

## Policy Brief

Lifecycle Social Protection Assessment:

# Elderly Vulnerability and Social Protection during Covid-19 Pandemic

### KEY MESSAGES

- The Covid-19 pandemic continues to spread, with 2 million people infected in 213 countries, including Indonesia, and more than 150,000 deaths.
- The pandemic has threatened Indonesia's health system, economy, and social affiliation. All segments of the population have been affected, however, some specific groups including children, the elderly, and people with disability are more vulnerable than others.
- The elderly are vulnerable socially due to limited mobility and pre-existing social exclusion and isolation but are also economically vulnerable—with the highest rate of poverty in the country and few having access to minimum income support or pensions.
- The Government of Indonesia (GoI) needs to pay closer attention on how best to provide protection for this particular group.
- This policy brief proposes that a temporary universal elderly transfer payment should be considered so that it can help to mitigate the economic vulnerability of the elderly.
- Two target groups are identified: those aged 60 years and above (all elderly), and those aged 70 years and above, while the benefit options are either Rp 200,000 or Rp 300,000 per month for a three- to six-month period (depending on fiscal capacity) for each target group.

## BACKGROUND

**In December 2019, China notified the World Health Organization (WHO) about a string of respiratory infections in Wuhan, China—a city of 11 million people.**

Early in January 2020, China announced the first death from this respiratory infection—a 61-year-old man, who had shopped at the Wuhan market, died from complications with pneumonia. At this stage the condition was described as a coronavirus. In the following days, the virus began to reach neighbouring countries such as Thailand and Japan that started reporting cases of infection in people who had visited the same Wuhan market in China.<sup>1</sup>

**By 23 January, China began to put its citizens under a strict lockdown, especially in the city of Wuhan, in an attempt to limit the spread of the virus.**

As the end of January was nearing, the coronavirus reached countries in Europe and WHO declared a global health emergency. Early in March of 2020, the coronavirus was confirmed to have spread to Indonesia. On 11 March, as worldwide case numbers reached more than 127,000 and deaths passed 4,700 people, WHO declared the coronavirus global outbreak a pandemic and, by April, the pandemic had spread to all provinces in Indonesia (Figure 1).<sup>2</sup>

<sup>1</sup> <https://www.dw.com/en/coronavirus-timeline-of-the-global-spread-of-covid-19/g-52145412>

<sup>2</sup> [www.covid19.go.id](http://www.covid19.go.id) and <https://www.dw.com/en/coronavirus-timeline-of-the-global-spread-of-covid-19/g-52145412>

**Figure 1: Indonesia and World Updates on Covid-19 Pandemic (as of 21 April 2020)<sup>3</sup>**



As the virus (now more accurately designated as Covid-19) spread, every country decided to follow China's lead in an attempt to contain the virus. People's movements have been restricted, schools and businesses have closed, and a work-from-home policy is either recommended or imposed. People can only go out to purchase basic needs such as food supplies or in case of emergency such as a health emergency. These restricted movement policies have not been uniformly imposed—ranging from recommendations to heavily mandated, with sanctions for violations.

**Governments have been scrambling to find the best solutions to mitigate the triple threats to industry, business, and individuals.** The aim is to minimise the impact on their economy and health system as it comes under strain from increasing case numbers, while simultaneously providing social protection measures to provide basic protection and reduce the economic burden on their citizens.

### **WHO IS PARTICULARLY VULNERABLE TO COVID-19?**

With the unprecedented impact caused by Covid-19, it is very important for any government to quickly assess and identify vulnerable groups in their society who are most negatively impacted. Government needs to come up with fast solutions—not only to slow the spread of the virus, but also to provide a comprehensive protection and compensation package for its citizens. According to WHO, individuals of all ages can easily be infected by the new virus, however, older people and people with pre-existing medical conditions (such as asthma, diabetes, high blood pressure, and heart disease) appear to be more vulnerable to becoming severely ill with the virus.<sup>4</sup>

**To address the economic impact through social protection interventions in particular, the GoI needs to identify the most critical policy questions and think of various alternative solutions to better respond to the crisis.** Figure 2 illustrates a social protection assessment with the objective of maximising protection provided by the government during this pandemic.

<sup>3</sup> <https://www.covid19.go.id/info-penting/> and <https://coronavirus.jhu.edu/map.html>, <https://www.worldometers.info/coronavirus/> Update as of 21 April, 2020  
<sup>4</sup> WHO Information 2020.

**Figure 2: Social Protection Policy and Program Assessment During Covid-19 Pandemic<sup>5</sup>**

|   |  |
|---|--|
| <p><b>AFFECTED GROUP:</b> Who are the most vulnerable groups affected by Covid-19 pandemic?</p>   | <ul style="list-style-type: none"> <li>• Children</li> <li>• Elderly</li> <li>• People with Disability (PWD)</li> <li>• Informal Sector Workers</li> </ul>   |
| <p><b>IMPACTS:</b> How has this pandemic impacted the economic, social and health situation of the most vulnerable groups?</p>  | <ul style="list-style-type: none"> <li>• Unable to go to school (no school policy)</li> <li>• Elderly has limited or no access to pension</li> <li>• Elderly and PwD have limited or no access to livelihood and income</li> <li>• Elderly and PwD have limited or no access to health facilities</li> </ul> |
| <p><b>IMPACTS MITIGATION:</b><br/>How do these groups cope with the situation?</p>  | <ul style="list-style-type: none"> <li>• Distance learning both online and offline</li> <li>• Social Protection (social assistance and social insurances) and Social services for the Elderly and PwD</li> <li>• Family or community supports</li> </ul>   |
| <p><b>COVERAGE</b><br/>To what extent the economic stimulus/ compensation programs (including social protection) can effectively reach the most vulnerable - most affected by the pandemic?</p> | <ul style="list-style-type: none"> <li>• Only a small portion (very limited) coverage of existing social protection programs, especially the elderly and PwDs social assistance (approximately 30.000 and 25.500 individuals respectively – MoSA 2019)</li> </ul>  |
| <p><b>ADEQUACY</b><br/>Are they good enough?<br/>Should there be more?<br/>Is there sufficient fiscal availability?</p>   | <ul style="list-style-type: none"> <li>• Not good enough</li> <li>• There is a need to speed up expansion and expand fiscal space → for example through reallocation of national and state budget</li> </ul>   |
| <p><b>SUSTAINABILITY</b><br/>How can government and others provide more and better supports to these vulnerable groups - not only during the pandemic but also afterwards?</p>                  | <ul style="list-style-type: none"> <li>• Speed up and increase collaboration with private sectors, international organisation/partners, communities</li> </ul>   |

### ASSESSMENT OF THE VULNERABILITY OF THE ELDERLY

Despite the fact that more than 57 per cent of its population is in the productive/working age group, Indonesia's population is ageing. It is estimated that there are 24.5 million people (9.2 per cent of Indonesia's population) who are considered elderly (those above 60 years of age) with women constituting one-half of this number and 11 million in the bottom 40 per cent of the socioeconomic welfare spectrum (Table 1).<sup>6</sup> This proportion is projected to rise to 13.6 per cent by 2030 and 21.1 per cent, or more than 1 in 5 Indonesians, by 2050.<sup>7</sup>

**Table 1: Elderly Population in Indonesia (2019)<sup>8</sup>**

| No                         | Socio-Economic Decile | Elderly Age Group |                  |                  |
|----------------------------|-----------------------|-------------------|------------------|------------------|
|                            |                       | 60-69 yrs old     | 70 - 79 yrs old  | 80 plus yrs old  |
| 1                          | Decile 1              | 1,771,879         | 1,102,536        | 435,490          |
| 2                          | Decile 2              | 1,594,457         | 835,787          | 291,287          |
| 3                          | Decile 3              | 1,527,046         | 779,891          | 229,528          |
| 4                          | Decile 4              | 1,446,941         | 660,290          | 213,365          |
| <b>Total in Decile 1-4</b> |                       | <b>6,340,323</b>  | <b>3,378,504</b> | <b>1,169,661</b> |
| <b>All Elderly</b>         |                       | <b>15,526,940</b> | <b>6,838,719</b> | <b>2,128,025</b> |

<sup>5</sup> Adapted/modified from Bappenas – Kompak PPT on Digital Analysis of Covid-19 Impact, 1 April, 2020.

<sup>6</sup> Susenas 2018, as calculated by TNP2K in 2019.

<sup>7</sup> Ibid.

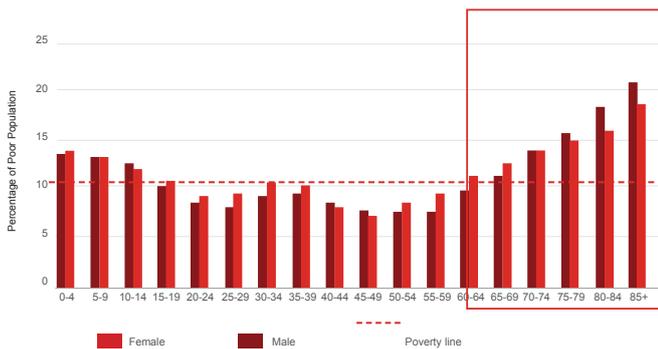
<sup>8</sup> Susenas 2018, calculated by TNP2K 2019.

**Indonesia's elderly population is experiencing growing risks, challenges, and limitations (TNP2K 2018).** Some of these include increasing frailty, disability, declining health status, limited mobility, limited or no income, limited or no old age security in the form of pensions, limited or no care from their immediate families, and a higher probability of social exclusion and isolation.<sup>9</sup>

**Indonesians continue to work in their old age, despite the abovementioned limitations and risks. More than 20 per cent of those aged 60 years or above are still working, including those who are above 75 years—although the percentage is lower.**<sup>10</sup> Nearly 66 per cent of Indonesia's elderly live with their children and grandchildren,<sup>11</sup> as local culture assumes that old-age care should fall within the family.

**The elderly also has the highest poverty rate of any age group (Figure 3).** The poverty rate increases with age—from 13 per cent for those who are 60–69 years of age, to slightly more than 20 per cent for the elderly who are 80 years of age or older.<sup>12</sup>

**Figure 3: Indonesia Poverty Rates Based on Age Group<sup>13</sup>**



Note: Official BPS poverty line = IDR13.400 per person per day

**The pandemic has added to, and increased the risks and vulnerabilities of, Indonesia's elderly population due to:**

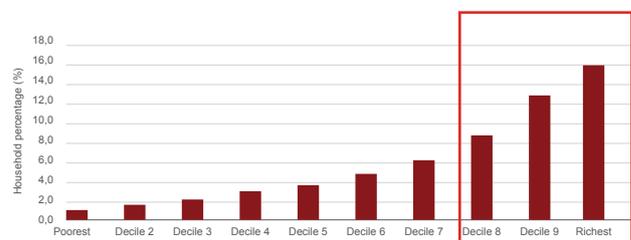
- Limited mobility as a result of the current "stay-at-home" policy,** whether it is recommended or mandated/restricted by the central or local government. This policy has possibly added difficulties for the elderly in accessing basic services including health services;
- More than 80 per cent still have no access to minimum income support/pension and, as mentioned above, experience higher rates of poverty—which means that this group is more vulnerable to the economic shock of the pandemic;** and

- Increased social exclusion and isolation which can also result in, or contribute to, increased depression, fears, and feelings of helplessness.**<sup>14</sup>

**Poor households with elderly members also have higher rates of expenditure than those without an elderly member.** TNP2K calculations using data from Susenas (March 2018) show that the average expenditure of a poor household without an elderly member is Rp 1,583,241/month while, for a poor household with an elderly member, the average expenditure is Rp 1,629,706/month. Households with elderly members, therefore, have 3 per cent higher expenditures compared to those without one.<sup>15</sup>

**Another big challenge that Indonesia's elderly encounter is the limited ownership of minimum income or old-age financial security in the form of a pension.** Ideally, the whole population needs to have some pension/retirement saving—regardless of their economic status. Nevertheless, based on TNP2K calculations using Susenas 2018 data, the highest rates of pension ownership are found in households in the 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> of socioeconomic status deciles (Figure 4). This implies that accruing a form of old-age security—such as a pension—is expensive and is limited to the middle and upper class.<sup>16</sup>

**Figure 4: Percentage of Households with Minimum of One Member with Pension Coverage<sup>17</sup>**



## EXISTING SOCIAL PROTECTION MEASURES FOR THE ELDERLY

**Prior to the Covid-19 pandemic, there were already a few programs that provided for the elderly through noncontributory/social assistance schemes such as Program Keluarga Harapan (PKH) and Bantu-LU Program.** About 30,000 elderly receive the Bantu-LU program (social assistance for the elderly) and about 1.1 million elderly is planned to receive the PKH in 2020, both implemented by the Ministry of Social Affairs (MoSA); while approximately 12 per cent of the elderly have a pension through a contributory or social insurance scheme—most of whom are either retired government or military personnel (Table 2).

<sup>9</sup> TNP2K 2018. "The Future of the Social Protection System in Indonesia: Social Protection for All."

<sup>10</sup> Susenas 2018, TNP2K calculation 2019.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> <https://www.commonwealthfund.org/blog/2020/how-covid-19-pandemic-could-increase-social-isolation-and-how-providers-and-policy-makers>

<sup>15</sup> Susenas 2018, calculated by TNP2K 2019.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

**Table 2: Existing Social Protection with Elderly Beneficiaries<sup>18</sup>**

| No   | Social Protection Program                                    | Number of Elderly Beneficiaries   |
|--|--|---|
| <b>Social Assistance/Non-Contributory-Tax Funded</b>                                     |  |   |
| 1.   | <i>Program Keluarga Harapan (PKH/CCT)</i>                    | 1,100,000   |
| 2.   | <i>Program Bantu LU (Social Assistance for Elderly)</i>      | 30,000  |
| <b>Social Insurance/Contributory Scheme</b>  |  |   |
| 1.   | Government and Military Pension                              | 3,000,000   |
| 2.   | Pension Insurance through BPJS Employment                    | 17,964,544<br><i>(numbers are existing members who contributes – not yet pensioners as per Sept 2019)</i> |
| <b>National Health Insurance (<i>Jaminan Kesehatan Nasional-JKN</i>) – Hybrid Scheme</b> |  |   |
| 1.   | Non-Contributory - Beneficiaries (PBI-JKN ), as per Des 2018 | 13,696,937  |
| 2.   | Contributory Beneficiaries of JKN as per Des 2018            | 7,733,993   |

The GoI has initiated several economic stimulus policies and compensation programs to mitigate the unprecedented impacts of the Covid-19 pandemic with a total budget of Rp 563 trillion (US\$35.9 billion).<sup>19</sup>

Table 3 provides a breakdown of each stimulus and compensation package while details of the social safety net (social protection) programs can be found in Table 4:

1. Economic Stimulus 1, dated 25 Feb 2020 with a budget of Rp 10 trillion (US\$0.638 billion);
2. Economic Stimulus 2 dated 13 March 2020 with a budget of Rp 148 trillion (US\$9.4 billion); and
3. Economic Stimulus 3 dated 31 March 2020 with a budget of Rp 405 trillion (US\$24.7 billion).

**Table 3: Details of Economic Stimulus 3 (dated 31 March) Package and Compensation Programs<sup>20</sup>**

| No                  | Program                               | Budget allocation |              |
|---------------------|---------------------------------------|-------------------|--------------|
|                     |                                       | Rp-Trillion       | US\$-Billion |
| 1                   | Social Safety Net (Social Protection) | 110               | 6,7          |
| 2                   | Health Assistance Program             | 75                | 4,6          |
| 3                   | SMEs Supports                         | 220               | 13,4         |
| <b>Total budget</b> |                                       | <b>405</b>        | <b>24.7</b>  |

The GoI has already established some social protection programs for the elderly but whether or not these cover a big-enough percentage of the elderly or the benefit value is adequate are another question. The elderly's access to social protection (with the exception of health insurance coverage) is still less than universal and more support (for example, through noncontributory schemes such as elderly grants/social pensions) is, therefore, needed (Table 4).

<sup>18</sup> Administration Information (2018 – 2019) from MoSA, PT. Taspen, PT. Asabri, BPJS Employment and BPJS Health.

<sup>19</sup> Information from the Coordinating Ministry for Economy Press Conference 26 March, 2020, Indonesia President Press Conference 31 March, 2020 and Minister of Finance Press Conference 1 April, 2020. The currency exchange used in this policy brief is US\$1 = Rp 15,662 as of 14 April 2020.

<sup>20</sup> Indonesia President Press Conference, 31 March, 2020.

**Table 4: Noncontributory Scheme/Social Assistance Programs for Those Impacted by Covid-19 Pandemic<sup>21</sup>**

| Program   | Targets (in Millions) |          | Benefit Value per Month (Rp)  | Duration (Mths) | Additional Budget (Rp/US\$) | Elderly Outreach | Number of Elderly Benefit the Programs |
|---|-----------------------|----------|---|-----------------|-----------------------------|------------------|--|
|   | Individual            | Family   |   |                 |                             |                  |  |
| PKH (CCT)   | -                     | 10 Mills | Around Rp 250,000 (US\$16) per year, min. of Rp 900,000 (US\$57)<br>Pregnant mother/ children Rp 3 million (US\$191) per year<br>Elderly-PwD: Rp 3 million (US\$191) per year | 6               | 8.3 trillion/ 0.528 billion | √                | 1.1 million                            |
| <i>Bantuan Sembako/ BPNT</i> (Foods Assistance)                       | -                     | 20 Mills | Rp 200,000 (US\$13) per month   | 9               | 11 trillion/ 0.700 billion  | √                | 3.4 million                            |
| Subsidised Contribution-National Health Insurance (3rd Class Premium) | 30 Mills              | -        | 42.000 (US\$2.67)   |                 | 3.8 trillion/ 0.241 billion | √                | 21.4 million                           |
| Free Electricity for 450 VA   | -                     | 24 Mills | Varied between Rp 30,000 – Rp 40,000 (US\$1.90 to US\$2.54) per month   | 3               | 3,5trillion /0.22 billion   | √                |  |
| Potongan 50% Tagihan Listrik untuk 900 VA                             | -                     | 7 Mills  |   | 3               |                             | √                |  |

### OPTIONS TO REDUCE ELDERLY VULNERABILITY DURING COVID-19 PANDEMIC

With the speed of virus transmission, it is crucial for any relief policies and programs to reduce the risks of the impacted population—especially the elderly—to ideally be:

1. For everyone (universal coverage with adequate benefit value);
2. Comprehensive and integrated with other programs; and
3. Fast, simple, and including a timely delivery mechanism (including benefit disbursement).

Social protection programs, especially the noncontributory scheme through the social assistance mechanism, can be started by expanding/scaling up existing programs (such as the Bantu LU Program and elderly in PKH). A more ideal alternative would be providing a temporary universal transfer for all elderly, with the exception of the more affluent with access to old age security or pensions.

This policy brief considers a temporary Covid-19 Universal Elderly Grant (noncontributory scheme) for three to six months (depending on fiscal capacity)—with two target group scenarios and two benefit options for each. The target groups are those aged 60 years and above or those aged 70 years and above, while the benefit options are Rp 200,000 or Rp 300,000 per month.

#### Option One

A budget of Rp 5.4 trillion (US\$0.343 billion) or Rp 8.1 trillion (US\$0.515 billion) would be needed to provide temporary assistance for all elderly above 70 years of age for three months, with a benefit value of Rp 200,000 or Rp 300,000 respectively (see Table 5). This cost would double to Rp 10.7 trillion (US\$0.682 billion) or Rp 16.1 trillion (US\$1.03 billion) for a six-month program with a benefit value of Rp 200,000 or Rp 300,000 per month respectively.

<sup>21</sup> Minister of Finance Press Conference 1 April, 2020.

**Table 5:** Temporary Covid-19 Universal Grants for All Elderly Above the Age of 70 Years (8.9 Million)<sup>22</sup>

| No | Benefit Value Per Month (Rp) | Estimated Budget for 3 Months |                  | Estimated Budget for 6 Months |                  |
|----|------------------------------|-------------------------------|------------------|-------------------------------|------------------|
|    |                              | Trillions of Rp               | Billions of US\$ | Trillions of Rp               | Billions of US\$ |
| 1. | 200,000                      | 5.4                           | 0.343            | 10.7                          | 0.682            |
| 2. | 300,000                      | 8.1                           | 0.515            | 16.1                          | 1.03             |

### Option Two

A budget of Rp 14.7 trillion (US\$0.935 billion) or Rp 22.1 trillion (US\$1.4 billion) would be needed to provide temporary assistance for all elderly (above 60 years of age) for three months with a benefit value of Rp 200,000 or Rp 300,000 per month respectively (Table 6). These options are the most ideal scenarios when government has fiscal capacity. This cost would double to Rp 29.4 trillion (US\$1.87 billion) or Rp 44.1 trillion (US\$2.8 billion) for a six-month program with a benefit value of Rp 200,000 or Rp 300,000 per month respectively.

**Table 6:** Temporary Covid-19 Universal Grants for All Elderly Above the Age of 60 Years (24.5 Million)<sup>23</sup>

| No | Benefit Value Per Month (Rp) | Estimated Budget for 3 Months |                  | Estimated Budget for 6 Months |                  |
|----|------------------------------|-------------------------------|------------------|-------------------------------|------------------|
|    |                              | Trillions of Rp               | Billions of US\$ | Trillions of Rp               | Billions of US\$ |
| 1. | 200,000                      | 14.7                          | 0.935            | 29.4                          | 1.87             |
| 2. | 300,000                      | 22.1                          | 1.4              | 44.1                          | 2.8              |

The above proposals are some options that would be able to mitigate the impacts of the Covid-19 pandemic while at the same time reducing vulnerability of the elderly during this unprecedented crisis.

## RECOMMENDATION

Notwithstanding which of the above options is adopted by GoI, any type of support for vulnerable groups such as the elderly needs to incorporate the following features (in addition to what has been described above):

1. **A fast, simple, and timely provision of a comprehensive social assistance compensation package for the elderly—especially to those living alone and infirm—such as through PKH or Bantu LU programs.** It is important for the support to be directly provided to the individual elderly. It is also important for any support to be comprehensive (at least to include food and health assistance, and a minimum income support).
2. **Ideally, existing mechanisms or programs can be expanded or scaled up so that more elderly (not only the poor) can be covered under the scheme, while it is also imperative to ensure adequacy in benefit values.** These can be implemented by maximising resources available both at the central and local level.
3. **A simple registration mechanism process following the Covid-19 safety guidelines or protocols during a pandemic such as by minimising crowds numbers through community registration, must be implemented quickly.**
4. **Employ a risk-sharing approach, especially if fiscal resources are limited or scarce.** This risk-sharing approach should include increasing central and local government potential partnerships or collaboration with, for instance, the private sector, NGOs, development partners, and international organisations. Community funding/assistance can also be considered as another alternative.

<sup>22</sup> Calculated by TNP2K 2020.

<sup>23</sup> Ibid.

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