

As of 14 September, the Government of Indonesia has announced 221,523 confirmed cases of COVID-19 across all provinces of the country, with 8,841 deaths. The Government has also announced that 158,405 people have recovered from the illness. The Government also recorded 98,842 suspected cases.

The Indonesian Doctors Association recorded, as of September 13, a total of 194 deaths of health workers due to COVID-19, consisting of 115 general practitioners and specialists, 9 dentists and 70 nurses. The Central Bureau of Statistics registered a total of 81,011 doctors in Indonesia in 2019, with the largest numbers in DKI Jakarta (with 11,365 doctors), East Java (10,802 doctors), Central Java (9,747 doctors), and West Java (8,771 doctors).

On 3 September, the President of Indonesia established the National Team on the Accelerated Vaccine Development for COVID-19 disease, through Presidential Decree Number 18 of 2020. Reporting directly to the President, the team consists of a Steering Team – chaired by the Coordinating Minister for Economy -, the Team in-Charge - chaired by the Minister of Research and Technology/Head of National Research and Innovation Agency -, and the Executive Team.

Indonesia will hold regional elections in 2020 simultaneously for 270 provinces, districts and municipalities, with the voting day on 9 December 2020. The Minister of Home Affairs has sent official letters of warning to 54 regional heads of the government who are suspected to violate the COVID-19 protocol in convening the election process, including crowd gatherings. A total of 704 potential pairs (two people running together, to occupy governor and vice-governor positions, etc) of candidates are expected to participate in the elections in 270 regions, and the Ministry of Home Affairs has recently recorded that 37 pairs have been infected with the coronavirus.

The Government of Jakarta has decided to stringent large scale social restrictions starting 14 September. The Provincial Government met with the National Task Force to determine the maximum capacity of business activities, operational of public spaces, and mobility limitation, and reached the following key decisions:

- Operations of 11 industrial sectors (health, food & beverage, energy, information & communication technology, finance, logistics, accommodation, construction, strategic industries, basic services, public utility & industries that considered as vital objects, and daily needs) are allowed, with 50 percent personnel.
- Closure of all schools and educational institutions, parks and recreational facilities, public sports facilities and gathering halls.
- Foreign government and diplomatic offices, and state owned enterprises may operate with 50 percent personnel. Local government offices can operate with 25 percent of maximum capacity.
- Restaurants and other places to eat may operate only for take away and delivery orders.
- Places of worship can only admit local residents.
- Markets and malls may operate with maximum 50 percent of total capacity of visitors.
- Offices must implement work from home to all staff, with an exception of maximum 25 percent for some offices that have been approved to operate.
- Public transport will be limited to 50% capacity while online motorcycle-taxis are allowed to carry passengers with strict health protocols.
- Private vehicles can carry a maximum of two passengers per seat row unless for those with the same home address.
- Suspension of the odd-even vehicle **policy** because the majority of COVID-19 transmission (about 62 percent) is related to public transportation use.
- COVID-19 patients with no or mild symptoms are not permitted to be self-isolated due to high risk of spreading, and must be treated in isolation centers. The Government has established collaboration with 15 two- and three-star hotels, which will increase the isolation capacity by 3,000 rooms. In addition, Towers 4 and 5 of *Wisma Atlet* have recently opened with an additional capacity of 2,500 rooms.

The decision was made following the drastic increases of new cases within the last two weeks. Without these stringent measures, the Government of Jakarta predicted that the city hospitals' isolation beds and ICU would be fully occupied by the end of September. Meanwhile, the occupancy levels of isolation beds and ICU at referral hospitals in eight priority provinces (DKI Jakarta, West Java, Central Java, East Java, North Sumatra, South Sulawesi, South Kalimantan, and Papua) remain manageable for now, with an average beds occupancy rate for ICU of 46 percent and for isolation rooms of 48 percent.

Below are the main highlights of the National Clusters and priority areas activities' work over the past two weeks:

Health:

The Ministry of Health meet with WHO and other key stakeholders on 10-11 September to discuss the revised operational response plan for COVID-19. Recommendations for the Intra-Action Study for each pillar are presented and discussed so that they turn into priority activities in the revised national and provincial response plans.

Reproductive health:

The Ministry of Health, UNFPA and partners of the Reproductive Health sub-cluster are finalizing the Clinical Management Guidelines for Sexual Violence Victims in Crisis Situations.

Risk Communication and Community Engagement:

Partnerships with Nahdlatul Ulama and Muhammadiyah have helped reach 350,000 people in 34 districts with awareness and behavior change interventions.

Camp Coordination and Camp Management:

IOM and the Government are jointly assessing the camps used for the quarantine of Indonesian migrant workers returning via Tanjung Pinang and Jakarta, using parameters based on guidelines prepared by the National Cluster of Displacement and Protection. Based on the results of this assessment, IOM works to improve the quality of suitable shelters and provide other necessary technical support to address gaps in shelter standards. TAGANA training in data collection and the management of evacuation information was conducted for TAGANA in supporting the flashflood response in the North Luwu district of South Sulawesi.

Gender-based Violence Management and Women Empowerment:

The sub-cluster conducted a coordination meeting to strengthen prevention and services based on violence and sensitization of Sexual Exploitation and Abuse Protection to P2TP2A DKI Province, West Java (Depok, Bogor, Bekasi, Cirebon), Central Sulawesi (Palu, Sigi, Donggala), NTB (Lombok North), and Banten (Tangerang, South Tangerang).

There are now 310 non-government institutions with over 4,000 activities recorded in the 3W – “who does what where” – tool to date. The most active areas include health, education and WASH, while the geographical areas with the greatest number of activities are in DKI Jakarta, East Nusa Tenggara, Central Java and West Java. The sharing of data and information can be done by any organization in any of the following three formats: Kobo Toolbox, Google form or MS Excel, through the following links:

- KoBo Toolbox: <https://bit.ly/BersatuLawanCovid19> (Indonesian)
https://bit.ly/BersatuLawanCovid19_EN (English)
- Google form: https://bit.ly/BersatuLawanCovid19_GoogleForm (Indonesian)
https://bit.ly/COVID-19_Googleform_EN (google form - English)
- MS Excel: https://bit.ly/3W_COVID19_Excel

For further information on the 3W, please contact Rifkianto Aribowo at rifkianto.aribowo@un.org.

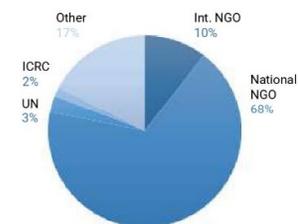
OVERVIEW

As of 10 September, the Government of Indonesia has announced 207,203 confirmed cases of COVID-19 across all provinces of the country, with 8,456 deaths. The Government has also announced that 147,510 people have recovered from the illness.

WHO

310 Organizations

Type of organization



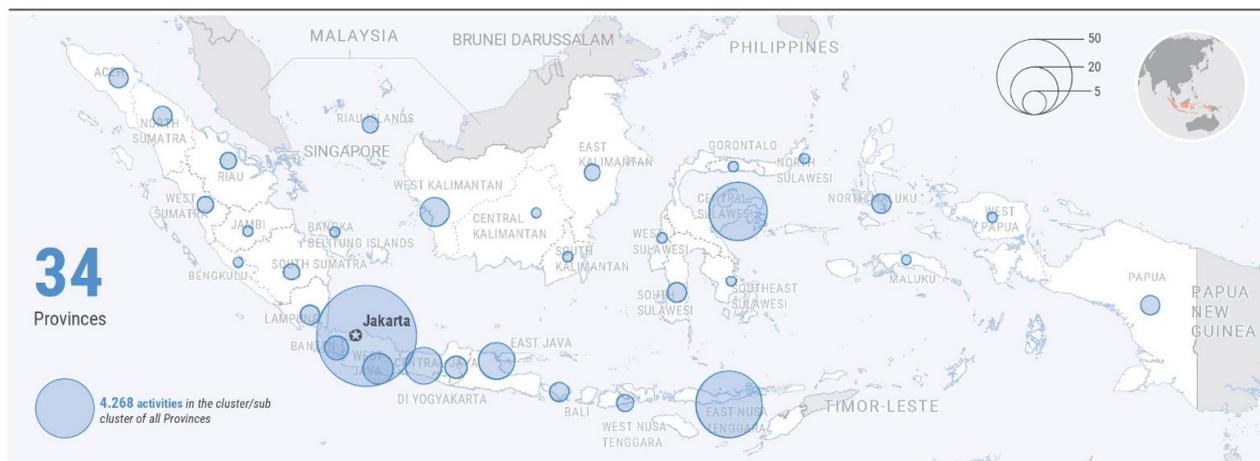
WHAT

4k activities

Type of activities



WHERE



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 11 September 2020 Sources: OCHA Indonesia 3W & covid19/go.id Feedback: rifikianto.aribowo@un.org www.unocha.org www.reliefweb.int www.humanitarianresponse.info/en/operations/indonesia