Rapid Assessment of COVID-19 Impacts on Women and Disadvantaged Groups
RAPID ASSESSMENT OF COVID-19 IMPACTS ON WOMEN AND DISADVANTAGED GROUPS

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ACRONYMS AND ABBREVIATIONS

AIDS  Acquired Immunodeficiency Syndrome

AMAN  Aliansi Masyarakat Adat Nusantara (Indigenous Peoples Alliance of the Archipelago Region)

Bappenas  Badan Perencanaan Pembangunan Nasional (Ministry of National Development Planning)

BLK  Balai Latihan Kerja (Public Vocational Training Centers)

BNPB  Badan Nasional Penanggulangan Bencana (National Disaster Management Agency)

BPJS Kesehatan  Badan Penyelenggara Jaminan Sosial – Kesehatan (Social Security Administration – Health)

BPK  Badan Pemeriksa Keuangan (State Audit Agency)

BPKP  Badan Pengawasan Keuangan dan Pembangunan (Financial Supervisory and Development Agency)

BP2MI  Badan Pelindungan Pekerja Migran Indonesia (Indonesian Migrant Worker Protection Agency)

CBS  Central Bureau of Statistics

CEFMI  Child, Early, and Forced Marriage

COVID-19  Coronavirus Disease of 2019

CSO  Civil Society Organization

DPO  Disabled Persons Organization

DRG  Democracy, Resilience, and Governance

DTKS  Data Terpadu Kesejahteraan Sosial (Integrated Social Welfare Data)

FAO  Food and Agriculture Organization

GBV  Gender-based Violence

GDP  Gross Domestic Product

GOI  Government of Indonesia

HCP  Human Capacity and Partnerships

HIV  Human Immunodeficiency Virus
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<th>Full Form</th>
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<tr>
<td>HTI</td>
<td>Hizbut Tahrir Indonesia</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<tr>
<td>ICW</td>
<td>Indonesia Corruption Watch</td>
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<td>IDI</td>
<td>Indonesian Medical Association</td>
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<td>IDR</td>
<td>Indonesian Rupiah</td>
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<td>ILO</td>
<td>International Labor Organization</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>JAD</td>
<td>Jamaah Ansharut Daulah</td>
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<td>JKN</td>
<td>Jaminan Kesehatan Nasional (National Health Insurance)</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>K/L</td>
<td>Non-ministerial Government Agencies</td>
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<td>KPK</td>
<td>Komisi Pemberantasan Korupsi (Corruption Eradication Commission)</td>
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<td>LBH-APIK</td>
<td>Legal Aid Foundation of the Indonesian Women’s Association for Justice</td>
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<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, and Transgender</td>
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<td>LKPP</td>
<td>Lembaga Kebijakan Pengadaan Barang Jasa (Procurement Policy Agency)</td>
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<td>LPK</td>
<td>Lembaga Pelatihan Kerja (Private Vocational Training Centers)</td>
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<td>MESP</td>
<td>(Indonesia) Monitoring Evaluation Support Program</td>
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<td>MNH</td>
<td>Maternal and Newborn Health</td>
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<td>MOEF</td>
<td>Ministry of Environment and Forestry</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOM</td>
<td>Ministry of Manpower</td>
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<td>MOSA</td>
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<td>MPTF</td>
<td>Multi-Partner Trust Fund (UN)</td>
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<td>MSI</td>
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RAPID ASSESSMENT OF COVID-19 IMPACTS ON WOMEN AND DISADVANTAGED GROUPS

NCVAW  Komnas Perempuan (National Commission on Violence Against Women)
NGO      Non-Governmental Organization
NIK      Nomer Induk Kependudukan (Citizenship Identification Numbers)
PCR      Polymerase Chain Reaction (COVID-19 test)
PDAM     Perusahaan Daerah Air Minum (State-owned Water Utility Company)
PEN      Pemulihan Ekonomi Nasional (National Economic Recovery Program)
PMI      Pekerja Migran Indonesia (Returned migrant worker)
PPATK    Pusat Pelaporan dan Analisis Transaksi Keuangan (Indonesian Financial Transaction Reports and Analysis Center)
PPE      Personal Protective Equipment
PPNI     Indonesian National Nurses Association
P2TP2A   Pusat Pelayanan Terpadu Pemberdayaan Perempuan Dan Anak (Integrated Service Center for Women’s and Children’s Empowerment)
PSBB     Pembatasan Sosial Berskala Besar (Large Scale Social Restrictions)
PWD      Person with Disability
SBMI     Serikat Buruh Migran Indonesia (Indonesian Migrant Labor Alliance)
SES      Socioeconomic Status
SME      Small and Medium Enterprise
SRH      Sexual and Reproductive Health
TIP      Trafficking in Persons
TVET     Technical and Vocational Education and Training
UNFPA    United Nations Population Fund
UPTD P2TP2A Service Technical Implementation Unit of P2TP2A
USAID    United States Agency for International Development
VE       Violent Extremism
VEO      Violent Extremist Organization
WFP      World Food Programme
WHO      World Health Organization
EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) Mission for Indonesia commissioned Management Systems International’s (MSI) Monitoring and Evaluation Support Project (MESP) to conduct a report on the summary impacts of novel coronavirus disease of 2019 (COVID-19) in Indonesia, with a special focus on how COVID-19 impacts differ based on gender and social inclusion factors. This report considers the resources available to manage and recover from COVID-19 impacts; the sufficiency of these resources; and identifies gaps in the current response that may be relevant for USAID programming.

This summary report addresses the sectors in which USAID funds programs in Indonesia: democracy, resilience, and governance (DRG), which for the purposes of this report also includes gender-based violence (GBV), trafficking in persons (TIP), violent extremism (VE), and the security of minority groups, including lesbian, gay, bisexual and transgender (LGBT) individuals, indigenous groups, and ethnic and religious minorities, human capacity and partnerships (HCP) and economic growth (EG), environment, and health. To the extent supported by the available data, this report considers how socioeconomic, geographic, and identity factors intersect to create shifting vulnerabilities in the COVID-19 context. The analysis considers issues of gender, the specific needs of people with disabilities (PWD), and the impact of socioeconomic status (SES).

Three research questions structured data collection:

• What are the impacts of COVID-19 on factors that influence Indonesian’s basic household security (including access to income, and water and sanitation resources), access to technical vocational education training (TVET), personal security (including violent extremism, GBV, and human trafficking), and health services? How are women and disadvantaged groups specifically affected by these impacts? Where are the critical gaps in the data?

• What resources are available to aid recovery from COVID-19 impacts? Are digital or other resources to promote remote access to services available? Do women and disadvantaged groups have equitable access to these resources? How does access to these resources differ by location (urban/rural), the severity of lockdowns, and other key factors?

• Are the available resources adequate to support resilience to COVID-19 impacts, specifically for women and disadvantaged groups? What types of interventions are not in place that specifically affect these groups? Are harmful coping behaviors emerging in the data that USAID should be aware of?

The report draws from a rapid literature review, a survey designed for this assessment (“assessment survey”) conducted with USAID implementing partners (IPs) and other select stakeholders, and key informant interviews (KIIs). (See Annex Two for KII and survey respondents.) The survey and KIIs were designed to solicit information on women and disadvantaged groups with awareness that these data are not always as available in the literature. The report’s conclusions draw from the currently available data, fully recognizing that the COVID-19 pandemic continues to evolve at the time of writing, and that some data are incomplete, unavailable, or are still being collected.

Limitations of this report include adjustments made to the search questions during data collection at the request of the client, and re-sequencing data collection while activities were in progress to adjust to administrative delays. Some data were not available for this report, and other data represent initial findings that may shift in the months to come. In some cases, there were not enough detailed data to apply an intersectional lens despite the research team’s best efforts. This report is possible because of
online tools and resources through which the team conducted data collection. However, there are limitations to online data collection, including technical glitches, unstable internet connections, and increased difficulty in establishing a rapport which may have biased responses.

Sector-based findings are organized by the main impacts of the COVID-19 pandemic that arose from the literature, the resources available to respond to COVID-19 and to support recovery efforts, and gaps in those resources. An overview of key findings by sector is provided below:

**DRG:** The Government of Indonesia (GOI) redirected budget lines to source funds for the COVID-19 response efforts. As a result, funding for GBV and TIP among other activities were affected. Service providers struggle to meet service demand with insufficient resources, in addition to challenges posed by social distancing protocols and precautionary measures, such as requiring COVID-19 tests prior to service delivery. Incidences of GBV are rising due to lockdowns, and initial screenings show significant indications of human trafficking among migrant workers who have returned to Indonesia due to the pandemic. Returned migrant workers struggle to find jobs and to access social support programs. As the global demand for labor resumes, migrant workers are at risk of (re)trafficking.

Many indigenous groups enforce social distancing protocols by enacting existing social practices, and engage in community-based actions to protect their communities from COVID-19 infection. There is little current information on how the COVID-19 pandemic may be contributing to discrimination against LGBT and ethnic and religious minority groups, although there have been instances of violence against transwomen and Chinese-Indonesians such as by violent extremist organizations (VEOs). Intolerance is also increasing with greater household use of online platforms which creates the space for upticks in exposure to extremist messaging. In addition, some conservative and extremist groups are using the lockdowns to assert ideological views regarding gender norms.

While the GOI has funneled financial resources into existing social assistance programs to provide additional support for the most vulnerable, pre-existing data limitations have hindered reaching target populations and the newly vulnerable. Furthermore, with relaxed procurement rules and less oversight to allow for a rapid response to the pandemic, various stakeholders raised concerns of allegations of corruption and improper procurement related to the emergency funds. Plans are in place for audits and other measures, but greater transparency and accountability efforts are called for, such as by the Lembaga Kebijakan Pengadaan Barang Jasa (LKPP).

The GOI provides the majority of resources for the COVID-19 response, funneled through pre-existing mechanisms with the creation of some new programs. NGOs provide support to GBV shelters and service providers, such as renting additional space to serve as shelters to address overwhelming demand. Communities are mobilizing resources to meet local need, including LGBT groups providing food assistance and ensuring adherence to health protocols in villages.

**Resources gaps** include the incomplete databases of socioeconomically vulnerable populations for targeting GOI social assistance packages, including for newly vulnerable groups. Some people continue to be unable to access government assistance programs without a valid ID, including indigenous groups, migrant workers, and transgender individuals. Social distancing measures slowed investigations and court cases for GBV and TIP victims, as well as identification of and protection for TIP survivors. A comprehensive system is needed to track TIP issues, including ensuring services and support for trafficked individuals.
**HCP+E: Income loss and reductions** create insecurity for many households, making it difficult to meet basic needs. The greatest impacts are among workers in the informal sector. On average, women are more affected by job loss, while men are more affected by income reductions. Women, PWD, and people with lower SES and lower educational attainment tend to cluster in informal jobs. This limits their access to **skills training**, as many skills training programs focus on the formal sector. **Youth** entering the workforce are competing with more skilled workers for limited opportunities and are increasingly relying on informal labor markets.

While universities that offer vocational training leveraged greater resources and prior preparation to provide quality instruction online, TVETs struggle to **transition curriculum to online formats** and to continue training offerings. Access to the **internet and internet-enabled devices** poses barriers to people living in areas without strong information and communications technology (ICT) infrastructure, and without the economic means to afford internet connections and data packages. Women and girls may not be prioritized in households for internet/device use, and many online course offerings do not accommodate the needs of PWD participants in terms of technology access or course design. While Indonesia’s **food supply** is currently secure, there are concerns that households with low SES will become reliant on harmful coping mechanisms, including reducing nutritious food, relying on unclean water sources, and resorting to traditional medicines to avoid healthcare costs.

The available **resources** focus on skills training opportunities, such as the **Pre-Employment Card program** launched by the GOI, and specific training offerings from the Ministry of Manpower (MOM). In addition, NGOs and donor-funded programs are continuing some **skills training and empowerment programs**. The International Labor Organization (ILO) has provided training for MOM and TVETs to create stronger online training courses. Some **faith-based organizations** have organized charitable assistance for struggling households. There are some programs to link available labor to employment opportunities, such as in the agriculture sector.

However, the data points to insufficient attention to the needs of informal workers, and the technical assistance gaps experienced by TVETs, especially for aligning quality skills training to current opportunities in pandemic labor markets. Greater attention is needed to overcome barriers to internet connectivity, and to ensure equitable access to skills training and jobs, such as for youth and PWD. Respondents recommended community-based solutions as potential sites of sustainable connections between skills training and employment opportunities. Finally, **household food security** must be considered as the pandemic continues to avoid reliance on harmful coping mechanisms as household economic resources become unduly strained.

**Environment:** While there are no reports of **water and sanitation** shortages directly resulting from the pandemic, households in both rural and urban areas continue to suffer from a lack of access to water, sanitation, and hygiene (WASH) resources. As proper handwashing and hygiene practices are two of the main precautions for preventing COVID-19 infection, the continued accessibility of these resources is critical. Questions about the **proper disposal** of masks, personal protective equipment (PPE), and increased soap in water streams have prompted the dissemination of proper disposal protocols, but implementation efforts are unclear from the data.

Individuals whose livelihoods depend on **natural resources**, including forest and sea products, are coping with loss of income from less demand from urban markets and sectors (e.g., hotels, restaurants), reduced demand from international markets (e.g., seafood), and disruptions in transporting perishable goods to markets. The lower demand for these products reduces women’s income from livelihoods, such as collecting mud crabs. Some of these areas are targeted by local governments for additional food assistance and distribution of hygiene supplies and PPE. As social
distancing reduces forest and sea monitoring, upticks are noted in illegal activities, while the change to online processes slowed the resolution of land disputes. To spur economic growth, the GOI has relaxed environmental protections. The outcomes in the medium to long term may have undue negative impacts on ecotourism, fishing and forest-based communities’ health and livelihoods, and indigenous groups. It is also anticipated that progress in meeting environmental protection targets, including for renewable energy, will be slowed.

**Resources** to address these impacts in the environment sector include actions by local governments to provide additional support to vulnerable communities. Redirecting budgets and sudden shortages in funds prompted pausing or cancelling some projects in the sector, but in some cases local governments invested in continuing labor-intensive projects to address income insecurity. However, resources gaps include slowing WASH activities during the pandemic, which puts these resources further out of reach for poor households, and not integrating gender and inclusion specifically into designing responses to address pandemic outcomes.

**Health:** The health sector is critical for responding to COVID-19, a global health emergency. However, the health system did not have sufficient equipment, facilities, supplies, or human resources to react with flexibility to the growing demands. Furthermore, frontline health workers without sufficient PPE and other ways to protect their own health are at increasing risk as their colleagues fall ill and their workloads increase. Women comprise the majority of health workers and volunteers, and their combined caring responsibilities at work and at home intensify their families’ exposure.

While the health system has shifted service delivery to meet the demands of COVID-19, routine health services have been reduced, including for immunizations, maternal and newborn health, health checks for the elderly, and regular care for people living with HIV and TB patients. Concerns about the reliable supply of medications arose early in the pandemic with disrupted global supply chains, causing a shortage of HIV medications. In addition, many health facilities are operating under reduced hours or are closed, further reducing access to services. There is also reluctance among many to utilize health services based on the fear of becoming infected with COVID-19 in a clinic or hospital. Limited routine health services may lead to longer-term health consequences, particularly for vulnerable populations, and a loss of trust in the health system.

While the GOI provides free COVID-19 testing for those who meet eligibility criteria, many Indonesians who do not meet the criteria cannot afford to pay for the test. Moreover, access to treatments for COVID-19 infection is limited by the reluctance of private hospitals to participate in the national health insurance (JKN) reimbursement program due to bureaucratic delays in reimbursements. Meanwhile, due to the use of masks and other health behaviors, TB patients are experiencing less stigma as the public at large are now advised to wear masks in public.

The GOI expanded JKN health coverage to a larger percentage of the population, but without integrating a process for determining eligibility for subsidies. This leaves health insurance still out of reach for many of the newly covered. Various professional groups and international health organizations exerted efforts to accelerate training for health workers to provide information on COVID-19 protocols, case management, and the dissemination of accurate information about the virus. However, gaps remain for continuing to offer quality routine health services as the health system focuses on managing the COVID-19 pandemic, and to provide equitable access for both COVID-19 and routine care.
The report offers a number of conclusions and a series of entry points to further strengthen Indonesia’s resilience to emergencies and to strengthen systems overall. Among these are the importance of improving government population data for vulnerable groups. This will allow for better targeting of assistance programs, and closing systems for government accountability and transparency are needed during emergency contexts, especially under relaxed procurement laws. Attention is needed to support workers in informal markets, especially women, PWD, youth, and workers with low SES. These workers tend to be more vulnerable, have less access to alternative job options or skills training, and are more likely to rely on harmful coping mechanisms during prolonged periods of economic strain. In particular, poverty and debt are drivers for child, early and forced marriage (CEFM), where underage marriages are used to alleviate household expenses and to repay debts. Further attention to trends in CEFM is recommended. Overall, the inequalities created by gender norms and social discrimination and marginalization appear to have intensified somewhat during the pandemic, based on available data. While not surprising, these inequalities must be addressed to improve the resilience of vulnerable populations.

These data draw attention to the importance of focusing at the intersections, for example, not only understanding the risk of reduced pre-natal home visits by health volunteers for upticks in maternal and newborn mortality, but also the risk of lowering women’s access to other health information provided by health volunteers, such as about nutrition and sanitation practices. There also may be important correlations among women’s greater exposure to extremist messages through increased online engagement and their dissatisfaction with gender norms due to increased household labor burdens that, combined pertaining to the GOI’s response to the pandemic. The combination of these factors may prompt a greater openness to VE messages.

See the Conclusion for a discussion of initial entry points for continued efforts to address the COVID-19 pandemic.
INTRODUCTION

PURPOSE

The United States Agency for International Development Mission for Indonesia (USAID/Indonesia) commissioned Management Systems International’s (MSI) Monitoring and Evaluation Support Project (MESP) to conduct a summary report on the impacts of novel coronavirus disease (COVID-19) in Indonesia, with a special focus on gender and social inclusion factors. (See Annex One for the Scope of Work.) Gender equality and social inclusion are central tenets of effective and sustainable development outcomes. Understanding the differential impacts of the socioeconomic consequences of the COVID-19 pandemic for women, men, girls, boys, and disadvantaged groups is essential for supporting effective responses to build resilience among vulnerable populations. This report considers the resources available to Indonesians to manage and recover from COVID-19 impacts; the sufficiency of these resources; gaps in the current response that are important considerations for continued response efforts; and any emerging negative coping mechanisms.

This summary report is organized by sector based on USAID’s activities in Indonesia: democracy, resilience, and governance (DRG), which for the purposes of this report also includes GBV, TIP, VE, and the security of minority groups including LGBT individual, indigenous groups, and ethnic and religious minorities; human capacity and partnerships (HCP) and economic growth (EG), environment, and health. To the extent supported by the available data, this report seeks to present how socioeconomic, geographic, and identity factors intersect to create, alleviate, or deepen vulnerabilities to the consequences arising from the COVID-19 pandemic’s effects across sectors. This report considers the impact of the COVID-19 pandemic on women, people with disabilities (PWD), lesbian, gay, bisexual, and transgender (LGBT) individuals, ethnic or religious minorities, urban and rural residents, and other vulnerable groups, such as the elderly.

The report’s findings are structured by three research questions:

1. What are the impacts of COVID-19 on factors that influence Indonesian’s basic household security (including access to income and water and sanitation resources), access to technical vocational education training (TVET), personal security (including violent extremism, GBV, and human trafficking), and health services? How are women and disadvantaged groups (defined above) specifically affected by these impacts? Where are the critical gaps in the data?

2. What resources are available to aid recovery from COVID-19 impacts? Are digital or other resources to promote remote access to services available? Do women and disadvantaged groups (defined above) have equitable access to these resources? How does access to these resources differ by location (urban/rural), the severity of lockdowns, and other key factors?

3. Are the available resources adequate to support resilience to COVID-19 impacts, specifically for women and disadvantaged groups (defined above)? What types of interventions are not in place that specifically affect these groups? Are harmful coping behaviors emerging in the data that USAID should be aware of?

The report’s conclusions are drawn from the currently available data, fully recognizing that the COVID-19 pandemic continues to evolve at the time of writing, and that some data are incomplete, unavailable, or currently uncollected.
METHODOLOGY

The assessment team drew from three sources of data: a rapid review of available literature; 45 responses to an online survey conducted with USAID implementing partners and other stakeholders; and 50 key informant interviews (KII) across sectors to fill data gaps or clarify critical points. (See Annex Two for KII and Survey respondents.) Selection of KIIs and survey respondents included seeking detailed information on women, disadvantaged groups, and geographic diversity, with awareness that these data are not always as available in the literature. Due to health precautions and social distancing guidance, all research activities were conducted online using SoGo Survey software and various video-calling platforms for conducting KII. The assessment team analyzed qualitative data for trends and outliers, and with priority for capturing information missing from the literature but that harmonized with findings from the literature.

LIMITATIONS

This report reflects rapid data collection and analysis during an evolving global pandemic and does not presume to provide a deep dive into any one sector. Due to these factors, the report provides a summary snapshot of the most critical issues currently emerging from the literature, survey, and KII data, and where indications arise suggesting medium- and long-term impacts. However, with the rapidly changing context, the findings and conclusions should be viewed as contextual and specific to the writing of this report.

Changes made during data collection activities affected data collection. These include adjustments by the client to the research questions, and administrative delays that required re-sequencing data collection activities. The change in activity sequencing resulted in fewer opportunities to follow up on gaps or interesting leads in the survey data to deepen the analysis.

The impact of the COVID-19 pandemic took many countries worldwide off guard, and it is no surprise that data are far from robust or in some cases unavailable. Prior to the pandemic, Indonesia generally struggled with data reliability and accuracy, and the shortcomings in available data have continued into the pandemic, especially on regional specificities or nuanced information regarding disadvantaged groups. As anticipated, this limits application of an intersectional lens despite the dedicated efforts of the research team.

In addition, at the beginning of the pandemic, forecasts of harmful outcomes came rapidly across social media and news platforms, such as the anticipated increase in GBV and the worsening of women’s double labor burden. While the research team found general agreement that these are concerns for Indonesians with initial corroborating data, in general, data collection has not fully explicated these forecasted outcomes, meaning that the analysis of these issues is limited.

Finally, this report is possible because of online tools and resources through which the team reviewed literature; collaborated on planning, troubleshooting, and analysis; disseminated the survey; and conducted KII. However, there are limitations in an online approach, including technical glitches, unstable internet connections, and the extra time needed to establish a rapport online compared with in-person interviews.

BACKGROUND

Indonesia is a highly populated country with about 263 million people, comprising 300 ethnic groups and dispersed over 922 islands, with widely varying population densities. The Government of Indonesia (GOI) confirmed the presence of COVID-19 in Indonesia on March 2, 2020. Since March,
COVID-19 cases have continued to rise in Indonesia, with high infection rates on Java island, but with continued rising rates of infection across other islands. This is in part due to community transmission of the virus, and continued domestic travel between regions, districts, and provinces. vii

As of July 28, 2020, there were 102,051 cumulative confirmed cases of COVID-19 in Indonesia, with 4,901 confirmed COVID-19-related deaths. viii The death rate is unsettling due to the loss of life, but also as an indication of the resonating socioeconomic impacts for affected families, including the potential loss of household earners, care providers, and contributors to other aspects of household stability. On April 10, the GOI initiated partial large-scale social restrictions (Pembatasan Sosial Berskala Besar, PSBB) in locations with high reported caseloads. These restrictions applied to international and domestic travel, and closed public facilities such as schools, places of worship, shopping malls, crowded venues, tourism events, business offices, grocery stores, and restaurants, among other locations. vii A perception survey found that the majority of Indonesian respondents believed that COVID-19 is spread due to individuals not following government regulations, such as not wearing masks or traveling to high-risk areas. The survey showed a less prevalent but present belief that the government did not anticipate the impact of COVID-19 nor effectively implement public health measures. ix

While all of Indonesia’s 34 provinces reported confirmed COVID-19 cases, x PSBB protocols took effect in the provinces of DKI Jakarta, West Java, Banten, Gorontalo, and West Sumatra. During Ramadan (April 23 through May 23, 2020), travel bans affected government employees, military and police personnel, and employees of state-owned companies, and the government warned the general public against travel in light of the pandemic. x While some locations extended the PSBB period (e.g., Jakarta), or are continuing to implement the measures based on risk assessments by district (e.g., Central Java and Yogyakarta), xii other locations are adopting “new normal” protocols while lifting restrictions (e.g., West Java). xiii

The closure and restrictions placed on many public activities impacted the country’s economy, particularly businesses in both the formal and informal sectors. Indonesia boasts the largest economy in Southeast Asia, and the tenth-largest global economy based on purchasing power parity. xv Indonesia has experienced steady economic growth since the 1990s xv and a 20 percent increase in gross domestic product (GDP) per capita over the past 20 years. xvi However, due to the COVID-19 pandemic, the GOI faces economic conditions that could lead to a recession rivaling that of the 1997/98 Asian financial crisis. Business activity has slowed, productivity has reduced, worker incomes have fallen, and consumption has decreased, creating increased unemployment anxiety and around income security. xvii Data from the Indonesian Central Bureau of Statistics (CBS) comparing the number of Indonesian poor between September 2019 to just before the acknowledgement of a global pandemic by international health organizations in March 2020 show a 0.56 of a percentage point increase in the number of poor people in Indonesia. xviii The percentage of urban poor increased from 6.56 percent to 7.38 percent and rural poor from 12.6 percent to 12.82 percent in the same period. There are no currently available gender disaggregated data on the increasing poverty rate to reflect the COVID-19 pandemic context, yet Indonesian women have a higher likelihood than men of having a low socioeconomic status (SES), suggesting their higher vulnerability to increased poverty during the pandemic.

The COVID-19 pandemic created more negative impact on economic activity in the first half of 2020 than anticipated, and the recovery is projected to be more gradual than previously forecast. It is reported that household economic conditions in Indonesia dropped to the worst levels since 2004 as a result of PSBB. xix The GOI has attempted to buffer the economic shock by relaxing the 3 percent rule for the deficit-to-GDP ratio. This has allowed the national budget deficit to grow to 5.07 percent of GDP. A decrease in revenue paired with a 10 percent increase in government spending to fund the
government stimulus package in part drove the increased deficit. The GOI funded IDR 203.9 trillion in social protection programs for low-income households. This aid is expected to cover beneficiaries from several sectors (see Annex Four) and formal and informal workers.\textsuperscript{xxi}

**OVERVIEW OF GOI RESOURCES**

The Emergency Economic Recovery Fund (Pemulihan Ekonomi Nasional, PEN) is the primary vehicle established by the GOI to disseminate the COVID-19 economic response. The increased budgets for business support and social safety net strengthening is managed through existing social protection programs, such as for food assistance and energy stipends (see Annex Four), as well as new programs developed specifically for COVID-19 response. The GOI increased the budget levels for the PEN fund by 70 percent in April 2020 in response to changing public needs and to mitigate growing negative impacts. In addition, the GOI has allocated funds for use by regional governments and ministries/agencies (K/L), the health sector, micro, small, and medium enterprises (MSMEs), and for corporate financing through separate funding mechanisms.\textsuperscript{xxi}

\textsuperscript{xxi} 

As shown in the chart below, emergency response funding levels include IDR 203.9 trillion to social protection, IDR 123.46 trillion to MSMEs, IDR 120.61 trillion to business incentives, IDR 106.11 trillion to corporate financing, and IDR 87.55 trillion to health and regional governments and K/L.

\textsuperscript{xxi}

**Government National Economic Recovery Fund [trillion IDR]**

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding (trillion IDR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Protection</td>
<td>203.9</td>
</tr>
<tr>
<td>MSME</td>
<td>123.46</td>
</tr>
<tr>
<td>Business Incentives</td>
<td>120.61</td>
</tr>
<tr>
<td>Regional Governments and K/L</td>
<td>106.11</td>
</tr>
<tr>
<td>Health</td>
<td>87.55</td>
</tr>
<tr>
<td>Corporate Financing</td>
<td>53.57</td>
</tr>
</tbody>
</table>
to regional governments and K/L, IDR 87.55 trillion to health, and IDR53.57 trillion to corporate financing.

The social protection earmark is intended to provide emergency funding to mitigate risks for marginalized groups, through direct cash transfers and food assistance, in an effort to build household resilience to the shocks caused by the pandemic. Target recipients include workers who have lost jobs in reductions in the workforce, micro and small enterprises, and existing and ‘newly’ poor households.xxii

**GENDER NORMS AND COVID-19**

Gender norms shape how and when women, girls, men, and boys are exposed to COVID-19 infection, and the ways in which other contextual factors impact their ability to mitigate risk and protect their own health. Statistically, Indonesian men are more likely to become infected with COVID-19. This is partly due to men’s greater mobility in public spaces, responsibility for household earnings, and use of alcohol and tobacco.xxiii Nonetheless, the combination of the virus and socioeconomic factors put women, and even more so disadvantaged women, at risk of negative outcomes from the resonating effects of the COVID-19 pandemic.

Gender norms allocate responsibility to women and girls for performing household labor, assuring water resources, and caring for family members. These responsibilities increase with lockdowns, including greater cleaning and cooking responsibilities, accessing masks and accessing household sanitation supplies for household use, ensuring proper health behaviors including hand washing, managing children’s remote schooling or lack of education options, and caregiving in households where members have fallen ill with COVID-19. A Women and Child Protection Commission survey found that women’s work doubled compared with men’s work during the pandemic, showing a three-hour gap between the time women and men spend on household labor.xxiv As discussed in the sections below, with the lockdowns, women and children are at higher risk of gender-based violence (GBV), losing their incomes in informal jobs, and women frontline health workers have heightened risk of COVID-19 exposure for themselves and their households.

The socioeconomic impacts of the COVID-19 pandemic have also deepen existing inequalities and discrimination, both within homes and within the public sphere.xxv However, these negative outcomes are less likely to be addressed, as women and disadvantaged groups are underrepresented in emergency response bodies.xxvi Furthermore, women and girls generally have less access to a broad range of information compared with their male peers. As discussed below, the information available on COVID-19 is not always accurate or accessible, raising questions about women’s and girls’ access compared to men’s and boys’. As women’s and girls’ gendered labor in households and occupations creates exposure to COVID-19 infection, they need accessible, accurate, and comprehensible information on COVID-19 and social assistance programs.xxvii

UN Women points to the risk of women in the Asia Pacific region being left behind as the COVID-19 pandemic forces a pivot toward digital and remote solutions, when since 2003, women in the region have experienced a widening digital divide. Furthermore, women are at risk of additional financial burdens during and after the COVID-19 pandemic. In addition to emergency social support programs, technology-focused skills training for women and adolescent girls is important for closing this divide and helping women find continued income sources during rising employment, uncertainty.xxviii

The COVID-19 pandemic also affects men’s and boys’ ability to fulfill their gender roles. Based on responsibilities assigned to men and boys to be primary household earners, the economic shocks
caused by the COVID-19 pandemic, and the subsequent loss of income for many workers, make it difficult for men and boys to continue providing for their households. This may pressure men and boys to continue seeking income-earning opportunities that expose them to COVID-19 infection, or remove boys from educational opportunities in favor of contributing to household income in whatever ways possible. Men’s and boys’ access to support networks is also impacted by lockdowns and social distancing, removing them from information sources, opportunities, social support, and also methods for managing household tensions. This not only affects men’s and boys’ social wellbeing and mental health, but also the relational wellbeing of their family members, including in contexts of domestic violence.

**FINDINGS BY SECTOR**

**DEMOCRACY, RESILIENCE, AND GOVERNANCE**

Themes that emerged from the data in the DRG sector include the risk to the personal security of migrant workers and trafficking victims, rising GBV rates with reduced funding for services and support, initial indications of intensifying conservative and violent extremist messages, and the vulnerability of COVID-19 relief funds to mismanagement and corruption. The assessment team intentionally sought out information on how the COVID-19 pandemic prompts specific outcomes for the personal security of marginalized groups or how corruption may have specific consequences for these groups, including LGBT, ethnic and religious minorities, and indigenous groups. While the findings below reflect those data that the team could access, it is recommended that intentional attention to these groups receives priority as the secondary and tertiary waves of outcomes arise from the pandemic.

**IMPACTS**

**Gender-Based Violence**

At the beginning of the COVID-19 pandemic, experts warned of global increases in GBV, in part due to lockdowns where household tensions were more likely to run high, difficulty accessing services online or via phones due to privacy concerns, and victims of violence trapped in home with abusers. Overall, the data show that the support systems in Indonesia for survivors of GBV are strained with reduced reach, due to budgets redirected toward COVID-19 relief efforts, and PSBB protocols. PSBB protocols reduce options for de-escalating tension in households and for escaping potentially violent or violent interactions, managing escalated tensions in households fueled by economic stress, and coping with the reduced ability for women and men to fulfill gender roles, such as men’s reduced opportunities to earn income and women’s intensified double labor burden.

The online survey conducted by the National Commission on Violence Against Women (NCVAW) across Indonesia’s 34 provinces shows a 12 percent increase in GBV rates during the pandemic compared with reported incidences in 2019. According to the survey results, women are more likely to experience GBV during the pandemic based on factors such as low household income, dependence on the informal economy, and living in provinces with high rates of COVID-19 infection. The NCVAW also compiled reports that demonstrate an increase in GBV during the months of the pandemic, including domestic violence against women and children, sexual, and cyber violence. Simfoni data managed by the Ministry of Women’s Empowerment (MOWE) show a decrease in reported cases of GBV between February and June 2020 compared with January to February 2020, which the ministry explained as likely arising from the greater obstacles that women encountered when seeking services during PSBB. Despite these challenges, during the PSBB in
Jakarta between March and April 2020, the Legal Aid Foundation of the Indonesian Women’s Association for Justice (LBH APIK) received daily reports of violence against women (97 cases) at three times the pre-pandemic daily average.\textsuperscript{xxxviii} The survey for this assessment and KIIIs validate that PSBB periods corresponded with a rise in GBV in locations where respondents implement programs.\textsuperscript{xxxix}

Protocols to prevent the spread of COVID-19 also create new, and worsen existing, challenges for survivors to access GBV services and care. For example, PSBB protocols contributed to shelter and safe houses closures based on the inability to assure adherence to health protocols. Shelters and safe houses also struggled with securing continued financial support from NGOs and the Integrated Service Centers for the Empowerment of Women and Children (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak, P2TP2As).\textsuperscript{x} Survivors seeking safehouse services may also be deterred by the requirements to show negative COVID-19 test results (see a discussion of challenges with COVID-19 testing in the Health section below).\textsuperscript{xi} In some locations, the cost of testing must be paid by the survivors, which may be out of financial reach.\textsuperscript{xii}

LBH APIK in Jakarta has received an uptick in requests for legal aid for online trials, placing a strain on the organization’s human resources. To meet demands for additional safe houses, relying on public donations LBH APIK rented additional space. LBH APIK has also reported that local police require additional PPE and more COVID-19 tests to keep GBV survivors and perpetrators from infection, and that police cells are overcrowded and a hotspot for the spread of the virus.\textsuperscript{xiii}

The Jakarta UPT P2TP2A found that during PSBB survivors encounter challenges accessing service providers, including finding transportation.\textsuperscript{xiv} KII respondents also reported that survivors struggle to find information about where to have health examinations (visum) after assault when many hospitals operate with reduced routine services to focus on providing COVID-19 testing and care. As health facilities are viewed as potential infection sites, survivors are also hesitant to seek services. Other obstacles for seeking GBV services include difficulty associated with finding private and secure locations from which to call women’s crisis-hotline services during lockdowns, increased complexity accessing police stations to report GBV and to seek protection, and the limited number of police stations that provide online reporting options (in a positive example, the police in Bekasi district and the Provincial Police of North Sumatra offer online reporting options). Furthermore, many judicial proceedings are postponed, with the additional consideration that not all judicial proceedings can take place online (a positive example is the district of Semarang, which offers online trials when appropriate).\textsuperscript{xv}

The shift to providing online services and support also risks creating cost burdens for survivors. The change to online counselling, psychological, and legal assistance services creates internet costs for the service providers and survivors, which for some may constitute an economic burden. Online services potentially increase access for survivors who live in remote areas or who cannot access in-person services. However, there is a risk of disadvantaging GBV survivors with disabilities, from remote areas without strong ICT connectivity, or those living with low SES due to connectivity costs, online privacy concerns, household privacy concerns, technology skills gaps, and accessibility constraints associated with online service provisions.

The COVID-19 pandemic is intensifying the known drivers of CEFM. According to data reported from the Ministry of Women Empowerment and Child Protection, districts and religious courts received 34,413 applications for dispensations to marry children under the legal age of marriage (19 years of age) between January and June 2020. Most of the applications were reported to have been approved.\textsuperscript{xvi} In comparison, in 2019 religious courts received 24,864 applications to marry underage children, while
data from the district courts from 2019 is not currently published. While the reported applications for underage marriages indicates a potential uptick in CEFM based on the data from January to June 2020, it is important to consider as well how the economic and social impacts of COVID-19 and interruptions in court activities due to PSBB measures may inform parents’ decisions to seek informal, unregistered marriages of underaged children. Pandemic-related pressures on already vulnerable households include reduced incomes, increased household debt, and a higher risk of girls dropping out of school with closed schools and limited online education options in many areas.

According to the Ministry of Education, over a third of Indonesian students have limited or no access to the internet, and the majority of schools have been closed due to PSBB. Households that have access to internet-enabled devices often share one device among children to access educational assignments and instruction, and parents in remote areas must take time from work to download materials for children in areas with stronger internet signals, which can contributed to exacerbated household tensions that can lead to school drop outs, which is a contributing factor for CEFM. In addition, lockdowns and the associated risk of sexual assault, lack of access to sexual and reproductive health (SRH) services, and potential illicit sexual relations are also risk factors for unplanned pregnancies that can lead to underage marriages.

Other data specific to CEFM were not available at the time of writing, but as the pandemic progresses CEFM should receive priority for further attention.

**LGBT**

The data on the effects of COVID-19 on LGBT communities are still emerging. Emergencies tend to deepen pre-existing vulnerabilities for already marginalized or disadvantaged people. An assessment conducted among young transgender women in Jakarta by Sanggar Swara found that more than 640 transgender people in Jakarta had lost jobs due to the COVID-19 pandemic, but reported an inability to access food benefits due to a lack of identity cards. Yayasan Srikandi Sejati, which serves transgender individuals in Jakarta, attests that only 40 percent of transwomen in Jakarta have IDs. This limits their access to government assistance and public services.

Reports on LGBT communities during the pandemic currently provide examples of organized support. For example, LGBT communities in Maumere, Yogyakarta, and Surabaya provide food to vulnerable people while also grappling with their own income loss, continued identity-based discrimination, and reliance on families that do not accept their gender identity or sexual orientation. In Yogyakarta, congregants of an Islamic boarding school for transgender women offer a food bank to distribute food to the transgender community, pedicab drivers, and others in need. This is important community-based aid, as transgender individuals struggle normally to secure employment, which is now harder with the pandemic. For many transgender women, sex work is the available source of income but, with lockdowns and income loss in households, many of their clients no longer use their services. Similarly, transgender street musicians are reported to still have work, but their earnings are significantly decreased by the fewer number of people in public spaces. Some transgender individuals staff village security posts to monitor entrances, and to spray visitors with disinfectant and oversee handwashing.

During the pandemic, identity-based attacks on LGBT groups have continued, albeit at a lower reported rate than before the pandemic. Two examples in the media include an incidence of a mob burning a transgender woman to death in Cilincing, North Jakarta, and a YouTube personality, Ferdian Paleka, carried out pranks including delivering garbage disguised as care packages to transgender women in Bandung, West Java.

**Indigenous Groups**
Globally, indigenous people have a higher risk for COVID-19 infection and mortality, due to discriminatory socioeconomic factors, such as fewer health clinics and health workers in their communities, less emergency equipment, such as ventilators, a higher likelihood of pre-existing conditions, and poorer nutrition. In Indonesia, many indigenous groups are applying established social practices to prevent the spread of COVID-19, such as social distancing practices common among the Suku Anak Dalam (also known as the Orang Rimba) tribe in Jambi, called besasandigon. This practice separates ill individuals from healthy members and requires quarantine for external visitors. About half of Indonesia’s indigenous groups have enacted some degree of a lockdown, many before the GOI’s social distancing lockdown in April. Forest-based indigenous groups are also moving deeper into forest areas to avoid contact with potentially infected individuals, and to rely on guidance provided by NGOs, such as the Indigenous People’s Alliance of the Archipelago (AMAN), on food stockpiling and tightened social distancing measures.

Effectively implementing lockdowns and social distancing requires some control over land access and use. Where indigenous groups do not have control over land and are reliant on plantations for income, they do not have the same ability to close their communities to prevent infection. Similarly, control of land resources makes assuring food security more possible, such as among the Meratus in South Kalimantan, the Warungbaten village in Kaolotan Cibadak in Banten Province, and the Kasepuhan people who all report using safeguarding measures against food insecurity during COVID-19. Many indigenous groups are relying on their own resources as government assistance programs frequently do not reach their communities due to a lack of ID cards and other challenges.

Provincial governments and indigenous groups clashed with the GOI over closures due to the associated economic impact of community closures. However, local authorities argue that these are necessary public health measures for populations where health resources are limited. For example, authorities in Papua closed access to air and sea traffic (except for freight traffic) and some indigenous communities in the more remote areas have blocked road access to their villages, as there are only five referral hospitals for COVID-19 in Papua and a population where the virus could spread extremely quickly. Among these five hospitals there are a reported 60 ventilators, and they are reliant on the GOI for PPE for health workers.

In many indigenous communities, major challenges that are exacerbated by the pandemic include a lack of reliable transportation options, low access to ICT, limited reliable and accurate information sources, food shortages, shortages of PPE, and limited access to disinfectants. One challenge with accessing information lies with making information accessible to people who speak indigenous languages, prompting NGOs to create informational flyers and posters on COVID-19 in local languages. Many indigenous groups are also communicating information and strategies via messaging apps. There have been calls for plantation and mining companies to restrict activities that operate in proximity to indigenous lands due to infection risks from workers, which has been unevenly acknowledged.

Ethnic and Religious Minority Groups

The data on the specific impacts of the pandemic on ethnic and religious minority groups are still emerging. However, there are indications of rising anti-Chinese sentiments from social media and public incidences. Some social media users refer to COVID-19 as the “Chinese virus,” and there have been calls for a fatwa to prevent Chinese-Indonesians and Chinese nationals from entering Indonesia. Some Indonesians report viewing the COVID-19 pandemic as a backlash for the treatment of Uyghurs in Xinjiang province in China, seeing the pandemic as a punitive divine response to China’s political policies toward Uyghurs, policies that are viewed by some as anti-Muslim. Others view the COVID-
19 pandemic as a weapon used by the Chinese government to eradicate Muslims. Affiliates of the Islamic State have increased anti-Chinese sentiments on social media to position COVID-19 as a cause for targeting Chinese-Indonesians or Chinese expats living in Indonesia. In one instance early in the COVID-19 outbreak, several hundred residents of Bukit Tinggi, West Sumatra, marched to a hotel where 170 Chinese tourists were staying, calling for the tourists to leave. The next day, local authorities negotiated the departure of the tourists.

**Migrant Workers and TIP**

Indonesia is one of the largest sending countries for labor migrants: in 2016, an estimated 9 million Indonesians worked overseas, half of which were women. In June 2020, 144,327 migrant workers from at least 54 countries returned to Indonesia due to terminated employment contracts or reduced income. The GOI also cancelled formal placement services for returning or aspiring overseas workers to reduce the spread of COVID-19. In 2019, Indonesian migrant workers contributed IDR 138 trillion in remittances. It is estimated that, due to the COVID-19 pandemic, remittances to districts and rural areas will decrease by at least 20 percent. Poverty and unemployment are two of the main socioeconomic risk factors for trafficking in persons (TIP) in Indonesia, which for many are exacerbated by the pandemic outcomes, particularly for women from low-income households. The loss of wages and remittances risks increasing household poverty in the medium to long term, which also increases the risk of further human trafficking.

For some women, the risk of trafficking is not prompted by immediate job loss, but conversely by greater work hours. For example, some female domestic workers have increased work hours while employees and their families are home during PSBB, creating greater opportunities for conditions that lead to trafficking.

In addition, sex-trafficked girls and women working in brothels and red-light districts have lost income due to PSBB, and struggle to afford food and hygiene supplies. Shelters for trafficked women are unable to meet demands for services with reduced budgets and adherence to health protocols, and cannot afford to offer the required COVID-19 tests to everyone requesting services. Some women in red-light districts have started relying on their children’s labor to meet basic needs, risking their children’s exposure to traffickers.

While PSBB has created a momentary lull in trafficking activities, such as the reduction of recruitment activities for migration and other labor programs, the conditions created by the COVID-19 pandemic exacerbate the root causes that entrench long-term TIP vulnerabilities, including intensifying poverty and unemployment. Indonesian migrant workers employed in the domestic, plantation, and fisheries sectors are the most vulnerable groups to exploitation and TIP. While returned migrant workers seek employment options in Indonesia’s already-strained job markets in Indonesia, some face complications in updating or accessing the legal ID cards, which not only hinders access to jobs in the formal market but reduces access to government social support programs. After the relaxation of PSBB in many locations in June 2020, the Agency for the Protection of Indonesian Migrant Workers (Badan Pelindungan Pekerja Migran Indonesia, BP2MI) has reported upticks in the interception of migrant workers suspected of being victims of TIP, such as workers from North Sumatra on their way to Cambodia, and women migrant workers in Surabaya, East Java departing for the Middle East. The decreasing number of COVID-19 cases in the destination countries is creating renewed demand for illegal migrant workers, providing opportunities for TIP perpetrators to resume trafficking activities.
During initial screenings of returned migrant workers (Pekerja Migran Indonesia, PMI) due to the pandemic, thousands of PMI provided indications of being trafficked. Women comprise the majority of returned PMI, primarily employed for domestic work. As of August 2020, the Ministry of Social Affairs (MOSA) repatriated 4,500 migrant workers identified as “Indonesian Citizens Migrant Victims of Human Trafficking” (WNIMTPPO) from Malaysia, of which half were men who had worked in the plantations and half were women from the domestic sector. The increase in demand for safe house and trauma center services is creating shortages of social workers and other staff, and limited access to services. Social distancing protocols in shelters are difficult to maintain and further limit access to services.

With the large-scale return of PMI, normal efforts by Indonesian authorities are limited by PSBB and insufficient capacity. KII respondents noted the likelihood that thousands of victims are not identified and are not receiving protection, support, or assistance. Based on KII, inspections and raids, both within Indonesia and internationally, cannot be conducted as frequently as before, and the police must manage delays reaching victims. While the police have aggressively handled high profile TIP cases involving ship crew members (Anak Buah Kapakm, ABK), the handling of trafficking cases involving domestic and plantation workers has decreased. In addition, delays in investigations by the police, the inability of correctional facilities to accept new suspects, and delays in the online trial process present challenges for addressing TIP cases.

**Rising Conservatism and Indications of Increased Violent Extremist Messaging**

The data reviewed for this rapid assessment did not provide strong, conclusive findings on rising conservativism or increased violent extremist (VE) activities. However, some indications did emerge of these two trends that should be taken as entry points for ongoing consideration.

The COVID-19 pandemic has created rising political tensions, such as political conflict at the different levels of government about how to best respond to the pandemic with social media influencers mobilizing on either side. In response, the President leveraged emergency powers to override local governments’ approaches to COVID-19 to enforce a unified approach. The national police issued guidance to charge citizens who criticized the President or public officials in relation to the COVID-19 pandemic. Beginning in early May, government critics reported greater harassment and intimidation, while over 100 people were arrested for spreading hate speech and misinformation about the virus.

With government budgets redirected to fund COVID-19 response, KII.s report that funding for countering violent extremism is reduced and new drivers for VE joining are at risk of arising unchecked during the pandemic. However, the police continue to make arrests on suspicion of terror offences, as well as monitoring the continued rise of intolerance and radicalism.

For those with internet access, PSBB promotes greater use of online resources for work, education, accessing services, and seeking information. Due to lockdowns, KII respondents describe that more people are pivoting to online alternatives, resulting in more exposure to VE narratives.

According to KII respondents, violent extremist organizations (VEOs) are leveraging stay-at-home policies to amplify ideological views that women belong at home and in private spaces, as well as other regressive gender norms. For some men, the economic struggles resulting from the COVID-19 pandemic appear as a government failure, adding to pre-existing frustrations. Intensified feelings of isolation are making some Indonesians more vulnerable to radical messages and anti-government sentiments propagated by extremist groups. While men have a higher likelihood of exposure to VE
narratives from work activities or their public engagements, women are encountering increased exposure through the multiple online platforms that are proliferating in homes.

KII respondents note that extremist groups are increasing efforts to assign minority groups with responsibility for the pandemic. For example, a report attributes terrorist cells affiliated with Jamaah Ansharut Daulah (JAD) with targeting Indonesia’s Chinese-ethnic minority. These groups view the pandemic as divine punishment for the West and China. According to KII respondents, during the COVID-19 outbreak, groups that use non-violent propaganda, such as Hizbut Tahrir Indonesia (HTI), are also gaining followers, while there are rising incidences of arrest for both violent and non-violent radical and extremist groups for VE-related activities.

KII respondents also reported VEOs leveraging increased online usage to promote fundraising efforts. The Monetary Transaction Reporting and Analysis Center (PPATK) has reported an increase in suspicious monetary transactions during the pandemic, suspecting that money is being diverted from humanitarian assistance funding campaigns to VEO activities, including providing support within their own networks. Data show that at least nine public charity organizations have suspected links to VEOs, and that VEOs are likely using crowd funding to support their activities.

**Government Data, Accountability, Transparency, and Procurement**

Indonesia struggled with inaccurate, incomplete, and outdated data before the COVID-19 pandemic. However, targeting emergency assistance for pandemic relief programs relies on existing databases of vulnerable individuals. To determine eligibility for COVID-19 social assistance recipients, the GOI utilized the MOSA’s Integrated Data of Social Welfare (DTKS) database, which holds 31 types of data on 97.3 million people. The DTKS database relies on local administrations to regularly update their data as part of their responsibilities. According to the Ministry, currently 50 districts and municipalities, and 10 percent of the 514 regional governments, actively update their data. The Ministry for National Development Planning (Bappenas) estimates that DTKS data are about 45 percent accurate. In 2021, MOSA plans to expand the DTKS data to include a greater range of the population (from the bottom 40 [the poorest two quintiles of wealth distribution according to household consumption expenditure] percent to the bottom 60 percent of Indonesia’s poor). The data are expected to be available at the end of 2021, along with improved inter-ministry and local government data integration and synchronization to improve data accuracy and quality.

Inaccurate data on beneficiary households (Keluarga Penerima Manfaat, KPM) complicate the distribution of the COVID-19 PEN funds, the largest allocation of relief funding. DTKS data do not always capture changes at household level (e.g., migration, deaths, births, or job loss). At the village level, data are altered when criteria for KPM change, based on decisions made during village leadership councils. Thus, data discrepancies emerge between local data and data stored in the DTKS database, which subsequently presents challenges for the correct targeting of stimulus funds for intended beneficiaries. These data discrepancies can underpin practices that have an undue impact on women and vulnerable groups. For example, in some villages, rather than determining eligible recipients, in order to avoid conflict the village heads divide the aid evenly among households in their villages. This system privileges heads of household who are usually male for distribution, rather than the most vulnerable who are disproportionately women, children, people with disabilities, and other disadvantaged groups.

The COVID-19 stimulus package allocated for the national health insurance program (Jaminan Kesehatan Nasional, JKN) is intended to increase recipients for subsidized health premiums (penerima bantuan iuran, PBI) for new PBI using DTKS data. According to a KII respondents, DTKS information
does not include 30 million of the existing 98.6 million PBI participants. Furthermore, in 2019, the Corruption Eradication Commission (Komisi Pemberantasan Korupsi, KPK) found that 484,247 of the listed PBI participants were deceased, and 1 million were registered twice. A KII respondent from BPJS Watch indicated that some companies enroll employees as PBI-eligible to avoid paying company premium contributions.

Data on MSMEs are also outdated or unavailable. This disrupts the proper distribution of credits for working capital and housing to eligible beneficiaries. Stimulus for state- and regional-owned companies is at risk of fraud, special influence, or lobbying, due to unclear eligibility criteria, or outdated data for target recipients. There is also dissonance in eligibility criteria used by different banks that provide stimulus based on profitability, and their due diligence does not synchronize with government goals. The Financial Supervisory and Development Agency (Badan Pengawasan Keuangan dan Pembangunan, BPKP) is currently working to establish criteria to differentiate and prioritize companies that are most in need of this stimulus assistance.

Many corrupt practices are made possible by weak data that lead to inefficient monitoring and accountability (see Annex Five). The survey for this assessment showed that 49 percent of respondents believe that COVID-19 resources have been misused, identifying weak data quality as a core causal factor. Media reports during the pandemic raise corruption allegations and other accountability concerns regarding the improper use of relief funds at the national and regional levels (see Annex Five). Most of these pertain to social aid funds (Bantuan Sosial, Bansos) at the village level, and the improper procurement of medical supplies by local governments. The Ministry of Finance also raised concerns regarding government accountability in June 2020 over slow funds disbursment, with only 34 percent of the Phase One relief budget disbursed. The lack of transparency and accountability in correctly targeting and delivering social assistance is expected to lessen the anticipated value of the GOI’s pandemic relief investments and weaken public trust in the GOI.

Indonesia’s large and widely disbursed population creates challenges in ensuring the transparent and accountable use of relief funds, including complexities with transferring and confirming fund transfers to villages. The number of unbanked Indonesians can also complicate the implementation of cash transfer assistance programs, as can ensuring the accurate transfer and disbursement of funds in remote areas, such as the provinces of Papua, West Papua and Maluku. Many people eligible for village-level pandemic assistance were not previously registered for social assistance, requiring village officers to verify their data. Furthermore, at the time of the COVID-19 disbursements, the 2019 village financial reports had not yet been prepared, which was a prerequisite for receiving the funds.

**Improper Procurement**

As the COVID-19 pandemic is categorized as a non-natural disaster, Law No. 24/2007 on Disaster Management and Law No. 2/2020 on State Fiscal Policy and Financial System Stability for COVID-19 Handling regulate the use of COVID-19 funds. In particular, Law No. 2/2020 provides extended authority to the GOI to respond to the pandemic in an expedited manner.

During emergencies, public procurement is simplified to address the interrupted supply of goods and to allow for rapid response while maintaining efficacy and accountability. To ensure appropriate practice under the simplified regulations, the National Public Procurement Agency (Lembaga Kebijakan Pengadaan Barang Jasa, LKPP) has established support services to assist central and sub-national government offices and agencies. However, Indonesia Corruption Watch (ICW) and anti-corruption projects, such as CEGAH, have expressed concern that the normal safeguards for the procurement of goods and services are sidelined, leading to increased opportunities for corruption.
For example, according to LKPP data, 46 percent of the public procurements for medical supplies during the pandemic obligated through August 2020 (equaling IDR 1.8 trillion) were sourced under the emergency procurement provisions. Therefore, there was no documentation of savings compared with procedures for normal procurements. According to LKPP, government agencies did not produce this documentation as emergency procurement guidance does not require government estimates, therefore government saving are not documented in the IDR 831.79 billion spent on health equipment purchases under the emergency procurement method. While benefits were gained in the rapidity of procuring needed goods, the longer-term impacts of mismanagement of funds under emergency guidance is in question. In response to irregularities in health sector procurements, ICW charged the Ministry of Health (MOH) to improve procurement transparency for medical equipment and other materials during the pandemic. In addition, ICW reviewed MOH procurement plans for COVID-19 and found several irregularities, such as the use of direct appointments that exceed established thresholds of IDR 200,000,000, or procurements not included in plans, and indications of unqualified companies winning bids.

RESOURCES

GBV: Funding for safe house and shelters was not robust before the pandemic. Due to the pandemic response, resources are being diverted away from the shelters and safehouses provided by P2TP2As by up to 75 percent, leaving NGOs to mobilize public sources to support these services. For the coming fiscal year, the funding levels for these services in national and local budgets are uncertain, which is troubling considering the likely continued increase in GBV during the pandemic. In September 2020, MOWE requested a budget increase by 2.17 percent for fiscal year 2021, increased from IDR 273.6 million to IDR 279.5 million, to support services for GBV survivors who require coordinated services, including international services for TIP victims. MOWE currently coordinates communication campaigns using mass media, such as the Berjarak Communication Platform, to share information on COVID-19 prevention, and the distribution of kits for women and children.

The United Nations Population Fund (UNFPA), MOWE, and the P2TP2As are developing adjusted protocols for GBV case management and referral pathways to account for changes brought about by the pandemic. MOWE’s coordination with Bappenas, the NCVAW, and the Forum for Service Providers for GBV Survivors further supports these efforts through activities to evaluate the protocols for handling of GBV cases provided by different ministries and actors of the justice system.

LGBT: As noted above, LGBT communities are active in many parts of Indonesia offering community-based support. In Maumere, the organization Perwakas distributes basic food staples and masks. The organization Fajra Sikka distributes staple supplies to transgendered individuals, the elderly, and widows. This organization also assists with rent payments. Such organizations distribute information on the lockdowns and distribute information via WhatsApp on recommended public health behaviors. In Surabaya, due to physical distancing measures, the group GAYa NUSANTARA moved to online activities, including webinars that provide information on issues pertaining to sexual minorities.

TIP: TIP continues to require GOI resources and prioritization during the COVID-19 pandemic, although the impacts are likely to be most visible in the medium to long term, and as demands for international labor increases again. The GOI utilizes community radio and printed media to raise awareness about TIP warning signs, to prevent people from falling victim to trafficking schemes.

The Indonesian National Police (INP) have received masks and sanitizers from ASEAN-Australia Counter-Trafficking (ASEAN-ACT) and assistance is also provided by the International Organization for Migration (IOM) via victim evacuation. The U.S.-based International Criminal Investigative Training...
Assistance Program (ICITAP) also provides support through capacity building conducted through Zoom video conferencing. The INP taskforce does not have a gender-based budget priority that focuses specifically on women victims of trafficking, as it addresses trafficking of both male or female victims and perpetrators of both sexes.

**VE:** The National Counter Terrorism Agency (BNPT) has experienced budget reallocation, but programs for prevention, de-radicalization, and counter-radicalization are still being implemented albeit with less budget. As budgeting refocusing for COVID-19 cannot redirect money from mandatory programs, such as law enforcement, VE prevention programs remain largely untouched. Budget cuts are made to programs that rely on large gatherings, such as meetings or workshops, which are now conducted online. However, capacity building efforts have been undercut by the pandemic, with questions about how effective online approaches will be in their current online formulation.

**Government Accountability:** The GOI’s internal auditor, the Financial Supervisory and Development Agency (BPKP), has provided technical assistance on budget refocusing for COVID-19, including developing a system of procedures for good governance pertaining to planning, monitoring, and the implementation of PEN funds. This includes improving the data on beneficiaries of Bansos and corporate financing. However, respondents from the Financial Supervisory and Development Agency (Badan Pengawasan Keuangan dan Pembangunan BPKP) noted that their audit and supervision does not include specific consideration for gender or disadvantaged groups.

In September 2020, the State Audit Agency (Badan Pemeriksa Keuangan, BPK) announced an audit of the planning, implementation, and supervision of PEN funds across institutions, including the central government, government agencies, state-owned enterprises, and regional governments. The audit is expected to identify the impact of the PEN funds to ascertain the correct targeting and effectiveness of these investments. The audit report is expected to also address COVID-19 mitigation and country economic investments, identifying malpractice or bottlenecks fueling corruption or unnecessary bureaucracy. During KII’s, BPK respondents noted that the audit will address the sufficiency of government resources to respond to the needs of marginalized and vulnerable populations.

Civil society, the media, and research organizations play a critical role advocating for proper oversight of COVID-19 funds. By conducting surveys, data collection, and establishing public complaint systems in target locations, these stakeholders can identify acts of petty corruption. This extra layer of oversight can protect PEN implementation from relaxed standards for integrity and to manage occurrences of conflicts of interest.

To improve accountability for the distribution of government social aid, KPK launched an online complaint mechanism, JAGA Bansos (Bantuan Sosial/Social Aid), in June 2020. By September 2020, 118 complaints had been received relating to the Bansos program, pertaining to 78 regional governments at the provincial (7) and district/city (71) levels. Most complaints relate to not receiving cash and/or food assistance despite proper registration, or receiving less assistance than determined by eligibility. There are also complaints about the falsification of names in beneficiary lists, whereby people with close relations to authorities are thought to benefit.

As part of KPK’s role to supervise the funds allocated to address the COVID-19 pandemic, the commission issued Circular Letter No. 8/2020 on the Implementation of Goods/Services Procurement Budget for Accelerating the Handling of Corona Virus Disease 2019 (COVID-19) in Relation to the Prevention of the Criminal Act of Corruption. In addition, KPK has also conducted monitoring activities and established cooperation with the Task Force for the Acceleration of COVID-19 Handling, both at national and regional levels.
LKPP has recommended that public institutions issue detailed procurement plans and budgets, including the price of procurement for medical equipment during the COVID-19 pandemic, to increase the transparency and accountability of emergency procurement procedures. Although emergency procurement regulations allow public institutions not to notify procurement plans in advance, LKPP argues for higher accountability by recommending that local government agencies publish and update these plans on SIRUP, the LKPP information system for government procurement.

**Data Improvement:** The Ministry of Villages for Disadvantaged Areas and Transmigration introduced the Village Application Against COVID-19 (eDMC-19) app. The eDMC-19 tracks data at the village level to monitor health data, job loss, poverty, and social assistance on a weekly and monthly basis to provide evidence for community response. Village volunteers collect the data and disseminate health information through the community and monitor the impact of the virus. These data can be used by village administrators and other GOI staff to make policy decisions related to COVID-19 prevention and response.  

**RESOURCE GAPS**

**GBV:** Shifting in-person counselling and legal aid to online services requires making adjustments to justice sector responses for survivors’ needs, such as virtual trials, online case filing with the police, and the release of updated regulations for justice sector response. In addition, GBV survivors continue to require access to *visum* examinations, safe house services, support for women’s crisis centers, and support for legal aid and human rights defenders from public sources. Furthermore, online services may present difficulties for some victims based on limited access to internet options, low technology skills, or privacy concerns.

**TIP:** During KIIs, respondents described assistance programs, but noted that these programs do not have an intentional focus on the needs of TIP survivors. For example, following the President’s instruction on budget refocusing, MOSA funded the supply of PPE for TIP repatriation and rehabilitation in shelters. The IOM, UN Women, and Tear Fund UK contributed hygienic kits, masks, sanitizers, and information about COVID-19. MOWE refocused resources for three programs: micro business assistance, social assistance funded by the GOI (Bansos), and assistance programs at the village level. MOSA launched the Berjarak program to address the specific needs for women and children, including packages of sanitary napkins, milk, diapers, food supplements, and vitamins, that were distributed in the high-risk zones for COVID-19 infection. However, many at risk of TIP or TIP victims cannot access the available support due to overcapacity issues, invalid or outdated IDs, and the lack of human resources.

Available resources do not yet target specific issues associated with the medium- and long-term impacts of the COVID-19 pandemic for countering TIP. To continue adequately addressing TIP identification and investigations, KII respondents note that there is a pressing need for considerable investment and collaboration among stakeholders, including the GOI, the private sector, and NGOs, to address the gaps in preventing and responding to TIP during the pandemic. Furthermore, the GOI faces a challenge in developing and financing a social reintegration program that will effectively prevent the returning victims of trafficking or new victims from (re-)trafficking. Resource are particularly insufficient for East and West Nusa Tenggara, East, West and Central Java, Banten, and Lampung, which are clusters for TIP activities.

The Indonesian National Police (INP) TIP Task Force that handles TIP identification and investigations relies on funding from the central government budget, and from small donor contributions. The INP
TIP Task Force budget is IDR 280 million per year, and the task force has not received additional resources for any COVID-19-related impacts.

Programs supporting migrant workers who are vulnerable to TIP struggle with resource shortages. For example, the Indonesian Migrant Labor Alliance (Serikat Buruh Migran Indonesia, SBMI) has reduced staff as a response to budget restrictions. This has resulted in pausing almost all of the economic empowerment and capacity building programs in Malang, West Java, East Java, Central Java, and Lampung. Additional efforts are needed for continued awareness raising on TIP with the public through community radio, mass media, and social media. Improved financing is needed for programs to reintegrate returned migrants and TIP victims, to lower the risk of re-trafficking, especially as PBBS restrictions are lifted and recruitment activities start to resume. Resource are particularly needed at the local level in areas that are major sites for trafficking, including East and West Nusa Tenggara, East, West and Central Java, Banten, and Lampung. Continued capacity building efforts to improve economic empowerment in the major sending sites for migrant workers are even more important during the COVID-19 pandemic to offer options other than migration for accessing jobs. As migrant workers return to Indonesia due to the pandemic and then position to return overseas, TIP identification is critical to offer needed support services, as well as protection.

**TIP and VE:** Digital solutions, such as video-calling, are strongly associated with TIP and VE recruitment. An awareness of the additional access that Indonesian need to digital resources is emerging from the new reliance on online tools during the pandemic, but also that digital safety skills are not keeping up with exposure to bad actors. Furthermore, online engagement cannot entirely replace face-to-face meetings for law enforcement activities associated with TIP and VE.

**VE:** There are no currently available data that examine the intersection of VE and the COVID-19 pandemic. This report drew correlations based on the analysis of multiple data sources. However, this intersection may inform the ongoing work preventing and countering VE and provide insights into building citizen trust in the GOI. Public trust in government institutions is one factor for adherence to public health messaging, as well as public confidence in the government’s responses to emergencies.

**Anti-Corruption:** While women and disadvantaged groups are recognized as having heightened vulnerabilities to the immediate and long-term negative consequences of the pandemic, anti-corruption organizations, such as ICW, raise the absence of gender considerations in stimulus packages. The GOI has sourced funds to support COVID-19 relief and assistance packages by refocusing the fiscal year 2020 budget, and using existing social assistance programs to deliver assistance. However, during this process the GOI did not address pre-existing barriers disadvantaged groups must overcome to access social programs, thus limiting the socioeconomic impact of the assistance packages.

At present, it is difficult to track how corruption and weak accountability of COVID-19 funds will have specific negative impacts on women and disadvantaged groups. To track these impacts, a deeper analysis than those currently available is needed to trace the use and handling of stimulus and assistance funds. A formal mechanism is needed to track corruption in public procurement systems. Funding levels for BPK and BPKP are currently insufficient for auditing all COVID-19 relief activities. Collaboration among BPKP, Inspectorate General Offices, and the Ombudsman can strengthen the first line of defense against corruption through internal controls and audits. Civil servants should also receive training and refresher sessions on applicable codes of ethics and conduct.

**HCP + EG**
Issues that arose strongly from the data in HCP and EG included the uncertain ability of households to assure adequate income to meet their needs during the pandemic, particularly for workers relying on the informal sector. These workers are largely women, PWD, workers from low SES contexts and with lower educational attainment. Youth also demonstrate a growing dependence on informal market for employment. Accessing skills training has become more challenging with the shift to online platforms based on the limited availability and lower quality of training, and the necessity of reliable access to the internet. As a result of household efforts to maintain income levels, food insecurity is a rising concern.

**IMPACTS**

**Loss and Reduction of Income**

There are many vulnerable Indonesian workers, made worse by the effects that the COVID-19 pandemic has had on the economy. In June 2020, Bappenas projected that Indonesia’s unemployment rate could increase to as high as 9.2 percent, nearly 13 million people, by the end of 2020,\textsuperscript{cxii} with rising unemployment rates continuing into 2021. Forty percent of Indonesians are vulnerable to economic shocks and are paycheck dependent with little or no savings. Thus, the secondary and tertiary effects of the pandemic may have deeper impacts on households as small businesses fail, the workforce continues to be reduced, and conditions worsen the slide into poverty for many households.\textsuperscript{cxiii} According to a survey by CARE, due to the COVID-19 pandemic, 7 out of 10 respondents struggled to meet daily needs, respondents in rural areas experienced a significant loss of income compared with people in urban areas, and respondents with lower levels of education were more vulnerable to reduced income.\textsuperscript{cxiv}

As of the time of writing, the Ministry of Manpower (MOM) recorded more than 3.5 million people out of work, of which 383,645 were laid off from the formal sector, and 1,132,177 formal workers were furloughed. In addition, 630,905 informal workers lost their jobs.\textsuperscript{cxv} The GOI anticipates continued significant job losses or decreased incomes due to slowed economic growth,\textsuperscript{cxvi} especially in the informal economy where 56 percent of Indonesians find employment.\textsuperscript{cxvii} By August 2020, MOM recorded 630,905 informal workers whose employment was adversely affected by the COVID-19 pandemic.\textsuperscript{cxviii} Furthermore, the Indonesian Chamber of Commerce reported that 48.6 percent of SMEs, or about 30 million businesses, closed due to the pandemic. The accommodation and food services, transportation and storage, and trade sectors are all dominated by informal workers and small businesses that have little economic security to mitigate COVID-19 economic impacts.\textsuperscript{cxix}

Reported unemployment is highest in urban areas.\textsuperscript{cx} This correlates with PSBB restrictions primarily affecting urban households or high-density urban areas, such as Jakarta, West Java, and East Java. Rural farm households are less severely affected by the PSBB policy, as the agriculture sector is exempt from PSBB restrictions. However, rural areas are directly impacted by social distancing measures through transportation restrictions. Indirectly, rural areas suffer from external sector and spill-over effects of urban lockdown measures into the agri-food system, such as decreased income from agricultural products or the decline of agriculture prices due to disrupted market function (e.g., reduced market hours).\textsuperscript{cxii}

Due to reduced economic activity in the accommodation and services sectors, the pandemic places more strain on sectors that largely employ women workers. As a result, women’s incomes are more likely to be affected by layoffs, furloughs, and reductions in the workforce compared with men’s incomes.\textsuperscript{cxiii} Similarly, 64.5 percent of SMEs are managed by women (about 37 million SMEs). It is estimated of that more than 116 million women who manage or work in SMEs have been negatively
impacted by income loss due to the pandemic during the first midterm 2020 in the economic forecast.\textsuperscript{cxxvi}

According to preliminary figures from CARE and MAMPU,\textsuperscript{cxxiv} since the beginning of PSBB, considerably more women have lost jobs in the informal sector compared to the formal sector.\textsuperscript{cxxv} Based on a UN Women survey, workers in the manufacturing, education, and training sectors are the most negatively affected by COVID-19 labor market impacts. About 60 percent of workers have experienced a cut in pay or reduced hours. Among the respondents, 47.5 percent reported a decline in income, and 12 percent of respondents who worked in the education sector reported job suspension or forced unpaid leave. Women are more likely to experience reduced work hours while men are more likely to have their pay cut.\textsuperscript{cxxvi}

A Bappenas study estimates that the national poverty prevalence rate will increase from 9.2 percent before the COVID-19 pandemic to ranging between 11 to 13.3 percent due to the pandemic conditions. This equates to 35.9 million people falling below the poverty line during the PSBB lockdown period compared with the previous poverty baseline of 24.4 million. Urban areas have a higher poverty increment by an average of 2 percent, or by 4 million people. Rural areas that are not effectively protected from negative income shocks have comparable poverty increments to their urban counterparts.\textsuperscript{cxxvi} Given projections of economic growth, it is anticipated that the poorest segments of the population will continue to be most susceptible to shocks, and will experience a decrease in their per-capita household expenditure by between 2 and 10 percent.\textsuperscript{cxxvii}

According to the World Food Programme, an estimated 70.3 percent of the bottom 40 percent have access to proper handwashing facilities and 20.4 percent live in a residence with less than eight square meters of space per person, both of which have ramifications for maintaining good health during the COVID-19 pandemic. Among the bottom 40, 13.5 percent have a disability, and 60.2 percent have access to health insurance. To receive public assistance funds, 22 percent rely on bank accounts, 71 percent on mobile phones, and 36 percent use internet-based transactions on another device.\textsuperscript{cxxix} Among the elderly, 11 million are in the bottom 40. The elderly constitute 9.2 percent of Indonesia’s population, of which half are women, and have one the highest poverty rates. The elderly are one of the highest risk groups in Indonesia for COVID-19 infection, but they are also vulnerable to socioeconomic impacts that derive from the pandemic.\textsuperscript{cxxv} For example, more than 80 percent of the elderly do not have access to a minimum income or pension, increasing their socioeconomic vulnerability. Social distancing and lockdowns have made it difficult for the elderly to leave home to access basic services or work.\textsuperscript{cxxo} However, more than 20 percent of Indonesians 60 years or older must continue to earn an income, including those who are above 75 years of age (although at a lower percentage). Nine million children live in household headed by an older person. This deepens the pressure on older people to provide care and support for children, including economic support.\textsuperscript{cxxi}

PWD are also significantly impacted by reductions in income and fewer job opportunities as a result of the COVID-19 pandemic. SIGAP, a disabled persons organization (DPO), stated that 87 percent of PWD work in the informal sector and, during the pandemic, 50 to 80 percent have experienced a decrease in income. Respondents from the USAID Mitra Kunci program added that due to slower economic activity, private sector partners have paused new hiring, including positions held for PWD candidates. This resulted in the inability of these businesses to meet their commitments to vocational training partners.

UNAIDS reported that at the beginning of PSBB income loss was among the main negative outcome of the pandemic, particularly for transgender and female sex workers who depend on the informal sector (e.g., working in salons or as street performers). Among the 2,300 transgender beneficiaries
and the coalitions supported by UNAIDS, other negative outcomes of the COVID-19 pandemic were unmet need for food supplies and not enough money for rent.\textsuperscript{cxxxiii}

Newly graduated youth are also encountering intensified challenges as they enter the labor market, including higher barriers for entry into the formal job market, lower income levels, and weakened labor conditions. Before the pandemic, youth did not demonstrate the skills sought by employers and showed a technological skills deficit. Many youth had insufficient basic education. With job losses associated with the pandemic, young jobseekers are now competing with more experienced candidates, as well as contending with Indonesia’s relatively rigid hiring practices. Around 50 percent of Indonesia’s younger workers participate in informal jobs, with this percentage likely to increase due to the pandemic, while opportunities in the informal market are also faltering.\textsuperscript{cxxxiv}

**Coping Mechanisms**

CARE’s rapid gender assessment finds that both women and men attempt to cope with economic hardship by leveraging their savings. Men also attempt to supplement income, such as through taxi driving. In coastal areas, households may borrow funds from family, neighbors, or loan sharks to stay economically afloat.\textsuperscript{cxxxv} However, as family poverty and debt are risk factors for girls’ early marriage, these coping mechanisms should be monitored to ensure that girls are not married early to ease household economic strain or as payment for debts.

Data from the CBS show that about 26.41 percent of households in urban areas and 8.15 percent in rural areas pay to access clean water sources.\textsuperscript{cxxxvi} As the impacts of reduced or lost income deepen for households, coping mechanisms may include reducing expenditures for clean water or other basic resources. The reduction or loss of income was noted as significant in the assessment survey for this report, where 82 percent of respondents identified decreased income or livelihoods as a major impact of the pandemic, and 41 percent of respondents believe that among their beneficiary populations there has been a decrease by 50 percent in income due to pandemic.

**Food Supply and Security**

Continued positive economic growth despite the pandemic occurs in rural areas where agriculture is the primary economic sector. There are also reports on the positive impact of government assistance.\textsuperscript{cxxxvii} However, at the end of April, some provinces reported shortages of basic food staples.\textsuperscript{cxxxviii} Reduced household incomes paired with disruptions in food supply chains may prompt households to rely on harmful coping mechanisms to meet basic food needs.\textsuperscript{cxxxix} An additional concern is that, as households become more food insecure, women’s risks of GBV increase.\textsuperscript{cxl}

While Indonesia’s food supply is generally considered to be secure, the medium-term impacts of the COVID-19 pandemic require monitoring. The stability of food commodities is not assured over the next year for meeting domestic demand, including staples like rice stocks. In addition, it may be necessary to redistribute food items from surplus to deficit areas to avoid price increases and to keep purchasing power adequate to subdue the potential for social unrest.\textsuperscript{cxi} As families struggle with decreasing incomes, child labor may be used as a coping mechanism to continue earning income to meet household needs,\textsuperscript{cxl} but limiting children’s access to education as well as other undesired outcomes. The majority of the bottom 40 earn wages in the informal sector and sectors that have a higher negative impact from the pandemic.\textsuperscript{cxli} Forty-six percent of the bottom 40 live in households where 65 percent of total food expenditures are for food. This increases the risk for food insecurity during periods of economic shocks or stressors.\textsuperscript{cxlii}
**Job Skills and Training**

Prior to the pandemic, employment skills training often did not align with available jobs or the required skills for those jobs. With the effects of the COVID-19 pandemic on the economy, the availability of jobs has decreased and the skills in demand for those jobs have become more competitive. Access to relevant job training is an important resource for jobseekers during the pandemic.

According to the assessment survey conducted as part of this rapid assessment, critical challenges for meeting the needs of vulnerable populations during the pandemic include providing access to alternative livelihoods, to re-employment options after job loss, and access to skills for retraining or upskilling. Online training is the primary solution offered for vocational training during the pandemic. These courses require sufficient ICT infrastructure; access to affordable internet services (e.g., data plans); access to internet-enabled devices suitable for the course’s technological requirements; and basic digital skills. The quality and reliability of internet services, the time to meaningfully engage in training courses curriculum, and the ability to utilize the skills acquired to secure an available job in the local labor market are also critical concerns.

Public TVET centers (Balai Latihan Kerja, BLKs) are not as prepared to transition to online instruction or innovating new ways to provide practical applications of acquired skills. BLKs continue to offer training, as do informal, private training centers (LPKs). Based on where PSSB requirements were implemented, only some TVET centers closed during the pandemic, with the continuation of course offerings online and in some cases in person. While some in-person training is still possible, many centers have not fully opened their centers. BLKs in East Java have reopened to offer courses to smaller cohorts with adherence to health protocols, but this is not possible with older TVET centers in other locations. For PWD, who already struggled to access TVET services, this adds complications. TVETs do not always offer accessible training when they pivot to online delivery, just as the physical TVET buildings are frequently not fully accessible to PWD.

PSBB also introduced new challenges for adjusting online training content for accessible online delivery. Interrupted job training for PWD affects not only skills development, but opportunities for job placement through training centers’ partnerships with private sector companies. Many of these partner businesses, however, are experiencing workforce reductions or slowed hiring, such as in tourism, hotels, and travel industries. Some sectors, however, continue to hire and maintain productivity despite the pandemic, such as some garment companies in Java, which have been able to continue recruitment, including recruiting for workers with disabilities.

Job trainers reported challenges with remote training, relating that they do not have the skills for online instruction nor the time to prepare online training course materials. There are also barriers to internet access for both trainers and students, and to the necessary technology or devices required by remote learning platforms and course design. Training that requires hands-on practical experience cannot be entirely replicated through online scenarios. This includes practical and laboratory-based training, as well as apprenticeships.

Important distinctions between the success seen by universities offering job training programs and BLKs as they have shifted to online skills instruction are the resources that could be leveraged and the prior preparation for providing online instruction. Universities able to allocate resources to moving instruction online and that had incorporated online training before the pandemic blended with offline offerings could to pivot to digital platforms more easily than BLK centers that have fewer resources and less preparation. Some universities have created their own skills training platforms.
generally do not have the resources or the capabilities to make these changes with the same flexibility.\textsuperscript{cix}

School-to-work transition programs are disrupted by social distancing and reduced economic activity. According to the ILO, nearly all vocation training institutions and industries have halted their in-person training activities and transition programs, working to pivot to distance training through multiple strategies. Pausing apprenticeship opportunities is particularly concerning, as an ILO survey in December 2019 showed positive correlations between youth’s participation in apprenticeship programs and their expectations for finding employment.\textsuperscript{cl} However, the shift to online training offers opportunities to reach more youth with skills training, especially youth in rural areas or youth limited from in-person training by gender norms.\textsuperscript{clii}

**RESOURCES**

**Labor Matching:** In agricultural areas, labor-matching systems for informal workers help to connect workers with available employment opportunities in food value chains. This includes creating market linkages at the micro-level, creating platforms to match labor demand to job seekers in in local labor markets, and proving online and phone-based job search counselling and intermediation. These programs also encourage agricultural employers to provide more worker protections, including sick pay and labor rights information for field-based laborers.\textsuperscript{cliv}

The Directorate General of Manpower Placement is considering shifting to virtual job fairs organized thematically by sector. The fairs would raise jobseeker interest in the profiled companies, and would identify for training centers the relevant skills training needed to improve link-and-match services.\textsuperscript{clv}

**Charitable Contributions:** Respondents for the assessment survey confirmed that the majority of funding for COVID-19 response comes from the GOI, but that community or religious-based organizations, the development sector, and private companies are also providing valuable assistance. For example, one social funding stream comes from zakat/shadaqah payments, which are obligated for Muslims. Online zakat donations and digital zakat have increased significantly during the pandemic,\textsuperscript{clvi} especially during Ramadan when religious social foundations channeled zakat to those in need, such as Dompet Duafa, Rumah Zakat, Kitabisa, ACT, by working with digital financial services companies and companies such as GoPay/GoGive, Tokopedia, and Gojek.\textsuperscript{clvii} There were no immediate connections drawn between these donations and the donations redirected to VEO activities (see the DRG section above). This may require additional data collection as the pandemic continues.

To promote food security, the Solidarity Movement of Agrarian Granary (Gerakan Solidaritas Lumbung Agraria, GeSLA) coordinated connections between fishers and farmers, and urban laborers, such as in Jakarta and Tangerang, to provide needed donations of rice, vegetables, eggs, and dry-salted fish. The goods are distributed through trade unions to low-income or laid-off workers.\textsuperscript{clviii}

**Skills Training:** The most prominent GOI program to support job training during the pandemic is the Pre-Employment Card program. Instated just prior to the pandemic, the program shifted from a focus on providing recent graduates and the unemployed skills training, to addressing the sudden demand to provide options to workers un- or under-employed due to the pandemic. The program also shifted courses from an in-person delivery model to digital platforms with a doubling of the program’s budget to IDR 20 trillion.\textsuperscript{clix} The Pre-Employment Card entitles holders to up to IDR 1 million for online classes, and IDR 600,000 in cash aid over four months after completing training. The website hosts thousands of courses, including training developed for MOM. In the four initial months of the program, nearly 681,000 participants enrolled, over half of whom had been laid off due to the pandemic.\textsuperscript{clx}
The program was revised after KPK reviewed program irregularities, including mistargeting assistance and conflicts of interest in at least 250 courses provided by third-party institutions. Potential conflicts of interest arose in light of the same companies producing and distributing courses, which weakens course curation and diversity. The GOI also did not follow proper procurement procedures when selecting partnering companies. KPK identified issues with the lists of laid off workers created by MOM and the Social Security Agency (BPJS Ketenagakerjaan), as very few were accepted into the Pre-Employment Card system (143,000 out of 1.7 million). In addition, these lists included older workers without internet skills who could not use the online registration system. There were also no methods for ensuring that trainees attended or completed courses, receiving certifications that they may not have earned. A low number of the courses fulfilled standards for online training, and 89 percent of the paid course content was also available on free internet platforms. In July 2020, the GOI issued updated regulations on the Pre-Employment Card program, to increase transparency and avoid potential conflicts of interest.

Community-based training centers established before the onset of the pandemic offer connections between workers and local labor markets by provide skills training aligned to local jobs. However, community BLKs are relatively new and need continued support as they establish programs and offerings. Within local economies, there are also options to create and expand digital platforms to connect to supply chains for marketing products.

MOM reported pursuing multiple options to respond to the changes brought to the labor market by the COVID-19 pandemic. One program is the BLK Response to COVID-19 Program. MOM is also focusing on providing training, and establishing entrepreneurial groups for laid-off workers and the unemployed through local community networks. In response to the “new normal,” MOM is also considering effective adaptations and new approaches to providing public services and maintaining economic activities into the next fiscal year program planning (e.g., using virtual job fair or labor market services). One solution offered by a DOP respondent during a KII was a heavier application of e-commerce as an important resource for PWD entrepreneurs. In Kulon Progo (Yogyakarta), the local government launched an e-commerce marketing program with a priority put on promoting PWD suppliers. Local CSOs have been vital in advocating, connecting, or initiating a new livelihood approach for PWD.

The Directorate of Placement and Expansion of Job Opportunities in local offices of MOM offers programs for vulnerable workers, such as an upskilling training program for workers with disabilities, especially those employed in companies. This training aims to assist workers with disabilities to continue building their skills, while offering greater value to the companies that employ them. The Directorate also provides work equipment incentives to businesses to provide accommodations for workers with disabilities. In addition, the Directorate offers a training program for migrant workers who are returning to Indonesia.

Some donor-funded programs continue implementing during the pandemic to build job skills. UN Women’s WeLearn platform provides free access to information, skills, and alternative funding for women entrepreneurs. More than 5,000 women across Indonesia participated prior to the pandemic, with more women registering since the onset of the pandemic. The online training provides small businesswomen with opportunities to continue building skills during the pandemic and to strengthen their professional networks. Providing opportunities to learn and strengthen digital skills is also used to promote new business solutions for women entrepreneurs, both for during and after the pandemic. UN Women is also repurposing women’s cooperatives in the Peace Villages with financial and technical assistance for sustenance and business recovery.
Other donor-funded projects for continued skills training include an ILO program for MSMEs on business continuity management and coping strategies, videos on productivity management, online training courses in collaboration with the Indonesian Retailers’ Association (APRINDO) on the creation of online shops and e-commerce, and online training for TVET instructors on transforming offline training to effective online training.\textsuperscript{clxx} The ILO training for BLKs, MOM, and employer associations offers guidance for creating digital TVET content for online learning. This addresses a gap that KII respondents also raised, that online training content requires modification from in-person curriculum design to provide adequate skills acquisition. In addition, APRINDO is exploring distance learning to ensure that MSMEs have the requisite digital skills to contribute to the digital economy in Indonesia.\textsuperscript{clxxi}

A new online talk show called “Hangout Online with DK3N” or “GO DK3N” targets youth with information about preventing the spread of COVID-19. (DK3N is the Indonesian Occupational Safety and Health Council under MOM.) The talk shows address topics such as safe work habits in the construction sector during the COVID-19 pandemic. The construction sector employs more than 8 million workers, of which a large number are young workers.\textsuperscript{clxxii}

**RESOURCE GAPS**

During the COVID-19 pandemic, the importance of assistance programs and continued economic empowerment activities emerge that are intentionally tailored to be inclusive and to take into account the needs of youth, women, PWD workers, and low-income workers who may not have access to internet or other technological resources. The switch to online delivery of training programs has been an important step in continuing to offer much needed job skills to support re-employment of workers. However, additional efforts are needed to make both training options and support for new employment more inclusive and specific to the differentiated needs that arise from the pandemic.

The challenge of internet connectivity is significant for Indonesians seeking skills training, particularly outside Java. Without reliable internet connectivity, accessing programs such as the Pre-Employment Card program is limited.\textsuperscript{clxxiii} Many Indonesians do not have computers in their homes or other internet enabled devices. Online skills training assumes comfort and an ability to not only use technology, but to also rapidly learn new software applications and user skills.\textsuperscript{clxxiv} Telkomsel, Indonesia’s largest telecommunications company, states that an estimated 13 million people across 12,500 of Indonesia’s remote villages do not have access to the internet.\textsuperscript{clxxv} According to the World Bank, 66 percent of the extreme poor in Indonesia do not have internet access in their homes. This disadvantages poor households from accessing resources that are only available online during the pandemic, as well as limiting children’s access to remote schooling options in areas with PSBB restrictions. This raises the likelihood that children will drop out of school, raising associated risks for girls’ early marriage.\textsuperscript{clxxvi} Internet resources are most accessible on Java. In East Java, 65 percent have internet availability compared with 89 percent in Jakarta. In further comparison, 30 percent of people living in Papua have internet availability, while in East Kalimantan 79 percent do. In rural areas of Indonesia with lower access to internet resources, access to education is also lower, correlating to lower access by workers to job skills training programs.\textsuperscript{clxxvii} Another major challenge is revising training content to be effective for online platforms. Many BLKs and other training providers are struggling to transition content intended for in-person training sessions to online training, where the practical application of skills is more difficult, such as repairing motorcycle engines. Content that is moved to online delivery frequently is not reviewed for appropriateness or accessibility of diverse participants, such as PWD, or matching the training to labor market demand.\textsuperscript{clxxviii} During KIIs, respondents noted that when accommodations are made for
workers with disabilities, the focus was usually on the hearing impaired and those with issues of physical access, and to a lesser extent on vision impairments or other disabilities.

While the Pre-Employment Card program has offered training quickly and has undergone adjustments to correct for management weaknesses, the functionality of the program could still be improved. Training recipients are not tracked into job placements, limiting data on the effectiveness of the program. Participants commented on the lack of usefulness of the training, and that some content is better suited for in-person settings. The application process for the Pre-Employment Card was complex and bureaucratic for many who tried to enroll. This is a particular challenge for older workers who may not have strong technology skills to navigate complex online enrollment systems. The Pre-Employment Card program also prioritizes assistance to workers in Indonesia’s formal economy, despite the significant reliance of workers on the informal sector, which does not fully align with the current needs of Indonesia’s unemployed workforce.

KIIs respondents noted that community-based programs offer solutions for supporting jobseekers within local markets and economies, such as through locally focused skills training, mentorship programs, and internships that better match training to local opportunities. While MOM has scaled back targets for new community BLK centers, these community strategies demonstrate opportunities to engage local networks, resources, and value chains to help jobseekers gain relevant skills and find employment. While many training activities are more suited to in-person delivery, particularly in their current design, online options can still support soft skills training, mentoring, and coaching, drawing from local networks to support these activities.

An ongoing challenge is the availability of detailed, reliable data, especially at local levels (e.g., village level and household level data). This includes insufficient data on PWD at the district and provincial levels. Some DPOs are able to work closely with local governments to access aid directed toward PWD. A focus on better data on PWD, especially to access programs and social support, would help assess not only PWD needs, but how well these particular needs are being met through current government programs.

ENVIRONMENT

In agriculture, forestry, marine areas, and energy, the impacts of the COVID-19 pandemic on value chains threaten livelihood and industries, and risk the disruption of food systems. Prioritizing economic stimulus at the expense of environmental protections risks greater marginalization of vulnerable groups’ living conditions, health, livelihoods, and access to land rights and tenure, particularly for vulnerable women and girls. The pandemic also creates additional challenges for environmental preservation and natural resource management, such as the availability of clean water.

IMPACTS

WASH

In 2019, 82.13 percent of urban populations and 62.84 percent of rural populations had access to clean drinking water, and 82.27 percent of the urban population, and 71.17 percent of the rural population had access to adequate and sustainable sanitation. Insufficient access to clean water during the COVID-19 pandemic deepens existing inequalities for poor and otherwise marginalized populations, by creating challenges with proper hand washing, as well as continuing exposure to waterborne illnesses (e.g., diarrheal diseases). KII respondents noted that, during the pandemic in Central Java, some households have experienced difficulties paying bills, including for water connectivity to state-
owned water companies (Perusahaan Daerah Air Minum, PDAM), and for safely managed sanitation. Households previously able to afford clean water resources may have reduced ability to continue to do so with decreasing household incomes. This risks creating new vulnerabilities and reversing progress on WASH. Households may also rely on harmful coping mechanisms, such as using less clean water or supplementing it with unclean water. Similarly, a lack of access to sanitation facilities and hygiene supplies compounds existing vulnerability and potentially increases exposure to COVID-19 infection.

Droughts and floods pose additional problems for accessing clean water, which the COVID-19 context may compound. In 2019, the National Board for Disaster Management (Badan Nasional Penanggulangan Bencana, BNPB) announced 12 provinces that experienced severe drought and water deficiencies, and that continue to be at risk in 2020. Floods and landslides are reported in Aceh, Central Sulawesi, and West Java due to a prolonged rainy season, which has prompted hundreds of affected families to seek emergency shelter. However, due to redirecting project funds to underwrite COVID-19 relief efforts, KII respondents noted that many WASH projects have slowed or been cancelled in rural and urban areas, including in Central and East Java. Representatives from the Ministry of Public Works (MOPW) stated that WASH projects managed by the ministry are ongoing but at a slower pace to meet social distancing protocols.

Women and girls, who are primarily responsible for household labor, including ensuring supplies of water, reported increased workloads during the pandemic. In areas where water resources are scarce, such as in Bone district, women and girls may travel as far as one to six kilometres to find sufficient water during the dry season (typically from April through August). With increased household demand for clean water for handwashing and cleaning to prevent COVID-19 infections, the time and effort to collect water could continue to increase, affecting girls’ available time for education and women’s available time for economic activities.

KII respondents did not report any documented water shortages. While local PDAM in several IUWASH+ implementation sites reported an increased water demand, there is no clear correlation between the heightened demand and the use of water for COVID-19 prevention activities. After the initial shortages in personal health supplies in March 2020, there were no further reported shortages, including for masks or hand sanitizers. The GOI stopped importing face masks in favor of community-based production of fabric-based face masks and homemade hand sanitizers. These are positive trends, indicating that critical resources are generally available, although the literature and informants were unable to provide specific regional or demographic information on where existing challenges for accessing clean water or household sanitation supplies (e.g., hand soap, cleansers, etc.) may be worsened due to pandemic-related economic stressors.

The Central Java Environment Office, however, expressed concerns with increasing environmental strain through the use of COVID-19 health supplies, including single use masks, introducing excess soap into water streams, and the increased impact on the environment of chemical-based cleansers and plastic from bottles. The MOH has issued regulations on the proper disposal of PPEs to reduce the impact of waste, but the implementation of these regulations is not clear.

**Agriculture, Forestry, Marine Areas**

Smallholders in agricultural, forestry, fishery, pastoral, and aquaculture production are increasingly vulnerable during the COVID-19 pandemic to negative economic impacts due to decreased demand for natural resource products, such as by restaurants, hotels, food markets (including grocery stores), and slowed trade. However, according to MOSA, 80 percent of the 3.8 million poor
farmers and fishers are not listed in the DTKS database, limiting their access to social assistance programs.\textsuperscript{ccxv}

Compared with 2019, from January to July 2020, the Ministry of Trade recorded a (-3.96) percent volume of exports in non-oil and gas products. For the environment sector, these products include goods from agriculture, forestry, and fishery industries (see Annex Four). Similarly, the Ministry of Environment and Forestry (MOEF) reported a (-5) percent forest products export volume from January to June 2020.\textsuperscript{ccxi} Between April and June 2020, in North Sumatra, the price per bunch of fresh fruit oil palm dropped up to 40 percent in some villages.\textsuperscript{ccxvii} Due to these economic impacts, households with lower incomes, including women, women-headed households, households with a disabled member, and indigenous people, are anticipated to be overrepresented among those struggling to meet basic needs, including food, water, and health supplies.\textsuperscript{ccxviii}

KII respondents reported that PSBB restrictions created disruptions in land dispute mediations between indigenous people, government, and large companies, and during the months of the pandemic land-based conflicts have been observed to be increasing.\textsuperscript{ccxx} For example, in North Sumatra tensions flared between a community with a social forestry permit and a palm oil company with adjacent land. Due to suspected monitoring activities during the COVID-19 pandemic, the company allegedly cleared land by burning and damaged part of the community’s social forest. Legal processes have also been delayed on land encroachment cases between indigenous farmers and companies in Central Kalimantan due to the pandemic.\textsuperscript{cc}

During the PSBB, the limited capacity for cold storage facilities and disrupted transportation from rural areas to urban markets has contributed to difficulties in selling agricultural products and has caused the loss of perishable goods.\textsuperscript{cci} The price of agricultural products has decreased in several areas, affecting farmers’ incomes. The Indonesian Chili Agribusiness Association stated that many chili farmers depend on urban markets, such as Jakarta, which required 80 to 100 tons of chilies to meet urban demand before the pandemic. However, due to the partial lockdowns, the demand has decreased to between 20 and 25 tons, while farmers have continued harvesting up to 200 tons. In Central Java, vegetables farmers also reported decreasing demand for fresh produce, leaving much of their crops unsold in markets and lost to rot.\textsuperscript{ccii}

While fishing activities have continued during the pandemic, the price for sea products has continued to decline, particularly for export commodities. The UNDP assessment on T75 fisheries (high volume fisheries that produce mainly for export markets) found that demand for crab, snapper, and grouper has decreased, while the prospect of domestic markets as alternatives to international markets remains uncertain.\textsuperscript{cciii} Fishers in East Nusa Tenggara reported decreasing sales by up to 50 percent. In Javanese coastal communities, various newspapers reported that fish prices have dropped between 50 to 70 percent. In areas such as the uplands of Sumatra and Kalimantan, dried fish prices have fallen from IDR 5,000-IDR 8,000 per kilogram to prices between IDR 1,500 and IDR 3,000 per kilogram.\textsuperscript{ccv}

Due to COVID-19 travel restrictions, public health warnings, and PSBB, tourism activities have stalled in marine areas, which in turn has severely decreased the income for workers and threatens conservation efforts associated with ecotourism.\textsuperscript{ccv} Key informants expressed concerns that redirected funding from the fiscal year 2020 MOEF budget of IDR 1.8 trillion to address the COVID-19 pandemic\textsuperscript{ccvi} could create disruptions for environmental protection efforts, such as forest fire management and climate change.\textsuperscript{ccxvii} Although MOEF guarantees that environmental protection programs will still be in place, the budget is no longer available.\textsuperscript{ccxviii} There are additional concerns with budget allocations at local levels that have further defunded environmental protection activities. For example, a KII informant working in West Papua mentioned that the Village Fund has been reallocated
to address the pandemic, pausing other programs and efforts. The impact of the GOI relaxing environmental protections to aid economic recovery from the pandemic also puts indigenous groups at greater risk due to the associated land degradation from these economic activities.\textsuperscript{ccix}

In addition to negative impacts on marine economies, decreased income in marine areas is anticipated to increase the vulnerability of small-scale fishers to human trafficking.\textsuperscript{ccx} and could potentially raise the risk of marriage for underage girls to repay family debts or to relieve pressure on household budgets. PSBB also stymies activities by environmental organizations to support indigenous people, such as supporting alternative livelihoods in Raja Ampat. Global Fishing Watch added that the restrictions may increase illegal fishing by foreign ships. The USAID SEA project reported that marine surveillance has decreased, with a correlated increase in illegal activities.

As the COVID-19 pandemic prompts market closures, decreasing export volumes, and movement restrictions, women’s incomes are decreasing.\textsuperscript{ccxi} Women play important roles in food marketing, such as in wet markets, but with their decreased mobility and access to markets, food systems are impacted. On the southern coast of Papua, women comprise the majority of mud crab seekers. Indonesian women face more significant challenges accessing credit than their male peers, and during the pandemic there are reports of women’s increased difficulty accessing credit. This can affect women’s small businesses and livelihoods, such as women small shareholders’ access to seed and fertilizer. Similarly, KII respondents stated that paused renewable energy programs might disrupt women’s businesses that depend on renewable energy, such those whose selling frozen products. Moreover, the work of women who lead environmental organizations has doubled due to work-from-home policies and the halting of conservation efforts.

Reports show that forest loss rose 50 percent in the first 20 weeks of 2020 compared with the same period in 2019. In addition, in March 2020, forest clearance increased by 130 percent compared with the three-year average from March 2017 to 2019. The reduced presence of law enforcement due to the COVID-19 pandemic has created more opportunity for illegal activity. Deforestation may be one of the long-term indirect effects of the COVID-19 pandemic. Moreover, fire prevention measures have been reduced, which leaves the haze created by forest fires (mainly in peat areas) less controlled. Exposure to environmental pollution, including smoke, is correlated with greater vulnerability to mortality from COVID-19 infections.\textsuperscript{ccxii}

PLN, the state-owned electricity utility, reported a 10 percent increase in consumption of electricity among households in July 2020 compared with June 2020, with decreasing energy consumption in industries.\textsuperscript{ccxiii} During KII, respondents stated that COVID-19 postponed energy programs due to budget reallocations to address the effects of the pandemic. These delays will affect efforts to accelerate the adoption of renewable energy systems that struggled before the pandemic. The Ministry of Energy and Mineral Resources reported a 45 percent cut in renewable energy programs due to redirecting budget lines for pandemic response, particularly for solar panel-related programs.\textsuperscript{ccxv} As the domestic solar photovoltaic industry receives 70 percent of its business through state programs, the impact will be seen in decreased demand and reduced progress toward renewable energy goals. However, the ministry allocated IDR 109 million to complete unfinished programs, including a mini hydropower plant in Papua, and 13 biogas digesters across provinces.

RESOURCES

Resources and support are provided by the GOI, NGOs, CSOs, faith-based organizations, and in some instances from the private sector (such as through CSR projects). Government recovery packages do not have specifically earmarked budget allocations for securing WASH access and facilities. However,
the Ministry of Public Works (MOPW) plans to distribute IDR 10 trillion for existing, labor-intensive infrastructure projects, including Reduced, Reused, and Recycled Waste Management Sites (Tempat Pengelolaan Sampah Reduce, Reuse, Recycle, TPS3R), Community Based Drinking Water Supply and Sanitation (Pamsimas) programs, and Community-Based Sanitation (Sanimas). The extra funds distributed to these existing projects are intended to help address COVID-19 prevention activities and impacts. A number of WASH projects funded by subnational budgets and special allocation funds (DAK) have been cancelled or reallocated to direct funds for the COVID-19 pandemic.

Many international NGOs have augmented or enriched their current project activities to increase access to WASH in response to the pandemic. For example, IUWASH+ augmented the program’s focus on promoting recommended hygiene behaviors, such as handwashing with soap, with additional measures to prevent the spread of COVID-19, such as physical distancing and masks. IUWASH+ distributed 1,972 handwashing stations with soap, and leveraged community funding and support from IUWASH+ partners for more than 6,000 additional handwashing stations. These handwashing stations are digitally mapped, as are WASH hotspot locations, providing geographic visualizations of where the handwashing stations and WASH hotspots are situated.

Plan International-Indonesia currently uses programs to promote COVID-19 awareness to PWD through social media, and engaging community health services posts (Posyandu) staff for home visits to provide information on the COVID-19 pandemic. Religious organizations, such as Muhammadiyah, have created command centers to provide information in provinces where the organization works. A number of private sectors and state-owned enterprises are providing support in WASH services. Multinational corporations, such as Unilever, Wings group, and IKEA, have distributed personal safety equipment to communities and households. Companies working in plantation and forest areas have also distributed similar materials to villagers near their project sites. Some religious groups and local NGOs have engaged with indigenous groups to provide information and distribute hygiene kits.

MOEF has reallocated IDR 1.01 trillion to use for emergency response activities such as purchasing products produced by forests farmer group, procuring inputs for traditional health supplements from social forestry businesses, providing online training for the social forestry business community, establishing community and village seed gardens to enhance food security, and other labor-intensive programs. The Ministry of Agriculture has distributed IDR 1.15 trillion to support farmers’ access to agriculture production inputs and spent IDR 1.46 trillion to secure food supplies as of June 2020 amid social restrictions. The GOI plans an additional IDR 18.4 trillion to ensure food availability and accessibility, but the ministry has requested an additional IDR 10 trillion for target areas. In addition, the Ministry of Fishery and Marine Affairs (MOFMA) has distributed 1,000 staple food packages and PPE (face masks and hand sanitizer) for affected fishers.

Between April and June 2020, MOEMR supported an initial 31.38 million households. MOEMR provided free electricity from July to September 2020 to an additional 31.63 million households with 450-volt amperes and 50 percent discounts for households with 900-volt amperes. The ministry will require an additional IDR 42.05 trillion to sustain the assistance until December 2020. MOFMA has proposed US$69 million to support fishers, aquaculture farmers, fish processor and marketers, and salt farmers, and for strengthening poaching surveillance. The ministry aims to provide the fishers, among others, with seeds, brood fish, and cold storage facilities.

RESOURCE GAPS
One of the most critical gaps left unaddressed by the resources directed to COVID-19 response in the environment sector is the dissonance between disseminated information and behaviors. For example, information on wearing masks, washing hands, and maintaining distance from others as precautionary measures are unevenly adopted across Indonesia (see Annex Six). While surveys indicate adherence to general handwashing practices, that masks are generally worn, and social distancing protocols are somewhat followed, there are questions regarding whether these precautionary activities are done correctly. Save the Children’s rapid assessment found that none of the respondents used proper techniques for handwashing, including children. The assessment also found that during PSSB, children and teenagers continued to socialize with their peers. Social distancing is challenging in temporary shelters, such as in Central Sulawesi, and in slums, such as in large urban areas. Fifty percent of the survey respondents believe they are not at risk of getting infected or infecting others. Ninety percent believe that a “strong” immune system will protect them from infection.

Given the decentralization of Indonesia’s government, coordination of services, such as training public health workers, can be ad hoc, requiring coordination among District Health Offices to offer intentional, consistent training. There have been efforts via the Office of Foreign Disaster Assistance (OFDA) to distribute handwashing stations along with public health messages about proper handwashing and wearing masks. However, the stigma attached to COVID-19 presents challenges for the uptake of public health messages and use of services. There are other important considerations for how public health training and messages are tailored to Indonesia’s diverse social contexts, including the impractically of social distancing in multi-generational households. KII respondents recommended shifting the emphasis to more effective and realistic recommendations, such as a focus on handwashing, changing clothes, and other measures when returning to the household from public spaces.

Data on the effectiveness of community handwashing facilities are not yet available. However, the organization for the Integration and Advocacy for People with Disabilities (Sasana Integrasi dan Advokasi Difabel, SIGAB), a DPO in Central Java, found no public handwashing facilities that PWD can physically use. In addition, informational materials are not designed to accommodate Braille translation or to be produced into other accessible formats, such as videos with subtitles or narration. A survey conducted by the Indonesia Disability Network (JDI) found that only 60.55 percent of PWD received sufficient information on COVID-19, and only 30 percent understand and implement the COVID-19 protocols.

HEALTH

The data on the health sector focused on initial impacts evident in a number of areas, including the ability of the health system to respond to public health emergencies, and the ability of the health system to offer specific COVID-19 services, while continuing to meet routine health demands. Many groups with pre-existing health vulnerabilities are struggling to protect their health during the pandemic. Some resources to promote good health, such as widely available free COVID-19 testing, are not currently offered.

IMPACTS

Health System Weaknesses

For the past decade, the Indonesian health system focused on addressing non-communicable diseases that drive high mortality rates. With the COVID-19 pandemic, the focus of the health system has swung back to addressing infectious disease. This has caused a shock in the health system, and
illuminated the need for new approaches to manage communicable diseases, as well as improved technology to strengthen health system responses. In part, this entails re-structuring hospitals and other treatment sites to separate infected patients. Health system financing to meet the demands of public health emergencies requires improving flexibility for rapid changes and just-in-time education for health workers.\textsuperscript{ccxviii}

Pre-existing infrastructural challenges in the health sector add to the complexities of meeting the demands of the COVID-19 pandemic, including 6 percent of subdistricts lacking a health center, and those that exist often operating without electricity, clean water, or proper equipment. Twenty-one percent of health centers have limited referral transportation, and 35 percent have limited consistent clean water and electricity. The strain of meeting the COVID-19 pandemic on these centers and the health personnel is likely to be more severe.\textsuperscript{ccxxxiii}

**Barriers to JKN Enrolment under COVID-19 Policy**

In light of the COVID-19 pandemic, the GOI has adopted a policy to provide full medical coverage to all Indonesian citizen affected by COVID-19 through the national BPJS-JKN.\textsuperscript{ccxxxi} However, according to KII, the JKN-BPJS membership does not have a process to immediately assess a member’s eligibility for subsidized premium costs, which creates vulnerabilities for intended recipients with low SES. Provisions established in Law No. 39/1995 on Health Sector Research and Development, and Article 29 of the Law on Public Services on Allowances for Vulnerable Citizens are not integrated into the Law on the National Social Security System (SJSN), or in the implementation of JKN. By not taking the specific needs of women and vulnerable groups into account, health services are not made fully available to these groups.\textsuperscript{ccxxxv} In addition, there is no specific subsidy for PWD, due to bureaucratic categorization of PWD affairs under the Ministry of Social Affairs. This effectively means that PWD also are not eligible for many medicines, particularly patent medicines.\textsuperscript{ccxxxvi} Other factors that KII respondents raised that contribute to limited accessibility of the BPJS-JKN for lower-income households include unclear or insufficient government communications, delays in processing and distributing JKN cards, and complex procedures for registering individuals for government health subsidies, including eligible individuals missing from government databases.

**Health Sector Human Resources and Resource Constraints**

Indonesia is experiencing a shortage of health workers, as the COVID-19 pandemic has created exceptional demand on the health system. Indonesia’s health system requires an additional 1,500 doctors and 2,500 nurses, as well as laboratory staff, administrative staff and ambulance drivers, to meet the health-care needs presented by COVID-19 patients.\textsuperscript{ccxxxvi} Health workers must contend with repeated exposure to the COVID-19 virus in their work, and manage patient care amid insufficient hospital beds, intensive care facilities, medical equipments, ventilators, trained health care and support staff.\textsuperscript{ccxxxvii} As health workers have become infected with the COVID-19 virus, the work of remaining health workers has increased and the capacity of the health system to meet the demands of the COVID-19 pandemic, as well as routine health needs, is reduced.\textsuperscript{ccxxxix} Women comprise 68 percent of Indonesia’s health workers and social workers, 74 percent of doctors, and 80 percent of nurses.\textsuperscript{ccxl} In some hospitals, such as Muhammadiyah\textsuperscript{ccxli} hospitals, the majority of health workers are nurses.\textsuperscript{ccxlii} Health workers must also address their own exposure risks outside of the workplace, and their responsibility to protect their own families during the pandemic.\textsuperscript{ccxliii} More women health workers than men commute to work using public transportation (e.g., bus and train), which places them at greater risk of contagion.\textsuperscript{ccxiv}
To date, 105 doctors and 71 nurses have died from the COVID-19 virus. The Indonesian mortality rate for doctors from COVID-19 is the highest in Southeast Asia. Factors such as a shortage of appropriate PPE, incomplete or dishonest disclosures by patients about their medical and travel histories, high workloads, and the absence of infrastructure at most hospitals to tackle infectious diseases, have contributed to health worker mortality. The National Nurses Association (Persatuan Parawat Nasional Indonesia, PPNI) calls for regular testing of health-care workers for COVID-19, guaranteed access to PPE, and further education for reducing the transmission of the virus. Midwives and other non-clinical health workers may also be less well-integrated into institutions and supply chains, and may have less access to PPE. For example, due to the focus on distributing health supplies to Jakarta, midwives in Yogyakarta expressed concern that PPE supplies will run out for their area. As Yogyakarta is a fairly well-resourced area, these concerns suggest even greater shortages of resources and supplies in more remote areas, especially those with less health infrastructure.

The MOH continues to monitor bed occupancy rates throughout the country, to prevent overwhelming the health system. In addition, MOH and provincial governments have increased the number of hospitals dedicated to medical COVID-19 response, with 492 first level referral hospitals and 132 hospitals for severe cases, including transforming the Wisma Atlet facility in Jakarta into a medical hospital for 3,000 patient. As of September 2020, Jakarta (the hardest hit urban area in Indonesia) re-imposed the large-scale social restrictions (PSBB) based on the 77 percent occupancy of isolation beds, and estimates that these would reach full capacity by the middle of September, and 75 percent capacity of Jakarta’s intensive care units in hospitals.

Information from Muhammadiyah’s Command Center shows that hospitals outside Jakarta have shortages in adequate equipment, such as ventilators, portable x-ray machines, and vital signs monitoring equipment. Efforts to address these shortages have not always considered the holistic context, such as the 100 ventilators received from the United States that require special expertise to operate them. Unequal access to the internet also affects support options for the health system, including in South Sumatra where there are infrastructure and cost obstacles for health workers to access online tele-medicine/webinars.

**Resonating Effects on Routine Health Services**

The COVID-19 pandemic indirectly impacts health services beyond treating patients infected with the virus. Due to the strain on health systems, diseases such as malaria, dengue, HIV, and TB will also rise as essential services for those illnesses have become limited due to the redirecting of resources toward the COVID-19 response. UNOCHA warns that this could contribute to public distrust of the health system, and perceptions that the national health resources are insufficient for addressing the range of health needs, causing a decrease the use of the health services.

For example, according to a survey by MOH, more than half of all health facilities reported significant disruptions administering routine immunizations due to the COVID-19 pandemic. Between January and March 2020, measles vaccinations decreased by 13 percent compared with the same period in 2019. Twenty-eight percent of community health centers (Pusat Kesehatan Masyarakat, Puskesmas) reduced their hours due to worker shortages and PSBB, and 84 percent reduced the number of allowable patient visits between May and June 2020. The USAID JALIN project and the assessment survey have raised concerns regarding the continuation of maternal and newborn health (MNH) services, especially for the bottom 40, workers in the informal sectors, and in households where both wives and husbands have lost their sources of income. This concern is especially heightened in COVID-19 hotspots (red zone areas). For example, in Lebak and Tangerang, 19 percent of Puskesmas offered MNH services between April and June 2020, and patient visits reduced to 13 percent during this time.
In addition, home visits by health volunteers dropped to 16.2 percent. According to KII respondents, in East Java, there are reports of increased maternal deaths by up to 30 percent from January to August 2020. Similar reports note that pregnant women are concerned about contracting the COVID-19 virus from health facilities and thus are not seeking prenatal services or attended birthing options. Furthermore, women have to provide a negative COVID-19 test before health examinations or delivery (and in some areas, must pay for testing). Not all health workers at Puskesmas are aware of the proper implementation of health guidance, which also leads to confusion and a reluctance of seek services. KII respondents noted that the reductions in access to, and use of, essential maternal and newborn health services during epidemics contributes to the increase in maternal and newborn morbidity, mortality, and lasting health complications.

The widespread limitation in the availability and use of MNH services is evident in locations including Banten Province (where until August 2020, Puskesmas only accepted on-call emergency cases and high-risk patients), and West Java, East Java, South Sulawesi, and North Sumatra. The Health Office of Pontianak City (capital of West Kalimantan) reported that through to June 2020 there were seven cases of maternal deaths during deliveries compared with five total maternal deaths during delivery in 2019. The contributing factors were identified as limited services provided by health facilities due to the COVID-19 pandemic, where most of the health facilities have turned their focuses to pandemic response, with consequent reductions in community outreach and home visits to pregnant mothers and babies. Moreover, MOH and UNICEF’s rapid assessment of 34 provinces found reports of nearly 76 percent of Posyandu closed due to the pandemic and 41 percent of maternal home health visits suspended, and disruptions in maternal health activities, as well as family planning services, immunizations, illness prevention, HIV services, and other services.

Some recommended health practices are not being followed due to the COVID-19 pandemic, such as noted by KII respondents regarding reductions in recommended breastfeeding practices, in part because the national health guidance on COVID-19 discouraged breastfeeding practices based on unfounded fears of COVID-19 transmission through breastmilk. This was revised in the updated guidelines released in July 2020. Due to potential shortages or the inaccessibility of sexual and reproductive health (SRH) supplies, up to 7 million unplanned pregnancies are anticipated by UNFPA and the National Planning Agency. UNFPA reported a 40 percent reduction of family planning in March 2020 compared with February 2020. Seventy-six percent of survey respondents for this assessment mentioned challenges for Indonesians to access health services, including access to SRH services.

The United Nations Working Group for Food Security and Nutrition has expressed concerns regarding the impact of the COVID-19 pandemic on the nutrition status of Indonesians, particularly the poor and vulnerable. Before the pandemic, an estimated 2 million children under five suffered from wasting, 7 million children experienced stunting, while 2.6 million pregnant women suffered from anemia in Indonesia. The current situation aggravates the difficulties many families already face in terms of access to affordable, healthy foods. According to the Indonesian Pediatric Society (IDAI), the proportion of children who have died from the COVID-19 virus is higher than in other countries (59 confirmed and 318 suspected COVID-19 deaths were recorded as of August 10, 2020). Malnutrition promotes concerns over children’s immunity, and care-seeking for symptomatic children may be delayed by parents’ lack of knowledge about COVID-19 indicators, and the similarity between COVID-19 symptoms and those of other illnesses, such as diarrhea.

Vulnerable Groups

Groups at high-risk for COVID-19 infection include people with currently compromised immune systems (e.g., from HIV, tuberculosis [TB], cardiovascular disease, and diabetes). The elderly are also
among the most vulnerable to COVID-19 infection and associated negative health outcomes due to the effects of age on health, limited mobility, and social exclusion and isolation for many. Elderly Indonesians whose health status warrants routine health checks in hospitals are at particular risk, as exposure to health facilities increases their chances of infection. However, this deepens the risks of older people running out of prescribed medications, leaving their ongoing health issues unattended, and leaving new health concerns undetected and untreated.

In Indonesia, TB infections are higher in men, thus creating additional vulnerabilities for men with the intersection of TB and COVID-19 infection. However, this assessment was unable to access specific data on the challenges for male or female TB patients caused or intensified by the pandemic. Delays in major prevention and treatment activities at all levels have been reported along with declines in TB notification by 68 percent in the first quarter of 2020. In addition, there are reported increases in treatment failure rates and lower occurrences of follow-up services, especially in health facilities that provide dedicated COVID-19 response services, and a decline in community participation for TB case finding and contact tracing. The Mandiri TB project noted that the restricted access to health facilities intended to lower exposure to COVID-19 have prompted a subsequent decrease in patient visits for testing and treatment. The number of patients diagnosed with TB between March and May 2020 during PSBB initially slowed, but then showed an increase in June 2020 when the GOI eased PSBB measures. Also, the re-assigning of TB service providers in hospitals to serve on COVID-19 Management Teams further directed services away from TB control programs at the beginning of the pandemic.

The health system has made changes to address some of these concerns, including shifting capacity building training for health-related professional organizations online. To mediate the pandemic’s strong effect on drug-resistant TB patients under regular monitoring for medication regiments and effects of drug control, accommodations were made to provide medication in homes with remote monitoring by telephone, WhatsApp, or video calls by health workers and health volunteers. In addition, tele-medicine platforms have been leveraged in some instances (although not consistently), especially for patient assessments, to determine if immediate treatment is required for drug side-effects. BPJS Watch advocates for the GOI to adopt tele-medical services to help more vulnerable groups (in addition to TB patients) continue to access health care, but the GOI has not yet acted on these recommendations.

Previously, the stigma attached to TB patients often influenced their decision not to wear masks at home despite the health risks. Masks in areas with high concentrations of TB were assumed to denote a TB infection. However, with the COVID-19 pandemic and public health guidance for everyone to wear masks to slow the transmission of the COVID-19 virus, the stigma has decreased. Health practices such as proper coughing procedures are now promoted for the entire public, at health facilities, in home, and in public.

Resources that contribute to the control of HIV are not as readily available due to disruptions in global supply chains, including condoms, opioid substitution therapy, and sterile needles and syringes. Reliable access to HIV treatments and medication is also uncertain, as shown at the beginning of the pandemic when global supply chains were disrupted, affecting the availability of medication and medical supplies from India, which is a main supplier of antiretroviral drugs to Indonesia. Outreach workers require training for virtual service delivery, or for how to safely go door-to-door as hotspots have been closed down or are policed by civilians to enforce lockdowns. Clinics offer reduced hours in some locations for HIV services or have closed altogether due to the strain on the health system to respond to COVID-19.
Shifting service models for HIV-affected populations has proved difficult, due to the limited options for individuals who have lost income or who are wary of potentially becoming infected with the COVID-19 virus at health facilities. The high cost of transportation has also posed challenges for some. Organizations reported limitations in their ability to accommodate online service delivery, such as the lack of funds to manage associated costs of online meetings (e.g., reimbursing for internet expenses to ensure inclusivity), or paying speaker fees for expert presenters during online events.

According to a rapid assessment by Jaringan DPO Respon Covid Inklusif, PWD are struggling to access information about COVID-19 response and available government resources, such as a safety net programs and eligibility. Participants in Jaringan’s rapid assessment noted an 80 to 90 percent reduction in income for PWD due to job loss or lower earnings from home-based businesses, which heightens the importance of government support systems. As many public information systems are designed with the assumption of able-bodied users, often these systems are not accessible to PWD users or compatible with assistive technology.

People with mental illnesses living in institutional care facilities are considered a high-risk group due to crowded institutional settings where it is difficult to observe social distancing practices. In Klender, Jakarta, the psychiatric hospital was converted into a hospital for COVID-19 treatments, which further imperils access to care for people with mental health concerns. Mentally ill patients with COVID-19 symptoms are redirected away from general hospitals to psychiatric hospitals for treatment where the facilities are often inadequate.

**COVID-19 Testing**

The GOI has made COVID-19 testing available at no cost to individuals who demonstrate symptoms, have had contact with an infected person, and who were recently in high-risk areas. However, people without symptoms or without these contact histories cannot reliably access free testing. The requirement to meet all three criteria raises concerns not only about proactively managing the spread of the virus, but also about people using connections to access free testing that they are not eligible for. The costs of a COVID-19 test range from IDR 770,000 to IDR 1 million, which for many Indonesians is a considerable expense. Some local governments have been able to make testing more available. For example, the local government in Surabaya, East Java, made rapid testing available across 63 community health centers. Working with NGOs, an additional 10,000 rapid test kits were distributed beyond the 8,400 test kits provided by the national government.

**RESOURCES**

As noted in the discussion of GOI financing for addressing the COVID-19 pandemic, the health sector has received funds to help meet the public health crisis. In addition, Indonesia is party to the AMC-COVAC facility managed by GAVI (a multilateral facility that buys vaccines for lower-income countries), and the GOI prioritizes access to a COVID-19 vaccine once it is available. The WHO and Bappenas have set goals of equitable distribution of a vaccine when it becomes available.

The Ministry of Education and Culture, the Ministry of Health, the Indonesian Medical Students Executive Board Association and the WHO have designed and offered training for health volunteers and frontline health workers, reaching participants both during the live training and through recorded content on YouTube. This training includes basic literacy on COVID-19, including precautionary health measures, physical distancing and case management. Training also provides accurate information and guidance on procedures for managing the COVID-19 virus in health settings and disseminating accurate information to the public about the pandemic.
Online training platforms developed to deliver courses before the COVID-19 pandemic are now being accelerated for immediate wider use. There are efforts to offer training for medical equipment technicians, other health-care workers, garment factory workers, and call center employees based on the demand for skilled workers in these sectors. Initiatives are reported as under development for skills training targeted to MSMEs.

**RESOURCE GAPS**

When COVID-19 was declared a pandemic, the GOI strongly advised local governments to reallocate regional budgets for health-care services to treat patients with COVID-19, raising questions about budgets for ongoing health programs, including TB programs and routine vaccinations. Local government budgets (APBN) are currently focused on financing curative responses to the COVID-19 pandemic, and less on identifying and promoting preventative actions.

Furthermore, according to BPJS Watch, the funds earmarked for COVID-19 have not been allocated to address the specific needs of vulnerable populations, such as the poor, women, the elderly, and PWD in the existing SJSN and JKN coverage. The Law for Human Rights and the Law for Public Service provide the overarching definition of vulnerable populations and the specific protections afforded to them. However, neither the laws establishing the JKN nor its regulations adopt these legal categories of vulnerability. Thus, the COVID-19 funds disbursed through the JKN do not have specific requirements to address the needs of vulnerable populations beyond categories of enrollees who are eligible for premium subsidies, and those who are not. The COVID-19 health premium subsidies are intended to address the payment shock from rising JKN premiums, so that the third-class insurance enrollees among the JKN non-subsidized insurees can pay the prior premium amounts until December 2020 albeit without attention to vulnerability factors. As most non-subsidized third-class insurees are poor, the premium increase paired with COVID-19 impacts would impose potential household economic stress. While the subsidies through December 2020 relieve some of this burden, the additional strain of deepened or new vulnerability remains unaddressed.

Funding to private hospitals for COVID-19 services is largely provided by the central government, either through incentive programs or through the reimbursement system established under JKN. However, bureaucratic systems have slowed disbursement of funds to private hospitals. Claims filed by hospitals are often held up due to differences in interpretation of guidance, or due to disagreements about the claims themselves. Hospitals that have internal funds can still operate and provide services, but many hesitate before accepting government funds due to frequent disputes over allowable cost or complex diagnoses related to COVID-19. Many private hospitals choose not to treat COVID-19 patients due to concerns about financial loss.

While tele-health services have been introduced in some situations, JKN has not pushed out tele-health options across the health system. This limits access to health services for those individuals who cannot access services in person, or who do not wish to due to infection concerns. While tele-health does rely on access to ICT resources and requires safeguards on privacy and data, the ability to access health services online lowers barriers for individuals in rural or remote areas, PWD, and others who may not be able to easily access health facilities.

**CONCLUSION**

The summary findings of impacts, available resources, and resource gaps are presented below. Attention is given to both the immediate considerations, as well as medium- and long-term concerns, and to arising coping mechanisms. The conclusion ends with recommendations for entry points to
strengthen the response to the COVID-19 pandemic and build Indonesia’s resilience for the post-pandemic period.

**IMPACTS**

The COVID-19 pandemic constitutes an evolving global public health and economic emergency. The effects of the pandemic impact populations differently based on their ability to respond to the serious economic shock, to follow public health precautions while maintaining livelihoods, to fulfill gendered labor expectations, to access accurate and reliable information, and to mobilize resources to utilize available support options (e.g., internet resources to access online skills training, or maintain social networks during PSBB).

Access to support services (e.g., GBV, TIP) have been reduced due to redirecting of government budgets to address COVID-19 relief efforts, overwhelming demand, and social distancing measures. However, the reported upticks in domestic violence during lockdowns and initial screenings of returned migrant workers indicate that these services are greatly needed. Some routine health services have also been interrupted, due to refocusing on COVID-19 care, and there have been shortages of health workers, and limited hours or closures of health clinics. Disruptions in available services particularly limit care for patients such as children needing routine immunizations, pregnant women and newborns (risking increased maternal and newborn mortality), the elderly, and TB patients. The availability of SRH services has also been affected, leading to a potential surge in unplanned pregnancies. Among young, unmarried women, these pregnancies could lead to CEFM, although cases of this are not yet emerging in the data.

Workers who rely on the informal economy for income have suffered high rates of job loss (more likely women) and income reductions (more likely men). As these jobs carry fewer employment and social protections, these households often have less resilience against economic shocks and stressors. Skills training opportunities focus largely on the formal sector, leaving informal workers without as many options for finding new employment. TVET centers are struggling to move courses online and to maintain the quality of instruction, especially with the added challenges of aligning job training to the pandemic-affected job market. Access to training and job opportunities are also affected by the availability of internet connectivity with social distancing measures and remote work solutions. Youth are now competing against more experienced workers as they enter the job market for the first time with fewer skills and less experience. PWD are also at a higher likelihood of not being able to access online skills training options, or find employment, as many sectors that previously hired PWD are experiencing reductions in the workforce.

People living in marine and forest areas also struggle to maintain their livelihoods. The reduction in access to urban markets, difficulties transporting perishable agricultural and sea products, and falling prices challenge small-scale farmers and fisheries. With social distancing protocols in effect, illegal activity is rising, which also affects livelihoods and the preservation of natural resources. Concerns also exist regarding household access to water and sanitation resources, especially for poor and disadvantaged households. The data do not yet show shortages of WASH resources, but funding for some WASH programs has been paused or cancelled, which may create medium- and long-term impacts.

The COVID-19 pandemic has revealed weaknesses in the health sector, including limited flexibility and resources to adjust to the unexpected demands of the pandemic, including shortages of health workers and appropriate facilities. Indications have emerged in the data that some Indonesians continue not to have access to health insurance, weakening access to COVID-19 treatment. In addition, COVID-19 tests are expensive, and are provided at no cost only to those meeting explicit criteria. Populations
more vulnerable to poor health outcomes, including people at risk of HIV infection or living with HIV, are not able to access needed health services reliably, and are at risk of global supply chain disruptions reducing access to medications.

However, it will be important to continue monitoring issues that are not captured in the current data. More information is needed on the drivers and rates of GBV as the PSBB periods lift, and how survivors are (or are not) accessing needed support and services. In addition, beyond the increase in women’s household labor and men’s pressure to continue earning to support households, more information is needed on how gender norms create or protect against vulnerabilities during and after the pandemic. Unfortunately (but not surprisingly), the data were not able to provide the depth of information hoped for on regional specificities on how the pandemic is differently affecting women and disadvantaged groups in Indonesia’s many social contexts. This information is valuable not only for COVID-19 response, but also to fill persistent, existing gaps in the available data.

Similarly, the impact on LGBT communities may increase with the relaxing of PSBB, or more data may be collected on the specifics of workforce reductions on LGBT workers in the formal sector. The long-term impacts on transgender women and men should be considered based on their lower SES, reliance on the informal labor market, and subject to high degrees of social stigma. Similarly, social discrimination, stigma, and intolerance may rise as social distancing measures are relaxed, leading to greater personal security issues, particularly for indigenous groups and Chinese-Indonesians. Indigenous groups, particularly those that cannot control land resources or access government assistance programs, may have greater negative health and socioeconomic outcomes in the second and third waves of the pandemic, as well as in the post-pandemic period.

RESOURCES

The GOI, NGOs, CSOs, DPOs and faith-based organizations are providing important sources of health, economic, and social support to Indonesians in response to the immediate impact of the pandemic and to strengthen resilience for the post-pandemic period.

From the GOI, support takes the form of social assistance packages directed at the bottom 40 and to support economic recovery efforts, such as the Pre-Employment Card program, as well as funds to strengthen the business and health sectors. Additional support is provided from local governments, such as skills training and job matching programs for PWD, hygiene kits and PPE distributed to fishing communities, and requesting additional food aid for target communities.

NGOs and donor-funded programs are pivoting to meet the demands of the pandemic. Where possible, program activities are shifting to online delivery, such as continuing economic empowerment activities for women entrepreneurs through online training courses and mentorship. To assist in revising the skills training curriculum to be more effective for online delivery, the ILO is offering training to BLKs and MOM to build capacity for this transition.

Programs are also refocusing efforts to ensure that COVID-19-related information reaches local groups, including PWD and indigenous groups, along with basic supplies and training to produce reusable masks and sanitizers for local use. Selling masks and sanitizers offers local workers some income to help protect against job loss or reduced business for their MSMEs. Some NGOs are promoting services to connect communities for food redistribution from areas with surplus supplies to food insecurity areas, and some LGBT organizations are participating in community outreach and assistance efforts.
Emerging from the literature is a focus on leveraging community-based resources, and investing in local solutions. One example is the discussion of how community BLKs can provide better connections between local demand for skilled workers and available skills training and mentorship. Another example is indigenous groups leveraging existing social practices to follow social distancing protocols and marshalling community resources, such as assuming responsibility for education, when government resources are slow to reach their communities. Further attention should be paid to community-based solutions to gauge their effectiveness for COVID-19 response, and for longer-term strengthening of service provision.

RESOURCES GAPS

There continue to be gaps in the response to the COVID-19 pandemic, from ongoing limitations of poor data in GOI databases used to target social assistance, to newly urgent changes in service models, such as providing online solutions for quality skills training or for tele-health options. With the cross-cutting effects of the pandemic affecting not only health outcomes but also contributing to fragile socioeconomic conditions for many households, the negative consequences of the pandemic will likely have resonating impacts for the most vulnerable populations.

Corruption and fraud not only weaken government transparency and accountability, but also undermine the resilience of the most vulnerable members of Indonesian society. The pandemic illuminates the persistence of ongoing struggles in governance, such as safeguarding against corruption, especially with relaxed procurement rules. To safeguard against corruption or the mismanagement of funds, the literature and respondents provided recommendations to continue with transparency practices, such as posting planning documents for procurement on the appropriate web portals, and leveraging laws, policies, and procedures for budget oversight to monitor emergency funds closely. This includes processing corruption cases, addressing public complaints, and partnering with the media and other aspects of civil society to hold the government accountable. These actions will contribute toward growing public trust in the government and the capacity of the GOI to effectively protect citizens during emergencies.

The shortcomings of Indonesia’s socioeconomic data pre-existed the pandemic, but the challenges with inaccurate and incomplete data have been evident in the processes for targeting assistance to the Indonesians who need it most. Further efforts are needed to improve the quality and availability of data, including disaggregates for gender, age, disability status, SES, and household education level. Efforts are also needed to continue ensuring that all Indonesians have updated and valid legal IDs.

Understanding the full impact of corruption as related to COVID-19 assistance funds specifically for women and disadvantaged groups will take longer to emerge. However, improper procurement practices in the health sector have shown insufficient savings under more relaxed procurement rules, when government funds are already stretched thin and redirected away from other essential services for women and disadvantaged groups. Conflicts of interest have weakened the training course offerings in the Pre-Employment Card program during a period of large-scale unemployment when skills training is especially valuable to unemployed workers. These outcomes both directly and indirectly affect vulnerable groups that depend on government assistance programs before and during the COVID-19 pandemic, and who are more directly affected by the contraction of the informal labor market, thus requiring new skills to secure new employment opportunities.

Furthermore, the initial indicators of medium- and long-term consequences of immediate responses to the crisis have emerged in the data, such as redirecting budgets for pandemic efforts. Redirecting budgets to address the pandemic have freed up funds for social assistance programs and to protect
the economy from the shocks produced by the pandemic. But, directing funds away from ongoing programs risks exacerbating COVID-19 infections through indirect means (e.g., slowing or pausing WASH activities when handwashing is a main recommended precaution against infection), and deepening existing vulnerabilities among disadvantaged populations, including through limited access to routine health services. Redirected funding also risks exacerbating existing services gaps for GBV survivors, TIP survivors, SRH services, environmental protection, WASH, and MNH, to name a few. Social protection comprises one of the largest categories of PEN funding, but to provide the budget for those efforts, critical services that women and disadvantaged groups depend upon and which strive to address systems of gender and social inequality have been negatively impacted, creating a difficult tradeoff.

KII respondents argued that stimulus and relief packages did not address existing barriers experienced by women and disadvantaged groups when accessing government assistance, particularly in more remote geographic locations. By utilizing existing data and assistance programs to determine eligibility and disseminate funds, vulnerable people missed by the system have remained marginalized, and newly vulnerable populations have struggled to assert their eligibility. According to a KII respondent, to ensure that women and disadvantage groups benefit from the stimulus funds, special attention should focus on integrating solutions to resolve access barriers to support more gender and socially equitable spending under the PEN budget lines.

Over half of Indonesia’s workforce relies on the informal sector for employment, and informal workers are disproportionately women, PWD, transwomen, and people with low SES. Skills training and other support for unemployed workers thus must extend beyond the formal sector. This includes targeting both the formal and informal sectors with opportunities for re-skilling or upskilling options, link and match services, and systems to pair labor to labor market demand. Job training should focus on addressing immediate employment concerns but with attention to jobs that are likely to remain relevant post-pandemic to build income security for households. The skills for available jobs should prioritize those options for workers that pay a living wage to help build resilience and to protect against harmful coping mechanisms.

The GOI had a difficult task balancing economic growth, natural resource management, and environmental protection before the pandemic. By relaxing environmental regulations, the GOI has prioritized short-term economic growth, but the medium- and long-term consequences have raised concerns among local populations and conservation groups. The limited presence of monitoring and policing in marine and forest areas is correlated with a rise in illegal fishing activity and greater deforestation. The reliance on online platforms has slowed resolutions of land conflicts between social forestry groups and large companies. These tradeoffs resulting from prioritizing economic growth risk the preservation of natural resources, local livelihoods, and working agreements between local groups and large business interests. Furthermore, local and indigenous groups that cannot control access to their communities, that must continue to rely on plantations for incomes, and that cannot ensure their own food stores may suffer worse health outcomes due to exposure to COVID-19 infection more than groups that have greater control over land and resources.

The COVID-19 pandemic has also more directly exposed weaknesses in the health sector, from insufficient equipment to properly treat COVID-19 (e.g., ventilators), to not enough health workers to provide treatment and care for both COVID-19 patients and the continuation of routine health services. As women comprise the majority of health workers, their exposure to COVID-19 infection through interactions with patients, higher workloads from health worker morbidity and mortality, and more limited transportation options are a risk not only to them, but also to their families that they provide care for within their households. In addition, training for health workers on COVID-19
treatments, protocols, case management, and accurate information to relay to patients have not been consistently offered, creating another potential point of weakness within the health system.

The data that inform this report point to the importance of attending to intersections where the COVID-19 pandemic may have an indirect effect on structures producing inequitable socioeconomic outcomes. For example, women who have the resources to spend time online during PSBB for social outlets, professional activities, or to search for information, may experience greater exposure to extremist messaging circulated in response to COVID-19. COVID-19 may also prompt women’s increased dissatisfaction with the government due to prolonged household economic stress, frustration with PSBB-imposed limitations, or increased pressure on gender roles, such as the expansion of women’s household labor. For women who do experience aggravated grievances, such as greater gendered labor, but concurrently are able to engage on online platforms, these combined drivers may prompt greater interest in, and adherence to, VE messages and ideologies as the pandemic continues. At this intersection there are also factors for consideration, such as household economic resources, women’s participation in labor markets before and during the pandemic, and how some women can continue offsetting their gendered labor during the pandemic, such as by requesting longer hours from domestic workers (as discussed in the TIP section above).

Similarly, the indication of TIP among returned migrant workers not only points to the limited economic options that led low SES individuals to migrant labor options, which are now worsened in the COVID-19 labor market, but also to the limitations of the Indonesian system to identify TIP and provide services before the global demand for labor resumes.

As a final example, the necessary focus on controlling the COVID-19 pandemic through refocusing the health services has resulted in fewer resources to address routine health concerns (e.g., immunizations, SRH services, and ensuring access to treatment for chronically ill patients). The data also point to interrupted community-based MNH services, which is concerning in light of Indonesia’s high maternal mortality rate, but also reduces women’s access to health information through community health volunteers and midwives that often extends beyond pre-natal care into issues of nutrition, WASH practices, anemia, and recognition of childhood health concerns (e.g., diarrhea).

However, there are also opportunities at the intersections, such as the greater adoption of good health practices by TB patients, through wearing masks in public, as the stigma of these behaviors has reduced with the large-scale adoption of these public health practices. For the potential of these opportunities to be fully met, additional investments are needed to continue lowering stigma and promoting education on the prevention of TB. Similarly, the reliance on online resources illuminates existing disadvantages related to internet access and the slow progress on making internet resources compatible with assistive technology used by PWD. But, it also offers avenues through which to engage disadvantaged populations more broadly if these challenges are overcome, including in remote locations and for women who are less able to leave households. To leverage internet resources as tools for greater equality, however, factors that lead to gendered inequality of access to internet and internet-enabled devices, as well as geographic, economic, and educational barriers (e.g., literacy) will need to be addressed.

**COPING MECHANISMS**

The response to the COVID-19 pandemic prioritizes protecting the economy, health-care pivots to COVID-19 care, and addressing basic welfare. The response is not built around a holistic view to encompass the impacts on less immediate or indirect outcomes that may compound into longer-term development setbacks, particularly among vulnerable populations. This may lead to coping mechanisms
that continue cycles of poverty and inequality, such as CEFM or health outcomes that result from relying on unclean water sources or reducing household consumption of nutritious foods.

The data indicate that communities are demonstrating coping mechanisms shaped by social, economic, and geographic factors as a response to the cumulative impacts triggered by the pandemic. Data from a Cyrus Network survey in July 2020 conducted with Indonesians who received COVID-related social assistance showed that 68.5 percent of respondents found that the government social assistance is not enough for the basic costs of living. Only 31.8 percent of respondents stated social assistance from the government met their needs. Without basic needs met, vulnerable households are also likely to rely on coping mechanisms that are not necessarily sustainable or beneficial in the long term. Some coping mechanisms are more clearly established in the data than others, indicating that as the course of the pandemic continues to unfold it will be important to monitor the level of reliance on coping mechanisms in different household contexts.

One example is CEFM. While there are initial findings that rates of CEFM are increasing, more data are needed to reduce the drivers that lead to girls’ early marriage. This may include continuing to support household financial security, access to girls’ education, general access to SRH services, and education of subdistrict and religious court officials on the harms of CEFM.

Based on respondents to the assessment survey, farmers in Papua, South Sulawesi, and West Kalimantan reported selling or renting land for aquaculture ponds, selling mangrove land for charcoal, delaying selling fish until the market price is enough to recover operational costs, and shifting productive labor to gardening and hunting to ensure sufficient household food supplies. Respondents who work in rural WASH projects mentioned that households are selling assets to meet expenses, and resorting to traditional healers to reduce health costs.

According to World Vision Indonesia’s rapid assessment, 25 percent of households surveyed have reduced the quality and quantity of their food, while 23 percent of households are relying on their savings, and 15.2 percent have borrowed money from neighbors. Almost all respondents in KIIIs and the survey for this assessment noted the strategy of urban to rural migration as a coping mechanism when jobs in urban areas become scarce.

Technologies to fuel community support are not fully utilized in Indonesia. For example, there is global evidence that mobile savings and remittances are effective for sharing risk in social networks, lessening the impacts of shocks and stressors. However, most Indonesians do not have experience with e-money. In 2019, only 6.8 percent of Indonesians reported using e-money. The use of e-money is correlated with education, where 5.2 percent of people with junior high school completion use e-money, while 27.3 percent of university graduates use the service. But, the vast majority of the most educated Indonesians do not use e-money. Smartphones offer options to increase the use of e-money and e-commerce, which creates entry points based on the high smartphone skills among Indonesians.

Finally, based on the frequent occurrence of natural disasters in Indonesia, community-based response and coping systems have evolved as effective ways to manage these periods of instability. This approach leverages strong family and community networks that protect included individuals from adversity (taking into account that LGBT and other populations may be excluded from, or less protected by, these networks). However, the COVID-19 pandemic challenges these established patterns by promoting social distancing, which also distances individuals from some aspects of their support networks. This presents challenges for adherence to social distancing as households make decisions about accessing support versus taking recommended health measures. It also prompts questions about
whether community-based response measures will be weakened should major natural disasters occur during the pandemic.

As noted above, many of the gaps raised by this analysis link to larger concerns that pre-existed the COVID-19 pandemic. From this rapid assessment, however, a number of areas arose where continued strengthening and support will improve responses to future emergencies and also strengthen systems overall.

**INITIAL ENTRY POINTS FOR CONTINUED EFFORTS**

*Leverage opportunities to address harmful gender norms and to increase social inclusion.*

The COVID-19 pandemic has prompted attention among many gender and inclusion experts to issues of women’s and disadvantaged groups’ increased vulnerability to negative outcomes due to the pandemic. This attention creates the opportunity to leverage the pandemic to fuel discussions on rebalancing household divisions of labor, providing households with resources on reducing tensions that can trigger domestic violence, encouraging joint household decision-making through financial planning to address COVID-19 economic stressors, and to focus on women’s and girls’ skills acquisition such as leadership and initiatives skills. These efforts should consider avenues through which to ensure women’s and girls’ equitable access to information, particularly in areas experiencing an overall information deficit. These efforts should be inclusive of women and girls with disabilities, living in low SES or low resource settings, and from indigenous or minority groups. Attention is also needed on vulnerabilities experienced by men and boys to address gender norms that inform pressures to be the sole providers for families, at times at the expense of taking health precautions or continuing boys’ education. Resources should also be provided for men and boys on alternative masculinities that do not excuse or condone violence toward women and children.

*Provide additional resources to support GBV and TIP services.* As shown in this report, GBV and TIP services failed to receive adequate funding before the pandemic created additional demand. TIP and GBV both produce long-term consequences for survivors and their families, heightening the importance of increasing resources to continue meeting demand for these services.

*Improve data quality and availability.* Across sectors, the literature, KII, and in survey responses, data emerged as a challenge to reaching the most vulnerable with assistance, as well as targeting outreach to monitor new or changing needs arising during the pandemic. Data on women’s differentiated experiences based on other contextual factors such as SES, disability status, education levels, sexual orientation, and geographic location are also needed, along with more detailed available data on PWD, and at the regional, district, and village levels.

*Improvements to ICT infrastructure and accessibility.* Solutions are needed to improve the ICT technology and access in areas outside Java, particularly in remote and rural areas. Better access provides connections to education and skills building resources, tele-health services, diversified information sources, information on social assistance programs, online marketing and business opportunities, and greater information on markets and pricing. However, greater access to digital resources also requires access to internet enabled devices, and improved digital literacy and safety skills to protect against cyber violence and online GBV, as well as educating populations about misinformation, disinformation, and extremist messaging.

*Prioritize local labor markets.* By focusing skills training on local labor markets and in-demand skills, jobseekers will have stronger options within proximity of their residences and social networks for finding immediate income sources. These investments will also build a more sustainable local labor
market after the pandemic. This may include investing in community-based BLKs, and local mentoring and internships, as well as supporting innovative approaches to providing hands-on practical training within communities. By focusing on leveraging community-based assets, additional support can be directed to include disadvantaged groups.

**Focus attention on food security at the local level.** While the initial data show that Indonesia’s food supply is currently sufficient, food supply is not the only indicator of household food security. At the household level, data show indications of emerging new or deepening food insecurity. Government efforts to support basic needs for households should be paired with solutions for household malnutrition, such as supporting short-term food cultivation by providing inputs and training.

**Develop research into the intersections of economic growth and environmental impacts.** Investigating the relationships between trade, livelihoods, and production volumes and the environmental outcomes would inform on the forecasted consequences of prioritizing economic growth over environmental preservation, and how to mitigate predicted negative outcomes. A focus on smallholder farmers and small-scale fishers would also provide greater nuance on how changes at the intersections of economic growth policy and environmental protection impact the livelihoods, health, and social wellbeing of often-disadvantaged populations.

**Continue commitments for renewable energy, conservation, and sustainable management of natural resources.** During the pandemic, GOI commitments for renewable energy, conversation efforts, and management of natural resources have remained in place but funding for these programs has been redirected to protect economic growth. The effect of pausing programs will have long-term impacts that will deepen existing disadvantages, especially for people living in forest and marine areas. Support to local governments may help manage budgets to address the COVID-19 pandemic, while continuing critical environmental protection and WASH activities.

**Leverage digital solutions.** Using hotspot location digital platforms, such as those used by USAID/IUWASH+, data should be collected on the impacts and geographic distribution of areas affected by the COVID-19 pandemic. With these data, refined WASH strategies can be utilized, as well as the development of a greater understanding of WASH needs in emergency contexts, such as greater attention to guidance not only on health protocols but also proper adherence to health protocols (e.g., washing hands correctly and proper disposal of wash water with high soap content).
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ANNEX ONE: SCOPE OF WORK
Rapid Assessment of COVID-19 Impacts on Women and Disadvantaged Groups

Statement of Work

1. Introduction

In the recent Gender Analysis for the USAID/Indonesia 2020-2024 Country Development Cooperation Strategy (CDCS), the gender and social inclusion considerations of the COVID-19 pandemic were acknowledged but not addressed. The COVID-19 pandemic produces different impacts within a population. This rapid assessment focuses on analyzing the available data from the literature, USAID implementing partners, the Government of Indonesia (GOI), and other stakeholders to produce an overview of where the COVID-19 pandemic is deepening existing, or creating new, vulnerabilities for women and disadvantaged groups, defined here as vulnerable men, youth, people with disabilities (PWD), ethnic and religious minority groups, indigenous peoples, and lesbian, gay, bisexual and transgender (LGBT) groups. The analyzed data will contribute to identifying where the negative consequences of the virus are causing greater hardships and/or deepening inequalities, and where important data gaps prevent fully understanding the socioeconomic consequences of the COVID-19 pandemic to date.

The analysis will highlight areas where USAID/Indonesia can adapt existing project management and inform future activity design in light of COVID-19 impacts. This report will provide a concise summary of the main impacts of COVID-19 in USAID program sectors, and identify gaps in knowledge that will be useful to address in resilience programming.

2. Purpose

The high-level report will provide USAID/Indonesia with a rapid analysis of the impacts of the COVID-19 pandemic in Indonesia based on the available data on how the pandemic produces different impacts for women and disadvantaged groups (see definition above). The report will review issues related to access to health resources, trends affecting basic household security in light of COVID-19 (including access to income and water and sanitation resources), and personal security, such as increased vulnerability to violent extremist recruitment or greater vulnerability to gender-based violence (GBV). In these areas, the report will consider the availability and accessibility of resources for Indonesians to recover from the impacts of the COVID-19 pandemic, and if the available resources are sufficient for supporting resilience during the pandemic. The rapid assessment results will direct USAID/Indonesia toward sectors or disadvantaged groups where resources are demonstrated to be insufficient or where data gaps reduce effective targeting of services to sectors or groups most in need.

3. COVID-19 Impact Analysis Research Questions

The report will look at three questions in the sectors where USAID funds programs: Health, Democracy, Resilience and Governance (DRG), Environment, and Human Capacity and Partnership/Economic Growth (HCP/EG) sectors. For each of the three questions, the literature review, survey questions, and key informant interviews (KII$s) will seek to understand the overall trends in each sector and focus on how women and disadvantaged groups (defined above) are specifically affected by the identified trends.
• What are the impacts of COVID-19 on factors that influence Indonesian’s basic household security (including access to income and water and sanitation resources), access to technical vocational education training (TVET), personal security (including violent extremism, GBV, and human trafficking), and health services? How are women and disadvantaged groups (defined above) specifically affected by these impacts? Where are the critical gaps in the data?

• What resources are available to aid recovery from COVID-19 impacts? Are digital or other resources to promote remote access to services available? Do women and disadvantaged groups (defined above) have equitable access to these resources? How does access to these resources differ by location (urban/rural), severity of lock downs, and other key factors?

• Are the available resources adequate to support resilience to COVID-19 impacts, specifically for women and disadvantaged groups (defined above)? What types of interventions are not in place that specifically affect these groups? Are harmful coping behaviors emerging in the data that USAID should be aware of?

This research will point to patterns and trends that can inform adaptations to implementation of current projects, inform the design of new programs, and suggest areas for further research. The report will indicate where USAID’s investments are more likely to have significant or important impact, and where COVID-19 outcomes are following patterns of known vulnerabilities and/or creating new forms of vulnerabilities.

4. Analysis Methodology

The COVID-19 Impact Analysis team will outline an approach (Design Document/Work Plan) prioritizing consideration for the differentiated impacts on women, men, and the identified vulnerable groups (see Introduction) for responding to the three research questions as the first deliverable. The approach will be as follows:

• Finalize the COVID-19 Impact Research Questions with the USAID/Indonesia Gender and Inclusion Development Specialist.

• Rapid review of Indonesia-relevant COVID-19 reports, findings, or other documents and relevant, reliable gray literature sources (e.g., news reports, etc.).

• Survey distributed to USAID/Indonesia implementing partners (about 20 to 25) to solicit sector- and issue-specific information on COVID-19 impacts and responses. The survey will also be distributed to a select number of other stakeholders, such as UNICEF, UN Women, the World Bank, and MAMPU.

• Limited key informant interviews on carefully selected topics via phone or video calls to access critical but missing information.

The team conducting this analysis is comprised of many of the same members who completed the Gender Analysis, and will be able to evaluate findings from the literature based on knowledge of the findings from the prior study. To the extent possible, the data will be triangulated and outliers noted.

The literature review will address the three research questions, focusing closely on how the COVID-19 pandemic produces effects in each area for women and vulnerable groups (defined above). The survey questions for USAID implementing partners will be developed from the three framing research questions.
KIIs will be determined after an initial review of data to identify any critical gaps in the analysis. KIIs will be conducted by phone or video calls, and will be organized by a set of questions designed to gather data on specific points. The data collected from the surveys and the KIIs will be compiled for analysis by research question, sectors, relevant geographic information (rural vs urban), and key issues such as employment opportunities and relevant to women and vulnerable groups (defined above).

5. Analysis Scheduling and Timeline

The timeline for submitting draft and final reports is as follows:

- Draft Report to USAID: September 25, 2020
- Final Report submitted: 2 weeks after receiving USAID comments, estimated October 15

**Illustrative COVID-19 Impact Analysis Timeline**

<table>
<thead>
<tr>
<th>Task / Deliverable</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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<tr>
<td>SOW Finalization</td>
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<tr>
<td>Impact Analysis Design Document/Work Plan submitted to USAID</td>
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<tr>
<td>Literature review</td>
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<tr>
<td>Survey to USAID implementing partners and select stakeholders (UNICEF, UN Women, World Bank, etc.)</td>
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6. Deliverables

A final list of deliverables, including due dates, will be included in the Impact Analysis Design Document/Work Plan. Expected deliverables and their estimated completion dates are presented in the table below.

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<thead>
<tr>
<th>Deliverable</th>
<th>Estimated Completion Date</th>
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<tbody>
<tr>
<td>1. Assessment Design Document &amp; Work Plans, draft &amp; final (w/ USAID comments)</td>
<td>July 2020</td>
</tr>
</tbody>
</table>
2. Draft Report | September 25, 2020

The Impact Analysis Report and all deliverables will be drafted and submitted in English. All deliverables will be provided electronically to USAID no later than the dates indicated in the approved Design Document/Work Plan.

7. Analysis Team Composition

To support execution of this Impact Analysis, MESP will provide a team with composition as below:

- Team Leader, Senior Gender Advisor - International
- National Gender Specialist – Indonesian
- A Trafficking in Persons Subject Matter Specialist
- MESP Team

8. Management

The Impact Analysis will be led by the Team Leader, Senior Gender Advisor from MSI Home Office. The National Gender Specialist will conduct analysis and research to contribute to the report development. MESP team personnel will perform research tasks, quality control of collected survey and KII data, management, and/or logistics support.

9. USAID Participation

Throughout planning and implementation of this Analysis, the team will consult at key points with the USAID/Indonesia Gender and Inclusive Development Specialist.

MESP will keep USAID apprised of changes or developments that necessitate any significant decision-making or modification of the SOW or Work Plan.

10. Budget

A summary budget will be submitted to USAID for review following agreement of this SOW.
ANNEX TWO: KEY INFORMANT INTERVIEW AND SURVEY RESPONDENTS

KII AND SURVEY RESPONDENT LISTS

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<tr>
<th>Data Collection Participants</th>
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<td>Aug 18, 2020</td>
<td>Jack Pradono Handojo</td>
<td>Mentari TB</td>
</tr>
<tr>
<td></td>
<td>Heidi ArbuckleGultom</td>
<td>DCOP/ USAID Harmoni</td>
</tr>
<tr>
<td>Aug 19, 2020</td>
<td>Antarini Pratiwi</td>
<td>Senior Gender Specialist/ USAID Harmoni</td>
</tr>
<tr>
<td></td>
<td>Renata Simatupang</td>
<td>COP/ USAID EGSA</td>
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<td></td>
<td>Lensi Mursida</td>
<td>COP/ USAID Mitra Kunci</td>
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<tr>
<td>Date</td>
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<td>Title and Organization</td>
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<td>Aug 24, 2020</td>
<td>Virlian Nurkristi</td>
<td>Gender and Private Sector Engagement Specialist/ USAID Mitra Kunci</td>
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<tr>
<td></td>
<td>Ika Istakariana</td>
<td>Inspectorate General/ Ministry of Finance</td>
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<td></td>
<td>Jhon Sugiharto</td>
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<td></td>
<td>Angelin Yuvensia</td>
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<td>Melinda Indri Hapsari</td>
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<td>Aug 25, 2020</td>
<td>Dian Bulan Sari</td>
<td>Head of Sub-directorate of Human Trafficking Crimes (Rehabilitation Service)/ Ministry of Social Affairs</td>
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<tr>
<td></td>
<td>Adnan Topan</td>
<td>Executive Director/ Indonesia Corruption Watch (ICW)</td>
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<td></td>
<td>dr. Kuntjoro Adi Purjanto, M.Kes</td>
<td>Chairman/ Indonesia Hospital Association (PERSI)</td>
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<td>Widi</td>
<td>Head of Foreign Affairs Department/ Indonesia Hospital Association (PERSI)</td>
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<td>Alifah Lestari</td>
<td>DCOP/ USAID IUWASH PLUS</td>
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<td></td>
<td>Retna Wulandari</td>
<td>National Gender Coordinator/ USAID IUWASH PLUS</td>
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<tr>
<td>Andhika Chrisnayudhanto</td>
<td>Deputy of International Cooperation/ National Counter-terrorism Agency (BNPT)</td>
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<tr>
<td>Tria Rosalina Budi Rahayu</td>
<td>Head of Department Protection of Women’s Rights in Labor Abroad/ Ministry of Women Empowerment and Child Protection</td>
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<tr>
<td>Ir. M. A. Ineke Indrarini, M. EngSc, MM</td>
<td>Experts for Gender Mainstreaming Facilitation and Implementation, Gender Mainstreaming Secretariat/ Ministry of Public Works and Housing</td>
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<tr>
<td>Timboel Siregar</td>
<td>Coordinator/ BPJS Watch</td>
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<tr>
<td>Bobi Anwar Ma’arif</td>
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<td>Yasmin Purba</td>
<td>Human Rights &amp; Gender Advisor/ UNAIDS</td>
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<td>Lenny Sugiharto</td>
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<td>Bahrul Wijaksana</td>
<td>Country Director/ Search for Common Ground</td>
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<td>Pamela Foster</td>
<td>Director of Health Office/ USAID Indonesia</td>
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<td>Hening Parlan</td>
<td>National Environmental Coordinator/ National Environment and Disaster Management Institution of ‘Aisyiyah’</td>
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<tr>
<td>AKP Antonius Henry, SIK</td>
<td>Investigator for Human Trafficking Crime Task Force/ Criminal Investigation Agency Indonesian Police Force (Bareskrim Polri)</td>
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<td>Inga Williams</td>
<td>Planning, M&amp;E Officer</td>
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<td><a href="mailto:plestari@wcs.org">plestari@wcs.org</a></td>
<td>Wildlife Conservation Society</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:inisrina@wcs.org">inisrina@wcs.org</a></td>
<td>Wildlife Conservation Society</td>
<td></td>
</tr>
<tr>
<td>Eddy Sahputra</td>
<td>Blue Abadi Fund (BAF)</td>
<td></td>
</tr>
<tr>
<td>Bill Meade</td>
<td>COP/ USAID ICED II</td>
<td></td>
</tr>
<tr>
<td>Antarini Pratiwi</td>
<td>Senior Gender Specialist/ USAID Harmoni</td>
<td></td>
</tr>
<tr>
<td>Herlyna Hutagalung</td>
<td>Program Officer/ Maju TAF-USAID</td>
<td></td>
</tr>
<tr>
<td>Gerard Mosquera</td>
<td>COP/ USAID CEGAH</td>
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</tr>
<tr>
<td>Anjali Sen</td>
<td>UNFPA Representative</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position/ Organization</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
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<td></td>
</tr>
<tr>
<td>Maria Carreiro</td>
<td>(former) Sector Lead/ SNV-Indonesia</td>
<td></td>
</tr>
<tr>
<td>Saniya Niska</td>
<td>WASH Technical Specialist/ SNV - Indonesia</td>
<td></td>
</tr>
<tr>
<td>Mitra Tobing</td>
<td>Ministry Quality Impact Director/ Wahana Visi Indonesia</td>
<td></td>
</tr>
<tr>
<td>Cahyo Prihadi</td>
<td>Program Quality Assurance Manager/ Wahana Visi Indonesia</td>
<td></td>
</tr>
<tr>
<td>Reza Hendrawan</td>
<td>WASH Specialist/ UNICEF</td>
<td></td>
</tr>
<tr>
<td>Triashtra Lakshmi</td>
<td>Program Coordinator Basic Social Services/ MAMPU</td>
<td></td>
</tr>
<tr>
<td>Joni Yulianto</td>
<td>Board of Director/ SIGAB Indonesia</td>
<td></td>
</tr>
<tr>
<td>Santy Otto</td>
<td>Programme Officer – Women in STEM Project/ ILO</td>
<td></td>
</tr>
<tr>
<td>Agung Pambudhi</td>
<td>APINDO</td>
<td></td>
</tr>
<tr>
<td>Pomi Moges</td>
<td>Program Analyst for Women, Peace, and Security/ UN Women</td>
<td></td>
</tr>
<tr>
<td>Livia Iskandar</td>
<td>Vice Chair/ Witness and Victim Protection Agency (LPSK)</td>
<td></td>
</tr>
<tr>
<td>Boby Anwar Maruf</td>
<td>Secretary General/ Indonesia Migrant Workers Association (SBMI)</td>
<td></td>
</tr>
<tr>
<td>Ruby Kholifah</td>
<td>Chair/ The Asian Muslim Action Network (AMAN-Indonesia)</td>
<td></td>
</tr>
<tr>
<td>Vera Shofa (Pera)</td>
<td>Swara Rahima</td>
<td></td>
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<tr>
<td>Suradji</td>
<td>Program Manager/ Yayasan Bani Kyai Haji Abdurrahman Wahid</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:pratignyo65@gmail.com">pratignyo65@gmail.com</a></td>
<td>Financial Supervisory and Development Board (BPKP)</td>
<td></td>
</tr>
<tr>
<td>Arief</td>
<td>Supreme Audit Board of the Republic of Indonesia (BPK-RI)</td>
<td></td>
</tr>
<tr>
<td>Trigeany Linggoatmodjo</td>
<td>USAID/Indonesia</td>
<td></td>
</tr>
</tbody>
</table>
ANNEX THREE: GEOGRAPHIC DISTRIBUTIONS OF POVERTY AND INFORMAL EMPLOYMENT


Indonesia Poverty Rates by Geographic Area

Proportion of Informal Workers to Total Working Population
ANNEX FOUR: GOVERNMENT OF INDONESIA ASSISTANCE PROGRAMS LEVERAGED FOR COVID-19 RESPONSE

OVERVIEW OF EXISTING SOCIAL ASSISTANCE FUNDS FOR DELIVERING COVID-19 RELIEF

The social assistance funds allocated by the Government of Indonesia for COVID-19 relief are primarily allocated through existing social assistance programs. These include:

1. **Family Hope Program (Program Keluarga Harapan, PKH)**, consisting of conditional cash transfers for 10 million households, or around 20 percent of the poorest among the population. The amount of cash assistance increased by 25 percent due to COVID-19, and will be distributed monthly for a period of 9 months. PKH targets poor households with pregnant women, young children, the elderly, and the severely disabled. (See bar chart below for the increase in funding levels for each recipient group in the PKH program.)

2. **Affordable Food Program (Program Sembako Murah)**, a non-cash food assistance for 20 million households, increased from 15.2 million households during COVID-19 to include 30 percent of the poorest of the population, with the amount per household increased to IDR 200,000 from IDR 150,000 per month.

3. **Cash assistance** for 9 million households outside Jakarta and urban areas, or around 30 to 40 percent of the poorest who are not recipients of either the PKH or Program Sembako. The monthly cash assistance amounts to IDR 600,000 for 3 months, distributed by the national postal service.

4. **Presidential Assistance (Bantuan Presiden)** providing food aid to 1.9 million affected households in Jakarta and urban areas that targets micro businesses, seasonal creative workers and other informal workers who are not PKH or Program Sembako recipients.

5. **National Health Insurance (BPJS Kesehatan)**, with expanded coverage for 107 million low-income households.

6. **Free electricity** or a 50 percent electricity rate for low-income households.

7. **Village Funds Unconditional Cash Transfer (BLT Dana Desa)** for 10 to 12 million households not in the Data Terpadu Kesejahteraan Sosial (DTKS) integrated social welfare database, upon verification by local administration.
FAMILY HOPE PROGRAM INCREASES OF FUNDING DURING COVID-19

**Family Hope Program Assistance Post to Health Emergency Status**

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>Pregnant woman</td>
<td>0</td>
<td>2.4</td>
</tr>
<tr>
<td>Infant</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Elementary school</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Junior high school</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Senior high school</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Severe disabilities</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Elderly</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Ministry of Social Affairs

DETAIL ON PEN FUND ALLOCATIONS

**SOCIAL PROTECTION**

- Family hope program Rp 37.4 trillion
- Basic foods Rp 43.6 trillion
- Social assistance for Jabodetabek Rp 32.4 trillion
- Pre-employment program Rp 20 trillion
- Electricity discount Rp 6.9 trillion
- Logistics/foods/basic foods Rp 25 trillion
- Village fund - direct cash Rp 31.8 trillion

**HEALTH**

- Expenditure for Covid-19 handling Rp 65.8 trillion
- Incentives for paramedic Rp 5.9 trillion
- Death compensation Rp 0.3 trillion
- National health insurance fee Rp 3 trillion
- Covid-19 task force Rp 3.5 trillion
- Tax incentives in health Rp 9.5 trillion
BENEFICIARIES OF SOCIAL ASSISTANCE BASED ON OCCUPATIONAL CATEGORY:

![Social Protection](chart)

**Social Protection** Rp 203.9 trillion

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farmer, stock farmer, and planter</td>
<td>18.40%</td>
</tr>
<tr>
<td>Merchant, and worker in private sector</td>
<td>4.20%</td>
</tr>
<tr>
<td>Construction worker</td>
<td>3.40%</td>
</tr>
<tr>
<td>Factory worker</td>
<td>3.30%</td>
</tr>
<tr>
<td>Driver and worker in communication sector</td>
<td>1.30%</td>
</tr>
<tr>
<td>Fisherman</td>
<td>0.90%</td>
</tr>
<tr>
<td>Worker in mining sector</td>
<td>0.30%</td>
</tr>
<tr>
<td>Gas and electricity</td>
<td>0.10%</td>
</tr>
<tr>
<td>Other worker</td>
<td>11.70%</td>
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</table>

Source: Ministry of Finance

DETAILS ON PEN FUNDING AS OF JUNE 4, 2020

**FUNDING FOR COVID-19 HANDLING**

- **SOCIAL PROTECTION** Rp 203.90 T
  - Family hope program Rp 37.4 trillion
  - Basic foods Rp 43.6 trillion
  - Social assistance for Jabatetebek Rp 32.4 trillion
  - Pre-employment program Rp 20 trillion
  - Electricity discount Rp 6.9 trillion
  - Logistics/foods/basic foods Rp 25 trillion
  - Village fund - direct cash Rp 31.8 trillion

- **SMEs** Rp 123.46 T
  - Interest subsidy Rp 35.28 trillion
  - Restructuring funds placement Rp 78.78 trillion
  - UP expenditure Rp 5 trillion
  - Working capital guarantee (stop loss) Rp 1 trillion
  - Government-borne final income tax Rp 2.4 trillion
  - Investment financing to cooperatives Rp 1 trillion

- **HEALTH** Rp 87.55 T
  - Expenditure for Covid-19 handling Rp 65.8 trillion
  - Incentives for paramedic Rp 5.9 trillion
  - Death compensation Rp 0.3 trillion
  - National health insurance fee Rp 3 trillion
  - Covid-19 task force Rp 3.5 trillion
  - Tax incentives in health Rp 9.5 trillion

**BUSINESS INCENTIVES** Rp 120.61 T

- Government-borne income tax (PPh 21) Rp 39.66 trillion
- Income tax exemption on import (PPh 22) Rp 14.75 trillion
- Tax reduction (PPh 21) Rp 14.4 trillion
- VAT preliminary return Rp 5.8 trillion
- Corporate tax reduction Rp 20 trillion
- Other stimulus Rp 26 trillion

**LINE MINISTRIES & REGIONAL GOVERNMENT** Rp 97.11 T

- Line ministries labor intensive program Rp 18.44 trillion
- Housing incentives Rp 1.3 trillion
- Tourism Rp 3.8 trillion
- Regional incentive fund Rp 5 trillion
- Physical special allocation fund reserve Rp 8.7 trillion
- Regional loan facility Rp 1 trillion
- Diversification reserve Rp 58.87 trillion

**CORPORATE FINANCING** Rp 44.57 T

- Labor intensive fund placement Rp 3.42 trillion
- Service guarantee expenditure for labor intensive Rp 5 trillion
- Labor intensive working capital guarantee (stop loss) Rp 1 trillion
- State equity participation Rp 15.5 trillion
- Working capital investment Rp 19.05 trillion

Source: Ministry of Finance
GROSS DOMESTIC PRODUCT GROWTH BY SECTOR BASED ON YEAR-ON-YEAR PERCENTAGES

GDP Growth by Sector
(y-on-y)(percentage)

- Q1-2019
  - Information & Communication: 5.05%
  - Agriculture, Forestry, & Fishery: 3.60%
  - Real Estate: 0.71%
  - Others: 0.16%

- Q1-2020
  - Information & Communication: 2.97%
  - Agriculture, Forestry, & Fishery: 2.33%
  - Real Estate: 0.11%
  - Others: 0.07%

- Q1-2020
  - GDP: -5.32%
<table>
<thead>
<tr>
<th>No</th>
<th>Funding</th>
<th>Corruption Typology</th>
<th>Location</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Bansos</td>
<td>Police handling of 55 cases in North Sumatera, Riau (5), Banten (3), East Nusa Tenggara (2), Central Sulawesi (2); East Java (2), North Maluku (2), West Nusa Tenggara (2), and 1 each in Central Kalimantan, Riau Island, West Sulawesi and West Sumatera.</td>
<td>various</td>
<td><a href="https://nasional.tempo.co/read/1365104/55-kasus-penyeludupan-dana-bansos-covid-19-terdiri-3-motifnya">https://nasional.tempo.co/read/1365104/55-kasus-penyeludupan-dana-bansos-covid-19-terdiri-3-motifnya</a></td>
</tr>
<tr>
<td>8</td>
<td>Bansos</td>
<td>102 suspect of corruption cases on COVID 19 Bansos, from Mayor to RT Head</td>
<td>various</td>
<td><a href="https://www.cnnindonesia.com/nasional/20200730203801-12-530662/terduga-korupsi-bansos-corona-dari-wali-kota-hingga-ketua-rt">https://www.cnnindonesia.com/nasional/20200730203801-12-530662/terduga-korupsi-bansos-corona-dari-wali-kota-hingga-ketua-rt</a></td>
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## ANNEX SIX: APPLICATION OF COVID-19 HEALTH PROTOCOLS

### Application of New Normal Protocols

<table>
<thead>
<tr>
<th>Level</th>
<th>Name</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Wearing mask</th>
<th>Hand-washing</th>
<th>Physical-distancing</th>
<th>Risk Zone*</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Frequently/Always</td>
<td>Sometimes</td>
<td>Rare/Never</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sometmes</td>
<td>Rare/Never</td>
<td>Frequently/Always</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Always</td>
<td>Sometimes</td>
<td>Rare/Never</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Always</td>
<td>Seldom/Sometimes</td>
<td>Rare/Never</td>
<td>Applied</td>
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<tr>
<td>Province</td>
<td>Central Java</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>Semarang</td>
<td>40.85%</td>
<td>59.09%</td>
<td>898</td>
<td>46.21%</td>
<td>5.35%</td>
<td>48.44%</td>
<td>36.41%</td>
</tr>
<tr>
<td>District</td>
<td>Batang</td>
<td>43.5%</td>
<td>56.5%</td>
<td>959</td>
<td>34.4%</td>
<td>5.40%</td>
<td>60.2%</td>
<td>16.2%</td>
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<td>723</td>
<td>45%</td>
<td>7%</td>
<td>48%</td>
<td>39%</td>
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<td>43.2%</td>
<td>56.8%</td>
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<td>40.2%</td>
<td>4.5%</td>
<td>55.3%</td>
<td>81%</td>
</tr>
<tr>
<td>District</td>
<td>Cilacap</td>
<td>46%</td>
<td>54%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>58%</td>
<td>n/a</td>
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<td>District</td>
<td>Pekalongan</td>
<td>42.43%</td>
<td>57.57%</td>
<td>1,044</td>
<td>38.3%</td>
<td>15.6%</td>
<td>56.1%</td>
<td>32.38%</td>
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<td>41.90%</td>
<td>58.10%</td>
<td>1,79</td>
<td>40.22%</td>
<td>5.81%</td>
<td>53.97%</td>
<td>32.29%</td>
</tr>
<tr>
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<td>Demak</td>
<td>43%</td>
<td>57%</td>
<td>833</td>
<td>49%</td>
<td>4%</td>
<td>47%</td>
<td>40%</td>
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<td>Banjarnegara</td>
<td>47.3%</td>
<td>52.7%</td>
<td>n/a</td>
<td>39.22%</td>
<td>5.15%</td>
<td>55.64%</td>
<td>33.83%</td>
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<td>Pemalang</td>
<td>46%</td>
<td>54%</td>
<td>n/a</td>
<td>41.43%</td>
<td>6.21%</td>
<td>52.35%</td>
<td>34.84%</td>
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<tr>
<td>District</td>
<td>Jepara</td>
<td>50.73%</td>
<td>49.27%</td>
<td>n/a</td>
<td>41.30%</td>
<td>7.11%</td>
<td>51.59%</td>
<td>34.62%</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>District</td>
<td>Sragen</td>
<td>51.93%</td>
<td>48.07%</td>
<td>672</td>
<td>35.42%</td>
<td>5.51%</td>
<td>59.08%</td>
<td>28.57%</td>
</tr>
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<td>Brebes</td>
<td>49.91%</td>
<td>50.09%</td>
<td>583</td>
<td>31.2%</td>
<td>6.7%</td>
<td>62.1%</td>
<td>25%</td>
</tr>
<tr>
<td>District</td>
<td>Temanggung</td>
<td>40.68%</td>
<td>59.32%</td>
<td>1,288</td>
<td>47.05%</td>
<td>9.55%</td>
<td>43.40%</td>
<td>39.36%</td>
</tr>
<tr>
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<td>Wonogiri</td>
<td>50.4%</td>
<td>49.6%</td>
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<td>33.1%</td>
<td>8.3%</td>
<td>58.7%</td>
<td>30.8%</td>
</tr>
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<td>59%</td>
<td>633</td>
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<td>7.71%</td>
<td>50.17%</td>
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<td>45.1%</td>
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<td>42.8%</td>
<td>4.7%</td>
<td>52.5%</td>
<td>35.9%</td>
</tr>
<tr>
<td>District</td>
<td>Boyolali</td>
<td>63.6%</td>
<td>36.4%</td>
<td>1,217</td>
<td>4 out of 10 people always wearing masks</td>
<td>32.54%</td>
<td>8.46%</td>
<td>59%</td>
</tr>
<tr>
<td>District</td>
<td>Blora</td>
<td>45.28%</td>
<td>54.72%</td>
<td>1,069</td>
<td>4 out of 10 people always wearing masks</td>
<td>33.30%</td>
<td>8.33%</td>
<td>58.37%</td>
</tr>
<tr>
<td>District</td>
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<td>54.3%</td>
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<td>40.95%</td>
<td>3.45%</td>
<td>55.6%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Province</td>
<td>Bangka Belitung</td>
<td>45.55%</td>
<td>54.45%</td>
<td>696</td>
<td>81.46%</td>
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<td>Banten</td>
<td>North Sulawesi</td>
<td>West Papua</td>
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<td>1,690</td>
<td>1,792</td>
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<td>82.01%</td>
<td>62.20%</td>
<td>84.5%</td>
<td>85.09%</td>
<td>68.47%</td>
<td>76.75%</td>
<td>79.90%</td>
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<td>11.17%</td>
<td>6.29%</td>
<td>10.9%</td>
<td>10.64%</td>
<td>15.99%</td>
<td>13.55%</td>
<td>12.30%</td>
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<td></td>
<td>6.82%</td>
<td>n/a</td>
<td>4.5%</td>
<td>4.27%</td>
<td>15.54%</td>
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<td>76.94%</td>
<td>51.77%</td>
<td>81.7%</td>
<td>82.92%</td>
<td>71.40%</td>
<td>76%</td>
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<td>16.93%</td>
<td>n/a</td>
<td>15.3%</td>
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<td>6.13%</td>
<td>n/a</td>
<td>3.1%</td>
<td>3.12%</td>
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<td>72.29%</td>
<td>41.09%</td>
<td>35.4%</td>
<td>60.92%</td>
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<td>21.04%</td>
<td>n/a</td>
<td>n/a</td>
<td>31.03%</td>
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<td>6.67%</td>
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<td>3 Low, 23</td>
<td>6 Low, 17</td>
<td>5</td>
<td>3 Low, 10</td>
<td>2 Low, 5</td>
<td>6 Low, 2</td>
<td>5 Low, 9</td>
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<td>Moderate, 6</td>
<td>Moderate, 1</td>
<td>High</td>
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<td>2 No case</td>
<td>Moderate, 3</td>
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<td>High</td>
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<td>1 No case</td>
<td>High</td>
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The review of literature included grey literature (e.g., media reports, news articles) to include the most recent information about COVID-19 impacts.

The burden of domestic work during COVID-19 is generally borne by women, compared to men. Most respondents (66% of 2,285 respondents), both men and women, mentioned that the burden of domestic work is increasing. The number of women doing household work with a duration of more than 3 hours are four times than of male respondents.

However, the majority of respondents were reported as from West Java, Jakarta, East Java, Yogyakarta, Banten and Central Java.

Taking into account the routine underreporting of GBV incidences and the likely increased difficulty reporting during lockdown conditions, the actual occurrences of GBV can be expected to be higher.

The National Crisis Management Task Force (BNPB) reported 903 cases of VAW, 800 cases of domestic violence, and 1,600 cases of sexual violence against women and children, between January and June 2020. Criminal Investigation Agency National Police received 1,800 cases of domestic violence, and 1,600 cases of sexual violence against women and children, between January and June 2020.

NCVAW reported 903 cases. The majority cases were domestic violence, sexual violence and cyber violence, from January to May 2020. 64 women crisis centers across Indonesia found 1,299 cases (67.3 % cases of domestic violence, 21% cases of sexual violence), from January to May 2020.

This shows a decrease compared to reports in January to February 2020, which were 589 cases of domestic violence and 979 cases of VAW. Indonesia’s Witness and Victim Protection Agency (LPSK), reported 213 cases, most were sexual violence occurring between January to May 2020. Criminal Investigation Agency National Police received 1,800 cases of domestic violence, and 1,600 cases of sexual violence against women and children, between January and June 2020.


KII with SEA project and KII with JALIN Project, August 28, 2020.


f) Transwomen, who often migrated from other cities without a proper ID, tend to be reluctant to identify as a male on their ID, or hesitate to approach the local authority to request a temporary ID due to fears of stigma and discrimination.

g) Kil with Yayasan Srikandi Sejati. August 18, 2020.


i) Arus Pelangi, a national LGBT network, concluded in 2016 that 89.3 percent of LGBT people have been subjected to violence. [Asia Pacific Forum. LGBT People should Receive Equal Treatment before the Law says Indonesia National Commission on Human Rights. 2016. https://www.asiapacificforum.net/news/komnas-ham-calls-protection-lgbt-rights/]


According to the IOM and MOWE, major risk factors for TIP in Indonesia are the high rate of poverty, unemployment, gender inequality, and the ease of documentation forgery. [IOM and Ministry of Women and Empowerment and Child Protection of Indonesia (MoWECP). Technical Guidelines and Collecting and Reporting TIP Data. 2019.]


Interview with Secretary General of Indonesian Migrant Workers Union (SBMI) on September 3, 2020.

Piri, Dezy Rosalia. Ranks of Jobless Expected to Swell to 11 Million in Indonesia, KOMPAS, August 28, 2020.

It is estimated that the unemployment rate will reach 11 million, an increase of 4 to 5 million at the end of 2020, and reach 12.7 million in 2021 [Piri, Dezy Rosalia. Ranks of Jobless Expected to Swell to 11 Million in Indonesia. KOMPAS. August 28, 2020 https://go.kompas.com/read/2020/08/28/020111274/ranks-of-jobless-expected-to-swell-to-11-million-in-indonesia]. The open unemployment rate is predicted to increase to around 8.1 to 9.2 percent from 4.8 to 5 percent previously, with the poverty rate rising to between 9.7 to 10.2 percent from the pre-pandemic rate of 8.5 to 9 percent. [Aklas, Adrian Wail. Indonesia’s 2021 economic recovery will not be at ‘full power’: Sri Mulyani. The Jakarta Post. September 2, 2020. https://www.thejakartapost.com/news/2020/09/02/indonesias-2021-economic-recovery-will-not-be-at-full-power-sri-mulyani.html]

Interview with the Secretary General of Indonesian Migrant Workers Union (SBMI), on September 3, 2020.


BP2M1 refers to the Indonesian Migrant Workers Protection Agency.


Interview with Assistant Deputy for Women’s Rights and Trafficking in Persons from The Ministry of Women Empowerment and Child Protection (MoWECP) and the National Anti-TIP Task Force (Gugus Tugas PP-TIPPO)

MOSA refers to the Ministry of Social Affairs of Indonesia.


There are three kinds of safehouses: Safe House and Trauma Centers (RPTC), Social Safe House (RPSW) and Children Social Safe House (RPSA).

Interview with Ministry of Women Empowerment (MOWE), the Secretariat of the Anti-TIP Task Force on September 9, 2020.


* These data include information on PWD, the poor, elderly, child victims of violence, indigenous peoples, trafficked persons, women with low SES, and people living with HIV.


Currently, 96 million JKN recipients receive subsidized premiums (penerima bantuan iuran, PBI) from national funds, and 34 million receive PBI from regional government funds. https://www.bpjs-kesehatan.go.id/bpjs/home. September 4, 2020


Presidential Regulation No 16/2018 on Public Procurement and its implementing regulations issued by LKPP.

75 percent of the COVID 19 stimulus funds are allocated to the health sector (see Annex Four).

Government saving is comprised of the difference between the procurement budget and the government’s estimate.


National Commission on VAW. Assessment on the Situation of Services for Survivors of GBV and Human Right Defenders in the Time of Pandemic. August 14, 2020

This is likely a result of budget refocusing of MOWE. However, the assessment was not able to confirm it with MOWE.


The Ministry of Finance issued the implementing decree No 38/PMK 02/2020 to provide guidance on spending that can and can’t be reallocated for COVID 19 fund. The decree also requires all COVID spending to use effective, efficient, and accountable unit cost and amount of spending, considering the emergency.


KII with UNAIDS. September 3, 2020


USAID.GOV


As part of updating the vocational system before the pandemic, the GOI took steps to transition some aspect of skills training to e-learning platforms. These efforts attempted to address the geographic distance between islands to offer training more efficiently and widely. There were approaches for blended on-line and in-person trainings to reach the greatest number of participants for skills training across islands. [International Labor Organization. Skills development during and after the pandemic: Challenges and opportunities. July 9, 2020. https://www.ilo.org/jakarta/info/public/fs/WCMS_750528/lang--en/index.htm]


Presidential Regulation No. 76/2020 also permits the requirement that participants who were ineligible for the program to return the incentive funds and potentially face criminal charges for falsified personal data to enroll in the program. Eligibility requirements were also clarified, specifying employees who were laid off, furloughed, or micro- and small- business owners. The regulation also strengthens the Job Creation Committee that oversees the program, doubling the size of the committee including ministers from Home Affairs, Finance, Education, Manpower, Industry, and National Development in addition to the Attorney General, the National Police Chief, and heads of the Development Finance Comptroller (BPKP) and the National Procurement Agency (LKPP).


SEA project, Kehati-Blue Abadi, WCS, Blue Forest


Setiawan, V.N. Kenaikan konsumsi listrik didominasi rumah tangga, industry turun (Increasing electricity demands dominated by households, while industry’s is decreasing.) Katadata. August 18, 2020.
https://katadata.co.id/febrinaiskana/energi/5f3b8cc71d23ckenakan-konsumsi-listrik-didominasi-rumah-tangga-industri-turun


ccxxvi  3M+ (mencuci tangan/washing hands, memakai masker/wearing masks, menjaga jarak/maintain distance, plus safe water and sanitation)


ccxxx  This information is from BPJS Watch. This is confirmed by the news: https://sains.kompas.com/read/2019/08/31/200500523/nasib-trastuzumab-obat-kanker-payudara-yang-tak-lagi-di tanggung-bpjs
This was confirmed by the Indonesian Disable Women Association (HWDI) Deloitte Indonesia Business and Industry Updates. Rising to the COVID-19 Health Care Challenge in Indonesia.

https://reliefweb.int/sites/reliefweb.int/files/resources/covid19-msrp-v7.pdf

KII with Mentari COVID 19, August 18, 2020


Muhammadiyah is the second largest socioreligious organization in Indonesia, established in 1912. It offers social support services including schools, orphanages, hospitals, and social assistance programs.

In total, Muhammadiyah has 105 hospitals, 80% are in Java (mostly in Central Java, East Java and Yogyakarta)


WHO shared the COVID-19 Essential Supplies Forecasting Tool (COVID-ESFT), with the Ministry of National Development Planning, the National Board for Disaster Management, and the Centre for Health Crisis Management, MoH. The tool is used to forecast the needs for PPE, diagnostic test kits, medical equipment for case management, essential drugs for supportive care, and other supplies and consumables

[WHO. Coronavirus Disease 19 (COVID 19) Situation Report no.3. April 9, 2020.]


UNOCHA. Response to COVID 19 in Indonesia: Situation Update. 20 July 2020.

https://www.who.int/docs/default-source/searo/indonesia/covid19/who-situation-report-3-11042020.pdf?sfvrsn=1769c4fb_2


The Command Center is designed to gather reports, data, and to increase capacity regarding COVID-19.


Suara Karya. Increased, the Number of Maternal Deaths among Pregnant Mothers during the Pandemic or Meningkat, Angka kematian Ibu Hamil Selama Pandemi. May 20, 2020
https://m.suarakarya.id/detail/111551/Meningkat-Angka-Kematian-Ibu-Hamil-Selama-Pandemi

The JALIN project launched innovative activities such as tracing pregnant women in their last trimester based on JALIN's database and provided them with mobile information and services, home visits, online-based consultations, etc.


cclxxxv Comprised of FAO, IFAD, UNFPA, WFP, WHO and UNICEF.


cclxxx The Ministry of Health issued a circular to limit visits of HIV and TB patients and those who did not need to come to health facilities.


cclxxxiv Internet costs can be significant for low income households; for example, for a 3-hour meeting can cost up to IDR150,000 in internet data fees.


cclxxxvii The role of the BPJS is as claim verifier (validator), the Ministry of Health as the regulator, while the Ministry of Finance is the cashier. The Ministry of Finance often does not have clear guidance on what expenses are allowable, leaving the Ministry of Health to develop the regulations. But these three parties do not consistently coordinate, leaving private hospitals negatively affected.


