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BRIEFING NOTE

SAFE RETURN TO LEARNING

The impact of COVID-19 and recovery strategies

Introduction

The **COVID-19 pandemic has had a dire impact on children and all facets of their learning, health, protection and wellbeing.** To identify the extent of the pandemic's impact on children and what can be done to effectively respond, a baseline study was conducted at 120 primary schools (including religious schools – *Madrasah*) in four locations of two provinces: Makassar City and Bone District in South Sulawesi Province and Asmat and Nabire districts in Papua. Data were collected during September 2021 from children both in and out of school, parents, teachers and school principals. These data were enriched by consultations with district and provincial governments, village heads and community members. The research was undertaken as part of UNICEF's implementation of the 'Safe Return to Learning' programme, a COVID-19 response partnership with the Government of Japan.

An end-line study is planned for early 2022 to enable further analysis of the factors affecting children and to determine the extent to which the 'Safe Return to Learning' programme has been successful in assisting children to recover from the impacts of COVID-19 on their education, health, protection and wellbeing.

How has the pandemic impacted student learning?

The pandemic caused widespread disruption to education and other essential services for children. The country's 530,000 schools were closed in early March 2020 for around 20 months, affecting over 60 million students and disrupting the teaching plans of around 4 million teachers and education personnel. Moreover, prior to the onset of COVID-19 approximately 4.1 million school-age children were not attending school (Susenas 2020), and this number has increased due to socio-economic impacts of the pandemic.

Learning losses for many children in Indonesia are profound. Lengthy school closures and challenges associated with accessing distance learning from home resulted in many children's inability to keep up with their education. Students in rural and remote areas were particularly affected by these challenges.

To enable all children to recover lost learning, a cross-sectoral approach to children's safe return to school, ensuring a comprehensive, holistic response, is required. The response must include a focus on children's gender and disability needs, as girls and boys often do not have the same learning opportunities, and learning support for children with disabilities is often overlooked.

Summary of findings

Results from the baseline study indicate that children have experienced losses in basic skills (e.g., literacy and numeracy), are at greater risk of dropping out of school due to economic difficulties at home, and face increased risk of physical and emotional violence and abuse due to deteriorating mental health among parents and teachers during the pandemic. The results also show that many of the schools targeted by the study were not fully equipped with adequate health and sanitation facilities, and children's have insufficient knowledge about personal and community sanitation and hygiene. Furthermore, the study found that many parents continue to oppose immunizing their children against COVID-19.

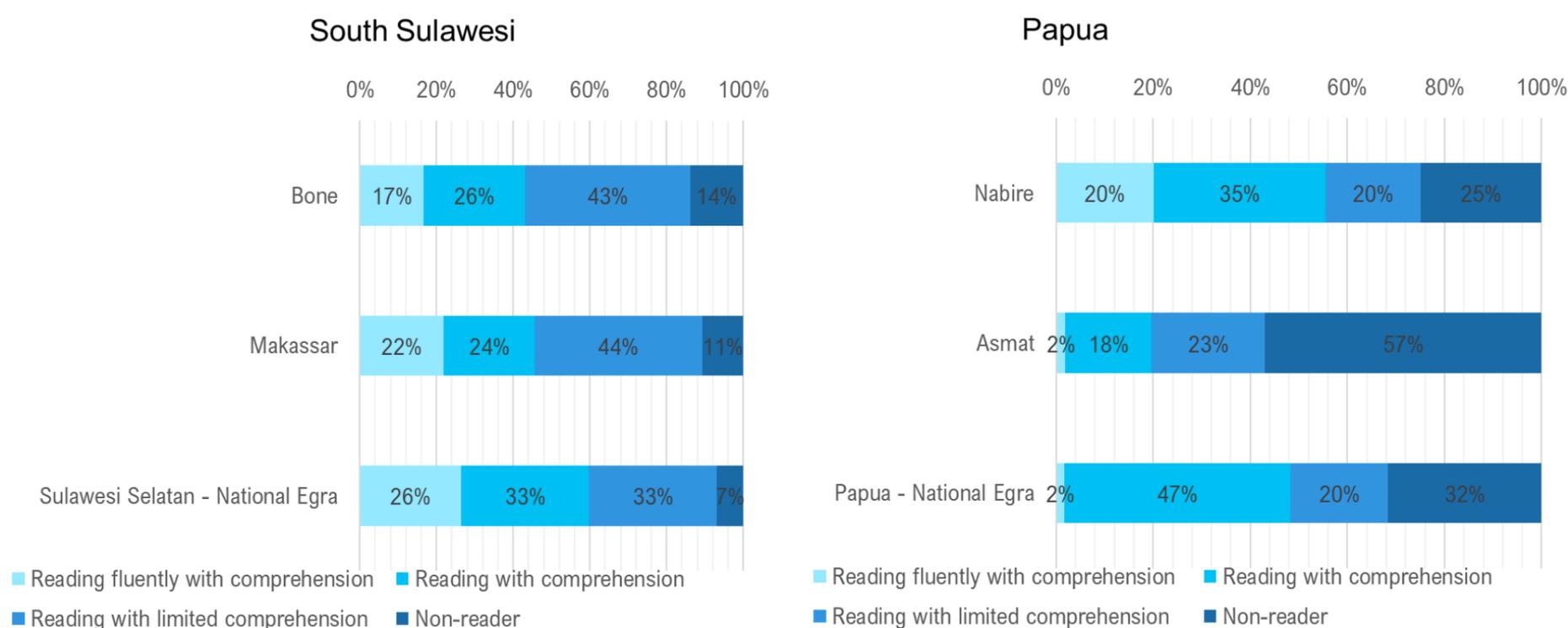
These findings point to the need for steps and strategies at all levels (village, district and province) to ensure that schools become safer spaces and are better prepared to welcome children back to learning.

Significant loss in student learning

Second and third grade students in both Papua and South Sulawesi experienced losses in foundational learning, according to the data gathered. The number of children who are unable to read across the four locations studied has risen, and significant learning loss was also noted for arithmetic (numeracy).¹ The baseline study showed that only 32 and 31 per cent of early grade students were able to correctly perform basic addition in Makassar City and Bone District, respectively. Before the pandemic similar test results showed average achievement of 64 per cent, highlighting a significant loss in children's learning.² Perhaps unsurprisingly, the study found that classrooms with reading corners produced children with stronger literacy skills (see Table 1).

- **South Sulawesi:** The baseline study found that only 33 per cent of children can read with comprehension in South Sulawesi, dropping to 24 per cent in Makassar City. A national study carried out in 2014 found that only 7 per cent of children in Makassar City were unable to read; whereas in 2021 the baseline study found that this percentage had risen to 11 per cent. An 11 per cent decline occurred in oral reading fluency among students in Makassar City: from 58 words per minute pre-pandemic to 47.³ Although literacy data from Bone District was not included in the 2014 study, the baseline study found that 14 per cent of children were unable to read and students in this district could read only 29 words per minute.
- **Papua:** The number of non-readers is alarming. The current study found that 57 per cent of students in Asmat District and 25 per cent in Nabire District were unable to read. Only 20 per cent of students in Asmat District are able to read with comprehension (and of these, only 2 per cent read fluently). In Nabire District 35 per cent can read with comprehension and another 20 per cent can read fluently. Figure 1 depicts literacy results for both provinces.

Figure 1: Early grade reading fluency in South Sulawesi and Papua. according to findings of the baseline study



Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

¹ As there is yet to be a national numeracy assessment in early grades, this study utilizes a numeracy assessment conducted by Tanoto Foundation in five provinces in 2019.

² The pre-pandemic tests results were from previous EGMA results tested to students in South Sulawesi (Makassar)

³ Based on a national EGRA study done by USAID and the Ministry of Education in 2014. The 2014 report did not indicate collecting data from Bone district in South Sulawesi.

The importance of teachers in learning recovery

Teachers are a critically important part of student learning. Unfortunately, teacher absenteeism is a major problem, and efforts to address it remain sub-optimal. The report found that on any given day, 20 per cent of teachers at 30 per cent of schools in Asmat District are absent. A similar trend was identified in other locations studied: in Nabire District teacher absenteeism was prevalent at over 12 per cent (5 of 40) of schools; in Bone District at 16 per cent (4 of 25) of schools; and in Makassar City at over 11 per cent (4 of 35) of schools.

According to the baseline study 40 per cent of principals in Bone and Nabire districts do not take action when teachers are absent, while the remaining 60 per cent issue a verbal warning. All principals in Asmat District reported issuing a verbal warning to teachers, and half send a written report to the Public Service Technical Implementation Unit. One third of principals in Makassar City reported issuing both written and verbal warnings to absentee teachers.

The study also found that **certain teacher profiles are closely correlated with stronger literacy and numeracy skills among students**. When teachers are employed as civil servants or permanent teachers at a foundation, have previously participated in teacher training and receive supervision by their principal, student outcomes improve. Students also gain significantly stronger numeracy skills when teachers are certified and teach using lesson plans. Table 1 summarizes the correlation between teacher profiles and learning achievement.

Table 1. Teacher profiles and learning achievement

Factors	Category	ORF Mean score (words/minute)	Basic Numeracy Operation (Items/minute)
Teacher education background	Higher education – PGSD (ref)	40.75	7.18
	Higher education - Non PGSD	31.97*	7.21
	Highschool	22.06*	6.79
Employment Status	Honorary Teacher (ref)	35.46	7.09
	Civil Servant	42.55*	7.51
	Permanent Teacher in Foundation	52.25*	7.13
Certification	Has certification	44.23*	7.70*
	No certification	36.25	6.88
Uses lesson plan	Uses lesson plan	42.03*	7.36*
	Does not use lesson plan	10.50	6.16
Training participation	Have participated in the past	42.55*	7.23
	Never	28.63	6.94
Class has reading corner	Yes	44.77*	7.47
	No	31.09	6.97
Supervision from Headteacher	Yes	40.27*	7.36
	No	23.79	7.25
Supervision from School Supervisor	Yes	40.09	7.33
	No	35.49	6.82

Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

Recommendations:

Schools, parents, communities and government authorities could take several practical steps to improve children’s early grade basic literacy and numeracy skills, including:

- **Implement policies to improve teacher capacity to teach literacy and numeracy**, while encouraging teachers to practice/implement ‘Active, Joyful and Effective Learning’
- **Encourage teachers to regularly conduct diagnostic student assessments** to support their students to catch up on learning
- **Improve access to reading materials in schools**, e.g., by establishing reading corners in classrooms
- **Encourage parents and community members to support student learning** – support from parents and community members is positively associated with improved reading and numeracy abilities among students
- **Encourage parents to send their children to early childhood development (ECD) centres**. Data show that students who attend ECD centres achieve better learning outcomes as they move through their education.

Children are at greater risk of experiencing abuse during the pandemic

A safe return to learning does not only mean safety from the spread of COVID-19; it also means protecting children from abuse and demonstrating concern about the wellbeing of children and the communities where they live.

Children have experienced many forms of abuse during the pandemic, including physical and non-physical abuse by parents and teachers, and emotional abuse (cyberbullying) by peers. The baseline study found that when children become aware of or experience bullying, most remain silent, although a few respond physically or on social media. Between 15 and 20 per cent of students reported cases of abuse only to their parents; far fewer reported cases to their teachers – except in Papua where between 11 and 14 per cent of students said they would report abuse to their teachers. Table 2 provides a summary of students' response to abuse.

Table 2: Students' reported responses when they witness or experience abusive behaviour

What students do when they see this type of behavior	Makassar	Bone	Nabire	Asmat	What students do if it happened to themselves	Makassar	Bone	Nabire	Asmat
Be quiet	50%	63%	42%	71%	Be quiet	60%	57%	27%	71%
Reply on social media	17%	5%	20%		Reply on social media	12%	6%	16%	14%
Respond physically	11%	15%	8%		Respond physically	10%	12%	21%	
Report this to the teacher	3%	1%	11%	14%	Report this to the teacher	4%	6%	14%	14%
Report to parents	13%	10%	22%	14%	Report to parents	11%	15%	22%	
Report to older sibling	2%		1%		Report to older sibling	1%	1%	4%	
Reprimand the person mocking	6%	6%			Reprimand the person mocking	5%	6%		
Don't know	2%								

Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

The study found that children who experienced corporal punishment had significantly worse learning outcomes than those who did not. On average, children who experienced corporal punishment read 14 words per minute more slowly than their peers. When asking teachers about the most effective disciplinary methods and how to re-engage disengaged students, teachers reported that verbal redirection⁴ was the most effective method. Additionally, despite their general understanding that physical punishment has negative consequences for students, teachers continue to practice it – particularly in Papua.

- **South Sulawesi:** Parents generally reported not physically punishing their child for poor school performance.⁵ In Makassar City, 14 per cent of students reported that their teachers practice corporal punishment, while in Bone District 12 per cent of students reported experiencing this behaviour. Around 25 per cent of teachers in Bone and 10 per cent in Makassar said that they regard corporal punishment as an effective means of building children's character (see Table 3).
- **Papua:** When their children do not perform well in school, parents reportedly punish their children both physically (22 per cent in Nabire District; 5 per cent in Asmat District) and non-physically (9 per cent in Nabire District, 28 per cent in Asmat District). Physical punishment often includes being pinched and hit – typically either by hand or by a broom; while non-physical punishment includes being scolded or threatened. In Asmat District, 65 per cent of students reported experiencing physical punishment by their teacher, while in Nabire District 52 per cent of students reported experiencing such abuse.

Cases of bullying and cyber bullying in schools

While 75 per cent of teachers in all four locations studied reported taking cases of bullying seriously, **over 50 per cent of their students reported that cyberbullying nonetheless occurs frequently**. The study found that while physical bullying often elicits a prompt response, teachers perceive cyberbullying as less of a problem.

Minimal reporting of abuse cases

The study found that children rarely report the abuse they experience, which may be due to a range of factors, including stigma and fear. Across the four locations, on average just under 10 per cent of students would report abuse by their teachers (see Table 2). The absence of standard procedures for reporting abuse of students in schools, and more broadly within communities, is an inhibiting factor.

Teachers can perpetrate school violence. Although many teachers who participated in the baseline study reported understanding the negative impact of corporal punishment on children (see Table 3), student responses indicated that this form of punishment is still practiced regularly by teachers in their classrooms.

⁴ Verbal redirection is defined as redirecting a child's behaviour by telling them what not to do, immediately followed by what to do instead.

⁵ Only 3 per cent in Makassar City and 1 per cent in Bone district reported that they use physical punishment on their children.

Table 3: Teachers' reporting of their understanding about punishing students (% who agree)

Attributes	Makassar	Bone	Nabire	Asmat
Punishment (hitting, getting angry, shouting/yelling) is required to discipline the students	20%	8%	50%	77%
Physical punishment should not be done to children, but yelling and shouting is acceptable	40%	50%	80%	69%
Better to explain what mistakes they have done instead of hit the students	90%	75%	90%	100%
Children should be punished by giving them consequences such as chores or extra homework	60%	67%	80%	100%
Physical punishment helps children build good character	10%	25%	30%	31%
Physical punishment helps build respect for teachers and parents	10%	17%	30%	31%
Physical punishment helps children become successful adults	10%	16%	20%	23%
Children should be beaten if nothing else works	10%	0%	50%	46%
Teachers are allowed to hit students when required	0%	8%	40%	62%
Physical punishment to children has negative consequences for children's mental health	70%	33%	70%	92%
It is better to listen and have a dialog with the child to find solutions and root causes, then to punish the child.	90%	67%	80%	100%
Physical punishment to children must be banned	90%	41%	60%	54%

% of teacher who agree

Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

Recommendations:

- **Enact school and district policies to encourage behaviour change.** Raising awareness among teachers and parents may not be enough to create change. Direct behaviour-change interventions are needed to **ensure that schools and teachers implement and promote positive discipline practices**, including **equipping children with knowledge about their rights and the tools/skills to respond** when they see or experience violence.
- **Develop standard procedures and reporting mechanisms to ensure appropriate handling of abuse cases.** Procedures should be responsive, easily accessible and trusted by students to encourage them to report abuse
- **Promote the use by parents and teachers of alternative disciplinary actions/measures** and the practice of positive discipline⁶ to encourage a shift from corporal punishment
- **Equip parents/caregivers and teachers with the tools they need to adequately respond to their children's experiences/shared difficulties.** This could involve working with religious and traditional leaders to support community-based parenting programmes and services at schools and in communities.

Why children drop out of school⁷

In both Papua and South Sulawesi provinces children reportedly drop out of school because of **worsening economic conditions; experiences of bullying or violence at school; facing household issues (parents' divorce, separation from children due to COVID-19 or death), abuse by a teacher or other adult or due to 'unidentified' learning difficulties.** Government authorities reported that even before the pandemic children were dropping out of school due to socio-economic constraints, as well as child marriage (typically for girls) and child labour (typically for boys). In addition to the many challenges faced by all children during the pandemic, children with disabilities reported experiencing high levels of shame and low self-confidence, difficulty learning and mobility challenges due to the limited number of schools equipped to accommodate students with disabilities.

Not all students who leave school want to return, mainly due to low self-confidence, self-doubt about their ability to catch-up with peers, questions about the added value of secondary education and being content with making money to support themselves/their families.

⁶ For more information on this point refer to the Child Protection section below.

⁷ This pandemic has also led to more children dropping out of school. According to the World Bank (2020), it is estimated an additional 91,000 children in Indonesia will drop out of school due to the pandemic. Additionally, recent nation-wide rapid response monitoring of the impact of the pandemic on children conducted by UNICEF and its partners in late 2020 indicates the number of out of school children is increasing; while 3 out of 4 children enrolled in school were found to have at least one risk factor that could lead them to drop out.

Recommendations:

- **Ensure sufficient, coordinated and continuous mapping of out-of-school children and those at risk of dropping out** in villages, districts and at the provincial level. Without complete information about the most vulnerable students, governments cannot provide sufficient support for learning, mental health and psychosocial support.
- **Take proactive steps to keep children from dropping out of school.** Steps could include holding workshops on preventing bullying and abuse in schools; providing financial aid to disadvantaged students from village and district budgets; training teachers to better identify and support students with learning difficulties; and regular monitoring by school and local authorities, especially of students believed to be at risk for school drop-out.
- **Ensure that cross-sectoral efforts are underway at all levels (village, district, province) to facilitate ‘second chance’ opportunities for out-of-school children, including those with disabilities.** Policies that incentivize schools to proactively seek out-of-school children in their areas and improve inclusivity are essential, as are policies aimed at strengthening teachers’ capacity to provide inclusive learning in their classrooms.
- **Provide strong psychosocial support and life-skills education (21st Century Skills) for children at risk of dropping out of school and those already out of school through differing learning pathways (such as formal and non-formal education).** Provincial and district education authorities can play a role by establishing viable alternative learning pathways for out-of-school children.

Deteriorating mental health

During the pandemic children reportedly felt more pressure and found it more difficult to socialize. Parents and caregivers also experienced more stress – manifesting in worry and depression – while over 50 per cent of teachers reported a significant increase in their workload and other burdens during the pandemic.

Teachers reported observing deterioration of their students’ mental health through changes in their behaviour. Some children grew quieter, anti-social/avoidant, or became frustrated much more easily. Most teachers reported that when noticing these behaviours, they would try to speak with their students and offer help.

Deteriorating mental health made it difficult for children to learn pro-social behaviour⁸ and manage their emotions. The study found that when faced with a difficult situation most students would tend to remain silent (see Table 4).

- **South Sulawesi:** 20-to-30 per cent of children in Bone District and Makassar City self-reported having experienced mental health problems, increased emotional issues and difficulty socializing.
- **Papua:** In Asmat and Nabire districts, around 40 per cent of teachers noticed students experiencing mental health issues during the pandemic. In Nabire district emotional problems were the most prevalent (41 per cent), closely followed by reports of children who had behavioural problems⁹ (37 per cent), experienced difficult peer relationships (22 per cent) or hyperactivity (12 per cent). In Asmat District the most prevalent emotional problems were behavioural (29 per cent), followed by emotional (27 per cent) and difficult peer relationships (27 per cent) and hyperactivity (11 per cent).

Table 4: How do children react when facing difficulties in school, and who might they speak to?

What do children do when they face difficulties?					Who do children talk to when they experience difficulties?				
Actions	Makassar	Bone	Nabire	Asmat	Person	Makassar	Bone	Nabire	Asmat
Stay quite	64%	79%	59%	72%	Parents/caregiver	41%	49%	63%	20%
Talk to other family members	16%	15%	24%	24%	Friends	54%	57%	21%	82%
Tells others	12%	4%	11%	%	Teacher	2%	13%	9%	-
Switch to the other activities	4%	1%	5%	3%	Religious leader/ Sunday school teacher	-	-	8%	-
Blame themselves	1%	-	-	-	Siblings	4%	2%	-	4%
None / don't know	4%	1%	-	-	No one	1%	2%	1%	-

Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

⁸ Prosocial behavior, or intent to benefit others, is a social behavior that "benefit[s] other people or society as a whole", "such as helping, sharing, donating, co-operating, and volunteering". ... Prosocial behavior fosters positive traits that are beneficial for children and society.

⁹ Reported in the baseline study report as ‘conduct problems’: 'identifiable behaviors in the individual that fail to conform to societal norms and encroach on the rights of others' (Larmar & Gatfield, 2006)

Recommendations:

- **Organize in-school and out-of-school activities that rebuild children’s enthusiasm for learning** and re-balance teachers’ workloads. Efforts to respond to both student and teacher mental health and wellbeing are critical to building conducive learning environments.
- **Initiate a structured ‘peer education and outreach’ programme in schools/classrooms**, to help meet students’ mental health and psychosocial needs. Such a programme could include reducing stigma around mental health and raising awareness about the importance of seeking mental health and psychosocial support in schools and communities.
- **Schools, social workers and front-line workers should organize outreach activities with vulnerable groups of students who may be at risk of dropping out.**
- **Ensure that schools have the capacity to support students when they return to the classroom**, including assisting students to learn about available sources of support. It is important to *anticipate* psychosocial problems among students, since their learning will be affected and such problems can increase their risk of both experiencing abuse and dropping out of school.



Figure 3: Children in Keerom getting their immunizations in school through the monthly school-based immunization (BIAS) program.
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Children are missing routine health check-ups and immunization

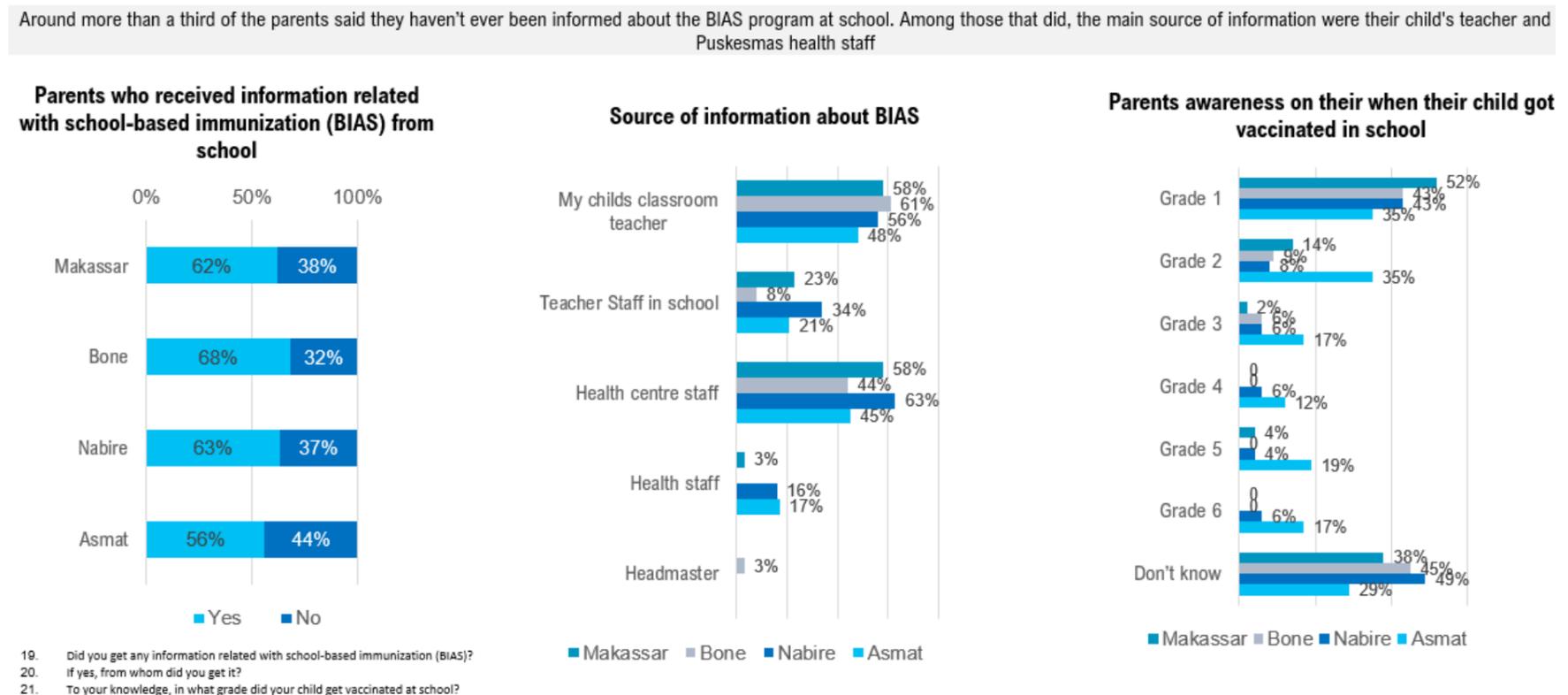
The pandemic not only caused learning loss, but also led to children missing out on routine health check-ups and immunization.¹⁰ Households with children accessed fewer health services—mainly due the fear of COVID-19 infection. Around 5 per cent of parents and caregivers in South Sulawesi and 15 per cent in Papua still reject immunization. Concerns about vaccine safety is a main factor in vaccine hesitancy. Moreover, implementation of Indonesia’s monthly school-based immunization programme (BIAS¹¹) has not been optimized. This may be partly due to the government’s need to prioritize COVID-19 vaccination, but lack of coordination between schools and local health facilities (Puskesmas) also plays a role. Neither teachers nor parents have complete records of children’s immunization status, and governments data on childhood immunizations is incomplete. The table on the far right

¹⁰ SMERU 2020 study

¹¹ Bulan Imunisasi Anak Sekolah (BIAS)

suggests that the older a student becomes, the less aware parents are of what vaccinations their children receive in school. The table in the middle shows that classroom teachers are parents' main source of information on BIAS, followed by health centre staff (except in Nabire District, where health centre staff are parents' main source of information).

Figure 4: Parents' awareness of information related to vaccinations and the school-based immunization programme



Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

The study also found a rough correlation between parents' level of education and their reluctance to vaccinate their children.

In districts where parents generally have a low level of education, levels of vaccine hesitancy by parents/caregivers are generally high.

- **South Sulawesi:** In Makassar City, where only 6 per cent of parents and caregivers reject immunization, 58 per cent of parents and caregivers have completed high school and 22 per cent completed higher education. In Bone District, where only 4 per cent of parents reject immunization, 26 per cent of parents and caregivers completed junior high school, and 28 per cent completed high school or higher education.
- **Papua:** In Asmat District, where 15 per cent of parents and caregivers continue to reject immunization, 58 per cent of parents and caregivers only completed primary school¹² and only 6 per cent completed higher education. In Nabire District, where 14 percent of parents/ caregivers reject immunization, 22 per cent of parents and caregivers completed junior high school, 43 per cent finished high school, and 25 per cent went on to higher education.

Recommendations:

- Improve coordination between district-level education and health offices, especially between schools and *Puskesmas* (local health facilities).
- Agree on a reporting mechanism to monitor and track childhood immunizations – such as the provision of immunization cards – and reactivate referrals to school health units.
- Use operational health funds (Bantuan Operasional Kesehatan – BOK)¹³ from *Puskesmas* to help increase schools' capacity for strengthening school-based immunization programs.
- Urgently prioritize the resumption of school-based immunization services.

¹² Of these 58 percent, 27 per cent did not even complete primary education and only 31 per cent completed primary education

¹³ BOK = 'Bantuan Operasional Kesehatan' or 'Operational Health Funds'

Children lack access to basic hygiene services at schools and knowledge of good hygiene practices, leading them to suffer from preventable diseases

Water, sanitation and hygiene (WASH) facilities, practices and knowledge at schools are all sub-optimal. Understanding of the importance of practicing handwashing at critical times is lacking and many schools lack adequate hygiene facilities (mainly toilets and soap at handwashing stations)¹⁴

Student-to-toilet ratios are high, and some schools do not have separate toilet facilities for girls and boys.¹⁵ None of the girls' bathrooms are equipped with (closed) bins to dispose of menstruation pads, and not all school toilets can be locked from the inside. Furthermore, none of the schools in the sample had toilet facilities that accommodate children with disabilities. Cleanliness issues were another important factor keeping children from using school toilet facilities. The study also found that non-segregated toilets contributed to girls' absenteeism, suggesting that girls are disproportionately affected by poor sanitation facilities.

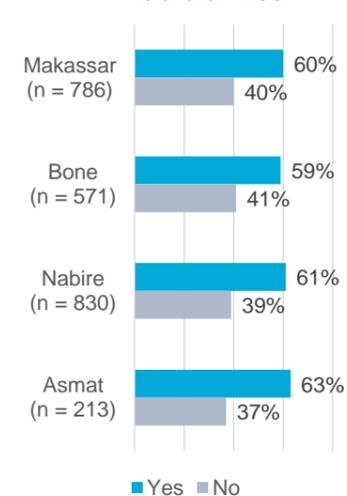
The majority of children in both provinces frequently suffer from diarrhoea, as shown in figure 4. Study results suggest a strong link with children's lack of understanding about important handwashing moments. Most seem to understand the importance of handwashing before eating meals, but the percentage of students who think handwashing is important on other occasions drops significantly (see Table 4)). While schools have a sufficient number of handwashing facilities, not all schools provide soap or have access to running water. Children frequently experience diarrhoea, which is most likely linked to their failure to wash their hands at critical moments, such as after using the toilet.

Table 4: Children's understanding of when to practice handwashing

Key moments to wash hands	Makassar (n = 786)	Bone (n = 571)	Nabire (n = 830)	Asmat (n = 213)
Before eating	77%	79%	86%	97%
After eating	48%	53%	60%	64%
After playing	27%	30%	34%	15%
When hands look dirty	16%	27%	16%	14%
After using the toilet	4%	5%	19%	3%
After going out of the house	13%	10%	5%	2%
Before going to bed	9%	11%	5%	6%
After taking care of animals	1%	1%	13%	0%
After sneezing/coughing	0%	3%	1%	0%
Other	4%	0%	2%	1%
Don't know	9%	4%	3%	0%

Figure 4: Diarrhoea prevalence

% of students that have recently had diarrhoea



Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

- **South Sulawesi:** The cleanliness of school toilets is poor; 50 per cent of students in Bone District and 20 per cent in Makassar City refuse to use school toilets due to bad odour and uncleanliness. Around 30 per cent of schools in Makassar City and 40 per cent in Bone District do not provide soap at their handwashing stations.
- **Papua:** While the availability of water is not a problem in Makassar City or Bone District, it is a serious concern for some schools in Nabire District and most schools in Asmat District. Only 11 per cent of schools in Asmat District have sufficient water throughout the year; 44 per cent have water available 24 hours a day, but another 44 per cent have no water for weeks at a time (see Table 5). At least 60 per cent of students in Asmat and Nabire districts reported recent diarrhoea cases. In Nabire District, 48 per cent of students reported having lost time from school because they were sick with diarrhoea; and 43 per cent of families/caregivers reported having lost time from work for the same reason. More than three fourths of respondents (76 per cent) reported struggling to meet health care costs incurred to treat their diarrhoea.

¹⁴ While over half of the students reported there is always soap available in handwashing stations, approximately 30 per cent of students reported that soap is only available sometimes, or never (particularly in Asmat district, where 15 per cent still report no provision of soap in handwashing facilities).

¹⁵ On average, over 50 students share a single toilet facility. This is more than two times the international standard of a 25:1 student to toilet facility ratio.

Table 5: Availability of water in schools, daily and annually

Water availability in a day	Makassar (n = 10)	Bone (n = 11)	Nabire (n = 38)	Asmat (n = 9)
Every day, available 24 hours	100%	73%	74%	44%
Every day, but not available 24 hours	-	27%	24%	-
Almost every day, but sometimes the water is not available	-	-	3%	11%
Not available for a couple weeks (seasonal)	-	-	-	44%

Water availability through out year	Makassar (n = 10)	Bone (n = 11)	Nabire (n = 38)	Asmat (n = 9)
Yes, enough water throughout the year	100%	91%	79%	11%
Seasonal (only enough water in the rainy season)	-	9%	13%	89%
Do not know	-	-	8%	-

Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

While the pandemic response helped to improve the provision of WASH facilities in schools and communities (see Table 6), more still needs to be done to ensure that appropriate sanitary and hand-hygiene behaviours are adopted and sustained by both students and teachers.

Table 6: WASH situation in schools before and after the pandemic

Before the pandemic	During the pandemic
At community gathering venues, handwashing facilities were not always available	Handwashing facilities with soap are provided during community gatherings
Most community members do not have handwashing facilities in front of their house	Some community members have started to have handwashing facilities in front of their houses
Community members still defecate by the riverbank (Bone District)	Community members are starting to defecate in the latrines available in each house (Bone District)
Schools generally provided handwashing facilities with soap	During the pandemic the number and quality of handwashing facilities with soap in schools increased

Source: Safe Return to Learning Baseline Study, UNICEF Indonesia, 2022.

Recommendations:

- **Ensure the availability and quality of basic WASH facilities at schools, enabling all students to consistently use these facilities and adhere to appropriate WASH behaviours.** Enforcement and monitoring mechanisms – in conjunction with the provision of, and access to, adequate financial resources – to ensure that schools comply with the WASH facility standards imposed by the Ministry of Education, Culture, Research and Technology are urgently needed. Resources are required to ensure both supply and operation and maintenance of this infrastructure. Also critical is improved access to, and quality of, inclusive WASH services in schools, with particular attention to the needs of girls and students with disabilities.
- **Promote appropriate personal and community hygiene and sanitation practices** through awareness-raising efforts leveraging existing school programmes, such as ‘Clean and Healthy Lifestyle’ (Perilaku Hidup Bersih dan Sehat), school health programmes (UKS) and ‘Little Doctor’, as well as the national sanitation hygiene programme.
- **Strengthen collaborative efforts between primary health centres and schools, to improve WASH facilities and promote good hygiene behaviour.** The role of Puskesmas as school health unit coaches (‘Pembina UKS’) needs to be maximized to help improve WASH facilities and lead hygiene behaviour-change in schools and communities. School principals should collaborate with Puskesmas to ensure that sufficient human and financial resources (e.g. BOS) are allocated to support primary health centres and the monitoring of WASH facilities to improve the quality of data managed by schools.



Figure 3: Children in South Sulawesi learning together in class as school start to welcome students back to limited face-to-face learning. © UNICEF Indonesia/2021/Yayasan Indonesia Mengabdi

Expression of Thanks

UNICEF Indonesia would like to thank the Government of Japan for its partnership in the implementation of the Safe Return to Learning programme in South Sulawesi and Papua; an important contribution to Indonesia's COVID-19 response in the education sector. This programme is assisting some of the most marginalized and disadvantaged children to recover learning loss due to the pandemic. The results of the baseline study will contribute to improved targeting of key interventions being delivered under the programme; and, importantly, to measure the impact of the programme on the lives of children and their communities.

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