

**FINAL REPORT ROK-ASEAN  
VOLUNTEER BASED HOME CARE PILOT PROJECT  
FOR OLDER PERSONS  
IN INDONESIA**

**Reported by  
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# **VOLUNTEER BASED HOME CARE PILOT PROJECT FOR OLDER PERSONS IN INDONESIA.**

## **I. INTRODUCTION**

### **A. PROJECT BACKGROUND AND JUSTIFICATION.**

The steady increase of older age groups, both in absolute numbers and in relation to the working-age population, will have a direct bearing on relationship within families, equity across generations, and the family solidarity that is the foundation of society.

In 2000, there were more older people in the rural areas (7.92%) compared to those in urban areas (6.17%) out of a total of 14.4 million older people population in Indonesia (BPS 2001). Among these older people 4 million were poor/potentially disadvantaged and 3 million were poor/ disadvantage (Social Affairs, 2003).

The majority of the Indonesian older persons in this 21<sup>st</sup> century were born in late 1930s and 40s and are still living in rural areas, and as a result of public health programs and modern technologies, their life expectancy and survival rate is higher than for the earlier generations.

However, educational attainment is still relatively low, in particular for women.

They have fewer children, due to the intensive family planning policies implemented after 1970 and rural-urban migration of their children has resulted in more older persons living without children living with them or nearby.

They are thus potentially more dependent on community rather than family, compared to earlier generations.

In Indonesia, the family remains the primarily source of care for the older persons for cultural , as well as economic reasons. Indonesian society places a high value on the traditional role of the family in supplying care to the elderly. However, dependence on familial care is threatened by the specter of poverty, as well as other demographic changes linked to migration.

The family is no longer in the position to provide support to the aged as traditionally expected, and the government is not yet in a position to ensure comprehensive care for older persons in need, the best hope for support for the poor seems to be the community.

Community involvement in handling the social and economic problems of its members has strong cultural roots in Indonesia, especially in relation to the elderly.

Volunteering has always been an integral part of every aspect of Indonesian life. Indonesia's tradition of voluntary action can be credited to religious and spiritual values, but it is also a matter of mutual dependence and assistance (gotong-royong ).

What is needed now is a joint effort by voluntary leaders in cooperation with the Government to reduce the extensive suffering and destitution now being experienced by the dependent older persons, to see that they can live in decent comfort for the rest of their life.

With the high number of older persons living alone (poor /neglected), the need to develop a specific volunteer based national home care program is urgent.

On 4-6 February 2003, a National workshop on Policies and Programs for older persons was held in Jakarta, as a follow up of the adopted Madrid International Plan of Action, organized by Yayasan Emong Lansia in cooperation with the Ministry of Social Affairs, UNFPA and HelpAge International.

Results of this workshop are: The National Plan on Ageing 2003 –2008 and the National Commission on Ageing , enacted with a Presidential Decree. This National Commission has various task forces, among others a Home Care task force.

In Jakarta a community-based home care service called PUSAKA was established in 1974, in response of lack of institutional care, mainly providing meals for the disadvantaged older people.

Currently there are already 74 PUSAKAs operating in Jakarta in 74 sub-districts out of a total of 243 sub-districts in Jakarta, supporting around 4000 disadvantaged older persons out of 68.155 disadvantaged older persons in Jakarta. However, due to increase in life expectancy, 47 years in 1950 to 68 years in 2000, there is a need for quality home care that could be provided by volunteers in the community.

There is great potential to further develop their institutional capacity to provide more comprehensive care to further their institutional capacity, through training of community social workers, volunteers and Red Cross Scouts in the field of gerontology by professional gerontologist and geriatricians.

**Older population (60+) in Indonesia.** (Bureau of Statistics, 2004).

	<b>Number</b>
<b>Older population (60+)</b>	<b>16.172.835 (100%)</b>
Independent	9.088.365 (56.20 %)
<b>Poor</b>	<b>4.658.279 (28.80 %)</b>
<b>Neglected</b>	<b>2.426.191 (15 %)</b>
Age 80+	1.444.530

**Available Social Services for older persons.**

**1. Old People Homes in Indonesia and number of residents.**

Type of Home	Unit	Number of Residents
Central Government	2	180
Province / Local Government	66	4.271
Private / community	834	3.931
<b>Total</b>	<b>902</b>	<b>8.382</b>

## 2. PUSAKAs (Community Based Care for poor older persons in Jakarta)

Area	Number of Pusakas	Male	Female	Total Clients
Central Jakarta	17	93	916	1.009
East Jakarta	15	116	847	963
South Jakarta	20	107	1.610	1.717
West Jakarta	12	65	693	758
North Jakarta	9	49	437	486
<b>Total</b>	<b>73</b>	<b>430</b>	<b>4.053</b>	<b>4.933</b>

3. Day Care services ( started in 2005)

4. Income generating assistance

5. Trauma Center (2006)

6. Social Security in old age.

## B. INSTITUTIONAL ARRANGEMENT.

Yayasan Emong Lansia, Partner of HelAge International is the implementing agency of the Home Care Pilot Project in Indonesia with technical support from HelpAge Korea and HelpAge International.

### Project Advisory Committee (PAC):

Representing Government Insitutions:

1. Coordinating Ministry of Peoples Welfare
2. Ministry of Social Affairs
3. Ministry of Health
4. National Family Planning Coordinating Board

Representing Academia:

5. Indonesia Research on Ageing /InResAge
6. Indonesia Geriatric Association / PERGEMI

Representing NGOs:

7. HelpAge Korea
8. HelpAge International
9. Yayasan Emong Lansia

### Project Team:

- Project Coordinator
- Training Coordinator
- Field Coordinator
- Volunteers

### **C. Objectives .**

1. To develop a National community-based Home Care model adapted to the social, cultural and social economic situation of Indonesia .
2. To promote awareness of community-based home care model among public, private and voluntary sectors as contribution to national policy.

## **II. ACTIVITIES UNDERTAKEN AND OUTPUT.**

### **Preparation period. (October 2003 – March 2004)**

#### **1. Establishment of Home Care Project Team**

Project team consists of:

- Project Manager
- Training Coordinators
- Field Coordinators
- Volunteers
- Older persons themselves

#### **2. Establishment of Project Advisory Committee (PAC)**

Committee members representing :

##### **Government:**

- Coordinating Ministry of Peoples Welfare
- Ministry of Social Affairs
- Ministry of Health
- National Family Planning Coordinating Board (BKKBN)

##### **Non- Government:**

- NGO – Yayasan Emong Lansia , Eva Sabdono , HelpAge International (HAI) and HelpAge Korea ( HAK)
- Academia : Indonesia Research on Ageing (InResAge), Dr. Nugroho Abikusno
- Community Social Worker Association (PSM), Lily Sudjono
- Red Cross ( Dr. Lita )
- Social Worker (Drs Sofyan Manurung)
- Training Coordinator: Maria Widjaja (RN)

3. Home Care Model Development Workshop.
4. National Seminar on Home Care (December 2003)
5. Advocacy with Central Government and Mass organizations
6. Field visit / needs assessment
7. Recruitment of volunteers
8. Develop home care model and training module
9. Training and on the job training of volunteers

**OUTPUT:**

- Home Care Team established ( Project Advisory Committee and Project Team)
- Detailed work plan developed
- Training module developed
- Data base of older persons collected
- Volunteers recruited and trained
- Area for Pilot Project selected

**Activities (Year 2, April 2004 – March 2005)**

1. Implement home care model in selected area in Tegal Alur, West Jakarta for pilot study starting April 2004
2. Weekly Home visits by volunteers to clients
3. Supervision of home care model pilot implementation (Weekly meetings with Field Coordinator)
4. Supervision team monitors based on specific indicators ( Monthly meetings with Project Manager)
5. Advocacy with Local Authority
6. Quarterly PAC meetings
7. Social Activity for Older Persons
8. Outings / Pick-nick for volunteers
9. Year end gifts for older persons and volunteers.

**OUTPUT:**

- Implementation of Pilot Project in Tegal Alur (selected area)
- Older persons in need of home care services identified
- Weekly home visit by volunteers
- Regular health check-ups at Community Health Center
- Collaboration with Hospital for clients who need hospitalization
- Building made available by Local Government for Client and volunteers activity, officiated by the Deputy of the Coordinating Ministry of Peoples Welfare and Mayor of West Jakarta
- Social Activities for clients as well as volunteers
- Ambulance provided by Red Cross when needed (in emergencies)
- Donations from private sector in the form of wheelchairs, walkers, reading glasses etc.

### **Activities (Year 3, April 2005 – March 2006))**

1. Basic health care training for volunteers (3 days)
2. Home Care Project Mid-term evaluation
3. Project team presentation on Mid-term evaluation of Home Care Model Development, Home Care Model pilot project, and Home Care Model pilot supervision.
4. Social Activity
5. Exchange visit
6. National Evaluation seminar on home care implementation in Tegal Alur, lessons learned and impact of pilot project.
7. Project Advisory Committee (PAC) together with Project Team will develop home care model policy and guidelines to be implemented in other areas in Indonesia planning to develop home care as contribution to National Policy.
8. Home care project team shared lessons learned with other home care counterparts in the South-east Asian region , in Manila

### **OUTPUT:**

**Home Care Pilot Project adopted as model for replication in other Provinces by Ministry of Social Affairs**

### **III. EVALUATION.**

#### **A. OUTCOME EVALUATION.**

The Volunteer based home care pilot project for poor older persons in Indonesia, funded by HelpAge Korea for the period October 2003 – March 2006, was implemented in Tegal Alur, a very poor sub-district of West Jakarta.

The Home Care service has proven to be effective

The project has been visited by many organizations within country as well as from other countries.

Although the services did not result in significant improvements in recipient's ability to independently perform activities of daily living, there was significant improvement in meeting the daily living needs due to physical deterioration.

The program is successful in improving the quality of life of recipients and the development of cost-effective and sustainable support system for older persons/

Training is a very important factor to enhance the skills of volunteers in providing home services.

The program enabled YEL to not only provide home care services but also integrate community resources into the services to meet the various needs of the clients

Although the model was designed to meet the social needs of the older persons, health professionals have suggested that the health care needs should be included in this program besides food assistance as most of the clients live below the poverty line.

Dedication and commitment of all stake holders is a must.

## **B. IMPACT EVALUATION ( by external evaluator, complete report attached)**

Home Care Pilot Project in Tegal Alur sub-district , West Jakarta is satisfactory for older persons and related significant others covering family care givers, volunteers community people and government officials.

The study clearly demonstrated that all people involved in the services share the same interest in the welfare of older persons in the community and are supportive ti the activity. It is an organized effort with an active role of the local government.

Families as primary caregivers are appreciative of the service provided by the volunteers. It also shows that the community sustains family life and is the primary channel for providing care at home for older persons. Traditions of mutual help at the community level in Indonesia continue to provide essential social assistance mechanisms for many of the older persons of the poorest families.

Government plays a significant role in advocating a shared responsibility for providing services to the frail and vulnerable older persons at home. As revealed by the study, they are in support of such services provided cy the community and recognized the need to address older persons issues particularly among the poor families.

In achieving better results on impact of home care services to older persons, instruments for data collection play a significant role. The nature of close-ended questions used in the questionnaire is too abstract and require further interpretation by interviewers to arrive at a fair evaluation. The instrument for future studies particularly the abstract questions need to be simplified to obtain better insights and measurements. Given the fact that this was a multi-national evaluation, it had limitation but was an excellent start for assessing this type of program.



## **Recommendations.**

1. The study suggested that the home care pilot project in Tegal Alur sub-district for frail older persons with active participation of volunteers and other service providers in the community was a success and met a defined need. Because of the evident positive perception of all cohorts, this community-based service should be offered to more older persons in the community as well as replicated to other regions in Indonesia.
2. The data on favorability, importance and influence shows there may be a need for continuing to educate the community on older person issues. This effort could strengthen the community's perception of the service as consistent with the Indonesian values. It could also facilitate the older persons acceptance of help from outsiders.
3. Volunteers need more training on health care services and psychosocial issues so that they could be more helpful in accepting and dealing with the process of ageing.
4. Instruments for data collection in future studies should limit the use of abstract questions to ensure better insight and measurements.
5. In order to further use volunteers for providing services, a more objective in-depth study of the volunteers' experience need to be conducted. This knowledge will help in designing training volunteers, providing support to volunteers and motivating community to volunteer in caring for the elderly.

## **IV. MODEL OF HOME CARE PROGRAM FOR OLDER PERSONS.**

### **GOAL:**

- To support independent living of older persons at home as long as possible
- To increase quality of life of older persons to enable them to age with dignity
- Lighten care givers burden.

### **TARGET CLIENTS:**

- Frail older persons (60 years+)
- Poor
- Living alone
- Neglected
- Older persons with health or mobility problem
- Post hospitalization

### **SELECTION CRITERIA OF VOLUNTEERS:**

- Good health
- Age: 21 – 55
- Education level: at least Elementary
- Experience in caring for an older persons
- Live within area of client
- Must attend training
- Willing to be a volunteers for at least one year

### **WORKLOAD OF VOLUNTEERS:**

- Visit client at least once a week.
- Spend at least one hour per visit
- Care for at least on older persons
- Written reports after each visit
- Attend weekly meeting with Field coordinator

### **SERVICES PROVIDED:**

- Companionship, emotional support (100%)
- Housekeeping, cooking (40%)
- Personal care (80%)
- Escorting (60%)
- Basic health care (40%)

### **V. POLICY RECOMMENDATIONS.**

- Home Care service to include health care services
- To be offered to more older persons in the community as well as replicated to other regions in Indonesia by the Government as a National Policy
- Provide training to raise the quality of care that is being offered
- Provide effective ongoing support to informal caring system
- Stimulate public policy development in favor of older persons.

## **VI. CONCLUSION.**

- The Home Care Program has proven to be effective
- The out come of this Pilot Project has been presented at the National Seminar on 14 March 2006, officiated by the Minister of Social Affairs, attended by participant from various organizations, Academia and related Government sectors
- The trained volunteers became able to deal with problems that arose while delivering the services
- The success of this program was due to the active participation by the related Government Institutions, Local Authority, community and the whole Project Team from the start.
- The program needs more time to better meet the real needs of the clients.
- Both the government and local authority level expressed the desirability of enabling older persons to be cared for in their own homes has been reinforced.
- More effort should be given to extending such services country-wide and sharing best practices through the region.
- Volunteers are not cost-free, they must be recruited, trained, motivated and supported
- There is a lack of trained, available and affordable coordinators and professional staff such as social workers. Commitment at all levels to the provision of professional quality care for older persons will go far to address this issue.
- More research into provision of care in rural and disadvantage communities is needed.