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SITUATION REPORT #1

YAKKUM's Response to COVID-19

Country	Indonesia	Situation Report no.	#1
Emergency Response Location	Yogyakarta, Solo, and Semarang	Reporting Period	13 - 21 March 2020
Report Prepared by	Anastasia Maylinda (YEU Emergency Response Coordinator)	Reporting Date	21 March 2020

CURRENT CONDITION

Since Coronavirus (COVID-19) was declared a pandemic by the World Health Organization on March 11, 2020, President Joko Widodo issued Presidential Decree (Keppres) no. 7 of 2020 in relation to the Creation of COVID-19 National Task Force on March 13, 2020, chaired by the Head of BNPB (National Disaster Management Agency).

The Head of BNPB, as the Chairperson of the Task Force for accelerating the response measures to COVID-19, stated that the Status of the Coronavirus Outbreak Disaster in Indonesia was extended until 29 May 2020. With the stipulation of COVID-19 as a non-natural disaster, its management is not only the responsibility of the government, but it requires the involvement of all communities and community-based organizations, including local government, community leaders and religious leaders, in the delivery of public education and campaigns.

Appeals have been delivered to the public, institutions, including health institutions and religious institutions, in order to build sufficient capacity to tackle COVID-19 and enable the COVID-19 mitigation measures as early as possible in their respective environments. The community is also encouraged by the government to participate in spreading positive messages related to COVID-19 mitigation, such as implementing health protocols in daily life, avoiding mass gatherings and maintaining distance between people, to control local transmission.

In Indonesia, the government reported 38 people died with 450 have been confirmed positive with COVID-19, as of 20 March 2020. As many as 20 people have also been declared cured. In the national level, as many as 25 provinces have established COVID-19 Task Force, and 11 provinces have declared Emergencies.

URGENT NEEDS

As of 21 March 2020, affected communities who have confirmed positive with COVID-19 as well as patients who died from COVID-19, are distributed across 17 provinces; Jakarta, West Java, Banten, East Java, Central Java, East Kalimantan, Bali, Yogyakarta, Riau Islands, Southeast Sulawesi, West Kalimantan, North Sumatra, South Sulawesi, Central Kalimantan, North Sulawesi, Lampung and Riau. Based on this distribution areas, it is necessary to immediately initiate early preventive measures in the communities through education and public campaigns that are more accessible and inclusive in reaching all society groups without causing further stigma and misinformation.

In addition, the message is to pay more attention to at-risk groups who have high potential of contracted by COVID-19, such as elderly, people with chronic health problem, such as heart disease, diabetes, chronic breathing, high blood pressure and other critical illnesses. In addition, health workers who took part in examining, caring for, delivering and cleaning the room in the COVID-19 treatment facilities, were also vulnerable to the contagion.

YAKKUM (Christian Foundation for Public Health), through its extramural units, such as YEU, PRY and the CD Bethesda YAKKUM, have been mobilized to coordinate and collaborate with YAKKUM hospitals, such as Bethesda Hospital for COVID-19 countermeasures in Yogyakarta. Including mapping the urgent needs both in health institutions, community groups, and church communities.

Since being declared as a pandemic on 11 March 2020, YAKKUM hospitals have increased its medical service capacity by preparing systems and isolation rooms, and tightening health protocols for its staffs and visitors. However, as more patients with potential COVID-19 arrive, hospitals need to be equipped with adequate medical infrastructure according to health standards and additional health support personnel (medical and non-medical).

Based on the above assessment, YAKKUM team has mapped the immediate needs as follows:

No	Scope	Urgent Needs
1	Hospitals	<p><u>Material:</u></p> <ol style="list-style-type: none">1) Isolation facilities.2) Standard package of personal protective equipment (PPE) for health workers (medical and non-medical).3) Medical equipment; thermometer, stethoscope, oximetry, ECG monitor and ventilator.4) Medicines. <p><u>Manpower:</u></p> <ol style="list-style-type: none">1) Medical volunteers who care for People in Monitoring (OPD), Patients in Monitoring (PDP) and positive patients.2) Non-medical volunteers to support the hospital's health care system (safety, hygiene). <p><u>Protection:</u></p> <ol style="list-style-type: none">1) Ensuring protection standards to health workers (medical and non-medical) during their duties, which includes limited working time, nutritional intake, and compensation.2) Training of volunteers in hospitals and induction of health SOP.
2	Communities in areas which have	<p><u>Capacity building:</u></p> <ol style="list-style-type: none">1) COVID-19 preparation and early screening training.2) Disinfection in the environment by the community

	declared state of emergencies	<u>Education and public campaign:</u> 1) Producing and disseminating the information packages that are accessible and inclusive, covering several themes on health protocols, COVID-19 treatment and referral, how to make disinfectants and hand sanitizers, and healthy activities during self-quarantine. 2) Messages and tagline with the emphasize on not creating stigma and misinformation. 3) Monitoring the implementation of social distancing, especially in public spaces.
3	Church	<u>Capacity building:</u> 1) COVID-19 mitigation and early screening training. 2) Disinfection in the church. <u>Education and public campaign:</u> 1) The implementation of social distancing in religious practices. 2) Delivery of COVID-19 countermeasures information package.
4	Logistics	Scarcity is common in the PPE package supply chain.

YAKKUM RESPONSE

Since the declaration of COVID-19 pandemic on 11 March 2020, YAKKUM, in this case extramural units (YEU, PRY and CD Bethesda YAKKUM) and YAKKUM hospitals have carried out initiatives targeting three scopes; hospital-based, community-based and institutional based readiness (including churches and partner institutions).

Each YAKKUM unit has also circulated appeals to internal staff, assisted communities and partners regarding primary prevention actions that can be taken.

No	Sector	Activities
1	Protection	1) Development of COVID-19 mitigation procedures for all YAKKUM units. 2) Scenarios for staffs to work at home and work in shifts. 3) COVID-19 Mitigation and Screening Training for 20 participants (11 females, 9 males) with social distancing measures (sitting at a minimum distance of 1 meter). This activity is broadcasted through live streaming on FB to ensure more people are reached.
2	Health	1) Funding for the purchase of a ventilator for YAKKUM hospital. 2) Purchase PPE packages for health workers (medical and non-medical)
3	WASH	1) Making hand soap that was broadcasted live on the YEU FB portal. 2) The practice of making hand sanitizers by staffs. 3) Making disinfectants by staffs and partners, and applied in their respective working places. 4) Constructing and adding handwashing stations in the head office and area offices, for the practice before entering the room. 5) Distribution of 10 disinfectant packages to church partners.
4	Information	1) Develop IEC (Effective Information, Education and Communication) materials in the form of accessible and inclusive

		information packages, covering the theme of health protocols, COVID-19 treatment and referral system, how to make disinfectants and hand sanitizers, and healthy activities during self-quarantine. 2) Training and healthy living practices through live streaming on the FB portal.
5	Logistics	Due to the scarcity, the logistics team collected data on vendors to purchase goods for PPE standards, disinfectant packages and other hospital equipment.

ACTION PLAN

No	Sector of Intervention	Action Plan
1	Health	1) In the case of escalation and prevention measures in the hospital, YAKKUM hospitals will prepare additional isolation facilities. 2) Procurement of PPE for health workers. 3) Procurement of medical equipment and medicines. 4) Provision of protection packages (reduced work time, nutrition intake and compensation) for health workers and volunteers.
2	WASH	1) Distribution of disinfectant packages to partners and assisted communities. 2) Training and information sessions on health and hygiene practices through virtual sessions (FB).
3	Information	1) Ask the YAKKUM education unit in the analysis and collection of data, especially ensuring data related to the elderly, people with disabilities and other at-risk groups. 2) Continue making information packages and the dissemination scenario.
4	Logistics	Continue the procurement process.
5	Manpower	Recruitment of health volunteers (medical and non-medical).

Continue the fundraising which is conducted jointly with Pelkesi (Indonesia Christian Association for Health Services).

ADVOCACY

Currently, YAKKUM together with the DRR Forum in Yogyakarta delivers CSO recommendations to the Provincial Government of Yogyakarta on several key issues:

1. budgeting the social security measures, for those affected by COVID-19
2. strengthening the coordination and synergy of local government units and community groups, including CSOs, religious institutions, universities, the media, the private entity and other parties
3. encouragement to CSOs and religious institutions to optimize their collective potential with COVID-19 mitigation, such as in social distancing
4. active participation of the private entity in the COVID-10 countermeasures
5. CSO participation in monitoring schemes for managing accountable social safety net programs for COVID-19

COORDINATION AND NETWORKING

YAKKUM, through YEU, was involved in virtual discussions and coordination organized by national clusters and sub-clusters. In addition, YAKKUM is involved in collaboration with Pelkesi in raising funds and supporting hospitals.

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