEHOLDS

Kartu Sembako Murah
Staple food purchase

Program Keluarga Harapan
Cash Grants

Kartu Pra-Kerja
Small Business
Informal Workers
Overall COVID-19 Risk Communication Objectives

Build **public trust** in government and **other health authorities** on public health information and instructions.

Increase **quality, quantity and reach of actionable information** on COVID-19 for target audiences online.
<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Establish COVID-19 Risk Communications Task Team</td>
</tr>
<tr>
<td>02</td>
<td>Identify objectives, target groups and influencers</td>
</tr>
<tr>
<td>03</td>
<td>Define key messages materials and channels</td>
</tr>
<tr>
<td>04</td>
<td>Develop messages for today and tomorrow</td>
</tr>
<tr>
<td>05</td>
<td>Use a single national authoritative online platform</td>
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<tr>
<td>06</td>
<td>Train media spokespeople and conduct media outreach</td>
</tr>
<tr>
<td>07</td>
<td>Monitor and dispel hoaxes and false media</td>
</tr>
<tr>
<td>08</td>
<td>Tool Kit</td>
</tr>
</tbody>
</table>
01. Establish COVID-19 Risk Communications Task Team

- **Gubernur / Bupati/ Walikota** leadership with designated spokesperson

- Ensure **key stakeholders** are represented:
  
  Relevant Ministries (Health, Education, Social Affairs, Home Affairs, Communication and Information) local NGOs (PMI, NU, Muhammadiyah), Media, and Private Sectors.

- Internal coordination mechanism for issues or messages that require review and approval (WhatsApp group)

- External communication: Daily scheduled public updates for (e.g. “daily press conference at 3:30 PM”)

Refer to SK Gugus Tugas No 16 Tahun 2020 and join sub-national Gugus Tugas coordination groups for risk communication
02. Identify target audiences and influencers

Refer to **National COVID-19 Risk Communication Strategy** as a guidebook.

**Target Audiences:**

- **Leaders, services providers** (health workers, social workers, etc), **general population**
  - **Online audiences**: Who can be reached through existing digital platforms - internet, Facebook and social media platforms, Whatsapp
  - **Offline audiences**: Which populations do not have digital access? Identify the best strategy for outreach and messaging
02. Identify objectives, target groups and influencers

Map target audiences and influencers

**Influencers:**
- Can promote behavior change among target audiences, especially hard-to-reach or high-risk groups
- Religious leaders, midwives, media personalities, local leaders
- These influencers need to be linked to the Risk Communications Team

**EXEMPLARY**

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Desired Behavior</th>
<th>Influencers</th>
<th>Channels / Tactics</th>
<th>Messages</th>
</tr>
</thead>
</table>
| Example: Elderly people | Practice self-isolation for 14 days, and stay at home | Imams, religious leaders, | • WhatsApp groups  
• Community volunteers going door-to-door  
• Leaflet  
• Mosque broadcasts | • Elderly people are at highest risk for COVID-19. Protect yourself and others by isolating yourself physically from others and stay at home for 14 days.  
• Reach out to family, friends and religious community via phone if you need support.  
• Find the right information on COVID-19 from credible resources including your health worker, COVID19.go.id or calling 119. |
03. Define key messages, materials and channels

- **Key messages** must be continually adapted: *What are the key messages this week?, Who are groups that need to be reached? (health, education, religious community, etc)*

- Keep messages **simple and clear**

- Disseminate messages through influencer network to **target audiences**

- Use the ‘**toolkit**’ for messages and materials (covid19.go.id):
  - ‘**Materi Edukasi**’ – download and add logos, Online / offline dissemination

**Target Audiences:**

- All  Guru dan Siswa  Ibu dan Anak  Masyarakat Umum  Media  Melakukan perjalanan
- Orang Tua  Orang-orang Berisiko  Pengusaha dan Bisnis  Protokol  Tenaga Kesehatan
- Tokoh Agama dan Masyarakat
03. Define key messages, materials and channels

Key Messages

Learn how to reduce risk

Often wash your hand with soap and water flowing for at least 20 seconds and remind the child to wash hands properly with soap. (Use the easy way to measure the duration of 20 seconds, e.g. 2x Happy Birthday song)

Know what to do when you're sick

If you are feeling unhealthy, fever, aches and cough is dry: self-isolation in the home. When accompanied by difficulty breathing (tightness or breathlessness), immediately treatment to health care facilities.

Get correct information

COVID-19 is a new illness and much remains unknown. Information changes rapidly and misleading information is often circulated. Keep up with the latest information from credible experts.

COVID-19 hotline: 119
Visit: COVID19.go.id
## 04. Develop messages for today and tomorrow

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>Contain / Stop transmission</th>
<th>Mitigation / Stop the damage</th>
<th>Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Desired Behaviors</strong></td>
<td><strong>Desired Behaviors</strong></td>
<td><strong>Desired Behaviors</strong></td>
<td><strong>Desired Behaviors</strong></td>
</tr>
<tr>
<td>• <strong>Learn</strong> the facts about COVID-19</td>
<td>• <strong>Prepare</strong> your family for economic/social disruption (e.g. schools closing). Start making plans</td>
<td>• <strong>Follow</strong> public health authorities and their advice.</td>
<td>• <strong>Understand</strong> that COVID-19 may come back unless we work together.</td>
</tr>
<tr>
<td>• <strong>Prevent</strong> COVID-19 transmission by washing hands with soap, keeping distance from people exhibiting symptoms</td>
<td>• <strong>Reduce</strong> exposure by avoiding crowds, reconsidering attending large events and continue to practice healthy handwashing and social distancing behaviors</td>
<td>• <strong>Seek care</strong>: only if you are short of breath. Mild symptoms should self-isolate at home</td>
<td>• <strong>Reduce</strong> social distancing restrictions gradually</td>
</tr>
<tr>
<td>• <strong>Share</strong> accurate health information and health authority updates with friends and family</td>
<td>• <strong>Protect</strong> the elderly and those with medical conditions from COVID exposure.</td>
<td>• <strong>Support</strong> people and families who have been affected by COVID-19 through expressing solidarity, compassion and helping however you can</td>
<td>• <strong>Maintain</strong> good hygiene practices including handwashing with soap</td>
</tr>
<tr>
<td>• <strong>Be responsible</strong>: Masks are in short supply and should only be used if you are sick or caring for someone who is sick</td>
<td>• <strong>Self-isolation</strong>: stay at home if you are sick or a contact of a suspect/case</td>
<td>• <strong>Communicate</strong> any needs or concerns you have through community leadership and health systems channels</td>
<td>• <strong>Support</strong> families who have lost loved ones to COVID-19</td>
</tr>
</tbody>
</table>

- Provincial COVID-19 risk assessment identifies stage of the response
- Key behaviors for different scenarios of COVID-19 outbreak can be used for key message development and activity planning
04. Develop messages for today and tomorrow

**Future Planning**

**Identify most likely scenarios**
- When will we move to the next phase?
- How will our strategy change?

**Prepare communications plans for most likely scenarios**
- Clusters of cases
- Stigma
- Pray at home / restrictions in religious gatherings
- School closure
- Unavailability of regular health services
- Dealing with COVID-19 deaths; among leaders, health workers, needs for cremation, mass graves.
05. Use a single national authoritative online platform

Rely on a single national website for authoritative content; *Source messages, materials and data from here*

For local content:
- Request BNPB to include local content on COVID19.go.id
- Any local content *should be reviewed* and *approved* before dissemination to ensure message alignment

Design and share *positive* messages:
- Share strategies that work
- Profile examples through *influencers*, online and through the media
06. Train media spokespeople and conduct media outreach

Schedule **spokesperson training** for identified government spokespeople responsible for communicating COVID-19 updates.

Recommend in **each province or district**, **minimum**:
- 2 from BNPB
- 2 from MOH
- 2 religious leaders
- 2 from medical association
- 2 from government media office
- Other NGO partners are trained to speak to the media

**Invite media** to attend webinar / remote updates to provide information on COVID-19, including effective public health messages and responses.
07. Monitor and dispel hoaxes and false media

Identify a focal point to monitor false news and hoaxes at the local level (eg; [https://www.liputan6.com/tag/hoaks-virus-corona](https://www.liputan6.com/tag/hoaks-virus-corona))

The best way to address hoaxes is regular credible updates from an authoritative source.

Not all hoaxes need to be addressed locally – this may create backlash.

Refer to the national website for guidance: [https://www.covid19.go.id/hoaks-buster/](https://www.covid19.go.id/hoaks-buster/)

Eg: If the hoax is about ‘overcrowding and poor health care’, counter by emphasizing positive messages such as the safety and effectiveness of health facilities and providers.
08. Tool Kit

**Covid19.go.id** (Materi Edukasi)

**National hotline: 119** (for general COVID-19 enquiries)

**UNICEF Chatbot** and Kominfo Chatbot ( +62 811-3339-9000 )

**UNICEF Website & Social Media** (Instagram, Facebook, Twitter)

**BNPB Social Media** (Instagram, Facebook, Twitter)

**WHO Indonesia**

**National risk communication strategy document**

Infografis Penanganan COVID-19
WATER SANITATION & HYGIENE

DARURAT SARS-CoV-2 / CORONAVIRUS COVID-19
Disinfection Guide for Households

With NO suspected COVID case

Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean all surfaces that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

Clean and disinfect all "high-touch" surfaces everyday:

- “sick room”, bathrooms, common areas
- High touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets and bedside tables
- Clean and disinfect areas that may have blood, stool, or body fluids on them
- Clean with soap and water or detergent or use a mixture of 1 part bleach:9 parts water
- Caregivers of suspects or cases should wear a mask
- Having separate toilets for patient to the extent possible

With suspected COVID-19 case or contacts

Avoid sharing personal household items
- Do not share: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash thoroughly after use: After using these items, wash them thoroughly with soap and water or put in the dishwasher.

- The MOH guidelines focus on handwashing in households.
- COVID-19 related guidelines for households disseminated through overall public messaging for COVID-19
- The above guidance is taken from CDC guidance for households
Disinfection Guide for Public Places

Disinfect Indoor Areas
Closed rooms/areas, Elevators, corridors, staircases

Disinfect Frequently Touched Surfaces
Elevator buttons, handrails, counters, doorknobs/ handles, locks, keys, light switches, table tops, chair handles

Disinfectant Recommendations
Clean with disinfectant 3 times/day
Sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfection of surfaces
1 part bleach: 9 parts water

There is no evidence that spraying disinfectants in open spaces is effective

Personal Hygiene Guide:

Handwashing with water and soap

- Install hand washing stations with soap and water or hand sanitizers dispensers or water with chlorine solution (0.05% = 1 part bleach : 90 parts water) at all key points of entry and exit in indoor and outdoor public areas.

- Promote hand hygiene messaging:
  - Wash hands after touching high contact surfaces, after using public toilet, before / after eating
  - Wash hands for at least 20 secs
  - Wash hands after coughing, blowing nose, do not dispose used tissues in public places (use bins)

- MOH guidance
  - Panduan Pencegahan Penularan COVID-19 di Tempat dan Fasilitas Umum, Kementerian Kesehatan, 2020
  - Circular letter of Ministry of Health on Utilization of Disinfection Chamber to transmission prevention of COVID-19
Guidance on Handwashing Stations

Two designs have been endorsed by MoH. Low-cost handwashing stations should be installed in key public places to promote handwashing with soap.
<table>
<thead>
<tr>
<th>Toolkit</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hand Washing with Soap</strong></td>
<td><a href="https://gln.kemdikbud.go.id/glnsite/infografis-cuci-tangan/">https://gln.kemdikbud.go.id/glnsite/infografis-cuci-tangan/</a></td>
</tr>
<tr>
<td></td>
<td>Establish health sector coordination mechanism</td>
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<tr>
<td>---</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>02</td>
<td>Rapidly enhance health system capacity</td>
</tr>
<tr>
<td>03</td>
<td>Testing: Benefits to each stage of the COVID-19 response</td>
</tr>
<tr>
<td>04</td>
<td>Keep the Primary Health Care system COVID-19 free</td>
</tr>
<tr>
<td>05</td>
<td>Maintain essential health &amp; nutrition services</td>
</tr>
<tr>
<td>06</td>
<td>Tool Kit</td>
</tr>
</tbody>
</table>
01. Establish health sector coordination mechanism

Establish Health Sector Emergency Coordination team

Map transmission and expected cases

Review protocols and guidance materials

Strategy guidance for the stage of the response:

- Prevention and Containment: Hygiene, early case-detection / contact tracing, Self-isolation, Social Distancing
- Mitigation: Save lives, protect health workers

Monitoring and reporting systems

COVID and non-COVID routine health services

Risk Communications & Community Engagement

Dedicated health sector spokesperson – regular message updating
**HEALTH SECTOR PREPAREDNESS AND RESPONSE**

#### 02. Rapidly enhance health system capacity

- **Assess service capacity against expected cases:**
  - Beds – regular, isolation, critical care
  - Staff
  - Equipment (oxygen, ventilators)

- **Addressing gaps early will save lives:**
  - Mobilize Public + Private Health Systems
  - **Re-purpose facilities** for anticipated COVID cases; *basic oxygen and nutrition support are essential*
  - Fast-track procurement shortages
  - Stop non-emergency / non-essential services at all levels (ie. elective surgeries)
  - Recruit temporary health workforce - volunteers, retired, students
  - **Strict admission** and discharge guidelines – hospitalize only the sickest
03. Testing: Benefits to each stage of the COVID-19 response

Containment

- Stop Transmission Early
  - Detect and isolate cases with contact tracing

Mitigation

- Protect Health Workers
  - Keep health facilities COVID free
- Guide Social Distancing Restrictions

Recovery / Resilience

- End the Response
  - When / where to lift restrictions
- Strengthen Health Surveillance
  - Prevent recurrence of COVID and other diseases

Increase Political Commitment & Public Awareness

- Sebanyak 164 Orang Sembuh dan 2,273 Positif COVID-19 di Indonesia 5 April 2020
  - SELALUJITNIYA
- Gugus Tugas COVID-19: Cairan Disinfektan Tidak Disempurnakan ke Tubuh 5 April 2020
  - SELALUJITNIYA
- Kemendes PDTT Sebar Formulir Deteksi Kesulitan Masyarakat Terkait COVID-19 5 April 2020
  - SELALUJITNIYA
03. Testing: Benefits to each stage of the COVID-19 response

**Do I have COVID-19 now? Can I transmit the virus to others?**

**POLYMERASE CHAIN REACTION (PCR)**
- Laboratory only
- Cool box transport
- Results in days

**XPERT RAPID TEST**
- Hospitals/clinics
- Small machines
- No laboratory
- Results in hours

**RAPID BLOOD TEST**
- No health facility or laboratory required
- Blood sample (finger poke)
- Results in 15 minutes

**Have I been infected with COVID-19 in the past?**

**TEST FOR VIRUS**

**TESTS BODY RESPONSE TO VIRUS**

Sample from the nose / throat
Positive early and for 2-4 weeks only; negative after recovery

Test positive 2 weeks after infection; remains positive for 2+ years
**The public should:**
- Know COVID-19 symptoms and **basic protective measures against COVID-19**, particularly hand washing with soap.
- Know the location of dedicated COVID facilities in their area, such as **referral hospitals**.
- Understand that routine health services may be temporarily interrupted, and only access health facility in emergency, as well as homecare when only mild symptoms.
- Beware of misinformations and keep updated to reliable source of information such as [www.covid19.go.id](http://www.covid19.go.id), [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)

**Health workers should:**
- Understand **rights, roles and responsibilities of health workers**, including key considerations for occupational safety and health.
- Implement **risk communication measures for health facilities**, including **IPC during healthcare** and the **Rational use of PPE for COVID-19**.
- Screen all patients for COVID-19 symptoms on a dedicated area that should be separated with general patients, from the entrance up to exit and set up clear signage.
- Advice on the use of mask in health care setting, in the community and during home care in the context of COVID-19.
- Conduct appropriate **management for health care facilities and health workers during exposure**.

**Health facilities should**: 

- Implement Principles of **Infection Prevention and Control (IPC) strategies during health care when COVID-19 infection is suspected**, such as triage screening, physical distancing.
- Clear signage to alert patients, visitors and health workers and anyone in the health facility on flow of patients, infection prevention and control related to COVID-19.
- Properly implement **IPC measures to ensure there is no further transmission to HCW or to other patients and others in the healthcare facility**, including Provide screening stations for COVID with isolation rooms for sick suspects, limit visitors and crowding, routine facility disinfection, and provide safe transport options.

*WHO Guidelines on Infection Prevention and Control for COVID-19*
Protective equipment at Primary Health Care level

**SAFE SCREENING / INTERVIEW**
- **HEALTH WORKER ATTIRE**
- **PATIENT ATTIRE**
- Regular Surgical Mask
- > 1 meter
- SAFE Physical Distance
- Free

**Notes:**
ALL PATIENTS ARE COVID-19 SUSPECTS
SAFE SCREENING IS ESSENTIAL

**COVID SUSPECT SAFE EXAMINATION**
- **HEALTH WORKER ATTIRE**
- **PATIENT ATTIRE**
- N95 Mask
- Goggles
- Gloves
- Apron
- < 1 meter
- UNSAFE Physical Distance
- Regular Surgical Mask

**Notes:**
EXAMINE COVID-19 SUSPECTS IN ISOLATION ROOMS
REDUCE TRANSMISSION RISK

**NON-COVID SUSPECT SAFE EXAMINATION**
- **HEALTH WORKER ATTIRE**
- **PATIENT ATTIRE**
- Gloves
- < 1 meter
- UNSAFE Physical Distance
- Regular Surgical Mask

**Notes:**
ALWAYS USE PRECAUTIONS IF DISTANCE < 1m

All health personnel at PHC facilities recommended to complete the online training - [https://openwho.org/courses/COVID-19-IPC-ID](https://openwho.org/courses/COVID-19-IPC-ID)
04. Keep the Primary Health Care system COVID-19 free

Safe COVID-19 Transport and Referral

**DRIVER / ACCOMPANYING STAFF**
- N95 Mask
- Goggles
- Gloves
- Apron

**TRANSPORT VEHICLE DISINFECTION**

- After each COVID suspect transport
  - Disinfect all contact surfaces inside vehicle with cleaning agent
  - 1 cup bleach = 9 cups water
  - Bleach = 0.5 sodium hypochlorite (i.e. equivalent to 5000 ppm)
**COVID-19 Screening Guide**

**POSYANDU**
How to adapt for the COVID-19 response

**PUSKESMAS**
- *Standard IPC*
- ± Safe screening
- √ Safe assessment of COVID suspects
- Maintain essential services*

- *Standard IPC (Infection Prevention & control):* Handwashing stations with water & soap/handsanitizer, >1 m distance, no patient clustering, daily facility disinfection, safe waste collection & disposal
- ± Safe screening: Safe distance > 1 m; Health workers: Regular surgical mask
- Follow protocols for IPC and Rational use of PPE according to WHO Guidelines

**NON COVID-19 TRANSMISSION**
- SAFE POSYANDU MODEL
  - *Standard IPC*
  - Physical distancing
  - Large well-ventilated room
  - Sick children should home-isolate or be referred

**NON COVID-19 EMERGENCY REFERRAL**
- *Standard IPC*

**CONFIRMED LOCAL COVID-19 TRANSMISSION**
- In COVID areas local government may temporarily suspend routine services
- Catch-up campaigns will be required
- Home visits for children with undernutrition and for other groups such as high-risk pregnant mothers or those in the last trimester

**REFER TO COVID-19 HEALTH FACILITY**
- Screen, Isolate, Refer

**HOSPITAL**
Emergency Care, Essential services
Follow protocols for IPC and rational use of PPE

**COVID-19 REFERRAL FACILITY**
Testing, Isolation, Care
Follow protocols for IPC and rational use of PPE
## 04. Maintain essential health & nutrition services

<table>
<thead>
<tr>
<th>Service</th>
<th>Posyandu</th>
<th>Puskesmas</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>Routine services should continue with IPC precautions. COVID-19 affected areas: local government may implement physical distancing regulations with possible temporary suspension of services, with alternative measures in place. Plan catch-up campaigns.</td>
<td>Routine services continue with IPC precautions. COVID-19 affected areas: local government may implement physical distancing regulations with possible temporary suspension of services, with alternative measures in place.</td>
<td>!important</td>
</tr>
<tr>
<td>Undernutrition monitoring</td>
<td>Routine services should continue with IPC precautions. COVID-19 affected areas: local government may implement physical distancing regulations with possible temporary suspension of services, with alternative measures in place. Home visits for vulnerable children.</td>
<td>Routine services should continue with IPC precautions. COVID-19 affected areas: local government may implement physical distancing regulations with possible temporary suspension of services, with alternative measures in place.</td>
<td>!important</td>
</tr>
<tr>
<td>Undernutrition management</td>
<td>Routine services should continue with IPC precautions. COVID-19 affected areas: local government may implement physical distancing regulations with possible temporary suspension of services, with alternative measures in place. Home visits for low weight-for-age children. Children with wasting should be referred to puskesmas.</td>
<td>Continue as usual with triage screening, IPC &amp; safe distance.</td>
<td>!important</td>
</tr>
<tr>
<td>Sick childcare</td>
<td>Use MTBS flow of guidelines to screen children and refer sick child to Posyandus or health facility.</td>
<td>Screen every child for COVID-19 using MTBS guidelines. Separate suspects from other patients in a separate room.</td>
<td>!important</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>Routine services should continue with IPC precautions. COVID-19 affected areas: local government may implement physical distancing regulations with possible temporary suspension of services, with alternative measures in place. Home visits high-risk pregnancies or last trimester.</td>
<td>Continue as usual with COVID-19 screening, IPC &amp; safe distance.</td>
<td>!important</td>
</tr>
<tr>
<td>Skilled delivery</td>
<td>Continue as usual with COVID-19 screening, IPC and safe distance.</td>
<td>Continue as usual with COVID-19 screening, IPC and safe distance.</td>
<td>!important</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>3-month supply during COVID-19</td>
<td>3-month supply during COVID-19</td>
<td>!important</td>
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<tr>
<td>Family planning</td>
<td>3-month supply during COVID-19</td>
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<td>!important</td>
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<tr>
<td>Mental health</td>
<td>3-month supply during COVID-19</td>
<td>3-month supply during COVID-19</td>
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</tr>
<tr>
<td>Emergencies</td>
<td></td>
<td></td>
<td>!important</td>
</tr>
</tbody>
</table>

REFERENCE: Yankes Balita Masa Covid 5 Bahasa, April 2020
Guidelines on Continuity of essential mothers & child health services during COVID-19
# 06. Tool Kit - Health

<table>
<thead>
<tr>
<th>Topic</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to emerging respiratory viruses, including COVID-19</td>
<td>IPC documents (Coronavirus disease (COVID-19) technical guidance: Infection prevention and control / WASH)</td>
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01. Establish an Education in Emergencies Task Team for COVID-19

COVID-19 is an emergency situation with more than 80% learning and teaching disrupted.

The Ministry of Education and Culture has issued guidance on Education in Emergencies.

Regular updated reports should be provided to the National Safe School Secretariat (Sekretariat SPAB), MoEC.

More information on Pos Pendidikan activation please contact Sekretariat SPAB, Mr. Jamjam Muzaki (0812-2176-6512).

The Pos Pendidikan (Education Post) should be activated at province / district / city levels and has several responsibilities:

- Leadership and Coordination (led by Head of Education Office)
- Needs and capacity assessment
- Information management
- Resource mobilization
- Capacity building
- Advocacy.

Pos Pendidikan Team:
- Education office
- Religious affair office (MoRA)
- Teacher’s associations
- NGOs and faith-based organizations
- Private sectors
- Other local education stakeholders

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02. Schools open: Implement “Safe Schools” guidelines

**SAFE SCHOOL PROTOCOLS**

**Safe school guidance: MoEC (SE No.3/2020)**

- Provide hygiene information to students / teachers
- Hand washing at dedicated stations for 20 seconds several times/day
- Daily disinfection (Spray or wipe all contact surfaces) [1 cup bleach: 9 cups water]
- Safe disposal of cleaning materials / waste
- Cleaning staff use gloves and aprons
- Monitor teacher and student attendance
- Sick students / teachers should not be at school
- Limit school visitors
- Monitor teacher and student body temperature
- Students exercise regularly
03. School closure: Ensure learning continuity

Online Learning

Support the needs of vulnerable children:
Disabilities, remote areas, no internet, religious schools

Remote Learning

Printed homework: Textbooks, worksheets
Television
Radio

National Government Platform:
Rumah Belajar

Private platform (Free during COVID-19):
Ruang Guru
Pos Pendidikan responsible for monitoring learning activities and the education sector response

Weekly reports should be sent to the National Safe School Secretariat

More information on Pos Pendidikan activation please contact Sekretariat SPAB. Mr. Jamjam Muzaki (0812-2176-6512).

Information required:

Number of school and children reached with targeted messages and information on Covid-19 on personal hygiene and improved sanitary practices.

Number of school and children reached with online / distance education lessons.

Disaggregate data for:

- Male or female learners
- MoEC and MoRA supervised facilities
- Each level of education: PAUD, SD, SMP, SMA, SLB, SMK, MI, MTs, MA, and Higher Education
Tool Kit

Education sector task team: **EiE Guidance from MoEC**

Safe School Operations: [Circular Letter for COVID-19 Prevention at School by Ministry of Education](#)

Continuity of learning guidance: [Continuous Remote Learning Decision Tree](#)

Continuity of learning guidance: [Learning without internet](#)

Online learning platforms - Government platform: [Rumah Belajar](#)

Online learning platforms - Government platform: [Provincial Education Office website](#)

Online learning platforms - Other digital learning platform: [Ruang Guru](#)

Additional information on Safe School and EiE materials
COVID-19 will increase vulnerabilities and social service demands

- **Psycho-social support** needs will increase for households and service providers
- **COVID-19 related deaths** will have long term affects on household income and family structure
- **Stigma and discrimination** against COVID-19 affected individuals is taking place but can be prevented
- **Sickness** of essential service providers (health, education, social services) will reduce service capacity
  
  *Millions of COVID-19 patients will require hospital care for 1-2 weeks in Indonesia*
- **Intra-household violence** will increase to loss of household incomes, sickness/loss of family members and isolation measures
- **Alternative care needs for children** will increase due to sickness/death of caregivers
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01. Identify and support vulnerable groups

**Who is vulnerable?**
- Children and family living in poverty
- Children in child-care institutions or homeless
- Children in detention and juvenile prisons
- Children in pesantren
- Children living with grandparents or single headed households
- Undocumented children
- Migrants, refugee and displaced children
- Victims of violence and abuse
- Children with disabilities

**Data on vulnerability**
- KPPPA - Simfoni
- Ministry of Social Affairs
  - BDT
  - PKH beneficiaries
  - PKSA
- Susenas
- Education data; *out of school children*
- CSO / NGO data

**Take action**
- Review existing data
- Agree on key vulnerable populations in local area
- Map locations of vulnerable children
- Develop strategies
  - Targeted outreach
  - Information
  - Health and social services
Interventions for vulnerable households

- Address household violence
- Map resources
- Strengthen core services
- Expand alternative care
- Reduce stigma & discrimination
- Psycho-social support
02. Map resources and improve cooperation between agencies

Map institutions:
Government agencies and CSOs / NGOs including:
- Case management
- Shelters
- Counselling

Identify core social welfare workforce:
- Numbers of social workers
- Para-social workers
- Psychologists

Core services to be maintained:
- Case management
- Emergency shelter for victims of violence
- Referral to alternative care
- Access to justice

Inter-agency referral protocols
- Between MOSA, MOH, CSOs
- Anticipated issue of children without caregivers
  - Sickness, isolation, quarantine, hospitalization or death of caregiver
03. Expand alternative care options and COVID-19 prevention

**Improve alternative care capacity in your area**

Review locations, staff and capacity of registered and unregistered institutions and CSOs / NGOs including:
- Panti
- Pesantran
- Juvenile Detention facilities
- Prisons (where juveniles are held)
- Foster care options
- Extended family care

**Establish COVID-19 prevention protocols at all institutions**

- WASH and hygiene facilities
- Social distancing procedures including sleeping arrangements
- Procedures for visitors
- Plan for illness and absence of caregivers
- Review and strengthen procedures for admitting children to the facility including health screening

Review [MOSA guidelines](#) for Child Welfare Institutions (LKSA)
04. Reduce stigma and discrimination

- **Effective public messaging**
  Do not stigmatize or discriminate against people affected by COVID-19

- **Social and physical distancing**
  Ensure these measures (lock downs, quarantine, etc) do not lead to stigma and discrimination

- **Ensure equal access for vulnerable groups**
  Local COVID-19 regulations for health and social welfare services should ensure vulnerable populations are addressed

- **Enable return to employment**
  Ensure COVID-19 infected persons can return to work after recovery
05. Improve psychosocial support services

Map psycho-social support and mental health resources in your local area
- Counseling services, faith-based organizations, recreation activities, communication and information channels

Define target audiences for psycho-social support
- Households: Parents, children, adolescents
- Service providers: Teachers, health workers, social workers, etc

Use multiple channels to increase access to support
- Online counseling
- Community and religious organizations
- Off-line resources and information such as bulletin boards, radio, etc

Access to up-to-date information through traditional and social media
- **Child helpline:** TEPSA 150077 dan TESA 129
- **Parenting support:** TEPAK
- **Resources:** [Psychosocial support for parents and children](#)
06. Expand services to respond to household violence

Map services available for responding to household violence:
๏ Emergency shelters
๏ Access to police, health care, counselling
๏ Helpline

COVID-19 related challenges
Loss of income, deaths and isolation will increase the risk of violence against women and children

Identify core services to be maintained during COVID-19

Train service providers to identify and refer
๏ Training health and social welfare staff on increased risk of household violence from COVID-19
๏ Enhance capacity to identify and refer

Resources
Household and gender-based violence recommendations

Address Household Violence
Map Resources
Strengthen Core Services
Expand Alternative Care
Reduce Stigma & Discrimination
Psycho-Social Support
7. Resources, information and tool kit

**General Guideline for Child Protection during COVID-19 (KPPPA)**

**Guideline for Child Protection during COVID-19 in Child Care Institutions**

**Guideline for Social Workers during COVID-19**

**Tips for parents and children (KPPPA)**

**6 tips for parenting during COVID-19 (UNICEF)**

**Intersectoral protocols for children in need of protection**
Temporary Care, Data sharing for children, Release of children from Juvenile Detention Facilities
COVID-19 will create economic and poverty crisis at many levels

Household income will be negatively affected, increasing poverty level
- **Short term loss**
  - Unemployment in the formal sector
  - Loss of income for informal sector workers
- **Long term loss**
  - Sickness and death of household income providers

Business income will be reduced
- Business closures (temporary and permanent)
- Reduced workforce capacity
- Supply chain interruption
- Loss of customers due to social distancing restrictions

Government revenue will be reduced
- Reduced production capacity
- Lower demand from markets
- Currency devaluation
- Loss of tax revenues
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01. Poverty crisis effects at national level

Review of COVID-19 related social protection programmes

Social protection measures for household income

- Increased benefits for purchase of staple foods
  - Kartu Sembako
  - Subsidy to purchase staple foods
  - Additional funding of 4.6 trillion Rph to support 20 million low-income households
  - Increased household benefit from 150,000 to 200,000 Rph per month

Additional cash assistance to households

- Family Hope Program (PKH)
- Cash assistance to the poorest households
- More frequent payments: from quarterly to monthly
- No poverty targets

Small business and informal sector workers

- Pre-employment Card (Kartu Pra Kerja)
- Increased budget for from 10 T to 20 T Rph
- Coverage will support small businesses and 5.6 million informal workers
01. Poverty crisis effects at national level

Protecting workers and rewarding frontline health workers

**Improved worker protection**

- Governors must ensure full payment of salaries to workers (public and private sector)
- Governors should introduce measures to prevent and respond to COVID-19 in workplaces
- Support to COVID-19 contacts: People Under Surveillance (ODP)
  - ODP are required to stay-at-home for 14 days of observation
  - They should continue to receive full wages during this period

**Health staff incentives**

- **Governor of Jakarta:** Incentives (Rp 215,000 /day) to frontline medical and health staff
- **Government of East Java:**
  - Each team of doctors, nurses, administrative staff and photographers will receive a reward of Rp 15 million per patient/month
  - Outpatient management teams: Rp 7 million per medical team /month (with a maximum of 3 teams).

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“This is a token of appreciation to the medical team and all individuals involved in handling the coronavirus in Jakarta because they are most at risk of exposure.”

—Governor Anies Baswedan
02. Poverty crisis effects at village level

Using the Village Fund for COVID-19 preparedness and response

Refer to updated Village Fund guidance
- Minister of Villages, Development of Disadvantaged Regions, and Transmigration (CE No. 8/2020 and CE No. 11/2020)
- Village Against COVID-19
- Protocol for Village Volunteers Against COVID-19

Review and implement COVID-19 support programs
- Create Cash for Work Programmes (Program Padat Karya Tunai Desa/PKTD) such as village level local infrastructure projects
- Establish COVID-19 responsive village volunteers, led by the head of the village
- Modify the APBD to shifting spending to disaster management and emergencies, and to support Cash for Work (PKTD) activities

Disseminate local messages
- Ensure communities are aware of local COVID-19 support programs
- The materials should include a list of services and programs
- Easy to understand infographics
**Additional subnational government financing for COVID-19**

- **MoHA decree No. 20 2020** the acceleration of COVID-19 response at sub-national level
- **MoF decree No. 19/PMK.07/2020** on disbursement and the utilization of profit sharing funds (DBH), General Allocation Funds (DAU), and Sub-national Incentive funds (DID) fiscal year 2020 responding to COVID-19
- **MoF decree No. 6/KM.7/2020** on the disbursement of health sector physical special allocation funds and Health Operational Assistance (BOK) in the prevention and treatment of COVID-19
- **S-121/PK/2020 (MoF)** on the management of Health Sector Physical Special Allocation funds related to COVID-19
- **Minister of Health Decree No. HK.01.07/MENKES/215/2020** on the utilization of Physical Special allocation fund in responding to COVID-19
- **Head of Government Procurement Agency (LKPP) regulation No. 13 2018** on the procurement of goods and services in emergency response.

**President's Instruction No. 4 2020** permits the reallocation of activities, and the procurement of additional goods and services in response to COVID-19.
03. Lower Fiscal Revenue

**MoHA decree No. 20/2020**: Sub-national government financing for COVID-19

- **Reviews options to increase subnational COVID-19 financing**
  - Planning, budgeting, and management of sub-national budgets to respond COVID-19

- **How to revise sub-national budgets (APBD)**
  - If contingency budget not sufficient, other options include:
    - Use funds from rescheduling program targets and other activities
    - Reprogram expenses from the current year
    - Utilize existing cash balances

- **How to use contingency budgets**
  - Sub-national government can use contingency budgets (belanja tak terduga) to respond to COVID-19

- **How to reschedule program targets and activities**
  - Should be reflected in the revision of budget implementation documents from technical offices (DPA-SKPD) within one day.
  - The mechanism for shifting/revision of DPA through APBD should be endorsed by head of sub-national government by decree and later included in sub-national government regulation of APBD revision (perubahan)
03. Lower Fiscal Revenue

Guidance on additional health sector financing for COVID-19 response

**Ministry of Finance decree No. 6/KM.7/2020**
Allows the disbursement of health sector physical special allocation funds and Health Operational Assistance (BOK) for COVID-19

**Ministry of Finance regulation S-121/PK/2020**
Reviews the planning mechanism and activity menu related to the Health Sector Physical Special Allocation funds (DAK Fisik) for COVID-19

**Minister of Health Decree No. HK.01.07/MENKES/215/2020**
Reviews how to utilize the Physical Special allocation fund for COVID-19
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