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KEMENTERIAN KEUANGAN
REPUBLIK INDONESIA



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THE SOCIAL AND ECONOMIC IMPACT OF COVID-19 ON HOUSEHOLDS IN INDONESIA: A SECOND ROUND OF SURVEYS IN 2022

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This report is preceded by two earlier joint endeavors:

Analysis of the Social and Economic Impacts of COVID-19 on Households and Strategic Policy Recommendations for Indonesia (May 2021)

Socioeconomic Impact of the COVID-19 Pandemic on Households in Indonesia: Three Rounds of Monitoring Surveys (December 2021)



Foreword

We are living through a period of great uncertainty. The recent COVID-19 variant outbreaks in late 2022 are a stark reminder that the virus is still imposing deep suffering and disruption to millions of people. The impacts of the Russia-Ukraine conflict are also reverberating across the world, with Indonesia being no exception. Higher energy and food prices are adding to inflationary pressures, squeezing real incomes of households around the country, hitting those who were already heavily stressed by the pandemic the hardest.

The unprecedented COVID-19 pandemic triggered an economic crisis for many families in Indonesia, pushing 2.7 million more people under the poverty line between 2019 and 2020. Families with children were significantly impacted, as their ability to provide daily nutritious meals, a stable home environment and access to health, education and social services was severely disrupted.

Since the onset of the pandemic, UNICEF, UNDP, the Australia Indonesia Partnership for Economic Development/*Program Kemitraan Indonesia Australia untuk Perekonomian* (Prospera) and the SMERU Research Institute have teamed up with the Fiscal Policy Agency (Ministry of Finance), Statistics Indonesia and other partners to provide a strong evidence base for policy decisions about the pandemic response. We carried out three joint studies between 2020-2022 to assess the impact of COVID-19 on the wellbeing of people in Indonesia.

As a continuation of the first study in November 2020, the researchers contacted almost 11,000 households who had participated in previous studies to gauge their wellbeing, how they are coping and whether there is any lingering impact of the pandemic. This report is based on the data that was collected from those households between February and March 2022.

During that time, more people were getting vaccinated than in 2021 and macro-level statistics were pointing to an economic rebound. The findings detailed in this report indicate that COVID-19 vaccination helped the re-opening of the economy and contributed to improving the mental health of many Indonesians. Yet, recovery remains uneven. The most disadvantaged households are yet to see improvement to their livelihoods, forcing them to cope with measures that reduced their intake of adequate and healthy food. Rising food prices and mobility restrictions are further worsening food insecurity among the poorest.

The report also finds that the pandemic drove social policy innovation in Indonesia, with the government's pandemic assistance specifically designed to benefit poor and vulnerable families. The analysis shows that 8 out of 10 families were brought into social safety nets, and that their economic and educational outlook would have been far worse without the assistance.

Informed by policy reforms that are already underway in Indonesia, good practices in peer countries, and recommendations from experts, this report outlines short and long-term measures to guide policy actions. We hope these findings and recommendations serve as key insights to inform Indonesia's policies to realize a strong, sustainable, and resilient recovery trajectory for everyone amidst looming uncertainty.

Sincerely,

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Last but not the least, this report is dedicated to the 10,000+ households across 34 provinces in Indonesia who participated in this panel survey. We hope that we have adequately represented their voices, and that survey results and policy messages highlighted in this report will be leveraged to support Indonesia in recovering from the pandemic.

The findings, interpretations, and conclusions expressed in this report are of the team members involved in the production of this report. They do not necessarily reflect the views of the United Nations, the Australian Government, or the Government of Indonesia.

Executive Summary

Context and background

Indonesia is facing unprecedented levels of uncertainty as the war in Ukraine fuels a global cost-of-living crisis. The Covid-19 virus continues to mutate, with new variants emerging at greater frequency and infect hundreds of thousands of people. By the time this report is written, experts warn Indonesia of the latest Covid-19 virus mutation, the XBB subvariant. Meanwhile, the effects of the climate crisis are reaching a tipping point. No-one is immune to the ensuing compounding effects of these crises: nine out of every 10 countries worldwide have experienced a decrease in hard-won gains in life expectancy, education and economic prosperity, the first time since the UN's Human Development Index was introduced (UNDP 2022). Indonesia is no exception.

Nevertheless, the impact is uneven, with pre-existing inequalities along gender, income and disability lines being further exacerbated. Children have lost out on learning, which could have life-long impacts and erode the country's human capital (UNICEF 2022). Yet there are signs of recovery and resilience. The pandemic has led to some extraordinary policy innovations that have targeted not only vulnerable groups but also businesses – thus bringing more families with children into the social safety net. All of these extraordinary measures were informed through data and information gathered to closely monitor the stress points.

This report paints a picture of how households in Indonesia coped two years into the Covid-19 pandemic, with a special focus on children, women, people with disability, and communities in vulnerable positions. By September 2022, Covid-19 had infected over six million people and resulted in more than 150,000 deaths. In the third quarter of 2021, economic activity was disrupted when the government of Indonesia was compelled to enact strict public health measures (called PPKM), as the Delta variant ravaged the country and took the lives of more than 1,700 individuals each day. To avoid pushing more families into economic precarity, the government increased its social protection budget by IDR 5.6 trillion (approximately USD 376 million), from IDR 148.3 trillion (USD 9.9 billion) in early 2021 to IDR

153.4 trillion (approx. 10.3 billion USD) in July 2021. Indonesia's economy rebounded in the second quarter of 2021 with GDP growth of 7.07% – higher than its pre-pandemic level. However, the serious outbreak of the Delta variant saw growth halve in the third quarter before it picked up again in late 2021 to early 2022, at which time the information for this report was gathered. Indonesia recorded year-on-year GDP growth of 5.01%, while the number of people living under the poverty line dropped substantially to 26.16 million people by March 2022, down by 1.39 million from its peak in September 2020. The Gini ratio in March 2022 was calculated at 0.384, marginally higher than its pre-pandemic level of 0.381 in March 2019. At a glance, these statistics looked promising, but they were likely gloss over how the socioeconomic wellbeing of households had actually been faring during the recovery period. Information at the granular level was, therefore, vital to design and monitor well-informed policy to supports an inclusive recovery.

Since the onset of the pandemic, UNICEF, UNDP, Prospera and the SMERU Research Institute, with advice and support from the Ministry of Finance and Statistics Indonesia (BPS), have collaborated to appraise the socioeconomic impact of Covid-19. The first household survey, conducted between October and November 2020, included 12,216 nationally representative households across all 34 provinces. It was the largest survey on the impact of Covid-19 and focused on children and vulnerable groups.

A second survey was conducted between February and March 2022 at the request of the Indonesian Ministry of Finance and with inputs from a wide range of government partners. The survey captured panel/longitudinal data from the same households: 10,922 in total, representing 89% of those surveyed in 2020. The findings highlighted household access to Covid-19 vaccines, differences in the economic impacts they had experienced compared with the first survey, and whether they had recovered (including households with children and vulnerable groups). It also revealed the benefits and gaps in social protection programs. Individual information about children and working-age household members was also collected.

Findings from the second round of the survey



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Key finding 1: High vaccination uptake and strong adherence to health protocols supported reopening of the economy. More than 9 in 10 households nationwide reported that some of their household members had received at least one dose of the Covid-19 vaccine, while 7 in 10 households reported that all members have received at least one dose. In parallel, 92% of households adhered to at least one of the five health protocols established by the government to avoid transmission of the virus, higher than most European countries (e.g. the United Kingdom¹). This brings the adjustment to the ‘new normal’ up to speed. In addition, as people have eased themselves into the new situation, there has been a substantial improvement in mental health: 1.4 times fewer people reported they were struggling with heightened anxiety and depression – from 25.4% in 2020 to 17.6% in 2022.

Key finding 2: An uneven K-shaped recovery prevails: the wealthiest households are emerging from pandemic-induced economic setbacks while the remainder are stagnating or even deteriorating. In February 2022, most households (82%) reported their income status had either

deteriorated or remained unchanged compared with 2020. About 59% or approximately 41.5 million households had not seen any changes to income two years into the pandemic: those more likely to be in this situation were the poorest 20% of households, households headed by women or someone with a low education level, and households with a family member with one or more disabilities.

Key finding 3: Setbacks in the labour market have been most keenly felt by women, but amid reopening, household run micro and small businesses are getting back to business as usual. By 2022 women who reported working in 2019 faced unemployment at a rate four times that of men. Most of the women who stopped working cited care responsibilities as the main reason, while men were more likely to report pandemic-related reasons. Overall, the proportion of new entrants into employment (two-thirds of whom were women) almost replaced the proportion of those who stopped working. However, most took low-skilled jobs in the informal sector, likely to compensate for the pandemic’s impact on their household finances. On the other hand, household businesses showed signs of improvement as 6 out of 10 were back to taking orders as usual.

¹ See Section 2.1. Key finding 1.

Key finding 4: Gender inequality continues to widen as women take on additional domestic and care work. With most students surveyed continuing home-based learning, 7 out of 10 children relied on adult support, with mothers being 2.7 times more likely to take on this responsibility than fathers. 65.1% of households said the mother took the lead in supporting children to learn from home, compared with only 24.5% where the father did so. Almost half of the mothers in these households (45.3%) still engaged in paid work to support their families, which was likely to limit their productivity and/or ability to balance domestic and professional commitments.

Key finding 5: More households used negative coping strategies that saw increased indebtedness and forgoing of assets. In 2022, 83% of all households continued to report that their needs had not been met, which was only a slight improvement from 2020 (1.4 pp). Those who had borrowed money to make ends meet increased by over two-fold (7.3 pp increase), whereas those who had sold or pawned belongings and reduced food expenditure —already high in 2020 — further increased (2.2 pp and 2.3 pp respectively). Households facing the greatest economic precarity (reduction in both income and expenditure), as well as households headed by women and households with children, were more likely to resort to these strategies.

Key finding 6: Worsening economic precarity is reflected in heightening food insecurity, particularly among the most vulnerable groups. As income reduction forced some households to tighten their spending on food, approximately 1.47 million more households were experiencing ‘moderate to severe’ food insecurity, relative to 2020 levels. Food insecurity has hit the poorest households the most, and widened the gap between the poorest and richest households. Households located outside Java (15.9%), those headed by women (15.4%), those with an elderly family member (15.2%), and those with children (14.7%) had a substantially higher prevalence of food insecurity than the average households (13.8%).

Key finding 7: Amid socioeconomic precarity, impacts to education continued. Students have spent less time learning, but school dropout rates have reportedly been low. Only one-third of the students surveyed had fully returned to school, while the remaining two-thirds continued learning from home. Resource-related learning constraints, such

as limited internet quotas and devices not being available, continued to disrupt the learning of 75% of children who learned from home. However, regardless of the learning mode, more than 9 in 10 students in the sample were found to be learning between 5 and 19 hours less than the required hours per week. Despite the constraints and less time spent learning, Indonesia’s dropout rate was relatively lower than other countries at 1.75%.

Key finding 8: Lingering disruption to the daily lives of people with disability and their access to services as a result of the pandemic. 67.8% of households with a family member with a disability reported facing pandemic-related disruptions to their daily activities, work, schooling and access to medicines. Almost 1 in 5 people with disabilities who use assistive technology (15%, an already small proportion) said they faced difficulties in either obtaining or maintaining their devices during the pandemic.

Key finding 9: Expanded social assistance continued to reach people who needed it, but coverage and delivery can be improved. Most households (80.2%) received at least one form of social assistance in 2021 – either cash or in-kind – compared with 86.7% in 2020. Awareness and receipt of the working capital grant (BPUM) also improved during the past two years. The poorest 40% of households remained as the group with the biggest proportion of cash and non-cash assistance recipients. Nevertheless 1 in 3 households in the bottom 40% did not receive any cash assistance in 2022, including poor households with children (32%). Problems with disbursement were also reported in one out of four households who were entitled to cash assistance: these included delays, not receiving the full amount, or technical issues such name mismatches.

Key finding 10: Government assistance provided during the pandemic has helped to protect households against food insecurity, further income deterioration, and loss of learning. Social assistance was found to be effective in mitigating the potential increase of moderate to severe food insecurity by 57.1%. Newly introduced Covid-19 cash assistance increased the likelihood of an increase in income by 6.5%. Internet quotas were significantly associated both with improved school participation by about 3 pp or 3% relative effect (from baseline of 95%), and reduced school drop out by 1.3 pp or 56% relative effect (from a baseline of 2.3%).

Policy guidance to navigate through uncertainty

This policy guidance draws on the survey's findings and reflects good practices internationally in response to Covid-19 pandemic (see Chapter 3 for more details).

- 1. Combat rising inequality** – consolidate social protection programs to centre on core lifecycle vulnerabilities and shocks (children, school age, youth, working age, elderly and disability), extend social insurance coverage to the poor and informal sector, ensure continuity of fiscal and monetary support, and leverage fiscal policy to increase expenditure on social sectors while honing progressive taxation.
- 2. Safeguard vulnerable households against uncertainty** – learn from the Covid-19 response by enhancing the capacity and adaptiveness of social protection to anticipate shocks. Seek to maintain regular programs but be ready to rapidly scale up or flex to accommodate new populations or needs through an agile and unified database.
- 3. Maintain seamless social assistance delivery, including through effective grievance mechanism** – reduce what it costs beneficiaries to access social assistance by using innovative delivery modes, such as 'mobile payments' in hard-to-reach rural and remote populations (when complemented with improvements to internet infrastructure); deliver comprehensive socialisation on cash assistance withdrawal; ensure data alignment, and continuously monitor cash assistance distribution. Ensure grievance mechanism address feedbacks on social assistance delivery by resolving complaints at the point of service delivery; having trained staff; and building an integrated system that tracks all complaints and response to them.
- 4. Promote better employment and business recovery** – develop a comprehensive package of gender-sensitive measures for workers, and expand and adapt social protection systems to contemporary work. Meanwhile, safeguard and promote business by extending relief, link with complementary services, and facilitate formalisation.
- 5. Address gender inequalities in domestic and unpaid care work** – recognise such work through timely statistics and reduce the overall burden through investment in social care infrastructure. Redistribute unpaid work within and outside of family through public investment that expands options for affordable and quality child care and transforms the prevailing norms. Reward care workers through decent terms and conditions of work, and improve their representation in decision-making.
- 6. Mitigate against rising food insecurity** – ensure support for at-risk households with children; ease supply restrictions and invest in healthy, sustainable and climate-resilient food systems. Lower the relative price of healthy food with subsidies for farmers and taxes on unhealthy food.
- 7. Recoup learning loss for children** – devise immediate extraordinary measures to monitor learning indicators and encourage students to return to school; enact measures to improve learning efficiencies in the medium term, such as a consolidated curriculum that considers learning gaps. Employ targeted instruction as well as tutoring.
- 8. Transition to the new normal by safeguarding the health of children and pregnant women** – integrate innovations and solutions created during the pandemic into the health care system. Consider expanding use of the *PeduliLindungi* contact tracing app; cover telehealth in the national health insurance; design a comprehensive preparedness plan for periodic peaks in patient numbers, and double-up on efforts to tackle the digital divide so everyone can benefit from digitally driven innovations and solutions.
- 9. Support people with disability** – provide inclusive social protection and labour market programs, ensure equal access to health care, and facilitate affordable and quality assistive technology and related services.

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Glossary

AT	<i>Teknologi Pembantu</i>	Assistive Technology
BLT-Desa / BLT-DD	<i>Bantuan Langsung Tunai – Dana Desa</i>	Direct Cash Transfer – Village Funds
BPS	<i>Badan Pusat Statistik</i>	National Statistics Office
BPU	<i>Bukan Penerima Upah</i>	Non-Wage Receiver
BPUM	<i>Bantuan Produktif Usaha Mikro</i>	Productive Assistance for Microenterprises
BST	<i>Bantuan Sosial Tunai</i>	Cash Social Assistance
BSU / BPJS TK Wage Subsidy	<i>Bantuan Subsidi Upah</i>	Wage Subsidy
BULOG	<i>Badan Urusan Logistik</i>	Indonesian Bureau of Logistics
COVID-19 Virus		Coronavirus Disease 2019
DiD		Difference-in-difference
DTKS	<i>Data Terpadu Kesejahteraan Sosial</i>	Integrated Social Welfare Database
FAO	<i>Organisasi Pangan Dunia</i>	Food and Agriculture Organization
FIES	<i>Skala Pengalaman Kerawanan Pangan</i>	Food Insecurity Experience Scale
GDP	<i>Produk Domestik Bruto</i>	Gross Domestic Product
HH	<i>Rumah Tangga</i>	Households
IPRWA		Inverse Probability Weighting-Regression Adjustment
Jamkesmas	<i>Jaminan Kesehatan Nasional</i>	National Health Insurance
KIA Bill	<i>Rancangan Undang-Undang Kesejahteraan Ibu dan Anak</i>	Welfare of Mother and Children Bill
MSME	<i>Usaha Mikro, Kecil, dan Menengah</i>	Micro, Small, and Medium Enterprises
OLS		Ordinary Least Squares
PEN Program	<i>Program Pemulihan Ekonomi Nasional</i>	I National Economic Recovery Program
PKH	<i>Program Keluarga Harapan</i>	Family Hope Program
PPKM	<i>Pemberlakuan Pembatasan Kegiatan Masyarakat</i>	Implementation of Restrictions on Social Activities
Prolegnas	<i>Priority National Legislation Program</i>	Program Legislasi Nasional Prioritas
Prospera	<i>Program Kemitraan Indonesia Australia untuk Perekonomian</i>	Australia Indonesia Partnership for Economic Development
Q1-Q5	<i>Kuintil 1 - Kuintil 5</i>	Quintile 1 - Quintile 5
REGSOSEK	<i>Registrasi Sosial Ekonomi</i>	Socioeconomic Registry
Susenas	<i>Survei Sosial Ekonomi Nasional</i>	National Socioeconomic Survey
UN	<i>Perserikatan Bangsa-Bangsa</i>	United Nations
UNDP	<i>Program Pembangunan Perserikatan Bangsa-Bangsa</i>	United Nations Development Programme
UNICEF	<i>Dana Anak-anak Perserikatan Bangsa-Bangsa</i>	United Nations Children's Fund



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01 Context

1.1 Challenges posed by Covid-19

The health, economic and social disruption caused by the Covid-19 pandemic has been devastating for most countries around the world. The pandemic affected all segments of the population but the people who suffered the most were members of already-vulnerable social groups, including people living in poverty, the elderly, women and people with disability.

While children were largely spared from the direct mortality impacts of Covid-19, UNICEF has estimated that an additional 60 million children worldwide may now live in families that have plunged into poverty. The scale of loss to children's schooling is insurmountable: at least 463 million children worldwide were unable to access remote learning during the Covid-19 school closures. Eighty million children under the age of one may have missed out on life-saving vaccines due to strained health systems and restricted access to life-saving health services. Meanwhile, an additional six to seven million children under the age of five may have suffered wasting or acute malnutrition due to disruptions to food systems and growing food insecurity (UNICEF 2022). These impacts are likely to have life-long effects and further erode the development of human capital (Rizki et al. 2019; Galasso & Wagstaff 2018). Fortunately, evidence shows that when these issues are addressed through timely and effective policy measures, the risks of widening inequality, exclusion, extreme poverty, unemployment and learning loss may be mitigated.

To inform government policy in Indonesia, UNICEF, UNDP, Prospera (the Australia Indonesia Partnership for Economic Development) and the SMERU Research

Institute teamed up with the Fiscal Policy Agency (Ministry of Finance) and Statistics Indonesia (BPS) on a joint study to assess the impact of Covid-19 on Indonesia's households in 2020. Between October and December, 12,216 nationally representative households participated in the survey, making it the largest of its kind on the impact of Covid-19 in Indonesia. It placed a special focus on women, families with children, vulnerable groups, and people with disabilities. The outcomes of the survey were published in May 2021 in a report entitled *Analysis of the social and economic impacts of Covid-19 on households and strategic policy recommendations for Indonesia*.² Some of the key findings highlighted the severe impact of the pandemic on household finances, increased food insecurity, and the multidimensional challenges that children faced.

The partners came together again to conduct another three rounds of rapid telephone surveys between December 2020 and January 2021 to assess any changes in sample household socioeconomic conditions (i.e. employment, income, resilience to shocks, schooling, reach of social protection, access to immunisation and health services). Information was collected from approximately 2,400 households across Indonesia that took part in all rounds of the survey. These follow-up surveys found that although the country was resuming its economic activity and working towards a full economic recovery, during this period the recovery remained fragile at household level.

² UNICEF, UNDP, Prospera & SMERU 2021a, *Analysis of the social and economic impacts of Covid-19 on households and strategic policy recommendations for Indonesia*, Jakarta.

During the third quarter of 2021, economic activities were again disrupted when the Indonesian Government was compelled to enact strict public health measures (PPKM) to respond to the rapid spread of the Delta variant, which at its peak took the lives of more than 1700 people per day. To avoid pushing more families into economic precarity, the government topped up its social protection budget by IDR 5.6 trillion (approx. 376 million USD) from the previous IDR 148.3 trillion (approx. 9.9 billion USD) in early 2021 to IDR 153.4 trillion (approx. 10.3 billion USD).

To understand the consequences of the disruption to economic activities, as well as the impacts of government assistance, the Fiscal Policy Agency asked the partners to carry out a second round of the national representative survey.

1.2 Design and key features of the second-round survey

The second-round survey was conducted in February and March 2022 and captured panel/longitudinal data from the same households: 10,922 in total, representing 89% of those surveyed in 2020. Those respondents were a sub-sample of Susenas 2019 (Indonesia's national socioeconomic survey).

Figure 1. Timeline of the household survey initiative



A wider range of government partners contributed to the second-round study, including the Ministry of Finance; Ministry of National Development Planning; Ministry of Education, Culture, Research and Technology; and the National Team for the Acceleration of Poverty Reduction. These partners contributed to the study design, survey questionnaires (i.e. both quantitative and qualitative) and data analysis. These inputs helped broaden the scope of the second-round survey with additional detailed questions on vaccination, labour market participation and children's learning. Other questions about food security, social protection, changes in income and consumption were largely the same as the first-round survey.

As with the first-round survey, the second-round results were disaggregated by household economic status based on their reported expenditure in Susenas 2019 (March), presence of children, gender of head of the household³ (male or female), presence of a member with a disability, and location (urban, rural, Java, non-Java). The survey also collected new individual-level information on children's education⁴ and the employment profile of the working-age members of the household.⁵

The structure of the data allowed the partners to scrutinise progress against the results of the first-round survey in 2020, as well as Susenas 2019 (baseline). The results of this analysis have been presented in this report where relevant.

- 3 This report follows BPS's definition of 'head of household' which refers to a person from a group of household members who is responsible for daily needs, or who is considered/appointed as the head. The head of the household need not be the breadwinner. Breadwinners are those who work and are responsible to finance household needs. During the survey administration, respondents were asked to identify the head of the household.
- 4 The second-round survey collected more details on the learning and education of, at most, two children aged 5 to 18 in the household, based on the information from the parents. This type of information was not collected in the 2020 survey.
- 5 The second-round survey questionnaire inquired about employment conditions at the individual level for, at most, two household members above the age of 15, including the breadwinner and one other household member. The 2020 survey only focused on the employment status of the breadwinner.

Figure 2. Summary of design and features of the second-round survey



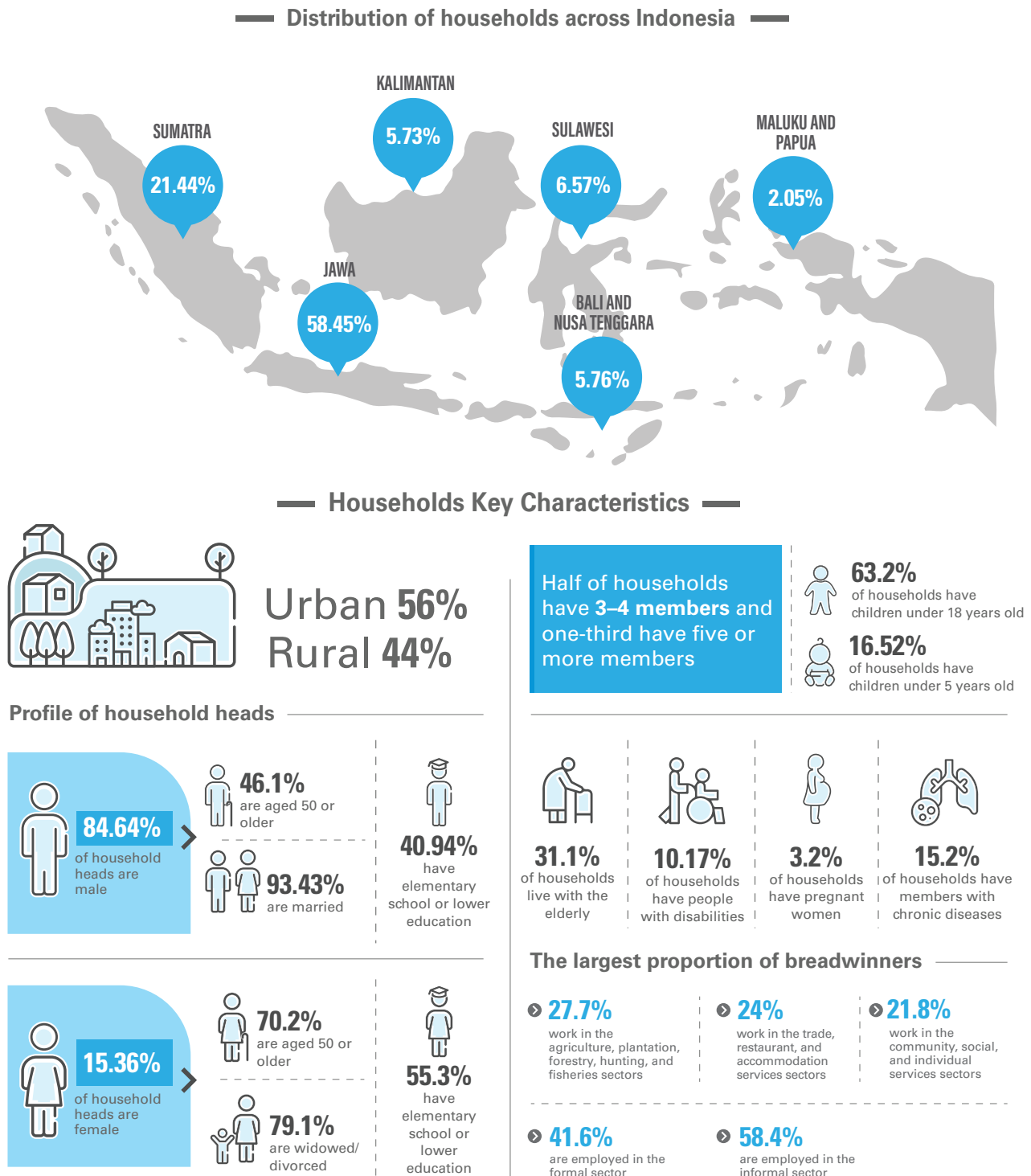
To estimate the prevalence of food insecurity, the survey used the Food Insecurity Scale (FIES) as adopted in Susenas. It also sought to monitor the outreach of social protection programs along the dimensions of coverage (who had access to benefits); comprehensiveness (risks covered, complementarity between cash and non-cash assistance); and adequacy (level of benefits). A key feature of the second phase was to measure the effectiveness of Covid-19 assistance; that is, whether the emergency assistance helped families avoid even worse hardship, and facilitated learning among school-aged children. Boxes 16 and 17, and Annex 5, outline our methods and analyses for responding to these questions.

To complement the quantitative findings, a new feature of the second-round survey was a qualitative component, namely interviews with service providers and children. These provided more in-depth insights into the situation and offered context to the quantitative data. A total of 19 households and six children drawn from the survey respondents were selected for the in-depth interviews from February to April 2022. The following attributes were considered in selecting households and children for the interviews: gender, urban/rural area, Java and non-Java location, students in final year and children with a disability. In parallel, 27 local service providers from the same districts were also selected as interviewees.

1.3 Characteristics of households that took part in the survey

The data and analysis presented in this report are based on sampling weights provided by the National Statistics Office (BPS) and are representative of the 69 million households in Indonesia.⁶ Below are the characteristics of the population and households reflected in the survey.

Figure 3. Distribution of households across Indonesia and key characteristics



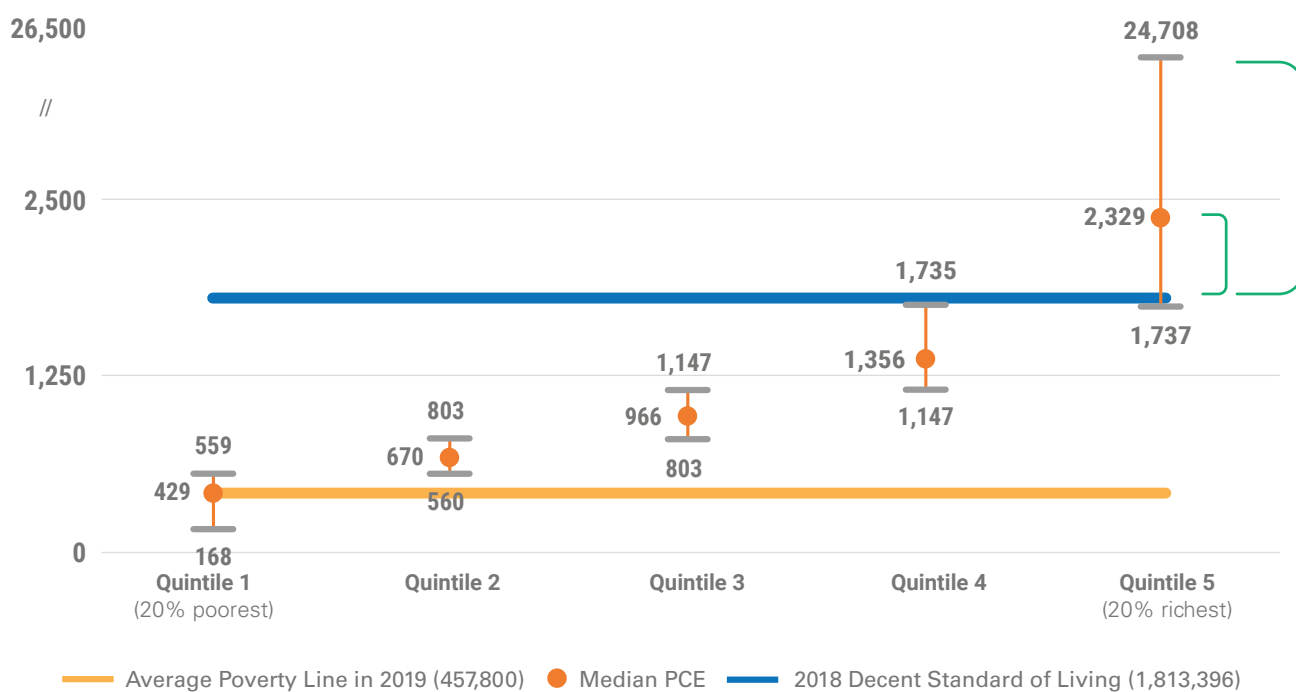
6 Similar weights were also used in the first-round survey. Since the detailed methodological information of the weighted sample in comparison with the Susenas 2019 sample has been provided in Annex II of the first-round survey report, it is not repeated here.

Furthermore, in order to assess Covid-19 impacts on household well-being, those sampled were grouped into five wealth quintiles, calculated from their corresponding consumption level based on Susenas 2019. As mentioned in the 2020 joint report, the respondents in this study were a sub-sample of Susenas 2019, and the data from the two surveys have been merged, among other things, to identify household expenditure before the pandemic.

Household distribution by wealth quintile found that most respondents belonged to the less well-off categories.⁷

According to the figure below, the median per capita expenditure of households in quintile 1 (bottom 20%) was about the same as the poverty line. Meanwhile, quintiles 2 to 4 had only low to moderate household incomes of between IDR 670,038 and IDR 1,355,746 (USD 45 and 91) per month, and even quintile 5 households were not that well off with a median per capita expenditure of IDR 2,328,606 (USD 156). The survey does not capture very-high-income households because these groups rarely participate in such surveys.

Figure 4. Monthly expenditure per capita by quintile (in IDR) of households surveyed in 2019



Source: Susenas 2019

7 Primarily the socioeconomic position of households before the pandemic was determined by distribution of expenditure, using the full sample of Susenas 2019. Each household in Susenas 2019 was sorted based on its monthly expenditure per capita, from the lowest to the highest, and then divided into five groups (or quintiles). This identification of the quintile position in Susenas 2019 was then merged with the 2020 and 2022 survey data. This serves as the baseline position for households surveyed.



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02 Key findings and impact assessments

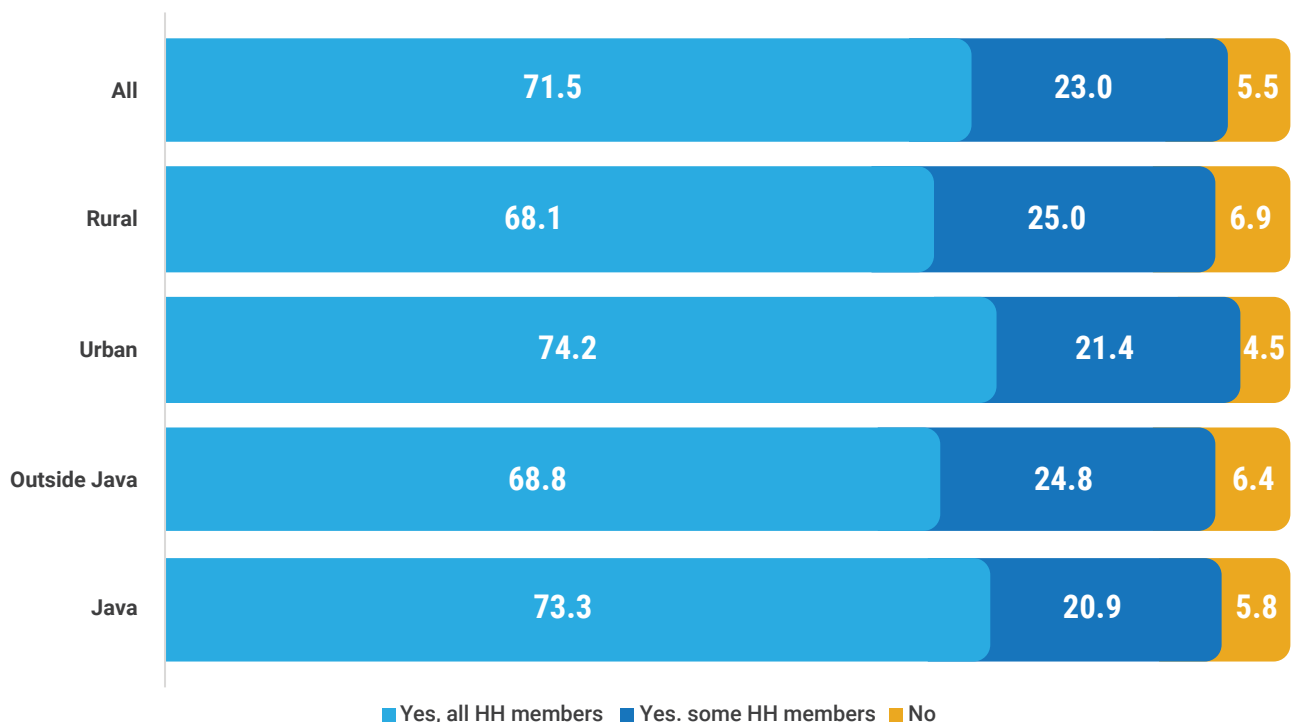
2.1. Key finding 1:

High vaccination uptake and strong adherence to health protocols lends support to the reopening of the economy

More than 9 in 10 households nationwide reported that some of their household members had received at least one dose of the Covid-19 vaccine, while 7 in 10 households reported that all members had received at least one dose. This shows very high vaccination coverage. Nevertheless, geographic disparity in vaccine coverage prevailed, with fewer households in rural areas and locations outside Java in which all members of the household had received at least one dose.

Such disparities in vaccination rates may be attributed to various factors, including vaccine accessibility, varying levels of awareness, and vaccine requirements for employment and social activities. In addition to giving people immunity to the virus, an important objective of the vaccine program was to lift restrictions and gradually open the domestic economy as the government links vaccination progress with the level of PPKM restriction.

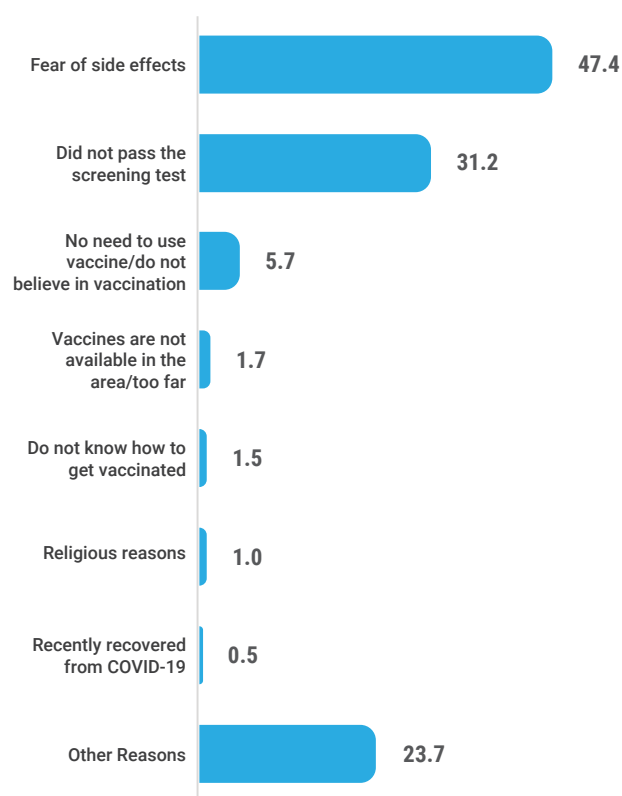
Figure 5. Household receiving at least 1 dose of Covid-19 vaccine



Among the reasons for not being vaccinated for Covid-19, fear of side effects was the most reported by households (47.4%) followed by failure of the screening test (31.2%), whereas ‘vaccines not available in the area/too far’ was among the least reported reason (1.7%). Other reasons mostly associated with existing medication conflicts or receiving medical treatment, recently recovering from Covid-19, and fear of syringes, constituted 23.7% responses. All households with some or no vaccinated members were asked this question.

The very small number of households who reported vaccines were ‘not available in the area/too far’ indicates that overall vaccines were accessible to those who wanted them. As the proportion was too small, it was not possible to make meaningful statistical inferences on whether these respondents were concentrated in any geographic area. Future efforts to improve coverage may focus on countering fear of being vaccinated.

Figure 6. Reasons for not getting vaccinated (%)



During the qualitative interviews, respondents offered a wide range of reasons why they sought vaccination, as listed by Box 1 below. Interestingly, fear of compliance and enforcement appears to have motivated individuals across different socioeconomic backgrounds and geographical areas.

BOX 1: Reasons for vaccination

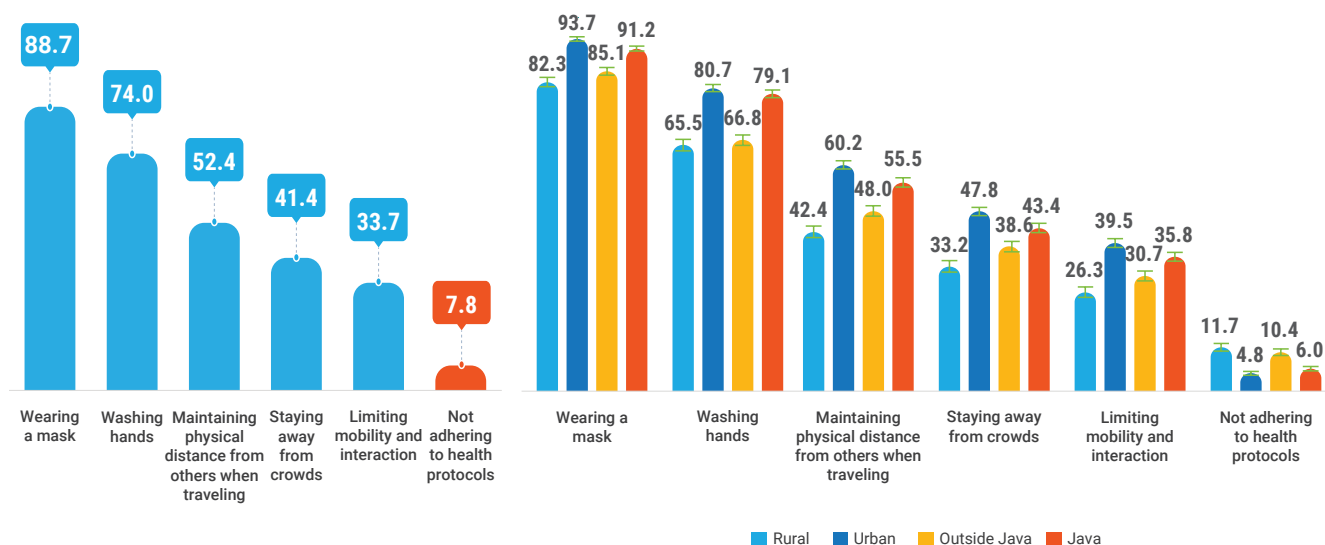
Protection from Covid-19 infection and death is one of the most important reasons to get vaccinated. However, during the in-depth interviews with households, respondents also cited other motivations for getting vaccinated, mostly related to the consequences of going against government mandates. Niko, a driver from Mojokerto, got vaccinated to make it easier for him to work. During the public activity restrictions, the police would ask for his vaccine certificate alongside his driver’s licence and vehicle registration certificate. A similar reason was also given by Bertha, a retail gasoline seller, who doubles as a BPS field officer. Getting the full two doses of the vaccine allowed her to travel freely without having to perform a swab test prior, thus making it less costly for her to go to Kupang to take her child to college. Other reasons included being fearful of a visit from the Covid-19 taskforce, as was the case for Meri, a farmer from east Flores, based on observations in her neighbourhood. Wulan, a full-time homemaker from Tasikmalaya, got vaccinated after hearing news in her village that eligibility for staple food assistance would be based on vaccination status.

Source: qualitative in-depth interviews, pseudonyms have been used for data protection.

As impressive as the high vaccination rate was the 92.2% of households which adhered to at least one of the five health protocols in the government campaign to avoid transmission of the virus.

Wearing a mask (88.7%) and washing hands (74.0%) were the health protocols most adhered to. Indonesia’s compliance rate was performing relatively well two years into the pandemic compared with most European countries, such as the United Kingdom (62%), Norway (29%), the Netherlands (51%) and France (76%) (Spira 2022). Nevertheless, by the time of the survey, limits on mobility and interaction with other people had become less of an option with the reopening of the economy and face-to-face learning and office-based work returning. Once again, adherence to health protocols was strongest among households in Java and urban areas.

Figure 7. Adherence to health protocols (%)



BOX 2: Contact tracing application in Indonesia

PeduliLindungi (roughly translated from Indonesian as 'care to protect') is the official Covid-19 contact tracing app used for digital contact tracing in Indonesia. This app was developed by the Indonesian Ministry of Communication and Information Technology (Kemenkominfo), in partnership with Committee for Covid-19 Response and National Economic Recovery (KPCPEN), Ministry of Health (Kemenkes), Ministry of State-Owned Enterprises (KemenBUMN) and Telkom Indonesia. *PeduliLindungi* can show the infection and vaccination status of an individual, both of which are required to travel domestically and internationally. It is also utilised to facilitate check-ins at various public places.



Developer(s)	: Ministry of Communication and Information Technology
Initial release	: 27 March 2020; 2 years ago (as <i>PeduliLindungi</i>)
Stable release	: Android 3.4.3 / 16 August 2021; 11 months ago iOS 3.5.82 / 21 August 2021; 11 months ago
Operating system	: Android and iOS
Type	: Covid-19 apps
Website	: https://pedulilindungi.id

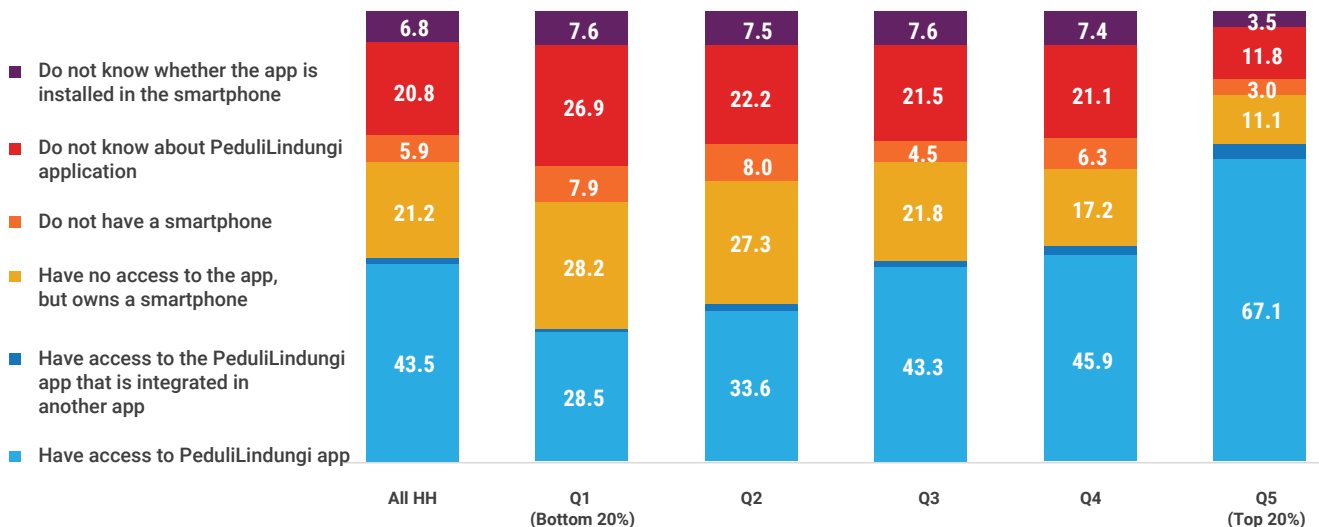
Nevertheless, wealthier households were two times more likely to have access to the *PeduliLindungi* app relative to their poorer counterparts.

In regard to knowledge of the app, the bottom 20% of households (26.9%) were twice as likely to have no awareness about the app than the top 20% of households (11.8%). Indeed, the gap in access to and knowledge of the app widens as the divide between rich and poor increases. Such differences could be manifestations of pre-existing gaps in access to smartphones and internet connections between the two groups. The different mobility profile of

poorer households may also mean access to the app, which was required to enter shopping malls and transportation hubs, is less important.

Our findings suggest that 67.1% of the wealthiest households had access to *PeduliLindungi* app, while this number was only 28.5% among the bottom 20% of households. Not having a smartphone was most prevalent among the bottom 40% of households. Twenty-seven per cent of the bottom 20% of households said they did not know about the app, whereas this figure was only 11% among the top 20%.

Figure 8. Access to *PeduliLindungi* (%)



Even though the data collection occurred amid the surge of the Omicron variant, the results indicated a substantial improvement in the mental health of household members in Indonesia in 2022.

Approximately 17.6% of households reported at least one family member feeling unhappy or anxious, almost 1.4 times less than the proportion who reported the same back in 2020 (25.4%).

The biggest gap in the proportion of household members feeling anxious or unhappy was between those with children and those without. This result may not come as a surprise given school closures meant someone had to see to children’s care and education at home, likely adding to the prevalence of mental health disruptions. Meanwhile, children also experienced unprecedented levels of mental health problems during this time (see Key finding 7).

Figure 9. Proportion of households reporting heightened anxiety or stress (%)

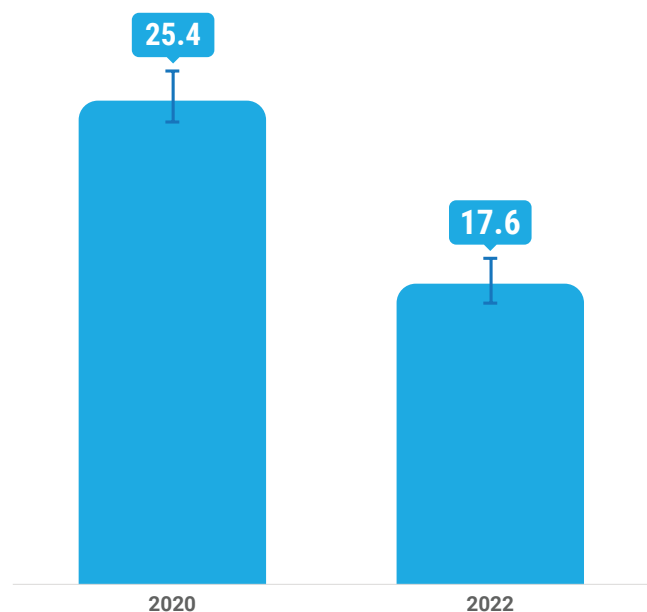
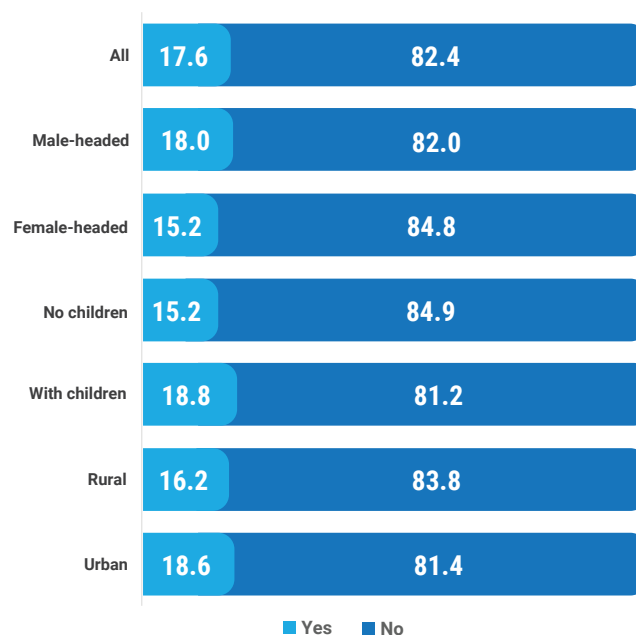


Figure 10. Proportion of households reporting heightened anxiety or unhappiness, by household demographic characteristics in February 2022



Discussions with household members about stress and mental health provided further insights on reasons for the stress, their manifestations, and solutions (see Box 3 below). They also gave insights on how children struggled and coped.

Of concern, however, only 1 in 4 households with children under five (24.4%) had accessed basic immunization since November 2022, down from around 31.2% in 2020. The study also found that socioeconomic background made no statistically significant difference to the rate of basic immunisation. Lower coverage presents a huge risk of children contracting vaccine-preventable diseases, such as tetanus, measles and polio. UNICEF (2022) suggests the decline may be associated with increased misinformation, as well as disruptions to healthcare services during the pandemic, such as resource diversion and supply chain interruptions.

BOX 3: Mental health during the pandemic

Increased schoolwork amplified stress for students

Nadia, a female high school student from rural Tabanan, said she struggled with extreme stress and anxiety during the pandemic. She had to do many more than the usual amount of school assignments, and she could not focus on anything else other than doing schoolwork. She often forgot to eat, had a recurring stomach ulcer and suffered from insomnia and headaches. She often scolded her younger brother because she could not control her emotions. Things started getting better once she started to take short breaks to rest or watch YouTube, and exercised and ate more regularly. She also started to take headache medications. According to Nadia, having access to support systems was critical to turn her state of mind around. (Nadia [pseudonym], female, second-year high school student, rural, Tabanan, 7 March 2022).

Source: qualitative in-depth interview, pseudonyms have been used for data protection.

2.2 Key finding 2:

An uneven K-shaped recovery prevails: the wealthiest households are emerging from pandemic-induced economic setbacks while the remainder are stagnating or even deteriorating

In February 2022, most of the sample households (81.5%) said their income had not improved since October 2020, and 34.7% said their income had declined in 2022. Meanwhile, 46.8% of households had been able to maintain the same income level and only 18.5% of households saw an increase in their income level in February 2022. Looking more closely, 59.0% of households either reported their income had remained lower than the pre-pandemic level or further deteriorated by February 2022. This is roughly equivalent to 41.5 million households not seeing any income improvement two years into the pandemic, which is a major cause of concern (see Figure 11).

Against the prevailing trend of limited changes to income, 8 out of 10 households reported either a gain in consumption or maintaining consumption. One in 3 households said their consumption had led to an increase in expenditure; 1 in 2 reported their expenditure had remained the same. A small proportion (1 in 10) reported a decline in consumption. Increased consumption between November 2020 and February 2022 was more prevalent among households in rural areas (37.7%), those residing outside of Java (36.1%), and those with children (36.9%). While the survey could not probe deeper into what had caused the rise in expenditure, several factors may be at play, such as prices starting to pick up in late 2021 with the economic recovery.

Figure 11. Change in household income between November 2020 and February 2022

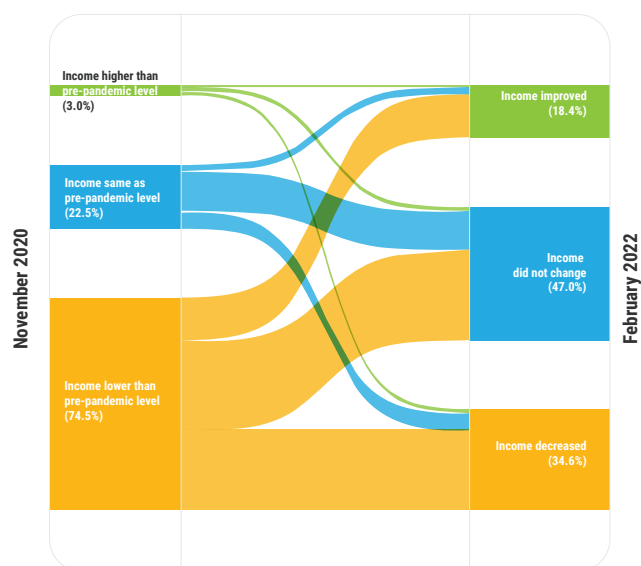
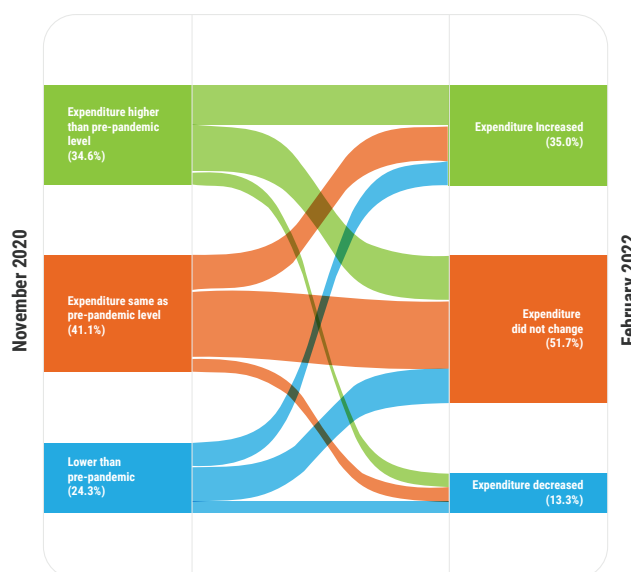


Figure 12. Change in household expenditure between November 2020 and February 2022



When income and expenditure are put against one another, the welfare assessment suggests the recovery during the pandemic has been ‘K-shaped’, with the top 20% of households (Q5) faring better compared with the bottom 20% households (Q1).

A K-shaped recovery is one where some groups pull ahead after economic setbacks, while others remain stagnant or deteriorate even further.⁸ As depicted in Table 1, the incidence of increase in income has been far from uniform across wealth groups, with roughly a 4.80 pp difference between the bottom 20% of households compared with the top 20% (19.7%). In parallel, the top 20% exhibited the lowest incidence of income reduction since November 2020 at 29.2%, relative to 37.1% for the bottom 20%, roughly a 7.9 pp difference). The gap in consumption dynamics also prevailed, albeit a smaller one relative to income gaps – with more of the bottom 20% reporting an increase in expenditure (37.9%) compared with the top 20% (32.2%).

Households who are headed by someone less educated or women, and households with a member with a disability, indicated a worse recovery than those without.

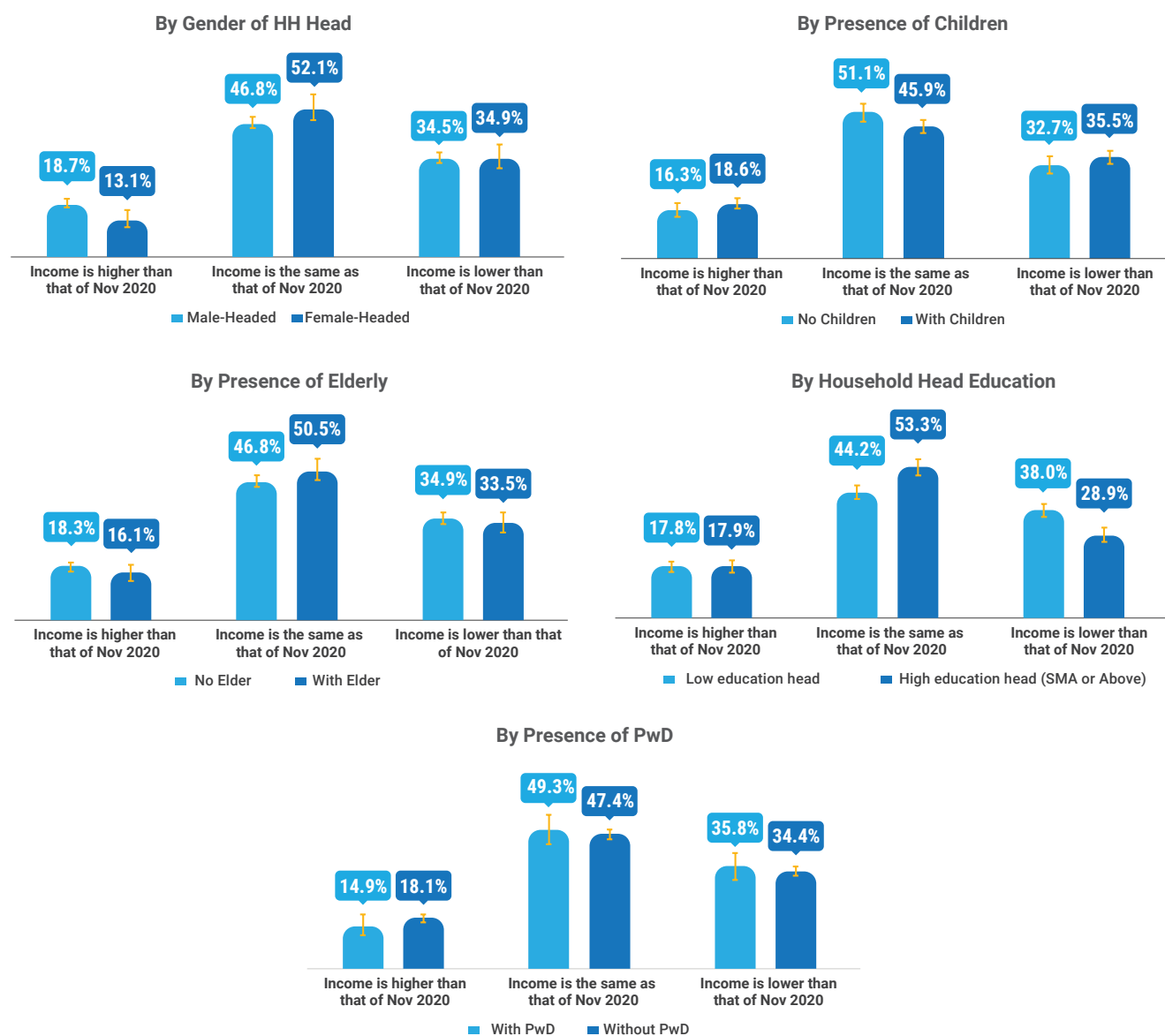
The education level of the head of the household mattered such that income reduction in 2022 was more prevalent among those with a junior secondary education or less, compared with those with a higher education level (9.1 pp difference). Furthermore, male-headed households showed greater recovery compared with female-headed households, as 18.7% of them had an income increase between 2020 and 2022, higher by 6 pp relative to female-headed households. Finally, households with family members with a disability fared worse compared with those without, as the group had a higher proportion of those experiencing decreased income and less of those with an income increase. No significant difference in income change was observed across different locations (Refer to Figure 13).

⁸ The term K-Shaped recovery was coined during the early days of the pandemic as an addition to the extant W- or V-shaped recovery patterns (Bzerski and Smith, 2020). The term can be flexibly applied when assessing Covid-19 recovery from the perspective of employment, household socioeconomic wellbeing, and business sectors. A paper by Dalton et al. (2021) was one of the first to record the existence of K-shaped recovery based on employment patterns of different wage groups. They found that establishments which paid the lowest average wage exhibited the steepest decline in employment, as well as the most persistent losses.

Table 1. Welfare status comparison between bottom 20% and top 20% households in February 2022

Welfare status	Incidence of reduction in income	Incidence of increase in Income	Incidence of decrease in expenditure	Incidence of increase in expenditure
Q1 (bottom 20%)	37.1%	14.9%	14.1%	37.9%
Q2	38.2%	15.3%	14.0%	35.3%
Q3	36.6%	19.4%	13.3%	36.8%
Q4	30.6%	19.2%	11.8%	32.4%
Q5 (top 20%)	29.2%	19.7%	13.1%	32.2%
Q5–Q1 gaps	-7.90 % points	4.80 % points	-1.00 % points	-5.70 % points

Figure 13. Income change between November 2020 and February 2022 based on socioeconomic characteristics



Box 4 below provides insights generated by the qualitative interviews on the challenges that families faced during mobility restrictions and the role of social assistance ‘timing’ to drive recovery.

BOX 4: Voices of respondents: What influences households’ economic recovery prospects?



Internal factors

- ▶ Formal education and skills
- ▶ Social network
- ▶ Financial capital
- ▶ Work ethic and courage to take risks



External factors

- Government policies related to handling the pandemic
- ▶ easing public activity restrictions
 - ▶ reopening business, economic centers, offline school

When asked about their views on what influences economic recovery, respondents said there were many internal and external factors at play. But government policy was really the tipping point, as illustrated by the experience of Raafiq (pseudonym).

After being laid off from his job as a security guard in 2020, Raafiq tried to start a food business several times in Padang (West Sumatera). But very few buyers came due to the pandemic. Raafiq then sought a job in the construction sector as he had the right experience and skills, but nothing came through. Raafiq slid into deep debt just to be able to pay for necessities, but he did not give up and sought support from his friends:

“Well, I could not give up trying. I had to be willing to take any job or business opportunity that came my way. I couldn’t afford to be picky, otherwise my family would suffer.”

In November 2021, one of Raafiq’s friends invited him to migrate to Pekanbaru, Riau, to work for his shoe business until Raafiq was ready to start

something new. And in early 2022, Raafiq sold his motorbike to pay his debts and gain capital to set up a food stall serving *lontong sayur* (traditional rice rolls with vegetable curry) in Pekanbaru, close to a local school. The first days of his enterprise were very tough, and he took a big risk.

Raafiq had to find ways to cut down his operating costs. He negotiated with the building owner to change the rental system from annual to six-monthly payments, while closely observing his business. Raafiq and his family also lived there to save money on rental accommodation elsewhere.

In 2022, the school opened and resumed face-to-face learning. Raafiq’s decision to set up shop near the school premises turned out to be a strategic one.

“...the children are back to school now, so Thank God [my economic condition] is much better than before. I get a lot of [customers] from school.”

(Raafiq [pseudonym], male, merchant, Pekanbaru, urban, 10 March 2022)

Source: qualitative in-depth interview, pseudonym has been used for data protection purposes.

2.3 Key Finding 3:

Setbacks in the labour market have been most keenly felt by women, but amid reopening, household SMEs are getting back to business as usual

The overall labour market situation worsened slightly during pandemic, but the proportion of those who stopped working in 2022 was offset by new entrants to the labour market in 2022. Before the pandemic in 2019,⁹ 26.6% of the working-age household members sampled in the study did not work while the remaining 73.4% were employed. The percentage of individuals not working between 2019 and 2022 increased by 2.1 pp. However, as illustrated by Figure 14, more than 1 in 3 people (35.3%) who did not work in 2019 said they were working in 2022, which is roughly equivalent to the proportion of people who worked in 2019 but had stopped working in 2022. A deeper look into the 2022 working status of individuals who had worked in 2019 suggests that female workers saw more drastic changes than their male counterparts.

Approximately 66.7% of the newly employed in 2022 were female workers, two-thirds of whom took up low-quality jobs in the informal¹⁰ sector and assumed the role of main breadwinner, likely to compensate for loss of family income. They were also mostly in the productive age between 20 and 59 (85.5%) and one in 10 were elderly (60+).

Meanwhile, the proportion of female workers who said they had stopped working was four times more than the proportion of male workers. In addition, 15.9% of individuals who worked in 2019 were no longer reported to be working in 2022. The rest (84.1%) who were still working were predominantly the main breadwinners (66.5%). When analysed further by gender, 91.1% of male household members who worked in 2019 had stayed in employment in 2022. Meanwhile, female workers in 2019 who no longer worked in 2022 reached as high as 32.2% – more than double the proportion reported for all respondents (15.9%) and almost four times higher than the proportion of male workers.

9 Our individual data structure on employment during the round-two survey in 2022 allowed us to identify the respondent's employment condition back in 2019 based on the March 2019 Susenas data. In the round-two survey, employment profiles were estimated using two sets of information – thus strict comparison may not be advisable. For instance, the employment profile in Figure 14 refers to working age (≥ 15 years old) people who completed Module F (two respondents per household, panel individual). On other hand, Figure 15 relates to working age (≥ 15 years old) people who have completed Module F (two respondents per household) and those who had a job in 2019 (panel individual). Thus, they represent two sub-sets of entire samples.

10 This report follows BPS's definition of formal employment which includes those who are classified as an "employee" or "employer with permanent/paid worker". Those who are self-employed, employers with temporary/unpaid workers, casual agriculture/non-agricultural workers, or unpaid family workers follow an informal employment setting.

These seemingly contradictory findings are in fact consistent with other studies on women's economic participation during the pandemic. Many women joined the labour force as additional workers to compensate for loss of income or wellbeing due to the impacts of the pandemic. Nevertheless, the participation of women of childbearing age reduced due to the added care responsibilities they had to take on, especially during school closures (World Bank 2022, Sijapati Basnett, Riyanto et al. 2022).

Figure 14. Change in employment from 2019 to 2022 among all employment module respondents

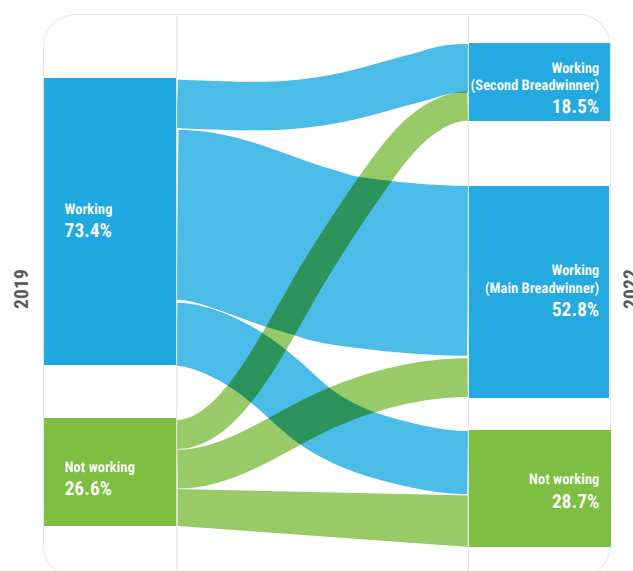
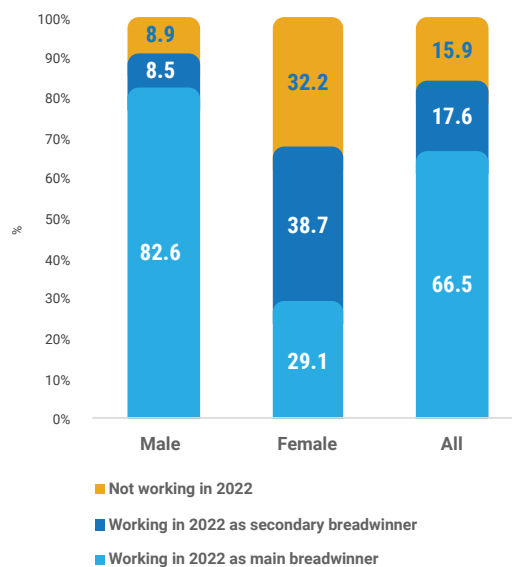
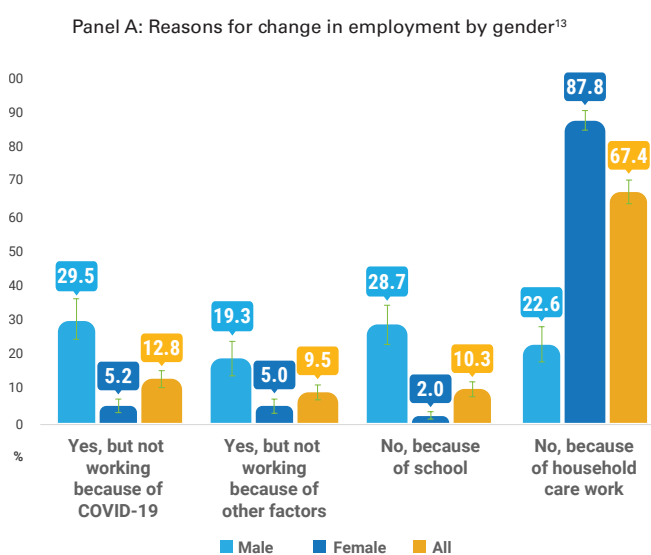


Figure 15. Working status in 2022 of employment module respondents who worked in 2019

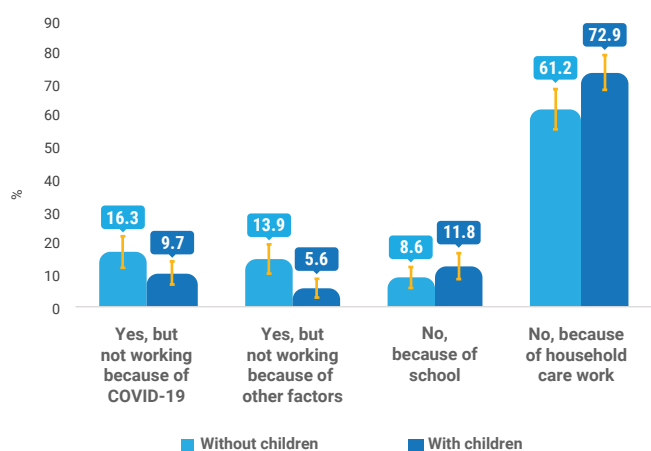


The precursor to discontinued employment was also not gender blind, with male respondents reporting Covid-19-related reasons as their biggest impediment while most female respondents cited care responsibilities. For male household members, not continuing to work in 2022 was largely attributed to Covid-19-related reasons (29.5%), followed by school (28.7%). Meanwhile, a staggering 87.8% of female household members who no longer worked in 2022 reported carrying the burden of domestic care work as their main reason. Indeed, with school closures being highly prevalent during the pandemic, helping children with schoolwork became an additional domestic responsibility, most of the time falling to the mother.¹¹

Figure 16. Reasons for change in employment between 2019 and 2022



Panel B: Reasons for change in employment by presence of children in household

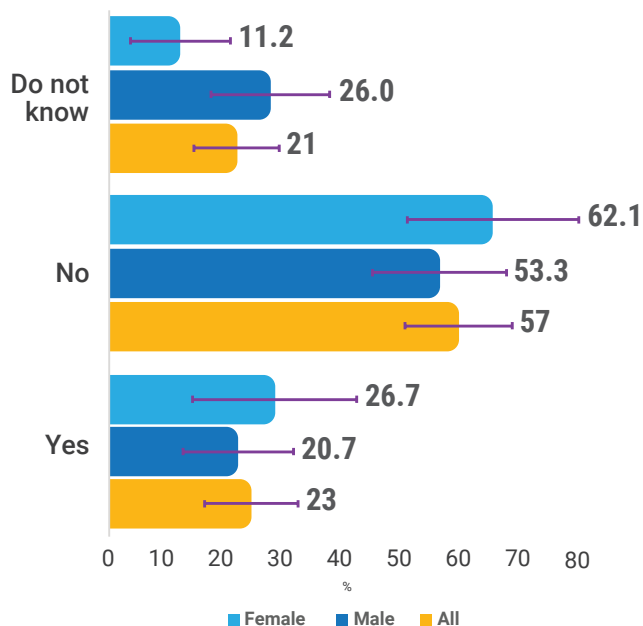


11 Based on the first-round study published in 2021, mothers were three times more likely than fathers to help their children study at home. In parallel, half of them were still engaged in paid work.

12 Respondents answered the question: 'In the past one week, did [name of respondent] actually have a job/business but just currently not working/doing business?'

The employment outlook of people who were no longer working was bleak, with many of them (56.6%) saying they were unlikely to return to their jobs. Among females, the rate of expected employment return was even worse, with 62.1% reporting no certainty about their return to work. Only 22.9% of the individuals currently not working could see the possibility of returning to their jobs. Furthermore, 14% of those not working were not looking for a job, or were out of the labour force.

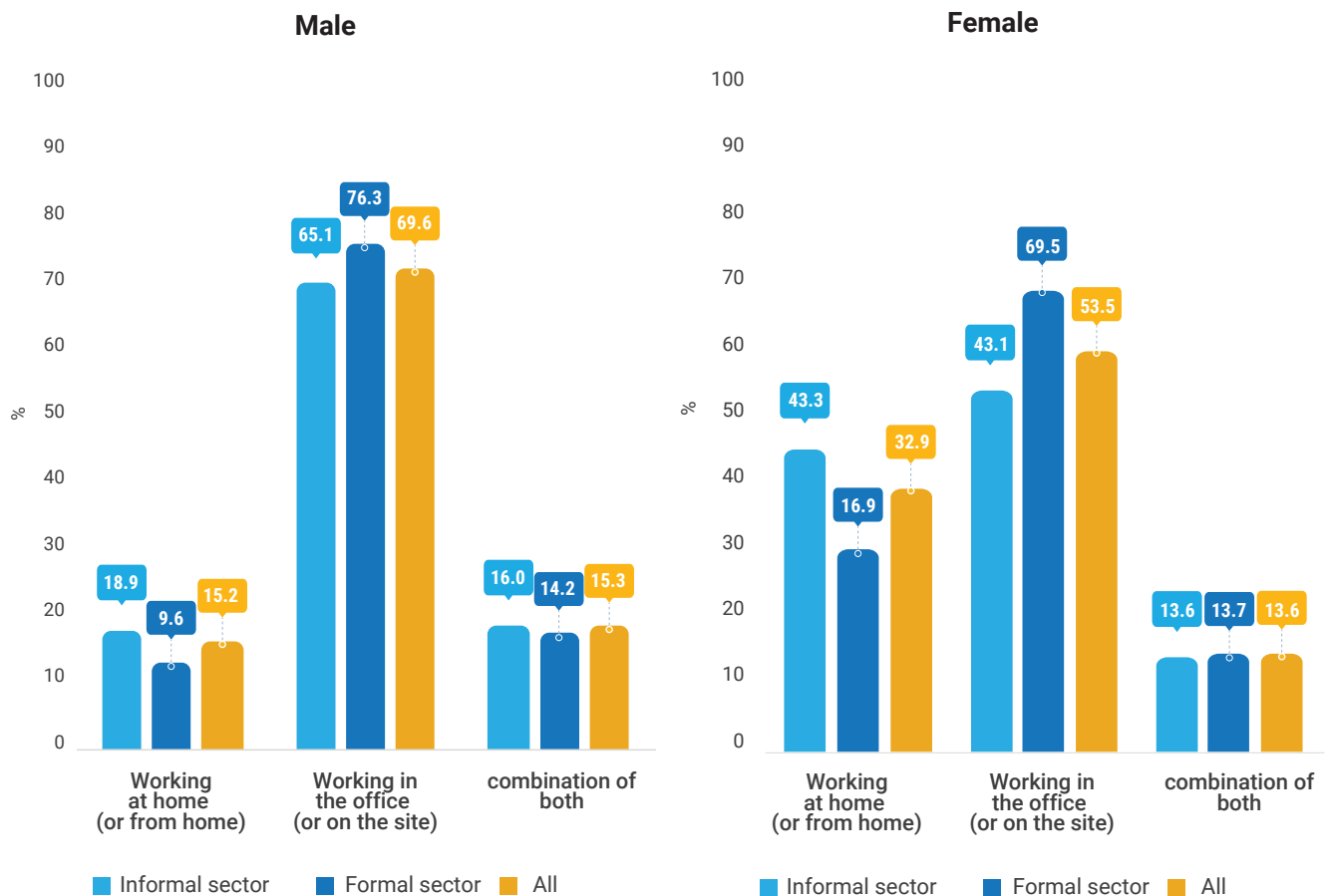
Figure 17. Response to 'Is there any certainty around you returning to work at your job?'



Those fortunate to keep their jobs were witnessing a gradual return to in-person work, but a higher proportion of men appeared to be returning to work relative to their female counterparts. By February 2022, 69.6% of men and 53.5% of women who had remained in employment had returned to work in their usual place. The return to work was much more prevalent among formally employed men than informally employed women.

There is a huge gap between the proportion of informally employed men who remained working fully from home (18.9%) and women in the same situation (43.1%). This may be associated with female household members continuing to fulfill care responsibilities while also being engaged in paid work. Alternatively, it could also be that these women were already working from home before the pandemic.

Figure 18. Workplaces by job formality and gender

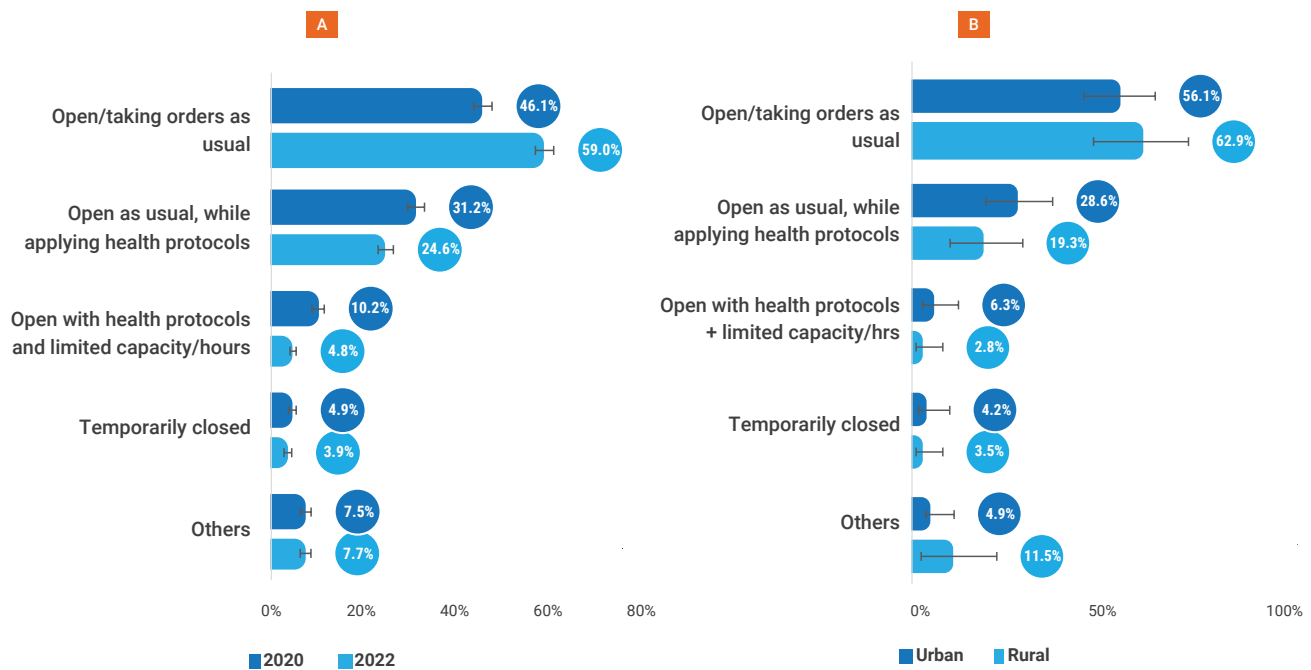


It is important to note that employment instability and the rise of poorly paid, precarious work was the dominant trend even before the pandemic. Informal employment has dominated the Indonesian employment landscape, from 57.8% of total employment in 2015 to 55.9% in 2019, just before the pandemic. During the pandemic, more people were pushed into informal employment, which grew to a staggering 60.5% of total employment in 2020 (BPS 2022). The World Bank (2021) also suggests that job growth during the previous two years had been largely informal. The rise of the ‘gig’ economy in Indonesia has created more opportunities for work on the one hand, but on the other, shifted the risks and responsibilities away from employers onto workers. Unfortunately, social protection systems had not been keeping pace with the changes in the labour market. The implications were that even before the pandemic hit, many individuals and families could not have relied on their jobs as means to cope with an economic shock. Meanwhile, the growing flexibility in the labour market has also exacerbated inequalities in wages and working conditions. Policies to emerge out of the pandemic, therefore, cannot be focused on restoring the pre-pandemic situation (UNDESA, 2022).

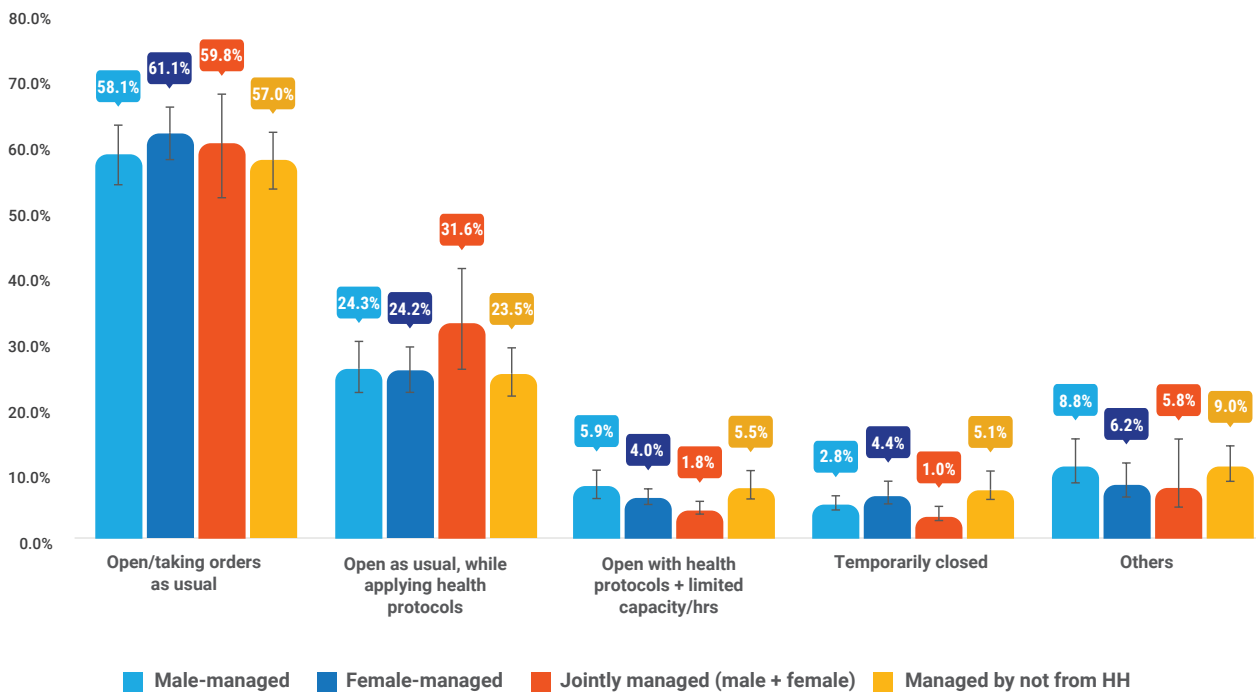
Micro-small businesses continue to be an important source of income for many households, and for women in particular. One-third of all households (29.8%) in the survey continued to report they had at least one household member who was running a business. Most of them (33.6%) were female-managed, while 26.5% were male-managed, 9.7% were jointly managed, and 30.1% were outsourced to people from outside the house.

Household businesses show signs of improvement but have not recovered fully. As the economy began to pick up, businesses who were open and taking orders as usual increased to 59.0% in 2022, up from only 46.1% in 2020. Interestingly, rural businesses recovered better than their urban counterparts, with more opening up and taking orders as usual (7 pp difference). On other hand, businesses in urban areas tended to be open while applying health protocols or had limited capacity. These results may reflect the timing of the study which coincided with the surge of the Omicron variant of Covid-19, which was most prevalent in urban areas in the early days of its transmission.

Figure 19. Household business status – yearly comparison (panel a), comparison by location (b), and comparison by management (c)



Panel C: Business operational status by management gender



Despite more businesses resuming normal operations in 2022, for household businesses the impacts of the pandemic persisted (roughly nine in 10). Respondents continued to cite a reduction in buyers and a decline in revenue as their biggest issues. In addition, the proportion of businesses reporting an increase in their operating costs has doubled since 2020. As household businesses struggle, they may sell their equipment to survive, as reflected in the increased proportion of household businesses with capital decrease (see Figure 19, panel a). Indeed, one problem is not mutually exclusive and may lead to another, as suggested in the interview with one of the respondents (see Box 5). Since the survey was conducted, the Russia-Ukraine war¹³ has exacerbated supply disruptions and made costs for raw materials even higher.

BOX 5: Non-essential businesses face multiple blows as demand for products decrease

For businesses, a closed road during the public activity restrictions (PPKM) were not merely an inconvenience: it had dire implications for their livelihoods. Yanus, a tailor from Pematang, attested to this as his small business faced a particularly hard time during the PPKM. Many of the local roads were not accessible, making it harder for customers to bring him materials to work on. It also delayed delivery of finished items to his customers. In parallel, the final buyers (those who buy from Yanus’s customers) decided to pause their spending during the PPKM, leading to fewer orders for Yanus. As the materials piled up in his customers’ storage areas, his livelihood came under threat.

(Yanus [pseudonym], male, tailor, village, Pematang, 22 February 2022)

Source: qualitative in-depth interview, pseudonyms have been used for data protection.

13 According to MIT Centre for Transportation and Logistics, “The Russia-Ukraine war is having an outsized impact on the global supply chain, impeding the flow of goods, fuelling dramatic cost increases and product shortages, and creating catastrophic food shortages around the world.” For more please refer to <https://mitsloan.mit.edu/ideas-made-to-matter/ripple-effects-russia-ukraine-war-test-global-economies#:~:text=The%20Russia%20Ukraine%20war%20is,MIT%20Center%20for%20Transportation%20and>

Businesses faced different obstacles depending on the gender of the manager. As seen in Table 2, a bigger proportion of female-managed businesses saw buyers decrease (11.0 pp difference) and capital decrease (5.3 pp) compared with male managers. This may reflect the fact that 82.5% of the female-managed household businesses in our sample operated in the retail, restaurant and services sector which was hardest-hit in terms of number of buyers, as opposed to just 50.3% among male-managed household businesses. Indeed, UN Women (2020) notes the limited options for women-owned businesses to cope with financial adversity, often leading them to forgo capital to survive. Meanwhile, 11.0% of male-managed household businesses lamented disruptions to the availability of raw materials, 3.73 pp higher than female-managed businesses and 2.3 pp higher than the overall level. As mentioned previously, the Russia-Ukraine war has made costs for raw materials even higher.

Figure 20. Biggest impact of Covid-19 to business (yearly comparison)

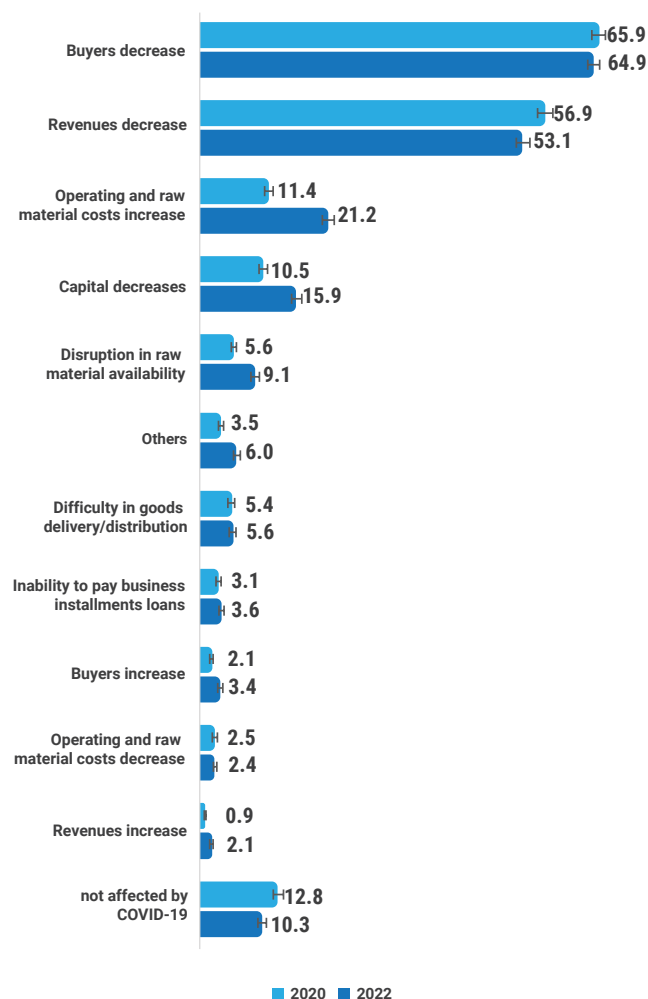


Table 2. Biggest impact of Covid-19 on business by management

	All	Male-managed	Female-managed	Jointly managed (male + female)
Buyers decrease	64.9	60.04	71.07	69.77
Revenues decrease	53.1	57.6	50.29	57.49
Operating and raw material costs increase	21.2	21.39	18.48	23.79
Capital decreases	15.9	12.26	17.56	9.37
Raw material availability is disrupted	9.1	11.04	7.31	10.88
Others	6	9.04	5.71	7.16
Not applicable (not affected by the Covid-19)	10.3	8.68	10.61	8.44
Goods delivery/distribution is difficult	5.6	6.08	4.57	5.88
Cannot pay business installments loans	3.6	3.59	3.6	3.15
Buyers increase	3.4	3.47	2.16	4.28
Operating and raw material costs decrease	2.4	3.05	1.33	3.64
Revenues increase	2.1	1.65	1.95	1.71



2.4 Key finding 4: Gender inequality continues to widen as women bear disproportionate care and domestic responsibilities

Despite some improvements since 2020, mothers continued to bear the most responsibility for helping their children with online learning.

The results showed that only 30.5% of children could study unaccompanied; the remaining 69.5% relied on other family members to support them with remote learning. Approximately 65.1% of households had a mother taking the lead in supporting children with home schooling compared with only 24.5% with a father doing so. Interestingly, a slightly larger proportion of fathers in rural areas took on the responsibility (28.5%) relative to their urban counterparts (21.2%).

Almost half (45.26%) of these mothers were still engaged in paid work, with the home schooling supervision likely to have limited their productivity and/or ability to balance work and care responsibilities. Indeed, studies monitoring the effects of the pandemic on women found that the labour force participation of women of childbearing age declined, likely due to the additional care load they had to assume while schools were closed and/or stay-at-home orders were in place (World Bank 2021). The results of this survey, including gender differences in remote-learning support, further validate these findings.

The survey results also show that domestic chores were largely borne by women and not shared with others.

In seven out of 10 households headed by a male (85% of all household in the sample), the female spouse did most of the household chores. Very few of these households (10.9%) shared domestic chores equally (See Figure 22).

These figures were a slight improvement from those reported in 2020. The proportion of mothers who took the lead with home schooling in 2022 slightly reduced and the proportion of fathers slightly improved. A much higher proportion of children (10 pp increase) were also learning unaccompanied. Meanwhile, there was a 4.1 pp decrease in the proportion of female spouses doing most of the domestic work, a 3 pp increase in male spouses doing most of the domestic work, and another 3 pp increase in the work being equally shared between the spouses. Based on available information, it is not possible to conclude whether such changes indicate a redistribution of care and domestic work responsibilities among some households or changing gender norms around division of work within households. During qualitative interviews, however, the respondents felt that existing division of work norms were merely reproduced during the pandemic, even though more men were present at home due to stay-at-home orders (See Box 6).

Figure 21. Response to 'Who usually helps children when studying at home?'

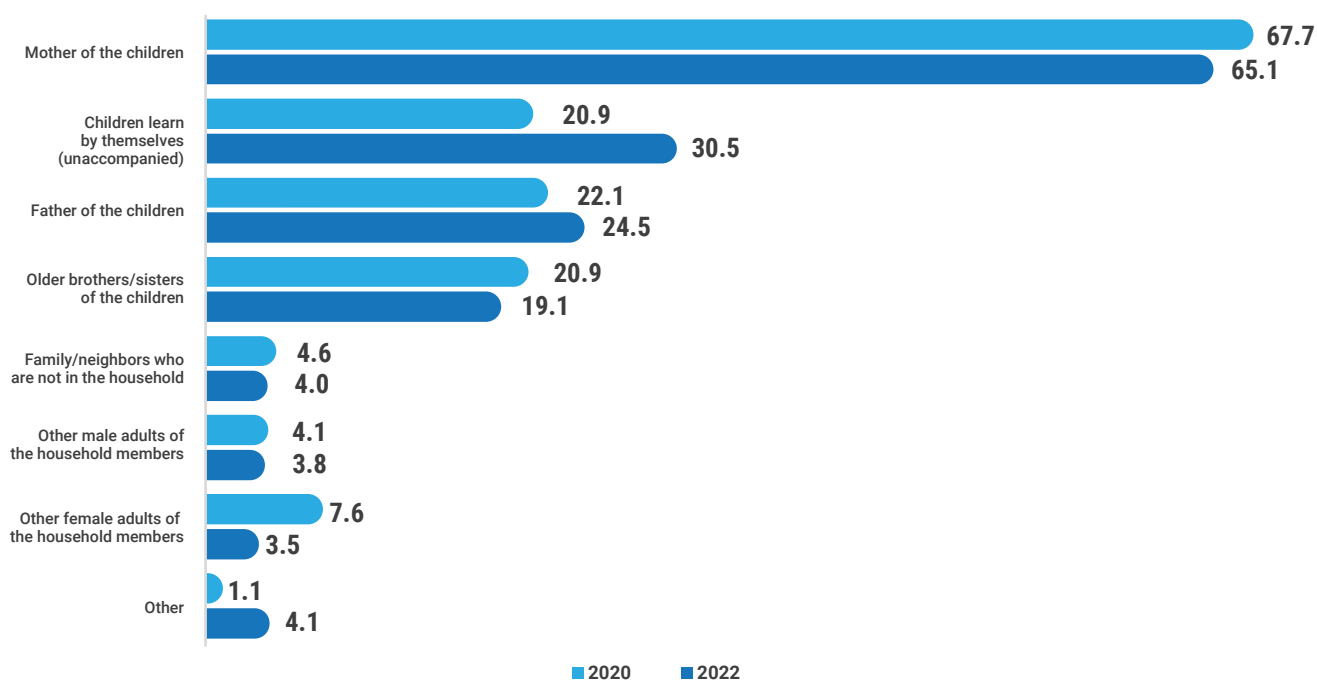


Figure 22. Response to ‘Who has done the most household chores?’ among male-headed households

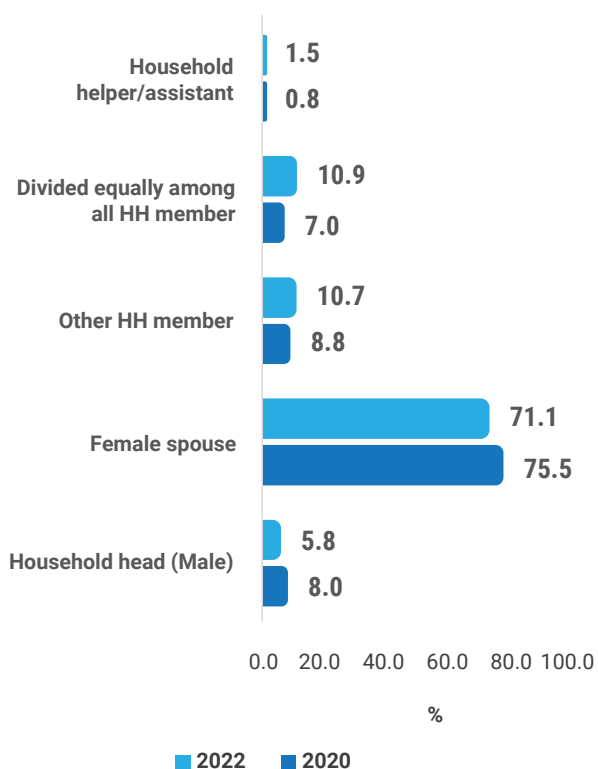
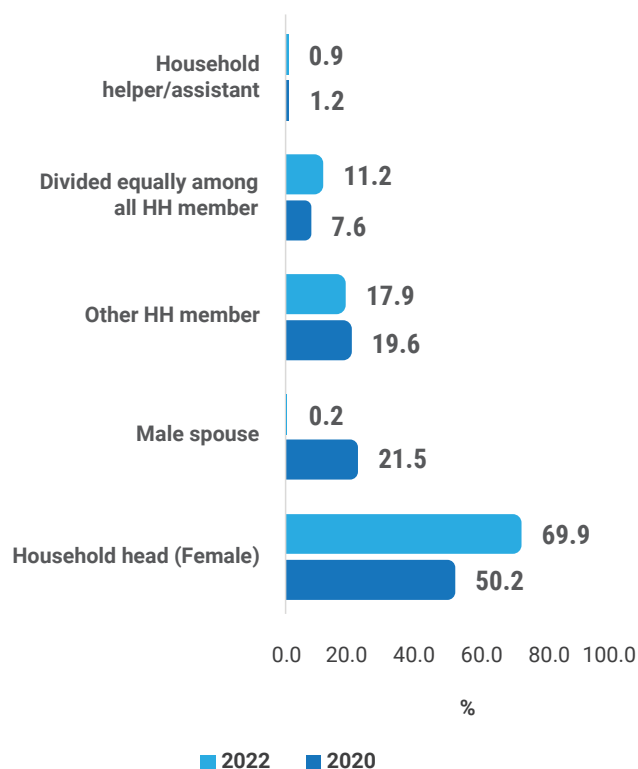


Figure 23. Response to ‘Who has done the most household chores?’ among female-headed households



BOX 6: Qualitative insights on the inner working of household division of work during the pandemic

During qualitative interviews, when respondents were asked to compare the division of labour pre-pandemic and during the pandemic, both in 2020 and 2022, most felt nothing had changed in regard to who did what. In situations where households shared responsibilities among one another, such practices persisted during the pandemic. Meanwhile, in households where domestic and care work fell to women entirely, those women continued to perform these tasks. Interestingly, helping children study at home during online learning was viewed as an extension of women’s domestic and care work.

The women/mothers who were interviewed, however, said their overall work burden had increased because of the need to help children during online study. While some felt they were not equipped to support their children effectively, others found a way to cope by taking short-cuts

or turning a blind eye, as reflected in excerpts of interviews below.

Kalya, a stay-at-home mother with a child in primary school, said she struggled to continue helping her child to learn online, despite her best intentions. When school was fully online, her child would waste time playing with her hand phone rather than follow what the teacher was saying. Kalya thought face-to-face learning was much better because her child could properly interact with the teachers and absorb the learning materials. She found it much easier to encourage her child to revise what she had learned at home. (Kalya [pseudonym], female, stay-at-home mother, rural, Tabanan, 7 March 2022.)

“Yes, I (occasionally) did half the assignments my child was assigned, and he did the remaining half.”

(Ningsih [pseudonym], female, stay-at-home mother and seasonal trader, rural, Gunung Kidul, 28 April 2022.)

Source: qualitative in-depth interview, pseudonyms have been used for data protection.

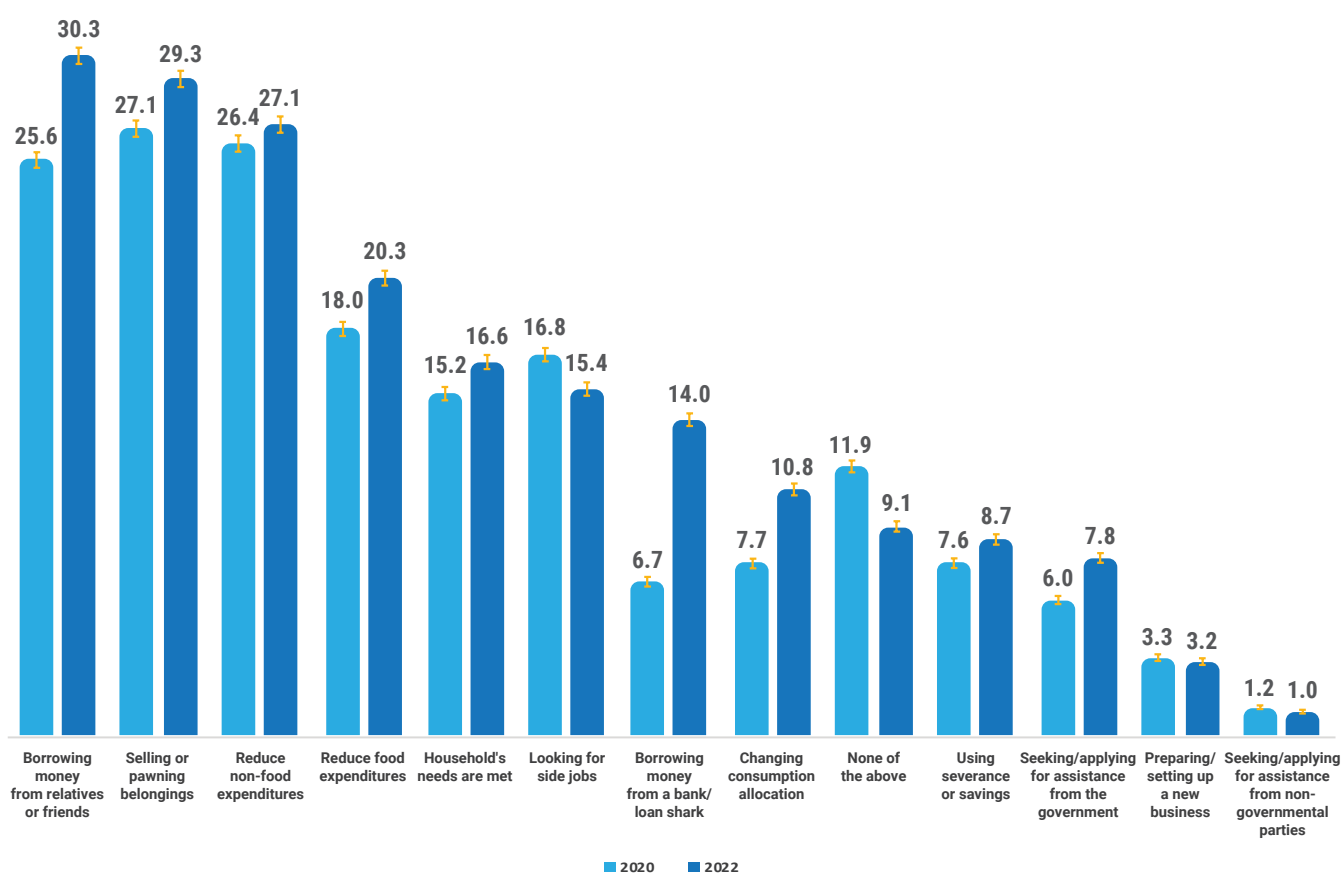
2.5 Key finding 5: More households used negative coping strategies that saw increased indebtedness and forgoing of assets

A key question lies in how households preserved or even increased their expenditure level despite disruptions to work and the fall in household income during the pandemic. An inquiry into their coping mechanisms,¹⁴ their asset position and debt situation shed some light on this question.

In 2022, 83.4% of all households reported that their needs were not being met, which is a slight improvement from 2020 (1.4 pp). Substantially more households reported that they were resorting to unsustainable coping or negative coping mechanisms to preserve their economic status in 2022 compared with 2020. These included borrowing from relatives/friends; selling or mortgaging belongings; taking loans from banks or loan sharks to make ends meet rather than to invest; and reducing food expenditure.

Those reporting that they were borrowing money to make ends meet increased by more than two-fold (7.3 pp increase), whereas those who were selling or pawning belongings, already high in 2020, further increased (2.2 pp increase). The likely consequences of reducing food expenditure, which prevailed in 2.3 pp more households, are discussed in Key finding 6 (see next section). In contrast, positive coping mechanisms such as taking on side jobs and establishing new businesses appear to have declined slightly. The gap between positive and negative coping mechanisms may suggest that households needed quick cash to alleviate shortages, as the easing effect of positive coping measures usually take longer to prevail.

Figure 24. Coping mechanisms employed by households



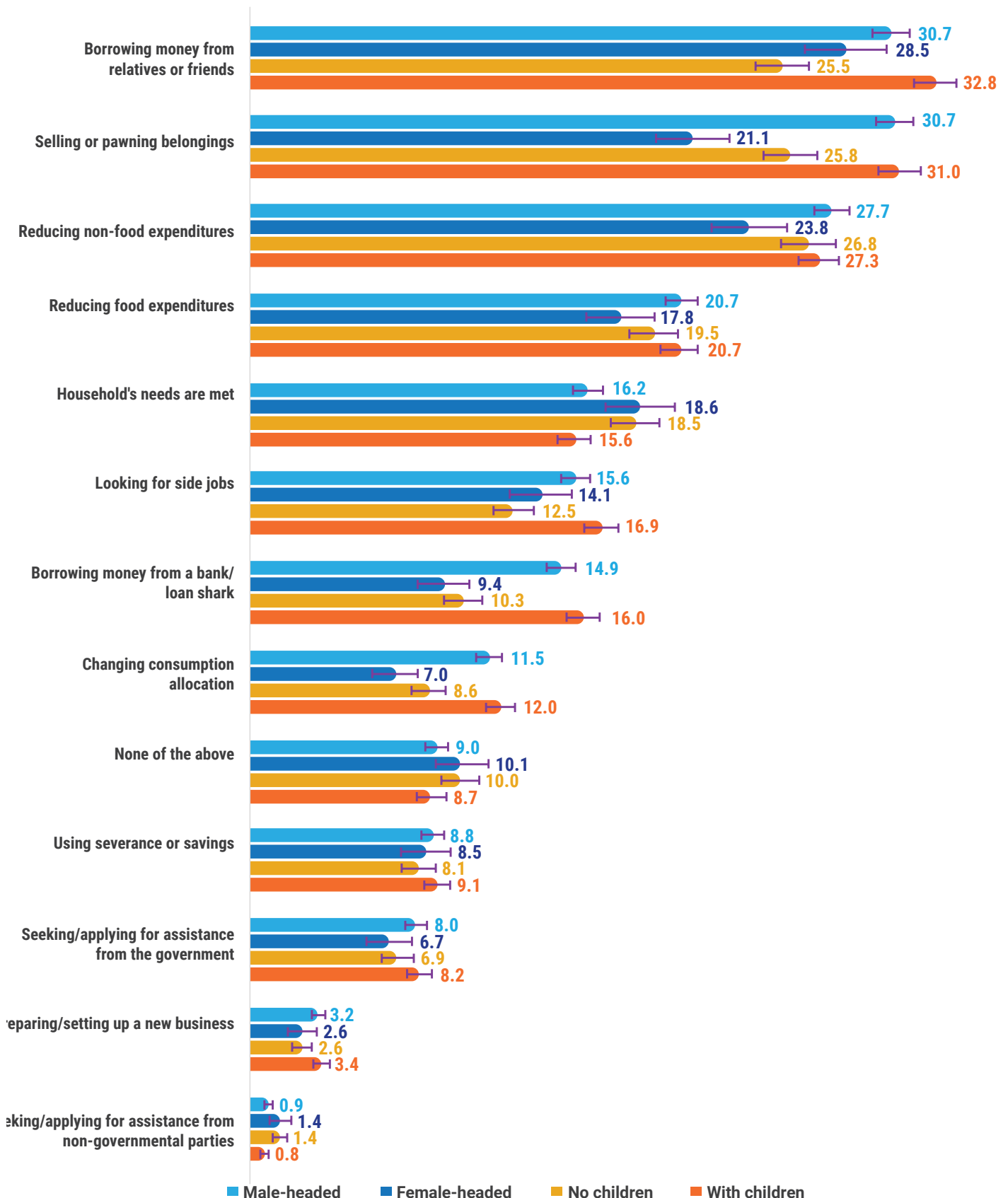
14 Negative coping mechanisms are those that increase indebtedness (decapitalisation), such as borrowing money and pawning or selling assets, or expenditure-minimising measures that may be harmful for the wellbeing of household members, such as cutting down food expenditure. These practices are perceived to be unsustainable in the long run as it dries up household assets and creates indebtedness, thereby reducing the capacity to deal with future negative income shocks. Positive coping mechanisms, on the other hand, are income-generating measures taken by households as a way to deal with detrimental shocks to their livelihood, such as setting up a new business or taking on a side job.

Looking closer, households with children were more compelled to use negative coping mechanisms.

To maintain their economic status in 2022 compared with 2020, a bigger proportion of households with children borrowed money, sold or pawned their belongings, or borrowed money from a

bank or a loan shark. Female-headed households were most likely to borrow money from relatives or friends among all other coping mechanism, while male-headed households also borrowed money from relatives but were just as likely to sell/pawn their belongings.

Figure 25. Household coping mechanisms in 2022 (%) by gender and child presence



Households facing welfare loss (decreasing income and expenditure) were also more likely to resort to negative coping mechanisms. Compared with households with no decrease in income, those who experienced a simultaneous decrease in income and expenditure were more prone to negative

coping measures, such as borrowing and/or pawning assets, tightening non-food expenditure, and maxing out savings. Box 7 describes in more detail how households actually coped with economic precarity two years into the pandemic.

Figure 26. Coping mechanism tendencies of households with reduction in income and expenditure



Note: The differences are estimated using OLS and controlled by gender and education of household head, presence of children and disability, urban status, and per capita expenditure before the pandemic (2019, in natural logarithm terms).

BOX 7: Insights into how households cope with economic precarity

During the qualitative interviews, the poorest households or those facing the most precarious situations shared all the ways they were coping. Mostly the first step was to reduce food expenses and find additional or alternative ways to generate money. They used other strategies such as borrowing from others, pawning assets, dipping into savings, reducing food expenses even further – if/when their economic situation worsened.

If there is [enough] for oil then I fry the fish. If there is not enough, then I just serve the fish boiled with some salt.

(Meri [pseudonym], female, teacher, East Flores)

The most important thing is that there is enough rice, while side dishes, we can just use chilli oil too

(B, female, retail petrol seller, Rote)

“[I do casual work when there are no sewing orders] instead of making no money at all. Even though that job only provides a little amount of income, we have to work. The important thing is that we have the source of income.”

(Yanus [pseudonym], male, tailor, rural, Pemalang, 22 February 2022)

Nevertheless, respondents also said that not everything was in their hands and that an untimely illness or losing a major source of income would be a real set back.

“Yes, [I do] manage finances, so it’s not too wasteful. The point is don’t get sick; if you get sick and in debt, it will be even more difficult during this pandemic.”

(Saiful [pseudonym], male, teacher and cricket breeder, rural, Singkawang, 9 March 2022)

Source: qualitative in-depth interviews, pseudonyms have been used for data protection.

2.6 Key finding 6:

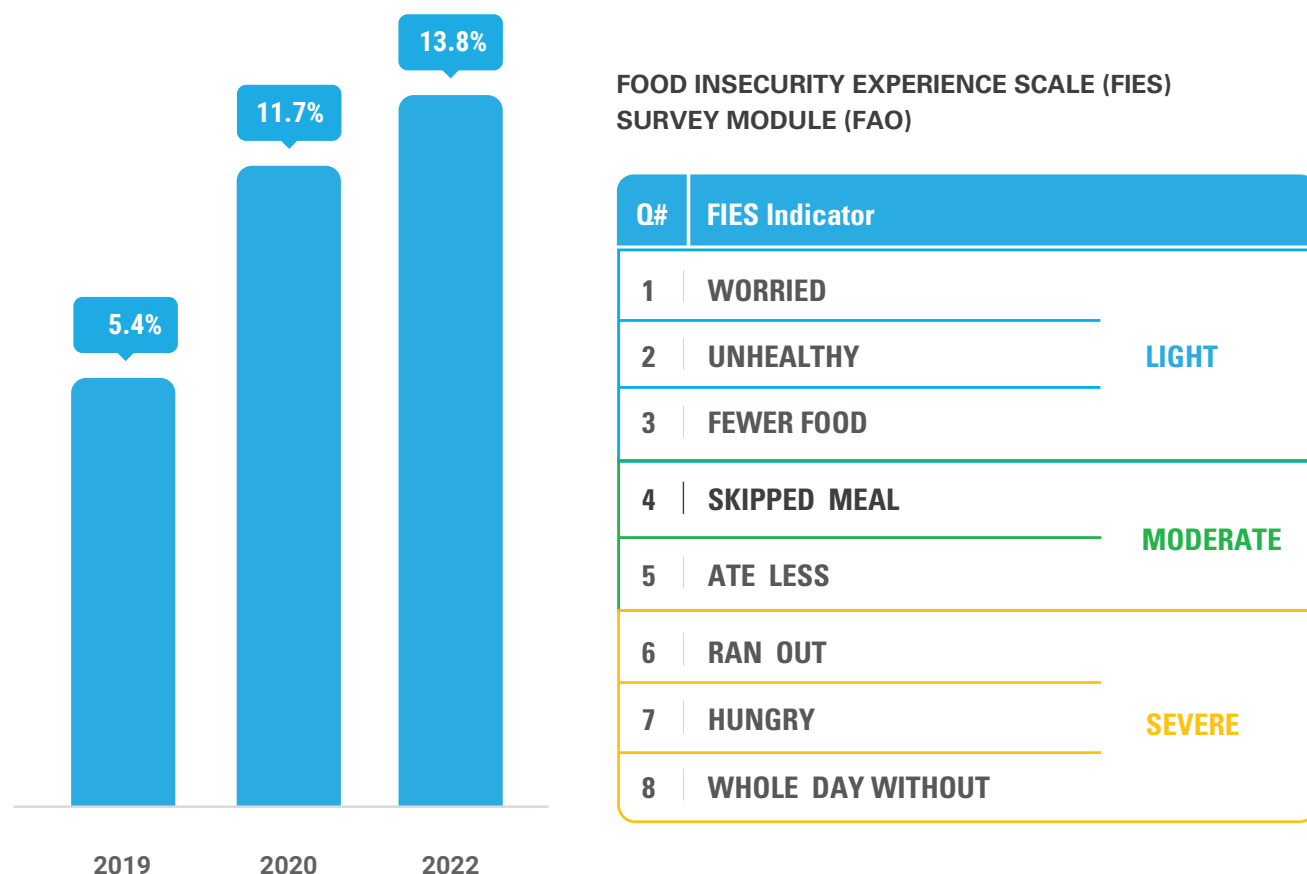
Worsening economic precarity is reflected in heightening food insecurity, particularly among the most vulnerable groups

Almost two years into the pandemic, about 9.7 million or 13.8% of total sampled households were experiencing moderate to severe food insecurity, representing an additional 1.47 million households from 2020 levels. To estimate the prevalence of food insecurity, the survey used the Food Insecurity Experience Scale (FIES)¹⁵ as adopted by BPS in Susenas. We estimate that food insecurity, defined as the proportion of households experiencing moderate to severe food insecurity based on FIES, doubled from 5.4% in 2019 to 11.7% in 2020 to 13.8% in 2022.

All categories of household have experienced a rise in food insecurity from 2021 levels, as reflected in the figure below. However, food insecurity has hit the bottom 20% of households (6.9 pp increase) more than the top 20% of households (2.6 pp increase). Consequently, the food insecurity acceleration gap between the bottom 20% and top 20% is at 4.3 pp – a very large gap.

Households that remain at higher risk include households located outside Java (15.9%), female-headed households (15.4%), households with an elderly person (15.2%) and households with children (14.7%). All four groups have a substantially higher prevalence of food insecurity than the average households (13.8%).

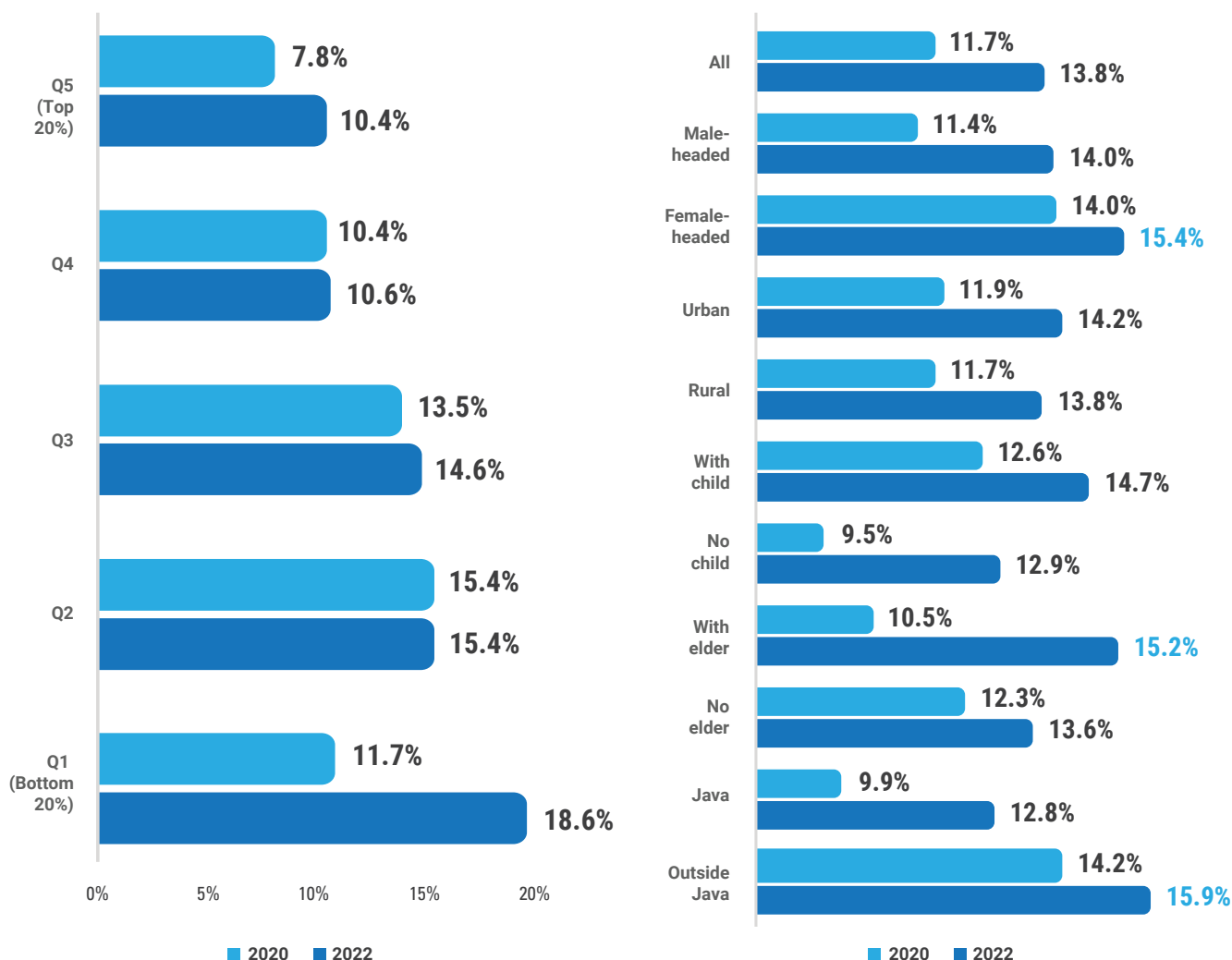
Figure 27. Proportion of households facing moderate or severe food insecurity, based on the Food Insecurity Experience Scale



Note: This is a rough estimate based on survey results. Methodological differences exist: in Susenas March 2019, the timeframe is 'in the last 12 months'; in the 2020 survey, the timeframe is between April and October/November 2020; in the 2022 survey, the timeframe is between November 2020 and February/March 2022.

15 BPS and the SMERU Research Institute did the FIES estimation for the purposes of this joint survey. The FIES was originally developed by the Food and Agriculture Organization (FAO).

Figure 28. Food insecurity prevalence by wealth status (left) and demographic characteristics of Figure 28. households (right)



Note: It was not possible to generate a statistically reliable food insecurity estimation for households with a member with a disability due to a limited number of samples.

Our analysis suggests a range of direct and indirect factors propelled food insecurity, including more severe mobility restrictions and welfare loss. Box 8 sheds light on the association between mobility restrictions and falling income and expenditure with worsening food insecurity. First came the increased food prices due to the disrupted supply chain and then came the tendency to cut food expenditure as a coping mechanism. Indeed, 1 in 5 households that participated in the survey chose tightening their spending on food to persevere. The global threat to food security from the ongoing Russia–Ukraine war are further magnifying these challenges (Damanyanti and Shibata 2022).

Such a rise in food insecurity among already poor households is a cause for major concern as it may exacerbate all forms of malnutrition, including wasting (being too thin for one’s age) and stunting

(being short for one’s age) among children in these households. These conditions early in life may cause a range of negative health outcomes during childhood, including increased morbidity and mortality, and sub-optimal cognitive development and educational attainment. During adulthood they increase the risk of obesity and chronic diseases such as diabetes and heart disease, and of experiencing lower productivity and earnings. Even before the pandemic, UNICEF estimated that more than seven million children under five were stunted, while six million were wasted (of which two million were severely wasted), placing Indonesia fifth and fourth respectively for child stunting and wasting in the world (UNICEF 2020b). Before the pandemic, Indonesia had made significant progress in reducing the prevalence of child wasting and stunting, but these gains could be at risk of being reversed without any mitigating measures being put in place.

BOX 8: Mobility restrictions and falling income heighten food insecurity among households

Our quantitative analysis revealed that mobility restrictions, and falling income and expenditure, were the main factors contributing to food insecurity. We proxied mobility using the average index from Google's Community Mobility Reports (measuring movements to workplaces, supermarkets, houses, parks and transit stations from March 2020 to August 2020) to assess its impact on changes in household food insecurity levels between 2019 (pre-pandemic) and 2020 (during the pandemic).

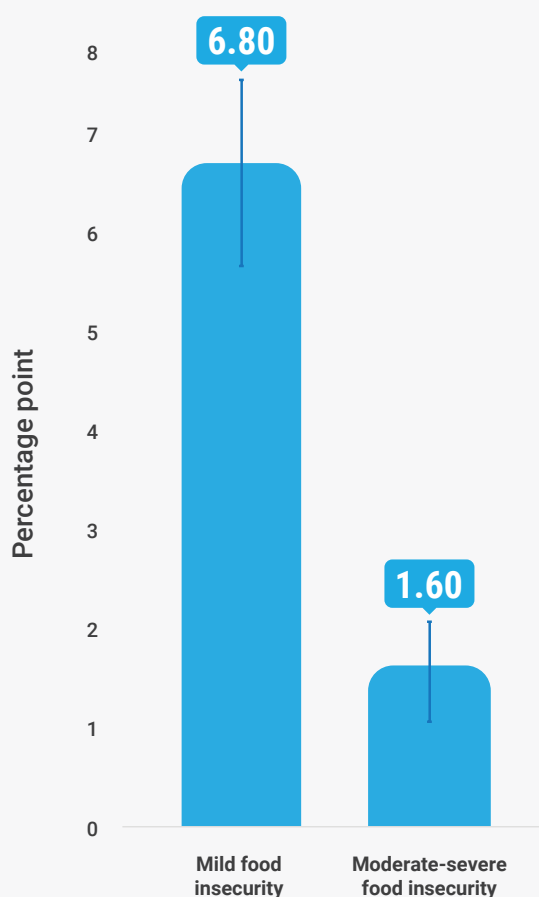
From the analysis, we found that for each standard deviation drop in mobility (or roughly 5%), mild food insecurity increased by 6.8 pp and moderate to severe food insecurity increased by 1.6 pp among households. This can be interpreted as an indirect effect, the magnitude of which is relatively lower compared with the direct effect of decreasing household income or reduced household expenditure.

Participants in the qualitative interviews also observed that the mobility restrictions disrupted the food supply chain, thus pushing prices higher. For example, Kalya (pseudonym), a full-time homemaker in Tabanan, recalled how hard it was to obtain affordable nutritious food during the period of emergency PPKM, between July to August 2021. She lamented that there were very few traders from whom she could buy food to feed her family. Kalya tried her best to search for food near her local market, but deliveries of what she needed were non-existent. At the same time, prices went through the roof.

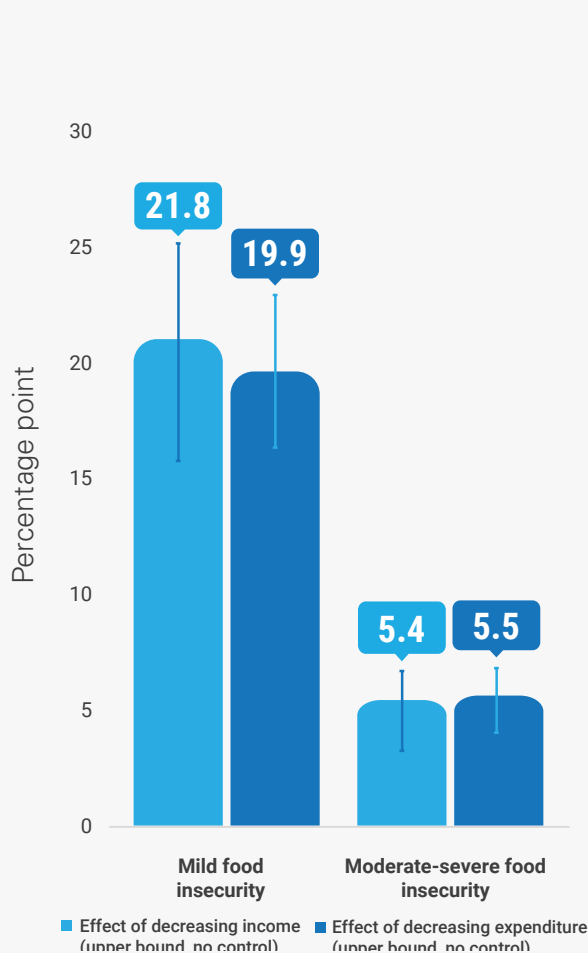
"The (food) prices soared.. it increased my household expenses from IDR 1 million per week to IDR 1.2 million. Staple commodities such as vegetables [and spices] were very hard to find in the market."

(Kalya [pseudonym], female, full-time homemaker, rural, Tabanan, 7 March 2022.)

The effect of drop 5% people mobility (1SD) on food insecurity



Main factors that affect food insecurity status



2.7 Key finding 7: Amid socioeconomic precarity, impacts to education continued

By the time of the second-round survey, schools around Indonesia began to re-open based on the level of virus transmission and vaccination rate in their local area. The table below summarises government policy for face-to-face school resumption in February 2022.

Between February and March 2022, the survey found that only one-third of students had fully returned to school. The remaining two-thirds continued learning from home.

Table 3. Summary of school re-opening policy in Indonesia

PPKM level	Education staff and elderly vaccination status	Classroom capacity allowed for in-person teaching	Allowed length of in-person teaching	Allowed frequency of in-person teaching
Level 1 and Level 2	Education Staff > 80% Fully Vaccinated Elderly > 50% Fully Vaccinated	100% Classroom Capacity	6 hours per day, at most	Everyday
	Education Staff > 50% - 80% Fully Vaccinated Elderly >40% - 50% Fully Vaccinated	50% Classroom Capacity	6 hours per day, at most	Every day, with rotation
	Education Staff < 50% Fully Vaccinated Elderly <40% Fully Vaccinated	50% Classroom Capacity	4 hours per day, at most	Every day, with rotation
Level 3	Education Staff > 40% Fully Vaccinated Elderly > 10% Fully Vaccinated	50% Classroom Capacity	4 hours per day, at most	Every day, with rotation
	Education Staff < 40% Fully Vaccinated Elderly < 10% Fully Vaccinated	Full Remote Learning		
Level 4	Full Remote Learning			

Source: Joint Decree between Minister of Education, Culture, Research and Technology; Minister of Religious Affairs, Minister of Health; and Minister of Home Affairs Number 05/KB 2021, 1347 of 2021, HK.01.08/MENKES/6678/2021 and 443-5487 of 2021.

Students from pre-primary school levels and outside Java reported a higher rate of face-to-face school resumption than others. Households with children enrolled in kindergartens (42.6%) reported the highest resumption of face-to-face learning compared with others. This may translate to multiple benefits for younger children as they require more in-person contact to learn the skills they need to develop at such an early age.

Primary, junior and senior secondary students had a similar rate of return to the classroom (28.6%, 27.5% and 25.1% respectively). Meanwhile, universities – which overall adapted better to the abrupt shift to online learning – kept classes mostly online, with 59.0% of college students still learning online between February and March 2022.

Full resumption of face-to-face learning in schools also seemed to be concentrated in regions outside of Java, while schools in Java took a more cautious approach – 44.6% of students in Java said they were still engaged in mixed learning methods (See Figure 29).

As online learning continued, resource-related constraints continued to disrupt children’s learning from home. Around 75.0% of children encountered these issues. With virtual classrooms becoming the norm during the pandemic, 72.7% of households cited their limited internet quota as a major obstacle to sharing learning materials and participating in online classes. In addition, four in 10 households reported that their household devices had to be shared with other family members (See Figure 30).

Figure 29. School operation status by education level and location

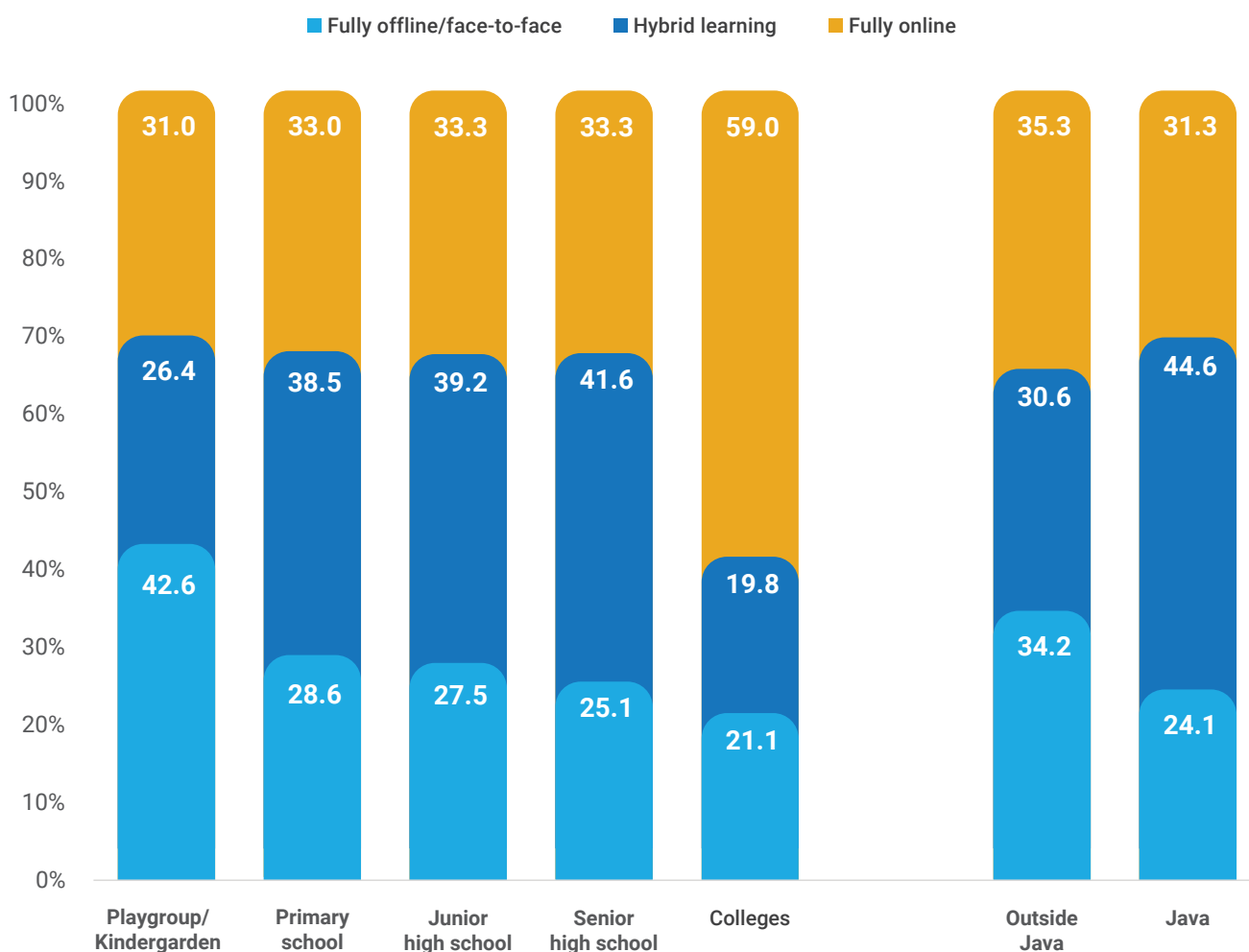
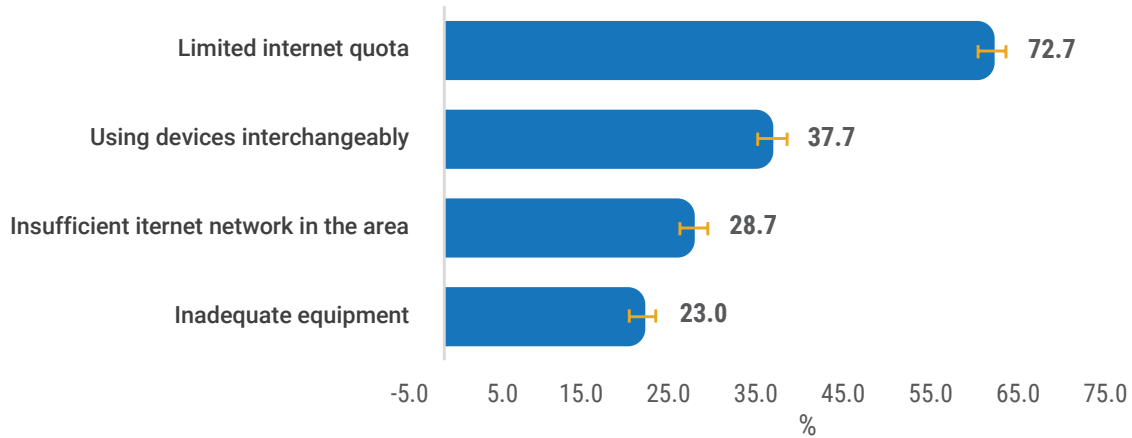


Figure 30. Resource constraints to learning from home

Panel A: Proportion of households facing learning constraints related to learning resources (%)



Panel B: Type of resource-related learning constraint (%)



An uncondusive learning environment and motivational issues also prevented optimal learning for children. A staggering 80.6% of the households said their children were in situations that made remote learning difficult. More than half the households reported their children found it difficult to concentrate (54.3%) and had become less motivated to learn (51.1%). In addition, with school closures remaining in place in the first few months of 2022, three in 10 households reported an uncondusive learning environment at home. Virtual school meant more parents had to be involved in their children’s education. Yet our study found that nearly 29.5% of parents in the

sample households lacked the time to fulfill that demand, and half of them lacked the ability to do so. Boxes 9 to 11 exemplifies the challenges that students, parents and teachers alike faced during remote learning (See Figure 31).

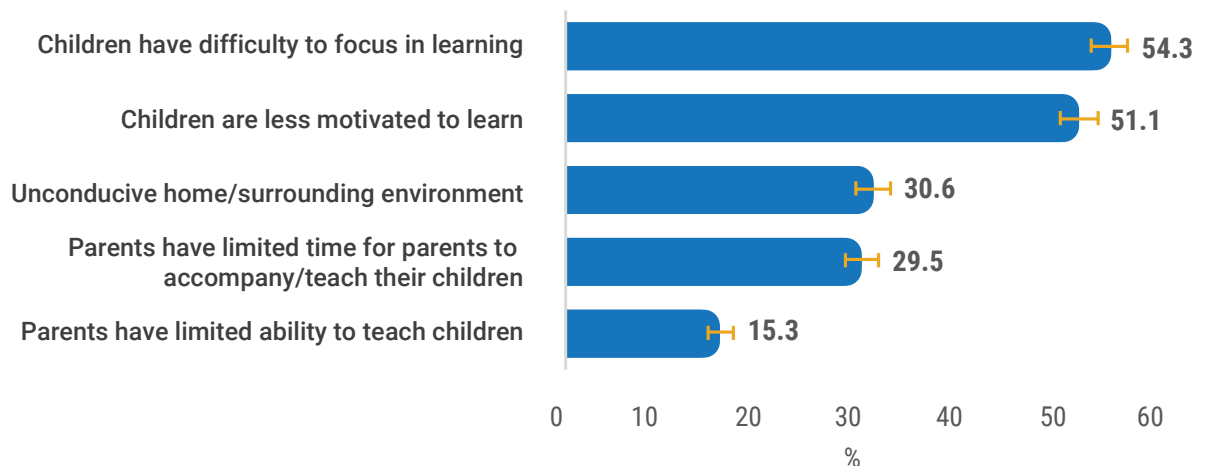
Reflecting on the online learning experiences that had taken place since 2020, all parents, teachers and children unanimously agreed that they preferred face-to-face learning to online or hybrid learning. Their reasons vary and provide insights on the challenges from each of their perspectives (See Box 9).

Figure 31. Difficult learning circumstances at home

Panel A : Proportion of households facing difficult learning circumstances (%)



Panel B : Type of difficult learning circumstances (%)



BOX 9: On why parents, teachers and children prefer face-to-face learning

To better understand the challenges faced during remote learning and the related coping mechanisms, we interviewed 19 parents, three of whom work as teachers, as well with six children. Below are some insights from these inquiries:

Parents

Yanus said that once in-person learning resumed, parents would be relieved by not having to help their children do online school. They could focus on work and earning an income instead. (Yanus [pseudonym], male, tailor, rural, Pemalang, 22 February 2022.)

See Box 6 for voices from mothers supporting children to learn online.

Teachers

Agung, a male teacher and corn farmer in rural Bima, said his school found it very challenging to provide an internet quota for children to study online, given the cost of buying the quota was more than IDR 50,000 per week per student. To ensure the students' learning did not stop, teachers could find ways to access free Wi-Fi services, such as in the village office. But it was always embarrassing for him to go into someone else's office, hampering his ability to teach. (Agung [pseudonym], male, teacher and corn farmer, rural, Bima, 23 February 2022.)

On the other hand, Maya, a kindergarten teacher in rural East Flores shared her observations

about parent-child interactions. Some parents would repeatedly tell their children to join their online classes, but they would not listen. The parents would have to scold and threaten their children to get them to comply. Children don't want to do what their parents say when the parents become the teachers. Other parents would turn a blind eye to the things their children were doing to secure better marks, such as doing Google searches to find the correct answers. (Maya [pseudonym], female, kindergarten teacher, rural, East Flores, 9 March 2022.)

Children

Haryo, a student with low vision, described the challenges of online learning: "When I stand up after a long time staring at my cell phone, my vision is very blurry, and I feel dizzy." (Haryo [pseudonym], male, vocational student with disabilities, rural, Gunung Kidul, 30 April 2022)

Farah, a first-grade student at a vocational school, found it hard to understand what the teachers were saying on the online video platforms like Zoom. No matter how hard she tried, she continued to experience comprehension problems. She said: "I find it better to learn face-to-face because I can learn better." (Farah [pseudonym], Female, first grade student-vocational school, Urban, Depok, March 1, 2022.)

Source: qualitative in-depth interview, pseudonyms have been used for data protection.

On the positive side, the overall school dropout rate has been low in Indonesia compared with other countries.

The survey results showed the total dropout rate (covering school-age children five to 18) in Indonesia was 1.75% in 2022, based on the samples. The dropout rate was highest among children attending junior high school (3.76%) and lowest at the playgroup/kindergarten level (0.1%). Other countries have reported dropout rates between 1% and 35%, suggesting that Indonesia is at the lower end (Moscoviz & Evans 2022). But Indonesia's lower comparable dropout rate is not a reason for complacency, as its total number of out-of-school children reached 4.1 million in 2020 (based on Susenas 2020) – among the highest in South East Asia.¹⁶

The finding that Indonesia's highest dropout rate is among junior high school students is concerning (see Figure 32), given the government has mandated compulsory education of nine years¹⁷ (six years of primary school and three years of junior high school).

Households with a child who had dropped out of school cited household finances as the main reason (22.4%), followed by the perception that school was no longer important (14.4%) and needing to work (12.9%) (see Figure 33).

Figure 32. Dropout rate by previous level of education¹⁸

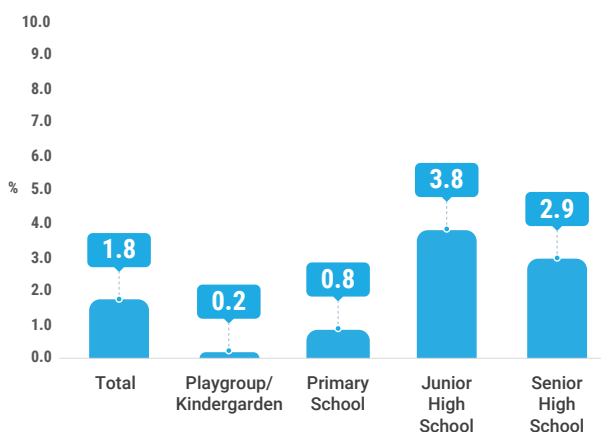
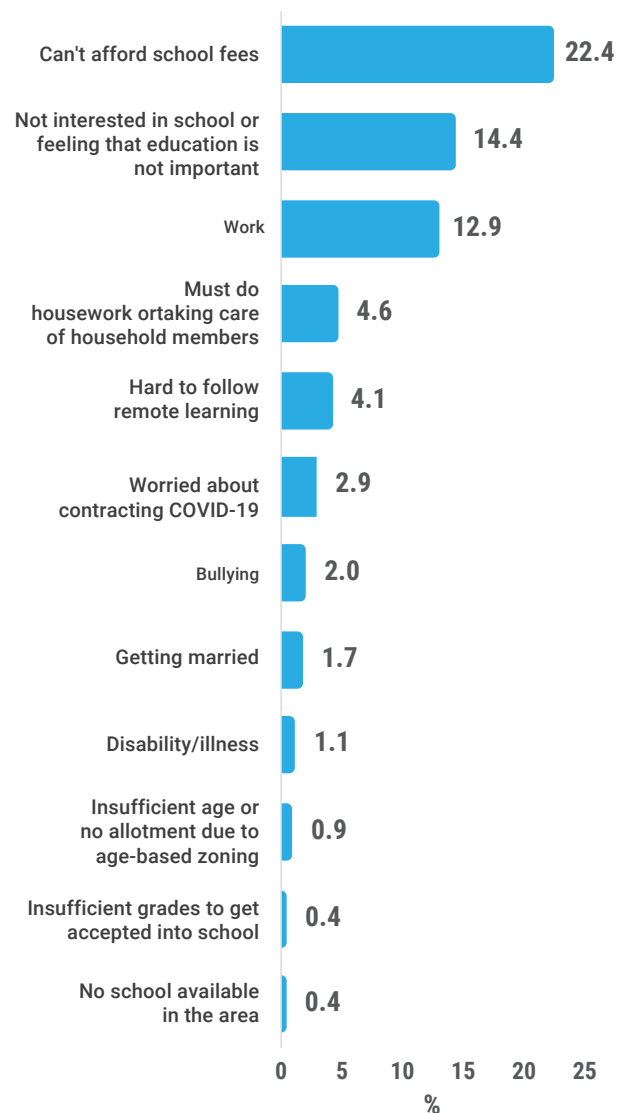


Figure 33. Reason for not being in school (multiple responses)



Regardless of the learning mode (online, hybrid or face-to-face), more than 9 in 10 students sampled were found to be learning between and five and 19 hours less than the required number of hours per week. According to the Ministry of Education, Culture, Research and Technology's 2013 curriculum,¹⁹ the requisite learning hours range from 30 hours per week for grade 1 primary school to 44 hours per week for grade 12 senior high school. For grade 1, the figure is the average number of school hours, whereas for older children it includes self-study time too.

16 UNICEF computation using SUSENAS 2020. As a comparison, in 2018, the number of out of school children (OOSC) in Indonesia reached 4.5 million, calculated with the same methodology.

17 Twelve years of mandated learning remains a pilot program, with local governments having discretion over the standards in their area through *Program Pendidikan Menengah Umum and Permendikbud 19* of 2016. Nationally, the mandate is still for nine years, as regulated by the national education system law in 2003. A review of a related clause that aimed to extend it to 12 years was rejected by the constitutional court in 2014.

18 The figure shows the proportion of drop-out children out of total age-school children (5-18) from our survey, meanwhile, the same formula is applied for the particular group of the sample by the level of education.

19 At the time of survey (between February and March 2022) schools still followed the 2013 curriculum. In February 2022, the Ministry of Education, Culture, Research and Technology launched the *Merdeka Curriculum* for the start of the 2022–23 academic year in July 2022. The newest iteration of the curriculum lowers the required learning hours and serves as a breakthrough to improve the efficiency and competency of teachers.

Yet our analysis reveals that very few students spent more than 25 hours on learning per week: roughly 4% among fully online and/or hybrid learners, and 10.1% among those who had resumed face-to-face learning. This suggests that 96.2% of students who learned fully online, 95.8% of those who did hybrid learning, and 89.9% of those who had resumed face-to-face learning may not have met the required weekly minimum learning hours. When dissected further by education level, it is estimated that 91% of high school students in our study did not meet the minimum number of hours of learning required per week, the proportion being 93% among junior high school students and 96% among primary school students (see Annex 3). The proportion of students who met the learning requirement improved as learning became hybrid and then face-to-face.

Compared with the pre-pandemic status quo, roughly one in three households reported their children to be learning less frequently. Taking a closer look from the perspective of learning modes, the proportion of students who were studying at least the same or more than they did before the pandemic was higher among those whose schools had resumed full face-to-face teaching (43.9%) compared with those who were still fully online (33.2%) or mixed (27.8%). Waning learning hours were also more pronounced among children from lower education levels; that is, primary school and junior high school (See Figure 35).

Left unaddressed and without adequate support, students will be hugely disadvantaged by the pandemic-related learning disruptions. Box 10 further describes the economic implications of learning time lost.

Left unaddressed and without adequate support, students will be hugely disadvantaged by the pandemic-related learning disruptions. Box 10 further describes the economic implications of learning time lost.

Figure 34. Average learning time in a week by type of learning (%)

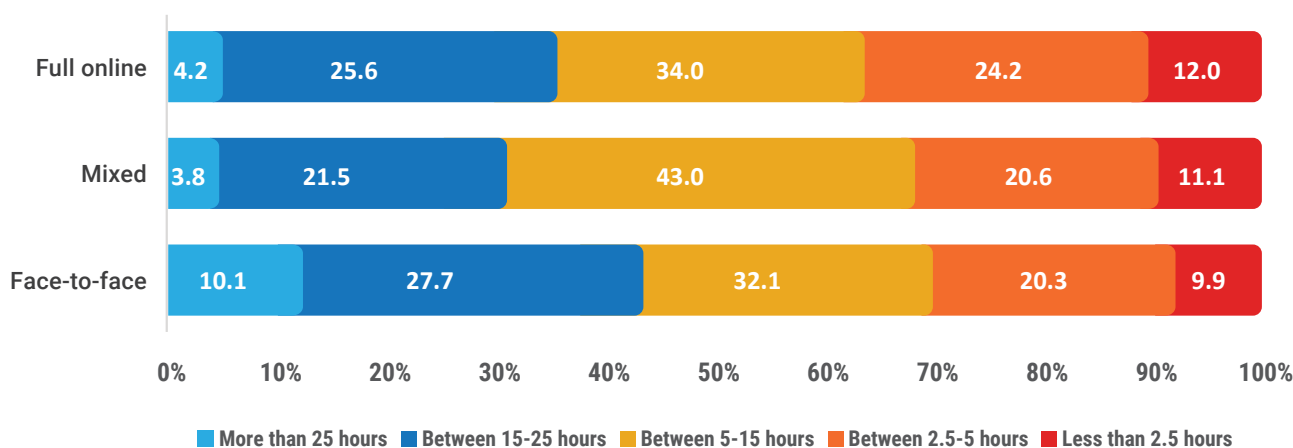
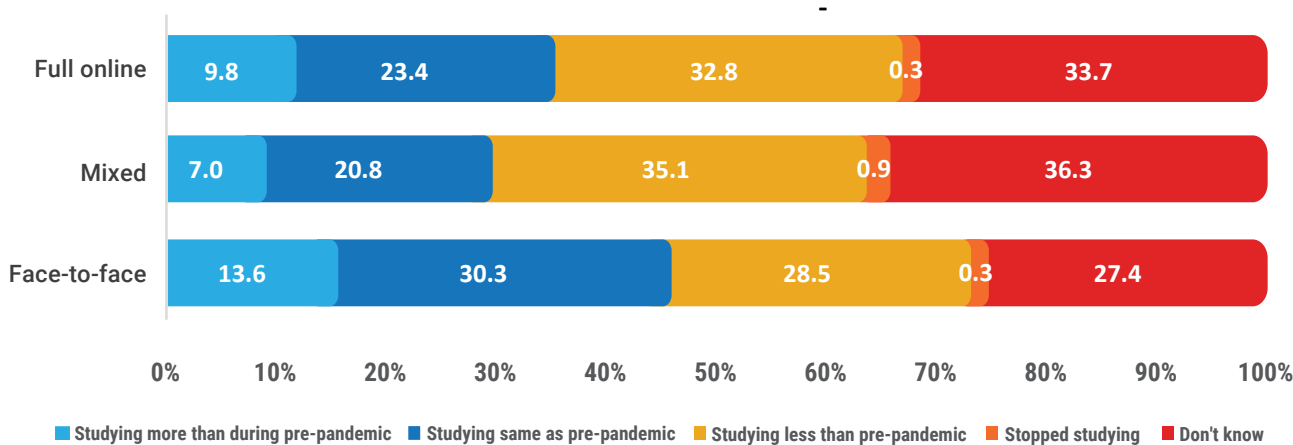


Figure 35. Learning frequency compared with pre-pandemic status quo (%)



BOX 10: Economic implications of learning time lost

Global Context

The school closures during Covid-19 pandemic have left a lasting impact on the learning and wellbeing of children. Globally, the current generation of students suffered educational disruption for an average 224 days (World Bank 2021), which was higher in low- and middle-income countries. The socioeconomic impact of school closures and loss of learning caused by the pandemic will be felt at individual and national levels for years to come, in terms of loss of earning, GDP, increased educational disparity, and endangered health and well-being.

As a measure to contain the spread of Covid-19, many countries closed schools and educational institutions for more than a year and introduced remote learning as an alternative mode of delivery. However, given the varying quality and effectiveness of remote learning methods, the deficit will be hard to make up nationally as well as globally. The World Bank's estimates are outlined in the table below.

Indonesia Context

A World Bank study (2020b) found the pandemic-induced economic shock and closing of schools

for more than a year was a devastating blow for many of Indonesia's 68 million students. Indonesia had a major learning crisis before the pandemic, and the study found the effects of the pandemic made this situation worse – with children learning much less than they should for taking part a competitive globalised economy.

Highlighting the impact of Covid 19 on Indonesia's education outcomes, the report calculated the pandemic would leave more than 80% of 15-year-olds below the minimum reading proficiency level, as identified by the Organisation for Economic Cooperation and Development (OECD). This figure is a sharp rise from the 70% of students who in 2018 could not attain the basic literacy benchmark in PISA, the OECD's Programme for International Student Assessment. That round of PISA testing put Indonesia in the bottom 8% of 77 participating nations. Before the pandemic, the average Indonesian student with 12 years' schooling had only 7.8 years' effective learning. That had fallen to 6.9 years by July 2021 according to the World Bank's most optimistic modelling.

The report estimated that the loss of learning during the pandemic would cost students at least \$253 billion in lifetime earnings.

Estimated impact of learning loss		Source
Loss of lifelong learning for whole generation of students	US \$17 Trillion	The state of the global education crisis: a path to recovery report by the World Bank (2022)
Loss of global GDP	14%	
Increase in share of children living in learning poverty in low- and middle-income countries	20 percentage points (from over 50% pre-pandemic to 70% post-pandemic)	

Source: Yarrow N, Masood E & Afkar R 2020, [Estimates of Covid-19 impacts on learning and earning in Indonesia: How to turn the tide](#), World Bank, Washington.

The proportion of households reporting behavioral problems in children dropped from 56.7% in 2020 to 38.7% in 2021. This may have been due to the influence of improvements in mobility and/or better adjustment to the new realities. Nevertheless, as time went by, more households found it harder for children to concentrate (48.8%) compared with 40.4% in the

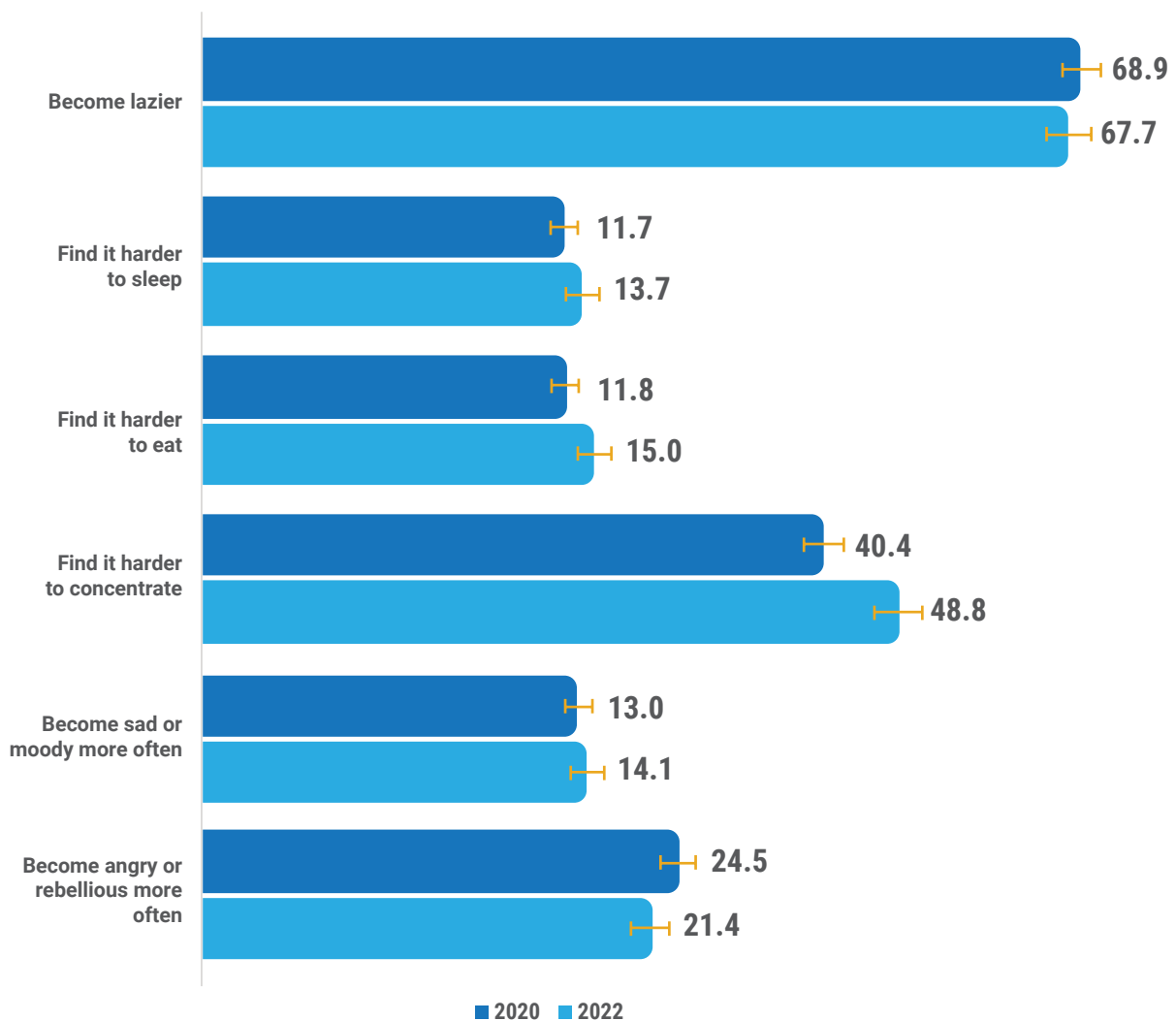
previous round of the survey. Children’s mental health also suffered – more people reported their children found it harder to sleep (from 11.7% in 2020 to 13.7% in 2022) and harder to eat (from 11.8% in 2020 to 15.0% in 2022). However, fewer respondents said their children were becoming angry or rebellious more often (from 24.5% to 21.4%).

Figure 36. Children’s behaviour during the pandemic

Panel A : Children behaviour changed due to COVID 19 (%)



Panel B : Type of behaviour change (%)



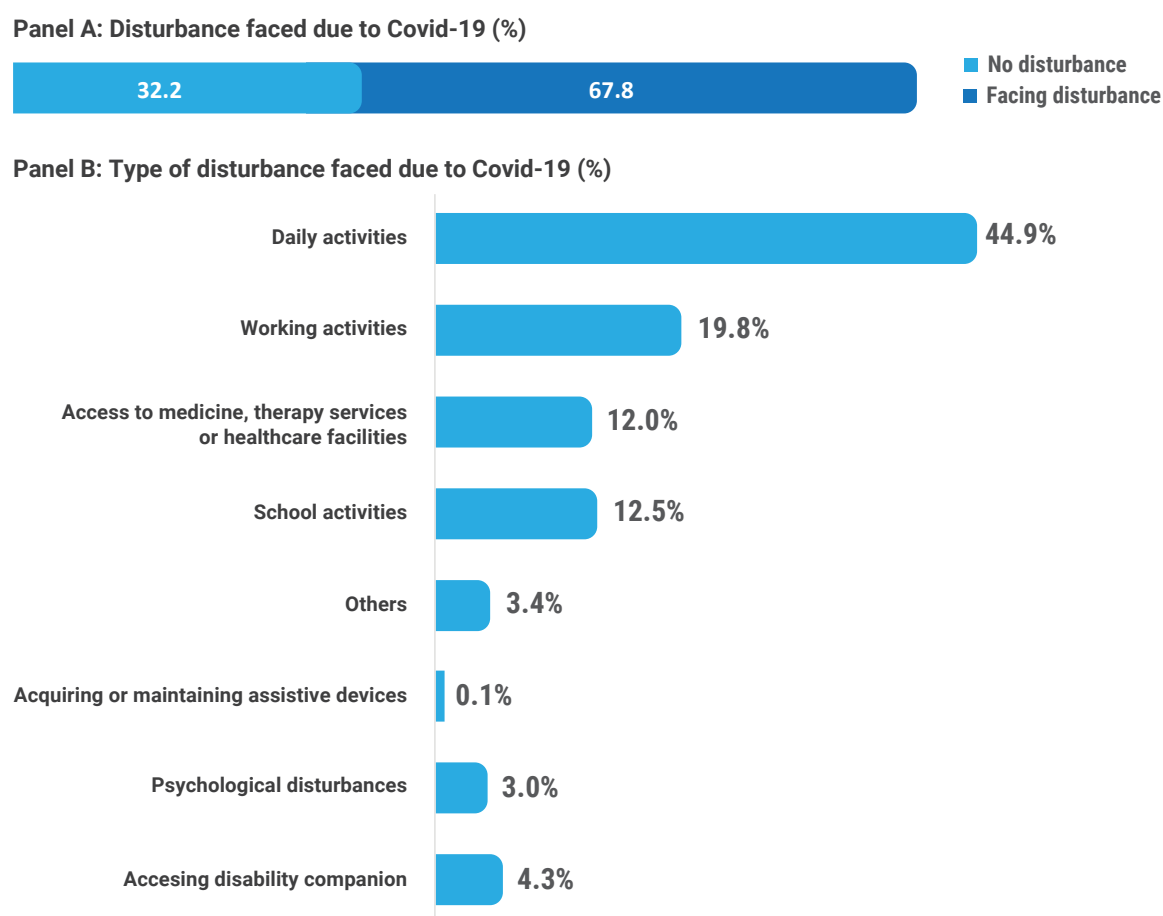
2.8 Key finding 8: Lingering disruption to the daily lives of people with disability and their access to services as a result of the pandemic

About 67.8% of households with a member with disability²⁰ reported to disturbances due to Covid-19. Moreover, the survey results showed that 44.9% of the households in this category faced the largest disruption in daily activities²¹ during the pandemic. This is concerning given people with disability are already highly vulnerable in Indonesia, as they tend to have lower education levels, less access to the labour market and earn lower incomes. Meanwhile, people with disability and their families face a higher cost of living than those without because they have to spend more on regular goods and services (see Box A.3 in Annex 7) and purchase disability-specific devices and services. Other family members also forgo income; that is, give up school or work opportunities to provide support to the person

with a disability (Mont & Cote 2022; Prospera & MoF 2022). Other studies documenting the specific effects of the pandemic on the lives of people with disability in Indonesia also point to its severe and long-lasting impacts on their lives, with women with a disability facing even greater challenges (KemenPPN, Kompak & Mahkota 2021).

While 19.8% of the households in this category reported facing disruptions to working activities, sizeable disturbances were also reported with regard to school activities (12.5%) and access to medicine and social activities (12.0%). Box 11 gives examples of how students with a disability kept learning during the pandemic, based on qualitative in-depth interviews with teachers of students with special needs.

Figure 37. Forms of disruption faced by people with disability during the pandemic



²⁰ Roughly 10.2% of the households sampled had at least one family member with disability, as assessed using the Washington Group's short set of questions on functioning (see Annex 1 for details of the questionnaire).

²¹ Disruption to daily activities refers to communal and religious activities (e.g. praying).

BOX 11: Disability learning during the pandemic – excerpts from Central Java

Every day, Santi wakes up and goes to a special education institution to teach children with special needs in Central Java. She teaches deaf children in grades 11 and 12, using sign language and often delivering her materials very slowly to ensure her students understand. Despite being in school every day, teaching has not been the same for her and her fellow teachers during the past year. The pandemic forced her students and another 553,798 children with a disability (Susenas, 2021) to learn from home. Teachers remained in school to access the infrastructure for remote learning that they often did not have at home.

According to Santi, remote learning compelled both teachers and parents to adapt quickly. In addressing the challenges, her school set up a WhatsApp group with parents so that teachers could share the approved learning materials and schedules. In that same communication group, parents were expected to submit their children's assignments and inform teachers about their children's development. The group remained small: one teacher oversaw five to seven children to allow the individual-level interaction that children with a disability require.

Santi said this learning mechanism was not without its challenges. Remote learning meant intense parental involvement in the learning process, yet they often lacked the resources to fully support their children. Not all parents have smartphones, as most of them come from lower-income backgrounds. When they did have a smartphone, they often didn't have a suitable internet quota. In parallel, teachers like Santi faced challenges in tailoring a learning package for newly registered children with a disability as they had not been able to meet in person and accurately identify the student's capacity. Teachers often had to deal with complaints about the mounting assignments that children had to finish. Both parents and teachers faced additional stress from the less-than-ideal learning situation.

"The pandemic has imposed additional responsibilities on teachers, especially with [increasing] online meetings. Overall, it creates huge [mental] burdens for teachers."

(Santi [pseudonym], female, teacher, Kulon Progo, 7 March 2022.)

Tanto, a headmaster, noted both a sharp decrease in students' motivation to learn and declining performance. He said teachers also had to be cautious about whether the students had actually done the homework they submitted by themselves.

"If remote learning is to be continued, [it] will have great impacts on children, especially as they now don't read books as much, only interact through WhatsApp, lack communication with their friends and parents – [this will create] a proliferation of individualistic behaviours."

(Tanto [pseudonym], male, headmaster, Kulon Progo, 8 March 2022.)

In the long term, it is feared that older students will bear the most negative impacts given missed opportunities to put into practice the skills important for their future employability and survival.

"Children with disabilities at junior high school level will major in culinary arts, fashion, wood crafts and agriculture which actually [fosters] their [life] skills. Home practice is possible, but they cannot do this with the right tools and equipment. Take culinary arts for example, here [the school] has adequate tools, [students] can use an oven when they do not have an oven at home."

(Tanto [pseudonym], male, headmaster, Kulon Progo, 8 March 2022.)

Nevertheless, no-one has needed to be alone while ensuring the learning of children with a disability. Support has flowed to students and parents throughout the pandemic in the form of internet quotas and food assistance (Food for School Children Program, PMTAS). If parents continued to face hardship in accessing the materials, teachers often printed out the materials in hard copy and delivered them to the students' houses. In situations where students with disabilities faced learning challenges, the teachers provided guidance for and jointly formed solutions with parents in the WhatsApp group. Some even went as far as visiting students in their homes at least twice a week, albeit with limited transportation costs covered.

Despite the hardship that teachers faced, Tanto and his teachers did not dwell on it too much.

“Maybe we need to be grateful for what we have (Javanese saying: ‘nrimo ing pandum’). If I cannot get through this, how can my students?”

(Tanto [pseudonym], male, headmaster, Kulon Progo, 8 March 2022.)

Santi had similar sentiments.

“We strive to keep fully serving the children – as long as communication is in place, everything will go well. Therefore, the pandemic is not that much of a problem for us.”

(Santi [pseudonym], female, teacher, Kulon Progo, 7 March 2022.)

Source: qualitative in-depth interviews, pseudonyms have been used for data protection.

Before school re-opened, the students and teachers longed to return to school and resume face-to-face learning. Based on a Google Form survey the school conducted, almost 100% of students and parents wanted to go back to school.

All of the students and teachers had to be vaccinated to be ready to welcome back their students. The school also needed to be adequately prepared for school opening; for example, by installing hand-washing facilities, ensuring teachers had adequate masks, and ordering equipment to support health protocol adherence.

Between 2020 and 2022, the proportion of households with a member with disability that had difficulties accessing health services shrank by 3.5 pp. Nevertheless, 12.6% said it was still hard for them to do, mostly citing fear of being infected with Covid-19. Other factors related to supply issues such as limited visiting hours, lack of transport access and shortages of medical personnel.

People with disability need assistive technology (such as wheelchairs, hearing aids, prosthetics, and communication devices) to lead healthy and productive lives. Unfortunately, only 15% of households with a person with a disability in the survey reported using assistive products. This is not unusual because most people either don't know what they need or can't afford to use them. Furthermore, assistive products require systems and services for effective use and maintenance (WHO 2022), which was lagging behind in Indonesia even before the pandemic (Prospera forthcoming).

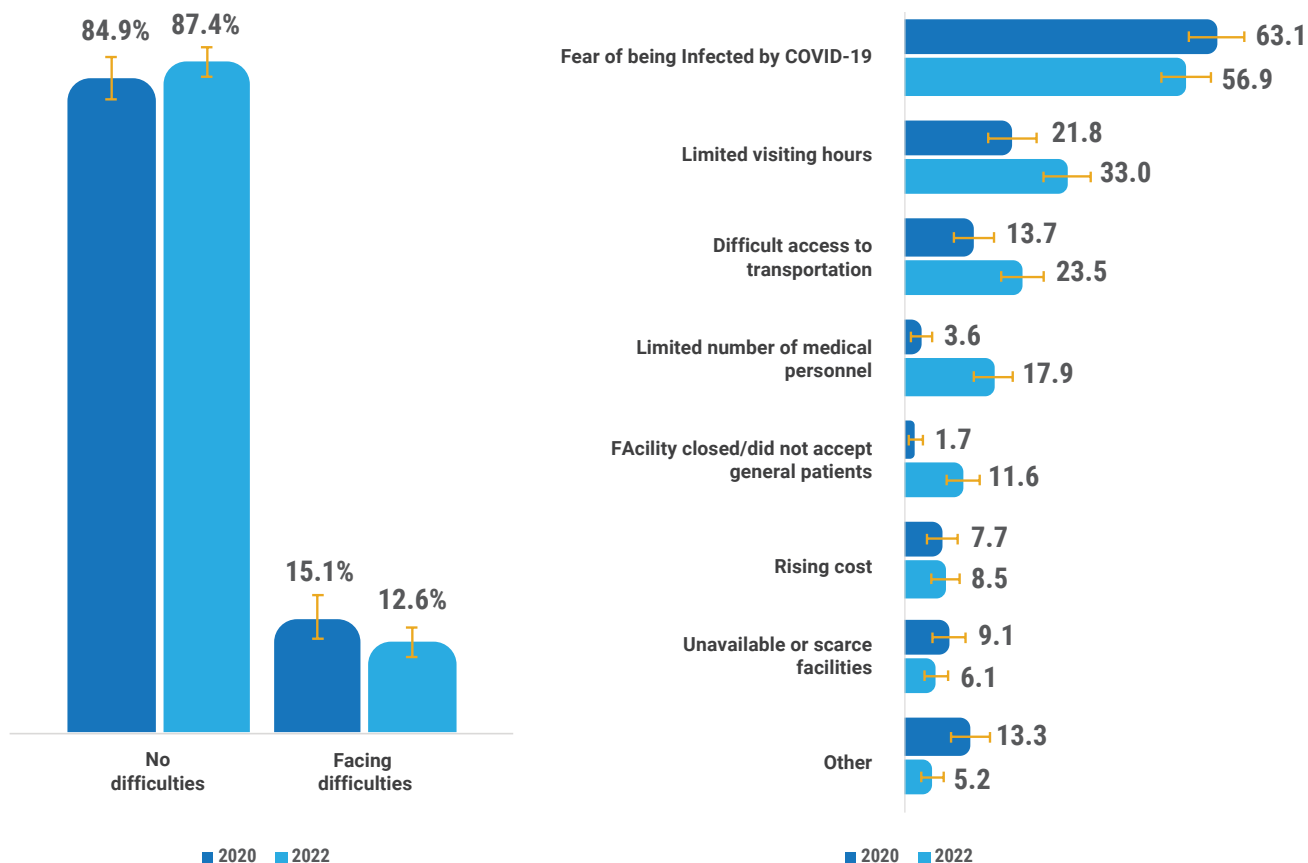
Among the few assistive technology users in the sample, roughly one in five said it was difficult to obtain or maintain their devices. This is concerning as the number of assistive technology users was already so low. This finding is also in line with a multi-country

study lead by WHO in collaboration with Australia's Monash University, the Center for Inclusive Policy and other partners. The study explored the experiences of people who use or provide assistive technology worldwide to understand the impacts of Covid-19 to inform better preparation and responses to future crises.

The study found people who use assistive technology were often not included in public health responses to Covid-19, and important messages such as how to avoid virus transmission were often not understood, particularly by those living with hearing or vision impairment. In addition, assistive technology was considered a non-essential service by some governments and providers had to close, resulting in lack of access to the assistive technology services that people needed, including maintenance and repair.

Travel restrictions to reduce the spread of Covid-19 heightened difficulties for people in accessing assistive technology services. Evidence from surveys and interviews uncovered gaps in service delivery that had significant impacts on the quality of life of people using assistive products (WHO 2022). The qualitative insights gained during this study offer similar insights.

Figure 38. Reasons for difficulty in accessing health services for people with disability



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BOX 12: Impact of Covid-19 on people with disability

Impact on an elderly person with a disability due to travel restrictions

"My father is about 60 years old. Around 10 years ago, he fell from a tree: this resulted in nerve damage which eventually paralysed him. During the pandemic, he stopped his routine treatment [he used to visit the hospital every two weeks]. He doesn't want to be taken to the hospital anymore. Now, when we go to the hospital, we can no longer use a motorbike, we have to use a car. My father is worried about burdening us, his daughters. He knows it will cost a lot of money to rent a car."

(Sari [pseudonym], female, teacher, Kulon Progo)

Covid-19's impact on the access of children with a disability to medical needs: the story of Kemala and Ade

Kemala has a five-year old child called Ade who has a mobility impairment because of a height difference of 15 cm between his right and left foot. Ade has been impaired since birth but only started therapy when he was one, at the orthopaedic hospital in Surakarta. In addition to the therapy, Ade also visited the hospital once every few months for cast replacement, special shoes, bone medicine and vitamins, and to see a doctor. During the first year of the pandemic, Kemala avoided taking Ade to the hospital for fear of infection.

As the pandemic wore on, Kemala became less fearful. But then something else prevented Ade from getting the regular therapy he needed: his family could no longer afford to resume the doctor's visits. Kemala's family had experienced much economic hardship, as their income had reduced while expenses increased

following the addition of another child. The national healthcare financing scheme (JKN/BPJS Kesehatan) bears the cost of therapy for children with a disability, such as Ade. However, Kemala's family still needed to spend money on transport and vitamins/supplements, which took its toll. Kemala also faced challenges in making claims through JKN/BPJS Kesehatan during the pandemic. She was told there was a problem with Ade's file.

In addition to routine therapy, Ade needs special shoes that serve as daily therapy to treat his condition and help him walk. But during the pandemic, his shoes were damaged and needed replacement. Such shoes are generally covered by JKN/BPJS Kesehatan. However, Kemala was asked to replace the shoes at her own expense and at IDR 1,400,000 per pair, this was much too expensive for her family. Kemala tried to have the shoes repaired by a shoe sole repairer. Unfortunately, the materials required were only available at the orthopaedic hospital, and Ade ended up having to wear ordinary shoes.

Kemala fears that if Ade's feet deteriorate, his spine may be affected. He experiences frequent discomfort and pain. Kemala hopes that her family's economic situation will improve and that the current challenges with Ade's JKN/BPJS Kesehatan cover are resolved. That way he can resume therapy and get the pair of shoes that he needs. But she is concerned about the long-term implications of all the disruptions. (Kemala (pseudonym), female, stay-at-home mother, Kulon Progo.)

Source of data: qualitative in-depth interview, pseudonyms have been used for data protection purposes.

2.9 Key finding 9:

Expanded social assistance continued to reach people who needed it, but coverage and delivery can be improved

Globally, social protection emerged as an essential policy instrument to support life and livelihood during Covid-19, and Indonesia was no exception. The country launched its Covid-19 National Economic Recovery (PEN) program in 2020. The program bolstered economic recovery by financially supporting several different clusters, namely health, prioritised programs, MSME and corporation support, business incentives, and social protection. Cash assistance was distributed by programs such as ‘family hope’ (PKH), village fund direct cash assistance (BLT-DD), the pre-employment card (Kartu Pakerja), the BPJS wage subsidy program and direct cash assistance (BST). Food assistance was delivered through the food assistance card (Kartu Sembako), BULOG rice assistance and emergency food assistance (Kartu Sembako PPKM). In addition, electricity discounts and internet quota subsidies offered some relief for regular expenses. While some programs were targeted at the very poor, others expanded support to the newly poor (bottom 50%), and still others provided relief to everyone. This section sheds light on the key developments between 2020 and 2022 with respect social protection coverage, adequacy and impacts.

The improvement in Indonesia’s macroeconomic situation and the resumption of economic activities originally propelled the Indonesian Government to gradually and temporarily pull back some of its social protection programs in early 2021, such as the internet quota and wage subsidy programs. In early 2021, Indonesia’s macroeconomic performance improved slightly with its growth deficit shrinking to -0.7% after plunging by 5.3% in the second quarter of 2020. Following the first round of this survey in 2021, the partners conducted an additional three rounds of rapid surveys in January 2021. They found that while some households remained vulnerable, slight income improvements were apparent. Thus, the allocation for social protection in PEN contracted to IDR 148.3 trillion in early 2021, after reaching as high as IDR 230.2 trillion in 2020.

However, in the third quarter of 2021 the Delta variant swept through Indonesia with daily new cases averaging 50,000 and deaths averaging more than 1700 people per day. Emergency social restrictions again closed schools, business centres and markets as a measure to curb transmission.²²

To avoid pushing more families into precarity, the government flexed its social assistance programs again: it topped up the social protection cluster in the PEN program by IDR 5.6 trillion, from IDR 148.3 trillion in early 2021 to IDR 153.4 trillion by mid-2021.

The social protection net was widened through several measures: expanding the number of beneficiaries (i.e. through Kartu Prakerja), increasing payment frequency (i.e. food assistance and electricity subsidy program), adding new programs (i.e. BULOG rice assistance and emergency food assistance), and re-starting some temporarily halted programs (i.e. wage subsidy and internet quota assistance). By the end of 2021, the allocated budget reached as high as IDR 186.6 trillion with realisation of IDR 167.7 trillion (LKPP Kementerian Keuangan 2021). Table 4 below summarises the expansion of the social protection allocation by July 2021. For comparison with programs from other countries, see Annex 6.



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22 <https://en.antaranews.com/news/189393/indonesias-covid-handling-among-the-best-in-the-world-ministry>

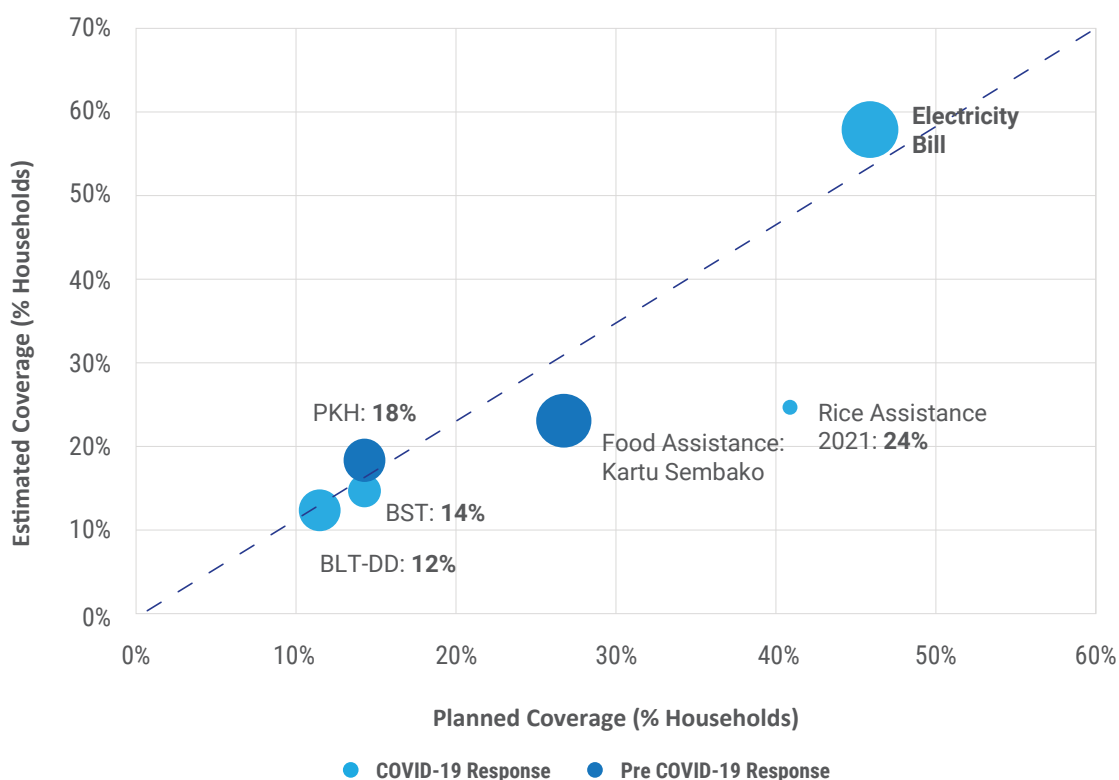
Table 4. Summary of social protection measures as per July 2021

Detail of Program	CASH ASSISTANCE				NON-CASH ASSISTANCE					
	PROGRAM KELUARGA HARAPAN – PKH (FAMILY HOPE PROGRAM)	BANTUAN SOSIAL TUNAI (DIRECT CASH ASSISTANCE)	BLT DESA (VILLAGE FUND DIRECT CASH ASSISTANCE)	KARTU PRAKERJA (PRE-EMPLOYMENT CARD)	BANTUAN SUBSIDI UPAH (WAGE SUBSIDY)	KARTU SEMBAKO (FOOD ASSISTANCE CARD)	ELECTRICITY DISCOUNT	INTERNET QUOTA SUBSIDY	BANTUAN BERAS BULOG (BULOG RICE ASSISTANCE)	KARTU SEMBAKO PPKM
	Conditional cash transfers for households with pregnant women, school-age children and those under six, the elderly and people with disability	Food assistance for consumption on rice, eggs, and vegetables	Cash assistance to families funded through Dana Desa (the village fund)	Unemployment benefit and training assistance for self-employed, entrepreneurs, and those impacted by Covid-19	Wage subsidy for workers registered in BPJS Ketenagakerjaan	Food assistance for consumption of rice, eggs, and vegetables	Electricity subsidy based on VA size	Internet quota assistance for students, teachers and lecturers	Rice assistance for families from BULOG (Indonesia's Logistics Bureau)	Food assistance for consumption of rice, eggs and vegetables
Population Covered by expenditure distribution)	Bottom 25%	Bottom 50%	Bottom 50%	All groups	All groups	Bottom 35%	Bottom 50%	All groups	Bottom 50%	Bottom 50%
Cumulative numbers of target beneficiaries	10 million families	10 million families, excluding PKH and Sembako recipients	Eight million families, excluding PKH, Sembako, BST and Prakerja recipients	8.4 million beneficiaries (📍 2.8 million people)	8.4 million beneficiaries	18.8 million families	32.6 million households	38.1 million beneficiaries	New 10 million families who receive BST and 18.8 million families receiving Sembako	New 5.9 million families proposed by the local government, excluding PKH, Sembako, and BST recipients
Amount of Benefit	Up to IDR 15.2 million per year	IDR 300 thousand per month	IDR 300 thousand per month	Support for training: IDR 1 million Incentive for training: IDR 600 thousand per month Incentive for post-training survey: IDR 150 thousand	IDR 600 thousand per month	IDR 200 thousand per month	H/hs with 450 VA Jan—Mar 2022: 100% discount Apr—Dec 2022: 50% discount H/hs with 900 VA Jan—Mar 2022: 50% discount Apr—Dec 2022: 25% discount	7 GB to 15 GB per month	10 kg of rice per family	IDR 200 thousand per month
Time Period	Paid monthly, for 12 months	12 months	12 months	Training incentive for four months	Two months	Paid monthly for 14 months (📍 2 months)	12 months (📍 3 months for Oct—Dec)	10 months (📍 5 months for Aug—Dec)	New program for one-time disbursement	New program for six months (Jul—Dec)
Updated Budget by July 2021	28.3 trillion	17.46 trillion	28.8 trillion	30 trillion (📍 10 trillion)			49.89 trillion (📍 7.52 trillion)	8.54 trillion (📍 5.54 trillion)	(📍 3.58 trillion)	(📍 7.08 trillion)

Note: 📍 signifies the additional period covered after the original allocation in early 2021.

Source: Adapted from Ministry of Finance (2021), budget as at July 2021.

Figure 39. Summary of performance of social protection programs for households in 2022



The survey showed that most households (80.2%) received at least one form of social assistance in 2021 – whether cash or in-kind. The figure was 86.7% in 2020. Half (51.8%) of all the households surveyed received cash assistance through PKH, Kartu Prakerja, BST, BLT-DD, the BPJS wage subsidy program or BPUM (for MSMEs). Meanwhile non-cash assistance – such as electricity discounts, staple food assistance, internet quota assistance, deferment of instalments and income tax deductions – had wider coverage (73.5%). As depicted in Figure 39, estimates based on survey results show that cash assistance programs such as BLT-DD, BST and PKH likely reached their intended recipients at roughly 10–20 % of the households in the survey. Electricity discounts likely covered the highest proportion of sampled households, even exceeding its planned coverage. Food assistance programs, including the Kartu Sembako and 2021 BULOG rice assistance, may have fallen short of their targets.

The poorest 40% of households remained as the group receiving the largest proportion of cash and non-cash assistance. About six in 10 of the poorest 40% of households were cushioned by cash assistance while eight in 10 received non-cash assistance. By design, households were not meant to receive assistance from more than one program at the same

time. For example, households that received PKH or Sembako should not have received BLT-DD and BST. The results suggest this was indeed the case, as minimal duplication across households was evident. Nevertheless, roughly one in three did not receive any cash assistance at all.



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Figure 40. Coverage of cash assistance

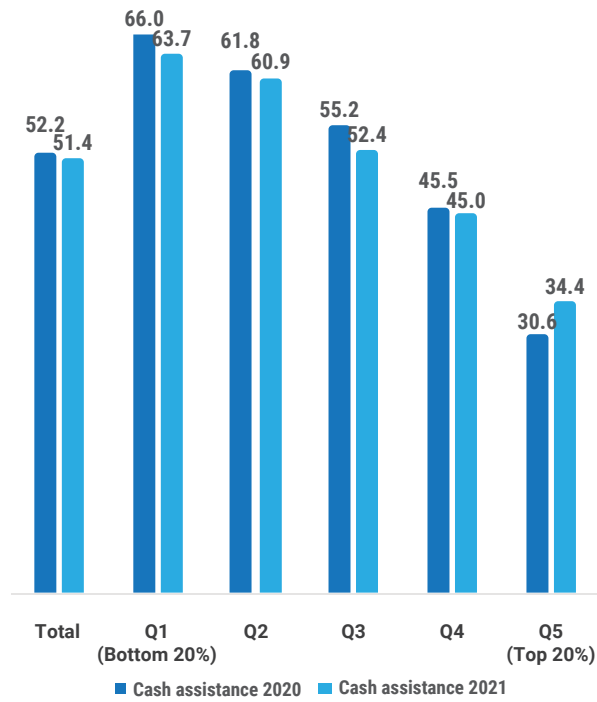


Figure 41. Coverage of non-cash assistance

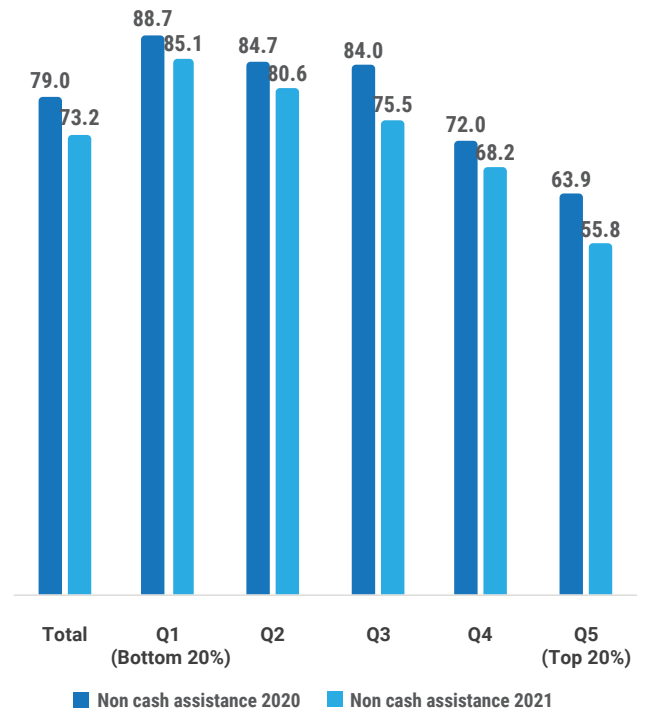


Figure 42. Cash Assistance Coverage, by Type of Assistance

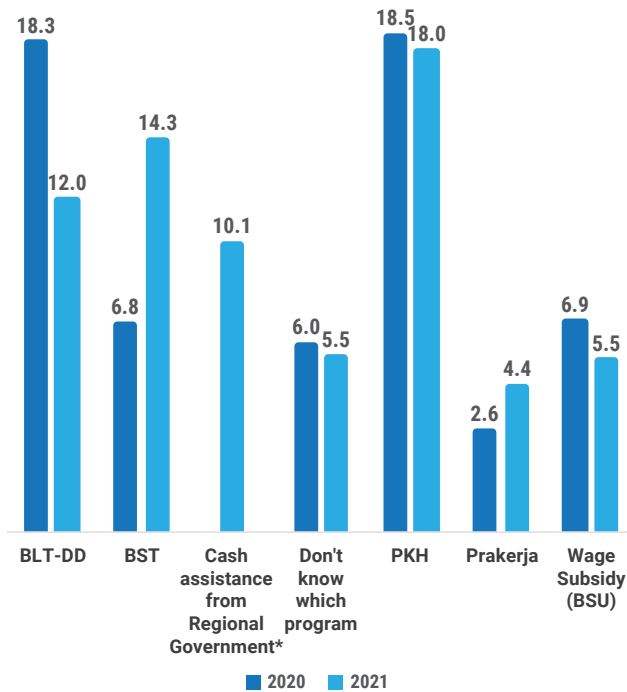
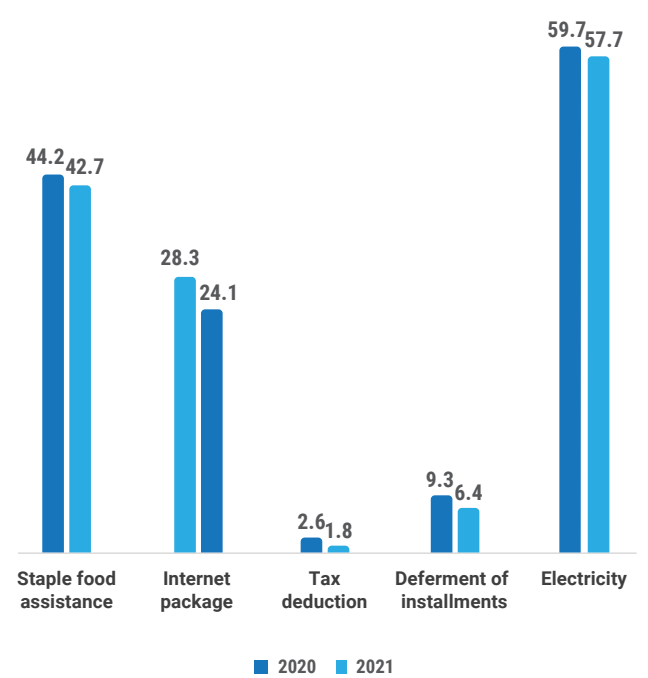


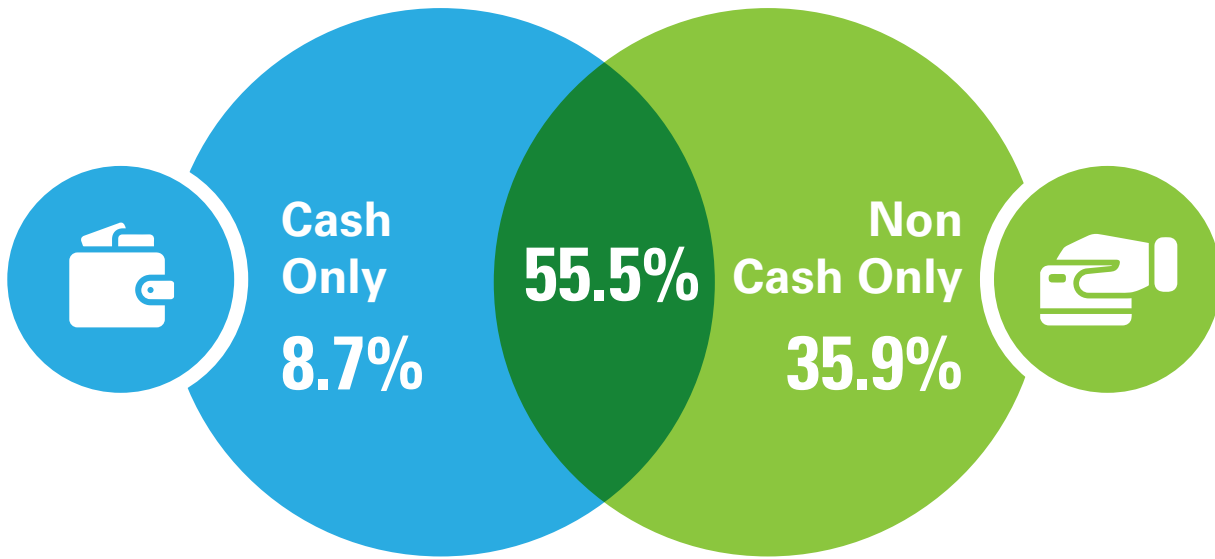
Figure 43. Non-cash Assistance Coverage, by Type of Assistance



Among those who received at least one form of social assistance, half (55.5%) received a combination of cash and non-cash assistance. Meanwhile 35.9% received non-cash

assistance only and 8.7% received cash assistance only (see Figure 44).

Figure 44. Receipt of household assistance, by complementarity of programs (%)



Of all the assistance programs, the electricity subsidy and PKH reached the largest proportion of households, as intended. Overall the largest coverage for cash assistance was PKH, and for non-cash assistance the electricity subsidy. By design both programs had the largest coverage in comparison with the others, with PKH covering 10 million families and the electricity subsidy more than 32 million households. Furthermore, PKH had the highest proportion of recipients among households with children, as 21% of households with children received assistance, compared with 11% among those without children (see Annex 4).

PKH, BST and BLT-DD reached the highest proportion of poor and vulnerable households. The survey results suggest that PKH performed best in reaching female-headed households (21%) followed by the BLT-DD program (15%); households with children (15%) followed by the BST program (15%); and the bottom 40% (32% among Q1 and 26% among Q2). Back in 2020, BLT-DD had the second-best outreach to households, but in 2021 it was BST. All three cash assistance programs – PKH, BLT-DD and BST – saw a progressive decrease in recipients among wealthier households. The BPJS wage subsidy and Prakerja exhibited the reverse trend, which was not surprising given the programs were not targeted at the very poor.

Figure 45. Coverage of cash assistance, by wealth groups

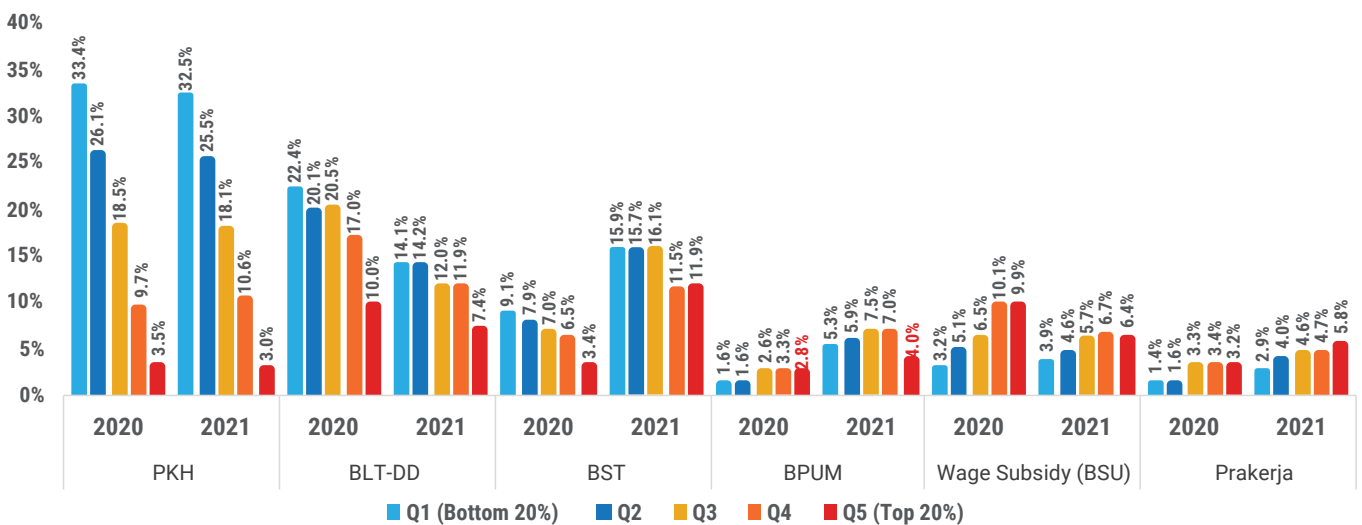
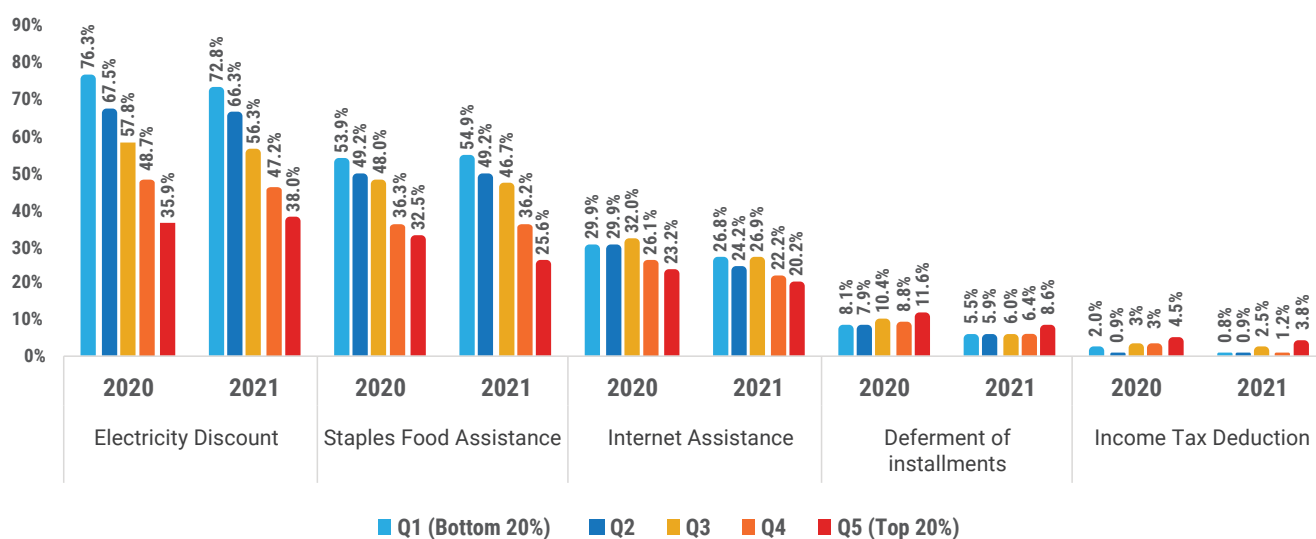


Figure 46. Coverage of non-cash assistance, by wealth groups

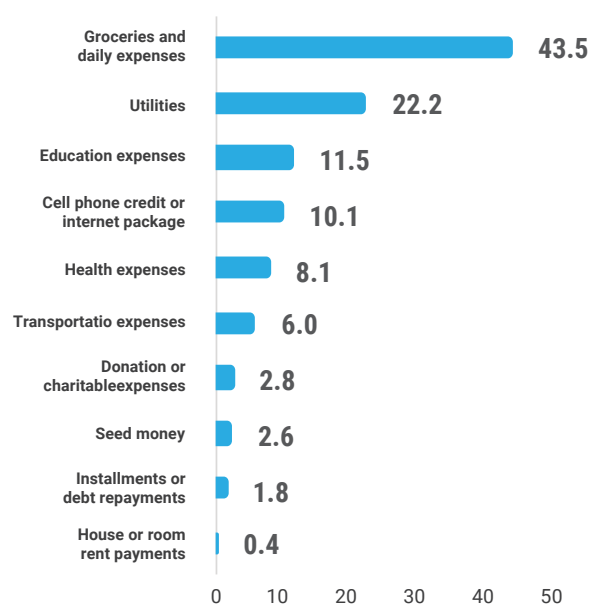


While most cash programs were progressive, reaching poorer households than their wealthier counterparts, the results show that even households in the higher expenditure quintiles accessed social assistance. It may be tempting to interpret this as an ‘inclusion error’ or assume that too many wealthy people received social assistance. Yet the median monthly expenditure of such households (see Figure 4) only reached IDR 2,239,000 in our sample, just one-third higher than the cost of a decent living in 2018. This suggests that even the wealthiest households in the sample were not very well off and that they too were at risk of becoming poor from income shocks. Notably, some programs such as Kartu Prakerja and the BPJS wage subsidy were available even to decile 6+ of households, as the government not only took into account the income shocks that people in vulnerable sectors were likely to experience, but also those in salaried jobs.

Of concern, however, was that 1 in 3 households in the bottom 40% did not receive any cash assistance in 2022, including poor households with children (32%). This could indicate that poor and lower-income households were falling out of social safety net.

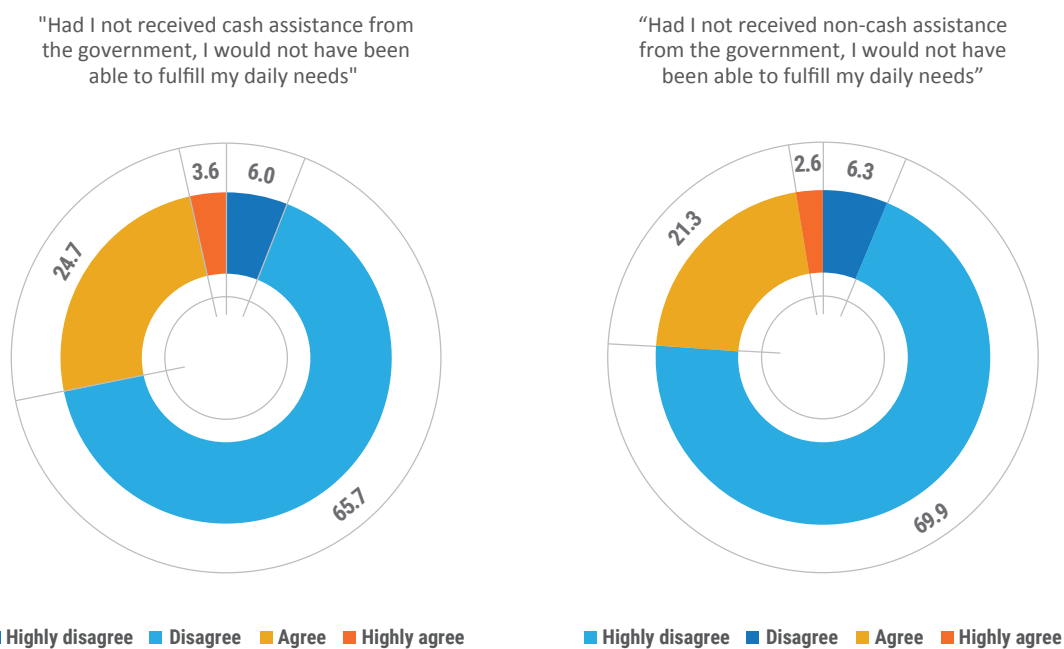
The results show that the cash assistance eased the financial pressure on households. Most households (43.5%) who received cash assistance reported using the money for groceries and daily expenses; 1 in 5 (22.2%) used it to pay their utilities bills, and 1 in 10 (11.5%) used it to pay their children’s education expenses.

Figure 47. Use of cash assistance



Almost 3 out of 10 social assistance recipients, whether cash and/or non-cash, said they would not have been able to meet their daily needs had it not been for government assistance. This was a surprisingly positive finding as social assistance was designed to supplement rather than be a full substitute for income. At least 28.3% households said the government’s cash assistance helped them fulfill their daily needs; 23.9% said the same about the non-cash assistance. For both types of social assistance, a vast majority disagreed with the ‘assistance usefulness’ statement, which was not a surprising finding. Our in-depth interviews with households revealed that the electricity subsidy had been particularly helpful (see Box 13).

Figure 48. Perception of assistance usefulness



BOX 13: Household perceptions of usefulness, preference and future direction of SP interventions

Kemala from Kulon Progo was indifferent about the form of assistance she received – both were helpful. In her view, the cash assistance had the flexibility to be used for everything such as paying for education expenses. In-kind assistance, like the electricity subsidy, was also beneficial for its practicality. She was also able to fulfil other daily needs using the leftover money after paying for electricity.

"If it [the assistance] is in cash, it can be used for everything, it can be used for schools, etc. But the electricity [subsidy] is also good, there is no need to buy electricity token, so [the money] can be used for other [needs]."

(Kemala [pseudonym], female, housewife, rural, Kulon Progo, 9 March 2022.)

Likewise, Jamila from East Lampung also received the electricity subsidy. She also used the forgone allocation to pay for other things she needed.

"In 2020, we received electricity subsidies, so we didn't pay for the electricity bill for about a year. So, although the assistance is not in cash, it can reduce monthly [expenses]. It is very helpful, money [to pay] electricity can be used for other needs."

Source: qualitative in-depth interview, pseudonyms have been used for data protection.

(Jamila [pseudonym], female, daily worker, rural, East Lampung, 24 February 2022.)

All agreed that social assistance was most useful when it could be used to meet the needs of their children. Bertha from Rote, for example, appreciated the rice support and assistance that allowed her to pay her child's education expenses.

"The most important [assurances] are rice and to pay for children's school activities. Because spending on education and meal expenses continues to increase every year."

(Bertha [pseudonym], female, retail petrol seller, rural, Rote, 10 March 2022.)

"Whatever kind of the [future] assistance, the important thing is it can be used for my children's needs, for their meals, for their school."

(Kemala [pseudonym], female, housewife, rural, Kulon Progo, 9 March 2022.)

"I wish my children could get PIP, so we could afford to buy books and other school needs."

(Jamila [pseudonym], female, daily worker, rural, East Lampung, 24 February 2022.)

BOX 14: Perceptions of social assistance from the point-of-view of local-level administrators

Consultations with 14 village heads and/or social assistance program implementers as a part of this joint study revealed the common perception that while social assistance was not enough, it could still be helpful for many households. Some participants understood that the assistance was meant to ease the burden on households, rather than be a full substitute for income loss. Families who experienced some income loss and/or rises in expenditure, but had members who remained employed or managed to secure side activities, said the assistance was adequate.

However, the assistance did not go far enough for families whose main breadwinner lost their job altogether or lost a significant part of their income – but still had several family members to look after. Addressing the needs of this group during the pandemic was very challenging. Yet being able to access some support was better than not having anything at all, as conveyed below:

Source: qualitative in-depth interview, pseudonyms have been used for data protection.

"[The social assistance] is not adequate but households try to make it enough. If households have other activities maybe [the social assistance] can be a complement to their livelihood. At least with IDR 300,000 they can buy rice, staple food to fulfil their needs. [...] For those who really do not have anything, [the social assistance] will be inadequate, especially if they have a lot of children in their home [...], but at least it could alleviate their burden."

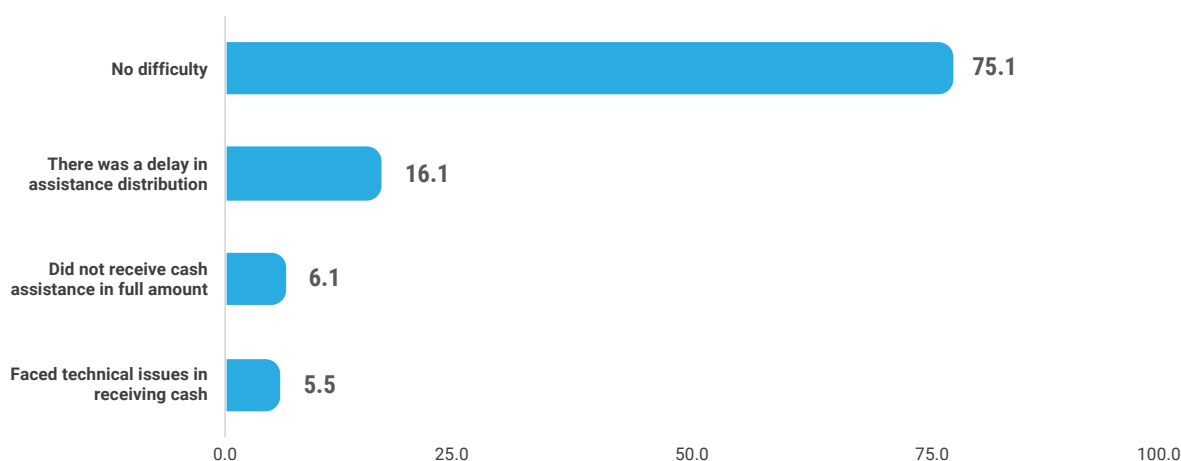
(Indah [pseudonym], female, village facilitator, rural, Mempawah, 15 March 2022.)

For the future, the village leaders and local facilitators agreed on the need to target families with children by providing complementary assistance, such as food assistance combined with the energy subsidy. They would also like to see the PKH program cover more people, including those who live slightly above the poverty line and are very vulnerable to shocks. Another suggestion was to extend support to university students from poor families.

At least 1 in 4 households had problems, thus highlighting some of the challenges with disbursement. Among those who had problems, the biggest challenge was a delay in cash distribution (16.1%), followed by not receiving the full amount of cash they were entitled to (6.1%) and technical problems in receiving the cash (5.5%) – see Box 15

below. Asymmetric information on issues relating to data inaccuracy, delay in disbursement, and the assistance's susceptibility to cuts can be easily addressed through reliable, integrated, and multi-channeled grievance mechanisms for all of the programs. More on grievance mechanism can be found in policy recommendation 3.3 in section 3.

Figure 49. Issues in Cash Assistance Receipt



BOX 15: Insights into the disbursement mechanism from social protection facilitators

Starting in 2017, social assistance cash payments have been disbursed to bank accounts. While this helps minimise leakage, the mechanism has a few issues. First, a single letter can make a difference; that is, data mismatches against registered names in identity cards and bank accounts bar households from receiving the social assistance. Second, a facilitator said that households were reporting high prices for staple foods in e-warungs, which are often the only easily accessible platform for households to redeem their food assistance. Third, disbursement delays remain commonplace. Finally, in areas where ATMs are not easily accessible, households incur overhead costs to obtain the social assistance. One coordinator noted that the associated transportation costs may be almost two-thirds of the total amount of the assistance.

“There are cost constraints. Households need to go to the bank and the cost to do that could reach around IDR 200,000. By the time they return home they only have IDR 100,000 left.”

(Tanti [pseudonym], PKH coordinator, female, DKI Jakarta.)

Despite the improved disbursement mechanism, social assistance often arrived late in certain areas. A village head in West Lampung also complained that the staple food assistance still required beneficiaries to receive the social assistance in-person, without any exceptions for the elderly and people with disabilities.

“Now we [must] get the social assistance from post office located [very far] in Way Jepara, which involves huge risks, and it cannot be represented by other people. There was a grandmother with a disability who had to be carried to the post office just to receive IDR 200,000.”

(Toni [pseudonym], village head, male, West Lampung.)

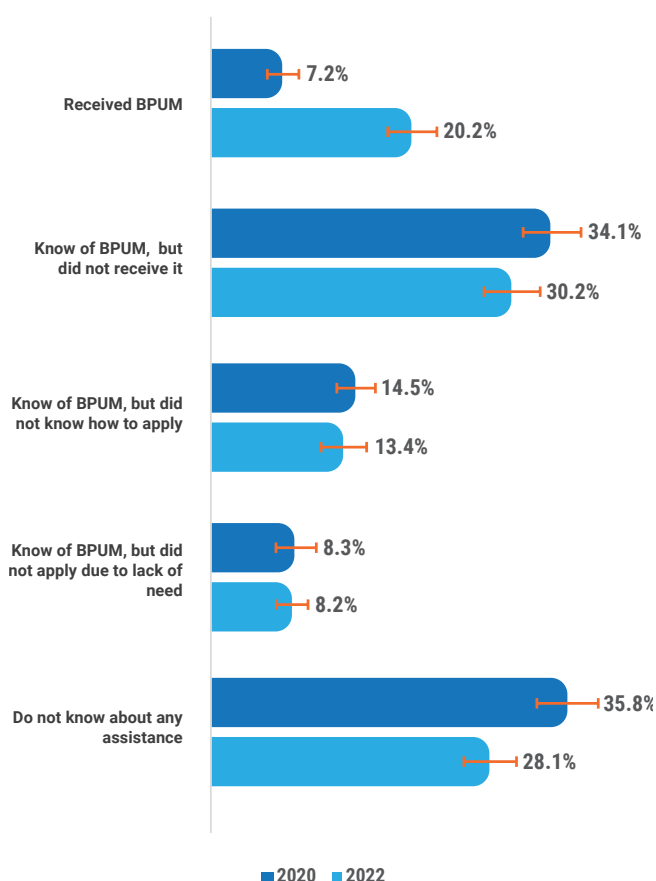
Source: qualitative in-depth interview, pseudonyms have been used for data protection.

Recipients of the working capital grant for household micro businesses (BPUM) grew by three-fold between 2020 and 2022.

The Indonesian Government launched the Bantuan Produktif Usaha Mikro (BPUM/ productive aid for microenterprises) in August 2020, aiming to buffer micro enterprises from the impacts of the Covid-19 pandemic, particularly those outside of the banking ecosystem. Offered in the form of working capital grants, BPUM also served as an alternative financing scheme for micro enterprises. As many as 12 million micro businesses were entitled to IDR 2.4 million in grants in 2020. In 2021, 12.8 million micro businesses were entitled to half the amount of the total grants in 2020; that is, IDR 1.2 million.

In 2020, limited knowledge of BPUM meant its uptake was lower than anticipated. Awareness of the program has improved significantly since then, along with understanding how to register for BPUM²³. Additionally, the gap between those who knew about the program but had not received the assistance shrank. These results show that socialisation efforts undertaken between 2020 and 2022 are paying off. As per 2022, the proportion of household micro businesses who received the BPUM assistance grew by 13 pp, or almost threefold between 2020 and 2022.

Figure 50. Awareness and receipt of the BPUM assistance among household businesses



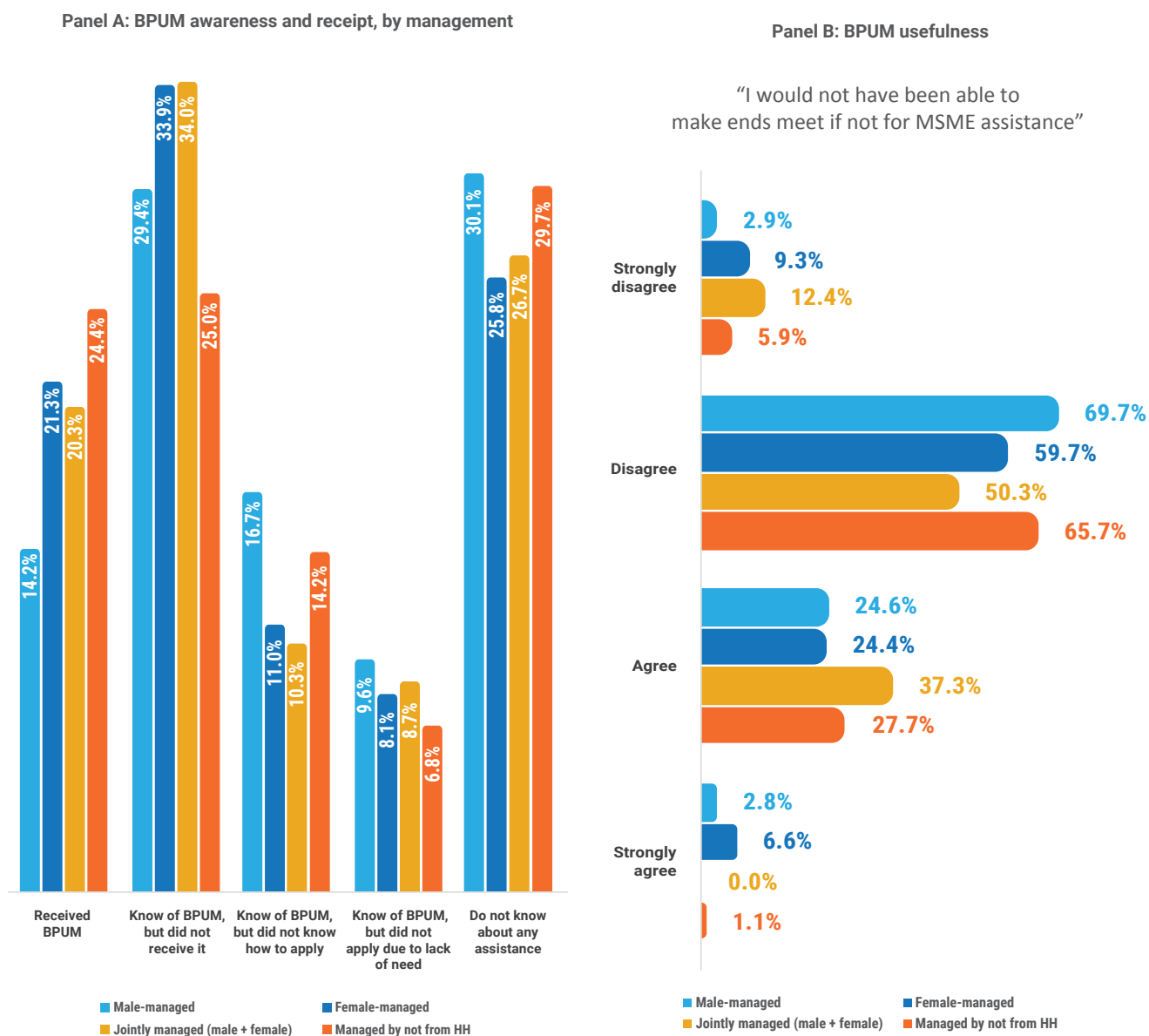
23 See UNICEF, UNDP, Prospera and SMERU 2021, pp.30

Female-managed household businesses, constituting 33.6% of our sample, were slightly more aware of the program and thus more had signed up and received BPUM. Among those who did receive BPUM, most did not think it had made a significant impact on the household business. Nevertheless, 3 out of 10 businesses reported they would not have survived without the BPUM assistance, with a slightly higher proportion of female-managed micro enterprises benefiting more from the working capital grant than male-managed businesses.

Those that received the support used it for its intended purpose. A large proportion (84.2%) of those who received it used it as additional capital, while 8.6% used it to purchase a new business asset, and 5.8% paid part of their regular business instalment with it. The program also indicated a wider benefit, as 28.5% used it to pay for household necessities.

Yet, as depicted in Figure 50, two years into implementation of the program, 28.1% of household businesses remain off the radar and have yet to benefit from the assistance, thus there is scope for further improvements to BPUM outreach.

Figure 51. Awareness, receipt and usefulness of the BPUM assistance among household businesses



2.10 Key finding 10:

Social protection programs are effective in protecting households against food insecurity, further income deterioration, and loss of learning

This second phase of the joint study also sought to investigate whether the social assistance made a difference: whether it facilitated learning among school-aged children or those children would have been worse off without it, and whether it helped families avoid

even more economic hardship than they would have otherwise experienced without such assistance. Boxes 16 and 17 below outline the methods and analyses we conducted to respond to these questions.

2.10.1 Social protection program is effective in mitigating food insecurity

The findings suggest that households receiving social assistance experienced food insecurity at a lower rate than those who did not receive it.

According to our difference-in-difference results (see Box 16), heightened food insecurity occurred for both categories of household; that is, those that received at least one form of social assistance (the treatment group) and those that did not receive any social assistance (the control group).²⁴ The difference is that households that received social assistance experienced food insecurity at a lower rate than those who did not receive it. The treatment group experienced mild food insecurity at a rate 2.2 pp lower than the control

group. However, the protective effect against mild food insecurity was statistically negligible.

Social assistance had a stronger effect on protecting households from moderate to severe food insecurity.

The protective effect of social assistance was statistically significant for moderate to severe food insecurity. Between 2019 and 2020, the proportion of households experiencing moderate to severe food insecurity among the treatment group increased by 3.5 pp, which was roughly half the 7.1 pp increase among the control group. This implies that social assistance provided a cushioning effect of 3.6 pp.

Figure 52. Effect of social protection programs on mitigating mild food insecurity between 2019 and 2020 (by percentage point)

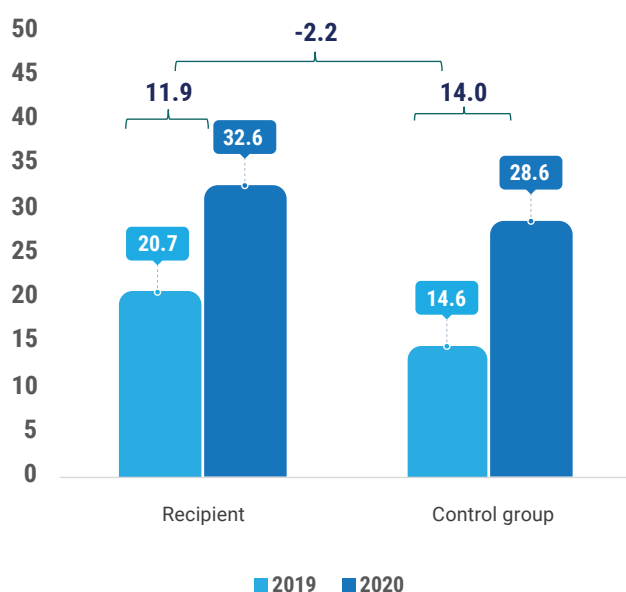
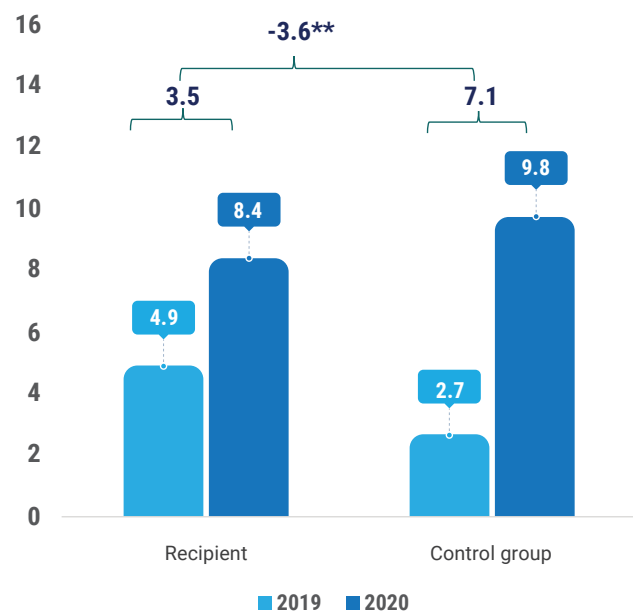


Figure 53. Effect of social protection programs on mitigating moderate to severe food insecurity between 2019 and 2020 (by percentage point)



Note: Control group refers to non-recipients of social protection

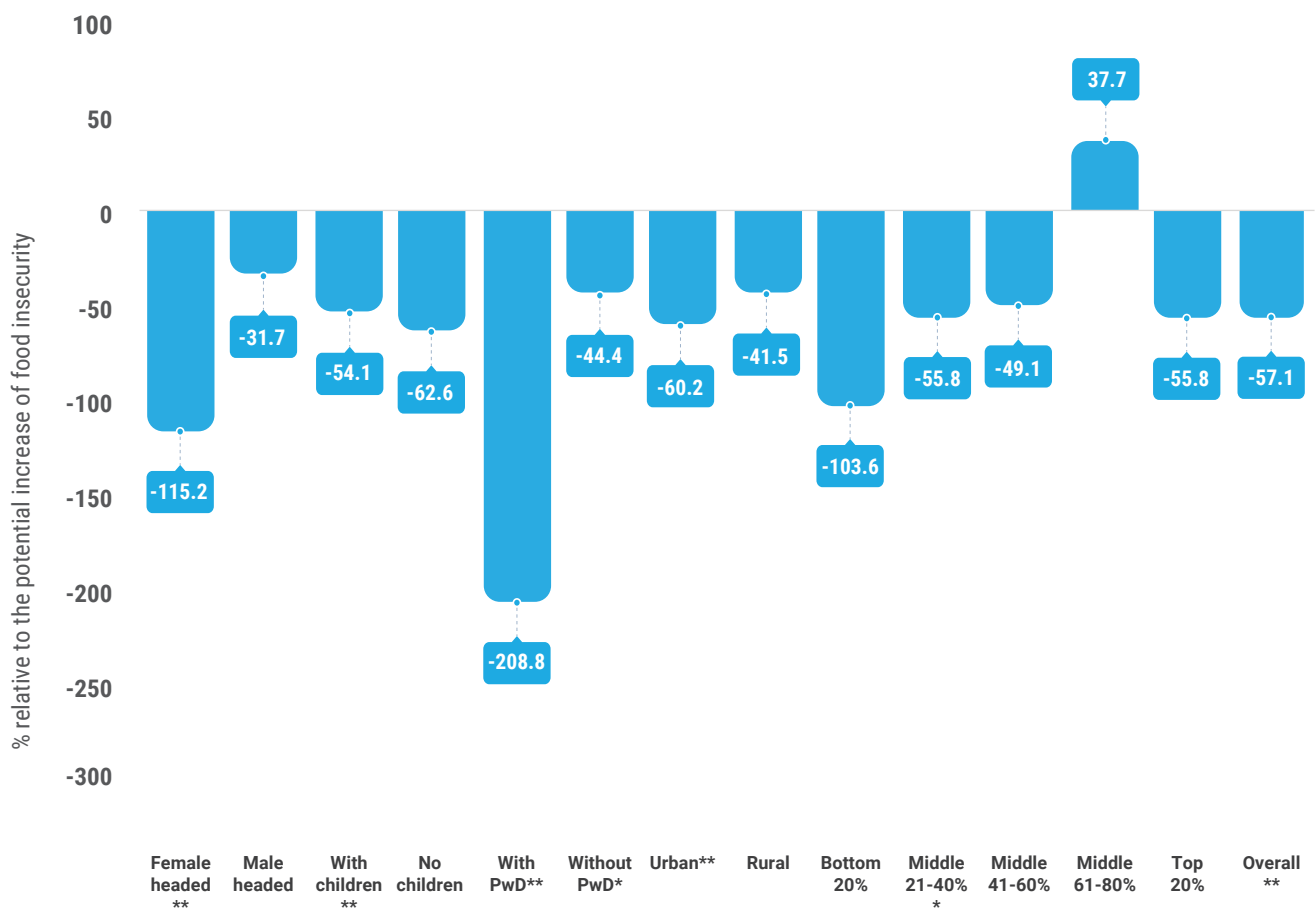
24 See Box 16 for more information on the methodology of the estimation.

In general, social assistance can mitigate a potential increase in moderate to severe food insecurity by 57.1%. By comparing the potential increase in food insecurity as depicted by the control group with the estimated effect among the treatment group, we see that receiving social assistance curbed the prevalence of moderate to severe food insecurity by 57.1%. A deeper analysis suggests that the protective effect was the strongest and most statistically significant for households that were already worse-off from a food security perspective, such as those female-headed, those with children or family members with a disability, and the bottom 20%. Interestingly, urban households were among the groups who received the most

protection, aligning with the fact that the negative impacts of the pandemic centered on urban areas.

Notably, the protection that social assistance provided waned in 2021. As per 2021, the cushioning effect of social assistance against moderate to severe food insecurity shrank to 1.4 pp. Furthermore, the effect become statistically negligible and moderate to severe food insecurity rose. This result brings into question whether the social assistance programs are continuing to protect households. It serves as a reminder that social assistance needs to be tailored to combat the slow recovery from the pandemic, especially among low-income and vulnerable households.

Figure 54. Relative effect of social assistance on mitigating moderate to severe food insecurity, by household demographic characteristics and wealth classification



Note: The figure shows the relative effect of social protection programs on moderate to severe food insecurity by dividing the estimated effect by average potential increase of food insecurity (mean of control group).

*** is significant at 1%, ** is significant at 5%, and * is significant at 10%.

Figure 55. Effect of social protection programs on mild food insecurity between 2019 and 2021 (by percentage point)

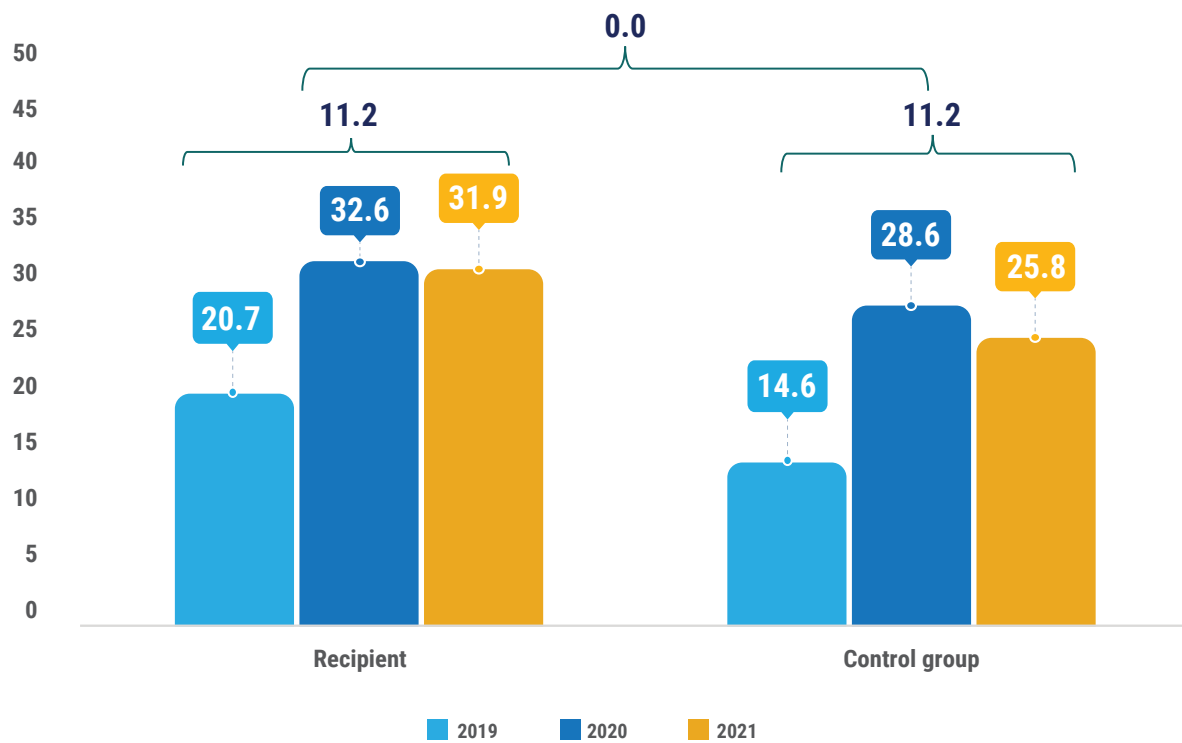
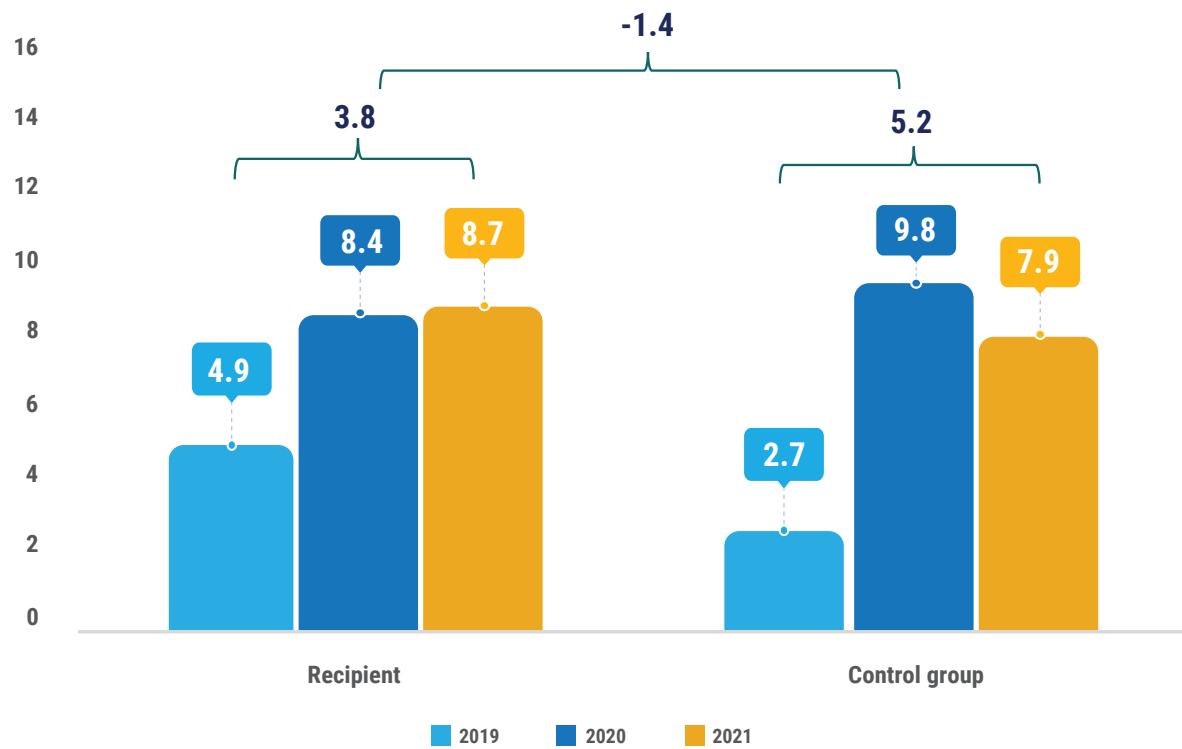


Figure 56. Effect of social protection programs on moderate to severe food insecurity between 2019 and 2021 (by percentage point)



Note: Control group refers to non-recipients of social protection

BOX 16: Estimating the effect of social protection programs on food insecurity using semi-parametric difference-in-difference

The expansion of cash assistance programs during times of emergency (such as the pandemic) is a common measure to protect households around the world. However, measuring their effectiveness can be challenging. One way is by looking at the effects on food security. In a systematic review, Doocy and Tappis (2017) found that vouchers and unconditional cash transfers may maintain or even improve the food security of households amid emergency humanitarian crises.

The availability of panel data from two rounds of the survey allows us to robustly assess the effectiveness of Indonesia's abundance of social protection measures. Using a semi-parametric difference-in-difference (DID) method, as explained in more detail below, the study found the social protection program in Indonesia had been effective in safeguarding household food security.

For our DID estimation we considered two groups of households: first, the group that received social protection during the Covid-19 pandemic – the recipient or treatment group (T); second, the group that did not receive social protection during the Covid-19 pandemic – the non-recipient or control group (C). From our survey, we can observe the outcome (in this case the food insecurity) in the period before the pandemic (period 0, in 2019) and in the period during pandemic (period 1, in 2020 and 2022). Then, the effect of social protection can be estimated using the following formula:

$$(1) \text{ Effect} = [E(T1) - E(T0)] - [E(C1) - E(C0)]$$

$E(T1)$ is the observed outcome of the treatment group during the pandemic (T1), while $E(T0)$ is the observed outcome of the treatment group in the period before the pandemic (T0). $E(C1)$ is the observed outcome of the control group during the pandemic (C1), while $E(C0)$ is the observed outcome of the control group in the

period before the pandemic (C0). We assume that before the observed period, the outcome between the treatment and control group followed a similar trend, which is the standard parallel trend assumption in a DiD setting.

However, disbursement of the social protection assistance is not random. Instead, they target poor and vulnerable households. Therefore, the estimation of formula (1) may lead to biased results due to incomparable characteristics of the two groups. For example, the treatment group may have an over-representation of poor households compared with the control group, thus violating the parallel trend assumption.

To address the non-random nature of social protection assistance, we use a semi-parametric DID by incorporating an inverse probability weighting into the estimation of formula (1). To do that, first we estimate the probability of receiving any social protection using following model:

$$(2) P(T) = \phi(X\beta)$$

Where $P(T)$ is the probability of receiving any social protection assistance in 2020 and 2022, and X is the underlying covariates in the period before the treatment (characteristics in 2019, such as assets, per capita household expenditure, education, housing) that correlates with the treatment status. Next, from the model 2, the IPW (Inverse Probability Weighting) is calculated by the following formula:

$$(3) \text{ IPW} = 1 \text{ for T while } P/(1-P) \text{ for C}$$

Finally, we estimate formula 1 above using fixed effect regression to control unobserved time invariant household characteristics and incorporating IPW to balance the characteristics between the treatment and control groups.

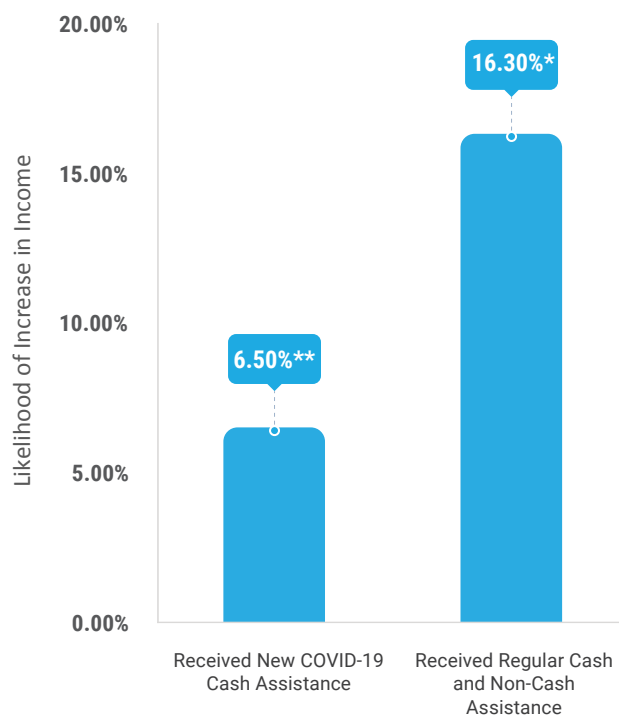
2.10.2 Receiving social assistance protects the prospect of income improvement

Receiving specifically tailored cash assistance during the pandemic was shown to improve income prospects. The panel nature of our data also allows us to conduct a regression analysis that looks into the effects of social protection programs on various household socioeconomic wellbeing factors, one of which is income.

We found that cash assistance specifically tailored to deal with the adverse impacts of the pandemic (i.e. BST, BLT-DD, BPUM, BPJS wage subsidy, Kartu Prakerja) was significantly associated with a 6.5% higher likelihood or probability of an increase in income, ranging from 0 to 100% (see Figure 57).

Among the beneficiaries of existing social assistance programs (PKH), a household was more likely to experience income recovery when it was also receiving complementary non-cash assistance. Receipt of cash assistance before the pandemic (i.e. PKH) on its own seemed to have a negligible effect on the likelihood of an income increase. However, when complemented with non-cash assistance (i.e. Sembako, internet quota, tax relief, loan deferral, electricity subsidy), PKH recipients were more likely to experience an income increase of 16.3%. More details of the regression result can be found in Annex 5.

Figure 57. Effect of social assistance on household income changes, by period of assistance launch



**significant at 5% level ($p < 0.05$); *significant at 1% level ($P < 0.01$)

Source: Authors' calculation (Annex 5)

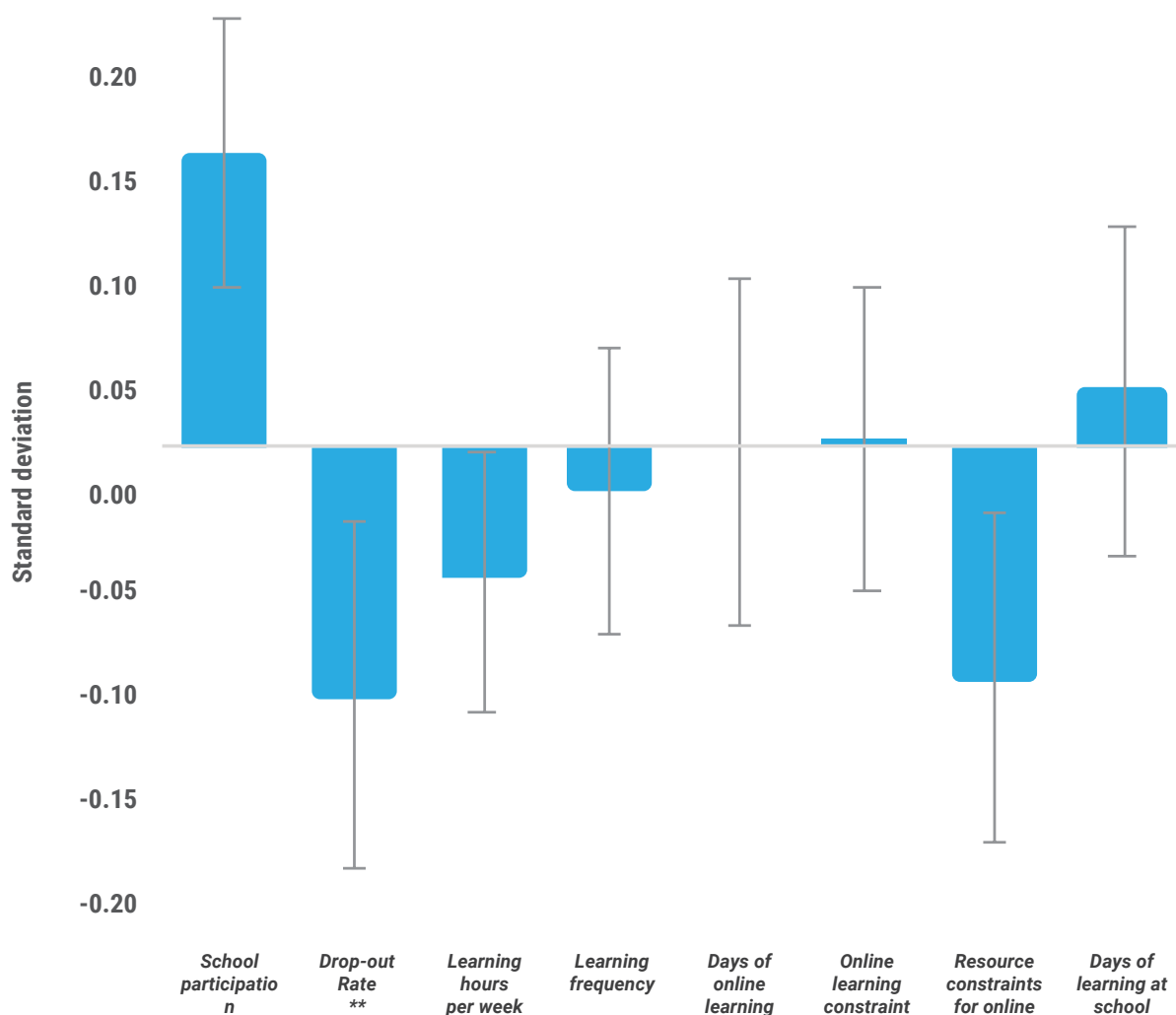


2.10.3 Internet quota assistance alleviates the constraints in learning from home and safeguards student learning indicators

From September 2020, the Ministry of Education, Culture and Technology provided internet package assistance to students and teachers across Indonesia. The program aimed to support the distant learning that took place during school closures. Costing IDR 9.5 trillion in 2021, the program targetted 39.1 million recipients, including both teachers and students. Depending on their year level, students received different amounts of internet quota support – ranging from 7 GB per month for early learning students to 10 GB per month for primary to senior high school students.²⁵ This study assesses the effects of the internet quota on various learning indicators (see the Box 17 for the methodology).

The analysis revealed the internet quota was significantly associated both with improved school participation by about 3 pp or 3% relative effect (from a baseline of 95%), and reduced the school dropout rate by 1.3 pp or 56% relative effect (from a baseline of 2.3%). The effects were quite substantial and economically meaningful. However, there was not enough evidence to surmise the effect on learning intensity. On the other hand, receiving internet quota assistance helped households relieve some of the burden related to providing resources for learning from home.

Figure 58. Standardised effect of internet quota assistance on various learning indicators



Note: The figure shows the standardised effects with a 95% confidence interval, see the text for the equivalent effects in percentage points. ***p<0.01, **p<0.05, *p<0.1.

25 This is based MoF's APBN KITA Publication in July 2021: <https://djpk.kemenkeu.go.id/?portfolio=apbn-kita-edisi-juli-2021>

BOX 17: Estimating the effect of internet quota assistance on school participation and learning intensity using doubly robust treatment effects (IPWRA)

This study assessed the standardised effect of receiving internet quota assistance on various learning indicators, ranging from school participation to constraints faced in online learning, using doubly robust treatment effects.

For this report, we used a doubly robust treatment effects estimation to find the effect of internet quota assistance on school participation and learning intensity. We considered two groups of households: first, the group that received the internet quota assistance during the Covid-19 pandemic – the recipient or treatment group (T); second, the group that did not receive the internet quota assistance during the Covid-19 pandemic – the non-recipient or control group (C). From our survey, we can observe the outcome (in this case school participation and learning intensity) during the pandemic (in 2022). Then the effect of social protection can be estimated using following formula:

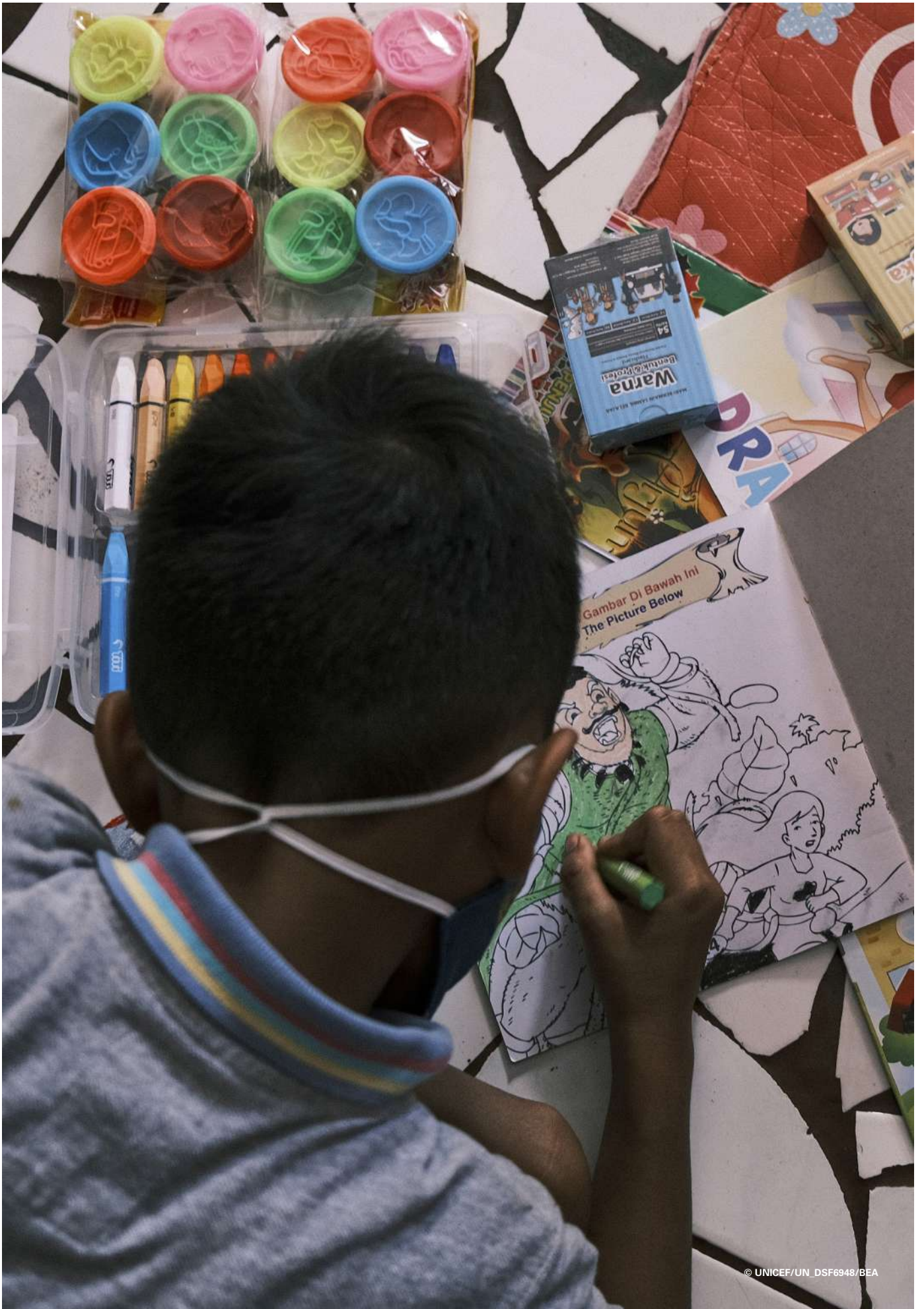
$$\text{Effect} = [E(T1) - E(T0)]$$

E(T1) is the observed outcome of the treatment group during the pandemic (T1), while E(T0) is the potential outcome of the treatment group had the household not receive the program. We assume non-confoundedness conditional on a set of observed characteristics at the baseline period

(the pre-pandemic period from Susenas 2019); there are no unobserved characteristics related to both treatment assignment (internet assistance) and potential outcomes (school participation and learning intensity). Furthermore, we assume treatment assignment is independent of potential outcomes (exogenous assumption). This is a quite strong assumption given data limitations (estimation based on cross-sectional data). Our assumption implies that there are no statistically significant differences for all possible observed covariates between the treatment and control groups. Our data also shows that the overlapping assumption is satisfied, which means that the probability of obtaining internet assistance for both the treatment and control units is in the region of common support (similar odds).

Finally, we use two estimators to ensure that our estimations are robust by using inverse probability weighting regression adjustment (IPWRA): first, using inverse probability weighting (IPW) by estimating the treatment model (selection based on observable characteristics); and second, using regression adjustment (RA) by estimating an outcome model. IPWRA is doubly robust because we only need either the treatment or outcome models to be correctly specified (Cattaneo 2010; Cattaneo et al. 2013).





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03

Looking ahead: policy guidance for inclusive recovery and resilience amid uncertainty

To briefly recap, the analyses presented in this report are based on panel data collected from over 10,000 nationally representative households across all 34 provinces of Indonesia from October to November 2020 (first round) and February to March 2022 (second round). The data provides many insights into the social and economic situation of Indonesian households during the pandemic, particularly children, women and people with a disability. This report is a product of a groundbreaking, multi-year collaboration between the Indonesian Government and its development partners to inform policy for recovering better and stronger from the pandemic. The most recent data was collected at a time when the government was compelled to impose mobility restrictions to reduce transmission of the Omicron variant of Covid-19.

The second-round survey found that high vaccination uptake and strong adherence to health protocols supported reopening of the economy. Household SMEs were getting back to business as usual. With the economy slowly rebounding, the mental health of household members had noticeably improved. Nevertheless, inequality had risen, with the poorest and most vulnerable households experiencing stagnation or further deterioration in their economic condition relative to their wealthier counterparts. It was no surprise then that households that were experiencing the most economic hardship (decline in income and consumption) were also the ones most compelled to use welfare-undermining coping strategies. Food insecurity among these groups also worsened, as many opted to reduce expenditure on food to cope with their economic precarity. Meanwhile, women were disproportionately affected by setbacks in the labour market, largely due to the unequal burden of domestic and care work that mothers had to carry during the pandemic and mass school closures.

While children were largely spared from the direct health impacts of the pandemic, children's lives have nonetheless been altered in profound ways by the socioeconomic impacts on their families. The results also point to the losses that have likely accrued for today's generation of students. Only one in three students had returned to full-time, face-to-face school learning at the time of the second-round survey, a full two years since the onset of the pandemic. Infrastructure and resource-related constraints continued to hamper remote and hybrid learning. As a result, children spent less time learning. Fortunately, drop-out rates were reported to be low, but Indonesia already had the highest rate of out-of-school children relative to its peer countries in the region even before the pandemic.

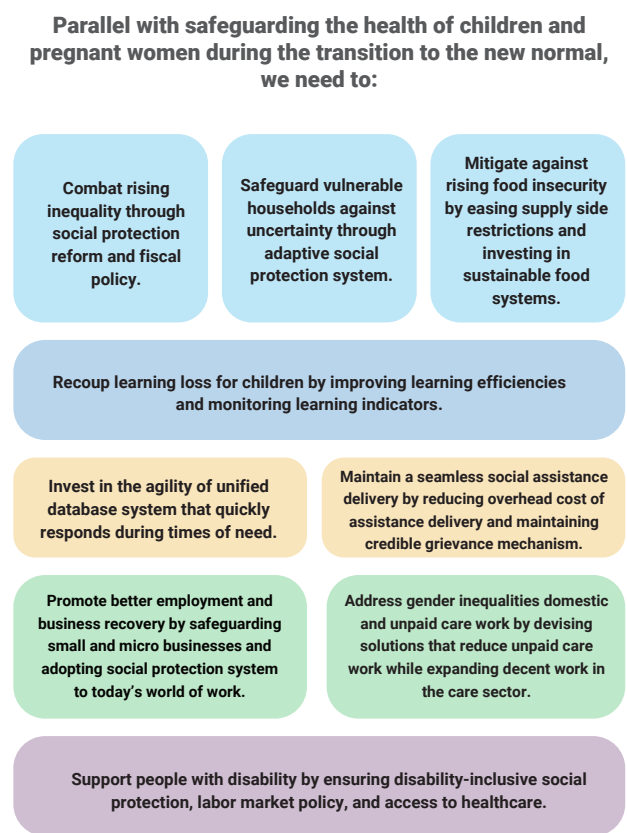
Notwithstanding these setbacks, the pandemic also drove policy innovations, with the government's extraordinary pandemic assistance targeting poor and vulnerable families (Indrawati, Nazara et al. 2022). The analyses presented in this report show that more children and their families were brought into the social safety net. These assistance programs also proved effective in bolstering food security for many, and protecting against further income deterioration and loss of learning. Nevertheless, room for improvement remained for reaching the poorest households, ensuring the support was adequate, and improving the efficiency of delivery. These findings serve as key insights to inform Indonesia's recovery from the prolonged effects of the pandemic and future resilience to economic shocks.

The corresponding policy guidance (see below) is informed by policy reforms that are already underway in Indonesia and good practices in peer countries,²⁶ echoes the recommendations of experts, and is a product of deliberation with the social development

26 See Box A.1, Box A.5 and Box A.6 in Annex 7 as well as Annex 8 for other supporting recommendations from peer countries.

ministries throughout the course of this study.²⁷ We hope it can be leveraged as a basis to deliberate on both short- and long-term actions, and to support the

integrated thinking and planning needed to create pathways for an inclusive recovery and resilience in the future.



3.1. Combat rising income inequality

Avoid premature withdrawal of social protection in the face of triple crisis

As Indonesians brace themselves for the triple threat of climate change, global conflicts and the rising cost of living – with the pandemic not yet being over – the comprehensive social protection system needs to avoid premature withdrawal of assistance so as to avert further marginalisation of the most vulnerable households. As UNESCAP (2021) suggests, it is imperative to ensure continuity in fiscal and monetary support that is well-prepared to address new adverse shocks, as fragility in the economic recovery persists. Nevertheless, trade-offs will be necessary given the constraints imposed on the national budget allocation

for such an investment. Thus, the World Bank's social protection experts recommend that the amount and duration of social assistance is based on assessments of need and prioritisation of the most vulnerable households (Archibald et al. 2020) – see specific suggestions in Section 3.2.

Ensure social protection system delivers a comprehensive shield to all

Ideally, the social protection system must possess protective, preventive, promotive and transformative features to deliver a comprehensive shield to all populations across different stages of their lives (Devereux and Sabates-Wheeler 2008). From the

²⁷ The partners have already begun to involve the related ministries in the development of the recommendations by holding a series of three workshops: the first to elicit key policy questions in November 2021, the second to share our findings and discuss how those compared and contrasted with theirs in June 2022, and the third to seek inputs from the MoF's Fiscal Policy Agency (*Badan Kebijakan Fiskal*/BKF) in October 2022.

early days of the pandemic, we learned that the socioeconomic well-being of the 'missing middle' was also swept away – many members of this group are informal workers that social protection programs often don't reach. Thus, a gradual shift towards a universal social protection system is vital: one that not only covers the poorest members of society but also considers the shocks that the middle class may face, as advised by TNP2K (2018).

The system, either through contributory and/or non-contributory schemes, could consolidate and build on existing social protection programs to centre on core lifecycle stages; that is, early years and school-age children, young people, working-age people and the elderly – with special attention given to women and people with disability. This way, the well-being of the poorest would be safeguarded while the emerging middle class would be better able to navigate the challenges and risks across all stages of their lives. Furthermore, creating a systems approach to social protection that considers the interlinkage between social assistance, social insurance and labour market programs is also advisable to avoid fragmentations that would hinder optimal social protection coverage (World Bank, 2012).

Leverage fiscal policy to tackle inequality

With the imperative to bring back the GDP deficit to just below 3% by 2023, the Indonesian Government may wish to consider tax reform to balance the need for growth and avoid the premature withdrawal of social protection program during the recovery period. OECD (2022) emphasises the role of tax policy in equalising the distribution of income and wealth through taxes on personal capital income and property and a heightened focus on top income and wealth taxation. In the face of the threats posed by climate change, the introduction of carbon or environment taxes would address multiple challenges, both fiscal and environmental, in a single measure. Furthermore, tax-based measures for small businesses may help businesses to thrive, coupled with improved transparency.

These measures on the revenue side must also be complemented by maintaining or expanding public

spending on social sectors, such as education and training, health, social protection, and information and communication technology to combat the digital divide. Evidence shows that higher allocations to these sectors enhance the human development of the poor and vulnerable while reducing income inequality. Investment in comprehensive social protection not only contributes to poverty reduction but also to higher economic growth and better social cohesion, as shown by evidence from countries that have made such investments (see Annex 3).

3.2. Safeguard vulnerable households against uncertainty

Enhance the capacity and adaptiveness of social protection system in responding to shocks

The road to recovery has been far from certain – just as the economy began to reopen, many Indonesians faced further shocks to their socioeconomic wellbeing from the rising cost of living and disasters brought about by climate change. The existing social protection system needs to allow for swift resource mobilisation for non-regular social assistance support during times of need, founded upon an enabling environment, legal provision and a sound regulatory framework. Specific considerations may include: provide families with children with temporary basic income in areas that are already experiencing recurrent shocks; integrate and layer programming; invest in delivery systems and contingency planning; expand coverage of social registries; invest in risk financing to ensure funding is readily available; and foster collaboration and coordination among all stakeholders to provide comprehensive assistance while avoiding duplication (World Bank 2020a; World Bank and UNICEF 2022).

Invest in an agile, unified database system for effective targeting of social assistance, including during times of need. The Covid-19 pandemic has highlighted the stabilising effect of a well-functioning social protection system. A reliable, comprehensive social registry can serve as a gateway for the potential inclusion of intended populations into social programs, while also enabling the reliable estimation

of the financing needed to offer assistance (UNDP 2021; World Bank 2017). Fortunately, Indonesia's pre-existing social registry, known as the Integrated Social Welfare Database (DTKS), was the foundation for targeting assistance to households and individuals during the pandemic. However, depending entirely on the database proved to be challenging as it was not updated regularly, not yet interoperable with other databases (namely population data, or NIK) and only had information on the lowest-earning households. Indonesia was still able to deliver assistance to people working in the informal economy and those who experienced significant setbacks through innovative measures and novel sources of data (UNICEF, UNDP, Prospera and SMERU 2021). Nevertheless, as the survey results show, there is more to be done to reach those who have not yet received assistance.

Indonesia is in the process of updating its database to gain an improved targeting mechanism. In October 2022, Statistics Indonesia alongside several line ministries instigated the Socioeconomic Registry (Registrasi Sosial Ekonomi/REGSOSEK). The registry aims to collect data on all Indonesians – such as their demographic profile, and socioeconomic and welfare condition – and this is expected to feed into the National Data Centre by 2024 after data processing and public consultation. The data collected from such an initiative presents an opportunity to improve various government services (e.g. education and social assistance), meet the diverse needs of the population and ensure that assistance is delivered in times of economic crisis.

The agility of the database could be ensured by continuously updating information on individuals and households who would be most vulnerable to shocks through periodic community-based data updates, on-demand applications and other innovative means of enlisting and verifying. Inclusion and exclusion errors could also be lowered by fostering improvements in institutional capacity and inter-agency coordination to boost interoperability and data accuracy. Lastly, there is a need to intermittently review variables that are used to measure the well-being of households, particularly during unprecedented shocks, to ensure newly vulnerable households are also eligible for support.

3.3. Maintain a seamless social assistance delivery system

Reduce the overhead cost of accessing social assistance

Many innovative ways to deliver social assistance are emerging, such as mobile payments. This is particularly important for households with limited access to ATMs in rural and remote areas. In parallel, comprehensive and periodic socialisation on cash assistance withdrawal should be delivered, while ensuring data alignment and continuous monitoring of cash assistance distribution. A widely acclaimed innovation is that of Togo's Ministry of Digital Economy and Digital Transformation which launched the 'Novissi' program to deliver contactless, emergency cash transfers based on artificial intelligence and mobile money. These transfers went to informal workers while curfews were in place during the pandemic (UN Women 2022b; Debenedetti 2021; IMF 2022b).

Ensure grievance mechanisms effectively address feedbacks on social assistance delivery.

Strong grievance mechanisms for social protection programs can increase citizens' trust and involvement; complement monitoring and evaluation by resolving operational issues as they arise; ensure accountability of implementing authorities; and standardize program implementation and performance. However, such systems are either underused or they are underperforming in Indonesia and worldwide (Bassett and Blanco 2011; OPM 2012). Poor and vulnerable groups, or the target beneficiaries of social protection programs, often lack information about their entitlement, may be reluctant to voice their concerns due to fear of repercussions of providing feedback, and/or may not be able to make complaints due to illiteracy, stigma, lack of trust and other barriers. Lessons from good practices offer numerous solutions, such as: resolve complaints at the point of service delivery to reduce costs and improve accessibility; set up multiple channels to receive complaints; have dedicated staff and set up performance standards and targets to handle grievance; ensure access to independent channels for redress (e.g. through links to Ombudsman or audit institutions) (Barca 2016); and build an integrated information system that tracks all complaints that have been received from complainants, and where the implementing authorities are in responding to them (OPM 2012).

3.4. Promote better employment and business recovery

Develop a comprehensive package of gender-sensitive measures for businesses and workers

Leverage the role of technical and vocational education as well as distance learning for reskilling and practical training that looks to future employment demands. Devise digital learning transformation programs with particular attention to the female labour force so as to increase women's employability and expand their work opportunities. Extend temporary income support for workers recently laid off, those looking for a job or those facing employment uncertainty. Ensure maternity protection for working mothers through paid maternity leave are co-funded by the government or contributory schemes, and are complemented by employment protection, and the implementation of family-friendly policies.

Expand and adapt social protection systems to today's world of work

Ensure that access to benefits such as health insurance, paid sick and parental leave, pensions and unemployment benefits is also available to those in informal and unpaid work, including in the platform economy (UNDESA 2021). For instance, ensure better coverage for workers in the platform economy by adapting schemes to workers with multiple employers, harness the potential of digital innovation (e.g. coordinated data systems, smart cards, big-analytics) to simplify the administration and financing of social protection, and institute policies that clarify and establish the rights and responsibilities of platforms and workers.²⁸ Indonesia's launch of national employment insurance (BPJS Ketenagakerjaan) suggests it is headed in the right direction. The non-wage receiver (Bukan Penerima Upah/BPU) scheme provides pension and employment insurance for self-employed, freelance and informally employed workers. Further dissemination of such a scheme and socialisation of its benefits could increase the rate of uptake and widen coverage.

Safeguard and promote businesses

Safeguard the cash flow of small and micro businesses by extending emergency working capital relief to businesses that is interlinked with close monitoring of the state of such businesses. Link business grant recipients with complementary programs such as training on business adaptability, trade facilitation and

digital marketing. Singapore, for example, developed the 'SMEs Go Digital' program which not only provides support for digital transformation but also complements the Productivity Solutions Grant that helps businesses implement safe distancing and business continuity measures. In parallel, reduce informality and associated risks by lowering the costs of establishing and operating a business, while simultaneously ensuring better occupational safety and health at work for business owners and their workers (UNDESA 2021).

3.5. Address gender inequalities in unpaid domestic and care work

Recognise, reduce and redistribute women's unpaid care work while rewarding care workers and ensuring their representation in decision-making.

Recognise women's unpaid care work by making available timely statistics that reflect changes in unpaid care work and the implications of the disproportionate allocation of women to such work (i.e. school drop-out rate of girls, women's economic participation, women's wellbeing). Reduce the burden by investing in care infrastructure and the supporting ecosystem to make services more affordable and accessible for families, especially for low-income mothers who are either working, studying or seeking employment. Encourage employers to play a role in redistributing women's unpaid care work by adopting family friendly policies, by transforming the organisational climate such that encourage fathers can take parental leave and by implementing flexible working arrangements. Promote male role models or create other initiatives to propel a cultural shift in care responsibilities (IMF 2019; ILO 2018, ILO 2022).

In parallel, regulate and implement decent terms and conditions for care workers so that their rights are fulfilled, and so that care givers benefit from better support. Ensure full and effective representation of care workers in decision-making through freedom of association and building of alliances among all stakeholders (UN Women 2022a). The World Economic Forum (2022) also recommends the formalisation of the care economy so as to create jobs, contribute to GDP and shore up women's rights. Formalising the care economy is not about paying homemakers alone but distributing chores among people who can do it for wages.

²⁸ see ILO (2022) for further guidance, click [here](#).

BOX 18: The State of Childcare in Indonesia

For far too long, the care of children during their early years has been viewed as a mother's unpaid responsibility and not a shared one (Shafik 2022), thus curtailing women's economic opportunities. There is mounting evidence globally and in Indonesia that investing in high-quality, accessible and affordable early childhood education and care (ECEC) – such as kindergartens, playgroups, creches and integrated services – benefits the economy as a whole (see Annex 9). Investment in these early years leads to an educated and productive labour force. Meanwhile, having childcare solutions allows women to balance work with care responsibilities. Finally, the need for childcare means the creation of jobs, particularly for women given the feminised nature of the care sector (Heckman 2017; Setyonaluri et al. 2021; Cameron, Suarez & Rowell 2019; World Bank 2021; IMF 2022a).

Since 2003, the Indonesian Government has prioritised and increased public spending on early childhood education. Not only has this increased enrolment rates, but it has also been positive for the labour force and women's employment – an additional preschool per 1,000 children is associated with increased total productivity of manufacturing plants by 11% (Cali et al. 2022) and probability of women being employed by 9.1% (Halim et al. 2022).

Despite its important benefits, the enrolment of children in ECEC is relatively low and tends to be higher in certain demographic groups. Older children from five to six years' old are more likely to be enrolled in ECEC. In 2020, 7 out of 10 children aged five to six had been enrolled in ECECs, compared with just 2 out of 10 among those aged three to four, and 1 out of 10 among those under two. At the same time, the number of ECEC facilities ready to provide childcare and education services is limited, particularly those that offer the full-day services needed by working parents. There are only 6.8 ECEC places available for every 1,000 children up to six years old in Indonesia. Where they are available,

existing full-time services are unaffordable for low-income earners. While ECEC depends on private sector provision, huge barriers to entry persist due to problems with licensing and registration. For trust and accountability, existing accreditation and quality standards for creches are in dire need of improvement. Employment in the ECEC section is highly feminised and inadequately remunerated.

While investment is urgently needed to pave the way for quality and affordable child-care solutions for parents with young children, Indonesia's annual government budget allocated for ECEC is roughly 0.033% of its GDP, as at 2020. This is almost half that of the average spending in OECD countries in 2017, which reached 0.7% of the GDP. Furthermore, existing funding is directed to 'early child education', catering to children 3-5. There is very limited funding available for younger age group, between 0-2. Indonesia needs to generate more finances to be able to spend at the level of other OECD countries (Prospera and CIPS 2022).

Nevertheless, a recent policy development in Indonesia showcases its growing recognition of care being a shared responsibility – coincidentally as it emerges from the Covid-19 pandemic. The Welfare of Women and Children (KIA) draft bill aims to enhance protection for mothers by increasing paid maternity leave from three to six months, it also has rules about the right to breastfeed, paternity leave, and the provision of childcare services in public places. This draft bill has been accepted in the Indonesian House of Representatives' 2023 Priority National Legislation Program (Prolegnas). Furthermore, under Indonesia's G20 presidency, the care economy was recognised as one of three important themes for boosting women's economic empowerment during the Ministerial Conference on Women's Empowerment. The challenge ahead will be to ensure these reforms lead to multi-sectoral actions to enhance access to affordable and quality services for all, while upgrading skills and decent work conditions for care givers.

3.6. Mitigate against rising food insecurity propelled by the pandemic and further threatened by global conflict escalation and climate change

Ensure support for at-risk households, particularly those with children

Food insecurity is not only about availability, but affordability. Protection against children's stunting and malnutrition starts with continuing existing measures (e.g. Kartu Sembako and PKH) with the same, if not enhanced coverage and resources through vertical or horizontal expansion. Providing school food and nutrition programs could also be considered based on lessons from peer countries. For instance India's School Feeding Program, which targets 140 million children in government-assisted schools across India, has been credited with improving child nutrition, literacy and school enrolment across generations (IFPRI 2021).

Ease supply side restrictions in the short term and invest in healthy and sustainable food systems in the long run

In the short term, continue to closely monitor supply and the price of staple foods, make data-informed policy decisions, work with the logistics network to mitigate against supply disruptions, and support workers to continue production. Strengthen local food production and processing, especially that which smallholder family farmers are responsible for. Enhance the food supply chain system with improved storage and distribution methods that effectively address spoilage and transportation damage, thereby lessening the incidence of food loss. Support the diversification of crops through sustainable food production and natural resources management (WHO 2020).

These short-term measures must be complemented with lasting efforts to make Indonesia's food production systems more resilient to the adverse effects of climate change to protect food security and nutritional outcomes. There is indisputable evidence that adopting measures to lower the price of healthy food relative to unhealthy food is paramount to boosting its consumption. Based on a systemic review of authoritative literature on the issue, Afshin et al. (2017) showed that a 10% price decrease is associated with increased consumption of healthy foods by 12%, while

a 10% price increase in sugar-sweetened beverages decreased its consumption by 7%. Such changes in consumption can be achieved through a combination of measures on the supply and demand side, including provision of agricultural subsidies to farmers who produce healthy crops, and integrating the produce of such farmers into public food procurement. For unhealthy food, measures include increasing taxes or restricting its production and therefore consumption.

3.7. Recoup learning loss for children

Devise extraordinary immediate actions to monitor learning indicators and encourage children to return to school

As schools reopen, monitor attendance and enrolment to minimise dropout rates and take any necessary actions to bring back students who have not returned. Roll out national re-enrolment campaigns by tying in-person school attendance with conditional cash transfer programs. Conduct learning assessments to determine the extent and nature of learning loss and the learning gaps that need to be filled immediately.

Improve learning efficiencies

Develop a consolidated curriculum in line with age-appropriate learning needs and fill the gaps created during the pandemic. During implementation, teaching instruction time may be extended to catch up (e.g. Kenya introduced a fourth term and reduced the number of school holidays; Mexico scaled up a summer catch-up program to ease students back to school). Finally, targeted instruction, structured pedagogy, small group tutoring, and self-guided learning programs may help students in their remedial endeavours.

To remedy the learning losses students incurred during the pandemic, in July 2022 Indonesia's Ministry of Education, Culture, Research and Technology enacted the new curriculum – *Kurikulum Merdeka Belajar* – in phases. The new curriculum allows teachers the flexibility of teaching students based on their learning progress, while utilising the materials supported by the government. It also integrates a high-tech and high-touch approach to learning, digitalising its learning materials and assessments for wider learning coverage, while making sure that teachers have someone they can consult with on how best to implement it.

Moving forward, it is important for the roll out of *Kurikulum Merdeka Belajar* to be complemented with intensification of teacher training and socialisation of the curriculum, providing teachers with support they needed to implement it, and improvement in internet infrastructure at the larger scale.

3.8. Transition to the new normal by safeguarding the health of children and pregnant women

As the healthcare system transitions to the new reality, integrate innovations and solutions created during the pandemic to provide a comprehensive safeguard for children and pregnant women

With solid Covid-19 vaccination levels and high compliance with health protocols in Indonesia, the healthcare system can start to shift its focus to maintaining its resilience amid the transition to the new reality. Possible mutations of the virus in the future remain a threat, not only to the stability and capacity of the healthcare system but also to the delivery of essential healthcare services for children and pregnant women. Thus, designing a comprehensive preparedness plan as informed by previous innovations and solutions during the pandemic could help ensure the longevity of healthcare services that provide physical and mental health support amid similar shocks (KPMG 2020).

Between 2020 and 2022, Indonesia saw the proliferation of virtual healthcare, digitalising its healthcare system to some extent with its contact-tracing app, *PeduliLindungi*. This has allowed many Indonesians to gain access to remote services for their physical and mental health, thus increasing the level of engagement between doctors and patients notwithstanding the location. Integrating such innovations into the healthcare service may support improvements to the system during the recovery and transition out of the pandemic phase and in the long term. Families with children could benefit from vaccination reminders and having digital vaccination certificates, while pregnant women could use routine reminders for maternity check-ups.

On the other hand, there is a need to recognize and cover telehealth options, including remote mental

health services, in the national health insurance (*Jaminan Kesehatan Nasional*). This would further widen the reach and ensure the affordability of primary healthcare services, including those for children. In parallel, doubling the focus on combating the digital divide could help more people benefit from digitalisation of the healthcare system. This could be done by making sure affordable internet services are available and ensuring better usability and accessibility to improve the uptake of new technologies, complemented by comprehensive monitoring and continued evaluation (ITU 2022).

3.9. Support citizens with a disability

Recover better with social protection and labour market policies that are disability inclusive

Ensure that social protection assistance considers the extra cost of living with a disability. Increase access to disability identification, including simplification of assessment and application. Provide targeted measures for women and girls with disabilities. Promote employment for people with disabilities by offering education and re-skilling in technology-related skills while ensuring the enactment of 'reasonable accommodation' in various aspects of employment. This may include a guarantee of equal opportunity at the application stage, installing appropriate facilities in the workplace (e.g. ramps, communications technology) and protecting people with disability from discriminatory conduct.

Ensure equal access to healthcare for people with a disability

Promote the financial feasibility and implementation of a universal health coverage system that include services tailored to the needs of people with disabilities, financial risk protection, and access to high-quality healthcare, affordable medicines, and assistive technology (AT). Ensure delivery of healthcare to people with disability, especially those with financial constraints, by facilitating access to transportation and providing affordable home services. Recognise AT items as essential health products and services by making them accessible and affordable and integrated within the healthcare system. Establish independent and effective monitoring with disability-disaggregated data for early identification of adverse negative impacts.

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MODULE HOUSEHOLD. HOUSEHOLD'S MEMBER INFORMATION

HOUSE HOLD1	HOUSEHOLD 2	HOUSEHOLD 2a	HOUSEHOLD 3	HOUSEHOLD 4	HOUSEHOLD 5	HOUSEHOLD 6	HOUSEHOLD 7	HOUSEHOLD 8
PID	Name	3. Does [...] still live in this household? 1. Yes 2. Has moved → Next ART 3. Deceased → Next ART 4. New household	Relationship with the household head	Age (in year) Age below 1 year is written 0	Sex	Marital Status	Highest education level (last certificate/diploma)	During the past week, is [Household member name] working/running a business? 1. Working, as the main breadwinner (the breadwinner who contributes the most to the household income) 2. Working, as the secondary/additional breadwinner 3. Not working IF THE RESPONDENT ANSWERS TO 2 & 3, IT WILL BE RANDOMIZED (1 RESPONSE TO ANSWER TO MODULE F)
1		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
2		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
3		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
4		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
5		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
6		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
7		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
8		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
9		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
10		1 2 3 4	1 2 3 4 5 6 7 8	___	1 2	1 2 3 4	1 2 3 4 5 6 7 8	1 2 3
		Household Code 3: 1. Head of the household 2. Wife/husband 3. Child/stepchild/adopted child 4. Child-in-law 5. Grandchild 6. Mother/father 7. Mother-/father-in-law 8. Other member of the household			Household Code 5 1. Male 2. Female	Household Code 6 1. Married 2. Single 3. Divorced 4. Widowed	Household Code 7 1. Never/not attended school 2. Never attended/not completed elementary school 3. Elementary school or education of the same level (MI/Paket A) 4. Junior high school or education of the same level (MTS/Paket B) 5. Senior high school or education of the same level (SMK/MA/Paket C) 6. Diploma Degree (D1/D2) 7. Academy Degree (D3, D4) 8. Bachelor/master/doctoral degree (S1, S2, S3)	

MODULE F. EMPLOYMENT AT THE INDIVIDUAL LEVEL

We proposed questions to each household member aged 15 and above, a maximum of two persons per household. The head of the household/wife/spouse may represent. The first person is the main breadwinner (Household8 = 1), and the second person is one member of the household that is randomly selected.

	F1	F2	F3	F4	F5	F6	F7	F8	F9
PID	<p>Is [Household Member Name] currently working/running a business from home?</p> <p>1. Fully working from home → F6</p> <p>2. Taking turns working from home and workplace → F6</p> <p>3. Fully working from workplace → F6</p> <p>4. N/A (NOT WORKING DURING THE PAST WEEK)</p> <p><i>The workplace can be an office, factory, market, paddy field, sea, etc.</i></p>	<p>During the past week, does [Household MemberName] actually have a job/run a business but temporarily not working/running a business?</p> <p><i>(It includes lay-off without guarantee, either being fired or not.)</i></p> <p>1. Yes, due to COVID-19 motive</p> <p>2.. Yes, due to non-COVID-19 motive</p> <p>3. No, have to attend school → F8</p> <p>4. No, taking care of the household → F8</p> <p>5. No, did not work previously → F8</p>	<p>If [Household Member Name] is temporarily not working, when was the last month did you work on a job/run a business??</p>	<p>Is [Household Member Name] still getting income/salary/ wage during the temporary period of not working/running a business?</p>	<p>Is there any guarantee/certainty for [Household Member Name] to return to current work/run the current business?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't Know</p>	<p>What is the field of business/main field where [Household Member Name] work/run a business?</p> <p><i>If [Household Member Name] is temporarily not working [F1=4], the information on work is filled with the description of work temporarily abandoned by the respondent.</i></p>	<p>What is the status/position of [Household Member Name] on the main job?</p> <p><i>If [Household Member Name] is temporarily not working [F1=4], the information on work is filled with the description of work temporarily abandoned by the respondent.</i></p>	<p>Is [HOUSEHOLD MEMBER NAME] looking for a job or preparing to do business within the past week?</p> <p>1. Yes, looking for a job</p> <p>2. Yes, preparing to do business</p> <p>3. Yes, both</p> <p>4. No</p>	<p>Since the launching of the pre-employment card program, has [Household Member Name] received or attended the program?</p> <p>1. Yes, received in 2020</p> <p>2. Yes, received in 2021</p> <p>3. Not received but have registered</p> <p>4. Not received nor have I registered</p> <p>5. DON'T KNOW</p> <p>(ASKED TO HOUSEHOLD MEMBERS OF A MINIMUM OF 18 YEARS OLD)</p>
	1 2 3 4	1 2 3 4 5	<input type="text"/> Month <input type="text"/> Year	1 2 3 4 5 6	1 2 8	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7	1 2 3 4	1 2 3 4 8
	1 2 3 4	1 2 3 4 5	<input type="text"/> Month <input type="text"/> Year	1 2 3 4 5 6	1 2 8	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7	1 2 3 4	1 2 3 4 8
	Code F4: 1. Yes, the amount is the same as the income when working 2. Yes, >0–25% of the income when working 3. Yes, >25-50% f the income when working 4. Yes, >50-75% f the income when working 5. Yes, >75-<100% 6. Did not receive at all		Code F6 1. Agriculture, Platation, Forestry, Hunting & Fishery 2. Mining and Quarry 3. Industry 4. Electricity, Gas and Drinking Water 5. Construction 6. Trade, Restaurant and Accommodation Services		7. Transportation, Warehouse and Communication 8. Financial Agency, Real Estate, Leasing/ Rental Business and Company Services 9. Community, Social, and Individual Services		Code F7: 1. Run a business 2. Run a business with a non-permanent/family/unpaid worker 3. Run a business with a permanent/paid worker 4. Laborer/employee 5. Casual hired labor in agriculture sector 6. Casual hired labor in non-agriculture sector 7. Family/unpaid worker		

MODULE G. CHILD AND EDUCATION (INDIVIDUAL)

We proposed questions to each household member aged 5-18, a maximum of two children per household. The head of the household/wife/spouse may represent.

	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	G13
PID	Is [Household Member Name] currently attending school? 1. Never/have not attended school → G13 2. Attending school 3. Not attended school anymore → G3	What is the highest education level being attended?	Did [Household Member Name] attend school during the past academic year? (2020/2021) 1. Yes → G4 2. No IF G1 = 3 → G13. IF G1 = 2 → G6	If [Household Member Name] attended school in the past academic year, what was the education level being attended? IF G1=2 AND G3=1, SKIP TO G6	If [Household Member Name] did not attend school in the current academic year, what was the cause? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER. ALL ANSWERS TO PROCEED TO G13	Is [Household Member Name] currently attending school/going to university in-person? [G1=2] 1. Yes, all learning and teaching (KBM) activities are done in-person → G10 2. Yes, Some KBM activities are done in-person 3. No, all KBM activities are done online	Since November 2020 (first round survey), what are situational challenges for children in this household when learning from home/online? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER	Since November 2020 (first round survey), what are resources challenges for children in this household when learning from home/online? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER	How frequently does [Household Member Name] do KBM activity online within the past week? 1. Every day 2. 4-5 days 3. 2-3 days 4. 1 day IF G6=3 SKIP G11	How frequently does [Household Member Name] do KBM activity in-person? 1. More than 4 days a week 2. 2-4 days a week 3. Once a week 4. Only few times a month	Approximately, how many hours are spent doing KBM activity on the KBM days a week?? 1. More than 25 hours 2. Between 15-25 hours 3. Between 5-15 hours 4. Between 2.5-5 hours 5. Less than 2.5 hours	Compared to the pre-COVID-19 pandemic, how is the current learning frequency? 1. Learning frequency is higher than before 2. The same as before 3. Learning frequency is fewer than before 4. Learning stopped 5. DON'T KNOW	Since November 2020, has [Household Member Name] received Program Indonesia Pintar (PIP)/Smart Indonesian Program? 1. Yes, has received since 2020 2. Yes, just received in 2021 3. Not received
	1 2 3	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6	1 2 3 4 5 6 A B C D E F G H I J K L W	1 2 3	1 2 3 A B C D E W	A B C D W	1 2 3 4	1 2 3 4	1 2 3 4 5	1 2 3 4 8	1 2 3
	1 2 3	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6	1 2 3 4 5 6 A B C D E F G H I J K L W	1 2 3	1 2 3 A B C D E W	A B C D W	1 2 3 4	1 2 3 4	1 2 3 4 5	1 2 3 4 8	1 2 3
Code G2 & G4 1. Pre-school/ Kindergarten (TK/ PAUD) 2. Elementary school (SD/SDLB/MI/Paket A) 3. Junior High School (SMP/SMPLB/MTs/ Paket B) 4. Senior High School (SMA/SMALB/SMK/ MA/Paket C) 5. Diploma Degree (D1-D3) 6. Bachelor Degree (Sarjana (S1))	Code G5 A. Too young or has not had quota/allocation as the zonation is based on age B. Disabilities/sick C. Not being qualified due to insufficient score D. No school/school is too far E. Not being able to pay tuition fee F. Scared of getting infected with COVID-19 G. Find remote learning system difficult H. Working	I. Has to take care of the household/household member J. Married K. Bullying L. Not interested in attending school or thinking that education is not important W. N/A	Code G7 A. Surrounding environment/neighborhood has no conducive situation B. Child is less motivated to learning C. Child cannot be focused when learning D. Parents have limited time to accompany /help children to learn E. Parents' limited capacity in teaching/helping children to learn W. HAVE NO CONSTRAINTS	Code G8 A. Has no supporting/sufficient learning devices B. Have to use devices in turn C. Limited Internet quota D. Poor Internet network W. HAVE NO CONSTRAINTS									

MODULE K. CHILD AND EDUCATION (HOUSEHOLD)

We proposed questions to the household having children in it (having household members aged 5-18)

K12a	<p>INTERVIEWER'S NOTE: DOES THIS HOUSEHOLD HAVE A MEMBER AGED 5-18 WHO IS CURRENTLY ATTENDING SCHOOL?</p>	<p>1. Yes 2. No → K14</p>
K12	<p>Since November 2020 (first round survey), who usually does accompany a child when learning at home?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Father of the child B. Mother of the child C. Elder sister/brother of the child D. Other male adults in the household E. Other female adults in the household F. Family/neighbor outside the household G. Child is sent to daycare or islamic boarding school (pesantren) → K14 H. Paid child carer → K14 I. By child own self (unaccompanied) → K14 V, Others, _____ → K14</p>
K13	<p>If a family or neighbour takes care of and accompanies or helps children learn at home, what is the motivation behind such an act?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Obligated by school B. Voluntarily/child's initiative C. Voluntarily/parents' initiative</p>
K14	<p>Since November 2020 (first round survey), what kind of child's behaviour has changed?</p> <p>PILIHAN JAWABAN BOLEH DIBACAKAN, JAWABAN BOLEH LEBIH DARI SATU</p>	<p>A. Become bad-tempered or more rebellious B. Become more emotional or look depressed C. Harder to concentrate D. Loss appetite E. Harder to sleep F. Become lazier G. Become more independent (study by or take care of themselves) H. Become more technology savvy (e.g. computer, HP, internet) W. Nothing changed/the behavior remains good in general</p>

MODUL C. EKONOMI RUMAH TANGGA (KEUANGAN DAN ASET)

<p>C1</p>	<p>Since November 2020 (first round survey), what is the biggest impact of the COVID-19 pandemic on this household?</p>	<ol style="list-style-type: none"> 1. Loss of job/reduced income 2. An increase in workload and household chores 3. Disturbance in physical health conditions 4. Disturbance in physical health conditions (stressed) 5. Disturbance in child's education 6. Difficulties in accessing healthcare services, including children's growth and development ones 7. Difficulties in accessing other public services 8. Loss of family member 95. Others, _____ 96. NONE
<p>C2</p>	<p>Who has done the most household chores (e.g., cooking, washing, and taking care of children and the elderly)?</p>	<ol style="list-style-type: none"> 1. Household member [HOUSEHOLD MEMBER NAME PRELOAD] 2. Household helper who does not live in this household 3. Divided equally among all household members 4. Others people outside this household
<p>C3</p>	<p>Since November 2020 (first round survey), has there been a difference in the time you spend doing household chores? (Mention the answer to C2)</p>	<ol style="list-style-type: none"> 1. Spending more time than before 2. Time spent is just the same 3. Spending less time than before
<p>C4</p>	<p>In general, how was the decision regarding who does the household chores (such as cooking, washing, and taking care of children/the elderly) been made?</p>	<ol style="list-style-type: none"> 1. Decided together by all members of the household 2. Decided by the household head and his/her spouse 3. Decided by the household head alone 4. Decided by the household head's spouse alone 5. Decided by an older member of the household
<p>C5</p>	<p>Since November 2020 (first round survey), does the household have additional income other than salary, wage, or business profit? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ol style="list-style-type: none"> A. Pension money B. Money transfer from family/family's assistance C. Scholarship fund D. Gain on investment E. Social assistance from the government F. Social assistance from the non-government V. Others W. No other incomes

<p>C6</p>	<p>Has your household's average income on July 2021 (during social restrictions/PPKM Darurat) changed when compared to November 2020 (first round survey)?</p> <p>[ALL INCOMES – FROM WORKING AND NON-WORKING INCOME – SOCIAL ASSISTANCE, GIVING/DONATION, ETC.) – JULY = SOCIAL RESTRICTIONS/PPKM DARURAT]</p>	<ol style="list-style-type: none"> 1. July 2021's income is higher than in November 2020 2. July 2021's income is the same as in November 2020 → C8 3. July 2021's income is lower than in November 2020
<p>C7</p>	<p>If your income is higher or lower [C6 = 1 or 3] than your income in November 2020, what is the average percentage of the change of July 2021?</p>	<ol style="list-style-type: none"> 1. 0-25% 2. >25%-50% 3. >50%-75% 4. >75%-100%
<p>C8</p>	<p>Has your current household's average income changed when compared to November 2020 (first round survey)?</p>	<ol style="list-style-type: none"> 1. Current income is higher than in November 2020 (first round survey) 2. Current income is the same as in November 2020 (first round survey) → C10 3. Current income is lower than in November 2020 (first round survey)
<p>C9</p>	<p>If your current income is higher or lower than your income in November 2020 (first round survey) [C8 = 1 or 3], what is the average percentage of the change of current income?</p>	<ol style="list-style-type: none"> 1. 0-25% 2. >25%-50% 3. >50%-75% 4. >75%-100%
<p>C10</p>	<p>Since November 2020 (first round survey), what have the household members been doing to make ends meet?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ol style="list-style-type: none"> A. Borrowing money from relatives or friends B. Borrowing money from a bank or a loan shark C. Looking for side jobs D. Preparing/setting up a new business E. Seeking/applying for assistance from the government F. Seeking/applying for assistance from non-governmental parties G. Using severance or savings H. Changing the allocation of consumption I. Reducing food expenditures J. Reducing non-food expenditures K. Selling or pawning belongings L. None of the above W. Not applicable because the household's needs are met
<p>C11</p>	<p>Does your household have enough savings or liquid assets to support the household right now?</p>	<ol style="list-style-type: none"> 1. Yes, enough to sustain my household for more than 6 months 2. Yes, enough to sustain my household for 4-6 months 3. Yes, enough to sustain my household for 1-3 months 4. Yes, enough to sustain my household for less than one month 5. No

C12	Currently, does your household have the following items:		
	a) Gas cylinders with a capacity of 5.5 kg or higher	1. Yes	2. No
	b) Refrigerator	1. Yes	2. No
	c) Air Conditioner	1. Yes	2. No
	d) Water heater	1. Yes	2. No
	e) Smartphone	1. Yes	2. No
	f) Landline/home phone (PSTN)	1. Yes	2. No
	g) Computer or laptop	1. Yes	2. No
	h) Gold or jewelry of at least 10 grams of weight	1. Yes	2. No
	i) Motorcycle	1. Yes	2. No
	j) Boat	1. Yes	2. No
	k) Motorboat	1. Yes	2. No
	l) Car	1. Yes	2. No
	m) Flat-screen television of at least 30 inch width	1. Yes	2. No
	n) Farmland or land, including the one on which the house stands, fishpond, and plantation land.	1. Yes	2. No
o) Livestock that can be sold: <i>chickens/fish/cows/goats/buffaloes/pigs/horses/ducks.</i>	1. Yes	2. No	

C13	Since November 2020 (first round survey), to make ends meet, have you ever sold or pawned the following assets:		
	a. Jewelry	1. Yes 2. No	96. N/A
	b. Vehicles	1. Yes 2. No	96. N/A
	c. Electrical home appliances	1. Yes 2. No	96. N/A
	d. House or land	1. Yes 2. No	96. N/A
	e. Livestock <i>Make sure that the livestock is sold for daily needs and not because of Eid al-Adha or other ceremonials.</i>	1. Yes 2. No	96. N/A
C14	Since November 2020 (first round survey), were there your household members who were in debt or took out a non-commercial loan and, since then, have been paying off the debt/loan in installments until now? <i>Debt for consumptive purposes. Commercial loan or debt not included. The said debt refers to the debt owned before November 2020</i>	1. Yes, and have been paying the installments regularly 2. Yes, but unable to pay the installments 3. Yes, and it is temporarily suspended 4. No debt that started before November 2020	
C15	Since November 2020 (first round survey), have any household members of yours been newly in debt or taken out a new non-commercial loan? <i>Debt for consumptive purposes. Commercial loan or debt not included. The said debt refers to the debt made after November 2020.</i>	1. Yes, and have been paying the installments regularly 2. Yes, but unable to pay the installments 3. Yes, and it is temporarily suspended 4. No debt that started before November 2020	
C16	How much is your household's food expenditure in the past week? Enumerator probing into the household's daily/weekly food expenses. Enumerator can start probing into it from a range of values, then ask the respondent the exact nominal values.	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 97. REFUSE TO ANSWER 98. DON'T KNOW	
C17	How much is your household's non-food expenditure in the past month? Enumerator should probe into the household's daily expenses for items other than food, such as baby necessities, communication, transportation, health, education, social activities, donations, and others.	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 97. REFUSE TO ANSWER 98. DON'T KNOW	
C18	How much is your household's nett income from working/business by all household members in the past month? Enumerator can start probing into it from a range of values, then ask the respondent the exact nominal values	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 97. REFUSE TO ANSWER 98. DON'T KNOW	

MODULE D. HOUSEHOLD CONSUMPTION

D1	I will propose some questions on the access to food since November 2020 (first round survey).					
	1. Yes, because of the COVID-19 pandemic 2. Yes, because of other reasons	3. No 4. Don't know	97. Refuse to answer			
a.	Since November 2020, have you or other members of the household ever been worried that you will not have enough food/grocery stocks to eat because of lack of money or other resources?	1	2	3	4	5
b.	Since November 2020, have you or other members of the household ever been unable to eat healthy and nutritious food because of lack of money or other resources?	1	2	3	4	5
c.	Since November 2020, have you or other members of the household ever eaten an unvaried diet because of lack of money or other resources?	1	2	3	4	5
d.	Since November 2020, have you or other members of the household skipped a meal on a particular day because of lack of money or other resources to get food?	1	2	3	4	5
e.	Since November 2020, have you or other members of the household ever eaten smaller portions than usual because of lack of money or other resources?	1	2	3	4	5
f.	Since November 2020, have the household ever been run out of food because of lack of money or other resources?	1	2	3	4	5
g.	Since November 2020, have you ever felt hungry but did not eat because of lack of money or other resources?	1	2	3	4	5
h.	Since November 2020, have you ever not eaten for a whole day because of lack of money or other resources?	1	2	3	4	5
D2	Has your household's average expenditure in July 2021 (during social restrictions/PPKM Darurat) changed when compared to November 2020?	1. Juli 2021's expenditure is higher than in November 2020 2. Juli 2021's expenditure is the same as in November 2020 → D4 3. Juli 2021's expenditure is lower than in November 2020				

D3	If it is higher or lower [D2 = 1 atau 3] than your income in November 2020, what is the average percentage of the change of July 2021's income?	<ol style="list-style-type: none"> 1. 0-25% 2. >25%-50% 3. >50%-75% 4. >75%-100%
D4	Has your current household's average expenditure changed when compared to November 2020 (first round survey) ?	<ol style="list-style-type: none"> 1. Current expenditure is higher than in November 2020 2. Current expenditure is the same as in November 2020 → D_CHECK1 3. Current expenditure is lower than in November 2020
D5	Has your current household's average expenditure changed when compared to November 2020 (first round survey) ?	<ol style="list-style-type: none"> 1. 0-25% 2. >25%-50% 3. >50%-75% 4. >75%-100%
D_ CHECK 1	NOTE, IS D2=1 OR D4=1?	<ol style="list-style-type: none"> 1. Yes 2. No → D_CHECK 2
D6	<p>[Only for D2=1 or D4=1] Since November 2020 (first round survey), which of your household's expenditures have increased or become higher than usual?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ol style="list-style-type: none"> A. Expenses for groceries and daily needs B. Expenses for utilities C. Expenses for cell phone credit or internet package D. Transportation expenses E. Health expenses F. Education expenses G. House or room rent payments H. Donation or charitable expenses I. Seed money J. Installments or debt repayments V. Others, _____ <p>WHICHEVER THE ANSWER → D8</p>
D_ CHECK 2	NOTE, IS D2=3 OR D4=3	<ol style="list-style-type: none"> 1. Yes 2. No → D8

<p>D7</p>	<p>[Only for D2=3 or D4=3] Since November 2020 (first round survey), which of your household's expenditures have decreased or become lower than usual?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ul style="list-style-type: none"> K. Expenses for groceries and daily needs L. Expenses for utilities M. Expenses for cell phone credit or internet package N. Transportation expenses O. Health expenses P. Education expenses Q. House or room rent payments R. Donation or charitable expenses S. Seed money T. Installments or debt repayments V. Others, _____
<p>D8</p>	<p>Since November 2020 (first round survey), has your household allocated expenses for the new normal adaptation every month?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ul style="list-style-type: none"> A. Expenses for masks B. Expenses hand sanitizer and hand wash C. Transportation expenses to school D. Transportation expenses to office E. COVID-19 screening expenses V. Others, _____ W. Did not allocate expenses for new normal adaptation

MODUL B. BANTUAN SOSIAL RUMAH TANGGA (REFERENSI WAKTU: JANUARI 2021)

B1	Has this household received the following social assistance programs from the government?	
	a. What kind of cash assistance have you received since January 2021? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER	A. Received Direct Cash Transfers-BLT-Desa/BLT-DD B. Received Social Cash Assistance (BST) C. Cash transfers from Provincial Government (Pemprov), District Government (Pemkab), or Village/Subdistrict Government (Pemdes/Kelurahan) D. Received cash transfers but do not know which program W. Did not receive cash transfers mentioned above
	b. Family of Hope (PKH) Program	1. Yes, have received since 2020 2. Yes, just received in 2021 3. No longer received (due to the graduation or other reasons) 4. Never received at all
	c. Have you received wage subsidy since January 2021?	1. Yes 2. No 96. Irrelevant because no Household Member registered in BPJS Ketenagakerjaan
B_ Check_1	INTERVIEWER'S NOTE: HAS THE HOUSEHOLD RECEIVED DIRECT CASH TRANSFER BLT-Desa/BLT-DD? If B1==A	1. Yes 2. No → B3
B2	How many times has this household received BLT-Desa in 2021?	1. <input type="text"/> Times 8. Don't Know
B3	In 2021, how many household members attended Program Padat Karya Tunai Desa/Village Labor Cash Intensive Program? [HOUSEHOLD MEMBER NAME PRELOAD]	B3A. How many times the household member attended Program Padat Karya Tunai Desa?
	a. HOUSEHOLD MEMBER NAME1 b. HOUSEHOLD MEMBER NAME2 c. HOUSEHOLD MEMBER NAME3 d. HOUSEHOLD MEMBER NAME4 e. HOUSEHOLD MEMBER NAME, etc. W. N/A (NO HOUSEHOLD MEMBER ATTENDED PROGRAM PADAT KARYA TUNAI DESA → B_Check_2	a. <input type="text"/> Times 8. DON'T KNOW b. <input type="text"/> Kali 8. DON'T KNOW c. <input type="text"/> Times 8. DON'T KNOW d. <input type="text"/> Times 8. DON'T KNOW e. <input type="text"/> Times 8. DON'T KNOW

B9	Since January 2021, has this household received the following assistance programs from the government?	
	a. Staple food assistance (Program Sembako)/BPNT	1. Has received since last year/ 2020 2. Has received in July 2021 3. Has not received
	b. Rice assistance/Beras PPKM of July 2021	1. Yes 2. No
	c. Food assistance from Pemprov, Pemkab, or Pemdes/ Kelurahan,	1. Yes 2. No
	d. Internet package assistance from government/school/ education institution	1. Yes 96. N/A 2. No
	e. Income or business tax deduction,	1. Yes 96. N/A 2. No
	f. Deferment of installments	1. Yes 2. Did not make use of it or did not receive even though under an installment plan 96. Did not have installments
B10	What is the installed capacity of the PLN's (State-owned Electricity Company) electricity in this house ?	1. 450 watts 2. 900 watts 3. 1300 watts → B_check_3 4. 2200 watts → B_check_3 5. More than 2200 watts → B_check_3 6. Do not have an electricity meter/use neighbor's electricity → B_check_3 7. Not using electricity from PLN/no electricity at this house → B_check3
B11	If the household has 450 watts or 900 watts electricity [B10=1,2], since January 2021, has the household received free electricity or electricity bill discounts?	1. Yes 2. No 8. Don't Know
B_ check_3	INTERVIEWER'S NOTE: HAS THE HOUSEHOLD RECEIVE SOCIAL RICE ASSISTANCE PPKM JULY 2021? Requirement: B9 part b = "Yes"	1. Yes 2. No → B_check_3

MODULE E. HOUSEHOLD'S MICRO AND SMALL BUSINESS

E1	Are there any members of your household who own a business? If there is more than one business, choose the main one or the one which give the highest income.	<ol style="list-style-type: none"> 1. Yes, managed by household member 2. Yes, managed by other (non-household member) → E3 3. No → Module H
E2	Who does own the business? Mention all business owners. [HOUSEHOLD MEMBER NAME PRELOAD]	HOUSEHOLD MEMBER NAME
E3	When did the business begin?	<ol style="list-style-type: none"> 1. More than 10 years ago 2. 5-10 years ago 3. Less than 5 years until before March 2020 4. March 2020 - November 2020 5. December 2020 - August 2021 6. Starting September 2021 → E5
E4	Which period did you find the most challenging in running the business?	<ol style="list-style-type: none"> 1. November 2020 – Before the PPKM Darurat (July 2021) 2. PPKM Darurat (July 2021 - August 2021) 3. September 2021 – to date
E5	What made this household member decide to start a business? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.	<ol style="list-style-type: none"> A. Losing his/her main income B. Looking for additional income C. Making use of his/her free time D. Inspired by/following colleagues E. Helping others /surrounding neighborhood F. Additional income V. Others
E6	How is the business operating currently? Probing if the business is open, do they apply health protocols i.e. wearing mask, etc.	<ol style="list-style-type: none"> 4. Open/taking orders as usual 5. Open as usual, while applying health protocol 6. Open for a limited operating hours or with a limited capacity, while applying health protocols. 7. Temporarily closed 95. Others

E7	<p>What is its line of business?</p>	<ol style="list-style-type: none"> 1. Agriculture, Plantation, Forestry, Hunting & Fisheries 2. Mining and Quarrying 3. Industry 4. Utilities 5. Construction 6. Trade, Restaurants, and Accommodation Services 7. Transportation, Warehousing and Communication 8. Financial Institutions, Real Estate, Rental Business & Corporate Services 9. Community, Social and Individual Services
E8	<p>Since November 2020, is there any difference in how you market your products?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.</p>	<ol style="list-style-type: none"> A. Adding social media marketing such as, Instagram, Facebook, WhatsApp, and Line B. Adding marketplace marketing/sales such as Tokopedia, Shopee, and Bukalapak C. Adding marketing through online delivery service apps (GoFood and GrabFood) D. No changes, already use online platforms before E. No changes, only conventional marketing (selling products face-to-face) F. Stockpiling products while waiting for the moment to sell V. Others, _____
E9	<p>Since November 2020 (first round survey), what effects does the COVID-19 pandemic have on the business?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.</p>	<ol style="list-style-type: none"> A. Buyers increase B. Buyers decrease C. Operating and raw material costs increase D. Operating and raw material costs decrease E. Goods delivery/distribution is difficult F. Raw material availability is disrupted G. Revenues increase H. Revenues decrease I. Capital decreases J. Cannot pay business installment loans K. Others, _____ L. Not applicable (not affected by the COVID-19) → E11

<p>E10</p>	<p>If the COVID-19 pandemic affects the business [E9≠W], since November 2020 (first round survey), what strategies have been carried out to deal with it?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.</p>	<ul style="list-style-type: none"> A. Reducing the number of employees (laid off) B. Temporarily laying off some employees C. Increasing the number of employees D. Not paying employees E. Reducing employee salaries F. Raising employee salaries G. Not giving bonuses/allowance/THR (religious holiday allowance) H. Reducing less important purchases/expenses I. Reducing/adjusting business hours J. Selling online/via apps K. Reducing seed money/selling assets L. Increasing seed money/buying assets M. Replacing the product N. Temporarily closing business V. Others W. Not applicable (No specific strategy is applied)
<p>E11</p>	<p>Since November 2020 (first round survey), does the business currently have outstanding debts or loans?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ul style="list-style-type: none"> A. From family or friends B. From common venture or cooperatives C. From commercial banks, KUR (People's Business Credit) program D. From commercial banks or credit banks/BPR, programs aside from KUR E. From leasing F. From pawnshops G. From online loans H. From microcredit programs such as: Mekaar, UMI for seed money I. From loan sharks J. From village-owned enterprises (BUMDes) W. Have no business debts/loans → E13
<p>E12</p>	<p>Since November 2020 (first round survey), can you make the next installment payment regularly?</p>	<ul style="list-style-type: none"> 1. Yes, I can 2. No, I can't 3. It's being suspended
<p>E13</p>	<p>Do you know or did you receive any cash assistance (BLT) for medium, small, and micro-scale enterprises/UMKM/BPUM?</p>	<ul style="list-style-type: none"> 1. Received BLT UMKM/BPUM 2. Know of, but did not receive it → E17 3. Know of, but do not know how to apply → E17 4. Know of, but did not apply because it is not needed → E17 98. Do not know about any assistance → E17

MODULE H. HOUSEHOLD'S HEALTH

H1	Since November 2020 (first round survey) , has any household member of yours gotten sick or needed health services (getting medical treatment, toddler immunization, routine checkup, or therapy)?	1. Yes 2. No
H2	Since November 2020 (first round survey) , has any household member of yours visited/accessed healthcare facilities or been visited by a health worker?	1. Yes 2. No → H6_CHECK
H3	Who visited/accessed healthcare facilities since November 2020 (first round survey) ? [HOUSEHOLD MEMBER NAME PRELOAD]	A. HOUSEHOLD MEMBER NAME 1 B. HOUSEHOLD MEMBER NAME 2 C. HOUSEHOLD MEMBER NAME
H4	What facilities did they visit/access since November 2020 (first round survey) ? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.	A. Public hospital B. Private hospital C. Private practice (doctor/midwife) D. Clinic/general practice E. Puskesmas/pustu (secondary community health centers) F. UKBM (Poskesdes or village health post, Polindes or village maternity center, Posyandu or center for pre and postnatal healthcare and information, and treatment center) G. Traditional healing clinic H. Pharmacy, laboratory, physical therapy clinic I. Online
H5	For what purpose did your household members visit the healthcare facilities? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.	A. Basic immunization for toddler B. Birth control services (Keluarga Berencana) C. Pregnancy monitoring/examination, childbirth, and post-delivery services D. Regular treatment or therapy, health checkup E. Checking herself/himself on the ailments felt F. Having surgery or inpatients (childbirth not included) G. Going for a health certificate request H. Treatment for COVID-19 I. Having a COVID-19 test (rapid or swab) J. Getting COVID-19 Vaccine
H6_check	Since November 2020 (first round survey) , has there been any household member of yours who needed a health service but did not get it?	1. Yes 2. No → H8
H6	Who were your household members that needed a health service but did not get it? [HOUSEHOLD MEMBER NAME PRELOAD]	A. HOUSEHOLD MEMBER NAME1 B. HOUSEHOLD MEMBER NAME2 C. HOUSEHOLD MEMBER NAME dst

H7	<p>What was the reason or the cause of the household members not getting the health service they needed?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<ul style="list-style-type: none"> A. Being afraid to visit healthcare facilities for fear of being infected with COVID-19 B. Not having enough money for treatment cost C. Not being covered by the insurance or BPJS Kesehatan D. Not having enough money for transportation cost or not having the means of transportation E. Not having someone to accompany herself/himself F. Services needed being unavailable, or the healthcare facilities ran out of vaccines/medicine G. Healthcare facilities being closed or not accepting general patients H. Rejected by hospital/healthcare facilities due to too many patients I. Already done self-medication to treat the ailments or did not feel necessary to go to the health facilities
H8	<p>Since November 2020 (first round survey), has your household member been infected with COVID-19?</p>	<ul style="list-style-type: none"> 1. No household member infected with COVID-19 H10 2. Some household members infected with COVID-19 3. All household members infected with COVID-19 4. Not sure/felt the symptoms of Covid but did not run a test
H9	<p>[If COVID-19, H8=1 infect household members], what do the household members infected with COVID-19 encounter the worst condition?</p>	<ul style="list-style-type: none"> 1. Mild condition, self-isolation at home 2. Severe condition, needed hospital treatment 3. Very serious condition, needed ICU services at hospital 4. There are household members who died 5. The condition is very severe/severe, and requires treatment, but cannot access health facilities for treatment
H10	<p>In the past week, have most household members been practising the following health protocols when doing activities inside and outside the home?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.</p>	<ul style="list-style-type: none"> A. Wearing mask B. Washing hands C. Maintaining social distancing D. Staying away from the crowd E. Limiting mobility and interaction W. Did not apply health protocols
H11	<p>Has the household member aged six and above gotten the COVID-19 vaccine (Minimum 1 dose)?</p>	<ul style="list-style-type: none"> 1. Yes, all household members → H14 2. Yes, some household members 3. No
H12	<p>Who are the household members who have not gotten the COVID-19 vaccine? [HOUSEHOLD MEMBER NAME PRELOAD]</p>	<ul style="list-style-type: none"> A. HOUSEHOLD MEMBER NAME1 B. HOUSEHOLD MEMBER NAME2 C. HOUSEHOLD MEMBER NAME dst.

H13	<p>What was the main reason for the household member not getting the vaccine?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Fear of the side effect (because of old age or for some other reasons)</p> <p>B. No vaccine available in the neighborhood/vaccine location is far</p> <p>C. Do not know how to get vaccine in the neighborhood</p> <p>D. Just recovered from COVID-19</p> <p>E. Did not pass screening test due to pregnancy/breastfeeding or having a congenital disease or below 12 years</p> <p>F. Religious reasons</p> <p>G. Do not think the vaccine is necessary/not trust on it</p> <p>V. Others</p>
H14	<p>Does one of the household members have access to Peduli Lindungi application?</p>	<p>1. Yes, we do</p> <p>2. There is Peduli Lindungi app integrated into another app</p> <p>3. Not yet have, but one of the household members has a smartphone</p> <p>4. No one has a smartphone</p> <p>5. Do not know if the app is installed on the handphone or not</p>
H16	<p>Since November 2020 (first round survey), has any adult household member (17 YEARS and above) of yours felt unhappy, depressed, or experienced excessive anxieties?</p>	<p>1. Yes</p> <p>2. No → H19</p>
H17	<p>What are the reasons why the member of your household exhibits those behaviors?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.</p>	<p>A. A family member or acquaintance was infected with the COVID-19</p> <p>B. Worriedness about being infected with COVID-19 and family's death risk</p> <p>C. Money and job issues</p> <p>D. Children care, development, and education issues</p> <p>E. Household issues (fight, divorce, affairs, etc.)</p> <p>F. Natural disasters (flood, earthquake, fire, drought, etc.)</p> <p>Y. Do not know</p>
H18	<p>If there is a household member who feels anxious, who has provided moral support or counselling?</p> <p>Including accessing health facilities. ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER.</p>	<p>A. Family or relatives</p> <p>B. Friends or neighbors</p> <p>C. Religious or community leaders</p> <p>D. NGOs</p> <p>E. Health workers such as doctors</p> <p>F. Psychologist or psychiatrist</p> <p>G. No one</p> <p>H. Does not need external support</p>
H19	<p>Is there any pregnant or breastfeeding woman in this household?</p>	<p>1. Yes</p> <p>2. No</p> <p>96. Not Applicable (No female household member)</p>

MODULE I. DISABILITY

I1	Have any household members (aged above two years) experienced the following with much or no difficulty ?	
	A. Having difficulty or problems with vision despite wearing glasses	1. Yes 2. No
	B. Having difficulty or problems with hearing despite using hearing aid	1. Yes 2. No
	C. Having difficulty or problems with walking or taking the stairs	1. Yes 2. No
	D. Having difficulty or problems with using or moving hands and fingers	1. Yes 2. No
	E. Having difficulty or problems with memory or concentration	1. Yes 2. No
	F. Having behavioral and/or emotional problems	1. Yes 2. No
	G. Having difficulty or problems with speaking and/or understanding/communicating with others despite using every day language	1. Yes 2. No
	H. Having difficulty or problems with taking care of oneself (such as showering, eating, dressing, urinate, defecate)	1. Yes 2. No
I1_ check	INTERVIEWER'S NOTE: ARE THERE ANY HOUSEHOLD MEMBERS WITH DIFFICULTIES?	IF THERE IS AT LEAST ONE ANSWER = 1 on I1a-h CONTINUE TO THE NEXT QUESTION IF ALL ANSWERS OF I1a-h HAVE = 2 → MODULE J
I2	Which household member experienced many difficulties or could not do activities at all? [HOUSEHOLD MEMBER NAME PRELOAD]	A. HOUSEHOLD MEMBER NAME1 B. HOUSEHOLD MEMBER NAME2 C. HOUSEHOLD MEMBER NAME dst..
I3	Is there any Household Member having many difficulties or not able to do their daily activities which need help from others to do the activities? If more than one household member has difficulties, choose the answer for the most severe condition.	1. No, fully independent 2. Yes, not yet independent, still need companion for some activities 3. Yes, totally dependent on the companions
I4	Is any household member having difficulties and needing to have accompaniment or regular physical therapy at least once in three months?	4. Yes 5. No → I6

<p>15</p>	<p>What does the impact of the COVID-19 pandemic on the accompaniment or regular physical therapy? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. The duration is reduced B. The services discontinued C. Services tariff increased D. The services is given fully online or half-online E. The household member must accompany or give therapy F. Did not get services from professional worker V. Others W N/A / NO IMPACT</p>
<p>16</p>	<p>Is there any household member who uses an assistive device for their disabilities? For example, a wheelchair for moving difficulty; hearing aid for problems with hearing; screen reader for problems with vision; etc.</p>	<p>1. Yes 2. No → 18</p>
<p>17</p>	<p>Does any household member with disabilities struggle to access or maintain assistive aid during the COVID-19 pandemic?</p>	<p>1. No 2. Yes, difficulties to get assistive aid 3. Yes, difficulties to maintain/repair assistive aid 4. Yes, difficulties to get assistive aid and to maintain/repair assistive aid</p>
<p>18</p>	<p>To the households having members with disabilities, what is the most badly affected or disturbed by the COVID-19 pandemic?</p>	<p>1. Daily activities (worship, gathering) 2. Working activities 3. School activities 4. Access to medicine, therapy services or healthcare facilities 5. Access to and maintaining assistive devices (e.g.: wheelchair, walking stick, hearing aid) 6. Companion 7. Psychological disturbances (eating disorder, trouble sleeping, etc.) 8. Access to clean water and sanitation 95. Others, 96. None</p>
<p>19</p>	<p>Since November 2020 (first round survey), what assistance have your household members with disabilities received? ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Cash B. Groceries/food C. Vitamins/medicines D. Assistive aid/medical equipment (wheelchairs, prosthetic legs, hearing aid, etc.) E. Counselling F. Skill training for work G. Skill training for independent therapy V. Others, E. Not receiving any assistance → I11</p>

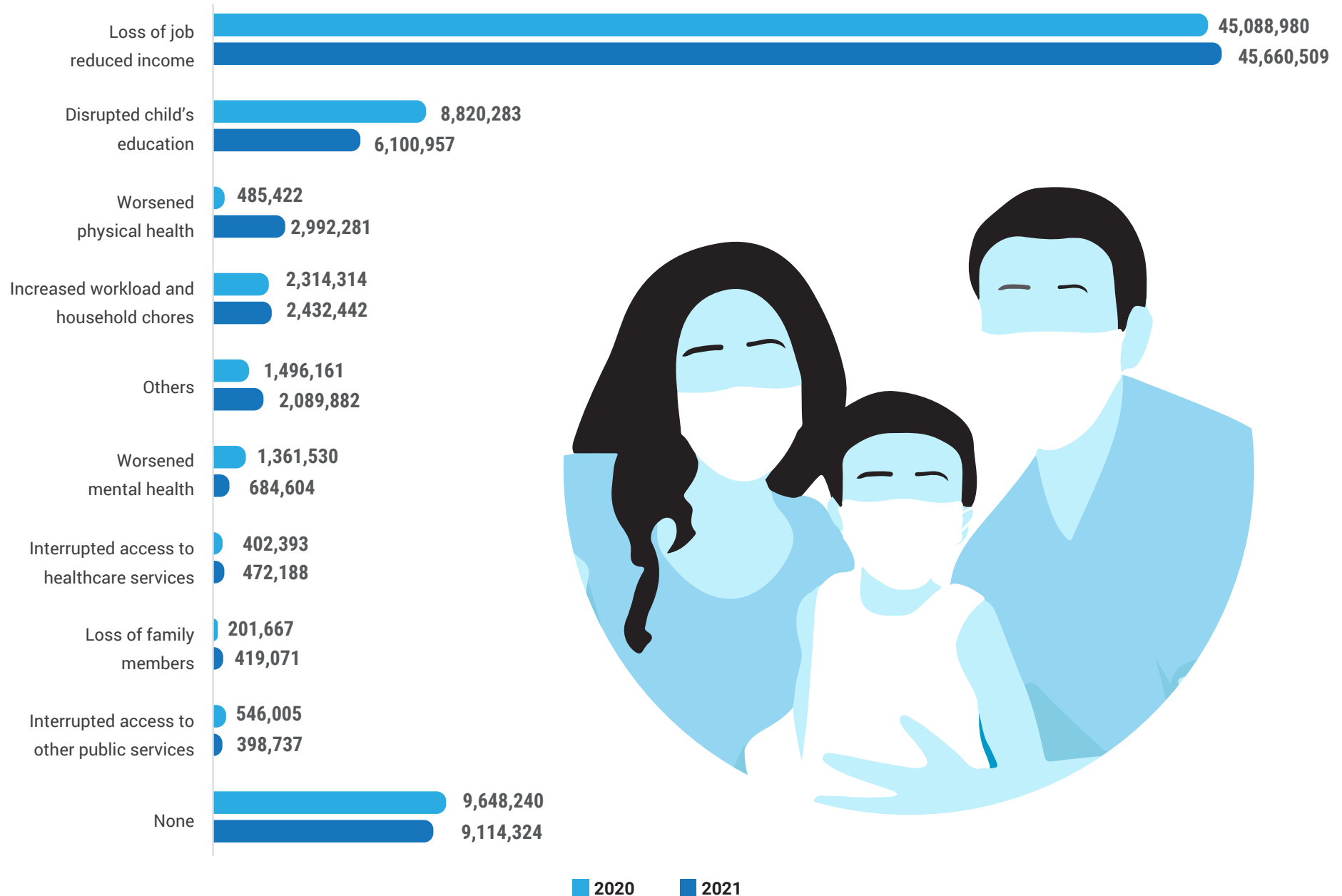
<p>I10</p>	<p>If they have received assistance [I9≠W], where did the assistance come from?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Central/Regional Government B. Village government C. Private companies D. NGOs E. Individual Y. Do not know</p>
<p>I11</p>	<p>Have your household ever received dissemination on COVID-19 prevention specifically for people with disabilities?</p>	<p>1. Yes 2. No → I13</p>
<p>I12</p>	<p>If you have received dissemination [I11 = 1], who organized the dissemination?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Village officers B. Health workers C. Disability facilitator from the Ministry of Social Affairs D. Local community V. Other institutions</p>
<p>I13</p>	<p>Have your household ever received dissemination on COVID-19 prevention specifically for people with disabilities?</p>	<p>1. Yes 2. No → MODUL J</p>
<p>I14</p>	<p>If persons with disabilities experience difficulties [I13 = 1], what are the complaints?</p> <p>ANSWER OPTIONS CAN BE READ TO THE RESPONDENT FOR PROBING PURPOSE. THERE CAN BE MORE THAN ONE ANSWER</p>	<p>A. Did not visit health facilities because of fear of being infected with COVID-19 B. Visiting hours are highly limited C. Facilities needed are not available/scarce D. Health facilities are closed or did not accept general patients E. The number of medical personnel is limited because of the pandemic, resulting in long queues F. Costs rise G. Patients with disabilities are not accepted H. Access to transportation to health facilities are difficult V. Others</p>

MODULE J. END OF INTERVIEW

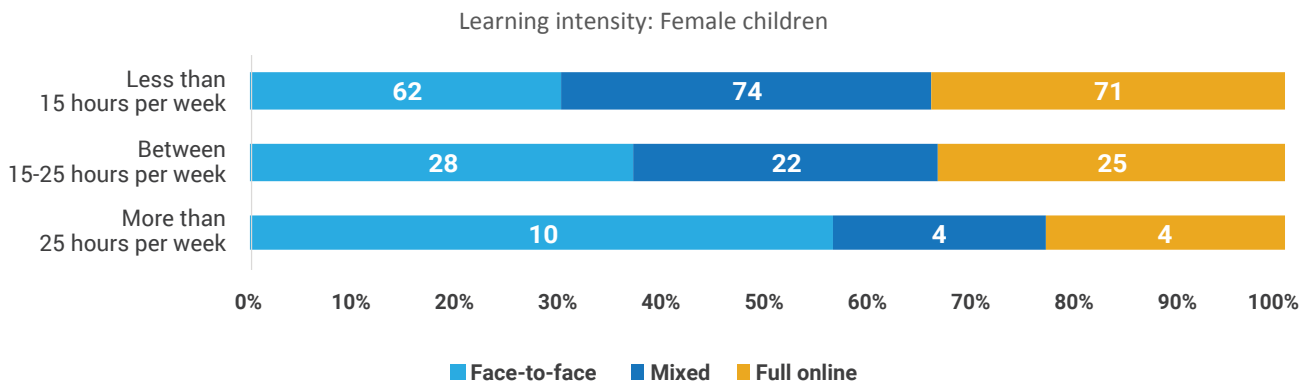
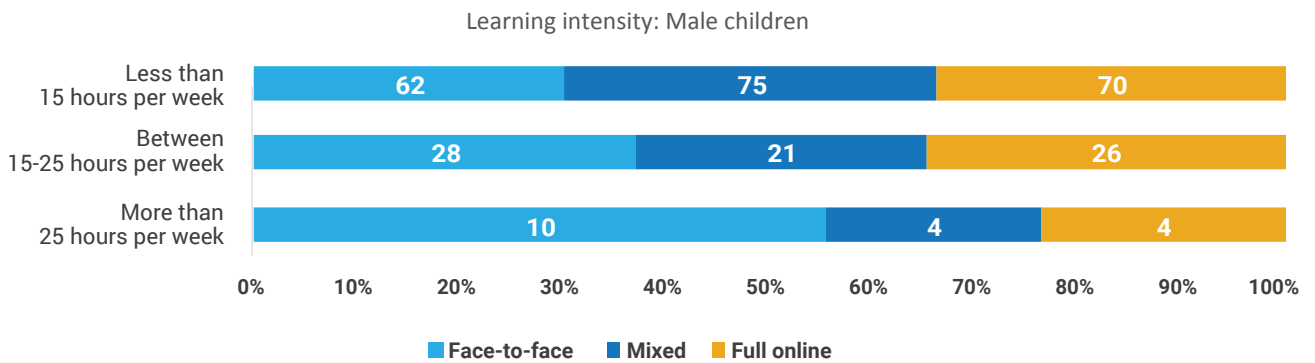
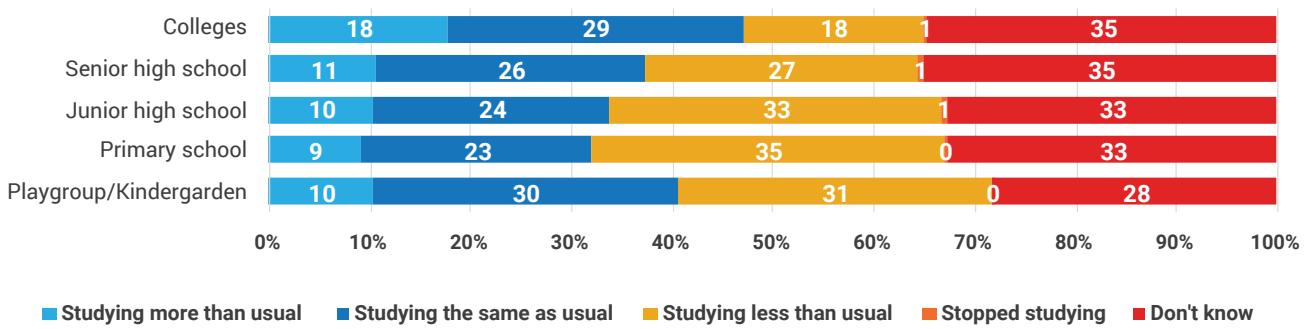
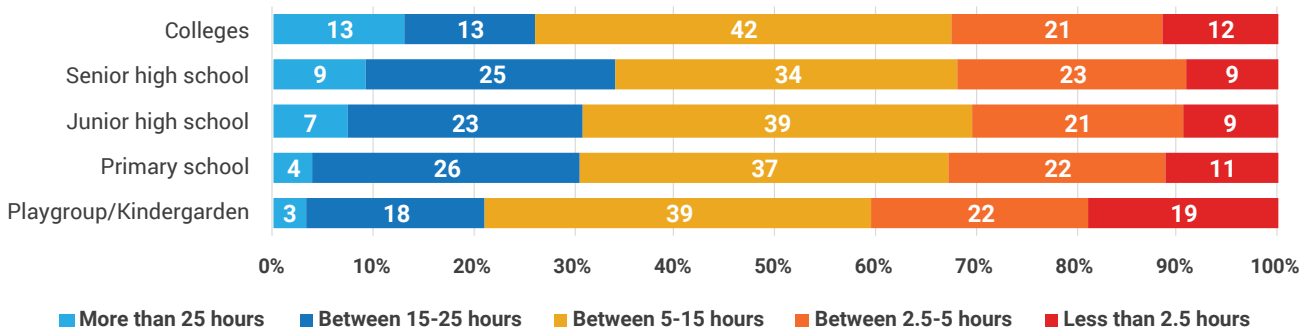
<p>J1</p>	<p>HOW DID THIS HOUSEHOLD INTERVIEW GO?</p> <p>If ID12 = 2, the options are 4-7 If ID12 =1, ID13=3, the options are 3 If ID12 =1. ID13=1, the options are 1 and 2</p>	<p>3. Successful and completely filled → J2 4. Incompletely filled → J2 5. Refused (Phone number) → J2 6. Moved outside of the census block (unreachable) 7. The household disbanded → J2 8. Cannot be found → J2 9. The household merged with another household →</p>
<p>J1a</p>	<p>TRACKING DOWN THE UNREACHABLE HOUSEHOLD, PLEASE ASK:</p>	<p>A. Description of the household that moved</p> <p>a. Name of the Household Head : _____ b. Name of the Household head's spouse : _____ c. Full address of the place to move : 1. _____ 8. TT d. Location description : 1. _____ 8. TT e. RT/Dusun/RW/Neighborhood : 1. _____ 8. TT f. Village/Subdistrict : 1. _____ 8. TT g. Ward (kecamatan) : 1. _____ 8. TT h. District/City : 1. _____ 8. TT i. Province : 1. _____ 8. TT j. HP/Phone number : 1. _____ 8. TT</p> <p>B. The name of the informant who can be contacted, regarding the household in the location where the household moved:</p> <p>a. Informant name : 1. _____ 8. TT → J2 b. Informant's full address : 1. _____ 8. TT c. Informant's location description : 1. _____ 8. TT d. RT/<i>Dusun</i>/RW/Neighborhood : 1. _____ 8. TT e. Village/Subdistrict : 1. _____ 8. TT f. Ward (<i>Kecamatan</i>) : 1. _____ 8. TT g. Informant's HP/Phone Number : 1. _____ 8. TT</p>
<p>J2</p>	<p>Fill in the INTERVIEWER'S NOTE</p>	
<p>J3</p>	<p>Interview is over!</p> <p>Say thank you to the respondent. End the interview?</p>	<p>1. Yes 2. No</p>
<p>Interview End Time</p>		<p>____. ____</p>
<p>Setting JPS</p>		
<p>Setting Foto</p>		

----- END OF INTERVIEW -----

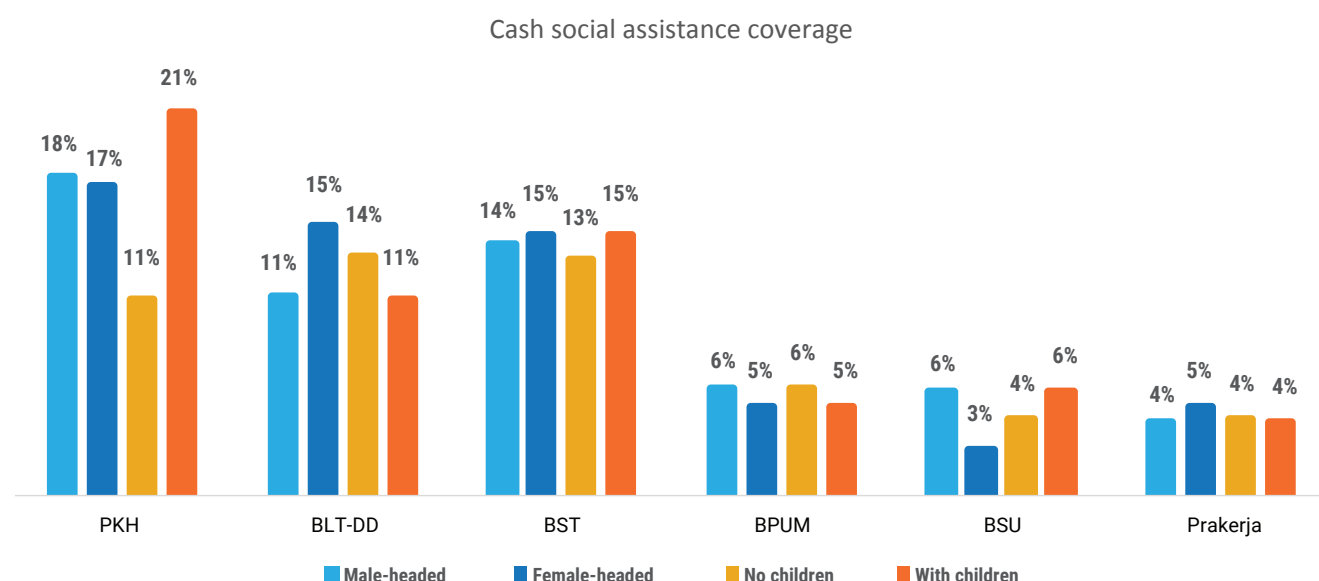
Annex 2. Estimated Number of Households for the biggest impacts of Covid-19 Pandemic



Annex 3. Learning intensity and frequency by education categories



Annex 4. Social protection coverage and model



Annex 5. The effect of social protection programs: Regression results

$$Y_{it} = \beta_0 + \beta_1 X_{1t} + \beta_2 X_{2t} + \beta_3 X_{3t} + \beta_4 X_{4t} + \beta_5 X_{5t} + \beta_6 X_{6t} + \beta_7 X_{7t} + \beta_8 X_{8t} + u_{it}$$

Where,

- Y_{it} = Food security or consumption
- X_1 = (1,0); (1= Received cash assistance, 0= otherwise)
- X_2 = (1,0); (1= Received cash assistance for COVID, 0= otherwise)
- X_3 = (1,0); (1= Received any non-cash assistance, 0= otherwise)
- X_4 = $X_1 * X_1 = (1,0)$; (1= Received both cash & non-cash assistance, 0= otherwise)
- X_5 = $X_1 * X_1 = (1,0)$; (1= Received cash & COVID assistance, 0= otherwise)
- X_6 = $X_1 * X_1 = (1,0)$; (1= Received non-cash & COVID assistance, 0= otherwise)
- X_7 = $X_1 * X_1 * X_1 = (1,0)$; (1= Received cash, non-cash, & COVID assistance, 0= otherwise)
- X_8 = control variables (head's education, age, sex, household size, occupation status, coping strategy, excess to health service, household asset, water and sanitation access, hygiene cost presence, coping strategies, illness, vaccination status, disability, old age presence, child presence, death due to COVID, etc.)

The findings of the regression showed that the Covid-19 specific cash support (i.e. cash assistance that were launched during the pandemic) received by the households had a significant impact on their income. However, receiving only regular cash assistance which had existed prior to Covid-19 was not proven to provide enough protection for households against deteriorating income. Nevertheless, combined with non-cash assistance, regular cash assistance could help households boost their income.

The results of year dummy variable shows that the decrease in both income and expenditure of the households are negative and significant. In contrast, the year dummy variable is positive for increase in household income, indicating that the overall scenario has begun to improve but not sufficiently. Because, with the exception of the assistance primarily dedicated to Covid-19, other regular assistance has no significant impact on their household's economic condition and/or food security.

Table A1. Fixed effect regression results

	(1) Increase in income	(2) Increase in expenditure	(3) Decrease in income	(4) Decrease in expenditure	(5) Food insecurity score	(6) Mild food insecurity	(7) Moderate-severe food insecurity	(8) Severe food insecurity
Received cash assistance (Yes=1)	-0.117 (0.086)	-0.023 (0.124)	-0.001 (0.121)	0.044 (0.071)	0.079 (0.317)	-0.034 (0.084)	0.030 (0.065)	0.008 (0.023)
Received cash assistance for COVID (Yes=1)	0.065** (0.030)	0.062 (0.045)	-0.042 (0.041)	-0.039 (0.035)	0.027 (0.114)	0.016 (0.034)	0.003 (0.019)	-0.017 (0.011)
Received non-cash assistance	-0.012 (0.019)	0.080** (0.033)	0.080** (0.032)	0.005 (0.026)	0.134 (0.103)	0.050* (0.026)	0.015 (0.017)	0.002 (0.011)
Received both cash & non-cash assistance	0.163* (0.088)	-0.013 (0.128)	-0.103 (0.124)	-0.082 (0.070)	-0.253 (0.310)	-0.041 (0.082)	-0.057 (0.065)	-0.016 (0.022)
Received cash & COVID assistance (Yes=1)	0.256 (0.164)	0.094 (0.179)	-0.068 (0.144)	-0.104 (0.107)	0.144 (0.374)	0.130 (0.100)	0.009 (0.075)	0.005 (0.030)
Received non- cash & COVID assistance (Yes=1)	-0.031 (0.033)	-0.103** (0.049)	-0.008 (0.045)	-0.001 (0.039)	0.023 (0.132)	-0.001 (0.037)	0.013 (0.022)	0.010 (0.014)
Received cash, non-cash & COVID assistance (Yes=1)	-0.258 (0.170)	0.055 (0.186)	0.152 (0.154)	0.096 (0.111)	-0.094 (0.389)	-0.098 (0.106)	-0.003 (0.076)	-0.011 (0.033)
Year (2022=1)	0.147*** (0.009)	0.008 (0.012)	-0.338*** (0.012)	-0.109*** (0.010)	0.047 (0.038)	-0.011 (0.011)	0.013** (0.006)	0.001 (0.004)
Control variables	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Observations	21,844	21,844	21,844	21,844	21,325	21,325	21,325	21,325
R-squared	-0.126	0.015	0.232	0.055	0.036	0.034	0.025	0.014
Number of hhid	10,922	10,922	10,922	10,922	10,908	10,908	10,908	10,908

Annex 6. An overview of the largest cash transfer programs in the Asia-Pacific regions

Country	Program name	Policy adaptations	Beneficiaries (actual)	Unit	Coverage	Expenditure (USD)	Benefit amount (monthly \$)
Bangladesh	Poor families cash assistance	Horizontal expansion (new targeted one-off)	3,200,000	Household	8.70%	147,405,660	29
Bhutan	Druk Gyalpo's Relief Kidu • Income support to affected individuals	Horizontal expansion (new targeted multiple payments)	52,644	Individuals	6.80%	2,038,219	136
Cambodia	Covid-19 Cash Transfer Programme for ID Poor Households	Horizontal expansion (new targeted multiple payments)	700,000	Household	19.30%	320,000,000	20
China	Dibao	Horizontal expansion, vertical expansion & admin simplification	83,900,000	Individuals	6.00%	-	
Fiji	Poverty Benefit Scheme	Vertical expansion (one-off)	26,000	Household	13.30%	-	48
Hong Kong	The Cash Payout Scheme	Horizontal expansion (new universal one-off)	6,558,910	Individuals	87.70%	9,102,564,103	1,282
India	PMJDY	Horizontal expansion (new targeted multiple payments)	200,000,000	Individuals	14.50%	-	7
Indonesia	Village Funds Unconditional Cash Transfers	Horizontal expansion (new targeted multiple payments)	11,000,000	Household	15.50%	7,323,738,941	28
Iran, Islamic Rep.	Corona support package	Horizontal expansion (new targeted multiple payments)	3,000,000	Individuals	3.60%	-	36
Iraq	Emergency Grant	Horizontal expansion (new targeted multiple payments)	11,580,000	Individuals	28.80%	230,061,350	23
Korea, Rep.	Covid-19 relief funds	Horizontal expansion (new universal one-off)	51,606,633	Individuals	99.70%	11,660,000,000	913
Malaysia	Cash transfers for e-hailing drivers	Horizontal expansion (new targeted one-off)	1,400,000	Individuals	4.30%	14,792,236	123
Maldives	Special allowance, Income Support Allowance	Horizontal expansion (new targeted multiple payments)	22,946	Individuals	4.20%	54,484,737	1,233
Micronesia	Assistance for stranded citizens	Horizontal expansion (new targeted one-off)	535	Individuals	0.50%	-	1,250
Mongolia	Child Money program	Horizontal expansion & vertical expansion	1,186,289	Individuals	36.20%	494,440,578	35
Myanmar	Covid-19 Economic Relief Plan (CERP)	Horizontal expansion (new targeted multiple payments)	5,600,000	Household	43.50%	301,839,228	21
Pakistan	Ehsaas Emergency Cash Programme	Horizontal expansion (new targeted one-off)	17,000,629	Household	52.40%	1,197,901,851	75
Philippines	Social Amelioration Program	Horizontal expansion (new targeted multiple payments)	17,597,757	Household	67.90%	4,161,142,557	135
Samoa	National ID project incentive	Horizontal expansion (new universal one-off)	144,275	Individuals	72.70%	4,750,693	20
Singapore	Care & Support Package one-off assistance	Horizontal expansion (new universal one-off)	4,600,000	Individuals	80.90%	-	450
Sri Lanka	Loss of Livelihood Program	Horizontal expansion (new targeted multiple payments)	1,338,442	Household	23.20%	-	27
Thailand	Rao Chana	Horizontal expansion (new targeted multiple payments)	21,500,000	Individuals	30.80%	-	465
Tuvalu	Universal Cash transfer	Horizontal expansion (new universal multiple payments)	10,507	Individuals	89.10%	-	30
Vietnam	Allowance for poor households and near poor households	Horizontal expansion (new targeted one-off)	7,953,060	Individuals	8.20%	298,107,664	22

BOX A.1: Recovery with investing in universal childcare: the Canadian case

A study to support the launch of universal quality childcare services released on 25 November 2020 argued a Canada-wide childcare program would create greater equality, boost regional and rural economic development and bring long-term health and well-being benefits for future generations. The program was estimated to generate the following benefits:

- more than 200,000 new jobs over 10 years in regulated childcare
- 80,000 additional jobs in industries that support and supply ELCC (early learning and childcare)
- a \$70 to \$115 billion boost to annual GDP after 10 years
- an additional \$17 to \$29 billion in government revenues per year, split evenly between the federal and provincial governments
- greater equality, and a boost to rural and regional economic development

- long-term health and well-being benefits for future generations of Canadians – and future fiscal savings.

“High-quality ELCC benefits children, parents, society and the economy, spurring job creation and GDP growth. For women, in particular, and for low income and racialised families – and rural communities – it’s a game changer.” – Childcare Now Executive Director, Morna Ballantyne

On the basis of these estimates the study not only suggested that the ‘Childcare expansion would boost economic recovery,’ but also that ‘Childcare doesn’t cost. It pays.’

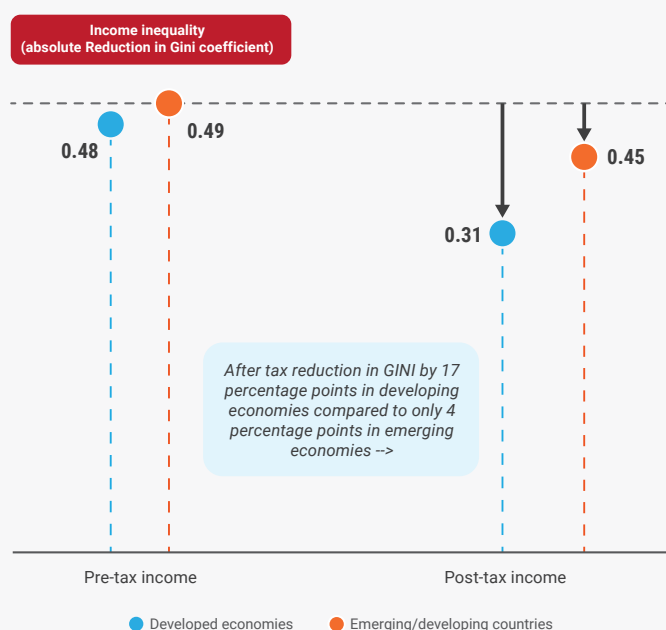
Source: <https://economicsecurity.ca/2021/01/28/new-study-shows-direct-economic-benefits-to-the-economy-from-implementing-a-canada-wide-child-care-system/>

BOX A.2: Additional cost of a person with disability

EXAMPLE OF DISABILITY RELATED EXTRA COSTS		
DIRECT COSTS		INDIRECT COSTS
Extra spending on regular items	Disability specific related spending	
Higher needs in health care	Assistive devices	Lower education
Higher transportation costs due to inaccessibility	(Re)Habilitation services	Lower employability and earnings
Higher need for childcare (more intensive and for a longer period of time)	Human assistance such as interpreters or personal assistance	OPPORTUNITY COSTS Loss of income for primary family care and support provider
Exclusion from community or need to be close to services may oblige families to relocate in more expensive areas	Transportation to reach specific services that are not available in the community	Lower capacity to invest in productive assets of children education

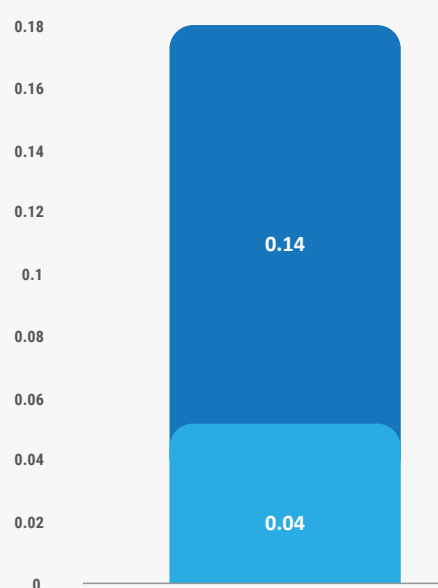
Reference: Mont, D. and C. Cote, 2020, *Considering the Disability related extra costs in social protection*, UNPRPDD, i2i, Leonard Cheshire, UK Aid, <https://www.social-protection.org/gimi/RessourcePDFaction?id=56925>

BOX A.3: Tax and inequality



Source: IMF 2017 and HD report 2019

BOX A.4: Redistributive impact of taxes and transfers in advanced economies, 2015 or latest year



BOX A.5: Benefits of property tax

It redistributes wealth: Land and property taxes as a wealth tax can effectively redistribute wealth in a city. If effectively implemented, the land and property taxes can also lower prices of land and make land ownership more affordable.

A fairer tax instrument: Property tax is often fairer than other forms of tax. When local governments invest in building a road, or a school near a property, the price of these assets increase significantly. The value of land in cities is increasing continuously due to rapid urbanisation. Taxing land and properties allows governments to capture some of these increases in land and property prices (i.e. land or property rent) that result from forces outside of the owner's control and are in part the direct result of public investment. If designed properly, property owners who gain more from public investments and population growth can be taxed for the benefit

of the wider community. At the same time, those property owners who lose out on their property values from nearby investments can be effectively compensated in the form of lower taxes.

It promotes investment and growth: Given that the supply of land is fixed in a city – taxing this asset does not negatively affect urban investment. In some cases, it may also encourage more efficient land use. For instance, Kopanyi and Murray (2016) argued that high levels of land taxation, alongside lower taxes on productive sectors, have reduced land speculation and encouraged manufacturing investment in many East Asian countries. Property tax has been found to be less harmful to investment and growth compared to other taxes such as income and corporate tax. Property tax is not like taxing work or savings that can induce individuals to work or save less.

Source: Author's compilation based on IGC (2018)

BOX A.6: Multifaceted benefits of environmental tax

Researchers have listed five types of benefits: environmental, fiscal, economic, social and administrative.

1. *Environmental benefits:* It leads to less pollution and efficient use of energy as economic actors respond to the price signal imposed by the tax. Introduction of plastic tax in Ireland in 2002, resulted in 0.32% of litter pollution from 5% of litter pollution within one year of implementation (Department of Environment, Community and Local Government 2015).
2. *Fiscal benefits:* Environmental taxes have the potential to increase revenues considerably and boost fiscal space to meet the spending challenges. EU has been mobilizing 2.4 per cent of GDP from environment tax since 2009. Some countries have very significant revenue streams from environmental taxes in the EU, including Denmark (3.9%), Slovenia (3.8%) and the Netherlands (3.6%). In Germany, for example, revenues from its 1999-2003 “ecological tax reform” amounted to almost EUR 19 billion annually, 89% of which were used to reduce pensions contributions by 1.8% (Vivid Economics 2012). Moreover, elimination of energy subsidy can potentially release huge resources for alternative use – including on merit goods such as education, health and social protection.
3. *Economic benefits:* It is argued that environmental taxes are less distortive for the broader economy than other taxes such as those on labour or capital. Carbon and energy taxation may generate significant revenues while having a less detrimental macro-economic impact than other forms of

indirect (e.g. VAT) and direct taxation (Vivid Economics 2012). Accordingly, the IMF (2012) has suggested “carbon tax revenues should be used to alleviate distortions created by the broader fiscal system [...]”

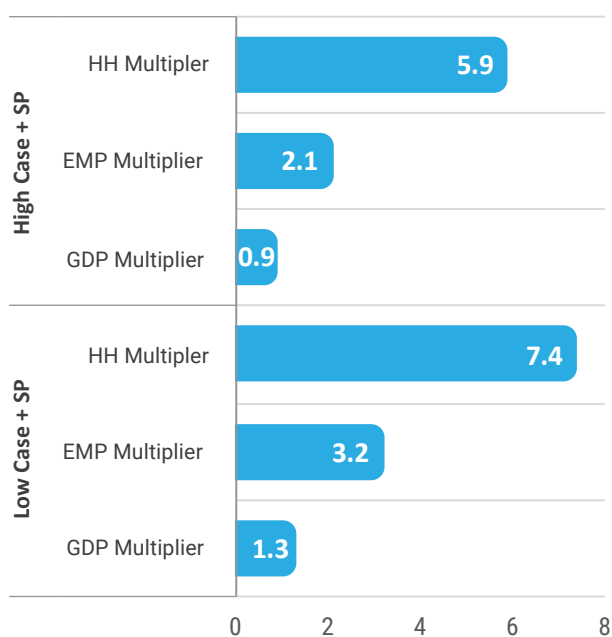
4. *Social benefits:* The human health benefits of reduced environmental degradation are clear and as a general rule, the poor stand to gain disproportionately from environmental improvement, as they tend to live in more polluted areas, e.g. in informal settlements with poor sanitation, or in areas with poor air quality (Cottrell et al 2016).
5. *Administrative benefits:* Countries with inefficient tax collection systems and a large informal economy can benefit substantially

from Environmental taxes. Fay et al (2015), argued that, if designed adequately, it would be the most difficult taxes to evade. Following the same line, it is further argued that, many environmental tax bases (e.g. energy consumption, water, agricultural inputs, carbon or waste are fairly immobile – compared to capital and income – making tax evasion less likely (Cottrell, Jacqueline et al. 2016). For instance, in the UK, evasion of energy taxes is less than 2%, while evasion of income tax has been estimated at around 17% - a figure which is much higher in many developing countries (Fay et al. 2015). Administratively, some environmental taxes are relatively easy to measure, monitor and collect at supplier level (Liu 2013).

Annex 8. Macroeconomic impacts of the SP interventions

Uganda example²⁹: In addition to measuring impacts by key macroeconomic and social indicators, multipliers are useful to determine the efficacy of an intervention – such as expanding social protection in Uganda. Two multiplier values – namely – GDP and household consumption multipliers – have been derived to assess the extent of implication on SP.

Except for the GDP multiplier under the high case, the values of all other multipliers are over unity. The values of household consumption multipliers (i.e. HH Multiplier) are very high in the range of 6 to 7.4. SP-led employment multipliers are also decent – ranging from 2.1 to 3.2.



East Asian example: For more than a century, well-governed social protection systems have helped to spur economic growth.³⁰ Social protection systems are also central in fostering economic transformation and increasing individual, household and national resilience against economic shocks. During economic downturns, social protection systems can work as an automatic stabiliser, stimulating demand and thereby helping to steady or even rekindle an economy.

A new study analysing the multiplier effects of social protection in the Asia-Pacific region highlights its important role in stimulating the economy.³¹ It shows that new investments in social protection in Japan, Mongolia, the Republic of Korea and Thailand had positive impacts on gross domestic product (GDP). In all countries studied, one dollar spent on social protection leads to a positive return, instantaneously and over a longer period.

In Japan, one additional dollar spent on social protection generates an accumulated expansion of GDP by \$1.7 after 10 fiscal quarters — or two and a half years. The Republic of Korea has the highest multiplier effect, with an accumulated increase of \$3 after 10 quarters. In Mongolia, the accumulated multiplier effect is \$1.5 after eight quarters. Thailand has the smallest multiplier effect of \$1.4 after eight quarters.

To further understand these impacts, an estimate is made on how social protection expenditure affects household consumption and private investment. For example, in the Republic of Korea, an increase of one dollar on social protection spending generates a \$2.3 increase in the household consumption after 12 quarters, while the impact on private investment is estimated at \$0.8 in eight quarters. Disaggregated by social protection expenditure, the analysis for the Republic of Korea shows that the highest multiplier effect on GDP comes from an increase in health expenditure of (an increase of \$2.1). Expenditure on old-age pensions also shows a significant impact of \$1.4, followed by unemployment benefits at \$0.9.

Latin America Example: WB (2020)³² argued that “empirical evidence on the size of social transfer multipliers is relatively recent and primarily based on data from advanced economies. These studies find that the impact of social transfers on economic activity is modest, with one additional unit of spending typically leading to an increase in aggregate output ranging from 0.3 to 0.5. Bracco et al. (2021)³³, estimated the

29 Bazlul Khondker (2020), *Role of social protection in addressing the perils of Covid-19 in Uganda: Application of macro-micro simulation approach*, report prepared for Ministry of Labour, Gender and Social Development (MGLSD), Government of Uganda, May 2021.

30 Gongcheng Z & Scholz W 2019, ‘Global social security and economic development: Retrospect and prospect’, *ILO Asia-Pacific Working Paper Series*, September 2019. Available at: https://www.ilo.org/wcmsp5/groups/public/-asia/-ro-bangkok/-ilo-beijing/documents/publication/wcms_723404.pdf. USAID (2018)

31 de Carvalho LB, da Silva Sanches M & de Souza Cardoso D, *Multiplier effects of social protection in Asia-Pacific*.

32 World Bank 2020, *Cost of staying healthy: Semiannual report of the Latin America and Caribbean Region*, October 2020.

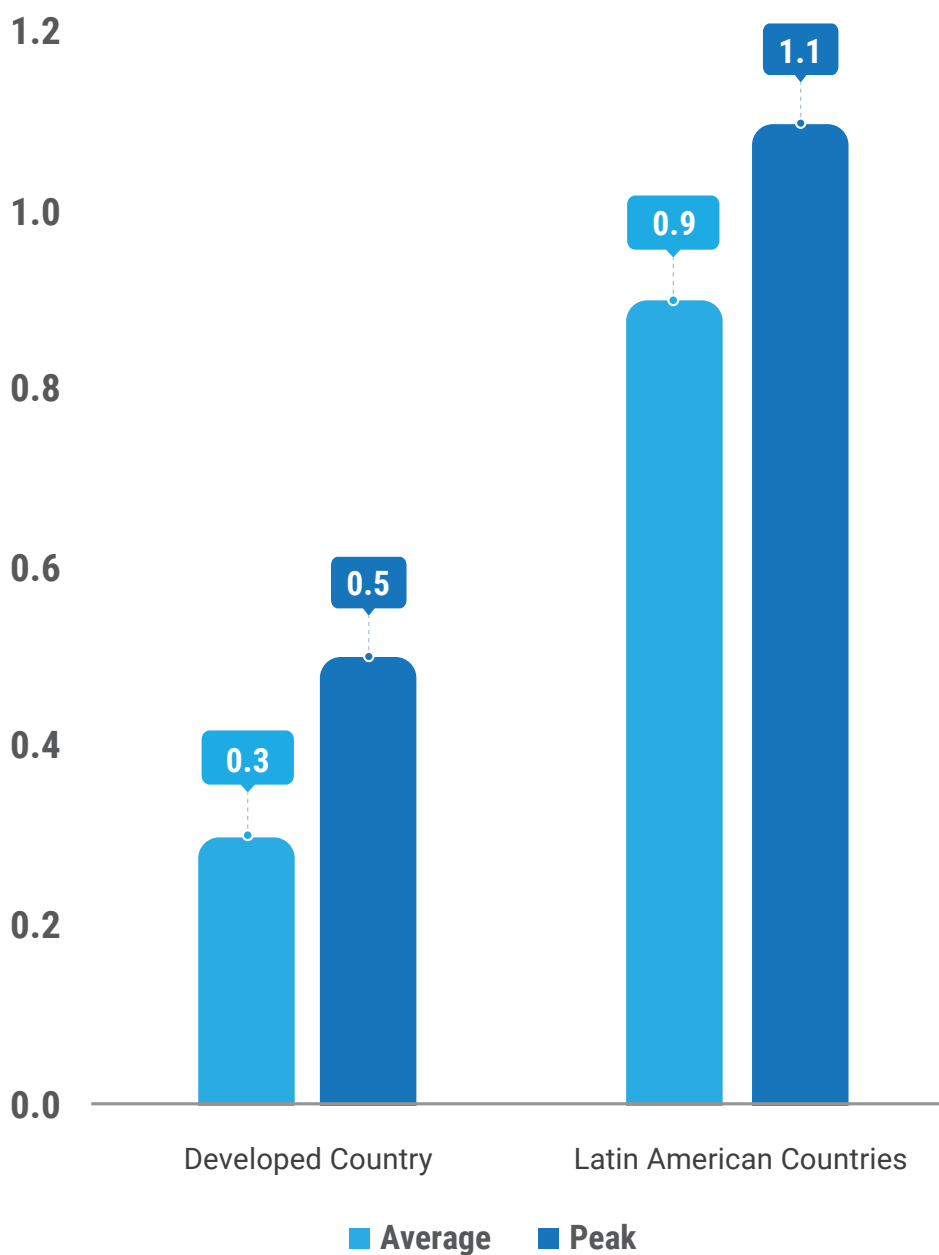
33 Bracco J, Galeano L, Juarros P, Riera-Crichton D & Vuletin G 2021, *Social transfer multipliers in developed and emerging countries: the role of hand-to-*

macroeconomic effects of social transfer payments to individuals for a sample of 23 developed and Latin American countries. The findings show that the social transfer multiplier is 0.3 (with peak of 0.5 in the first quarter following investment) in developed countries and 0.9 (with peak of 0.5 in the first quarter) in Latin American economies.

While qualifying their results, Bracco et al. (2021) further noted that given the size of the SP multipliers in

the emerging countries, 'social transfers emerge as a natural social policy tool to help vulnerable families who are financially constrained and at the same time help the economy to recover faster. In this sense, social transfers seem to provide an inclusive manner to deal with temporary and deep recessions, like during the Covid-19 pandemic.' Thus, according to them, the social transfer is an effective and inclusive policy tool for faster recovery at least in the short and medium term.

SP multiplier values



mouth consumers, Latin America and the Caribbean Region, Office of the Chief Economist, April 2021.

Annex 9. International evidence on the positive impacts of quality childcare services on economic and social performance

Research on the benefits of the provision of quality and affordable childcare services suggests at least four types of benefits to individuals and society:

Additional economic activity associated with the expanded production of childcare services.

- Increased labour force participation, employment, and earnings for parents (especially mothers) of children receiving childcare services.
- Long-run economic, social and fiscal benefits resulting from the improved lifetime capacities of children who participated in care in their childhoods.
- Solid financial returns on investment in childcare services.

There is a strong positive correlation between the availability of childcare services and women's labour force participation. It is important to note that the boost in female labour supply from universal childcare is experienced most strongly among lower-income households – since high-income households are able to purchase their own childcare services privately, in the absence of a more accessible public system. Thus, it is argued that 'this is one channel through which the provision of universal, accessible early learning and childcare improves economic and social equality: it raises the potential for lower-income households to increase their labour supply, and hence their incomes' (Stanford, 2020).

Some studies used the 'multiplier' framework based on initial costs of interventions and estimated benefits to assess the benefit-cost ratio (BCR) of investment in childcare (or care services). Warner and Liu (2004) and Bartik (2006) estimated the BCRs in excess of 3-to-1 (i.e. \$1 of investment generates \$3 worth of returns). Heckman et al. (2010) envisaged that the benefits exceed the costs by a ratio of between 7-to-1 and 10-to-1. Reynolds et al. (2011) found an 11-to-1 ratio. The Executive Office of the US President (2015) proposed a benchmark ratio (based on the median findings of multiple studies surveyed) of 8.6-to-1. In addition to these positive outcomes, another important feature is that 'Childcare doesn't cost. It pays.' – implying that there is no additional fiscal pressure on governments.

Colombia is a pioneer for counting the domestic chores and care work done in the home from an economic perspective, and a good example for other emerging peer countries, like Indonesia, to learn from. Since 2010, Colombia's national statistical system has been collecting statistics and information on the care economy and calculating its potential impact on the country's GDP. Recent findings reveal women in Colombia spend 31 hours per week on unpaid care chores, representing 78% of their working hours, while men spent less than half the time on the same activities. The findings also revealed that the care economy likely contributed an equivalent of 20% to the GDP, standing above contributions from the financial and agricultural sectors (World Economic Forum 2022).

This initiative would not have been possible without the hard work and contribution from the data collection team whose names are listed below:

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