GUIDE BOOK

Campaign – Community Engagement and Important Messages about COVID-19 Vaccination for Older People

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

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GERMAS Gerakan Masyarakat Hidup Sehat

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FOREWORD

Since the first case of COVID-19 was reported in the country in March 2020, Indonesia has been carrying out various efforts to control and manage the COVID-19 epidemic that has been declared as a national disaster. The number of cases increased rapidly and peaked in June to August 2021. Today, the number of daily new cases has shown a decreasing trend, and testing positivity rate has also decreased. Nevertheless, we must remain vigilant to prevent a resurgence of cases.

One of the government's response efforts to the COVID-19 epidemic was COVID-19 vaccination but the vaccination rate, particularly among the elderly population, is still far below the target. Yet, older people are a priority group that requires attention due to the large number of deaths among people older than 60 years as a result of COVID-19, a much higher mortality rate compared to the that in other age groups.

Efforts to reach older people with the COVID-19 vaccine faced several barriers, for example a perception among older adults that they are not eligible to be vaccinated because of comorbidities, and various health issues. Other barriers include lack of knowledge about how to access service, mobility limitation, dependence on families or caregiver, concern about side effects or adverse events following immunization, and most importantly, disinformation that circulates in the community. This means that aside from providing adequate access and facilitation to vaccination service, it is important that the public be provided with information that is accurate, appropriate, and effective so that vaccination coverage will increase, particularly among older people.

We welcome this Guide Book on "Campaign: Community Engagement and Important Messages about COVID-19 Vaccination for Older People" during a pandemic that is threatening our nation. Our hope is that this book provides our partners and stakeholders in the field a refreshing relief, like an oasis in the desert, as we work together in battling the COVID-19 pandemic. The engagement of partners and intersectoral coordination between the private sector, civil society organization, religious organization like islamic boarding schools, other schools, and other organizations is crucial to create a greater impact.

To increase vaccination coverage, information, education, and communication activities are essential. Stakeholders, communication program managers and facilitators, and policymakers in communication or other sectors can therefore use this Book as a guide that contains standardized messages that should be conveyed to the public.

Finally, we hope that this guide book, accompanied with multisectoral partnership, is able to increase the vaccination rate among the elderly population as part of the battle against COVID-19 in Indonesia. May the Almighty God protect and help our effort to realize a healthier and stronger Indonesia.

GREETINGS OF GOOD HEALTH, BE HEALTHY MY INDONESIA!

Director of Health Promotion and Community Empowerment

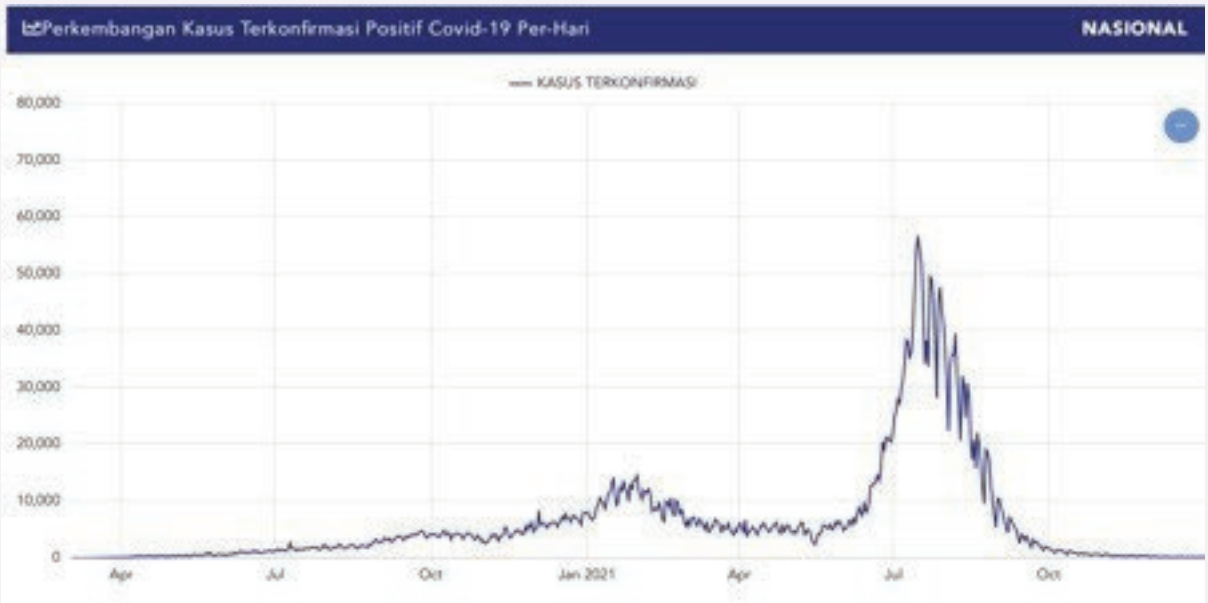
Signed

Dr. Imran Agus Nurali, SpKO

INTRODUCTION

Since the second wave of COVID-19 transmission that occurred in June to August 2021, the situation in Indonesia has improved and the number of new cases that are detected each day has significantly decreased. Testing positivity rate has consistently remained below 0.5% starting in August to December 2021, recovery rate has increased, and deaths among confirmed cases have decreased. While the situation seems to have been controlled, a resurgence of cases remains a threat considering frequent viral mutation to produce new variants (Delta, Omicron), unless everyone maintains discipline in practicing all the health precautions, and vaccination rates are able to increase.

Graph 1. Daily Confirmed New COVID-19 Cases



As of December 2021, the vaccination rate in Indonesia has not achieved its expected target[1] [2]. Data shows that there is still a gap of 43% in the general population who have not received a complete dose, and around 60% of older people who have not received their second dose.

[1] See: https://vaksinkemkesgoid/#/vaccines

[2]See: https://cdnwhoint/media/docs/default-source/searo/indonesia/covid19/external-situation-report-85_15-december-2021pdf?sfvrsn=c2e97c88_5

Older people are among the vulnerable population groups due to a natural decline in their bodily function that directly affects their health. Reduced immunity also makes older people more susceptible to infectious diseases. The 2018 Basic Health Research (*Riskesdas*) reported that most older adults have a co-existing condition that indirectly make them more likely to develop a more severe COVID-19 disease. A review conducted by the Center of Health Crisis on age-specific cumulative case fatality rate (CFR) shows that the highest rate of transmission occurs among older people. The COVID-19 website also reports that relative to the other age groups, the mortality rate among people 60 years and older is as high as 46.8%.

Graph 2. Confirmed COVID-19 Cases by Age Group

Challenges that are faced in increasing vaccination rates among older people include:

1. a perception that they are not eligible due to history of comorbidities (self-diagnosis);
2. exemptions from vaccination as determined by a doctor;
3. lack of knowledge on how to access vaccination service;
4. mobility limitation;
5. fear of side effects;
6. uncertainty about vaccine's effectiveness;
7. prefer a certain type of vaccine;
8. low risk perception of COVID-19;
9. concern about Adverse Events Following Immunization (AEFI), etc.

A large body of information on COVID-19 vaccine is available electronically as well as through printed media. At the same time, false information from unreliable sources circulates in the population, creating fear and doubts to participate in the vaccination program. Communicating information to older people through simple messages is key to encourage their participation in the COVID-19 vaccination program.

This Guide Book aims to respond to the above challenge. Considering the dynamic pandemic situation and the constant update to knowledge about vaccination, this book is written as a living document that will continually be updated to reflect changes in the COVID-19 situation and condition in Indonesia.

THE PURPOSE AND USE OF THIS GUIDE BOOK

In general, this book is written to guide relevant parties in conducting campaign and community engagement activities in order to rapily increase COVID-19 vaccination coverage among the elderly population. Specifically, this book aims to achieve the following objectives:

1. Guide communication program managers in planning a campaign to disseminate messages for accelerated vaccination of the elderly.
2. Harmonize key messages about older people vaccination and COVID-19 preventive behavior.
3. Simplify vaccination messages to encourage the participation of older people in the COVID-19 vaccination program.

Users of this Book

Target users of this book are primarily health communication program managers at the provincial, district/city and puskesmas levels, also partners from the health sector, as well as from other programs and sectors, and other parties who carry out communication activities, in the form of digital and printed media, during the pandemic. It is hoped that users of this book will adapt this book's content into various media format that can be used by volunteers, community facilitators, health cadres, educators and people who directly work with, and provide support to older people and their families. Messages can be modified into communicative and creative narratives but consistently deliver the same information. Information that is not yet covered in this book can be discussed directly with experts/health care providers or specialists, or by referring to official websites of ministries and agencies that manage the COVID-19 response.

FORMAT AND DISTRIBUTION OF THE BOOK

This book is prepared in electronic format for easier distribution and content revision as needed. Distribution is carried out through the network of non-governmental organizations, the government, media organizations and the private sector, through the pentahelix collaboration and support from various institutions.

CAMPAIGN AND COMMUNITY ENGAGEMENT IN VACCINATION OF OLDER PEOPLE

Before developing a tactical campaign plan, communication program managers need to first research and understand the behavior, attitude, and knowledge of the target audience. This section of the book contains the conclusion from a brief review of the elderly population that was obtained from various studies and meetings with stakeholders who work directly and indirectly with older people. This information is used as a basis for developing a proposed tactical plan for communication activities.

UNDERSTANDING THE SITUATION AND BEHAVIOR OF OLDER PEOPLE

1 No data specifically describe the knowledge, attitude, and norms that influence older people's behavior toward vaccination.
2 In Indonesia, most older adults live with their extended family members and/or caregiver.
3 Among adults older than 55 years, 68% reported that they probably would not get vaccinated (JHCCP Survey, Oct 2021).
4 Almost all regions that have a low coverage of older people vaccination also have a low coverage of general population vaccination. It is therefore necessary to understand the social norms toward vaccination that are prevalent in different regions since group norms influence individual decisions to adopt a certain behavior.
5 Reasons for the hesitation to be vaccinated based on survey and observation of the elderly population include:
   a. fear of side effects;
   b. lack of confidence about vaccine's effectiveness, dislike toward vaccines;

c. low risk perception toward COVID-19;
d. a wait-and-see approach to see if the vaccine will work effectively;
e. feeling that other people have a greater need for the vaccine than themselves;
f. ineligibility due to history of comorbidities;
g. fear of needles;
h. inavailability of a certain preferred vaccine brand;
i. questioning "I'm healthy, why get an injection?";
j. medical exemption as told by a doctor;
k. lack of knowledge on how to access vaccination service;
l. limited mobility and dependence on families.

TARGET AUDIENCES OF COMMUNICATION ON VACCINATION OF OLDER PEOPLE

1. Primary Audience
   a. Older adults aged 60 years and above (male/female who live apart from or with their family, still actively work or have retired, have or do not have comorbidities, and live in an urban or rural area).
   b. Older adult's family and support person, either a family member, someone from the community/volunteer who provide informal support or a professional caregiver.
2. Secondary Audience
   This secondary group is considered as having an influence on the decision and action of the primary target group.
   a. Health care providers: vaccinator, internal medicine specialist/specialist doctor/screening expert, midwife, and nurse.
   b. Religious leaders, community figures, health cadres, community volunteer/facilitator, and traditional community leader, also Family Planning Field Worker (*PLKB*).
   c. Organizations: traditional, religious, social, community (*PKK*) organizations, organization for older people, medical professional association, AEFI National/Regional Commission.
   d. Religious and Community Leaders such as the Head of Village, Head of Kelurahan (*Lurah*), Head of Community/Neighborhood Group (*RW*/*RT*).
   e. Elderly Peer Group/Community and members of extended family.
   f. Social media influencers to reach family members who have internet access.
3. Tertiary Audience
   a. Local Government
   b. Digital media and print media journalists
   c. Influential figure in the media (experts on health, vaccine, and older people).

OBJECTIVES OF COMMUNICATION

1. General Objective:
   a. Increase the voluntary participation of older people in COVID-19 vaccination.

2. Specific Objectives:
   a. Increase public knowledge about the importance of COVID-19 vaccination for older people.
   b. Strengthen the involvement of the community, social, religious, traditional institutions, and peer community, in increasing vaccination of older people.
   c. Increase the participation of family members in supporting vaccination of older people through various media.
   d. Strengthen advocacy efforts to vaccinate the elderly population through journalists, policymakers, professional associations, telemedicine platforms, and NGOs.
   e. Reduce doubt and uncertainty toward vaccination of older people, primarily with respect to AEFI, comorbidities, and side effect.

   For a communication campaign to successfully achieve its objectives, support in the form of access to service and vaccine supply is necessary, for example:
   a. Vaccine supply in priority regions where vaccine coverage is still low;
   b. Vaccinators and health workers to perform screening, and support from the Armed Forces/Police Force to reach remote areas;
   c. Vaccination posts that are senior-friendly and comfortable, door-to-door vaccination service, or mobile clinic that brings the service closer to locations where older people gather.

MESSAGE MAP

A message map provides general guidance for communication, categorized by the target audience, the primary and secondary audience. Messages are created to promote changes in socio-cultural norms in the audience group (and sub-group), are interesting and easily understood by the target audience. Below is a list of themes for partner organizations to adapt into creative and attractive messages that will be interesting for the audience.
Detailed explanation of messages is provided in a separate section.

MESSAGE MAP FOR PRIMARY AUDIENCE

OLDER PEOPLE

- Get vaccinated soon
- Maintain physical distance
- Stay at home
- What to do in public
- Wear a mask
- Wash hands frequently with soap
- Benefits of vaccination, vaccine types and vaccination location
- Response to uncertainties about comorbidities, side effects and AEFI
- "The best vaccine is an available vaccine"

OLDER PEOPLE/FAMILY

- Benefits of vaccination, vaccine types and location of vaccination posts
- Response to uncertainties about comorbidities, side effects and AEFI
- "The best vaccine is an available vaccine"
- Family values of protecting older people from illness
- Pre-vaccination preparation (registration, transport, masks, etc.)
- Support to link older adults with doctors/service providers (online and offline)

OLDER PEOPLE/FAMILY

- Medicines supply (for comorbidities)
- Post-vaccination health check-up
- Nutritious food
- Protocol for receiving guests/family
- Isolation of family members with cold/COVID-19 symptoms
- Disinfection of surfaces and objects
- Adaptation of new habits with families
- Spending holidays together

MESSAGE MAP FOR SECONDARY AUDIENCE

LEADER/PEER

- Uncertainties in vaccination of older people (side effects, AEFI, comorbidities)
- Peer testimonies.

HEALTH WORKER

- Comorbidities and vaccination of older people
- Types of vaccine
- Side effect
- Contact information in the event of AEFI.

CADRE/*PLKB*/VOLUNTEER

- Comorbidities
- Information about vaccination
- Vaccination post
- Peer support mobilization
- Family support
- Fake news, misinformation, disinformation, etc.

NATIONAL MEDIA APPROACH AND TACTIC – PRIORITY

Integration of communication activities between the national and regional level is crucial. The graphics below illustrate the communication tactics used at the national and regional level that differ in their focus activity, communication channel, and intensity of interventions.

At the national level, interventions focus on mass media activities, strengthening of partnership in communication and community engagement, and enhanced management of misinformation and disinformation. These elements help create an enabling environment for partner organizations to carry out activities in priority regions. Considering the massive nature of national-level communication, messages and media that are used will focus on the reach of information and will rely on a top-down approach. Information that is specific in nature will be difficult to accommodate except through social media that allows more interaction through impressions and comments by the audience, though gaps in internet access can also pose some limitation.

To bridge the message gap, communication efforts at the provincial/district/city level should prioritize interpersonal communication approach and community engagement tactics that allow the primary target audience to exchange information directly and repeatedly, through face-to-face meeting or mediated by media used by the secondary audience.

As of the third week of November 2021, regions with the lowest coverage in vaccination of older people are sequentially Papua, Southeast Sulawesi, West Papua, Aceh, North Maluku, Central Sulawesi, South Sulawesi, West Sulawesi, Maluku, and West Sumatra. These regions require more communication interventions than other regions and are considered priority regions. Activities that are proposed to partners in these priority regions are:

1. Strengthen the communication campaign in priority regions, prioritizing messages that can reduce the community's hesitancy toward vaccination of older people, using a combination of conventional and new digital media. Conventional media is used to reach out to older people, policymakers, and community leaders, while new media will target the younger population such as family members and caregivers who have a direct influence in the older people's (their parents) decision to participate in vaccination.

2. Help ensure an adequate vaccine supply and a senior-friendly vaccination service in coordination and communication with local health offices. Training and capacity strengthening of health workers is likely needed to ensure they are ready to respond to an increase in vaccination demand as a result of campaigns on vaccination of older people.

3. Advocate the participation of relevant stakeholders like journalists, local government leaders, and community-based social organization/volunteers in disseminating messages and actively supporting their own community. Issues that need to be discussed include the reason why older people are prioritized for vaccination, and the various doubts that prevent older people from receiving the vaccine.

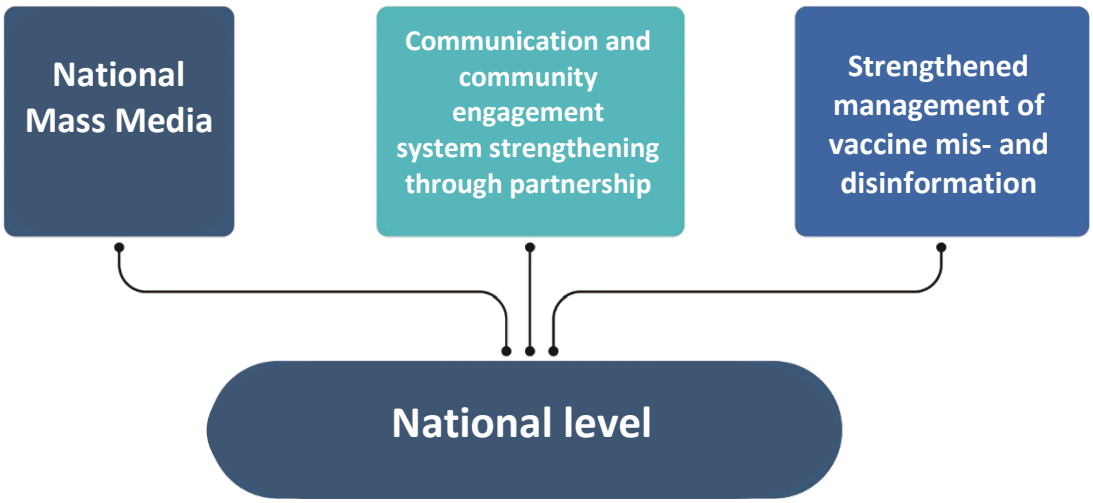
4. Conduct community engagement activities in coordination with family planning field workers/counselors (*PLKB*/*PKB*), health cadres and puskesmas health promotion staffs. Partner agencies can engage in a community engagement effort or process aimed at building community awareness, desire, and capacity to care for and help older people receive their vaccination. The process will be participatory and will be carried out in stages, starting with problem identification, to planning of activities and problemsolving using local potential and facilities.

5. Monitoring, evaluation, and learning. Partners can work with various parties to ensure that communication activities are measurable and the impacts are well documented through a process of monitoring, evaluation, and learning. Modification of process indicator, intermediate indicator and impact indicator should be mutually agreed to maintain their consistency with national achievement targets.

The overall communication tactics that will be implemented in priority regions require careful preparation, and partner organizations should align their activities with program objectives. They should also ensure the active involvement of primary and key actors, strengthen the capacity of health workers, leaders, policymakers in implementing a vaccination program for the elderly, also ensure that local media participate in disseminating information about the importance of accelerating vaccination. Media support through journalists or in the form of a local communication campaign would help increase older people vaccination program's credibility in a more widespread manner.

Priority Regions

National media tactic



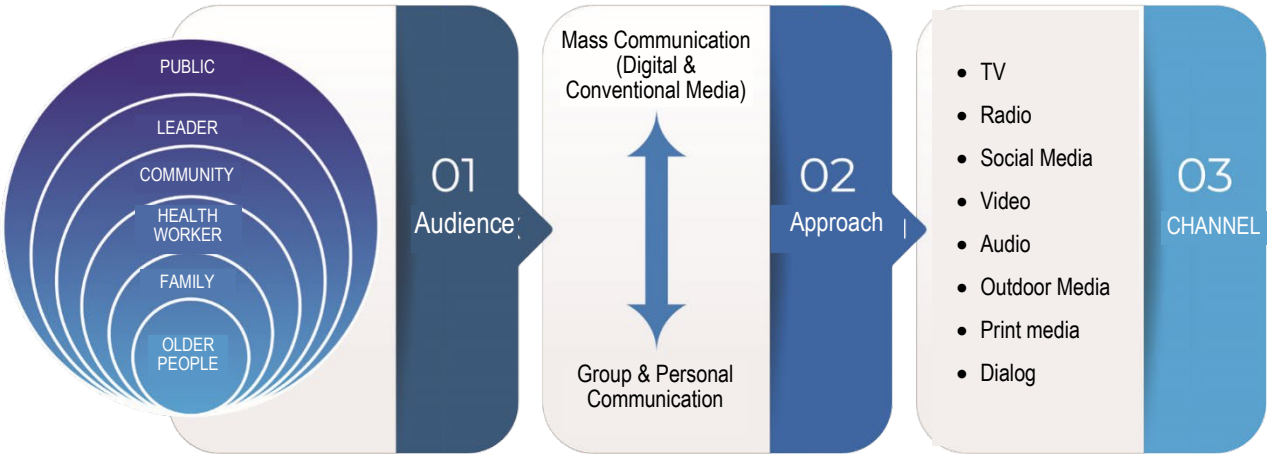
MEDIA STRATEGY

Older people most frequently receive information through interpersonal communication with their family members, peers, or community groups during religious activities (prayer meeting, sermon) or through conventional media such as television and radio. Technology-based media tends to be used by younger family members who are accustomed to social media. Therefore, the recommendation is to tailor the communication strategy to the media consumption pattern of the target audience and to use a combination of online and offline media.

The following chart provides a simple illustration of how mixed-media communication can be implemented by each partner organization in their respective program. The closer a communication activity is to the community, the more its media should support dialog, and information exchange both at a group setting or at a personal level (group/personal communication).

At a broader level, communication media that should be used will be mass media and technology-based such as social media, online media, or conventional media like television and radio. Materials needed would be in the form of public service announcement/advertisement, radio spot, infographics, short video, and electronic poster that can be easily posted in any selected media. Partner organizations can also develop more specific and unique media using the local language to accomplish the same purpose.

Figure 1. Audience, Communication Approach, and Media Mix



DEFINITION OF COMMUNITY ENGAGEMENT

Community engagement is one communication strategy that supports the achievement of communication objectives, which in this case is to vaccinate the elderly. Community engagement is often called community empowerment as they have a similar understanding, which is all the efforts or activities that are done to involve the community in the decision-making, program implementation, policy development and joint evaluation. The principle of community engagement is building a two-way communication to identify barriers, problems, challenges, and receive input in order to achieve the behavior change goal of communication.

In community engagement, there are several forms and types of communication activities:

1. Dialog; inviting someone to discuss his/her doubt or concern about vaccine side effects through day-to-day conversation.
2. Door-to-door communication; visit each home and engage in a dialog or invite people to be vaccinated.
3. Group communication; face-to-face communication in small groups of three people or more to share information and reduce people's concern about vaccine. Group communication is usually done at a place where people gather.
4. Interpersonal communication; face-to-face interaction at a personal level to build trust and good relationship.
5. Virtual education; information dissemination through the internet in the form of webinar, chat group, etc.

FOUR PRIORITY TARGETS IN COMMUNITY ENGAGEMENT

1. Focus on the interests and response of the community
    a. Develop a strategy to address priority issues, for example stigma;
    b. Coordinate efforts to manage an infodemic;
    c. Monitor and evaluate communication activities.
2. Base activities on data and facts
    a. Identify gaps between data and observation, and seek the best solution;
    b. Monitor media, also aspirations and input from the community;
    c. Use data and facts from various surveys and research.
3. Strengthen capacity and identify solutions
    a. Identify the existing skills and core competence in communication;
    b. Facilitate a participatory assessment of capacity strengthening needs with elements of the community;
    c. Develop and carry out capacity strengthening activities.
4. Collaboration
    a. Identify membership and structure of partner agencies;

b. Facilitate joint assessment, planning, monitoring and advocacy activities;
c. Integrate communication and community engagement activities into health risk mitigation efforts.

SAMPLE COMMUNITY ENGAGEMENT ACTIVITIES

1. Increasing the support of families and caregivers through personal information dissemination.
2. Expanding the engagement of partner organizations such as the Armed Forces/Police Force, civil society organizations (CSOs), *PLKB* network, Puskesmas, Integrated Health Service Post (*Posyandu*) for Older People, Integrated Health Promotions Post (*Posbindu*) for Non-Communicable Diseases, *PKK* cadres, village volunteers, behavior change ambassador, etc.
3. Webinar in collaboration with professional associations like the Indonesian Medical Association (IDI) and the Indonesian Geriatrics Society (Pergemi).
4. Engaging midwives and nurses as additional manpower in screening activities.
5. Home visits by *PLKB*, cadres and other volunteers to bring services closer to older people.
6. Provision of facilities and infrastructure that are senior-friendly e.g. snacks, minimization of stairs, cool ambient temperature with shades, loudspeakers, etc.
7. Mobile vaccine service in public areas to overcome access barriers for example in a mosque, bus/inter-city transport terminal, train station, market, or places where older people generally gather.
8. Vaccination service at the neighborhood/community group (*RT*/*RW*) facility as an initiative to bring vaccination service closer to older people.
9. Revitalization of *posyandu* for older people or *posbindu PTM* to become "Senior Vaccination Center".
10. Engagement of community radio (Association of Community Radio – ORARI).
11. Leveraging town criers to broadcast information in residential complex or at intersection traffic lights.
12. Uniform, up-to-date elderly screening guide.
13. Thematic derivative messages e.g. "2x Vaccine is More Optimal"; "*Tak Kenal Maka Tak Sayang* (Know something first in order to like it)"; "Twice Vaccinated, a More Prepared Body to Win".
14. Sensitization of vaccine location layout and service flow (chairs, drink/snacks, registration desk, screening location, etc.).
15. Counseling corner to provide explanation about the vaccine side effects, ways to address them, and to respond to other questions.
16. Other activities tailored to the social capital and capacity in each area, e.g. use of instrumental music that appeals to older people.

TIPS FOR COMMUNICATING WITH OLDER PEOPLE IN COMMUNITY ENGAGEMENT

1. Approach older people for a casual chat during their free time.
2. Start with small talks such as the news, ask about their condition, hobby, or activities they enjoy. Try to not jump directly to the COVID-19 vaccination topic.
3. Listen carefully to every opinion or concern that the older person has about COVID-19 vaccination in order to build trust, then explain slowly the benefit, facts, disinformation, and other issues around COVID-19 vaccination.
4. Build a sense of care and empathy in the older person by saying for example, if an older person is vaccinated against COVID-19, he/she will participate in protecting the other family members like their children and grandchildren.
5. Share the experience of other older people who have received the COVID-19 vaccine. If an organization of older people is present in the area and its members have been vaccinated, try inviting the older person to join the group.
6. Provide explanation to the older people's family/spouse/caregiver so that they understand the concerns and anxiety that older people have about COVID-19 vaccination. Provide families/caregiver with adequate information so they will be able to explain the facts and other vaccine-related issues to the older person.
7. Give family/spouse/caregiver information about the COVID-19 vaccination procedure so they can help the older person access service. Assistance can start from finding the nearest vaccination post, to help in the registration process, in administrative preparation, to accompanying the older person during vaccination and monitoring the person's condition after vaccination.

SUPPLY AND ACCESS SUPPORT

To ensure a smooth vaccination session, attention should be paid to the following:

1. Availability of venue and vaccine supply through coordination with local health offices.
2. Senior-friendly vaccination service.
    a. Infrastructure: comfortable place under the shade, with chairs to sit on while waiting, also drink and snacks;
    b. Mobile vaccination post to bring service closer to residential areas that have a lot of older people as residents;
    c. Door-to-door service to provide vaccination to older people who have mobility limitation or require special assistance.

ENGAGEMENT OF SOCIAL INSTITUTION AND POLICY SUPPORT

1. Inter-policy collaboration and implementation in order to increase the benefit of vaccination for older people and their family.
2. Policy packages on vaccination of older people and family members who live in the same house.
3. Capacity strengthening of local leaders through collaboration with the Directorate General of Regional Administration, the Ministry of Home Affairs.
4. Involvement of the Armed Forces/Police Force to reach the outermost, disadvantaged, and farthest regions.
5. Partnership with national social organizations that specifically focus on elderly population for example Alzheimer Indonesia, Indonesia Elderly Agency (LLI), Elderly-Friendly Indonesia Foundation (IRL), Organization of persons with disabilities (OPD), etc.
6. Partnership with members of the Risk Communication and Community Engagement (RCCE) Working Group Discussion Forum including NGOs, donor agencies, media representatives, the government, and academicians who work on COVID-19 issues including vaccination.
7. Involvement of the Population and Civil Registration Office (*Dukcapil*) to help older people who face difficulties finding their Resident Identification Number (NIK).

PARTNERSHIP WITH OTHER ORGANIZATIONS/INSTITUTIONS FOR VACCINATION OF OLDER PEOPLE

Planning and carrying out communication activities must be a collaborative effort between the government, the private sector, and organizations from various sectors. Issues that need to be considered in partnership building are:

1. Determination of priority locations for vaccination, taking into account the following aspects:
    a. Adequate stock on hand to anticipate an increase in vaccine demand;
    b. Number of positive cases;
    c. Availability of vaccinators and screening workers;
    d. Community acceptance rate of vaccination (high or low);
    e. Supporting budget and other resources;
    f. Presence of collaborating partner;
    g. Policy on reopening of the economy.
2. Timeline of activities.

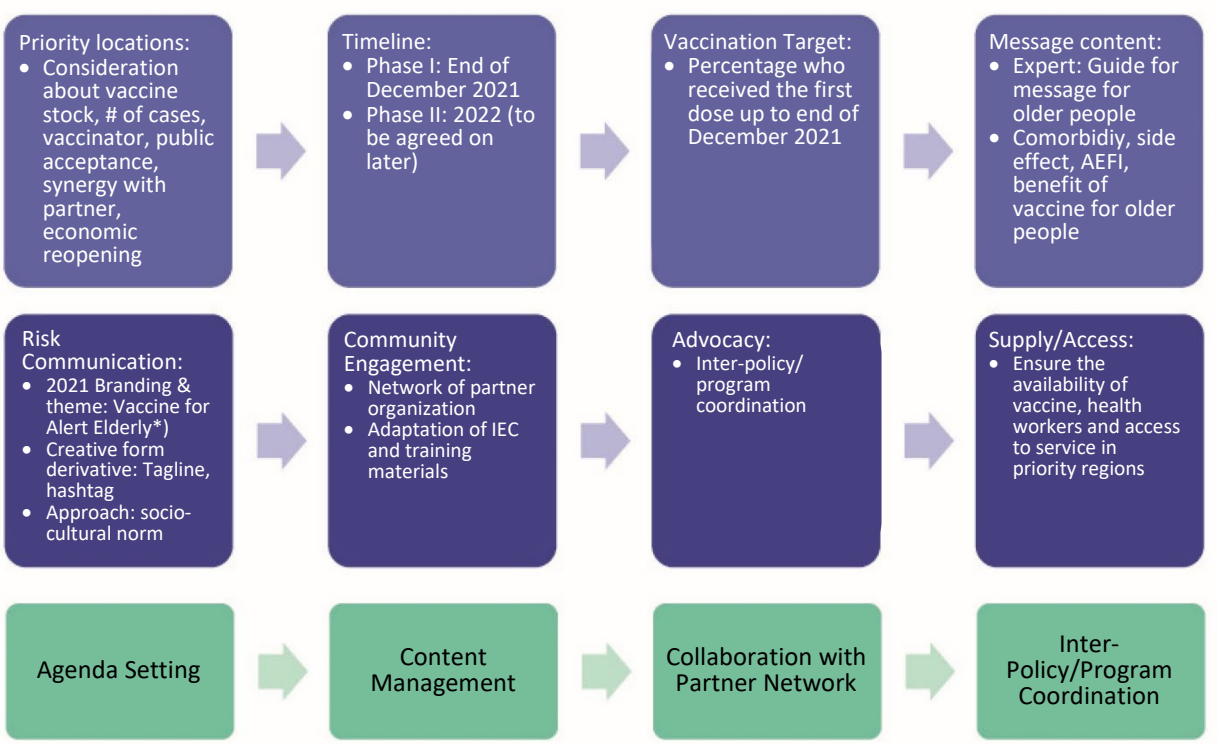
    The Government has determined that up to the end of December 2021, priority should be given to vaccinating older people in order to significantly increase vaccination coverage. In the following year, the priority may be shifted to a different group depending on the situation and the risk factors that have to be addressed.
3. Vaccination target following the national policy.
4. Message content:

    a. Refer to recommendations from health professionals, existing guideline, and other official information media;
    b. Focus on concerns about comorbidities, side effects, adverse events following immunization, and benefits.
5. Communication tactic:
    a. Consistency in branding and logo to increase the audience's trust in the message content and its credibility;
    b. Adaptation of message content to the local context;
    c. Approaches based on the culture and customs of the target audience.
6. Community engagement:
    a. Network of work partners;
    b. Adaptation of IEC and training materials to strengthen the capacity of health workers and volunteers.
7. Advocacy: strengthening the coordination between policies or programs.
8. Supply and access: ensuring the availability of vaccine, health workers, and access to service in priority regions.

The scope of activities that can be carried out with partners is:

1. Agenda setting, placing vaccination of older people as an internal priority activity of the organization.
2. Content management, namely adapting and developing creative contents on vaccination of older people based on guide books and other official sources.
3. Collaboration with a network of partners as a way to expand the scope of partnership with branch offices of a national organization or with other organizations that work in the same region.
4. Synergy with other programs or policies to get better leverage for increasing the vaccination uptake among older people.

Figure 2 Scope of Partnership in Vaccinating Older People



PENTAHELIX PARTNERS AND THEIR ROLE IN COVID-19 VACCINATION COMMUNICATION

1. The role of government ministries and agencies is to set public policies and various regulations that support the engagement of communities and ensure compliance of officials in policy implementation.
2. The role of the community (non-governmental organization, hobby communities, residential communities, and mass organization) is to follow the health protocol and promote vaccination through a principle of mutual cooperation.
3. Academics such as universities, research and educational institutions play a role in capacity strengthening on aspects such as communication activity development, technical support and mentorship, also in promoting compliance with the health protocol in various educational units.
4. The media's (mass, digital, and printed media) role is to disseminate positive news and education to the general public.
5. The role of the private sector (state-owned enterprise, private companies, micro, small, and medium enterprises [MSMEs] and Cooperatives) is to set policies on health protocol compliance in the workplace including supply chain issues; provide capacity support and education to consumers and the population in the area around the business operational site; work with the health sector in supporting vaccination service.

OLDER PEOPLE AND COVID-19

AGE DEFINITION OF AN OLDER PERSON

Law Number 13/1998 about Elderly Welfare defines an older person as someone aged 60 years and above.

PHYSICAL AND PHYSIOLOGICAL CHANGES IN OLDER PEOPLE

Older people naturally experience a decline in sensory function, also physical and physiological changes including:

1 Diminished hearing;
2 Diminished sight;
3 Age-related skin problems for example dry skin, wrinkles, thinner skin, and age spots;
4 Reduced strength along with lower bone density;
5 Reduced respiratory and cardiovascular function;
6 Decline in sensory function (taste and smell);
7 Gradual decline in cognitive function such as the ability to remember, understand, solve problems, and make decisions.

COMMON COMORBIDITIES IN OLDER PEOPLE

The following are some health issues that are often seen in older people (Basic Health Research [*Riskesdas*] 2018):

1 Hypertension
2 Osteoarthritis
3 Diabetes mellitus
4 Heart disease
5 Stroke
6 Kidney failure, and
7 Cancer

VULNERABILITY TO COVID-19

1 Older people are more susceptible to COVID-19 infection as a result of functional and physical decline that their body experiences.
2 Older people are prone to experience severe symptoms that require hospitalization when infected with COVID-19.
3 Older people are among those who need intensive care in an intensive care unit (ICU) and ventilator support.
4 Older people who get COVID-19 are at a higher risk of death.

COVID-19 VACCINATION AND ITS BENEFIT FOR OLDER PEOPLE

VACCINE TYPES

As of today, Indonesia's National Agency of Drug and Food Control (BPOM) has issued an emergency use authorization for 10 COVID-19 vaccine types to decrease infection risks. The 10 vaccines are:

1. Sinovac
2. AstraZeneca
3. Sinopharm
4. Moderna
5. Pfizer
6. Novavax
7. Sputnik-V
8. Janssen
9. Convidencia
10. Zifivax

HOW DO VACCINES WORK?

COVID-19 vaccine contains the virus that causes COVID-19 that has been weakened. If a person receives a COVID-19 vaccine injection, his/her body will develop immunity toward the corona virus without them getting infected by COVID-19.

In principle, all types of vaccine will make the body develop immunity that will recognize or remember how to fight COVID-19 infection in the future.

After vaccination, the body needs up to several weeks to produce immunity in the form of T-lymphocytes and B-lymphocytes. Occasionally, there is a possibility that someone can be infected with COVID-19 at or after vaccination when there has not been enough time for the vaccine to provide protection. Therefore, it is highly recommended that people continue to wear a mask, wash hands with soap and maintain their distance when outside the home.

After vaccination, the process of developing immunity can create a reaction such as fever. This is normal and is a sign that the body is developing immunity.

VACCINE EFFECTIVENESS

1. COVID-19 vaccination effectively reduces the risk of infection and transmission of the corona virus.
2. Studies show that the COVID-19 vaccine helps reduce the severity of illness in patients who have been vaccinated and become infected by the corona virus, including infection by the Delta variant.
3. People who receive the COVID-19 vaccine will help protect their family members from corona virus infection, especially family members who have not been or are not eligible to be vaccinated. They will also protect their family members from the risk of a severe disease should any of them be infected.
4. The COVID-19 vaccine helps the body's immune system recognize and fight the corona virus. It takes approximately 2 weeks to build protection or immunity against corona virus.
5. People have to receive a complete dose to get maximum protection from COVID-19.

BENEFIT OF VACCINATION FOR OLDER PEOPLE

Older people are at higher risk of being infected by COVID-19 and when they do, they are more likely to experience severe symptoms that require intensive care and ventilator support, and they may even die. Data from the COVID-19 Task Force shows that as of 16 November 2021, as much as 46.8% of COVID-19-related deaths occurred among people aged 60 years and older.

COVID-19 vaccination reduces the risk of severe symptoms and death to an older person who gets infected by the virus. Being vaccinated against COVID-19 also helps protect other family members who live in the same house as the older people, including those who are not yet eligible to receive vaccination.

Older people or individuals who survive COVID-19 infection, and have recovered from the illness still need to be vaccinated to protect them from severe medical complication due to COVID-19 infection. Immune response that develops after a natural infection varies from person to person and is highly unpredictable, while a vaccine-induced immune response will offer more complete protection. People who have had COVID-19 and then get vaccinated will also produce an antibody level that is more effective against other variants of the virus that are currently circulating.

COMORBIDITIES AND VACCINATION ELIGIBILITY IN OLDER PEOPLE

The following are recommendations from the Indonesian Society of Internal Medicine (PAPDI) for older people with certain comorbidity:

1 **Autoimmune Disease**
Older people with a history of autoimmune disease can receive the vaccine if their illness is declared stable by an attending physician.

2 **Chronic Obstructive Pulmonary Disease (COPD)**
If the Chronic Obstructive Pulmonary Disease (COPD) that an older person has is controlled, he/she can get vaccinated.

3 **Chronic Liver Disease**
Vaccine efficacy decreases with increased severity of a patient's liver disease. Assessment of a patient's need for vaccination is best performed early when vaccination will provide the most effective protection. If possible, vaccination should be provided before a liver transplant procedure. Patients who suffer from liver cirrhosis are recommended to receive Coronav or better known as Sinovac vaccine which contains inactivated virus.

4 **Hypertension**
Older people with a blood pressure of <180/110 mmHg who are not in an acute condition such as a sudden increase in blood pressure to higher than 180/120 mmHg will still be able to receive COVID-19 vaccination.

5 **Chronic Kidney Disease (CKD)**
Older people with chronic kidney disease who are in a stable condition can receive the COVID-19 vaccine because they are at high risk of infection, and of experiencing morbidity and mortality due to COVID-19. The criteria of a stable condition include not having acute complications or not in other clinical conditions that doctors determine as unsuitable for vaccination.

6 **Heart failure and CHD (Coronary Heart Disease)**

If the heart failure or coronary heart disease condition is stable and an attending physician determines an older person as not in an acute condition, then he/she can be vaccinated.

7 **Diabetes mellitus**

Older people with diabetes mellitus can receive the vaccine as long as they do not simultaneously have several health issues or experience an acute metabolic syndrome, for example a diabetes patient who also has hypertension, high level of cholesterol, and obesity at the same time.

8 **Cancer**

People with cancer must receive approval from a specialist or an attending physician before receiving the COVID-19 vaccine.

VACCINATION ELIGIBILITY CRITERIA

Other criteria for older people to be eligible to receive the COVID-19 vaccine (Coronavac/Sinovac, AstraZeneca, Moderna, Pfizer, and Sinopharm) are:

1. No history of severe allergic reaction after the first dose of COVID-19 vaccine, or allergic reaction to a similar component contained in COVID-19 vaccine;
2. Not in the middle of an acute infection. Doctor's assessment is needed regarding COVID-19 vaccine administration once the infection is resolved;
3. Do not have primary immunodeficiency which is a disorder caused by a damaged or malfunctioned immune system as a result of infection, malnutrition, or other causes.

CRITERIA OF FRAILTY IN OLDER PEOPLE

In addition to comorbid conditions, attention should also be paid to frailty in older people, characterized by the following:

1. Difficulty climbing 10 steps of stairs;
2. Feeling of exhaustion in the last 4 weeks resulting in reduced physical activity;
3. Having 4 of these 11 conditions, namely hypertension, diabetes, cancer (other than small skin cancer), chronic pulmonary disease, heart attack, congestive heart failure, chest pain, asthma, joint pain, stroke, and kidney disease;
4. Difficulty walking 100 meters;
5. Drastic weight loss.

VULNERABILITY IN OLDER PEOPLE

Vulnerability is a condition among older people that should be taken into account in deciding about their feasibility of receiving COVID-19 vaccination. Attention should be paid to the following:

1 The need for screening to identify whether or not an older potential vaccinee is vulnerable;
2 An older person whose comorbidity is controlled and is not vulnerable can directly be vaccinated;
3 Vulnerable older people can be vaccinated as determined by an internal medicine specialist or a geriatric subspecialist on the condition that (1) the older people are not fully dependent on other people in day-to-day activities, and (2) the older people are not terminally ill with a life expectancy of less than 6 months.

VACCINATION INELIGIBILITY IN OLDER PEOPLE

In general, COVID-19 vaccine cannot be injected to people, including older people, who have chronic diseases or diseases that are not yet controlled such as chronic obstructive pulmonary disease and asthma, heart disease, kidney problems, and liver disease.

Specific criteria for ineligibility to receive COVID-19 vaccination are:

1 Fever of > 37.5 °C.
2 Uncontrolled hypertension, namely a blood pressure of > 180/110 mmHg (a blood pressure reading of >180/110 mmHg will need to be repeated in 5 (five) to 10 (ten) minutes and if the same reading is obtained, vaccination should be postponed until the blood pressure can be controlled).
3 Severe allergic reaction after a previous COVID-19 vaccination (dose 1). The person will not be able to receive the second dose of COVID-19 vaccine.
4 Autoimmune diseases such as asthma, lupus. Vaccination should be postponed if the condition is acute or is not yet controlled.
5 Undergoing treatment for blood clotting disorder, blood disorder, immune deficiency or are recipients of blood products/transfusion. Vaccination should be postponed and the individual referred.
6 Undergoing immunosuppressive therapy for example with corticosteroid, and chemotherapy. Vaccination should be postponed and the individual referred.
7 Severe heart disease with shortness of breath. Vaccination should be postponed and the individual referred.
8 More than three ‘yes’ response to questions in the screening form.
9 History of severe allergic reaction after previous COVID-19 vaccination. Vaccination cannot be provided to the individual.

- COVID-19 survivors can continue to be vaccinated. If an individual is infected with COVID-19 after receiving the first dose, then the first dose does not need to be repeated. The second dose will be provided at 1 or 3 months after the individual recovers.

Older people who are unable to receive the COVID-19 vaccine should obtain a letter of medical exemption from a doctor who provides care and has knowledge about the person's health history. The letter should be based on the doctor's diagnosis after an examination and screening. The letter can be used for administrative purposes, traveling and other activities as necessary.

VACCINE SIDE EFFECTS

After vaccination, an individual can experience a reaction such as fever. Not everyone will have the same reaction, or experience an adverse event following immunization (AEFI). An AEFI or a symptom that appears after vaccination is a normal occurrence and is a sign that the body is building immunity. Symptoms will typically subside and disappear in a few days.

AEFI that may appear after vaccination include:

1 Pain, redness or swelling on the arm or at the injection site
2 Headache
3 Muscle pain
4 Joint pain
5 Chills
6 Nausea or vomiting
7 Tiredness
8 Fever with a temperature above 37.8°C or flu-like symptoms and chills for 1-2 days.

Discomfort as a result of side effects is best managed through rest. When necessary, fever-reducing medication can be taken as recommended along with drinking more water. Pain at the injection site can be alleviated with a cold compress using a clean cloth soaked in cold water. If fever persists more than 48 hours after vaccination or other symptoms do not seem to resolve, remain calm and contact a health worker at the number provided in the vaccination card.

VACCINATION DELIVERY

PROCEDURE FOR OLDER PEOPLE TO RECEIVE COVID-19 VACCINATION

Waiting Room

- Check whether the target vaccinee is registered through pedulilindungi.id
- Give a control sheet to be completed by the target vaccinee

Table 1 (Screening – Vaccination)

- Is staffed by a minimum of 2 health workers (screening staff and vaccinator)
- Screening of target vaccinees include: examination of vital signs and several screening questions following the technical guideline
- People who pass the screening process will receive vaccination directly
- Staff will document the screening result and vaccination in a control sheet

Table 2 (Recording & Observation)

- Staff will enter data from control sheet to Pcare application
- Observation for 15 minutes
- Staff will record vaccination into a vaccination card

BEFORE VACCINATION

Preparation before vaccination:

1. Find through online media or other communication channels, a vaccination location that can be reached most easily from home.
2. Ensure you are registered at the vaccination location. Get help from a family member or a relative to register as a vaccinee at the location.
3. Prepare the relevant documents such as ID Card, Family Card, etc.
4. Older people with comorbidity or uncertainty about their health status can consult a doctor beforehand.
5. Older people with comorbidity should take the medicines they regularly take as prescribed by a doctor.
6. Eat healthy, balanced nutritious food that contains carbohydrate, protein, vitamin, and mineral.
7. Avoid heavy activities or excessive exercise before vaccination.
8. Do not drink alcohol at least 2 days before and 2 weeks after vaccination.
9. Try to get 7-9 hours of sleep each day.
10. Manage stress well.
11. Ensure the body is in a healthy condition before vaccination.

When an older person says he/she has a comorbidity, health worker should inquire whether it is a self-diagnosed condition or is based on actual consumption of medication for a comorbid condition.

DURING VACCINATION

1. At the vaccination post, continue to follow the health protocol by maintaining physical distance and wearing a mask.
2. Support older people in the vaccination post.
3. Help prepare the documents that vaccination staff needs for registration.
4. Support older people during the screening process at the vaccination post.
5. Be truthful with the health worker about the health condition that is experienced.

If older people and their family are uncertain about their health, direct them to be examined by a doctor at a health facility and reschedule the first or the second dose of vaccination.

6. Support older people who need to repeat the screening process, for example when the blood pressure reading is high. The individual will usually be asked to wait or rest for 15-20 minutes before the measurement is repeated.
7. Reassure older people that health workers will provide the best service throughout the vaccination process.
8. After vaccination, wait for about 15 minutes in the observation area. Do not hurry home so that health workers can monitor the older person's condition and can immediately provide assistance if an AEFI occurs.
9. Ask about the schedule for the second dose of COVID-19 vaccine.
10. Keep the proof-of-vaccination card that is given. The card contains information about the type of COVID-19 vaccine that is given, the vaccination location, the date of the first dose and the date to return for the second dose.

AFTER VACCINATION

Older people who do not experience symptoms during the observation period will be allowed to go home. However, monitoring should be continued by family members or relatives using this guide:

1. At home, ask about any symptoms that are experienced;
2. Help alleviate symptoms by for example putting a clean cloth soaked in cold water on the arm that experiences pain;
3. Advice the older person to rest, drink enough water and eat nutritious food;
4. Monitor whether the symptoms improve or deteriorate;
5. If symptoms deteriorate, remain calm and call the contact number written in the vaccine card.
6. Continue following the health protocol even after vaccination to protect self and others.

The government has determined that treatment of AEFI will be covered by the state. Older people and their families do not need to worry or hesitate to contact a doctor and go to a health facility when experiencing severe symptoms that do not improve in several days.

SECOND DOSE OF VACCINE

The dosage and protocol for COVID-19 primary vaccination has to follow the standard procedure described in Decree of the Minister of Health Republic of Indonesia number HK0107/Menkes/6424/2021, and letter of the Director General of Disease Prevention and Control number SR0206/II/921/2022 dated 13 February 2022 regarding COVID-19 Vaccination to Target Vaccinees who Drop Out. The table below describes the protocol for the primary series of each COVID-19 vaccine.

Table. Dosage and Vaccination Protocol of Various COVID-19 Vaccines

Vaccine Type	Dosage	Interval between Doses	Method of Administration
Sinovac Research and Development Co, Ltd	(0.5 ml per dose); twice	28 days	Intramuscular
Sinopharm + Beijing Institute of Biological Products	(0.5 ml per dose); twice	21 days	Intramuscular
AstraZeneca + University of Oxford	(0.5 ml per dose); twice	12 - 8 weeks	Intramuscular
Novavax (Covovax)	(0.5 ml per dose); twice	21 days	Intramuscular
Moderna + National Institute of Allergy and Infectious Diseeases (NIAID)	(0.5 ml per dose); twice	28 days	Intramuscular
Pfizer Inc. + BioNTech	(0.3 ml per dose); twice	28 - 21 days	Intramuscular
Johnson and Johnson (Janssen)	(0.5 ml per dose); one time	-	

PREPARATION FOR THE SECOND VACCINE DOSE

After receiving the first dose, older people who do not experience significant symptoms or side effects can receive the second dose of vaccine. Help older people prepare to receive the second dose and to manage side effects that may appear.

1. Go to the vaccination location as scheduled (see the date in the vaccine card).
2. If after receiving the first dose, an older person gets COVID-19, then the second dose can be given 1 or 3 months after recovery following the guide below:
    a. Survivors who had mild to moderate illness, namely asymptomatic people (undergo self-quarantine) or hospitalized patients without intensive care who needed no or little supplemental oxygen, can receive the COVID-19 vaccine 1 month after recovery.
    b. Survivors who were severely ill, were in an ICU and required ventilation, can receive the COVID-19 vaccine 3 months after recovery.
3. Bring the vaccine card that was received during the first vaccination.
4. Continue to follow the health protocol by wearing a mask and keeping a safe physical distance at the vaccination location.
5. Tell the health worker the actual health condition that is experienced.
6. Ensure that the second vaccine is of the same type as the first dose.
7. After vaccination, wait for about 15 minutes for observation by a health worker.
8. Keep the vaccine card as proof that the person has received a complete dose.

Anyone who does not receive the second dose within the minimum interval should go to a vaccination location as soon as possible to receive the second dose.

As stated in Decree of the Minister of Health No. HK. 01.07/ MENKES/ 12578/2020 on Types of Vaccine used for COVID-19 Vaccination, the Minister can change the type of vaccine based on recommendation from Indonesia Technical Advisory Group of Immunization (ITAGI) and the Committee for COVID-19 Response and National Economic Recovery (KPCPEN).

BOOSTER VACCINATION

The protocol for administering booster doses is explained in Circular Letter of the Director General of Disease Prevention and Control number SR0206/II/1180/2022 dated 25 February 2022 regarding COVID-19 Booster Vaccination Adjustment for the General Population, and number SR0206/ II/1188/2022 dated 25 February 2022 regarding Additional Regimen of COVID-19 Booster Vaccination:

1. Booster vaccination is provided by the Government for people aged 18 years and above who have completed the primary vaccination, with priorities given to the eldely population and immunocompromised people.
2. Booster vaccination for the general population will start to be provided in all districts/cities simultaneously without waiting for the coverage target of 70% and minimum 60% dose-1 coverage target among older people are reached.

3. To receive a booster dose, people have to fulfill the following requirements:
    a. Have a Resident Identification Number (NIK) in the form of a National ID Card/Family Card or as recorded in the PeduliLindungi application;
    b. Are 18 years or older;
    c. Have completed the primary vaccination series at least 3 months beforehand.
4. The vaccine will be given as an intramuscular injection in the upper arm.
5. Booster vaccination will be offered through Puskesmas, hospitals that belong to the central and local government, also in vaccination posts coordinated by Provincial or District/City Health Offices.

Table. Dosage and Protocol for COVID-19 Booster Vaccination

Primary Series Vaccine	Booster Vaccine	Doses	Minimum Interval from the Primary Series
Sinovac	Astra Zeneca	Half dose or 0.25 ml	3 months
	Pfizer	Half dose or 0.15 ml	
	Zififax	Full dose or 0.5 ml	
	Moderna	Full dose or 0.5 ml	
Astra Zeneca	Moderna	Half dose or 0.25 ml	
	Pfizer	Half dose or 0.15 ml	
	Astra Zeneca	Full dose or 0.5 ml	
Pfizer	Pfizer	Full dose or 0.3 ml	
	Moderna	Half dose or 0.25 ml	
	Astra Zeneca	Full dose or 0.5 ml	
Moderna	Moderna	Half dose or 0.25 ml	
Janssen (J&J)	Moderna	Half dose or 0.25 ml	
Sinopharm	Sinopharm	Full dose or 0.5 ml	

MISINFORMATION, DISINFORMATION, AND FAKE INFORMATION ABOUT COVID-19 VACCINE

Misinformation is misleading information that is purposefully created or spread without an intent to manipulate, for example, information about death due to vaccination that is spread by people without checking the facts first.

Disinformation is misleading, false, or non-factual information that is deliberately disseminated to confuse or manipulate people. Disinformation can become misinformation when people who believe the inaccurate information as true spread the information further. Fake information is similar to disinformation, which is false, non-factual information created to convince people that the information is true.

The harm caused by the above include:

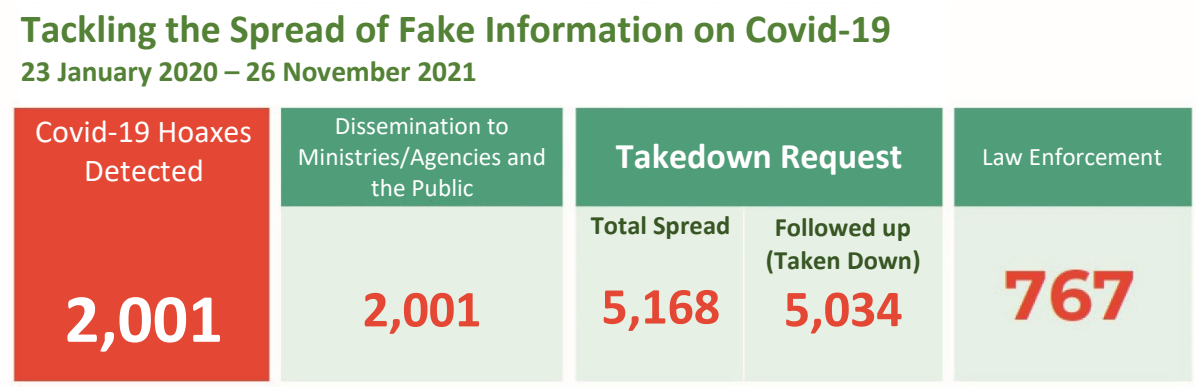
1. Push people to hide their illness to avoid discrimination and stigma.
2. Prevent people from seeking health care, which can lead to fatal health consequences or even death.
3. Discourage people from complying with the health protocol and receiving COVID-19 vaccination.
4. Fake information spreads very easily through social media and group chats. Do not easily trust information that is spread through these channels. Always confirm the information through official and trustworthy sources.

Fake information about COVID-19 vaccine that has been circulating in the population can be viewed at Hoax Buster | Covid19.go.id which include:

1 Fake information: The Government will Carry Out Forced Injection of Deadly Vaccines on 22 February 2022;

2 Fake information: Baby Born with a Genetic Abnormality because the Mother was Injected with COVID-19 Vaccine;
3 Fake information: 13 School Children in Africa Died due to COVID-19 Vaccine;
4 Fake information: Stroke Strikes Children as Side Effect of the COVID-19 Vaccine;
5 Fake information: WHO Admitted that COVID-19 is the Same as Regular Flu and 500,000 People in USA Died Because of the Vaccine;
6 Fake information: People who Receive COVID-19 Vaccination will Have Abnormal Blood and Cannot Donate Blood.

Box 1. Total Number of Fake Information Identified in Indonesia (Source: Mafindo).



What to do to get the facts and avoid fake information:

1. Do not spread or forward the message. Remember, Filter Before Sharing!!
2. Follow the government's official accounts or forum to get information about COVID-19 and vaccination.
3. To report fake information, send an email to aduankonten@mail.kominfo.go.id, or go to the website https://www.aduankonten.id.
4. To check for fake information:
   a. Send a WhatsApp message to Mafindo's Chatbot at 0859 2160 0500
   b. Check the Ministry of Communication and Information Technology website at https://kominfo/inihoaks or https://turnbackhoax.id and https://cekfakta.com
   c. Official website with information on COVID-19 vaccination is https://sid/infovaksin

VACCINATION LOCATION

Family members or relatives can help find a vaccination post that is most accessible and comfortable for the older person. Clear information should be obtained about the time of vaccination service, the type of vaccine available, the documents that need to be prepared, and the convenience of the location for the older person. It is best to go to the nearest vaccination post to minimize the time spent in traveling to the vaccination location.

WHEN PLANNING TO TRAVEL

When an older adult plans to travel, attention should be paid to the following:

1. Ensure you are in a prime condition for travel.
2. Bring adequate stock of medications that need to be consumed.
3. Keep a list of emergency contact information in case a problem occurs during travel.
4. Follow recommendations on maintaining cleanliness for yourself and your family or relative.
5. Wash hands routinely with soap and running water or use a hand sanitizer that contains minimum 60% alcohol.
6. Cover nose and mouth with tissue when you cough or sneeze, or cough/sneeze into your inner elbow. Discard the tissue immediately after use.
7. To the extent possible, avoid direct contact with someone who is coughing or sneezing.
8. Always bring hand sanitizer, tissue, and disinfectant wipes while traveling.
9. On a plane or in a vehicle, it is recommended to use liquid disinfectant to disinfect the seat, armrest, touchscreen, and other parts.
10. In hotel room or other type of accommodation where the older person and family stay, use liquid disinfectant to disinfect the key, door handle, and other surfaces.

IN FAMILY GATHERING

1. So far, the safest choice is to gather with family members who live in the same house, or hold virtual gatherings with relatives or other people who do not live in the same house. Try to avoid gathering or crowds. Choose virtual activity as an alternative.
2. If it is important to meet face to face direcly, try to meet in an open space with good ventilation (open windows) and limit the meeting time.
3. Avoid sitting close with one another and refrain from sharing food or eating utensils.
4. Maintain a distance of 1.5 meters from other people, wear a mask, and wash your hands frequently with soap.
5. After a gathering, each person is recommended to quarantine themselves for approximately 14 days to avoid spreading COVID-19.

ADAPTING TO A NEW NORMAL

Adapting to a new normal means a condition where people can carry out their daily activities and adapt to coexist with COVID-19. Amid a pandemic, people expect to still be able to continue their routine activities to meet their daily needs; people want to work, engage in religious worship, work as traders, teach, socialize with people, and achieve self-actualization. Therefore, to move toward a healthy, fit, and productive society, there are new rules, new lifestyles, and new habits that people have to adopt. Older people who have completed their COVID-19 vaccine dose are recommended to maintain discipline in following the 5M health protocol (wear a mask, wash hands with soap, keep physical distance, avoid crowds, and reduce mobility) as the best way to prevent COVID-19 transmission. Older people are recommended to:

1. Wear a mask when going outside, and to keep the mask on inside their home if there is a family member who is infected with COVID-19 or is at risk of being exposed to COVID-19, if the older person experiences symptoms that point to COVID-19 infection, or has to be in a small room where keeping a safe disance from the other family members is not possible.
2. Wash hands frequently with soap and running water for at least 20 seconds, or use hand sanitizer.
3. Maintain physical and social distance while outside the home.
4. Avoid crowds outside the home.
5. Limit mobility. Unless urgently needed, it is best for older people to stay home.

OTHER HEALTH PROTOCOLS:

1. Enhance immunity with adequate rest and routine exercise.
2. Greeting one another does not need to be with a handshake and cheek kissing. Replace the greeting with "*namaste* greeting" or a greeting with palms joined together in front of the heart in a prayer pose.
3. Use electronic money and limit cash payment.
4. Immediately take a bath upon arriving home.

NUTRITION

1. Eat a variety of nutritious food and maintain a varied diet that contains carbohydrate, protein, vegetables, and fruits.
2. Good nutrition is important to build a strong immune system.
3. Protein is beneficial for optimum immune function, tissue regeneration, and muscle strengthening.
4. Common protein sources include tofu, tempe, fish, meat, chicken, egg, and mung bean.
5. Important notes about nutrition for older people:
   a. Fruits and vegetables are needed as sources of vitamin and mineral
   b. Include low-fat milk and meat, seafood, and legumes as part of the diet
   c. Drink enough water, at least 2 liters per day
   d. Limit consumption of sugar, salt, fat, and oil
   e. Eat iron-rich food
   f. Make breakfast a daily habit
   g. Avoid alcohol and high-caffeine drinks
6. Pay attention to food packages and note the expiration date and nutritional content of the food.
7. For older people who have a certain disease or certain dietary restrictions, consult a doctor for dietary recommendations.

PHYSICAL EXERCISE AND PREVENTION OF FUNCTIONAL DECLINE

Older people need support to be physically active and improve their quality of life. Regular exercise will help improve one's physical and mental health, reduce the risk of diseases and help maintain the various functions in the body.

Exercise that is recommended for older people is a light workout or walking for 20-30 minutes daily. This can be done inside the home, in the frontyard/backyard, or outside the home every morning or afternoon, following the health protocol at all times. Walking maintains muscle strength with minimum risk of injury.

Exercise in the form of a light workout or walking includes movements to warm up, the core exercise, and movements to cool down, such as:

1. Warming up prepares the body's organs and functions for the next movements and prevent injury or soreness. Movements that can be done include stretches of the arm, shoulder, waist or relaxing the neck muscles.
2. Core movements that can be done are swinging of the hands or clapping, moving the legs by lifting the knees or walking in place.
3. Cooling down helps lower the heart rate, and help the body temperature to return to its pre-exercise condition. Older people can do the following movement: stand with your feet shoulder-width apart, then bring one arm to the chest, wrapping around the neck and hold it with the other arm. Do it 8-10 times then repeat the movement on the other side.

REGULAR HEALTH CHECKS

1. Older people are suggested to have a routine health check during *posyandu* for older people service that each puskesmas holds once a month in their catchment area. Health check service includes basic examination of body height and weight, blood pressure measurement, motor function test, also vision and oral health screening.
2. If *posyandu* for older people is not available in the area, then routine health checks can be obtained at the nearest puskesmas.
3. Simple laboratory tests are also performed consisting of cholesterol, uric acid and blood sugar measurement. The result will give indications of any non-communicable disease that may be present. Older people with laboratory result that is outside the normal range will be referred to a referral health facility.
4. During the pandemic, several regions do not hold in-person *posyandu* sessions for older people but maintain service provision through home visits or other innovation. Older people and their families will need to maintain effective communication with health cadres to obtain optimal access to health service.

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8. Directorate of Health Promotion and Community Empowerment Team
9. Bureau of Communication and Public Service Team
10. Directorate of Surveillance and Health Quarantine Team
11. JHCCP-Breakthrough ACTION for COVID-19 Team