

COVID-19 and Children in Indonesia

An Agenda for Action to Address
Socio-Economic Challenges

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for every child

COVID-19 IN INDONESIA

On 2 March 2020 the first case of COVID-19 was detected in Indonesia; by 8 May, more 12,776 cases and 930 deaths had been reported in all 34 provinces. However, modelling studies estimate that as few as 2 per cent of all infections have been reported.¹ **With no treatment or vaccine available, Indonesia and other countries are relying on physical distancing to slow down the spread of the virus.** Interventions being implemented in Indonesia include: quarantine of those suspected of being infected, restrictions on domestic and international travel, bans on group and crowd gatherings and the closure of schools, factories, restaurants and public spaces.

These measures to control the pandemic are having a widespread impact on the economy, daily lives and all dimensions of children's lives. For some children the impact will be life-long. Indonesia has 80 million children (approximately 30 per cent of its population), and although the health risk of COVID-19 infection is lower for children than for older age groups, children are likely to be heavily affected by secondary impacts in both the short- and long-term. Existing inequalities may be exacerbated, particularly those related to gender, income level and disability. UNICEF's Executive Director has warned governments that **"Children are the hidden victims of this pandemic"** because of the short- and long-term impacts on their health, well-being, development and future prospects.²

This position brief provides an overview of the socio-economic impact on Indonesia's children of the COVID-19 pandemic and related measures to suppress transmission and control the pandemic. The impact can be grouped into four areas: (i) child poverty, (ii) learning, (iii) nutrition and (iv) childcare and safety. The brief also proposes a set of national and sub-national policy responses that could help mitigate this impact. The epidemiologic and broader related impacts of the virus are outside the scope of this paper but are well outlined in the UN Secretary-General's recent policy brief on the COVID-19 impact on children globally.³

A note to the reader: a [recent presentation](#) on the socio-economic impact of COVID-19 on children accompanies this report, which refers to relevant slides throughout its footnotes.

COVID-19 IMPACT ON THE ECONOMY

The measures taken to contain the virus have dealt a devastating blow to the economy. Indonesia has enjoyed growth rates of 5 per cent or higher for the past decade but has slashed the forecast for 2020 to around 2 per cent.⁴ A worst-case scenario forecasts an even more dramatic fall – growth of *minus* 3.5 per cent in 2020. Similarly, global economic

¹ Channel News Asia, "Indonesia's health system on the brink as coronavirus looms", 25 March 2020. <<https://www.channelnewsasia.com/news/asia/Covid19-indonesia-health-system-brink-coronavirus-12574256>>. Accessed 04 April 2020.

² United Nations Children's Fund, "UN launches global humanitarian response plan to COVID-19 pandemic" Remarks by Henrietta Fore, 25 March 2020, <<https://www.unicef.org/press-releases/un-launches-global-humanitarian-response-plan-Covid-19-pandemic>>

³ United Nations Policy Brief: The Impact of COVID-19 on Children, 15 April 2020.

⁴ World Bank Group, "East Asia and Pacific in the time of COVID-19", Washington, D.C., April 2020, p.xvi.

growth is expected to see negative growth of minus 3 to 4 per cent in 2020.⁵ This so called “double curve” – the medical and recession curves – needs to be mitigated and flattened, balancing public health and economic growth.⁶

As physical distancing and lockdown measures paralyze life in cities, accelerated transmission of the virus from urban to rural areas is expected – driven in particular by an early *mudik* (annual exodus from cities to rural areas to celebrate the *Idul Fitri* holiday) and increased unemployment in urban areas. In Jakarta, currently the epicentre of Indonesia’s pandemic (along with urban hotspots like Manado, Denpasar and Medan), a peak in infections is expected in late April or May, while rural areas may reach their peak only weeks or months later.

COVID-19 has proven to be serial killer of jobs. An online survey found that increases in unemployment have been highest in urban areas. Fifty-five per cent of men and 57 per cent of women reported that they worked prior to the crisis but are no longer working; job loss has affected all sectors.⁷ The virus is causing widespread income insecurity for families across the archipelago.

A CHILD POVERTY CRISIS

Although Indonesia has made significant progress in reducing extreme poverty, only 52 million Indonesians are considered to be economically secure.⁸ In 2019 an estimated 10 per cent of the population was living in extreme poverty; this figure rose to 13 per cent for children and adolescents.⁹ These percentages, however, mask considerable disparities and forms of poverty that affect children in Indonesia beyond household income. Nine of every 10 children experience deprivation in at least one dimension of child well-being, such as: lack of access to food and nutrition, health, education, housing, water and sanitation and child protection.¹⁰ More than half of all children in Indonesia experience at least two ‘non-monetary’ deprivations.

Indonesia’s employment structure is fragile, depending heavily on the service industry and a widespread informal economy. It is estimated that almost 60 per cent of the total Indonesian workforce is engaged in informal economic activities.¹¹ Many people working in the tourism, service and informal sectors and those running small businesses may quickly see their income sharply reduced or completely wiped out as tourists disappear

⁵ CEPAL, based on data from Bloomberg Economics, Goldman Sachs and Johns Hopkins University, 2020.

⁶ Baldwin and Gourinchas, “Mitigating the COVID Economic Crisis: Act Fast and Do Whatever It Takes”, 2020. See slide 10.

⁷ Hanna, R. and B. Olken, ‘Current Results of Online Survey on Economic Impact of COVID-19 in Indonesia’, Findings from week 2: 6–8 April, 2020, J-PAL Southeast Asia (J-PAL SEA).

⁸ World Bank Group, “Aspiring Indonesia – Expanding the Middle Class”, Washington, D.C., 2019, p. 8.

⁹ UNICEF, Children in Indonesia: An Analysis of Poverty, Mobility and Multidimensional Deprivation, UNICEF Jakarta, 2017.

¹⁰ Ibid.

¹¹ BPS Labour Force Survey, 2019 (see slide 47).

and businesses close. It is expected that the tourism sector will need at least a year to recover from the pandemic.¹²

A vast majority of the 115 million Indonesians in the “aspiring middle-income class” (a term recently introduced by the World Bank) are particularly vulnerable.¹³ Indonesia’s social protection system is characterized by low benefits and low coverage, but most importantly does not provide unemployment benefits for all.¹⁴ Nor is this population group covered by current social protection schemes, which are narrowly targeted to the extreme poor. Although the Government has already announced plans to expand its social protection schemes for the poor, there is an urgent need to create a mechanism to ensure that *all vulnerable families* have access to social protection. A recent online survey showed that only 25 per cent of men and 17 per cent of women who recently lost employment are covered by safety-net schemes such as the BPNT/Sembako or PKH.¹⁵

The sudden loss of household income creates economic instability inside the family and can lead to rapid impoverishment. Poor and vulnerable families with children are at particular risk for reduced household income and consumption, as their savings are often negligible. New research by UNU-WIDER warns that the economic fallout from the global pandemic could increase global poverty by as much as half a billion people, or 8 per cent of the global population.¹⁶ Projections by Bappenas show that the likelihood of Indonesians descending into poverty has increased by 55 per cent and that approximately 27 per cent of the aspiring middle class is expected to face severe income insecurity.¹⁷

A NUTRITION CRISIS

Indonesia was a prime example of the ‘triple burden of malnutrition’ even before the COVID-19 pandemic. More than 7 million children under-five are stunted, ranking Indonesia fifth highest in the world for child stunting.¹⁸ More than 2 million children under five years of age suffer from severe wasting (low weight for height), while another 2 million are overweight or obese.¹⁹ Nearly half of all pregnant mothers are anaemic because the food they consume lacks needed vitamins and minerals (micronutrients).²⁰

Indonesia’s challenges due to this triple burden are complex and likely to be exacerbated by the COVID-19 pandemic. Malnutrition among children can result from many different causes (immediate, underlying and basic causes). The three most common immediate

¹² Mufti, Riza, ‘Tourism will take at least a year to recover from COVID-19 outbreak: Economists’, *The Jakarta Post*, 6 April 2020. < <https://www.thejakartapost.com/news/2020/04/06/tourism-will-take-at-least-a-year-to-recover-from-covid-19-outbreak-economists.html> >

¹³ World Bank Group, ‘Aspiring Indonesia’ p. 8.

¹⁴ National Team for the Acceleration of Poverty Reduction (Tim Nasional Percepatan Penanggulangan Kemiskinan or TNP2K), (see slides 25, 50 and 51).

¹⁵ Hanna and Olken, ‘Current Results of Online Survey’.

¹⁶ Sumner, A., C. Hoy, and E. Ortiz-Juarez, “Estimates of the impact of COVID-19 on global poverty”, WIDER Working Paper 2020/43, UNU-WIDER, Helsinki, 2020.

¹⁷ See slide 23.

¹⁸ Republic of Indonesia Ministry of Health, RISKESDAS, 2018.

¹⁹ Ibid.

²⁰ Ibid.

causes are: (i) inadequate breastfeeding and poor diets, coupled with suboptimal care practices; (ii) inadequate nutrition and care for pregnant women and mothers; and (iii) high rates of infectious disease, due predominantly to unhealthy living environments and poor access to health services.²¹ These factors are further compounded by widespread poverty, unemployment and low levels of education.

Rapid impoverishment of families and children has a tremendous impact on their household food security, limiting the accessibility, availability, and affordability of healthy food items. An online survey shows that food insecurity has already increased: 36 per cent of respondents reported that they “often” ate less than they should because of financial constraints.²² Loss of household income creates a high risk for a surge in wasting and micronutrient deficiencies among children. Severe wasting is a particularly dangerous form of undernutrition, increasing children’s risk of death by nearly 12 times compared to well-nourished children.²³ Those who survive severe wasting may continue to experience developmental problems throughout their lives. Importantly, the various measures in place to reduce COVID infections are liable to increase the difficulty of identifying children experiencing severe wasting and providing them with essential treatment and services.

The pandemic is likely to cause an increase in maternal undernutrition. Household food insecurity – combined with gender inequality in household food distribution and inadequate maternal care practices – are expected to lead to increased prevalence of maternal undernutrition, particularly anaemia and underweight. In turn, maternal undernutrition (especially among lactating mothers) is likely to contribute to various forms of child malnutrition. The potential disruption of essential nutrition services targeting pregnant and lactating mothers and women of reproductive age (including micronutrient supplementation and dietary counselling) is also expected to contribute to increases in maternal undernutrition and micronutrient deficiencies.

If needed actions are not taken today, the long-term nutritional impact is likely to result in increased child stunting and overweight and obesity across all age groups. The long-term impact of the COVID-19 crisis includes both a sharply increased prevalence of child stunting and, ironically, greater prevalence of overweight and obesity due to limited physical activity and increased consumption of ultra-processed foods high in sugar, salt and fat.

A LEARNING CRISIS

Over 120 countries have enforced social distancing through school closures, impacting 1.6 billion students across the globe.²⁴ Indonesia closed all schools in early March, leaving

²¹ UNICEF Indonesia, *Institutional capacity assessment for Nutrition*, UNNICEF, Jakarta, 2018.

²² Hanna and Olken, ‘Current Results of Online Survey’.

²³ Black, Robert E., et al., “Maternal and Child Undernutrition: Global and regional exposures and health consequences”, *The Lancet*, 371, 9608, 19 January 2008, pp. 243-260.

²⁴ Azzi-Huch, K. and T. Shmis, “Managing the impact of COVID-19 on education systems around the world: How countries are preparing, coping, and planning for recovery”, World Bank, Washington, D.C., 18 March 2020. <<https://blogs.worldbank.org/education/managing-impact-Covid-19-education-systems-around-world-how-countries-are-preparing>>

nearly 60 million students out of school.²⁵ Schools were asked to facilitate home-based learning using a number of government and private digital platforms that provide free distance and online learning content and opportunities across the country.

Although nearly 47 million households (66 per cent) have access to the internet, online distance learning presents a challenge.²⁶ Online learning is new for many students and teachers. In addition, a recent UNICEF study found that many adolescents, especially girls, felt that they lacked digital skills.²⁷ The pandemic presents an important opportunity to expand the use of tools such as 'Rumah Belajar', an online platform providing learning content and a learning management system for digital classrooms.

To provide all children with the opportunity to continue learning, including those with no internet access, it is also important to explore *offline* learning alternatives. The Ministry of Education and Culture is actively working with UNICEF and other development partners to identify alternative modalities, such as TV, radio and printed materials. These efforts will be paired with mechanisms to monitor distance learning in real-time and to encourage parental involvement in their child's learning process.

School closures may exacerbate existing disparities in access to education. Even before the pandemic, many children faced difficulties in both access to and the quality of education. Indonesia has made strong progress in school enrolment over the past decade, but 4.2 million children and adolescents (aged 7-18 years) remain out of school, particularly adolescents.²⁸ A recent global study showed serious learning challenges among Indonesian children and adolescents; for example, 70 per cent of 15-year-old students had not achieved minimum proficiency in reading and mathematics.²⁹

Poor and vulnerable students are disproportionately affected by school closures. As caregivers struggle to meet basic needs, they may assign a lower priority to educating their children. Heads of households in the poorest quintile tend to have lower levels of education compared to higher-income quintiles, and may be less aware of what is required for children to engage in effective distance learning. Further, their housing conditions may not always offer a quiet space for children to learn and avoid distractions.³⁰ Children with disabilities are especially hard to reach through distance learning, as they often require physical and emotional contact with their teachers to be able to learn effectively, and may rely on specialized tools and therapies.³¹

Missing long periods of learning is likely to prevent many students from meeting grade-level knowledge and skill expectations, putting Indonesia's social and economic

²⁵ Government of Indonesia, Ministry of Education and Culture, *Dapodik PAUD DIKDAS DIKMEN*, April 2020.

²⁶ BPS, Indonesia, *Welfare Statistics*, 2019.

²⁷ UNICEF Indonesia, "Skills for the Future", 2017.

²⁸ BPS, SUSENAS, 2018.

²⁹ Organization for Economic Co-Operation and Development, Programme for International Student Assessment, OECD, 2018.

³⁰ United Nations Educational, Scientific and Cultural Organization, "Adverse consequences of school closures", UNESCO, March 2020. < <https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures/consequences> >

³¹ "The Homeschool Community Has a Problem with Disabilities (and How to Fix It)", CRHE, 14 January 2019.

<<https://responsiblehomeschooling.org/the-homeschool-community-has-a-problem-with-disabilities-and-how-to-fix-it/>>, Accessed 12 April 2020.

development at risk. The number of out-of-school children may also increase, given the challenge for children and adolescents to return and remain in school after protracted closures and an economic contraction.³² Indonesia's human capital and "demographic dividend" is centred around the potential of its young people, who are key to Indonesia's prosperity in the long term. Increased "learning poverty" puts this all at risk.

A CHILDCARE AND SAFETY CRISIS

Lockdown measures may exacerbate existing risk factors for violence, abuse and neglect associated with childcare at home and in institutions. Before the pandemic, the rate of violence against children in Indonesia was already high: 60 per cent of children aged between 13 and 17 reported having experienced one form of violence (physical, psychological/emotional or sexual) during their lifetime.³³ An important risk factor for young people is the country's relatively high tolerance for domestic violence. In addition, one in nine women marry before reaching age 18, with married girls more vulnerable to domestic violence due to the heightened power imbalance in the family.^{34, 35}

Reports from other countries indicate a spike in domestic violence against children associated with lockdown measures. Concerns about income, combined with increased pressure on parents and caregivers to tend to children and help with their studies, lead to unusual levels of parental stress that can explode in the form of violence.³⁶

The closure of day-care centres and schools puts increased burden on families and institutions to ensure children's growth and development. Children are stripped of their social interactions in schools and outside play, which are essential to their learning and development. At the same time, the majority of Indonesian households live in small spaces, about one third of households live in a space smaller than 50 square meters.³⁷

Women are likely to bear a disproportionate burden of the COVID-19 impact on childcare at home. Like many countries around the world, in Indonesia women perform the majority of unpaid care work and spend more than twice as much time on childcare than men.

Children living in poor households and those headed by children, women or elderly caregivers, are in particular need of support and protection. Children in these households experience higher poverty than those in households headed by men.³⁸ In Indonesia some 8.2 million children are taken care of by an elderly caregiver, and are thus at higher risk for losing their caregiver due to COVID-19.³⁹ In particular, West, East, and Central Java

³² United Nations, 'The Impact of COVID-19 on Children', Policy brief, 15 April 2020.

³³ Government of Indonesia, Ministry of Women and Children's Empowerment, SNPHAR, Jakarta, 2018.

³⁴ BPS, SUSENAS 2018.

³⁵ Kidman, R., "Child marriage and intimate partner violence: a comparative study of 34 countries", International Journal for Epidemiology, 2016

³⁶ Coe, E. and K. Enomoto, "Returning to resilience: The impact of COVID-19 on mental health and substance use", McKinsey & Company, April 2020. < <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health> >

³⁷ BPS, SUSENAS, 2019.

³⁸ Ibid.

³⁹ UNICEF estimation based on SUSENAS, 2019.

provinces have high numbers of children being cared for by the elderly (> 60 years old). Another 7.6 million children live in female-headed households and 150,000 in young-age-headed households (below 20 years of age), heightening their vulnerability to violence, abuse and poverty.⁴⁰ These households are more likely to be impoverished and experience heavy social and economic burdens on caregivers.

Little information is available on how children in institutions are faring through the pandemic, including children in orphanages, shelters, social welfare institutions and Islamic boarding schools (*Pesantren*).⁴¹ Due to the pandemic, many institutions no longer allow children to have visitors or to leave the institution, thereby increasing isolation, reducing family contact and a heightening the risk for psychological distress. Finally, children in detention facilities are at high risk for infection by COVID-19 due to overcrowding and inadequate health and sanitation conditions.

⁴⁰ Ibid.

⁴¹ Government of Indonesia, Ministry of Religious Affairs, 'Statistik Data Pondok Pesantren' (Statistics of Islamic Boarding School Data), 2019. (Also see slide 74.)

An agenda for action

Without urgent action, this pandemic may become a child-rights crisis with a lasting impact on Indonesian society. Disruptions caused by the pandemic are having a substantial impact on children's safety, well-being and future. Only by working together can we keep girls and boys healthy, safe and learning.

Indonesia's division of government authority is among the most decentralized in the world. During this pandemic sub-national governments are responsible for designing a localized response to the pandemic, as well as for efficient spending of regional budget allocations and disaster management funds. Therefore, many of the suggested actions below apply to both national and sub-national governments.

Support families to cover their needs and care for their children

- **Rapidly expand the coverage of social protection programmes to include all vulnerable groups** normally excluded from these schemes. Social protection should be available for all families affected by the economic impact of the pandemic.
- Expand both **coverage and benefits of existing social protection programmes**, for low-income households and vulnerable groups (elderly and disable).
- Allow sub-national governments to **tailor local social protection programmes** in response to the impact of the pandemic on poor and vulnerable families, including universal child grants.
- Pursue a long-term vision of a social protection system with **improved and responsive planning and budgeting** during times of crisis.

Support families to meet their children's nutritional needs

- Disseminate guidelines and tools to permit the **continuation of essential nutrition services** targeting adolescents, women of reproductive age, pregnant and lactating mothers and children under five years of age – including growth monitoring and promotion, micronutrient supplementation, counselling on maternal diet and infant and young child feeding and distribution of high-energy biscuits.
- **Raise the awareness of caregivers of young children, pregnant and lactating mothers, adolescents** and women of reproductive age about the importance of continuing to seek and benefit from essential nutrition services.
- Continue to **screen under-five children for severe wasting** and provide timely and adequate treatment for those identified as severely wasted.
- **Encourage everyone to consume a balanced diet** and pursue a healthy lifestyle to help strengthen individual immune systems.

Keep children learning

- **Scale-up home learning options**, including no-tech and low-tech solutions, and make them accessible to all children in Indonesia. UNICEF and partners will continue to work with the Ministry of Education and Culture to bridge the digital divide and keep children learning, no matter where they are.
- Disseminate **guidelines and tools on safe schools and continued learning** for schools, teachers, students and parents, including:
 - Monitor student learning and participation (by proxy, absenteeism) through online platforms and compare with existing student data
 - Focus on a “less is more”, targeted-learning approach by teaching the most important skill sets, given limited resources
 - Communicate regularly with parents/caregivers informing them about the best ways to ensure a safe and effective learning environment at home
 - Provide teachers with extra support and guidance during this time, as this is also a new situation for them (and they may have extra family caregiving burdens themselves).
- Introduce **targeted measures that address learning challenges for children** with disabilities and ensure that learning modalities are accessible for all children. For example, by providing sign-language and/or subtitles on educational TV programmes.
- Encourage **students to become advocates for disease prevention and control** at home and in their community by explaining how to prevent the spread of viruses –thus promoting public health over the long term.

Protect children from violence, exploitation and abuse

- **Ensure support for especially vulnerable children:**
 - Provide **mental health and psychosocial support** to children, adolescents and families at home and in institutional care to reduce stress and stigma.
 - **Reach out to *posyandus*** (community-based health workers) via RapidPro to promote guidance for parents during a time of social distancing and isolation at home, with suggested activities to do with children and adolescents, coping with stress, access to mental health support, etc.
- Provide alternative care to affected families:
 - Implement inter-sectoral guidelines to document and refer children who need follow-up, to **prevent/reduce the risk of separating children from families** and other child protection risks
 - Support the **continuity of child protection and social protection services** for children affected by COVID-19: children quarantined, hospitalized, left without parents or caregivers or exposed to heightened protection threats
 - At the sub-national level, **monitor and assess the situation of children and families** – with a specific focus on child-care arrangements, protection, security and safety of children during school/kindergarten closures.
 - Provide **social protection to the elderly left to care for their grandchildren** and to **child- and female-headed households**.

Protect children from violence, exploitation and abuse (continued)

- Ensure that children are protected against violence:
 - Develop strategies to **reduce the risks for gender-based violence and violence against children**, such as: mapping of available services, creation and distribution of referral guidelines and expanding the scope of reporting and response mechanisms.
 - Ensure that **social welfare workers have access to protective equipment and information** on how to reduce their risk of infection, to ensure service delivery and case management for the most vulnerable during the COVID crisis.

Public finance for children

- It is **important that funding cuts do not disrupt established services for children** in sectors such as education and social services. Reprioritization of government budgets in response to the pandemic creates pressure to re-direct funds to new public health goals.
- Fiscal transfers to respond to needs at the sub-national level should be accompanied by clear **technical guidance on child-responsive planning** and utilization of the funds.

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