



# Left behind, access to rights and basic needs for the elderly (Indonesian Context)

YAKKUM Emergency Unit

**Expert Group Meeting on “Older Persons in Emergency Crises”**

Conference room S-1520, Secretariat Building, United Nations Headquarters, New York

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# RESULT of RAPID NEED ASSESSMENT

- Conducted : 17–21 October 2018
- Rapid Need Assessment (RNA) to assess the elderly condition in Central Sulawesi after earthquake, emergency and liquefaction in Palu City, Donggala District and Sigi District
- 428 questionnaires have been gathered and currently are being analysed

# 1. Health

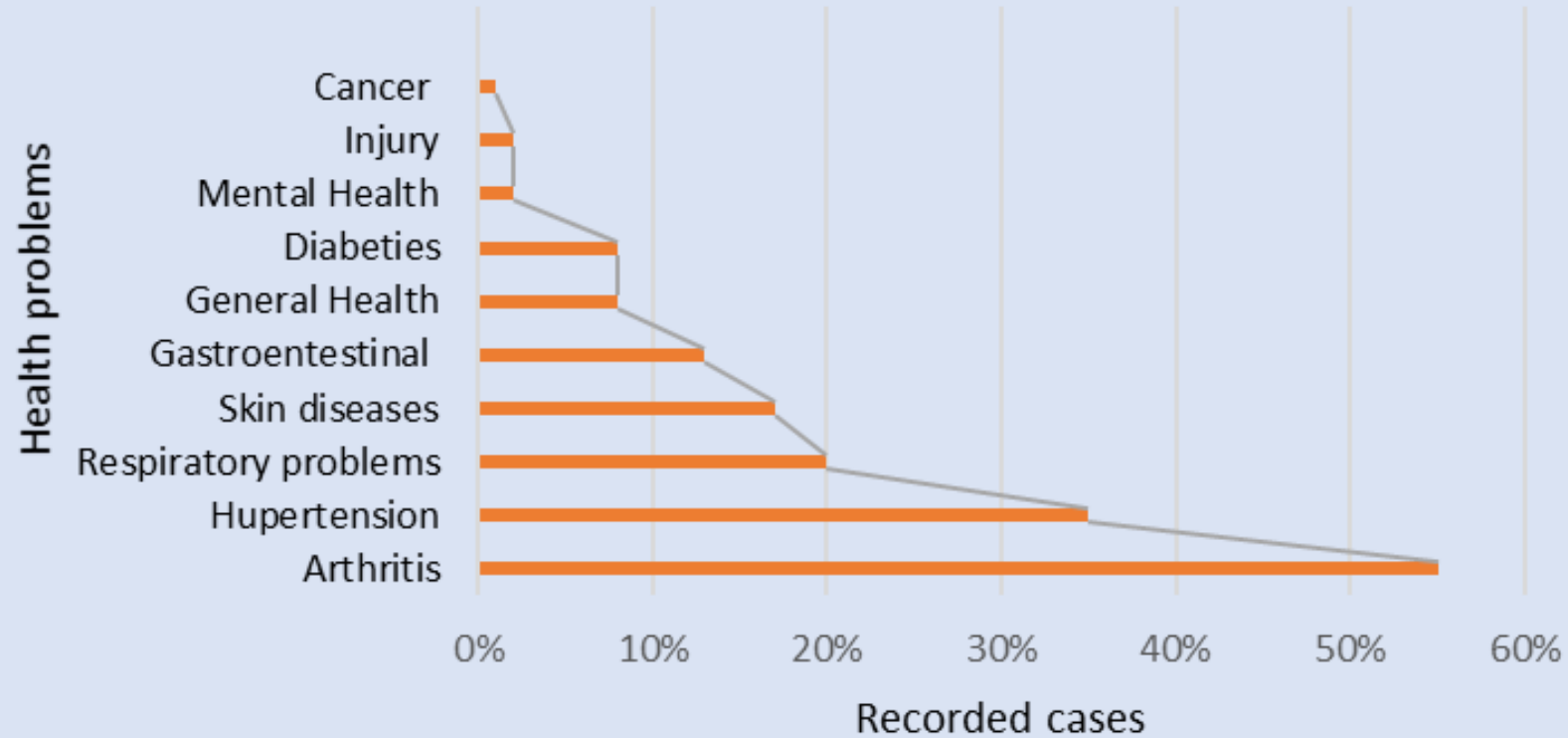
## Results of RNA-OP:

- 96% have access to health facilities indicating that health facilities are still functioning at the time of survey
- 68% of older people taking regular medication, 34% have no drugs and their treatment interrupted, 20% of people have only medicine for less than 3 days and 31% of older people still have drugs for between 3-7 days
- 3% had their treatment interrupted, and not able to take medication for the last 2 weeks after the crisis
- 3 main health issues: arthritis, hypertension and respiratory diseases

## Field findings:

All older people taking regular medication have none or less than 3 days medicine left

Health issues identified among older people affected by Indonesia earthquake and tsunami. Source HelpAge RNA-OP. October 2018



## Challenge

- No services and policies to ensure health access for the elderly who have the mobility limitations

## Recommendations

- Mobile clinic
- Home visits for older people with mobility limitations
- Monitor the condition of patients with non communicable disease → same medical team work in the same areas so that they can monitor the same patients

## 2. Independence in Activities of Daily Living

### **Field findings:**

- There are older people with some dependence in ADL

## Challenge

- Most organizations provide curative services and health promotion. While rehabilitation approach is rarely noticed

## Recommendations

- Management of non communicable diseases suffered by the older people
- Physiotherapy
- Kinesiotherapy
- Mobility aids

# 3. Eye Examination

## Field findings:

- There are older people with visual impairment, some can be helped with glasses, some may need cataract operation



## Challenge

- Although handling of visual impairments can increase access to information, vision problems are considered to be diseases not because of disasters (chronic conditions) so there are not many funding partners who want to support

## Recommendations

- Eye examination
- Distribution of glasses
- Referrals to ophthalmologist for cataract or other more complicated cases

# 4. Psychosocial

## Results of RNA-OP:

- 62% older women living alone could not cope without support, 14% could not cope at all with the current situation
- 29% older men living alone could not cope without support

## Field findings:

- Almost all older people show some symptoms of depression and are afraid earthquakes will hit their place again

## Challenge

- Psychosocial support is not given much. If there is, the support provided is in the form of curative / clinical approach
- Stigma that the elderly are a burden and powerless especially in the context of disaster

## Recommendations

- Psychosocial counseling
- Medical intervention or referrals to psychiatrist for some older people with severe depression symptoms

# 5. Nutrition

## Results of RNA-OP:

- Food intake of older men and women reduced from 3 meals per day to 2.67 (2.64 older women and 2.71 older men)
- 2% older men were sleeping hungry at night.

## Field findings:

- Food intake is reduced compared to before the disaster
- Protein intake is significantly reduced because they cannot afford to buy food sources of protein
- Some older people depend their protein intake from public kitchen, while not all camps have public kitchen and not all older people can access or reach the public kitchen

## Challenge

- Public kitchens do not provide food for groups with special needs such as babies and elderly so that their needs are not met, in terms of the consistency of food and kinds of food (too spicy)

## Recommendations

- Food distribution especially food with high protein to families with older people, children under-five, expecting and lactating mothers
- Distribution of instant porridge for older people with chewing difficulty

# 6. Family Empowerment

## Field findings :

- There are older people with non communicable disease not taking their medication regularly (either because of no medication or refuse to take medication because they believe that medication is harmful)
- There are older people are dependent in ADL and need support
- There are older people with depression or dementia
- There are older people with insufficient food intake

## Recommendations

- Training about non communicable disease for older people and family
- Training about independence in ADL and long term care for older people and family
- Training about mental health including depression and dementia for older people and family
- Training in nutrition for older people and family

## Challenge

- Still many elderly are neglected and people and families do not know how to handle the elderly

# 7. Revitalisation and Strengthening of Integrated Post for Older People (Posyandu Lansia)

## Field findings:

- There are Posyandu lansia that are still inactive

## Recommendations

- Training of Posyandu Lansia cadres
- Training for older people and families (no.6 recommendation) in villages/hamlets not yet having Posyandu Lansia can be the seed or start of developing Posyandu Lansia



## Challenge

- Not many programs for the elderly especially organizing elderly people who are increasing in number

# 8. WASH

## Results of RNA-OP :

- 25% of older people (26% older women and 24% older men) report that bathing facilities are too far and 24% of older people (26% older women, 22% older men) report that toilet facilities are too far

## Field findings:

Bathing and toilet facilities are inaccessible or too far for older people and people with mobility limitation

## Challenge

- Not many inclusive WASH facilities because it requires a wider place and more expensive
- The community is not familiar with the sitting toilet

## Recommendations

### Advocacy:

- Renovation of bathing and toilet facilities to be accessible
- Addition of accessible bathing and toilet facilities that within reach of older people and people with mobility limitation

# 9. Shelter

## **Field findings:**

- Temporary or permanent housing is not accessible for older people and people with mobility limitation

## **Recommendations**

- Advocacy for accessible temporary and permanent housing

## Challenge

- Not many inclusive shelter facilities because it requires a wider place and more expensive

# 10. Advocacy for ID Card

## Results of RNA-OP :

- 19% of older women and 10% of older men do not have any ID documentation which may seriously impact their access to humanitarian aid

## Field findings:

- Some older people lost their ID card during the disaster

## Recommendations

- Meetings with Regency Department of Social Affairs or Civil Registry and other related stakeholders advocating ID card for older people
- Assist older people and family to have documents needed to obtain ID Card

# 11. Advocacy for National Health Insurance

## Field findings:

- There are older people living in tents not covered by National Health Insurance – Healthy Indonesian Card (Jaminan Kesehatan Nasional Kartu Indonesia Sehat = JKN KIS)

## Recommendations

- Meetings with Regency Department of Social Affairs or BPJS Kesehatan and other related stakeholders advocating for national health insurance (JKN KIS)

# 12. Distribution of Humanitarian Aid

## Results of RNA-OP :

- 45% of older women and 36% of older men are unable to reach humanitarian services alone, often relying on their family and friends for support

## Field findings:

- There are older people with mobility limitation

## Recommendations

- Distribution of humanitarian aid not only at distribution points, but also delivered to older people with mobility limitation



## Challenge

- People who have limited information (because of visual impairment or hearing loss or) and difficulty mobility gets access to assistance. Aid providers sometimes do not pay attention to this issues

# 13. Aged Friendly Community Health Centre

## Results of RNA-OP :

### Field findings:

Older people have to queue long for treatment and can have worsening condition because of becoming exhausted from waiting

## Recommendations

- Meetings with Regency Department of Health for the development of Aged Friendly Community Health Centre (this is already mandated in a Health Minister Regulation)
- Training about Aged Friendly Community Health Centre

# 14. Economic Empowerment

## Results of RNA-OP :

## Recommendations

- Distribution of seeds so that healthy older people can go back to their field and start planting corn, chills, etc
- Other kind of support for economically productive activities

## Field findings:

Older people do not have money to buy basic needs (high protein food, etc)

# Challenges

- lack of access to economic assistance for the elderly, both fund or loan and access to education and training to support economic activities

# Progress of the policy for the elderly

Indonesia has law which manage older people welfare (Law of the Republic Indonesia number 13 or 1998 but it will be revised because some things do not suitable the current conditions. The revision i.e :

- Elderly is the responsibility of the family, community and state with a focus on a community-based approach not institutional based
- Elderly is having a capacity that has not been explored including his experience, because so far the elderly have only been considered as a burden
- There needs to be cross-program and cross-sectoral and multi-stakeholder involvement to improve the quality of programs for the elderly and empowering the elderly

***Terimakasih***



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