

COVID-19 Pandemic and Its Impacts on the Children of Indonesia

A Rapid Assessment for Early Recovery Initiation



FOREWORD

The spread of the Coronavirus disease (COVID-19) pandemic in Indonesia encouraged Wahana Visi Indonesia (WVI) to actively involve in the emergency response against the non-natural disaster COVID-19. Together with the central and regional governments, and in coordination with the operational offices in the project areas, WVI continues to strive to provide support in meeting the needs of COVID-19 affected children, families, and communities. Moreover, WVI also intensively monitors the development of the situation and condition at the national and regional levels. Some of the ongoing activities include updating data, development of service continuity plans, and development of multi-scenario response strategies regarding the COVID-19 pandemic.

To support the planning and development process of on-target and holistic COVID-19 response strategies, WVI took the initiative to conduct a rapid assessment for early recovery targeting the issues of livelihood, clean water, hygiene, and sanitation (WASH), child protection, health, education, access to information, level of vulnerability, and assistance to communities in 29 WVI work areas. Through this assessment process, some findings have been generated, which will then be used as reference material and recommendations for response strategy development in future recovery.

On this occasion, we would like to thank all parties who have been actively involved during the study. Despite various pandemic challenges and limitations, this assessment process can be completed properly and on time. Hopefully from the study results presented in multi-sector recommendations, WVI can deliver supports that are more strategic, right on target, and be the answer to each need that develop in society. Finally, we hope this COVID-19 pandemic can soon end and every single effort we do can bring good to many people.

Sincerely,

Doseba T. Sinay
CEO & National Director

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SUMMARY

The COVID-19 pandemic has a direct impact on children's lives on all fronts, especially education, child protection, access to health services and meeting basic needs for nutritious food. Wahana Visi Indonesia as an organization focusing on children was conducting a rapid assessment to see the impact of COVID-19 on children's lives in Indonesia. This study adopted the quantitative and qualitative methods through telephone interviews on May 12-18, 2020 involving 900 households from the lower middle class, 943 children in North Sumatra, DKI Jakarta, East Java, Bengkulu, North Sumatra, West Kalimantan, Central Sulawesi, Papua, North Maluku, and East Nusa Tenggara.

COVID-19 has a real impact on children's education due to the closure of schools during the pandemic, thus forcing children to learn from home. But in reality, only 68% of children engage in learning programs from home and the rest are closed due to lack of direction and lack of facilities to support teaching and learning from home. Only about 30% of children have access to online learning programs at home through various applications such as Zoom, Google Meet, WhatsApp, etc. Other children attend the learning program from home using the visit methods, either the teachers visit the students or vice versa, the students visit the teacher's home. All these learning methods have their challenges, for instance, an urgent need for reliable internet connection and quota/cellular data in areas with internet access, lack of teaching and learning facilities such as blackboards and textbooks for home visit method, and so on. Besides, the lack of guidance and the capacity of schools to carry out this learning system becomes a crucial obstacle.

Learning from Home Policy has a psychological impact on children. Children want to go back to school because they are tired of being at home and worried about their studies being left behind. Moreover, there is a change in parenting style when children stay at home all the time; the children lack supervision from adults. Two out of three children do not get regular supervision when accessing the internet which can increase the risk of exposure to negative content. The socioeconomic pressure experienced by parents is also felt by children. One in ten children is worried that their parents have lost their source of income and anxious about food shortages. Therefore, positive parenting practices and child protection services in the community need to be further improved during this pandemic.

Adequate child nutrition is also disturbed due to declining family income. More than 50% of households cannot meet nutritional needs. Even worse, 97% of children under two years old do not meet the minimum adequacy requirements for food frequency and variety (minimum acceptable diet). This condition increases the risk of acute and chronic malnutrition in toddlers, even more so when 34% of pregnant women and 46% of breastfeeding mothers do not meet their basic food

needs. Furthermore, visits to health facilities have fallen by around 30% since the pandemic due to fear of contracting COVID-19 at the health services. Thus, it can eventually increase morbidity, especially for mothers and children.

In general, parental support for fulfilling children's basic needs is also disrupted. Nine out of 10 respondents said their source of income was affected by COVID-19 and 70% of them were severely affected. The most affected source of income is agriculture/animal husbandry for rural areas and casual workers for urban areas. Disruption occurs due to reduced demand for goods/services, restrictions on movement and public services, fears of activity during the pandemic, and disruptions in the market system.

The strategies adopted by households to survive are generally short-term, for example, changing the food consumption pattern (reducing quantity and quality) and borrowing money. Most respondents expect assistance for basic needs, cash, and financial capital to survive and recover sources of income.

The results of this study provide the following recommendations:

- Ensure the sustainability of children's education by increasing the capacity of teachers and schools to support learning from home mechanisms. In addition, this study encourages multi-stakeholder cooperation to support the government in developing and disseminating school reopening protocols.
- Protect children from the risk of increased violence due to pandemic-related socioeconomic pressure by ensuring child protection services to function during the pandemic. Parents' capacity should also need to be increased, especially in positive parenting.
- Ensure children, especially toddlers, get adequate nutrition through innovative programs, such as the Special Nutrition Post (using a positive deviation approach), the Infant and Young Child Feeding program which is integrated with the food security program. Also, it is necessary to ensure the sustainability of health services by developing protocols and increasing the capacity of health workers and cadres so Puskesmas and Posyandu can continue.
- Help households survive due to loss of income sources through direct cash assistance/cash voucher programming for the short term and work to recover sources of income for the medium and long term.

INTRODUCTION

Nationally, the spread of the COVID-19 virus has reached all provinces in the country with different levels of impact. Since April 13, 2020, until now, the status of non-natural disasters COVID-19 pandemic as a national disaster following the Presidential Decree No. 12/2020 has not been declared over. The stipulation of the national disaster is based on the increasing transmission of the virus causing COVID-19 that result in human casualties, loss of property, expanding coverage of affected areas, and broad socioeconomic implications. The disaster management efforts have been carried out by the national and regional governments through the establishment of a National Task Force and Regional Task Force in managing resources to accelerate the handling of COVID-19 following the Law No. 4/2007 on Disaster Management and Presidential Decree No. 12/2020. These policies such as the Large-Scale Social Restriction (PSBB), education policies during emergencies through distance learning and test adjustments, and prohibition of mudik (traditional homecoming) during the Eid Al-Fitr celebration. To limit the spread of the virus, the policy was strengthened with the issuance of Law No. 2/2020 which adjusts state finances for handling COVID-19, maintain economic productivity and social security, and other policies such as tax relaxation, basic food card programs and pre-employment card programs.

Wahana Visi Indonesia identified the need to map the impacts of this pandemic on communities, especially the most vulnerable children for planning recovery initiatives. A study that can be done in a short time is needed to provide the latest data which can later be used as a reference. The results of the study are expected to be presented as a contribution of knowledge to be widely used, such as in decision making to the government at the national and regional level, as well as private sector or other parties who need a variety of information. Therefore, the policies can be formulated appropriately and to support community empowerment undertaken by civil society organizations.

METHODOLOGY

The Rapid Assessment of COVID-19 and its impacts on children is a study carried out by Wahana Visi Indonesia in mid-May 2020. The study adopted a quantitative and qualitative approach and analyzed secondary data documents. The study aimed to get an up-to-date overview and assessment of important issues on households and child wellbeing. These issues are education, child protection, care, nutrition, water and sanitation, sources of household income including important decisions by households in dealing with the effects of COVID-19. This study was designed to gather information on gaps as well as opportunities from the current picture to possibly start the initial recovery phase of a pandemic.

For quantitative methods, the target population of this study is the households and children. The study population of households is designed to accommodate the types of households with 0-5 years old children, households with 6-11 years old children, and households with 12-17 years



old children. The child survey was designed for children aged 6 to under 18 years with the justification of the better able to respond to questions. This rapid assessment design uses non-probability sampling with a combination of convenience and quota sampling to get a response in a short time or 1 week of survey data collection. In this rapid assessment study design, the source of target population information is the households assisted by Wahana Visi Indonesia's community empowerment programs. For qualitative methods, the target respondents are some key informants to obtain in-depth information related to the impact of COVID-19 and to obtain input for future well targeted-programs according to community needs. A total of 15 informants participated in this study representing various elements, namely representatives of teachers, community leaders, religious leaders, and local governments.

Besides, a desk review was also carried out on Wahana Visi's internal documents, for example, the survey results of listening to children's voices in several districts/cities, child-led research and other supporting documents such as government statistics and policies/regulations related to COVID-19.

Following the research ethics protocol, the statement of the agreement was presented to adult respondents before the interview was conducted. Likewise, for child respondents, in addition to the child's agreement statement, the statement of consent was presented to the parent or caregiver for the child participating in the survey. Data collection was done by the CATI or Computer-Assisted Telephone Survey method combined with online technology (web entry and mobile data entry). Collected data was sent to the server for immediate analysis as soon as possible.

STUDY LIMITATIONS

- Telephone interviews have a possibility of bias that needs to be considered more than face-to-face interviews.
- The data generated by this study were analyzed to cover the respondents participating in it and were not representative of the national population.
- The use of telephones as a means of data collection can only reach certain groups with active telephone numbers and domiciled in areas that are reached by communication signals.

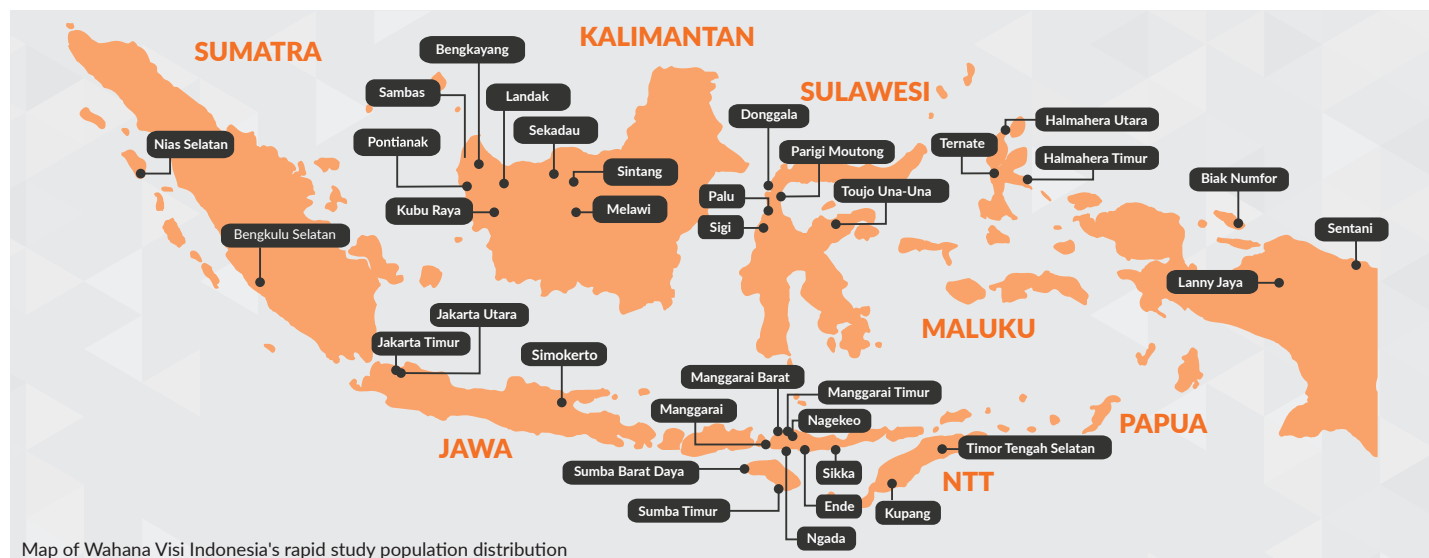
¹ Data source: <https://COVID19.go.id/> as of June 8, 2020.
² Sumber data: Keputusan Presiden Nomor 12 Tahun 2020.

³ Sumber data: Surat Edaran Gugus Tugas Penanganan COVID-19 No. 6 Tahun 2020
⁴ Sumber data: Surat Edaran Kemendikbud Nomor 4 Tahun 2020 dan Surat Edaran No. 15 tahun 2020

⁵ Sumber data: Surat Edaran Gugus Tugas Penanganan COVID-19 No. 6 Tahun 2020

DEMOGRAPHICS AND CHARACTERISTICS OF RESPONDENTS

The data collection that took place on May 12-18, 2020 involved 900 households, 943 children and 15 key informants from various locations, most of which are located in the 3T (frontline, outermost, and disadvantaged) region. This rapid assessment population distribution was carried out at 251 villages, 35 districts/cities spread in 9 provinces. The provinces were North Sumatra, Bengkulu, DKI Jakarta, East Java, West Kalimantan, Central Sulawesi, Papua, North Maluku, East Nusa Tenggara.



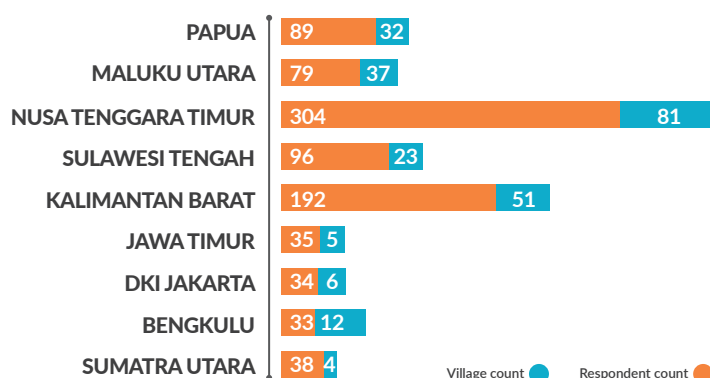
Map of Wahana Visi Indonesia's rapid study population distribution

HOUSEHOLD SURVEY

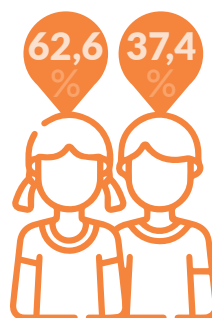
The respondent's distribution of this study were 23.8% adult men and 76.2% adult women with a total of 900 respondents. Out of the total respondents, 74% were registered households receiving special assistance by Wahana Visi Indonesia. The distribution of targeted households was categorized based on the age group of their children. About 6% of respondents were households having members with disabilities or chronic pain. In general, the study context consists of three types of communities, i.e. rural (88.1%), semi-urban (4.1%), urban (7.8%). The total number of household members of the study population were 4,706 people.

Distribution of respondents based on the number of villages and distribution of respondents' household population based on child household members age (0-5 years old, 6-11 years old and 12-17 years old)

RESPONDENT DISTRIBUTION BASED ON NUMBER OF VILLAGES



CHILDREN'S SURVEY



Out of the child respondents who participated in this study, 62.6% are girls and 37.4% are boys. Most of the child respondents (71%) were children registered to receive assistance under the Wahana Visi Indonesia empowerment program. The average age of child respondents was 12 years, and almost all child respondents attended school (98.8%). The study also noted 2.7% of child respondents had one or more limitations related to disability or chronic illness.

CHILD EDUCATION AND PROTECTION

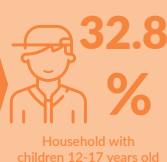
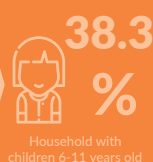
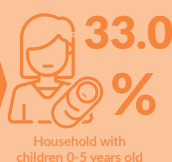
Lack of Supporting Facilities for Online and Offline Learning

The survey results revealed that only 68% of children had access to online and offline learning through various means, from using technology to home visits. The other 32% did not get any kind of learning program due to the lack of capacity and supporting facilities from the schools. This situation is quite worrying because students are at risk of falling behind in their cognitive comprehension and it will affect their academic performance in general.

"The schools are still closed. Many many parents prefer their children working in the farms ... so children who suppose to stay at home and comply with the PSBB [large scale social restriction] are now wandering around in the farm" (MI, 13 Tahun, Ende - Nusa Tenggara Timur).

For children who have access to online learning systems, most (20%) of them use WhatsApp to communicate with teachers, and 10% utilize more interactive applications such as Zoom, Skype, and Google Meet. Moreover, there are also some children using more conventional media such as attending the learning programs initiated by the Ministry of Education and Culture through television.

Household distribution based on children's age



20%

of children attend learning program with WhatsApp application

19%

of children attend study groups or home visits

14%

of children attend Learning from Home Program (MoE) through television

The luxury of access to online technology was not shared by all children, especially children who live in the 3T region (Frontmost, Outermost and Disadvantaged).

Some children attend the teacher home visit method or the teacher visited the student at home. Both online and offline methods have their challenges, such as the lack of guidelines or protocols for implementing this learning system. Besides, the capacity building of teachers and schools was very limited, thus they were not ready to implement this learning mechanism. For students who have access to an online learning system, they were constrained by the high cost of the internet and the availability of gadgets in the family. Children must take turns using devices if there were more than one school-aged child in the family.

"I want the district head/mayor/governor to quickly respond to the plague. And provide free internet quota, because, at the moment, it's hard to get money to buy quota. Whereas online assignments from teachers keep increasing"

(Girl, 17 years old, Sambas).

For children who attended the home visit method, it was very difficult to set the study hours and study groups. In general, this method adopts a geographical convenience approach, where children who live close together are gathered in one place regardless of their grade level. In this case, the teacher and students are both experiencing difficulties in the learning process.

"... at the school where I work, there are arrangements for teachers ... every Monday and Tuesday students will come to the teacher's house to study and for the rest of the week, they will study at home. The number of students in groups is limited to only 10 people who are in adjacent areas. The challenge is that it is difficult for teachers to teach because the group consists of students from different grade levels, while the facilities are also limited, there is no blackboard available ... "

(Marselinus, Teacher - Manggarai Timur, Nusa Tenggara Timur)

The support children need for learning from home process



Most of the children came from rural community groups who lack access to technology so they need textbooks to support the learning process. Whereas, children in urban areas considered internet data packages as an urgent need to support the learning process. The need for picture books was dominated by low-grade children, while the need for crafts/arts is needed as a way to support children's recreational activities.

Lack Of Independent Learning Skills

Children, parents and teachers faced challenges in adjusting to distance learning methods. Children have difficulty learning without full assistance from adults. Besides, the lack of interactive learning between teachers and students made the teaching and learning process rigid. Children thought teachers only gave assignments with a very limited explanation of the learning materials. Moreover, although there were parents who accompanied children to learn at home, the role of the teacher could not be replaced by parents. Most parents have limited capacity to understand the subject matter and skills to convey information in ways that were easily understood by children.

"... not all children can learn independently at home, most of them tend to play and have difficulty concentrating on learning."

(Steven, the village head, Sentani - Papua).

"For the time being, there is no support from schools to parents ... it seems that schools only give assignments to children [with a little instruction], it is very difficult for parents to facilitate children to learn at home because they may not understand the subjects and most parents tend to let their children study alone."

(Pastor Navy Kastanya, Sentani).

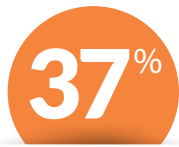




21%
of children do not understand the teacher's instructions



30%
of children have difficulty understanding the subjects

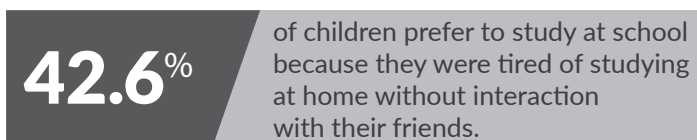
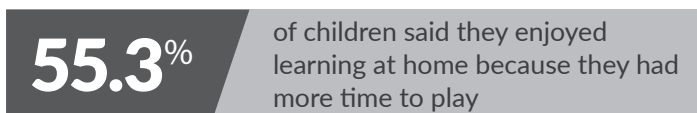


37%
of children cannot manage study time

Distance learning systems tend to let children learn on their own without parental supervision. This raised another issue especially for children with internet access as they become more vulnerable to exposure to pornographic or other negative content. The survey revealed only 34% of parents regularly monitor their children when using gadgets and accessing the internet.

Increased Psychosocial Pressure

Learning from Home Policy has a psychological impact on children. Learning from home caused boredom in children because they could not engage in outdoor activities.



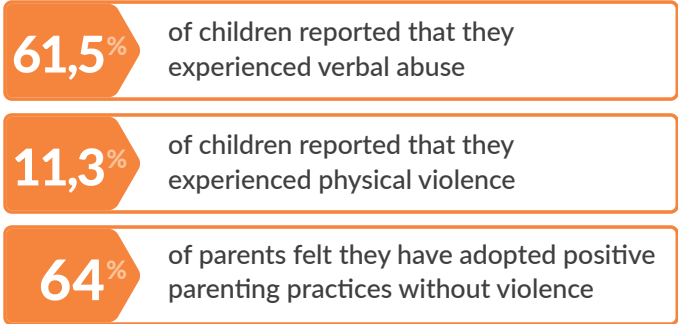
“At first, the children were happy with distance learning, at 8 am they contacted their teacher to ask for assignments to do. But now they are tired and bored, they miss school and their friends”
(Anis, Principal, Simokerto – Jawa Timur).



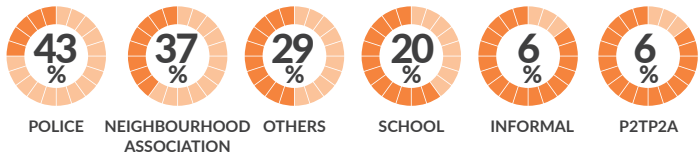
“I use my mom's cellphone more often so she keeps scolding at me every time I watch YouTube. Also, I rarely get pocket money from Mom because my father does not work any longer, only stays at home,”
(Girl, 10 years old, Jakarta)

Psychological effects on children were often overlooked because they are more likely to be not immediately apparent. The survey findings show that besides being bored, there was a psychological impact caused by the current situation. One in three children was worried about COVID-19. This worry if not managed properly could cause anxiety in children because of feelings of insecurity. Moreover, economic pressures felt by parents are also felt by children. One of ten children worry about their parents' income in the current situation and they were also anxious about food shortages.

Interviews with P2TP2A ((Integrated Service Center for Empowering Women and Children)) in several locations revealed that there has not been an upward trend in child abuse due to pressure from social and economic impacts during the pandemic. However, almost two-thirds of children claimed to still experience verbal abuse from their parents although the survey with parents showed contradictory results. Nearly two-thirds of parents claimed to have employed non-violence positive parenting.



Children Knowledge on Child Protection Services in the Community



In terms of knowledge of the referral mechanism, only 43.9% of children knew that mechanism. In emergency response against COVID-19, every child needs to have the right knowledge and skills to recognize and report violence because of the increased vulnerability of children in times of crisis. Detection of child protection incidents is very important at the community level including the children themselves. Understanding child protection services in their immediate environment and its mechanisms is needed by all parties so children remain protected.

Weak Village Mitigation to Protect Children from COVID-19

This study revealed 4.7% of respondents experienced a situation where one of their household members carried out self-quarantine. Most of them leave their children with extended family (55%) and partners (25%). However, 13% of households do not know where and how to seek help for child care if they or one of their family members is exposed to the COVID-19 virus.

Most villages have no arrangements for mitigation if community members are affected by COVID-19 and are at risk of transmitting it to other community members. The central government through the Ministry of Villages has issued guidelines on the formation of COVID-19 Volunteers in each village as well as guidelines for the reallocation of village funds for COVID-19 emergency response. However, most villages cannot implement these regulations due to lack of technical support from the district government. Besides, the village government felt less urgency to develop and implement a mitigation plan because the COVID-19 case had not yet spread in their area. Interviews with the Village Head indicated the village government has not discussed this with their staff and has not yet taken any action to develop a response plan.

Child Protection Service: Police and RT/RW (Neighborhood Associations) or Village Head

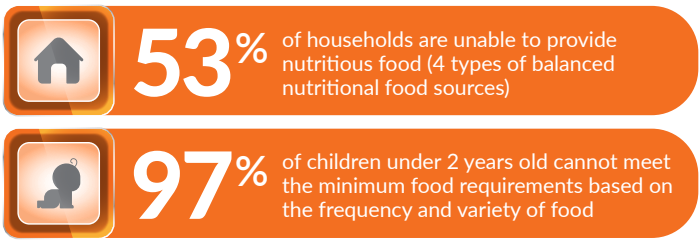
More than half of children know about child protection services (57.4%) where the Police and RT/RW (Village Administrators) are the two most recognized institutions. Schools are also the reporting service that is most considered close to the needs of children. Only 6% of them know about P2TP2A/UPTD PPA for the Protection and Empowerment of Women and Children.

"We have a community-based child protection mechanism in the village and have a decree from the district head but so far there has been no activity. We also have not received instructions from the sub-district office but we have socialized about the issue of child protection to the community. If there are cases of violence ... people report to the village head first, if the case cannot be resolved, they will report it to the police."

(Dwi Antari, child protection cadre - Parimo).

MOTHER AND CHILD NUTRITION AND HEALTH

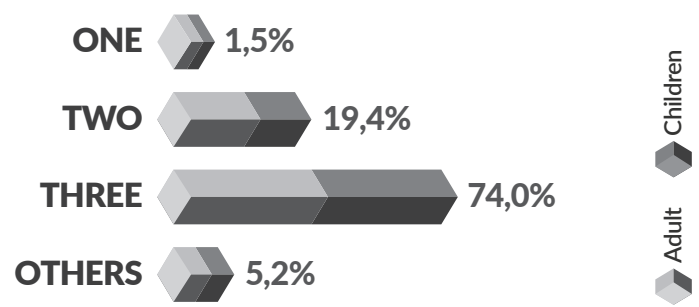
Limited capacity to fulfil adequate nutrition and food consumption



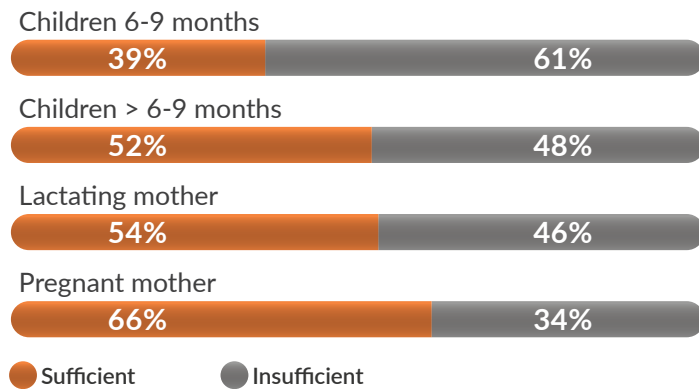
The declining income reduces access to food. Most households make changes in consumption patterns by reducing the quantity and quality of food, which affects children's health. Only 74% of children meet the standard frequency of eating 3 times/day and 62% for adults. This percentage is even smaller when viewed in terms of the quality of nutrition fulfillment standards (carbohydrates, vegetables, fruits, proteins, and nuts). More than half of household respondents stated they were unable to meet all of their nutrition needs adequately in daily food during the pandemic.

The worst condition occurs in households with infants aged 6-9 months, of which only 39% of households can provide main meals with sufficient frequency. A similar thing happens in almost half (48%) of children over 9 months. This condition increases the risk of acute and chronic malnutrition or stunting in children. Even worse, 34% of pregnant women and 46% of breastfeeding mothers do not get sufficient basic food needs.

DISTRIBUTION OF MEAL FREQUENCY PER DAY FOR ADULT AND CHILDREN

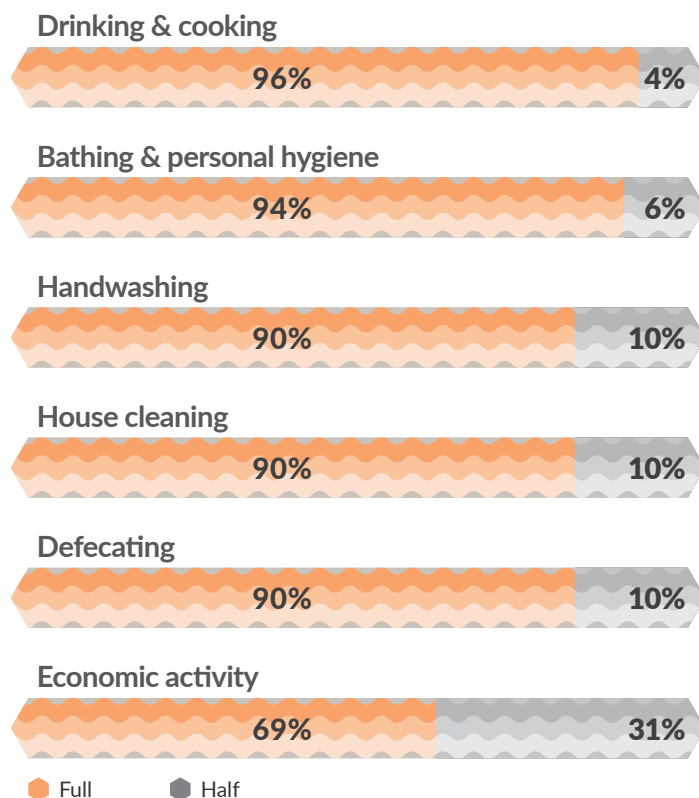


Ability of households to provide staple food according to standard frequency for children, and pregnant and lactating mothers



Potential Disruptions to Water, Sanitation, and Hygiene Supply

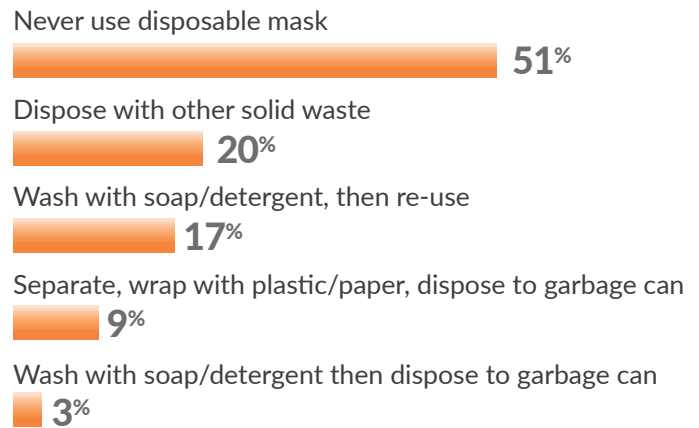
Household capability to meet water needs for consumption, hygiene, and other essential needs



Most household respondents (> 90%) have access to adequate water for drinking, cooking, bathing, toileting, cleaning the house, and washing hands. However, it should be noted that this study was carried out in the rainy season; water availability is very likely to decrease when entering the dry season.

Almost all household respondents have access to sanitation facilities, either private sanitation facilities or shared sanitation facilities. However, there are still 9% of households that do not have sanitation access, so that they, especially children, are at risk of open defecating. It can increase the transmission of other diseases, such as diarrhea, which can ultimately add to the burden of the healthcare system during this pandemic.

Disposable mask management

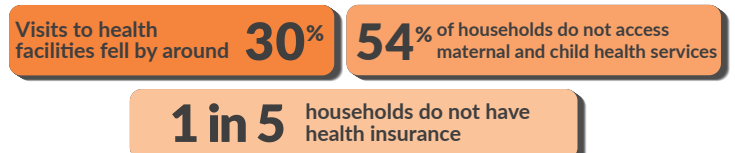


Half of the respondents said they have never used disposable masks. However, of the respondents using disposable masks, almost all did not properly handle the mask waste which could be contaminated with viruses. Respondents dispose of mask waste like other solid waste (20%), even washed and reused disposable masks (17%). Nonetheless, 62% of household respondents separate waste, especially if there are family members who carry out of self-quarantine or feel they have contracted COVID-19.

Household Waste Management, Especially When There Are Family Members Who Carry Out Self-Quarantine Or Feel Infected With COVID-19

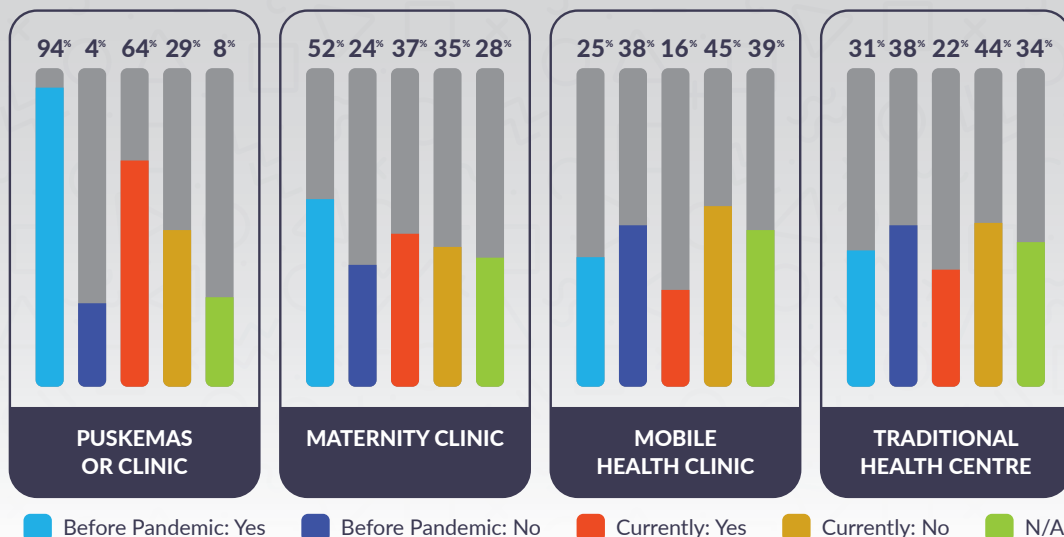


Healthcare System is Increasingly Vulnerable



At present, only 45% of respondents visit hospitals, far less than before the pandemic, where 79% of respondents access the health service. Similarly, access to Puskesmas (community health center) or clinics dropped from 94% to 64% during the pandemic. Fear of contracting COVID-19 while accessing health facilities is thought to affect decreasing visits to health facilities. Additionally, some health facilities are not fully operational or even stopped operating during the pandemic.

HOUSEHOLD ACCESS TO HEALTH FACILITIES BEFORE AND AFTER PANDEMIC



"Puskesmas are still open but operating hours are reduced. Puskesmas and villages work together to conduct monitoring in the village ... the village government monitors people with ODP status and arranges to deliver food to them."

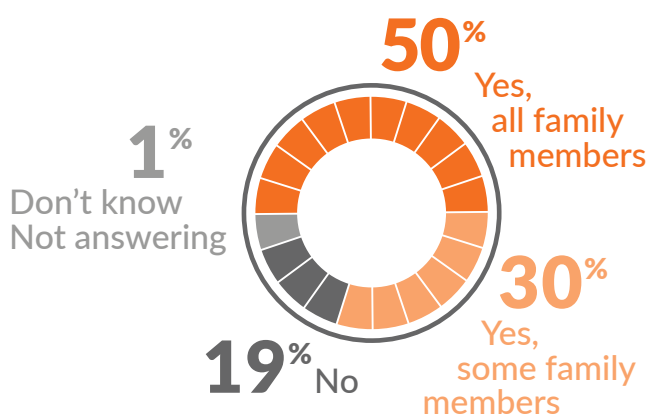
(Agus, Village Secretary - Simokerto).

"Integrated Health Center is not running anymore at this time ... during the pandemic, health workers will not come to the village again. If there are people who need health services, we will contact health workers to come to the village."

(Steven, Village Head - Sentani).

The above condition is an alarm so that the response plan should also be focused on ensuring the sustainability of basic health services, especially maternal and child health. If this service cannot be guaranteed, more and more mothers and children will become ill and suffer from malnutrition and in the long run, can cause other public health problems.

Households with family members registered in JKN/BPJS (national health insurance)



The national health insurance system, which is supposed to be owned by the community in order to support continuing access to health services, is not ready. Only 50% of households register all family members in JKN (national health insurance), and 19% of households do not have any health insurance at all. This is a concern because people are more vulnerable to disease during the pandemic. Although the government stated that the cost of health services related to COVID-19 is free, the mechanism for diagnosing COVID-19 tends to be time-consuming. The community will continue to seek health services independently before being tested positive for COVID-19, so a health insurance system is still needed.

OBSTRUCTION TO PARENTAL SUPPORT IN FULFILLING CHILDREN'S BASIC NEEDS

Disruption of Household Income Sources

Restrictions on people's mobility, public services, and business operations, including on trade across districts or provinces, to control the spread of the COVID-19 virus have a direct impact on disrupting the market system. This disruption results in a loss or decrease of income which ultimately hinders the ability of parents to meet the basic needs of children, especially the need for food.

9 of 10



Respondents said their livelihoods were affected by COVID-19

7 of 10



Respondents said their livelihoods were severely affected

44%

stated their livelihoods are disturbed due to reduced demand for goods/services;



29%

stated that it is due to movement restrictions,



25%

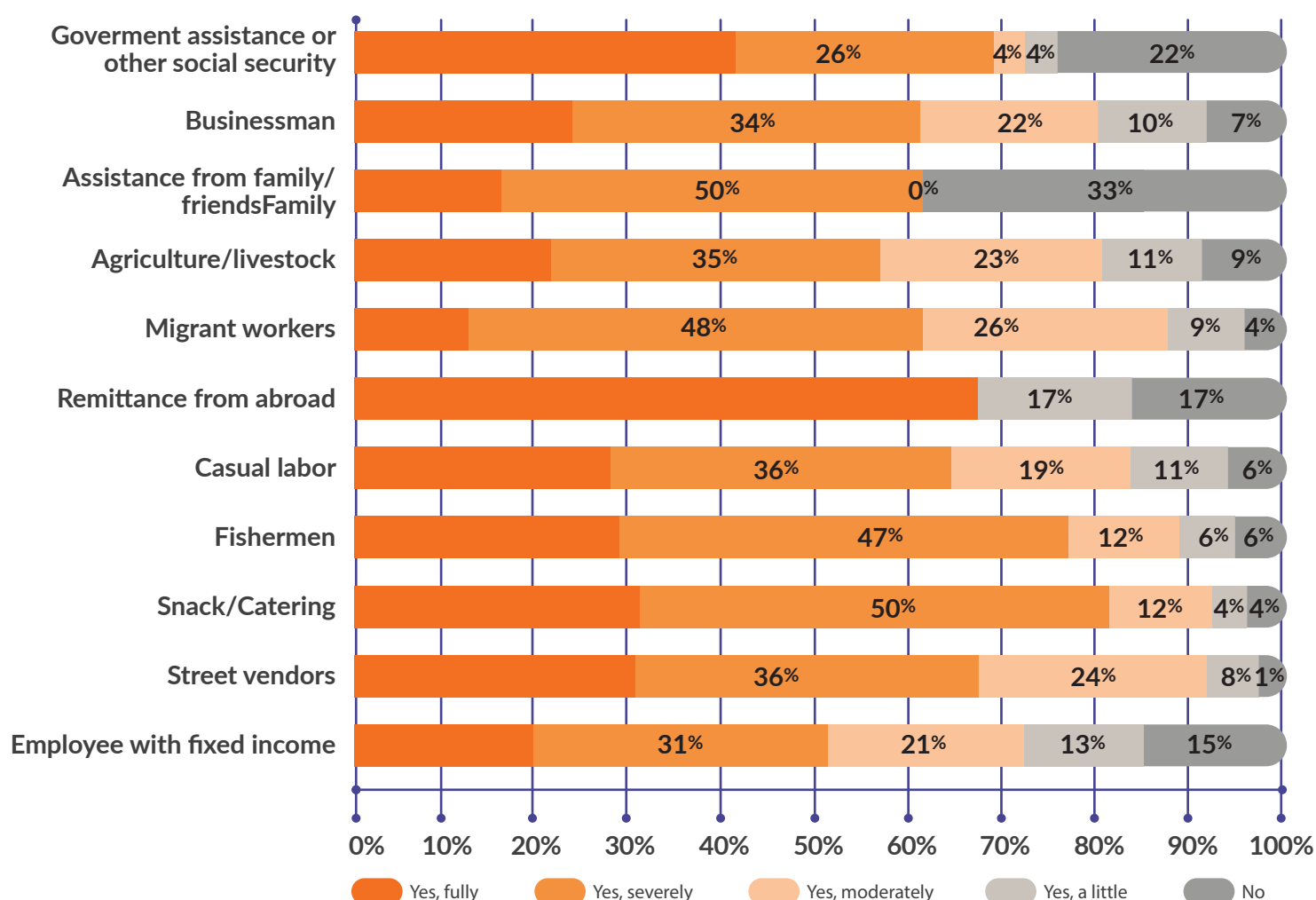
stated due to concerns about being out of home during pandemic



25%

stated that it is because there was no market to sell goods/services.

Distribution of types of affected livelihoods based on the severity



The most severely affected source of income is remittance from abroad. They are the group that is at a high risk of losing their jobs and cannot send income to families in Indonesia. All of them (100%) claimed to experience a loss or decrease in income. However, the population coverage of this source of income is relatively very small (<5%) so the distribution of the impact is not too large despite having the highest severity.

Based on the coverage distribution, the most affected source of income in rural areas is the agriculture/livestock sector. About 60% of the population has a source of income from agriculture/animal husbandry (most respondents are from rural areas), of which 77% claim to have their income lost/decreased. While for urban areas, the most affected in terms of coverage are households with a source of income from employees with fixed salaries and casual workers (around 30% of the population). 67% of employees with fixed salaries experience a loss/decrease in income and 83% of casual workers/casual labour experience a loss/decrease in income.

The rate of decline in income

Impacted by income decrease >75%

19%

Impacted by income decrease 50 - 75%

35%

Impacted by income decrease 25 - 50%

24%

Impacted by income decrease < 25%

11%

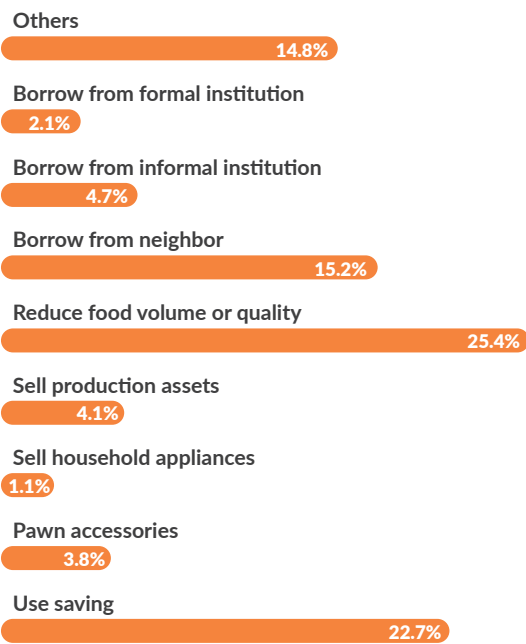
Not impacted

11%

The severity of the income decrease varied by type of livelihood. As many as 35% of respondents experienced a decrease in income by 50 - 75% and 24% were in the highest severity with a decrease in income > 75%. This situation is very worrying, if the income of the agriculture/livestock sector decreases significantly, it will affect on-farm production and in the long run disrupt food security. Similarly with other income sources, such as daily workers and employees with a fixed salary, if they experience a loss/decrease in income, it will directly impact their ability to meet the needs of children.

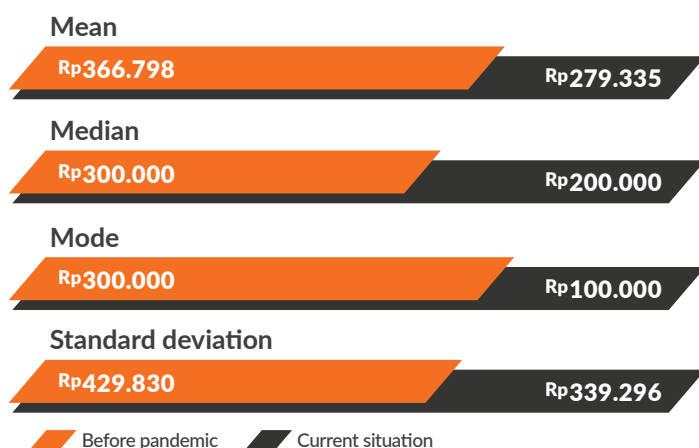
Poor Household Strategy and Resilience to Face Changes in Income

Household strategies to overcome income changes



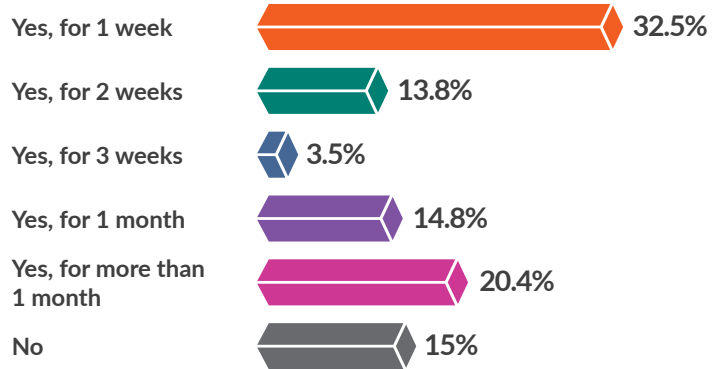
The strategies chosen by households to survive are generally short-term, for example, changing the consumption pattern of food (reducing the amount and quality) and borrowing money from acquaintances. The strategy of changing consumption patterns to save money is very understandable because income decreases while basic needs must be met. The survey shows that the average household expenditure for basic food needs decreases from Rp. 366,789 per week before the pandemic to Rp. 279,335 at present. Changes in consumption patterns are very detrimental to the fulfillment of children's nutritional status, especially in the medium- and long-term.

Household expenses for basic food needs in a week



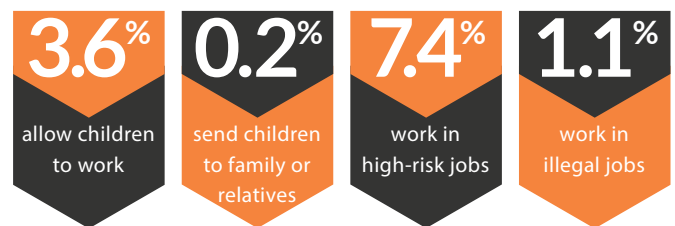
Only 22.7% of households have savings as a survival mechanism and a large portion of them (79%) only have savings to last for less than one month. In other words, the resilience of households is still very low. If this pandemic continues, the households are at risk of sinking into deeper vulnerability, especially for households who take debt for survival strategies.

Household food supplies



Another survival mechanism practiced by households, especially in rural contexts, is using food supplies. However, most (64.8%) only have a stock of food for one month and only 20% have a food supply for more than one month.

In addition to the above strategies, some households carry out extreme mechanisms to survive this pandemic:

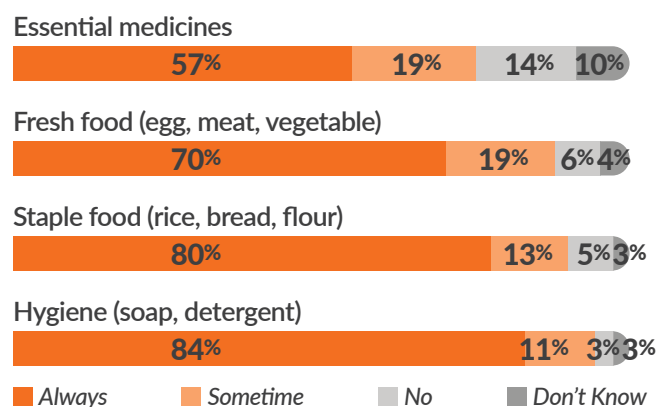


Although those percentage is relatively small at this time, in the medium- and long-term, it risks increasing into more cases. Economic and family livelihood recovery must be done immediately to prevent the inflation of cases, especially in matters related to violations of children's rights.

Disruption of Access to Basic Needs

Basic needs or basic food such as rice, oil, eggs, etc. are available in the market. Likewise, hygiene needs such as soap, detergent, etc. are available as well. However, in the medium- or long-term, access and availability of basic needs can be disrupted if restrictions on cross-district/provincial trade are still extended. If the availability of basic needs in the market is disrupted, the price of goods will increase. Moreover, if the purchasing power of the people will weaken due to reduced income, then in the long-run, access to the market and basic needs will also be disturbed.

Access to basic needs and medicines



One interesting finding is the low access to medicines in the market where only 57% of households stated that they have good access. In other words, it is increasingly difficult to get medicines that are routinely consumed by the public such as cold medicines and vitamins, as well as medicines for chronic diseases such as diabetes medications, etc.

Household capacity to meet basic needs and other needs

Rent (if any)



Debt payment (if any)



Medicines



Food



Personal hygiene



Cooking

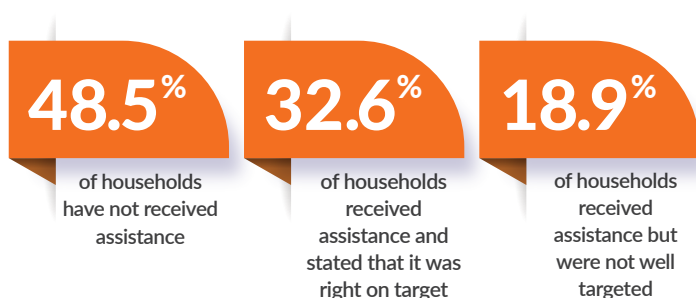


■ Fully ■ Partially ■ Not at all ■ Don't know

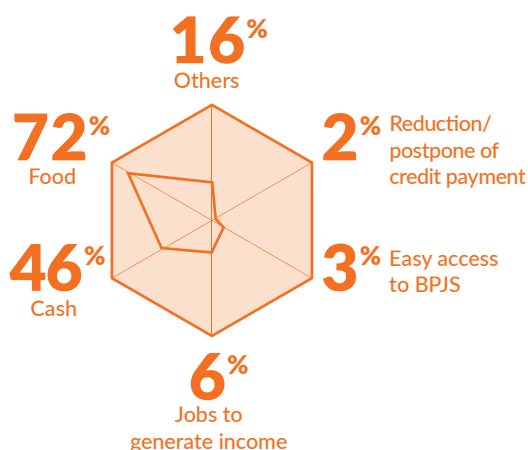
Although access to basic needs and hygiene needs is quite smooth currently, the ability of households to meet these needs is very limited. For example, only 50% of households can meet basic needs even though 80% of them claimed to have access to those needs. This indicates that households' purchasing power is weak.

Assistance Expected by Households in the Pandemic Period

Most households have received assistance from the government, both the central and regional governments. The forms of assistance vary, such as food distribution, BLT/Direct Cash Assistance, Pre-Employment Cards, etc.



Assistance expected by household respondents



Most households (72%) expect assistance in the form of staple food during this pandemic. This shows that most households are still at the level of meeting basic needs in order to survive. Other than that, around 46% of

households expect assistance in the form of cash that can be used to fulfill other needs, for example, for children's education costs.

In terms of livelihood recovery, households expect assistance from outside parties such as the government, private sector, NGOs, etc. For the small business sector, for example, street vendors, services (salon, laundry, etc.) 44% expect capital assistance and product marketing assistance (16%). It is because, during the pandemic, small entrepreneurs used their capital to keep their business running even though the demand for goods/services dropped dramatically.

For the agricultural sector, the majority (50%) asked for agricultural input to help restore their livelihoods. This is an interesting finding because access to agricultural inputs and the availability of goods is quite smooth on the market. This finding indicates the weakening purchasing power of farmers due to declining income caused by difficulties in selling agricultural products with the current mobility restrictions.

Assistance needed according to respondents in the agricultural sector and the informal sector.

Access to agricultural inputs



Capital for farming enterprises



Products marketing



Risk management



Support to improve yields



Access to agricultural infrastructure



Others



Respondent not responding



Assistance needed by SMEs (small merchants, household industry, service provider)

Respondent not responding



Capital



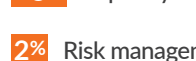
Marketing supports



Access to production inputs



Capacity building



Risk management



RECOMMENDATION

The analysis of all the findings of this study resulted in recommendations compiled in the framework of issues referring to the INSPIRE strategy, where all the roles of the government and all parties are interrelated to continue working for children's welfare, especially during the COVID-19 pandemic:

Educational and Life Skills Strategy

- ▶ Work with the District/City Education Office to train teachers in distance learning methods such as developing simple lesson plans, and using certain technology platforms that are commonly used.
- ▶ Increase access to learning support facilities from home such as internet data packages (for areas with internet networks), textbooks, recreational activities tools such as picture/arts/craft books, etc. (for those without internet access). Parents as the main partners supporting children learning at home need to be facilitated with educative information about parenting and about COVID-19.
- ▶ Support the Ministry of Education to develop and socialize the School Reopening protocol, guidelines for using BOS funds to support Learning from Home or preparing for the transition to a new education setting.
- ▶ Support local governments in developing contextualized learning from home guidelines, including preparing for the transition to the new normal by developing protocols that involve 1) the ways children go to school, 2) protection protocols for staff, teachers and students, 3) blended teaching protocols or a combination of teaching from home and at school in the local context, 4) preventive health protocols of COVID-19 in schools, 5) building a model of school opening and closing mechanisms such as schemes/criteria for school reopening.

Safe Environmental Strategy

- ▶ Encourage regular cooperation and coordination between ministry/office (in coordination with Task Force) for integrated data collection to ensure the Village Fund, Social Security Network, and Cash Assistance help the most vulnerable groups.
- ▶ Ensure continuity of humanitarian assistance distributed by donors, civil society organizations or private sector to prioritize the most vulnerable population. Assistance is directed at meeting prioritized needs such as basic needs (food assistance), cash, business recovery assistance, medicines and availability of health insurance.
- ▶ Encourage the recovery of income through capital injection, access to micro-financial institutions with loans for a productive business, not domestic consumption as well as reactivating savings and loan groups.

Educational Strategies and Life Skills

- ▶ Encourage civil society to do supervision and actively provide input regarding the use of village funds/changes in the APBDes, oversee the use of School Operational Assistance funds and Educational Operational Assistance through school committee to be able to support continuity of learning from home effectively and preparation for a new normal order.
- ▶ Support Local Government and Village Government in developing APBDes/APBD Amendments to ensure village funds are used for Village Cash Works, COVID 19 Village Response Program, and create a Disaster Response Village Mitigation Plan (Natural and Non-Natural).

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Visi kami untuk setiap anak, hidup utuh sepenuhnya.
Doa kami untuk setiap hati, tekad untuk mewujudkannya.

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