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Analysis Implementation of COVID-19 Prevention Policy for Disability in Social Institution (Case Study: Jakarta Capital City)

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Abstract

One of the most vulnerable groups in the current COVID-19 pandemic situation is people with disabilities. Generally, people with disabilities have more health care needs, both everyday needs and needs related to the disorders/limitations. As part of human beings and citizens of Indonesia, constitutionally, people with disabilities have the same rights and position before the law and government. This study aimed to analyze the implementation of COVID-19 prevention policies at the social institutions for disability in Jakarta Capital City, provide information about the implementation, find out the obstacles, and recommend policymakers to prevent COVID-19 in social institutions with disabilities. This study used an exploratory study design with a rapid assessment survey approach, using a secondary data analysis method supported by interviewing stakeholders at the Social Institutions in Jakarta Capital City handling disabilities. The results of this study concluded that the overall implementation has been going well. The socialization and coordination process related to the COVID-19 prevention policy at the Social Institution for Disabilities in Jakarta Capital City has gone well among fellow officers but has communication barriers with residents.

Keywords: COVID-19 prevention policy, disability, implementation

Introduction

One of the most vulnerable groups in the current coronavirus disease 2019 (COVID-19) pandemic situation is people with disabilities.[1] The word "disability" means the inability or lack of physical and mental so that there are limitations in doing something.[2] With various disabilities, some people with disabilities cannot apply rules for social distancing or physical distancing. People with disabilities need a companion in their daily lives, meaning they must constantly interact with other parties to carry out their activities to meet their daily needs.[3]

The COVID-19 pandemic is still a problem in the world today. It is known that the origin of the SARS-CoV-2 originated from Wuhan, China which was discovered at the end of December 2019. The increase in the number of COVID-19 cases occurred in a short time and required immediate treatment. Coronavirus can quickly spread and infect anyone regardless of age, gender, and another social status. The COVID-19 pandemic also created changes in community activities.[4]

Based on the global data in 2019, it was estimated that 15% of the world's population has a disability.[5] One in every five women is likely to experience a disability in their lifetime, while one in every ten children is children with disabilities. Of the one billion population with disabilities, 80% live in developing countries.[5] According to the National Socio-Economic Survey/*Survei Sosial Ekonomi Nasional* (SUSENAS) conducted by the Central Statistics Agency/*Badan Pusat Statistik* (BPS) in 2012 was recorded that the number of people with disabilities in Indonesia was 6,008,661 people.[6]

In 2017, the United Nations Department of Economic and Social Affairs (UNDESA) estimated that around 13% of the world's population are elderly, and of that number, 44% were people with disabilities. Currently, the COVID-19 has a significant impact on residents of nursing homes. In May 2020, in Europe, there is an estimated 45-57% risk of death experienced by residents. In the UK, around 30,296 of the 50,888 deaths from COVID-19 from January to November 2020 were people with disabilities. This also represents a three times greater risk of death for persons with more severe disabilities.[7]

According to the Communication Team of the

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Committee for the Handling of COVID-19 and the National Economic Recovery in Indonesia, there are several causes of the vulnerability of a population to be exposed to COVID-19.[8] First, the vulnerability will increase in crowded and inappropriate places. Second, low access to clean water and a healthy environment. Third, high dependence on daily wages resulted in required to have high mobility. Fourth, low access to health services. Fifth, food vulnerability and malnutrition. Sixth, being in an armed conflict and violent environment, and seventh, part of marginalized and minority communities.[9]

As part of human beings and citizens of Indonesia, constitutionally, people with disabilities have the same rights and position before the law and government.[10] Through Law No. 8 of 2016 concerning Disabilities, the rights to health for people with disabilities is an integral part of the Social Welfare Law No. 11 of 2009 concerning the government's efforts in implementing social welfare through services, rehabilitation, guarantees, empowerment, and social protection for all citizens. The existence of this policy means to realize equal rights and opportunities for people with disabilities towards a prosperous, independent, and non-discriminatory life.[11] One of these efforts is carried out through a Social Institution system that organizes integrated rehabilitation under one roof in the form of medical, educational, training, and social rehabilitation.[12]

Disabilities still face significant barriers in exercising their rights.[13] There is a greater marginalization in some types of disability, for example, in people with intellectual and psychosocial disabilities and people who are deaf. They are more likely to be treated as ostracized in service, live or detained in social institutions, and experience higher levels of violence, neglect, and harassment.[14]

The situation of the COVID-19 pandemic is a concern, especially for people with disabilities who live in tiny rooms, densely populated, closed places, and minimal access, such as in Social Institutions. In Jakarta Capital City alone, around 3,500 people with mental disabilities and 1,500 elders are confined to social institutions managed by the Regional Government. The inadequate conditions of the Social Institutions, such as one room containing 30 people and not allowing social distancing or physical distancing.[15] The need for health care, especially during this pandemic situation, is part of the type of service that must be met in service standards in Social Institutions, as stated in Article 12 of Law No. 8 of 2016 concerning Disability regarding the right to health for people with disabilities.[16]

In addition, following Article 20 of Law No. 8 of 2016 concerning People with Disabilities mandates that they have the right to obtain information, knowledge about disaster risk reduction, to receive priority in the rescue and evacuation process in a disaster situation, and to get easily accessible rescue and evacuation facilities and means.[16] As stated in the Jakarta Capital City Regulation No.10 of 2011 concerning the Protection of People with disabilities, Article 71 stated that in times of emergency and disaster, the Regional Government, the National and Regional Disaster Management Agency, and the community must prioritize rescue and/or help and evacuation of people with disabilities.[17]

The implementation of all policies to ensure the protection and safety of people with disabilities in risky situations such as the current non-natural disaster of the COVID-19 pandemic is urgently needed.[18] With the existence of various policies as a form of the local government's rapid response to the COVID-19 pandemic, the researchers were interested in analyzing the policy implementation process using the model of a figure or policy expert named George C. Edward III. Given this model, it is often used to explore and understand the factors that shape the relationship between policy and policy performance in public policy.[19]

Therefore, the various policies regarding the COVID-19 pandemic situation created by the government need to be analyzed. Moreover, local governments are responsible for empowering their people in a riskier health threat, including people with disabilities. Jakarta Capital City is the area with the highest distribution of positive COVID-19 cases out of 34 other provinces in Indonesia, with a total of 794,937 cases (24.9%).[20] In realizing the equality and rights of people with disabilities, the local government, especially Jakarta Capital City, has an essential role in learning the mandate of the law to provide adequate accessibility for people with disabilities. The implementation of the COVID-19 outbreak prevention in social institutions for disability is part of government policy in the current non-natural national disaster situation. This impact can be minimized if stakeholders take appropriate protective actions and measures.

Method

This study aimed to analyze the implementation of COVID-19 prevention policies for disability at the social institutions in Jakarta Capital City. This study used an exploratory study design with a rapid assessment survey approach, using a secondary data analysis method supported by interviewing stakeholders at the Social Institutions in Jakarta Capital City that handle disabilities. Secondary data was obtained from several books, national and international journals, relevant government regulations and policies, as well as selected news regarding the COVID-19 prevention policies for people with disabilities, especially those in Social Institutions. Furthermore, interviews were conducted with stakeholders referring to Edward III's theory of policy implementation analysis as an enrichment of secondary data.

According to Edward, analysis of the implementation process of a policy/program can be done by looking at four aspects; 1) Communication, 2) Resources, 3) Attitudes or Disposition, and 4) Organizational Structure.[19] So that in this study, an analysis of these four aspects was carried out in the implementation of the COVID-19 prevention policy for people with disabilities. The benefit of this research is to provide information about the implementation of COVID-19 prevention policies at the social institutions for disability in Jakarta Capital City. Provide useful input to continue improving COVID-19 prevention services for people with disabilities for the Ministry of Health, Ministry of Social, Regional Government Health Office and Social Service of the Jakarta Capital City, and other government agencies. For the community are to increase family knowledge and health concern, especially for people with disabilities, and increased awareness of the role of empowerment and community involvement in supporting inclusion during the COVID-19 pandemic.

Results

Policy Overview

Since the World Health Organization (WHO) statement regarding a public health emergency of international concern related to COVID-19, on February 27, 2020, 38 countries have reported to WHO about this outbreak in their country.[21] In Indonesia, COVID-19 was declared a public health emergency in Presidential Decree No. 11 of 2020 on March 31, 2020, and then on April 13, 2020, it was declared a non-natural national disaster through Presidential Decree No. 12 of 2020.[22,23]

Secondary data was obtained through search results from the official website of the Information Management and Documentation Officer (IMDO) of the Provincial Government of the Jakarta Capital City. The policies that apply to the prevention of COVID-19 at the Social Agencies in Jakarta Capital City referred to the Circular Letter of the Head of the Office Social Affairs of the Jakarta Capital City No. 04/SE/2020 concerning Prevention of the Coronavirus in the Social Service Agency/UPT of the Jakarta Capital City.[24] Following up on the COVID-19 situation and condition, the Head of the Social Service issued seven points of attitude or action taken in response to preventing and anticipating the emergence of COVID-19 cases through the Circular Letter of the Head of the Social Service Office of the Jakarta Capital City No. 06/SE/2020, about Precautions against the COVID-19.[25]

Circular Letter is indeed not a statutory regulation (regeling), nor is it a state administrative decision (beschikking), but a policy regulation (beleidsregel) or pseudo-legal regulation (pseudo wetgeving).[26] In the Regulation of the Minister for Empowerment of State Apparatus and Bureaucratic Reform of the Republic of Indonesia No. 80 of 2012 and Regulation of the Head of the National Archives of the Republic of Indonesia No. 2 of 2014, circulars are classified as official document products. Therefore, procedures, ideally circulars, are only limited to official communication tools in the form of notifications to internal circles. Due to its informative nature, circulars may not regulate matters that exceed the authority and conflict with the laws and regulations.[27]

The Circular Letter policy issued by the Head of the Social Service refers to the Instruction of the Governor of the Jakarta Capital City No. 16 of 2020 concerning Increasing Awareness of the Risk of Transmission of the COVID-19 Infection. Based on information obtained from the Social Service, the Head of the Social Institutions, or the Officer, there has been no new policy issued by the Social Service regarding the prevention of COVID-19 for the Social Institution. Likewise, the Health Service stated no particular policy for people with disabilities during the pandemic. This is because the policy is still considered effective until now.

Policy Implementation

As referred to in the Circular Letter of the Head of the Social Service of the Jakarta Capital City No. 04/SE/2020 concerning Coronavirus Prevention in Social Institutions/*Unit Pelaksana Teknis (UPT)* of the Social Service, Jakarta Capital City, the Head of the Institution is obliged to disseminate information about the symptoms, signs, and methods of preventing COVID-19, maintain health, limit activities outside the Social Institution, coordinate with the Primary Health Care (*Puskesmas)* if there are symptoms/symptoms of fever, flu (cold and cough), and coordinate with the Social Service through the Social Rehabilitation Sector.[24] This includes the 3T Program, which the government socialized as one of the main efforts to deal with COVID-19. The 3Ts have the act of conducting a COVID-19 test (Testing), tracing close contacts (Tracing), and follow-up in the form of care for COVID-19 patients (Treatment). In addition to that, wearing masks correctly, keeping a distance and avoiding crowds, washing hands with soap regularly, and being ready to be vaccinated must be carried out.[28]

Implementing the COVID-19 prevention policies in Social Institutions is not easy enough, like what happened in Bina Laras Harapan Sentosa 2 Social Institution for people with mental disabilities, which experienced the most positive confirmed cases of COVID-19 from the other six institutions, with the number of cases at 21 officers and 221 Social Institution residents. As a result of this incident, an evaluation of the health protocol standard operational procedure was carried out. Developing

policies such as minimizing visits to hospitals for immediate treatment by utilizing telemedicine and implementing strict health protocols were carried out to prevent the spread of COVID-19. The following is evidence of the interview excerpt:

> "*In November 2020, 21 officers were affected including the beachhead, but all of them were in without symptoms and in the first wave of covid infected 221 residents were affected by COVID-19 because residents had to go back and forth to the hospital for immediate treatment, such as tuberculosis, HIV and diseases that must be examined in person…After this incident, all SOPs were evaluated, including treatment carried out by telemedicine.*" (P2)

People with disabilities generally have more health care needs, both everyday needs and needs related to the disorders/limitations.[29] Compared to non-disabled people, people with disabilities are more likely to have poor health among 43 countries. The ratio is 42% of people with disabilities versus 6% of non-disabled people who think their health is bad. Accordingly, more than 100 advocacy-related organizations, disability rights coalitions, and emergency management experts in each country urge to respond quickly in addressing the special needs of people with disabilities to maintain their health, safety, dignity, and independence in society during the COVID-19 pandemic.[30]

In the study of policy implementation, Edwards' work has been cited the most by researchers and observers of implementation in Indonesia compared to the model developed by Van Meter and Van Horn. Edwards' explanation of the forms of the concepts he discussed was much more profound and operational. However, his proposed variables were almost similar, even more straightforward than the variables presented by his predecessors.[31] Here is a review of aspects Edward models in this study:

a) Communication

Around the world, activists and people with disabilities have highlighted common concerns in the COVID-19 pandemic situation, focusing on three main areas: medical ableism, cost of living, and communication importance. In these broad areas, specific issues include the availability of ventilators, ethical decision-making in medical emergencies, the need for clear communication, and additional funding.[32] Communication is an important part that must be considered in many developing countries, among others, to reduce the level of panic and the number of infections significantly. Information shared through 'informal' platforms is usually unverified and inaccurate and can contribute to a sizable infodemic that could exacerbate the situation. In fact, as the COVID-19 crisis spread, social media communications expanded significantly, providing fertile ground for communicating unverified information that could potentially harm, among other things, public and population health. Trust and credibility in authorities and government can be eroded. Thus, "the communication process must contain elements of trust, credibility, honesty, transparency, and accountability of information sources."[33]

Communication and coordination for socialization are essential for the achievement of goals. The implementation of face-to-face meetings is directly changed to online meetings or communicated through WhatsApp Groups, E-mails, and other online media, as an effort to maintain coordination of stakeholders in preventing COVID-19 at Social Institutions. This is the interview statement:

> "*The leadership meeting is routine once a month. There is no need to do it verbally, then proceed with writing, it is done as needed via Zoom.*" (P2)

> "*For information, the leadership (Head of the Social Institutions) directly gives it via WhatsApp group and also shares it with his staff.*" (P1)

Regarding the relationship of communication with resources, immediate action is needed in the current COVID-19 pandemic situation, one of which is providing accessible information.[34] From the interview results, it was found that the sources of information and communication have an interdependent relationship. Communication and coordination, as well as socialization, will be more effective if it is aligned with existing resources. The absorption of information is highly dependent on the level of reasoning of the recipient. People with disabilities have limitations in absorbing information, so communication must be built repeatedly and continuously. Officers are required to have an attitude that can apply patience and lead to a better understanding. The following is evidence of the interview excerpt:

> "*We take a personal approach… Let's wear masks, and residents must be told repeatedly to sunbathe every morning. We must be able to educate because there are various types of WBS/residents. Some are aggressive, and some are calm, so we must be able to communicate personally with them.*" (P1)

Likewise, the use of communication technology must be properly digested and practiced by every user to be utilized effectively. At the level of the Social Institutions organization, that the absorption of communication is based on the needs that apply routinely, especially the bond on the part of the Civil Servant/*Aparatur Sipil Negara (ASN)* in collaboration with the honorary em-

ployee/*Penyedia Jasa Lainnya Perorangan (PJLP)* under the operational standards set by the head of the institution. This is the interview statement:

> "*Reports on special conditions are always carried out, and the condition of WBS is reported monthly to the DKI Social Service. Likewise, coordination with other institutions related to tasks and handling is reported regularly.*" (P2)

> "*There is a picket for 24 hours…the officer is a social servant or PJLP, before we take off the picket to report the latest condition of each resident, that condition will be reported to the coaching staff (ASN) whether or not there is a violation of the regulations in force at this Social Institutions.*" (P6)

b) Resources

In dealing with the COVID-19 outbreak quickly, the government must be able to manage the potential that exists in the community. Social power, known as social capital, is expected to be a prominent instrument for the government's success in dealing with the COVID-19.[35] Resources are a determinant of the success of an organization, regarding the readiness of the system to be able to succeed in a mission or goal. The implementation of each policy and information is highly dependent on the readiness of existing resources. In the current pandemic situation, social workers in the Social Institutions are expected to implement COVID-19 prevention policies for residents of the Social Institutions who are people with disabilities. Likewise, there is a need for facilities that can support the operation of the policy, as stated by an officer at Bina Daksa Budi Bhakti Social Institution for people with physical disabilities. The following is evidence of the interview excerpt:

> "*Rooms are limited so we can't keep a distance between one room, there are 20 or 15 or only six, so it's not the same, depending on the room…the problem is there are some rooms that can't be used…only half of them can be used because the condition of the building is damaged.*" (P6)

In addition, aspects of knowledge, attitudes, and practices in COVID-19 were varied based on sociodemographic factors.[36] Characteristics of disabilities that have limitations are a challenge, and social institutions must be able to implement regulations without compromising humanitarian principles. Human resources in social institutions always strive to provide services; usually, human resources are mostly taken from community members. The drawback is that no health care provider can analyze the health condition of Social Institution residents. Psychologists are also needed in certain Social Institutions because psychologists can provide an overview of the development of psychiatric problems experienced by Social Institution residents. This is the interview statement:

> "*There is also a need for psychological human resources assistance at certain institutions because the presence of psychologists can provide an overview of the development of psychiatric problems experienced by residents.*" (DS)

c) The disposition or attitude

Disposition or Attitude of the implementer is the third important factor in the study approach to implementing public policy. Suppose the implementation of a policy is expected to be effective. In that case, the implementers of the policy are required to know what they must do and be able to implement the policy. Most implementers use the possible authority in implementing a policy. One reason for this is that they are independent of policymakers. Another reason for this is the complexity of the policy. However, although the other ways that the implementers take through the authorities depend on the disposition of the policy, in the end, it is their behavior that influences their view of the policy and how they perceive the policy, which is significant to its urgency, from themselves and their organizations.[35]

Like efforts to prevent COVID-19, teach social inmates to wash their hands at Bina Grahita Social Institution was implemented. One of the social inmates in Bina Netra Runggu Wicara Social Institution for people with speech-deaf-blind disabilities stated that restrictions on Social Institution residents' activities inside and outside the Social Institution were carried out. The learning process is still carried out but is limited in number per room.

> "*One example…teaching children to wash their hands…taught by officers…soap is given by officers so that it is orderly and not easy to run out.*" (P4)

> "*The difference during a pandemic is restricted movement, no going out, no crowds, and activity becomes non-existent. For friends, PJJ is still done but is limited to three people per room.*" (D1)

Goggin and Ellis[32] stated in their research that for people with disabilities, such as people with intellectual disabilities and various other communities such as the Deaf community, keeping a distance is not always an option. In fact, the Deaf community cannot communicate without touch and for those who need help in their daily lives. This is experienced at Bina Grahita Social

Institution that handles people with intellectual disabilities in Jakarta Capital City. The Social Institution staff's efforts in preventing COVID-19 have had several obstacles due to the disability conditions of the socially assisted residents. Such as difficulty to implement social distancing, discipline in using masks, and maintaining cleanliness for themselves.

> "*Our resident is a bit difficult to teach to keep a distance… Residents are here for Children with Special Needs, intellectual disabilities…they have an IQ below 60. If they are given a mask, they don't feel comfortable wearing a mask, throw away the mask.*" (P4)

d) Bureaucratic Structure

Issues of institutionalization, lack of services for the community, and inadequate health care for people with disabilities have been exacerbated by the COVID-19 pandemic. Development and implementation of de-institutionalization plans, including emergency de-institutionalization; providing immediate access to essential community supplies and support, including food, medicine, and personal assistance; adopting special policies to protect people with disabilities is urgently needed.[37]

In Jakarta, the bureaucracy related to handling COVID-19 for people with disabilities is generally associated with agencies, such as the Social Service, Health Office, and others, to synergize. If there is no good cooperation between leadership and staff or across sectors, it can hinder implementation. Among them are carrying out the duties and obligations according to the Main Duties and Functions and efforts to divide the responsibilities of activities between several work units. Regional apparatuses have adjusted their respective functions and duties. Social Service is more focused on basic services for neglected people, not only people with disabilities. They usually have a special unit for health, such as Mental Health (Kesehatan Jiwa) by the Health Office. The following is evidence of the interview excerpt:

> "*Regional apparatuses already have their respective functions and duties. It is following the corridors and duties of each...Social Service is more towards basic services for the neglected people, not only people with disabilities. We provide services that are in our orphanage. For health, it usually has a special unit, such as Mental Health.*" (DS)

The statement is in line with Edward III's theory that implementers not only know what actions to take but are also willing to act. Inefficient bureaucratic structure factors still hamper policy implementation. Organizational fragmentation can hinder the coordination needed for the successful implementation of complex policies that require the cooperation of many people.[38,39]

In practice, the head of the Social Institutions has implemented an anticipatory attitude since the outbreak of COVID-19 in Indonesia. The application of the use of masks to all officers and Social Institution residents. There are periodic checks of temperature pressure, oxygen saturation, and blood pressure for all Social Institution residents. The provision of hand sanitizer must include the results of the antigen swab for every guest who enters the nursing home area. Bina Laras Harapan Sentosa 1 Social Institution is the home with the least number of COVID-19 cases with strict health protocols. The following is evidence of the interview excerpt:

> "*We have an SOP for the nurse to check temperature pressure, oxygen saturation, blood pressure, then give hand sanitizer, application of the use of masks to all… For guests, it is currently required for guests who come to have an antigen swab. Then the health protocol must be maintained in our Social Institutions, at least for those affected by Corona, so for All officers before re-entering after taking leave they are obliged to swab.*" (P1)

Inclusive Services

Reflected in the 'Shared Responsibility, Global Solidarity' report on the socio-economic impact of the COVID-19 pandemic, it is not just a health crisis but a direct attack on society. The pre-existing social and economic inequalities responses to disability are in danger of getting worse. Some people with disabilities feel a higher probability of death during the pandemic because of their disability. Health care should not be a by-product of privilege or exclusivity reserved for the rich or upper class in society.[40]

Infection in people with disabilities is more likely to happen in the COVID-19 pandemic situation. Other factors can be attributed to inaccessible physical environment and infrastructure and poor accessibility to health care facilities.[41] The interview results also showed that there were efforts from the nursing home staff to respond to Social Institution residents who had symptoms of COVID-19. The Social Institution also provides special rooms for sick residents, so it is not combined with healthy Social Institution residents. Overall service is quite good. This is the interview statement:

> "*If someone is sick, we have a separate isolation room for handling the covid pandemic as it is today.*" (P1)

In addition, Social Institution residents with disability category are also empowered to be independent. When residents return to their family or community, at least they can take care of themselves and have the habit of

living clean. The Health Office also strives to provide inclusive services for people with disabilities. Such as the priority of vaccines for the elderly and vulnerable groups of people with disabilities. Vaccination has been carried out from the start of April 2020. This is the statement:

> "*When they have managed to meet their family or return to the community, at least they can take care of themselves…one of them is taught to take a bath, so it is an orientation for personal hygiene.*" (P1)

> "*Also making efforts to provide priority vaccine services to the elderly and vulnerable groups such as people with disabilities. Currently, the vaccine is accelerating. It's been done since early April or around the end of March.*" (DK1)

Conclusion

Based on the results of this study, the researchers concluded that the implementation of the COVID-19 prevention policy at the Social Institution for Disabilities in Jakarta Capital City has been going well. The socialization and coordination process related to the COVID-19 prevention policy at the Social Institution for Disabilities of Jakarta Capital City has gone well among fellow officers. However, they have communication barriers with Social Institution residents because of their type of disability, such as those with mental and intellectual disabilities who are difficult to understand.

The resources at each Social Institution have supported the implementation of the SE policy from the head of the Social Office. Human resources with a psychologist educational background are urgently needed to assist residents with mental and intellectual disability categories. The existence of damaged room facilities can be an obstacle to the progress of implementing COVID-19 prevention in nursing homes, such as increasing the density of residents (WBS) in other rooms.

The disposition or attitude of every officer in a disability home has correctly understood the procedures contained in the SE Head of Service policy for the Social Institution environment and the handling of residents. Residents' conditions that have different levels of severity make it difficult to discipline because of their limitations. It becomes a challenge for facilitators to adjust the right attitude. The attitude in implementing the COVID-19 prevention policy for disability at the social institutions in Jakarta Capital City can be stated to be quite good.

In the bureaucratic structure, regional apparatuses generally have adjusted their respective functions and duties. The Social Service is more focused on basic services for neglected people and people with disabilities, while for health, it has a special unit for physical health and mental health at The Health Office. Cross-sectoral coordination and collaboration have been carried out, such as priority vaccine services for people with disabilities as a form of inclusive services.

Recommendations

Based on the results of the analysis of the implementation of COVID-19 prevention at the Social Institutions for Disabilities in Jakarta Capital City in 2021, the researchers provide the following suggestions or recommendations:

For Regional Governments and The Social Services: There is a need for tailored policies for people with disabilities. A psychologist in the Social Institutions is needed so that residents will get better attention. Required repair of damaged facilities, provide bulkheads or room dividers to facilitate occupant control and minimize the possibility of transmitting diseases such as COVID-19. Socialization, both digital and printed, is needed from The Social Service and other government sectors to the community so that there will be no more rejection of people with disabilities.

For the society: after returning to the community, residents with disabilities should be empowered according to the skills they got while in social institutions, with the support of community leaders in realizing inclusion during the COVID-19 pandemic. Promote disability-friendly villages or sub-village/neighborhoods *(RT/RW)* to create inclusiveness for people with disabilities in society.

For the other researchers: more studies on disability can be developed, especially in Indonesia, to make it more inclusive by enlarging the sample or on a larger scale or using other research methods.

Abbreviations

COVID-19: coronavirus disease 2019; IMDO: Information Management and Documentation Officer; SE: Surat Edaran/Circular letter/Circular; WHO: World Health Organization; RT/RW: Neighborhood/sub-village; ASN (Aparatur Sipil Negara): Civil Servant; PJLP (Penyedia Jasa Lainnya Perorangan): Other Personal Service Provider/ Honorary employee; WBS: Warga Binaan Sosial/Residents in Social Institutions.

Ethics Approval and Consent to Participate

This study has been approved by the Commission for Research Ethics and Public Health Service, Faculty of Public Health, University of Indonesia Number: Ket-312/UN2.F10.D11/PPM.00.02/2021.

Competing Interest

The author declares that there are no significant competing financial, professional, or personal interests that might have affected the performance or presentation of the work described in this manuscript.

Availability of Data and Materials

The data that support the findings of this study are available from the

corresponding author upon reasonable request.

Authors' Contribution

CM and DA were involved in the design study, analyze data, compile, and revise the script. All authors read and approved the final manuscript.

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