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

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FOREWORD

The arrival of the COVID-19 pandemic created unprecedented social and economic challenges for Indonesia. Mobility restriction measures have helped to curb the spread of the virus and saved lives, but have also created a socio-economic crisis for many Indonesian families. Income inequality has risen during this pandemic as economic shocks have most strongly impacted the poorest and most vulnerable households. Indeed, Indonesia's economic recovery efforts have faced considerable challenges, with the poverty rate remaining at 10.15 per cent and affecting 27.5 million people, as of February 2021.

To better understand these challenges, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), Australia Indonesia Partnership for Economic Development (Prospera-DFAT) and the SMERU Research Institute carried out a series of assessments of COVID-19's impact on diverse socio-economic dimensions including employment, income, resilience to shocks, schooling, reach of social protection, and access to immunization and other health services. The nationally representative survey, which included more than 12,000 households, is the largest of its kind in Indonesia to understand the socio-economic impacts of COVID-19 on households with children, women, and people with disabilities.

With guidance and inputs from the Fiscal Policy Agency (Ministry of Finance) and Statistics Indonesia (BPS), the first round of the joint assessment was conducted in November 2020, revealing that the impact of COVID-19 on household socio-economic conditions was severe. The pandemic also placed children in a vulnerable position as they face multidimensional challenges, ranging from learning difficulties and limited social interactions to obstacles in accessing health services. In 2020, social assistance reached a large number of low-income households, but more needs to be done to expand its reach.

Between December 2020 and January 2021, an additional three rounds of rapid surveys were carried out with the same 2,400 households, this time using Interactive Voice Response (IVR) rather than the original face-to-face methods. The follow-up surveys paint a picture of a period that, while the country was resuming its economic activity and working towards full economic recovery, at household level the recovery remained fragile. During this time, at least one member of every two households lost their job. Approximately 45 per cent of households with children struggled to find enough nutritious food to feed their families, with many eating smaller portions than usual. Challenges with learning were reported by nine-in-10 respondents with school-aged children.

In addition, 60.5 per cent of households who have a family member with a disability found it difficult to access necessary health services. These emerging results continue to inform policymakers on necessary policy adjustments over the course of the pandemic.

During the Decade of Action between 2020-2030 for the achievement of the Sustainable Development Goals (SDGs), a more focused approach is needed. It is crucial that those facing poverty, whether pre-existing or as a result of this global crisis, are cushioned from the most significant impacts of the pandemic. At the same time, momentum for achieving the SDG Agenda must be maintained. We believe that the results of these studies will provide an opportunity for

decision-makers to develop tailored and targeted programmes to ensure that no one is left behind. With specific investments in women and children during the pandemic response and recovery, we also hope that the negative and disproportionate impacts experienced by them can be mitigated.

This joint effort to monitor the impacts of COVID-19 on households would not have been possible without the support of key development partners working in close coordination with the Government of Indonesia. We sincerely thank and appreciate the Governments of Australia and Japan, and the Joint SDG Fund for their financial support, which has led to the realization of these important undertakings.

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Last but not least, this report is dedicated to more than 3,400 women and men across 34 provinces in Indonesia who participated in at least one of the three monitoring survey rounds. We hope that we have adequately represented their voices, and that survey results and policy messages highlighted in this report will be leveraged to support Indonesia to emerge stronger out of this unprecedented health and economic crisis.

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

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Glossary

BLT-DD	<i>Bantuan Langsung Tunai – Dana Desa</i>	Direct Cash Transfer – Village Funds
BST	<i>Bantuan Sosial Tunai</i>	Cash Social Assistance
COVID-19	<i>Penyakit Koronavirus 2019</i>	Coronavirus Disease 2019
MSMEs	<i>Usaha Mikro, Kecil, dan Menengah</i>	Micro, Small, and Medium Enterprises
PKH	<i>Program Keluarga Harapan</i>	Family of Hope Program
PwD	<i>Orang dengan Disabilitas</i>	People with Disabilities
FIES	<i>Skala Pengalaman Kerawanan Pangan</i>	Food Insecurity Experience Scale
FDI	<i>Penanaman Modal Asing</i>	Foreign Direct Investment
IVR	<i>Respons Suara Interaktif</i>	Interactive Voice Response
HH	<i>Rumah tangga</i>	Household
Internet Quota	<i>Program Bantuan Kuota Internet</i>	Internet package transfer
BPS	<i>Badan Pusat Statistik</i>	Statistics Indonesia
PEN Program	<i>Program Pemulihan Ekonomi Nasional</i>	National Economic Recovery Program
Pra-Kerja	<i>Program Pra-Kerja</i>	Pre-employment Program
Persistent Samples	<i>Responden yang berpartisipasi di survei jangka besar, survei monitoring tahap 1, tahap 2, dan tahap 3</i>	Respondents who participated in full-scale, round1, round 2, and round 3 surveys
pp	<i>Persen poin</i>	Percentage Points
Susenas	<i>Survei Sosialekonomi Nasional</i>	National Socioeconomic Survey
PPKM Darurat Jawa Bali	<i>Pemberlakuan Pembatasan Kegiatan Masyarakat Darurat Jawa Bali</i>	Java Bali Restrictions on Community Activities



EXECUTIVE SUMMARY

Since October 2020, UNICEF, UNDP, Prospera and the SMERU Research Institute have been monitoring the impact of COVID-19 on Indonesia's households to inform government policies, with support from the National Statistics Office and the Ministry of Finance. The partners first collaborated on a ground-breaking survey in October-November 2020, in which 12,216 nationally representative households across all 34 provinces participated. Findings of the survey can be accessed through the following link: www.unicef.org/indonesia/coronavirus/reports/socio-economic-impact-covid-19-households-indonesia.

Between December 2020 and January 2021, the partners conducted an additional three rounds of rapid surveys (see Figure 1) to track the following key changes in households' socioeconomic conditions: employment, income, resilience to shocks, schooling, reach of social protection, access to immunization and health services. These surveys enabled us to monitor the socioeconomic

situation of approximately 2,400 households from across Indonesia who took part in all rounds of survey. This includes the full survey from 15 October to 17 November 2020, and the additional three rounds of monitoring surveys – the first round conducted from 7 to 19 December 2020, the second round from 21 December 2020 to 6 January 2021, and the third round from 8 to 22 January 2021.

The results of these monitoring surveys paint a picture of a time when Indonesia was acclimatizing to the 'new normal'. This was a period when restrictions on social mobility had just been lifted, with the resumption of economic activities, but infection rates remained high, and schools were largely closed. There was also some economic progress towards the end of 2020, as evidenced in the key macroeconomic indicators (see Box 1). Despite this modest rebound, the monitoring surveys conducted during the period show that many were struggling.

Key findings include:



Income dynamic

Over the course of two months, the proportion of households reporting a decline in income fell by 25.5 percentage points. Nonetheless, more than half of households experienced income declines and fluctuations during the survey period.



Expenditure

During the first monitoring round, the proportion of households reporting higher food expenditure was more than doubled. This experience was shared by all household welfare groups, and was also accompanied by a decline in income for many of them.



Job loss, economic buffers, and coping mechanisms

During the survey periods, more than one in two households had at least one household member lose their job. Only three out of 10 had enough savings to last at least a month, forcing them to cope by pawning assets, eating smaller portions and/or taking out new loans.



Food security

These challenges compounded to produce a worsening state of food insecurity, putting children at the greatest risk. Approximately 45 per cent of households with children were forced to eat smaller portions and were unable to provide nutritious food.



Access to social assistance

According to the report, more households are falling through the cracks between surveys, failing to receive the social protection needed to sustain their wellbeing. 5 out of 10 received at least one form of social assistance during round 1, but fewer than 4 out of 10 did in round 3.



Education

Learning difficulties were reported by 9 in 10 respondents with school-aged children. Access to the internet remained the most significant barrier to learning across different expenditure and regional distribution.



Health

Access to health care was a problem for three out of every four households with children. One in four found it challenging to seek treatment for sick children while one in 10 could not get access to immunization services. The proportion of households with a person with disability having difficulty in accessing health services increased fourfold from just 15.7 per cent in the full survey in October–November 2020, to 60.5 per cent in round 2 (December 2020).



Mental Health

During the pandemic, many Indonesians' mental health suffered as a result of economic hardship and social mobility restrictions. Between November and late December in 2020, the proportion of households reporting depression or unhappiness increased by approximately 12 percentage points.

In mid-2021, Indonesia faced a surge in the delta variant of COVID-19 and imposed temporary, large-scale social mobility restrictions while also ramping up the vaccination roll-out. Given the fragile state of households throughout the survey period, it is reasonable to expect that the key socioeconomic indicators tracked by these

surveys – job, income, food security, learning constraints, access to health services – have deteriorated during the second surge, though more data and evidence are required to determine the true extent. As the COVID-19 situation remains uncertain, households and children will require ongoing assistance to avoid long-term scarring.

Key policy considerations for policymakers include:



Maintain social assistance, particularly for families with children:

The crisis calls for an immediate response to mitigate the worst effects. In the future, this could be done by activating unconditional cash transfers in emergency situations, such as when public health restrictions are at the highest level. Families with children could be prioritized so that they can meet their needs while also caring for children. As the transmission of COVID-19 declines, the focus must shift towards ensuring universal basic coverage and accelerating investments in adaptive social protection reform.



Connect cash assistance to health and nutrition support to mitigate against adverse consequences of prolonged food insecurity:

Combine cash-based food transfers with promotion of health and nutrition as well as local-level nutrition surveillance. Ensure a supply of nutritious food is available and affordable by combining a suite of labour market intervention (such as cash for work, skills training, job creation) and social assistance programmes.



Prevent additional job loss, strengthen protection for laid-off workers and promote job recovery:

Continue promising schemes such as offering direct wage subsidies to allow workers to keep their contract while ensuring a financially-sound coping strategy for the business, ensure regulatory shift to limit worker dismissals on COVID-19 grounds, extend support to MSMEs and household enterprises (such as BPUM) to specific groups of workers in COVID-19 affected sectors, and continue to train as well as disseminate information for workers through programmes such as Kartu Pra-Kerja. Consider redeploying workers into fields with high labor demand as a result of the pandemic situation. Once recovery is underway, policies are required to provide better employment benefits and security while ensuring the wellbeing and resilience of workers and their families in the long-term.



Support children's learning:

To avoid additional learning loss, maintain assistance and aid to schools so that they can reopen gradually and safely. Equip teachers to assess learning losses and close learning gap, roll out 'skills boost programmes' with adequate funding to help students recover from learning loss, particularly in the early years and for students with special needs. While schools are closed and/or learning is hybridized, continue internet supplementation for teachers and students and scale up no-tech and low-tech solutions for home learning as access to the internet remains a key constraint to learning. Provide parents with the knowledge and resources to successfully support their children to keep learning.



Expand mental health services:

Integrating of existing digital mental health services platforms into the national health insurance, BPJS-Kesehatan, will improve access to affordable mental health care. Use a combination of public online support groups and telemedicine via online/phone access to reach more people in need of mental health support, both parents and children, will be reached, especially while social restrictions remain in place.



Ensure access to primary health care:

Prioritize the continuation of primary health-care delivery, including the provision of lifesaving vaccines for children and routine medical treatment. Reduce current disruptions to support and services to persons with disabilities by implementing alternative modes of care delivery, such as home visit programmes, and collaborating with organizations for people with disabilities. Scale up sporadic team-based care models that have emerged to provide care, prevent the spread of the COVID-19 virus, protect the community while minimizing disruptions to primary health-care services. Depending on local needs, this could include community health workers, registered nurses and general practitioners/specialists who collaborate closely with local-level administrators. A similar approach could also lay the groundwork for collaborative and integrated team-based primary health care, thereby contributing to structural health system change.

INTRODUCTION

UNICEF, UNDP, Prospera and the SMERU Research Institute, with support from the Statistics Indonesia and the Indonesian Ministry of Finance, have been assessing the impact of COVID-19 on Indonesia's households since October 2020. The partners collaborated on a ground breaking, nationally representative survey in October- November 2020. The survey included 12,216 nationally representative households across all 34 Provinces in Indonesia. Between December 2020 and January 2021 (see Figure 1), the partners carried out three rounds of rapid surveys to monitor key changes in households' socioeconomic conditions: including employment, income, resilience to shocks, reach of social protection, and access to immunization health services, among others.

This report documents insights on the socioeconomic situation of approximately 2,400 households from across Indonesia who took part in all rounds of survey. This includes a full survey from October to November 2020 as well as three rounds of monitoring surveys in late 2020 and early 2021. We develop strategic policy recommendations for consideration based on these insights.

We used Interactive Voice Response (IVR) survey for data collection in these monitoring rounds. The IVR survey is a phone-machine interview that lasts approximately five minutes. Using IVR as opposed to face-to-face interview minimizes the risk of COVID spread. The IVR survey also allows for more timely data collection during the pandemic.

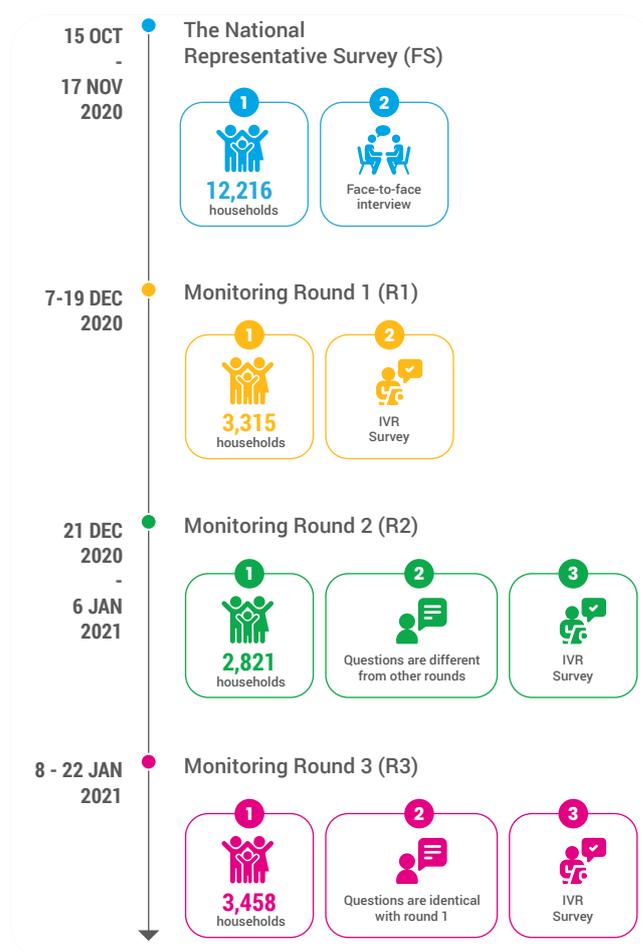
The IVR surveys were distributed to a sample of households that took part in the national representative survey. All three monitoring surveys were administered to the same sample of households, allowing for a thorough analysis of socioeconomic conditions over time. The survey focuses on families with children, who make up the majority of households surveyed (see Figure A2 in Annex 4 for further details on respondent characteristics).

The first and third rounds of questions focused on income, expenditure, and receipt of unconditional cash transfers and food stamps. Meanwhile, the second-round questionnaire looked at job loss,

depression, savings, and receipt of government aid for workers and small business owners. The survey results were then aggregated by the socioeconomic characteristics of households, such as economic status (wealth group), job status, location, and presence of children; groupings were generated using the National Socioeconomic Survey (Susenas) in March 2019.¹ It should be noted that the survey does not include very high-income households as these groups rarely participate in such polls.

The monitoring surveys revealed many insights about households' socioeconomic status over time during the pandemic. In the remainder of this brief, we expand on these observations and offer strategic recommendations for policymakers.

Figure 1. Timeline of the nationally representative survey and the monitoring rounds



¹ For a breakdown of expenditure range by quintile, please see Figure A3 in Annex 4.

KEY FINDINGS

Income dynamic

Over the course of two months, the proportion of households reporting a decline in income decreased by 25.5 pp. However, strong fluctuations in household income were apparent during the survey periods.

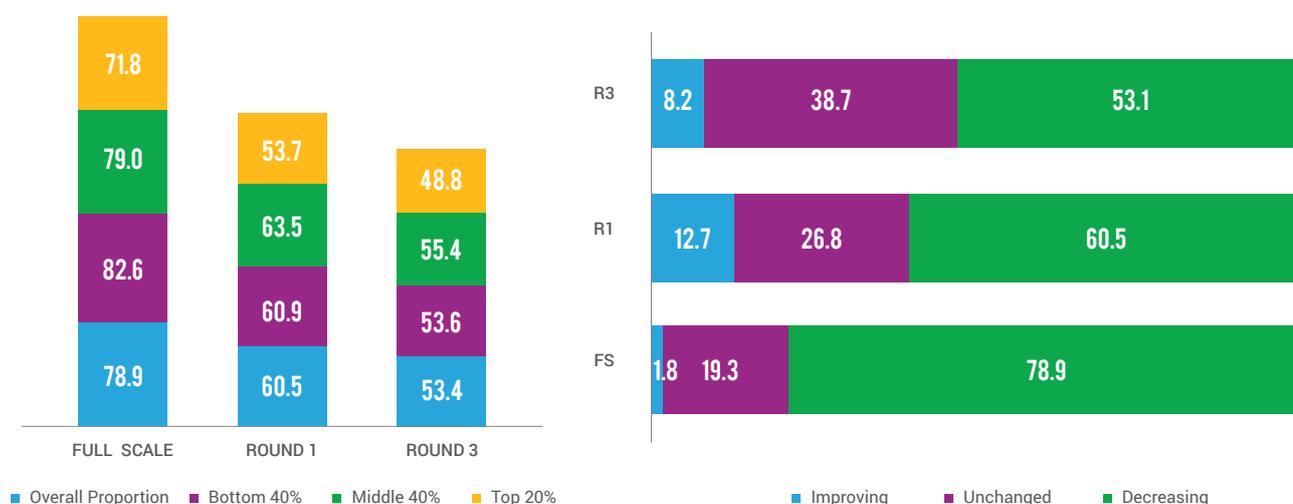
The proportion of households reporting a decline in income decreased gradually over time. In the full-scale survey, approximately 78.9 per cent of households which participated in all rounds of the monitoring surveys reported experiencing an income decline, whereas the figure was 60.5 per cent and 53.4 per cent in the first and third monitoring rounds respectively. Such steady improvement can be explained by, among other things, the social restriction policy imposed by the government from the second quarter of 2020 that began to loosen at the beginning of 2021. This could be indicative of the highly informal characteristic of the Indonesian economy, which makes it easier for households to bounce back once social mobility restrictions are eased (Banerjee, 2021).

Despite the decreasing proportion of households experiencing a reduction in income, the proportion

of households that reported an improvement in income fluctuated. By the end of 2020, 12.7 per cent of households reported an increase in income, only for the proportion to shrink to 8.2 per cent one month later. Until the end of the survey period at the beginning of 2021, one in two households were still experiencing income decline.

This decline in proportion appeared in all expenditure groups, with the largest drop occurring between the full-scale survey and the first monitoring survey, and among the Bottom 40% (21.7 pp) and the Middle 40% (15.5 pp) welfare groups. The loosening of the social restriction policies had a major effect in improving macroeconomic conditions, as well as household wellbeing to some extent. However, the meagre proportion of households that saw an increase in income in comparison to those reporting a decline throughout the survey period suggests that the prosperity of many has yet to return to its pre-pandemic level. Among households which experienced a reduction in income during round 3 5.9 per cent also faced the loss of one or more income source.

Figure 2. Proportion of households experiencing a decline in income (%) (Left) and income dynamic classification (%) (Right)



N=2,191 (left); R3 N = 2400, R1 N = 2400, FS N = 2191 (right)

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

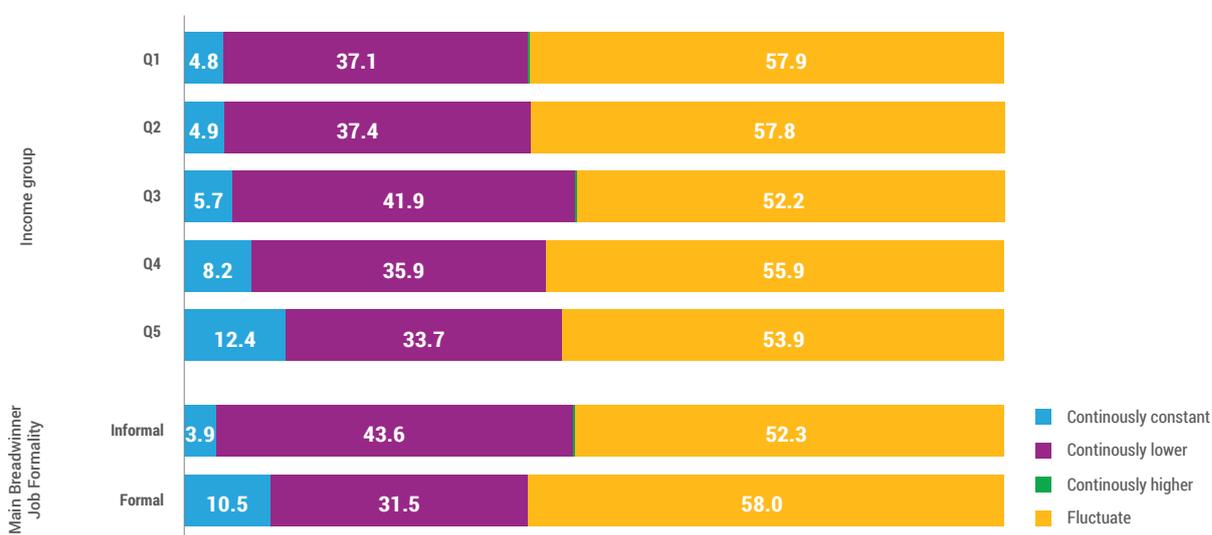
One in two households reported experiencing income fluctuation while one third of respondents experienced a continuous decrease in income throughout the survey period. These results

were consistent across expenditure distribution. Households with a breadwinner working in a formal job were no exception to the experience. Indeed, the proportion of households with a formally employed main breadwinner experiencing income fluctuation was higher by 6 pp in comparison to households whose main breadwinners are informally employed.

Almost 80 per cent of households experienced income fluctuation, with a worsening trend.²

While the situation started to improve in early 2021, almost 70 per cent of respondents still found this to be the case. Figure 4 further identifies the fluctuation of household incomes between surveys. 77.5 per cent of households exhibit a decreasing income trend between the full-scale and round 1 surveys. This suggests that economic recovery has not occurred for such households in the later survey round. However, between the round 1 and round 3 surveys the proportion shrank by more than 7 per cent. The proportion of households with an improving trend which indicates recovery hovers at 13 per cent, while the percentage of households whose income trend is constant almost doubled between round 1 and round 3 of the survey.

Figure 3. Household income dynamics over three survey rounds, by income group and whether main breadwinner has a formal job (%)

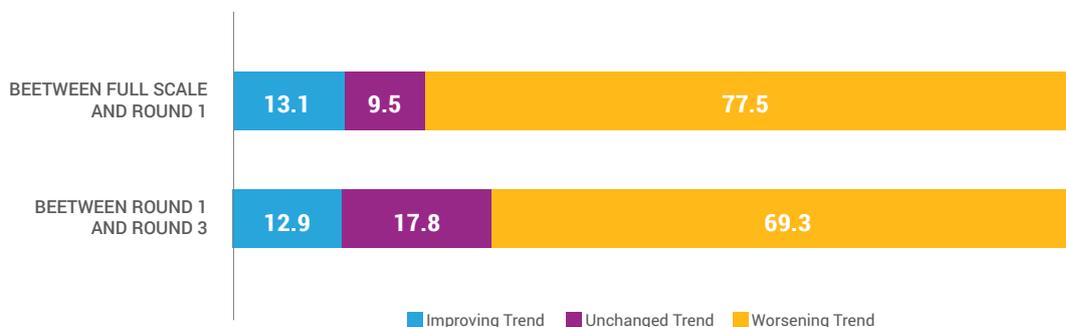


Income Group N = 2191; Main Breadwinner Job Formality N = 2115

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

Figure 4. Household income trend between three survey rounds (%)



N = 2,191

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

2. An explanation on how the trends is classified is provided in Table A4 of Annex 2

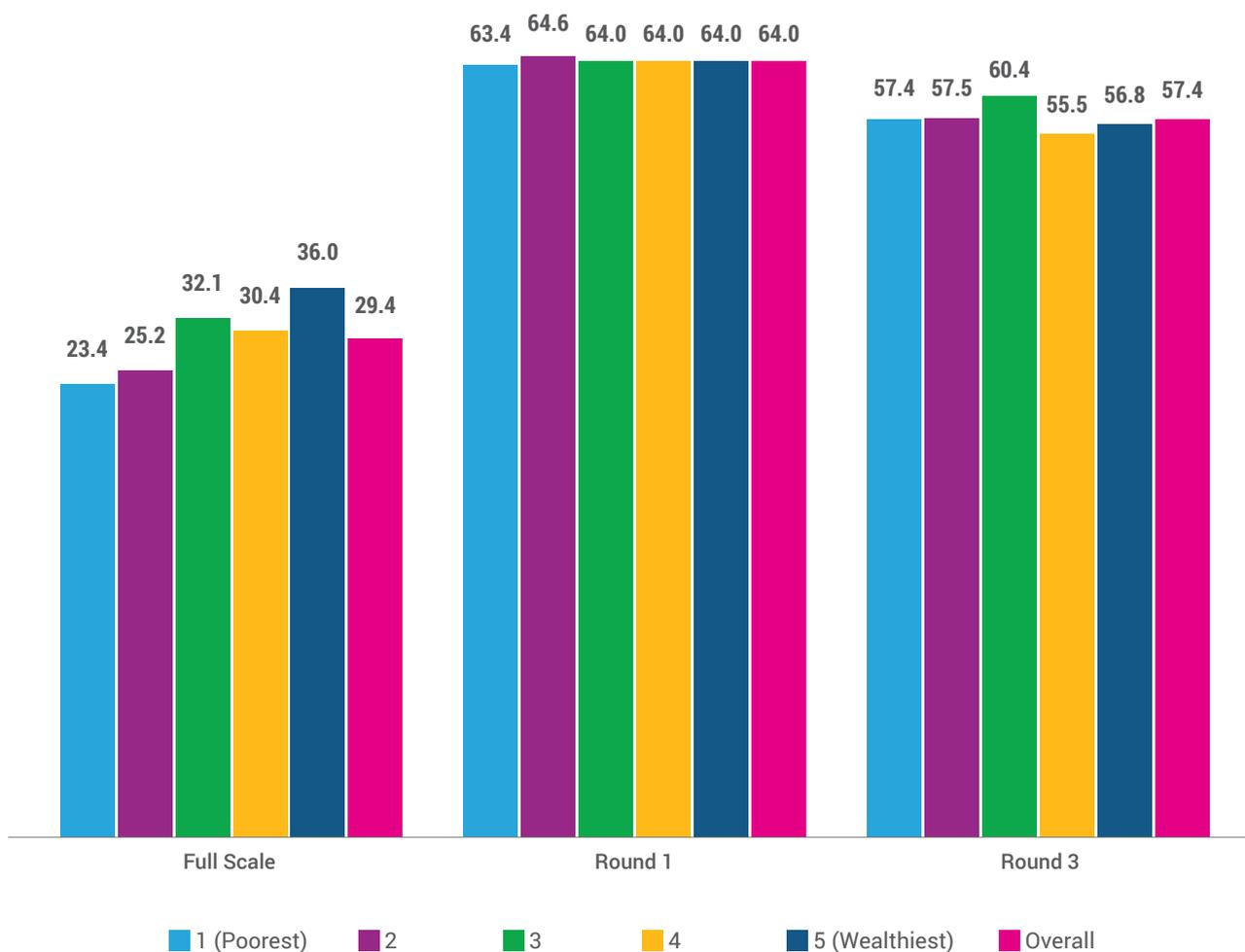
Expenditure changes

During the first monitoring round, the proportion of households reporting higher food expenditure more than doubled; an experience that was shared by all welfare groups and was also accompanied by a decline in income for many.

More than half of households reported higher food expenditure during the first and third monitoring

rounds in December 2020 and January 2021, in comparison to the full-scale survey. The proportion of households reporting higher food expenditure more than doubled during the first monitoring round, an experience which prevailed regardless of household welfare groups. During the third round, the figure flattened only slightly by roughly 5 to 8 pp.

Figure 5. Proportion of households experiencing higher food expenditure (%)



N = 2,400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

BOX 1

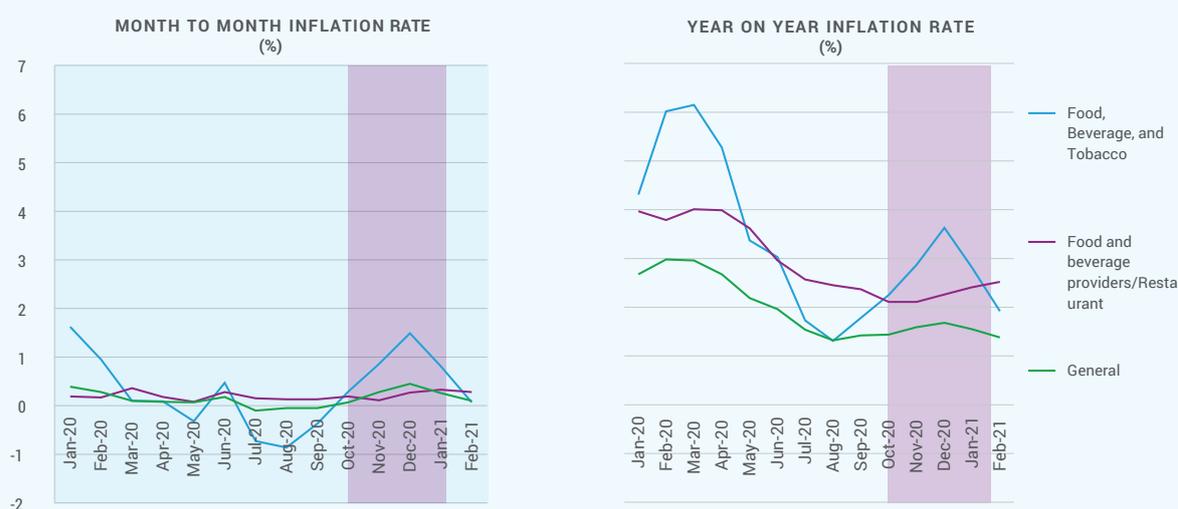
Accounting for higher food expenditure and overall macroeconomic conditions during IVR

Respondents' perception of higher food expenditure may be partially attributed to the combined impacts of the decrease in income and high monthly food inflation.³

According to BPS, the general monthly inflation level stood at 0.28, 0.45, and 0.26 in November 2020, December 2020 and January 2021 respectively. However, the increase in price levels of food, beverages and tobacco exceeded the general inflation rate, reaching 1.49 towards the

end of 2020 before dropping again in early 2021. The month with the highest food, beverage and tobacco inflation rate coincided with the first round of the monitoring survey, which may explain the doubling of households which reported higher food expenditure. The food from providers/restaurant commodity group showed lower and relatively steady inflation; however, a year-on-year comparison of both food commodity groups stayed above the general inflation rate to the end of 2020.

Figure 6. Rate of general and food inflation, January 2020 – February 2021 (base year 2018)



Source: BPS (2021a)

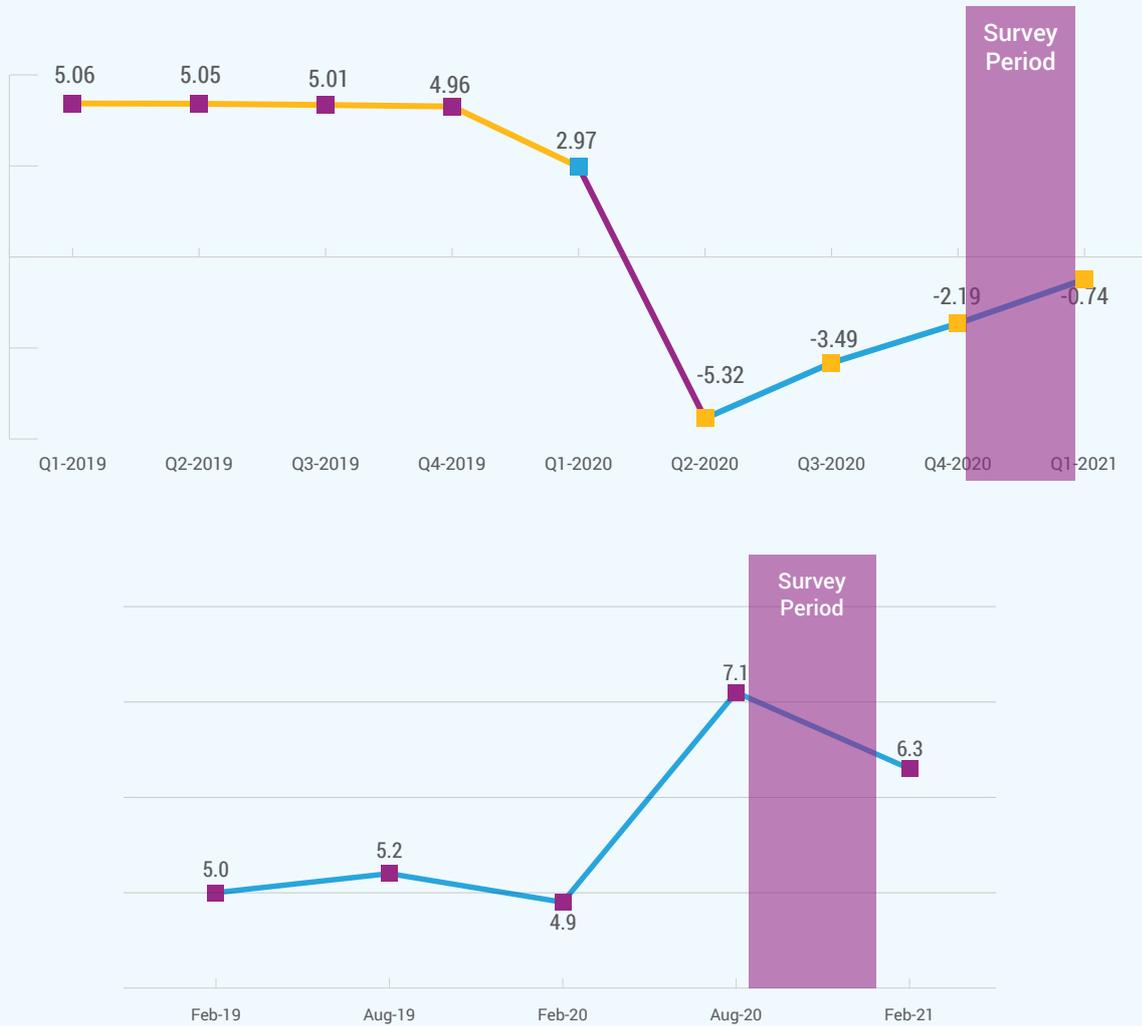
Throughout the period of the full-scale survey until the third round of monitoring survey, the level of unemployment and GDP growth signaled a slight chance at recovery (see Figure 7). However, it should be noted that government intervention mostly upheld the favorable conditions, as government consumption rose substantially throughout 2020 (IDR 2,739.2 T/ US\$189.1 B) and 2021 (IDR 2,750 T/US\$189.8 B) in response to COVID-19 (see Figure 8). Throughout 2020

and 2021, government expenditure was the only component of expenditure-approach GDP which continuously maintained positive growth, whereas household consumption remained negative until the first quarter in 2021 (see Figure 9). Indeed, the general inflation rate in Figure 6 seems to suggest that economic activity remained sluggish throughout 2020 and early 2021, indicating that household consumption has yet to return to its pre-pandemic level.

3. Decrease in income as described in previous section.

Accounting for higher food expenditure and overall macroeconomic conditions during IVR

Figure 7. Indonesia GDP growth (YOY %, Q1 2019 – Q1-2021) (Top)
Indonesia unemployment rate (2019–2021) (Bottom)



Source: Top – BPS (2021b), Bottom – BPS (2021c)

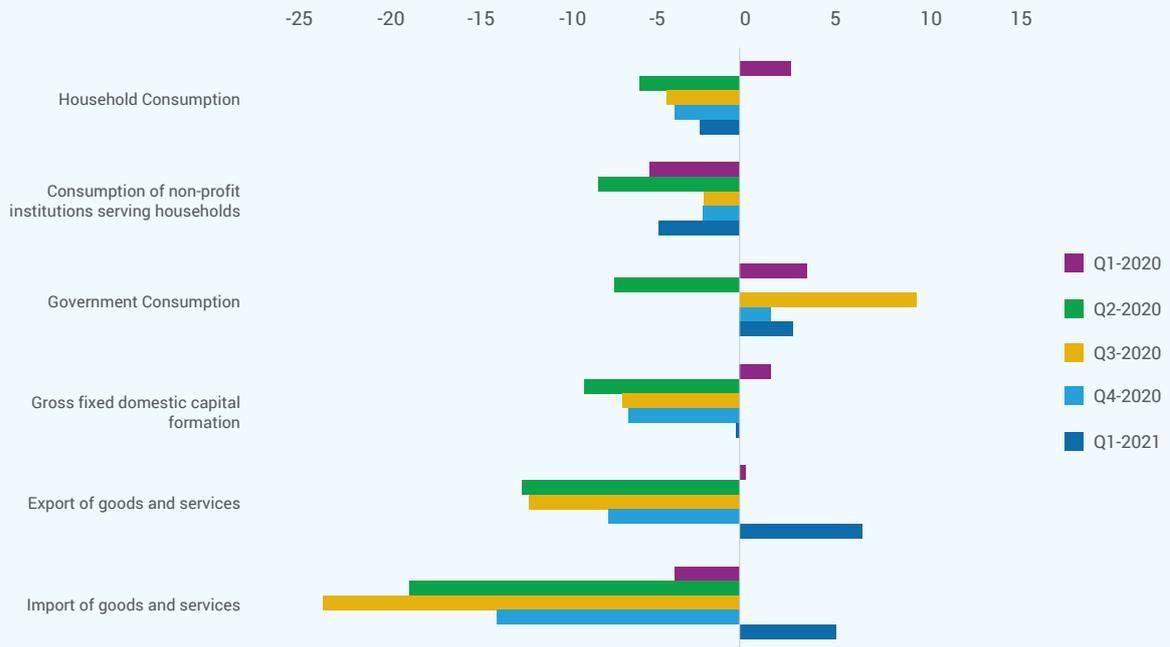
Figure 8. Government expenditure trend (2016–2021)



Source: State Financial Statement (APBN) 2019, 2020, 2021, Presidential Regulation (Perpres) 54/2020 and 72/2020

Accounting for higher food expenditure and overall macroeconomic conditions during IVR

Figure 9. Indonesia GDP growth by expenditure (2020–2021)

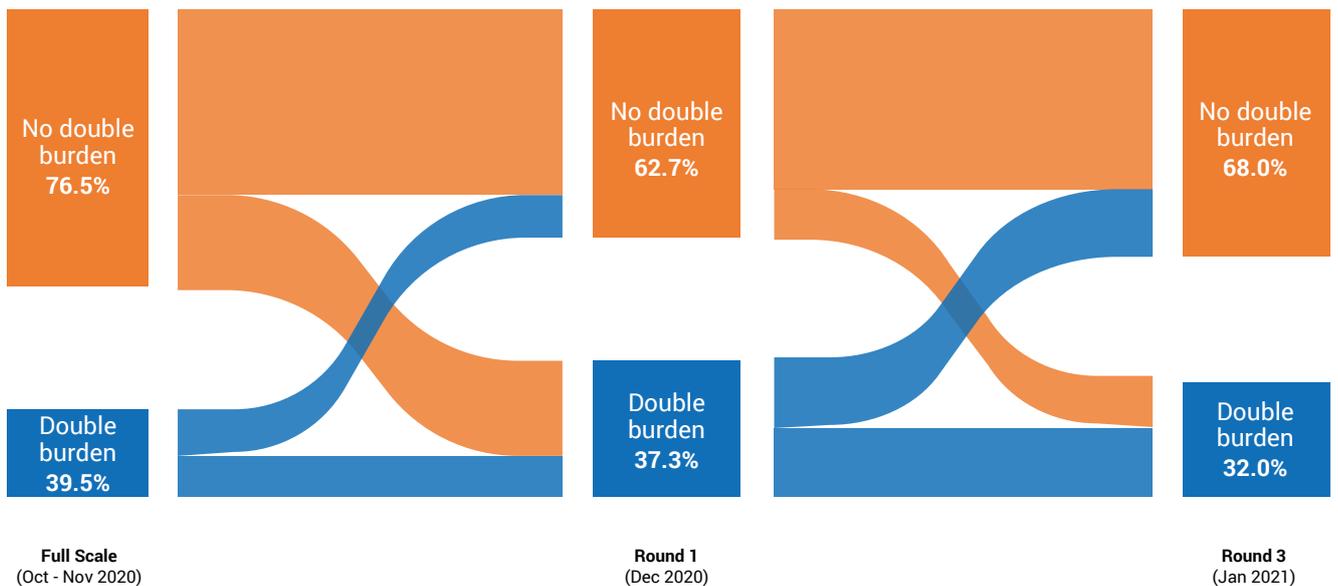


Source: BPS (2021 d)

Nearly 4 in 10 households faced a concurrent food spending increase and income decrease during round 1 (14 pp increase from full-scale survey). Even though the number that reported this predicament decreased during the final monitoring

round, one in three households were still struggling with the double economic burden. A monthly food price hike during the survey period exposed households to the twin burdens of rising food expenditure and lower income.

Figure 10. The dynamics of households that experienced a double economic burden



N = 2,400

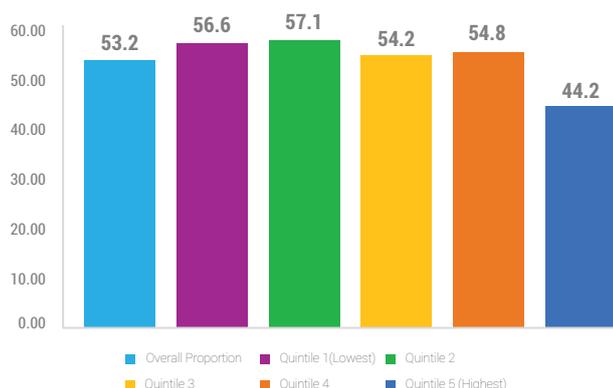
Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Economic hardship, economic buffers and coping mechanisms

During the survey period, more than one in two households had at least one household member lose their job.⁴ Only three out of ten had enough savings to last at least a month, forcing them to cope by pawning assets, eating smaller portions and/or taking out new loans.

In over half of the households one or more members had lost their job within the past month. Across expenditure distribution quintile, the prevalence is staggeringly high. However, the poorest households and those in quintile 1 and quintile 2 reported a higher prevalence of job loss (56.6 per cent and 57.1 per cent respectively) compared to those in the Top 20% (44.2 per cent).

Figure 11. Proportion of households in round 2 with any member losing their job in the past month (%)



N = 2,811

Source: calculated from the IVR survey in 2020-2021

Only 3 out of 10 households reported have savings adequate to sustain them for at least a month, and thereby to serve as a buffer during economic hardship. These figures are understandable as studies prior to the COVID-19 pandemic had already reported low saving behaviour. In 2017, only 26.5 per cent of people aged over 15 years had savings at a formal institution and 29.9 per cent saved their money at a

financial club or other form of informal saving method (Shrestha and Nursamsu, 2020).

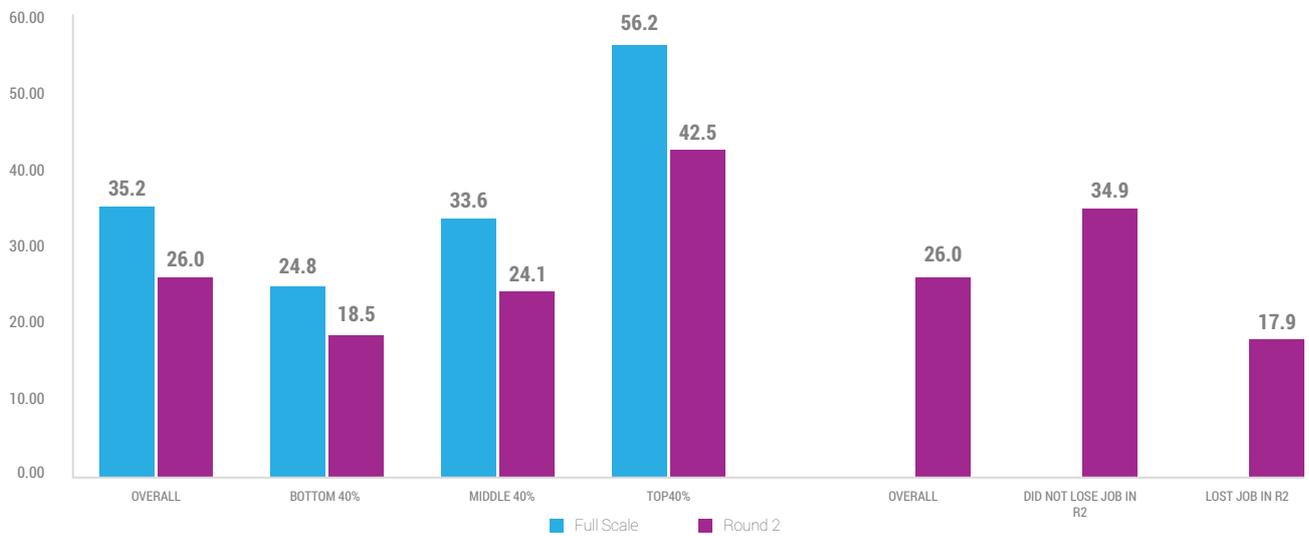
Furthermore, the survey found that only 17.9 per cent of households who reported a job loss among their members had access to adequate savings (see Figure 12). In the second monitoring round it was found that possession of savings was also significantly lower (16 pp) among households where any member had lost their job, in comparison to other households.

The surveys also revealed that the proportion of households who have sufficient savings declined over time. The proportion of households who reported having savings adequate to sustain them for at least one month dropped from 35.2 per cent during the full-scale study to 26.0 per cent in less than two months. The drop was most pronounced for those in the Top 20% (14 pp lower compared to the 9 pp difference for those in the Middle 40% and 6 pp in the Bottom 40%). When compared across expenditure groups, the proportion of households with savings to fall back on increases as we move towards the wealthier end of the expenditure distribution, as was the case when the full survey was carried out.

Most (88 per cent) were coping with adversity by employing various measures ranging from selling or pawning their assets, to taking out new loans and eating smaller portions of food. It is worrying that almost one in three of our households struggled to sustain their wellbeing by employing all three measures, as reflected in Figure 13. Eating smaller portions is the single most prevalent coping mechanism amidst the various economic hardships that households face, which vary between reduced income, job loss, or a combination of the two. Furthermore, with only 17.9 per cent of households which reported job loss having sufficient savings, more than 60 per cent of them had to employ at least one of the coping mechanisms.

4. The figure is relatively larger than the official unemployment rate of 7.1% in August 2020 and 6.3% in February 2021. There are two possible explanations to the discrepancy, the first being different unemployment measurement between the monitoring survey and the National Labour Force Survey (SAKERNAS), both in regard to definition and time span. The second is the self-selective nature of the monitoring surveys, as respondents have the option to opt out from participating.

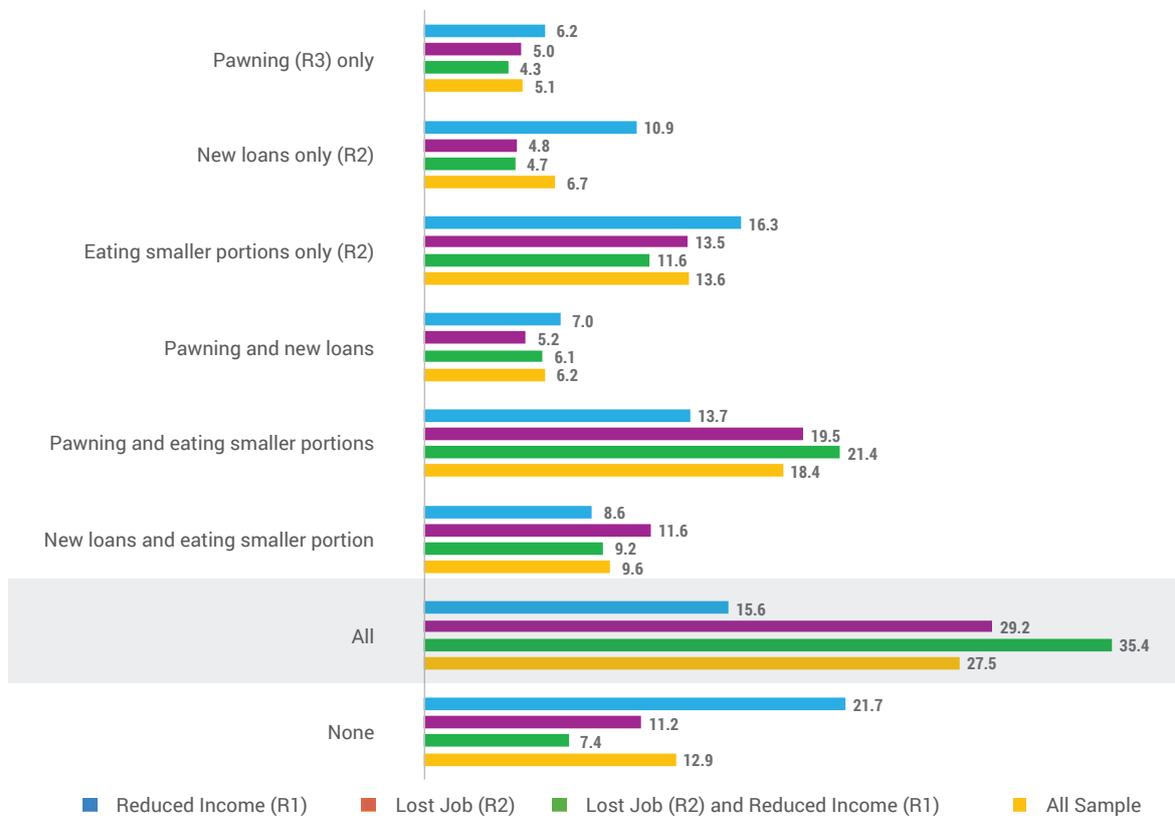
Figure 12. Proportion of households with savings adequate for at least a month (%) (Left) and proportion of households with savings by job loss status during round 2 (%) (Right)



N= 2,400 (left) and 2,399 (Right)

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Figure 13. Coping mechanism and economic hardship across rounds



N = 1,872

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

Social Assistance Dynamic

More households were falling through the cracks between the surveys, failing to receive the social protection they needed to sustain their wellbeing.

5 out of 10 received at least one form of social assistance during round 1, but fewer than 4 out of 10 did in round 3. 90 per cent of households for which program assistance had been discontinued reported being worse off economically.

The full-scale survey analysis assessed the reach of social assistance by examining the proportion of households in the sample that had received at least one form of assistance – cash and/or in-kind assistance – and considered their status in the socioeconomic position of households. It also profiled the households that had been left out and how their socioeconomic condition compared to social assistance recipients. The monitoring rounds continued the same line of inquiry. Box 2 gives an overview of the state of social assistance during the IVR monitoring period, as a backdrop to the research results.

BOX 2

Social assistance during the IVR monitoring period and beyond

The Government of Indonesia launched social assistance programmes at the onset of the pandemic in 2020. As the pandemic lingers, most of the COVID-19 emergency social protection programmes will be continued throughout 2021. During all rounds of survey, the social assistance programmes in place were the Family Hope Program (PKH), Sembako Card, Food Assistance, Cash Assistance (BLT-DD and BST), pre-employment card, and wage subsidy. Family Hope Program (PKH) directly targets school-age children whereas Village-Fund Cash Assistance targeted families who are experiencing job loss or decreased income due to the pandemic.

However, some of these programmes were discontinued or adjusted during certain periods of the survey. Cash assistance for MSMEs (or BPUM) and electricity subsidy were put on hold during the third round of the monitoring survey in late January 2021. In early 2021, the food assistance assumed the form of cash assistance. Finally, the disbursement of the Family Hope Program (PKH) has returned to a quarterly basis starting in October 2021, after being disbursed monthly in the previous months.

At the time of writing this report, Indonesia was battling a second surge in COVID-19 infections and successive lockdown measures had been put in place to curb the spread of the virus. The government has also increased budget allocation for National Economic Recovery programme (PEN) budget to IDR 744.7 trillion (US\$51.4 billion), as shown in Figure 15. Much of this budget is earmarked for health. While the social protection budget has seen an increase since the early part of 2021, the earmarked amount is still less than social protection spending in 2020.

Some social assistance had also been adjusted to help households cope during the Emergency Public Activity Restrictions (*PPKM Darurat Jawa Bali*) to curb the second surge transmission. Staple food assistance (*Sembako card*) was paid twice in July and August 2021 (Figure 14). Originally planned to be in place for a few months in early 2021, cash assistance (*Bantuan Sosial Tunai*) was extended until June 2021. Other schemes, such as the internet package assistance managed by the Ministry of Education, Culture, Research, and Technology, have also been extended until December 2021.

Social assistance during the IVR monitoring period and beyond

Figure 14. Timeline on social assistance and survey implementation



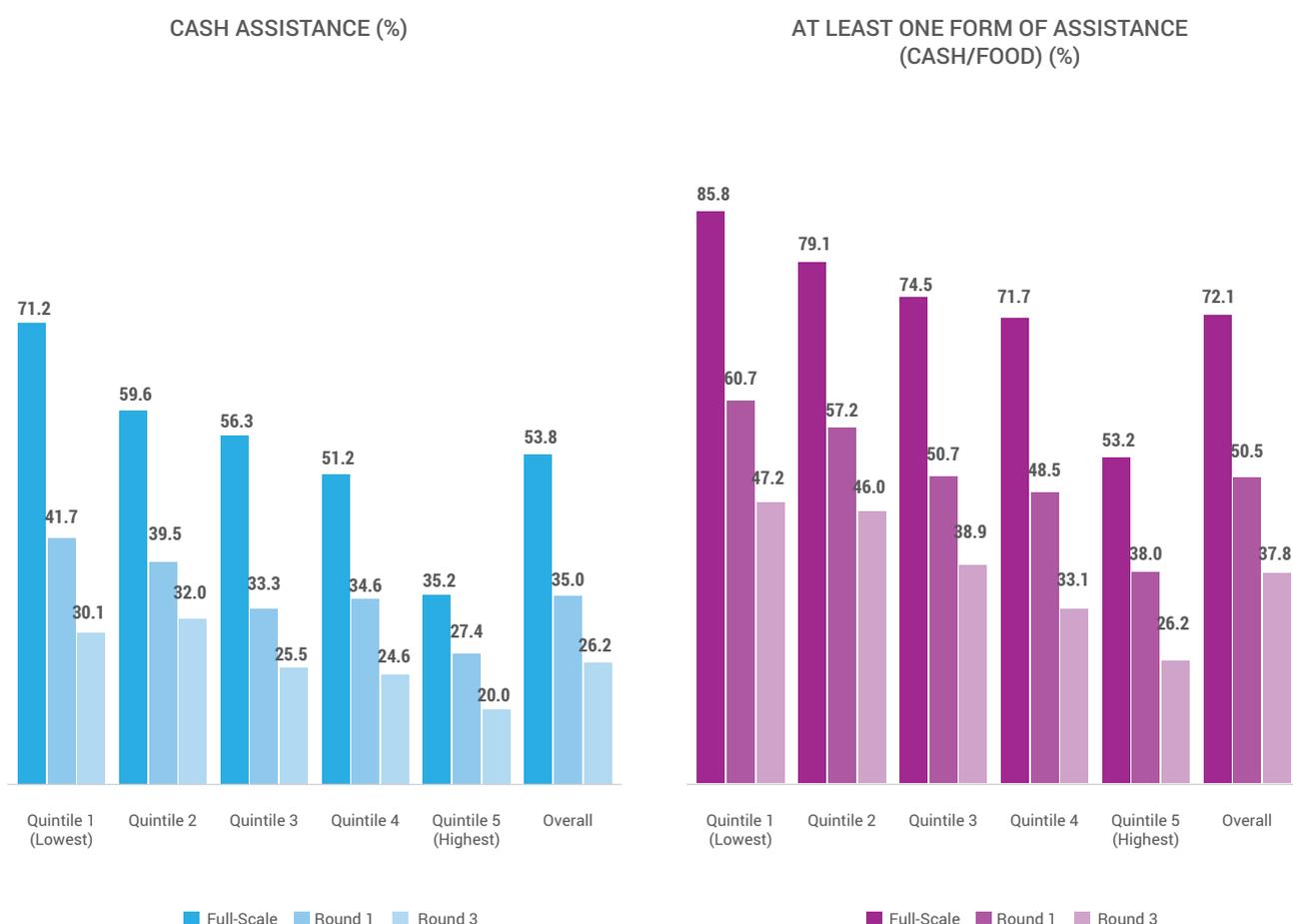
Source: UNICEF, UNDP, Prospera, SMERU (2020), Ministry of Social Affairs (2019), Ministry of Social Affairs (2020), Coordinating Ministry of Human Development and Culture (2020), Coordinating Ministry of Economic Affairs (2020), Ministry of Education and Culture (2020), Ministry of Education and Culture (2021), Ministry of Cooperative and Small Medium Enterprises Implementation Guideline 98/2020, Ministry of Manpower Implementation Guideline 14/2020, Ministry of Finance (2021c), Directorate General of Industrial Relation and Worker Social Security Decree No.4/845/H.00/VI/2020, Ministry of Social Affairs Decree No.161/HUK/2020, Ministry of Transportation Regulation 25/2020.

Figure 15. Overall PEN Budget and Social Protection Cluster PEN Budget



Source: Ministry of Finance, 2020, 2021a, 2021b

Figure 16. Proportion of households receiving social assistance



N = 2, 400

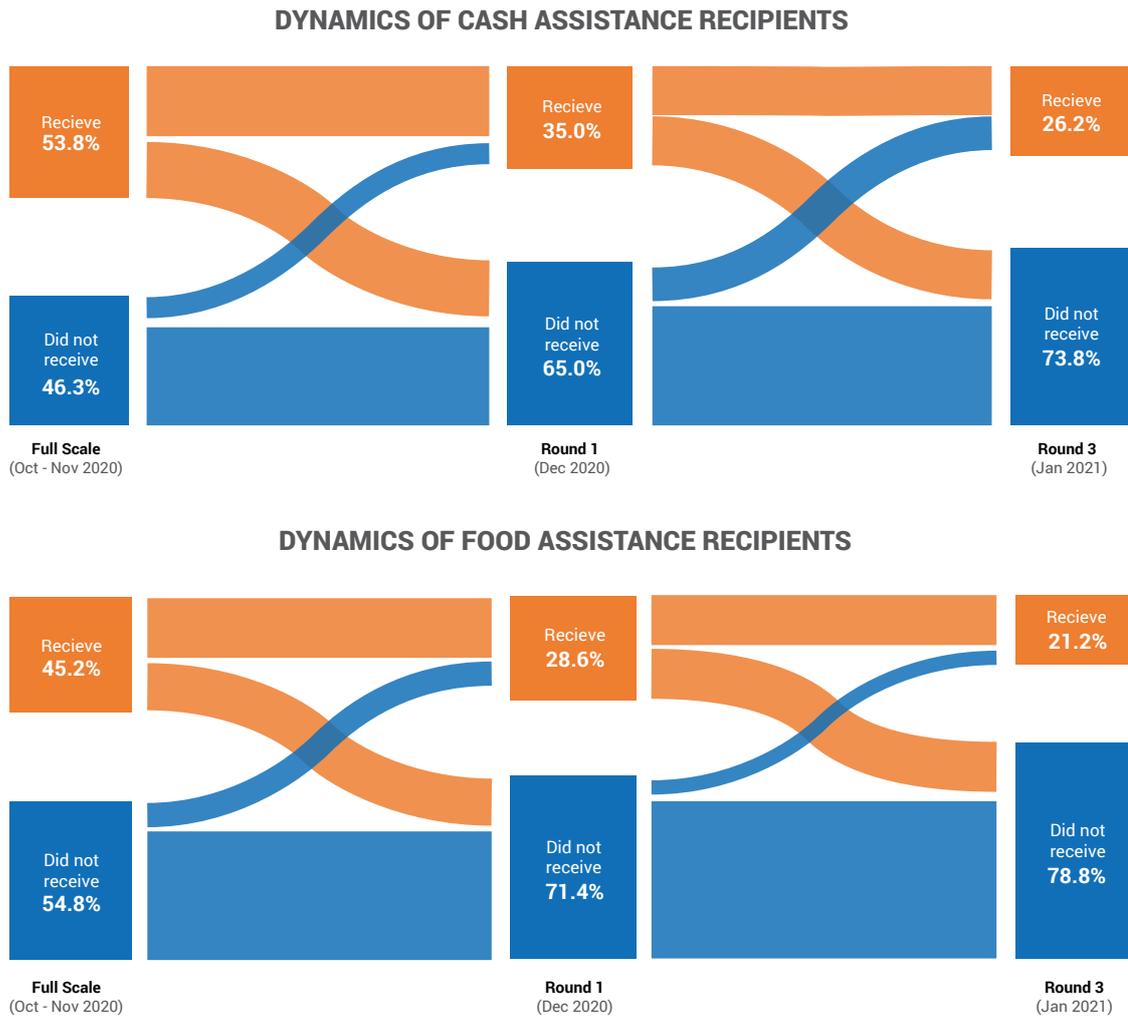
Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

Around 50.5 per cent of all households reported receiving at least one form of social assistance (cash, food, or both) during round 1, and 37.8 per cent during round 3. The proportion of households reporting this was significantly lower, by 34.3 pp, in comparison to the full-scale survey (where 79 per cent of households were in the same sample). The trend also appears to be on the decline, as indicated by Figure 17 on the dynamics of cash and non-cash assistance recipients.

Throughout the survey periods, the proportion of households receiving cash and food assistance decreased continuously. During the full-scale survey, almost half of the persistent households surveyed cited receiving cash assistance. However, the proportion decreased steadily after two months, with only 26.2 per cent still receiving such assistance. A similar trend can also be observed in terms of receipt of food assistance among households. The proportion of households receiving food assistance more than halved from 45.2 per cent during the full-scale survey to 21.2 per cent during round 3.

Figure 17. Dynamics of household receipt of social assistance

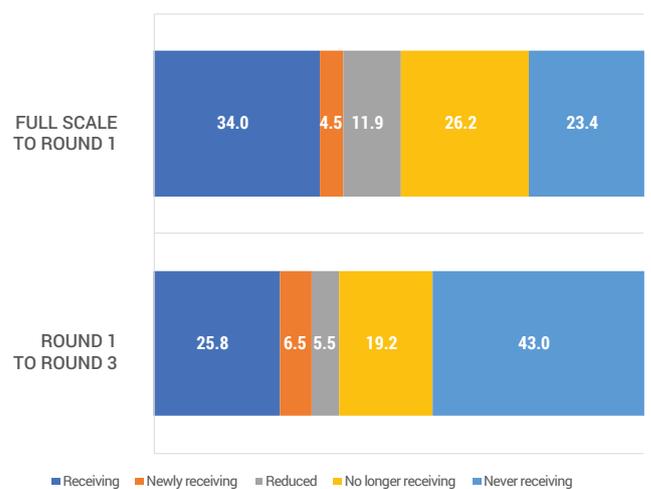


N = 2,400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

However, the shrinkage in receipt of social assistance was accompanied by a small rise in new (cash or in-kind) beneficiaries. 4.5 per cent of households which had not received any cash or in-kind assistance during the full-scale survey (October–November 2020) reported to be newly receiving such assistance in the first monitoring round. Meanwhile, the third monitoring survey found that 6.5 per cent of households had recently begun to receive social assistance after not receiving any during the first round. These additions could be attributed to programmes such as direct cash transfers for small business (*Bantuan Produktif Usaha Mikro*-BPUM in December 2020), which were still being rolled out during the first monitoring survey but had wider reach by the time the next monitoring rounds were carried out. During the third monitoring survey, more than 17 per cent of households had just started receiving the cash transfer for MSMEs (BPUM).

Figure 18. Social protection dynamics between monitoring rounds



N = 2,400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Figure 19. BPUM and wage subsidy recipient dynamics from full-scale survey to round 2



N = 1.286 (top); N = 763 (bottom)

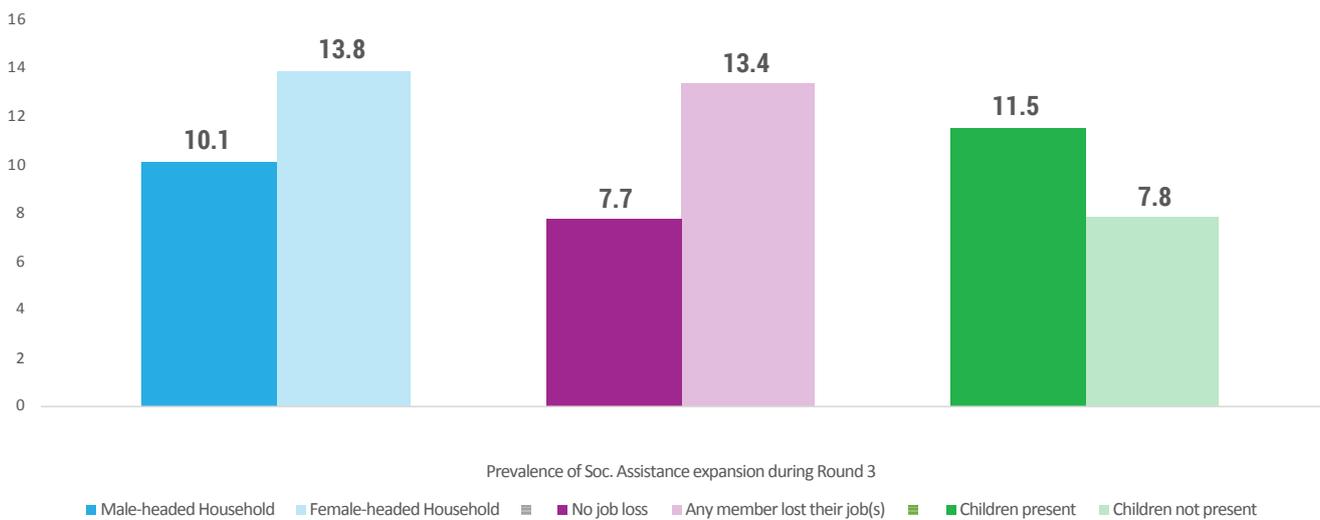
Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

These new beneficiaries tended to be families with children, female-headed, and have at least one member who had lost their job. They were almost

twice as likely to be among the poorest (Bottom 40%) and most vulnerable (Middle 40%) than among the Top 20% in terms of expenditure distribution (see Figure 21).

Figure 20. Proportion of households that had recently begun receiving social assistance, or had it added (%), by gender of household head, status of job loss, and presence of children

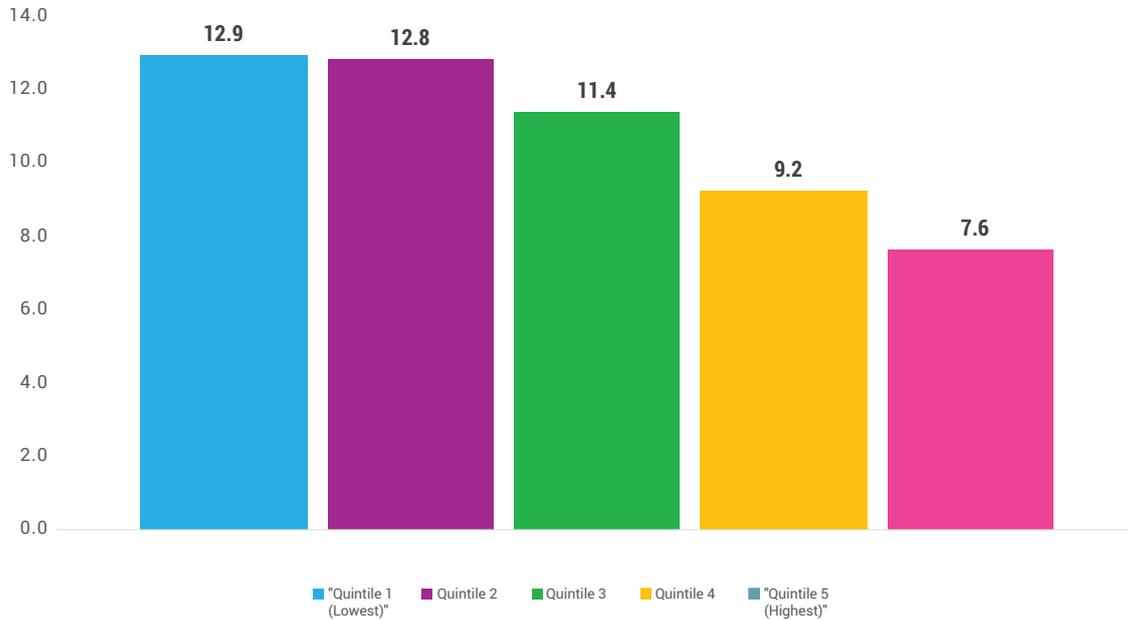


N = 2,400

Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

Figure 21. Prevalence of Social Assistance Expansion during Round 3 (by welfare group)



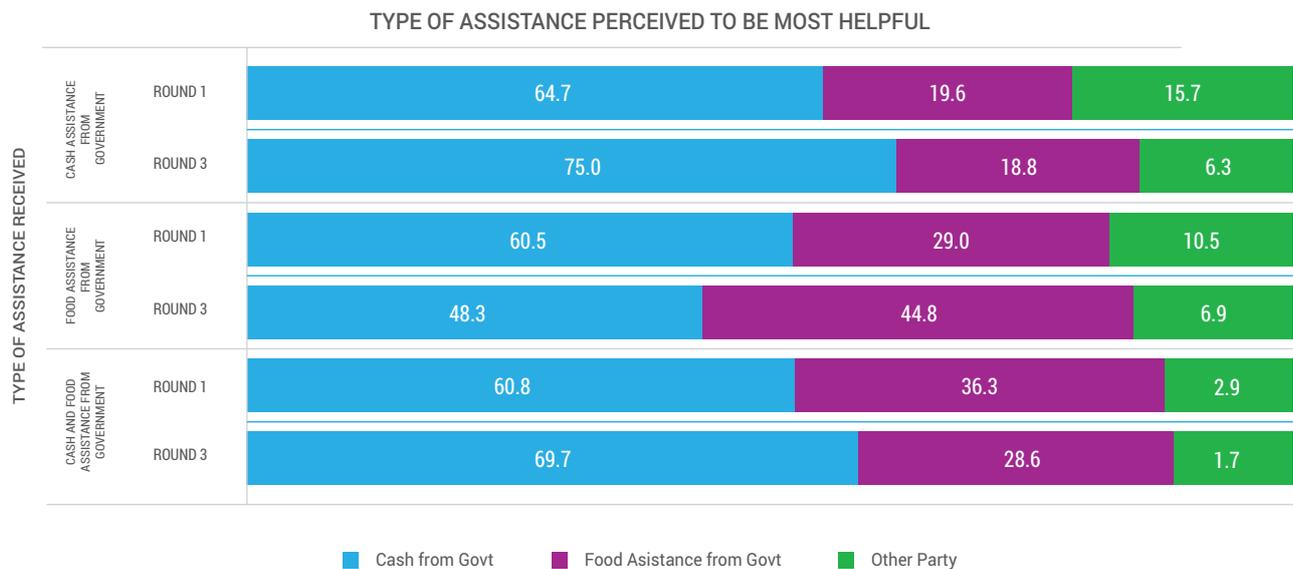
N = 2,400

Source: calculated from the IVR surveys in 2020-2021

The monitoring survey revealed that recipient households found cash assistance more helpful than food assistance. During the first monitoring round, more than 60 per cent of households which received either or both cash and food assistance reported cash transfer from the government to be the most helpful in getting them through the economic adversity imposed by the

pandemic. As the pandemic persists, the effectiveness of financial support for households in the form of cash assistance from the government in safeguarding the wellbeing of households intensified. At least 70 per cent of households who received it found it the most helpful type of assistance.

Figure 22. Household perception of helpfulness of assistance (%)



Round 1 N=51, Round 3 N=32 (top); Round 1 N=38, Round 3 N=29 (middle); Round 1 N=314, Round 3 N=231 (bottom)

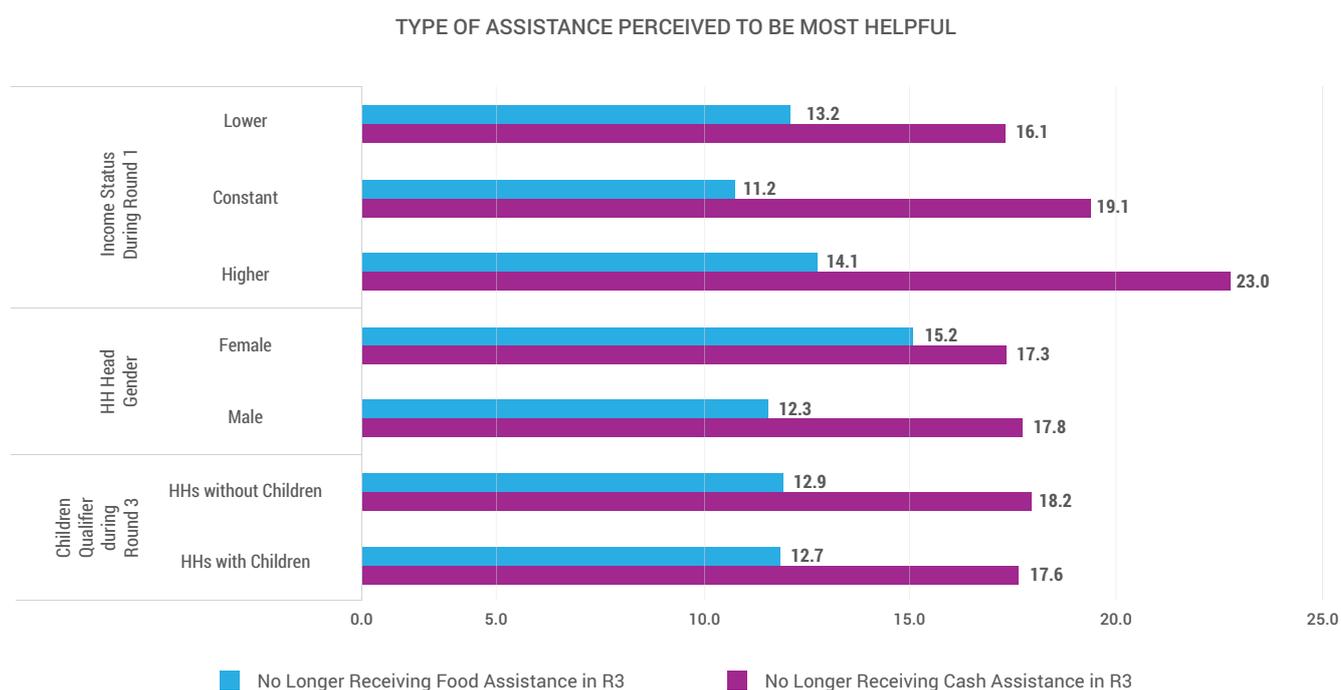
Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

Meanwhile, some of the improvements made in targeting or beneficiary data refinement were picked up by the survey results. The proportion of households whose cash or food assistance discontinued during round 3 was higher among those who reported income growth in the previous month in comparison to those who reported constant or lower income. This could

be a sign that the funds were being used to spread the benefit further rather than continue supporting households that were doing relatively better than before, income-wise. In addition, the prevalence of assistance discontinuation of both food and cash was slightly lower among households with children, in comparison to those without.

Figure 23. Proportion of households experiencing discontinuation of assistance by household with children, sex of respondent and income status in R1



N = 2,400

Source: calculated from the IVR surveys in 2020-2021

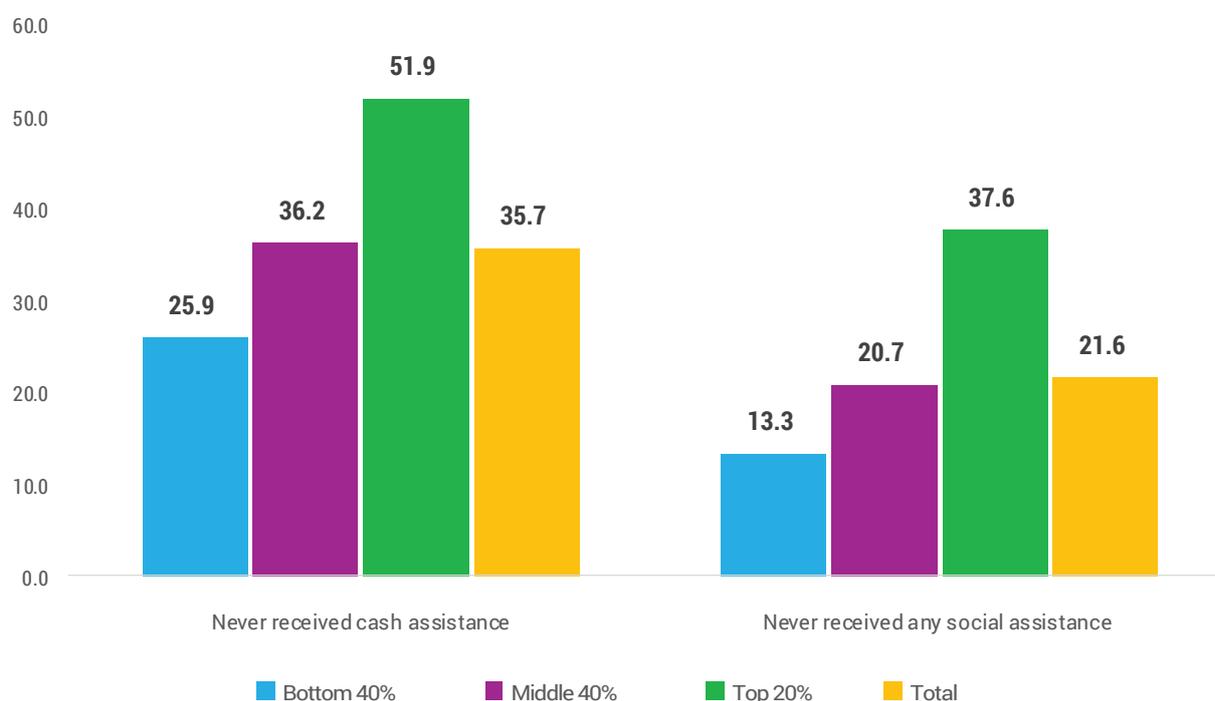
Note: the percentages are based on the number of households in each subgroup

Despite these improvements, 13.3 per cent of existing poor and newly vulnerable households were still being left out of any kind of social assistance, as they had not received any social assistance between the full-scale and monitoring surveys.

Meanwhile, 25.9 per cent of the Bottom 40% reported never receiving cash assistance throughout all rounds of surveys. The full-scale report had estimated that a new wave of households that were previously secure (in the Middle 40%) had now fallen into poverty and/or been rendered vulnerable due to the economic consequences of the pandemic. However, this study finds that 36.2 per cent of Middle 40% households did not receive cash assistance and 20.7 per cent received neither cash nor food assistance throughout October 2020 until January 2021.

These results signify that ‘inclusion error’ – i.e. providing assistance to those who are wealthy – may be less of a concern than ‘exclusion error’ – i.e. not providing assistance to those who need it most. 37.6 per cent of the households in the wealthiest quintile reported not receiving assistance throughout the whole survey period. Note that the full-scale survey showed that even those in the wealthiest quintile were not the top earners because the very wealthy rarely participate in such surveys. The crisis may also have had an impact across the expenditure quintile. Therefore, it was right that many people, across the expenditure distribution, also received assistance as they, too, were negatively impacted by the pandemic.

Figure 24. Proportion of households that never received cash or food assistance in full-scale, round 1 and round 3 surveys (%)



N = 2,400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

BOX 3

Explaining the decline in beneficiaries

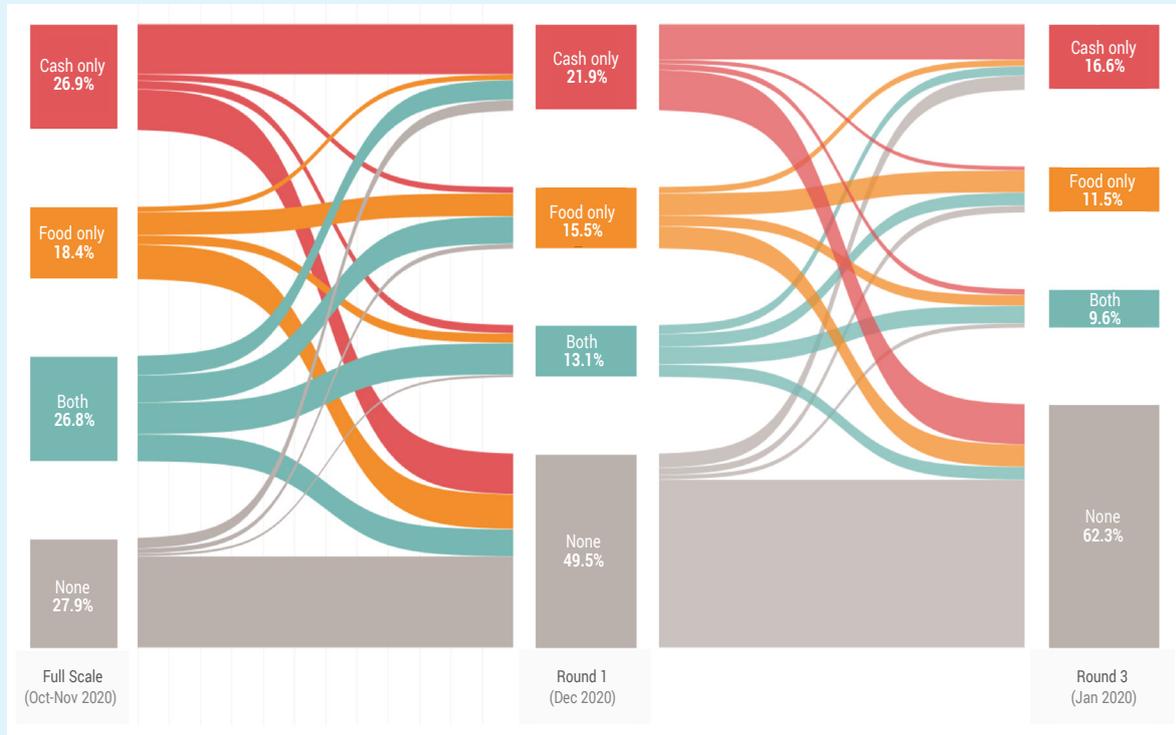
The survey analysis shows a significant decline in the proportion of households that were receiving cash assistance between the full-scale to survey and the round 1 survey (18.8 pp) and between round 1 and round 3 (8.8 pp). Between the full-scale and round 1 surveys, there was an almost 35 per cent reduction in the number of respondents who said that they received 'cash' but were no longer receiving it. And this figure declined by 10 pp between round 1 and round 3, indicating the further reduction in the proportion of respondents who were receiving cash. The analysis of results shows a similar pattern of decline among respondents who were receiving

only food assistance, and both food and cash assistance. However, the decline in proportion of cash recipients appeared to be more significant.

Figure 25 shows the comparative movement of beneficiaries receiving 'food only', 'cash only', 'both' and 'none' in full-scale to round 1 and round 3 of IVR. The proportion of households who received each of these had declined comparatively since the full-scale survey. But those receiving complementary assistance – cash and non-cash – reduced by a half (from approximately 28 pp in full-scale survey to 16 pp by round 3).

Explaining the decline in beneficiaries

Figure 25. Dynamics of programme complementarity (%)



N = 2,400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

A potential explanation for these results could be that the type of cash assistance that respondents received, such as the wage subsidy or incentives from Pre-Employment Card (*Kartu Pra-Kerja*), had a non-monthly disbursement. It should also be noted that the Family Hope Program (*Program Keluarga Harapan*) resumed the quarterly disbursement schedule as per October 2020. Respondents may have already received the assistance or were slated to receive funds in the future, but this was not picked up due to the timing of the survey.

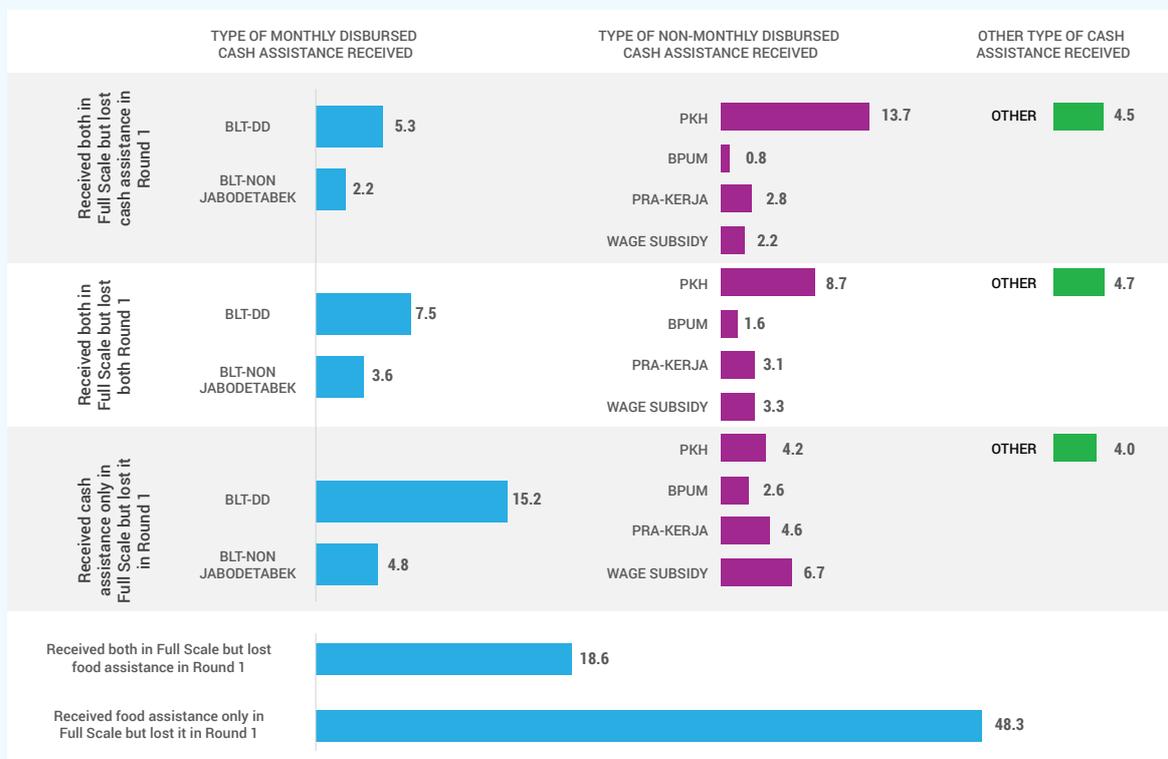
These results could also be indicative of implementation challenges faced – the nature of the programme they receive such as the village fund cash transfer (BLT-DD), could have had a

monthly disbursement schedule, which was delayed. The timing of the IVR surveys coincided with other studies reporting challenges with delivery of social assistance. For instance, CEDS and UNICEF (forthcoming) had documented multiple implementation challenges with timely disbursement of BLT-DD, including verification of beneficiaries' data, last-minute changes to technical regulations (*petunjuk teknis*), and the complex process of restructuring village fund budgets.

But given that the IVR survey period was marked by rolling back of COVID-19 emergency assistance, these results likely reflect the consequences, in terms of a decline in beneficiaries.

Explaining the decline in beneficiaries

Figure 26. Type of assistance received during full-scale survey by households that were no longer receiving cash assistance in round 1 and round 3 (%)



Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: 1. The percentages are based on the number of households in each subgroup

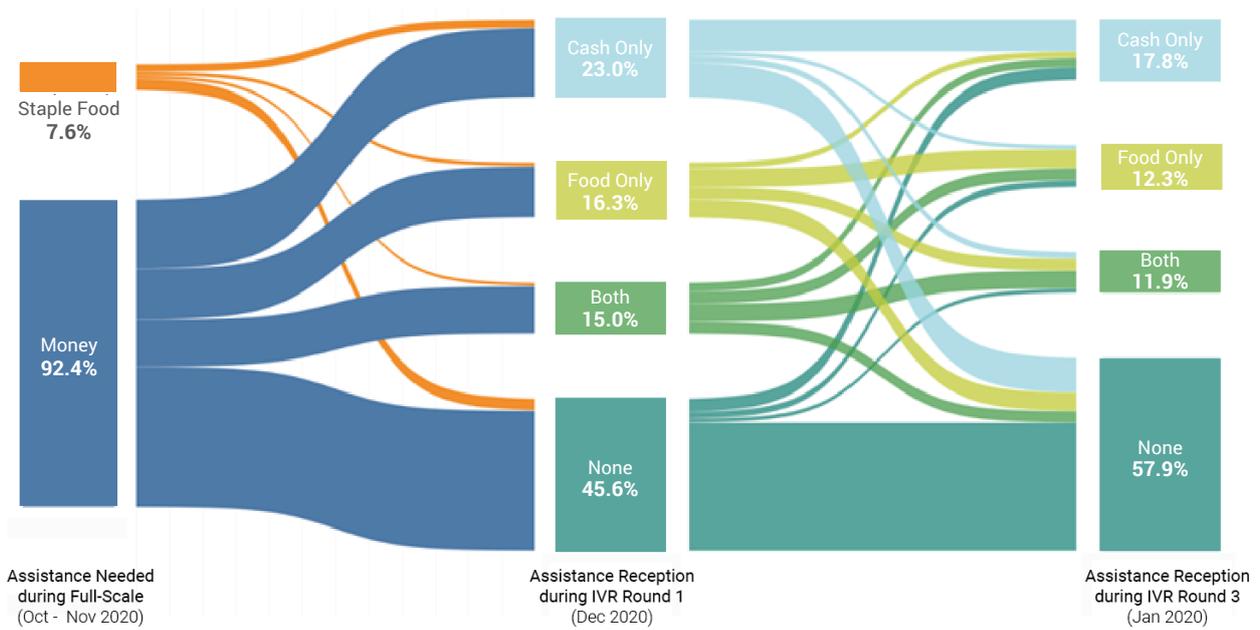
2. The type of cash assistance received is based on respondents' answer during the full-scale survey. There is a possibility that household recipients received more than one type of cash assistance during the survey.

Throughout the survey period, there were fewer households picking up the social assistance they reported to be needing. During the full-scale study, 88.4 per cent of the panel samples voiced their need for assistance during the pandemic. Of these 62.7 per cent cited money to be the assistance they needed the most while 5.1 per cent mentioned staple food. Of the 1,628 households which needed cash assistance or staple food during the full-scale survey, only 55.4 per cent were able to get either or both of them during the first round of the monitoring survey in December 2020. The proportion shrank even further as 57.9 per cent of those who needed staple food or money in the full-scale survey reported not having any of them in the third monitoring round.

The IVR results show that programme-discontinued households still needed assistance. Nine out of 10 households whose assistance had been discontinued reported that they were facing economic hardship. Over one in two had one or more member who had lost their job. One in three were experiencing a combination of three economic hardships, including lower income, selling or pawning their assets, taking out new loans for consumption smoothing purposes, and eating smaller portions of food.

The situation of households who had experienced job loss of one or more member and programme discontinuity was even more dire. 34.7 per cent of such households said they experienced at least 3 hardships (5 pp higher than total discontinued population) and almost 22 per cent said they faced all challenges we mentioned (6 pp higher than total population).

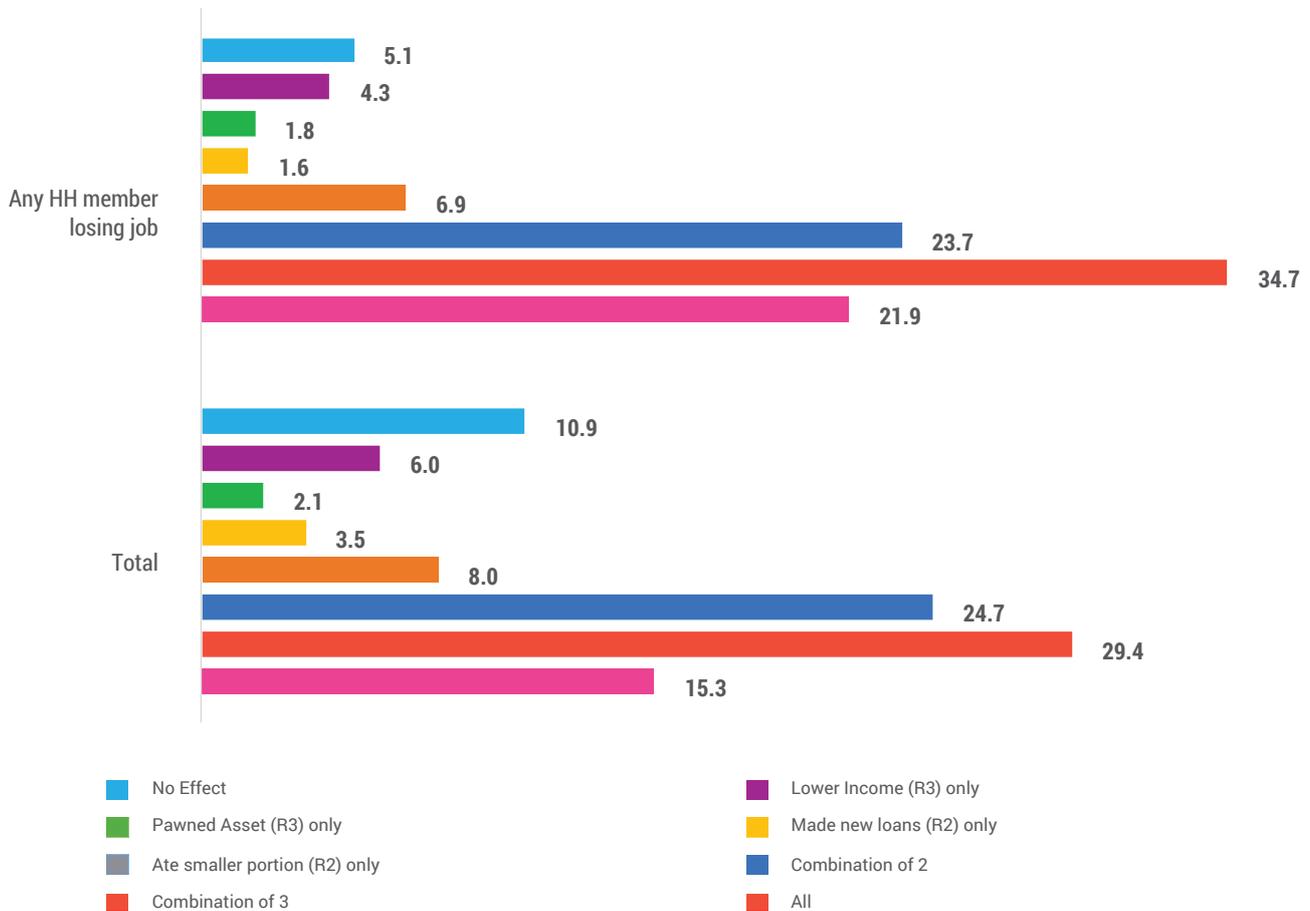
Figure 27. Social assistance needed in full-scale survey and receipt of social assistance in round 1 and round 3



N = 1,628

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Figure 28. Wellbeing status of households whose social assistance was reduced/discontinued during round 1



Any HH member losing job N = 507 (top); Total N = 914 (bottom)

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

These households were worse off than social assistance recipient households and/or those who had not received any assistance, even as all three groups were struggling. Table 1 indicates that a slightly higher proportion of households who experienced programme discontinuity were struggling with economic hardship in comparison to those who were receiving social assistance and/or those who had not yet received

any assistance. This is across four out of five main indicators tracked – experiencing lower income, pawning or selling household assets, eating less food, and having difficulty in providing nutritious food for their children. The proportion of programme-discontinued households who were resorting to selling/pawning assets was comparable to the situation faced by the other two groups.

Table 1. Social protection status in round 1 and household economic hardship

	Experienced lower income compared to the previous month (Round 3)*	Pawned/sold household assets (Round 3)*	Ate less portion of food (Round 2)	Made new loans (Round 2)*	Had difficulty in providing nutritious food for children (Round 3)*
Receiving	52.6	50.4	60.6	47.8	55.6
Newly receiving	60.2	55.6	64.8	47.2	50.8
Reduced	51.4	51.8	66.1	44.8	52.7
No longer receiving	55.3	51.1	66.7	47.6	58.5
Never receiving	50.8	48	53.7	44.7	50

N = 2,400

Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

BOX 4

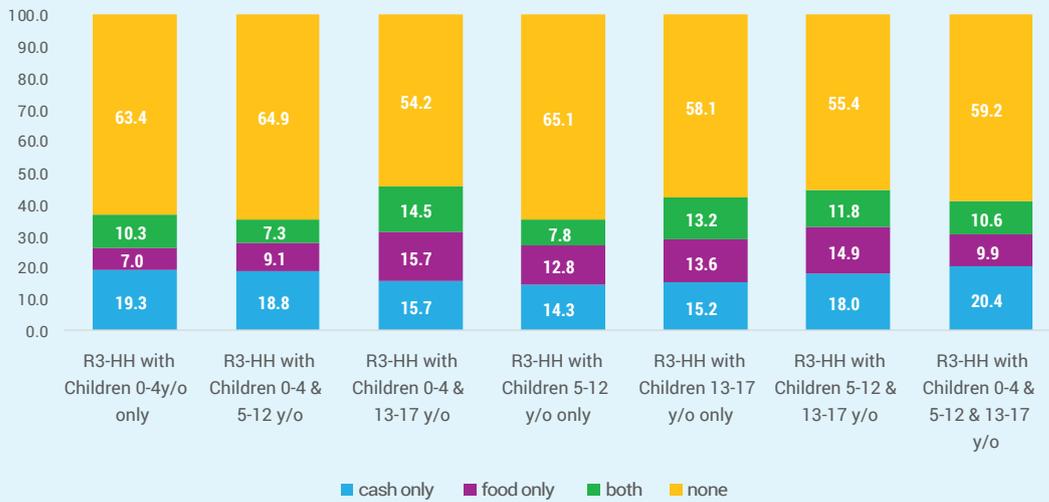
A spotlight on children: Did households with children receive needed social assistance?

During round 3 monitoring at the beginning of 2021, the proportion of households with children, across age groups, receiving and not receiving social assistance was 50:50. This meant that one in two households with children, across all age groups, were not part of any social protection programme. Among those who were still receiving social assistance, the largest proportion reported receiving cash assistance. This figure can be explained by the roll-out of BLT-DD, which expanded the number of households eligible for cash assistance programmes. Meanwhile,

only 1 in 10 households reported receiving either food assistance only or both types of assistance (cash and food). These figures can be explained by the roll-out of BLT-DD, which expanded the number of households eligible for cash assistance programmes, on the one hand, and sound policy decisions to reduce food assistance programmes on the other. Evidence shows food assistance programmes are less effective for recipients and yet delivering them is resource-intensive and prone to a significant level of fraud.

A spotlight on children: Did households with children receive needed social assistance?

Figure 29. Social assistance for households with children by age group (%)



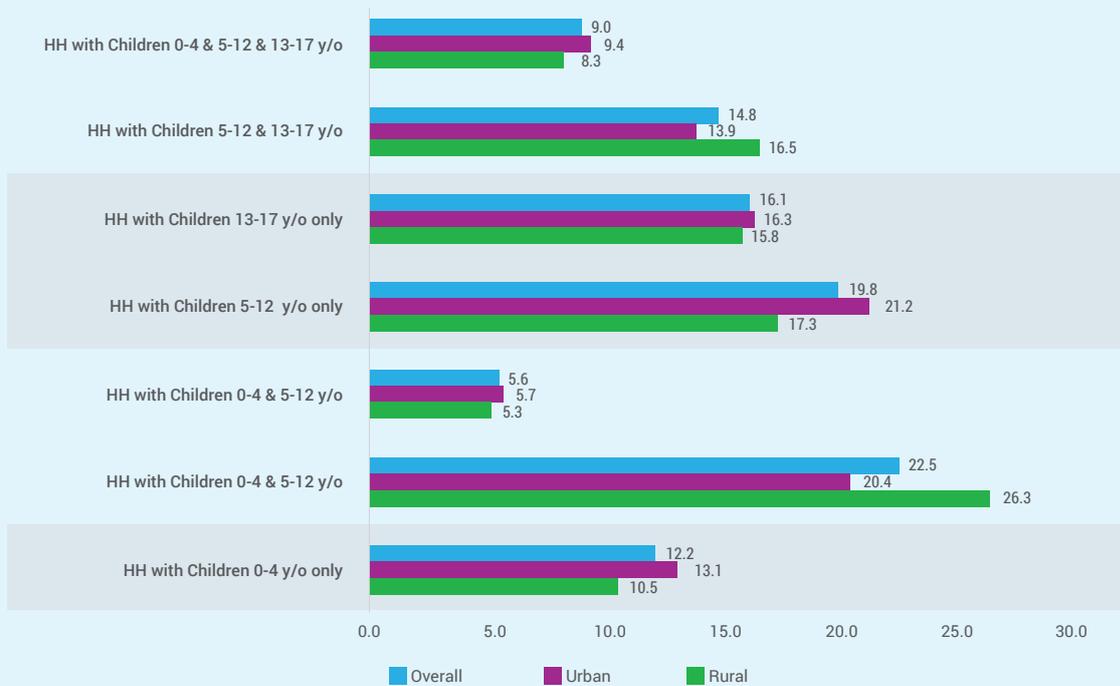
N = 1,799

Source: calculated from the IVR surveys in 2020-2021

Among households with children, our analysis suggests that households with children aged 0–4 were less likely to see programme discontinuation relative to households with children in older age groups during the round

3 monitoring survey. This could be because programmes such as the Family Hope Program (PKH) prioritize households with children between the ages of 0 and 4.

Figure 30. Proportion of households with children no longer receiving social assistance during R3 (%)



Overall N = 378; Urban N = 245; Rural N = 133

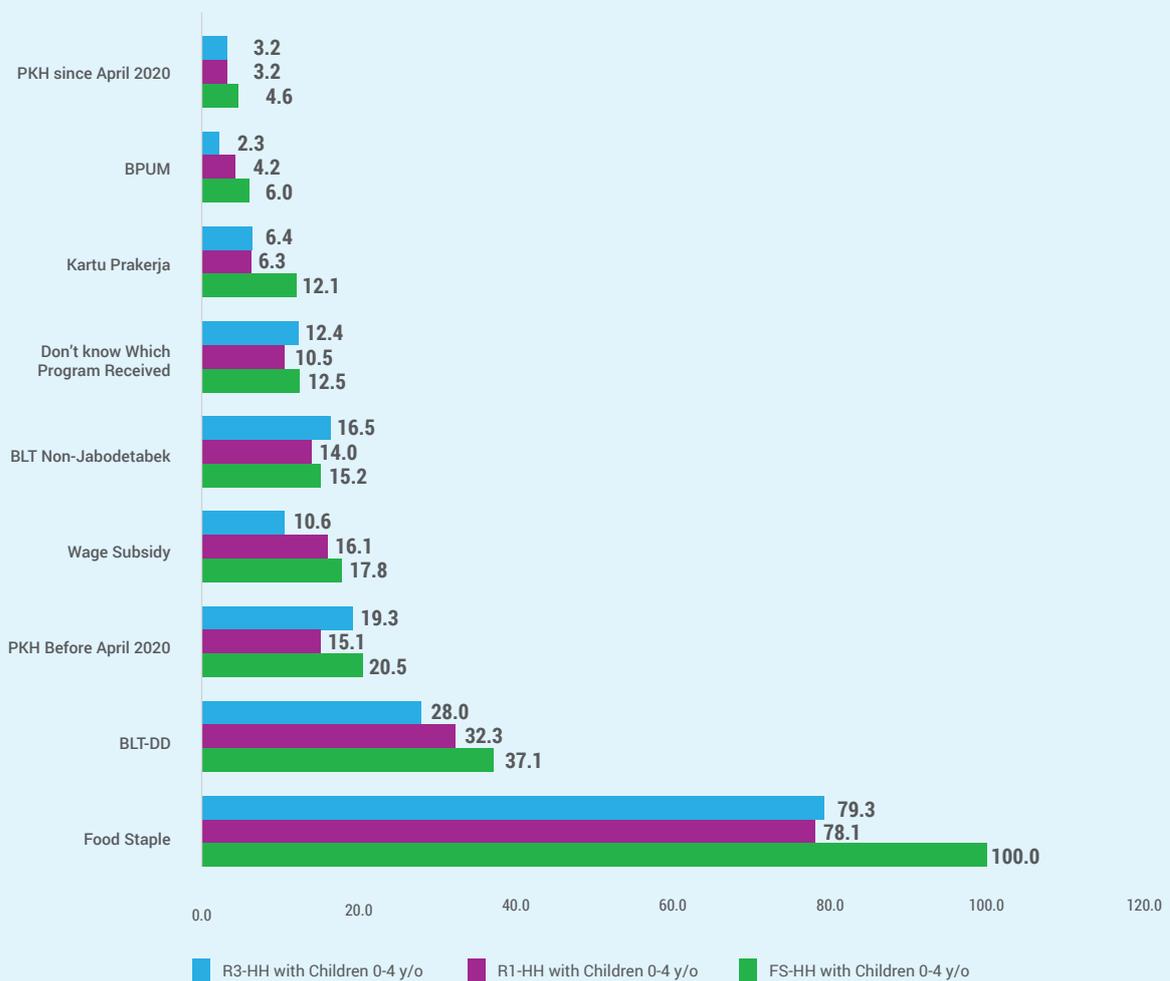
Source: calculated from the IVR surveys in 2020-2021

A spotlight on children: Did households with children receive needed social assistance?

Despite this, across most programmes, the proportion of social assistance recipients with children aged 0–4 was consistently on a declining trend in the full-scale, round 1, and round 3 surveys. Such a drop was particularly noticeable among households which were identified to be food staple and BLT-DD cash transfer programme recipients during full-scale,

as reflected in Figure 31. 100 per cent of the respondents with children aged 0–4 had reported that they were receiving food staples in the full-scale survey, whereas this figure had declined by over 20 per cent in round 1 and round 3. Similarly, those identified to be BLT-DD recipients had declined by 9 pp between the full-scale (37.1 per cent) and round 3 surveys (28 per cent).

Figure 31. Proportion of households with children 0–4 who received social assistance (%)



N = 918

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: Social assistance programme was estimated by the full-scale survey. Using persistent samples, the respondents who got cash and both (food and cash) assistance as well as food and both (food and cash) assistance. Persistent samples include respondents who participated in full-scale, round 1, and round 3 survey.

Food insecurity

The socio-economic challenges faced by households compounded to produce a worsening food insecurity, putting children at the greatest risk. The threat is even more imminent for households with children whose social assistance has been discontinued.

Approximately 45 per cent of households with children were forced to eat smaller portions and

were unable to provide nutritious food. The proportion of households facing food issues is regrettably higher among those with children aged 0–4 (74.3 per cent) in comparison to those with no children this age (69.2 per cent). Such a situation exposes children under five to a higher risk of stunting, wasting, and malnutrition during the ‘golden age’ of child development.

Figure 32. Food issues experienced by households with children (%)



N = 1,544

Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

Figure 33. Food issues among households based on household food security status (%)



N = 1,544

Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

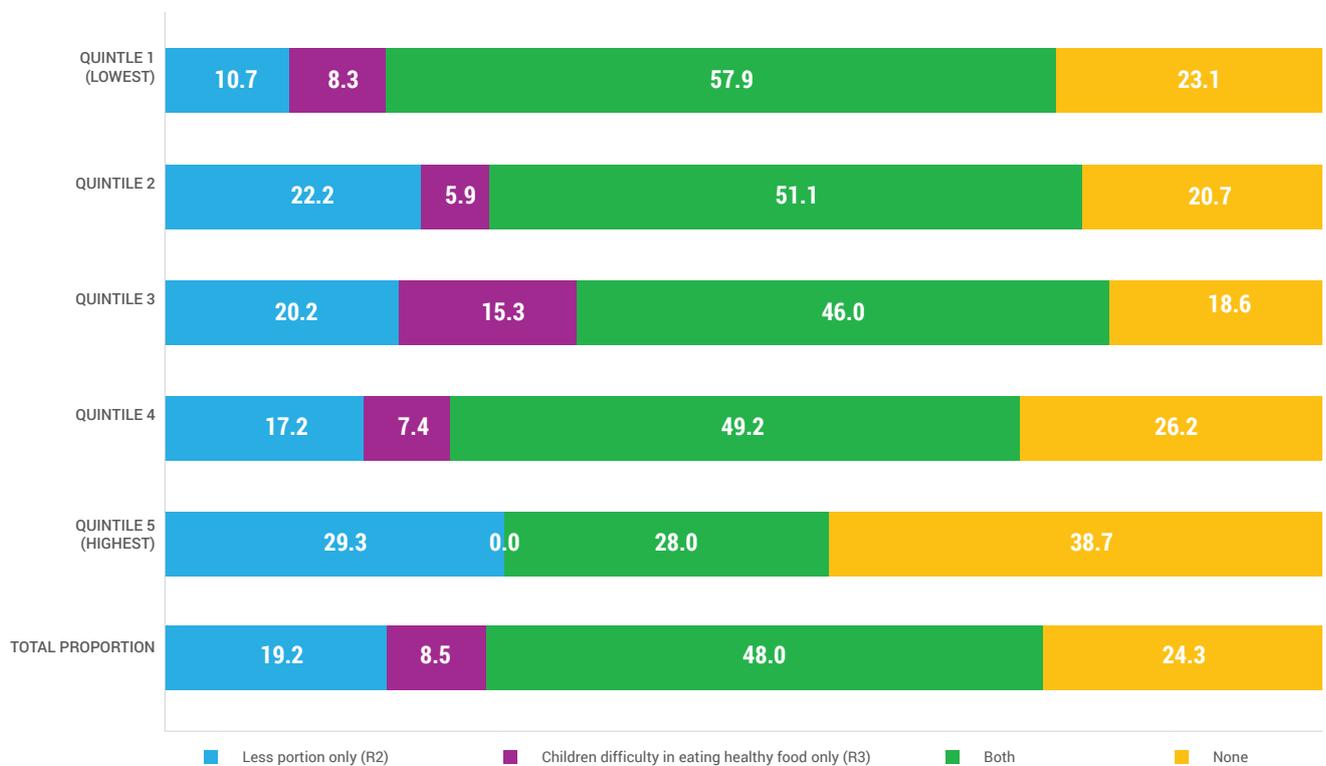
Respondents in the panel who were ‘moderately or severely’ food insecure in the full-scale survey continued to face food insecurity issues.

In this subsample, 91.2 per cent of households continued to face at least one issue related to food precarity, in comparison to almost 70 per cent among households with children classified as having no or mild food insecurity. Additionally, almost 70 per cent reported having eaten smaller portions and faced difficulty in providing their children with nutritious food. These results could be indicative of systemic food insecurity challenges facing families with children.

Almost one in two households with children that had experienced programme discontinuity or reduction said they were eating smaller portions and they had difficulty providing their children with healthy food, although results varied considerably by their welfare group. Those in the Top 20% of the expenditure distribution had a comparatively higher proportion reporting that they faced ‘no challenge’ and a lower proportion saying they faced ‘both’ challenges, compared to those in quintiles 1–4.

These results underscore the importance of continuing assistance to the already poor and the new poor to prevent long-term scarring of lives and livelihoods, for example through wasting and micronutrient deficiencies among children.

Figure 34. Prevalence of food issues among households with children whose social assistance was reduced or discontinued during round 1 of monitoring survey



N = 577

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup



Learning constraints

Learning difficulties were reported by 9 in 10 respondents with school-aged children. Access to internet remained the most significant barrier to learning, particularly for children outside of urban Java.

In response to the rapid spread of COVID-19, schools across Indonesia have largely remained closed since March 2020, resulting in over 60 million students from pre-primary through to high school level being left to learn from home (MoEC 2020, UNICEF 2020 and World Bank 2020). Prolonged school closures can have a

very negative impact on children's skills and economic prospects for the rest of their lives (see Box 5). However, the IVR survey also coincided with efforts to reopen schools safely for all children.

In order to inform policies to combat the impact of COVID-19 on education, the full-scale survey monitored the main constraints to remote learning in terms of access to the internet and electronic devices, and support from parents. The monitoring surveys continued this line of inquiry, with the aim of informing policies during a time of transition.

BOX 5

Education during the IVR monitoring period

By the third monitoring IVR in early 2021, school closures had lasted for almost three semesters. Originally planned to be temporary, mass school closures have become prolonged due to continued uncertainty over COVID-19 transmission and challenges with the preparedness of the system and infrastructure in various parts of the country (UNICEF, 2021).

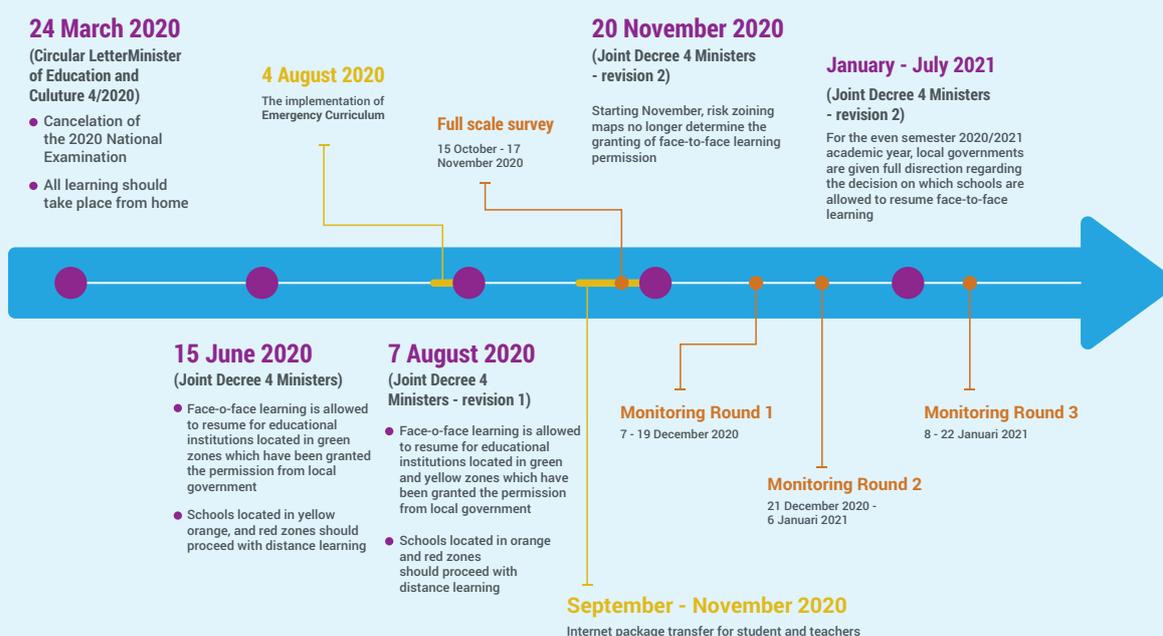
The timing of the IVR also coincided with various policies to support with the unprecedented shift in learning modalities as well as to review reopening policies to ensure the return to school is safe for all children. In March 2020 the government officially announced the cancellation of the 2020 national examination and the introduction of an online learning policy, followed by the implementation of a simplified emergency curriculum starting in August 2020 and internet package transfers for students and teachers for three months from September to November 2020.

National regulations have been enacted to allow flexible implementation of school reopening

in various areas across Indonesia based on epidemiology indicators. The main objective is to allow school resumption in provinces and districts with low cases of COVID-19 while responding to uncertain conditions during the pandemic. The Ministry of Education and Culture together with three other relevant ministries released joint decrees on school reopening in June, August, and November 2020 (MoEC, 2020). These policies state that decisions on school resumption need to follow strict health protocols; secure approval from parents and the school committee; and consider the number of new cases as well as existing cases of COVID-19.

As reflected in Figure 35, schools had gradually started to receive permission to reopen during the full-scale survey in October 2020 and round 1 of monitoring survey in December 2020. In August 2020, educational institutions in green and yellow zones were given permission to reopen, based on the level of virus transmission in the area. By round 2 and round 3, local governments were given full discretion on which schools are allowed to resume face-to-face learning.

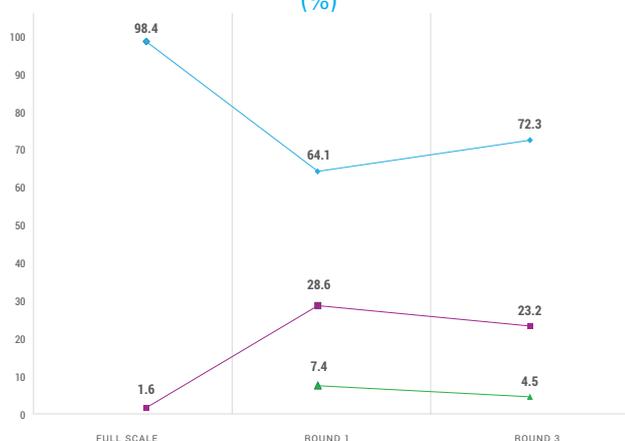
Figure 35. School policies during the pandemic



Source: Ministry of Education and Culture (2020)

The proportion of households who said that their children had returned to face-to-face learning increased significantly from only 1.6 per cent during the full-scale survey to 28.6 per cent and 23.2 per cent in the rounds 1 and 3 monitoring surveys respectively. However, most of the learning was taking place remotely. During the third-round monitoring survey in January 2021, around 72.3 per cent of the participating households reported their children had not yet resumed at-school learning and around 4.5 per cent had partly resumed with hybrid learning (8.2 pp increase and 4.9 pp decline, respectively, compared to the result from the first monitoring round in early December 2020).

Figure 36. Proportion of households by children's school resumption status, in full-scale, round 1, and round 3 (%)



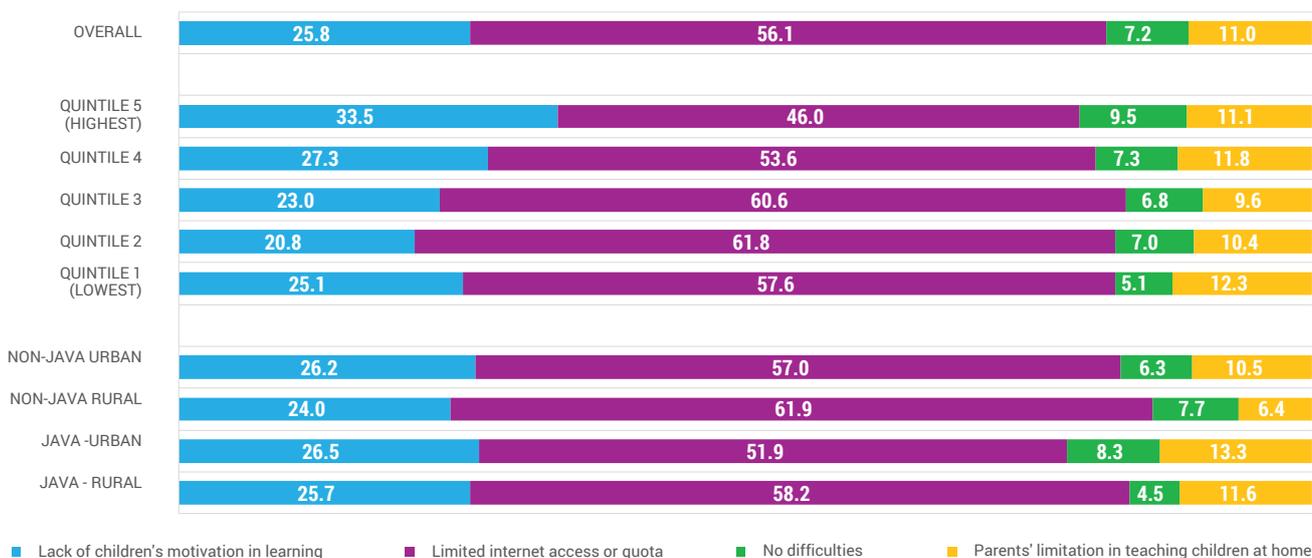
Full scale N = 6884; Round 1 N = 2540; Round 3 N = 2627
Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

As reported during the first round of the monitoring survey, 9 in 10 (or 92.8 per cent) of surveyed households said they were facing difficulties in children's learning. One in two reported that the biggest constraint was limited internet access or quota, followed by lack of children's motivation in learning (25.8 per cent or more than 1 in 4), and parents' limitation in teaching children at home (11 per cent or 1 in 10).

Moreover, online remote learning during this pandemic has revealed the extent of disparities in internet access among students in Indonesia. Learning constraint stemming from internet access or quota varies across expenditure groups and there are regional differences too. Even so, respondents living in urban Java (5 to 10 pp) are less likely to be reporting that this is a major issue compared to those in rural Java, urban areas outside of Java and rural areas outside of Java. Similarly, children from households in the highest income group were less likely than their lower-income counterparts to be challenged by this constraint.

A situational analysis on the digital learning landscape commissioned by UNICEF shows that regardless of high internet penetration rate (over 74 per cent, with 197 million people having used the internet in 2020), unequal access and poor bandwidth remain challenges. The disparities in the access to the internet vary by location and households' characteristics. Children from wealthier households living in urban Java are far more advantaged in this respect than their urban poor, rural and outside Java counterparts (UNICEF, 2021).

Figure 37. Learning constraint types in round 1, by location and expenditure group (%)



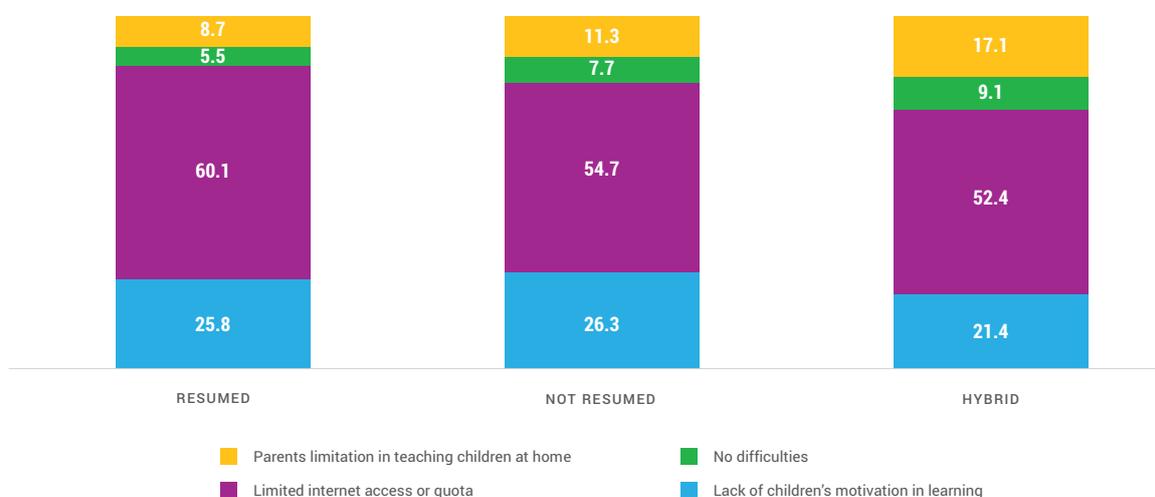
Overall N = 2540; Quintile 5 (HIGHEST) N = 487; Quintile 4 N = 549; Quintile 3 N = 531; Quintile 2 N = 558; Quintile 1 (Lowest) N = 415; Non-Java Urban N = 607; Non-Java Rural N = 533; Java Urban N = 1065; Java Rural N = 335.
Source: calculated from the IVR surveys in 2020-2021
Note: the percentages are based on the number of households in each subgroup

Limited internet access or quota prevails as the main constraint in student's learning, despite school resumption for children in roughly one third of households. Interestingly, the limited internet access or quota remains the biggest constraint in children's learning process despite some schools already reopening. This could be because learning from home arrangements were still in place even if schools had resumed in-person learning.

Most households with children reported that they were facing learning constraints, but the proportion among primary school-aged children is higher than

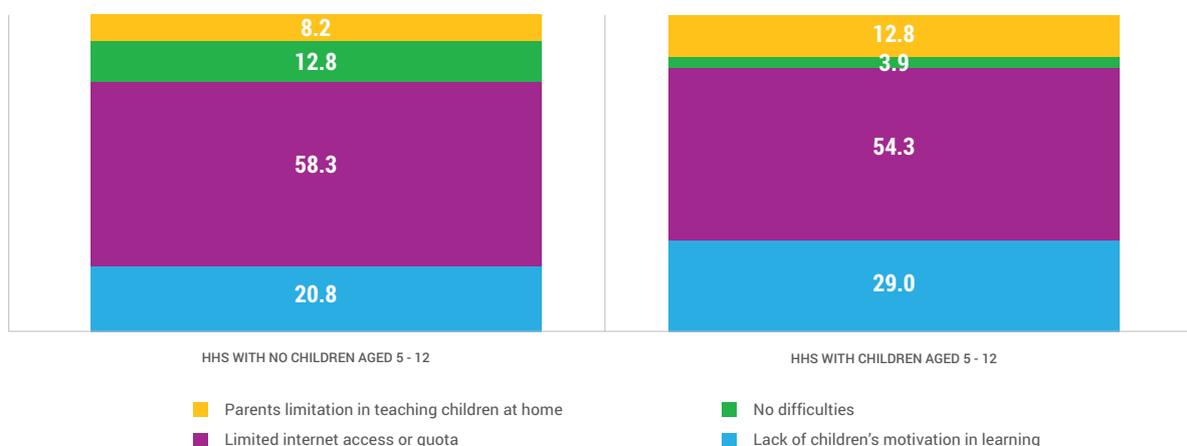
those without. As Figure 39 shows, only 3.9 per cent of households with children aged 5–12 (or of primary school age) said they were not facing any challenges to learning whereas this figure was 12.8 per cent for those with older or younger age cohorts (0–4 or 13–17). Across the age groups, most reported 'limited internet access or quota' as their main challenge to learning. Parents' limitation in teaching children at home was also found to be more challenging for families with primary school-age children, perhaps due to a higher need for a learning companion for children in this age group, in comparison to the younger or older cohorts.

Figure 38. Proportion of households with children who faced learning constraints and school resumption status in round 1 (%)⁵



N = 726 (left); N = 1627 (center); N = 187 (right)
Source: calculated from the IVR surveys in 2020-2021

Figure 39. Type of learning constraint in HHs with and without school-aged children aged 5–12 in round 1



N = 712 (left); N = 1504 (right)
Source: calculated from the IVR surveys in 2020-2021

⁵ Between the full-scale and the first monitoring survey, roughly 70 per cent of households reported their children were still learning from home. Between the first and third monitoring surveys, 50.7 per cent of students stayed at school while 34.2 per cent of them returned to school. This indicates that some schools had already reopened in late 2020 and early 2021.

Access to health services

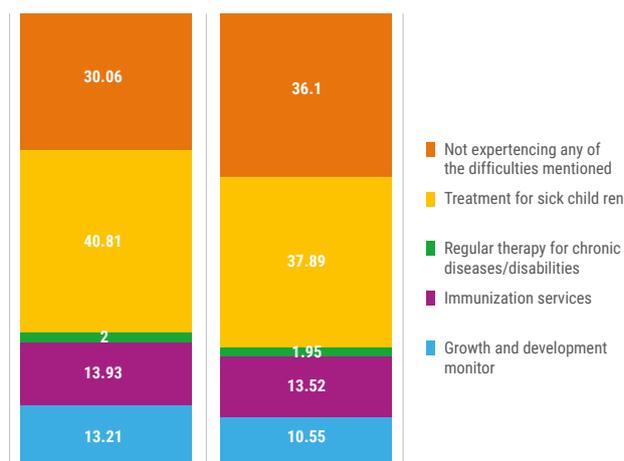
Access to health care was a problem for three out of every found households with children. One in four found it to be challenging to seek treatment for sick children while one in 10 could not get access to immunization services. The proportion of households with a person with disability having difficulty accessing health services increased four-fold between the full survey and round 2.

Three out of four households with children said they face challenges in accessing health services during round 1, with slightly less (6 pp less) reporting this to be an issue in round 3. Treatment for sick children' (1 in 4) followed by routine 'immunization' (1 in 10) appear to be the biggest stumbling blocks.

Disruption to immunization is most prevalent among the poorest households in rural areas (Bottom 40%), where most economically disadvantaged children are likeliest to miss out. Meanwhile, disruption in treatment for sick children is prevalent across expenditure groups. This suggests that while the latter

may be due to closure of health-care facilities, the former could have an economic underlying in that wealthier households find a way to visit private clinics to access immunization.

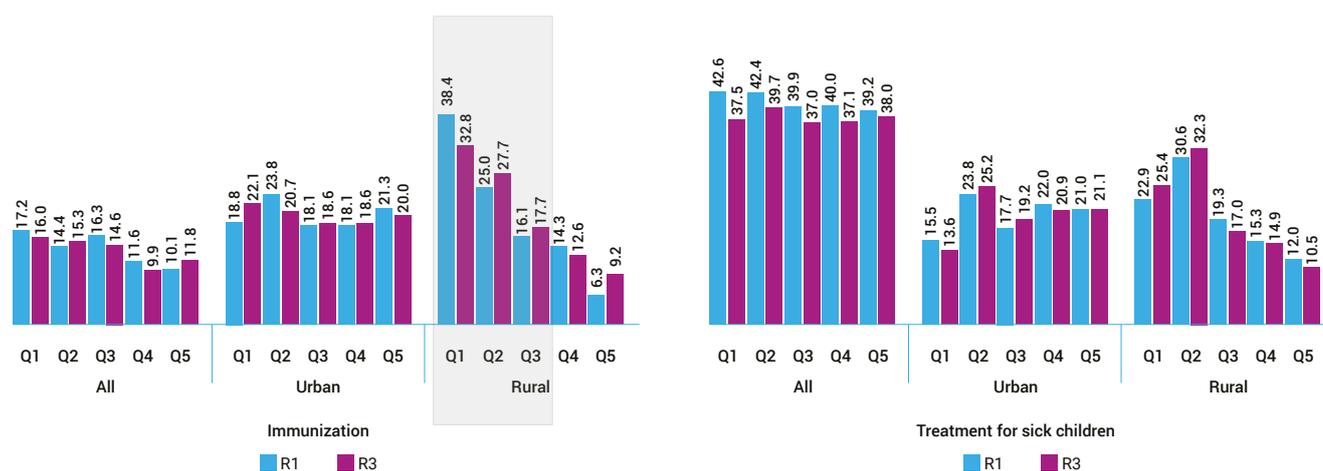
Figure 40. Most difficult health services to access for children (%)



N = 1,953

Source: calculated from the IVR surveys in 2020-2021

Figure 41. Proportion of households facing difficulties in accessing immunization and medical treatment for children (%)



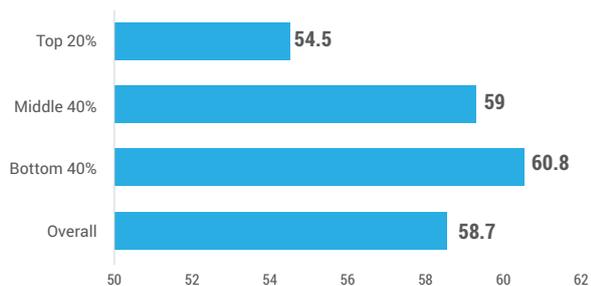
N=1,953; N Rural = 649; N Urban = 1,212

Source: calculated from the IVR surveys in 2020-2021

Note: Round 1 and 3 persistent sample

Overall, 58.7 per cent of all households reported that their adult members faced difficulties in accessing health services, ranging from general health check-up, routine therapy for chronic illness or disabilities, to maternal health services. The proportion was staggering at 60.8 per cent among the lowest expenditure group households.

Figure 42. Proportion of households with adults facing disruption in accessing health services (%)



N = 2,811

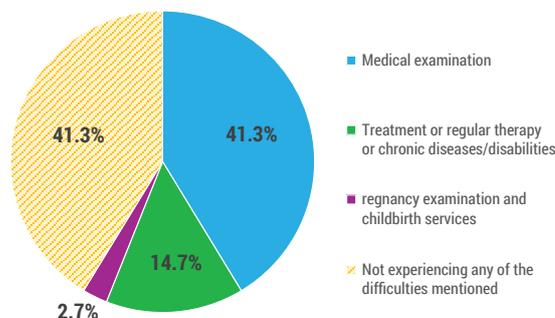
Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

The type of health service that adults found most difficult to access was medical examination. This constraint was faced almost equally by adults from different wealth groups, with the exception of those in

the Top 20%, who showed a lower prevalence. This may relate to the widespread closure of primary health-care facilities and the fear of contracting the virus (UNICEF and MoH, 2020).

Figure 43. Type of health service most difficult for adults to access (%)

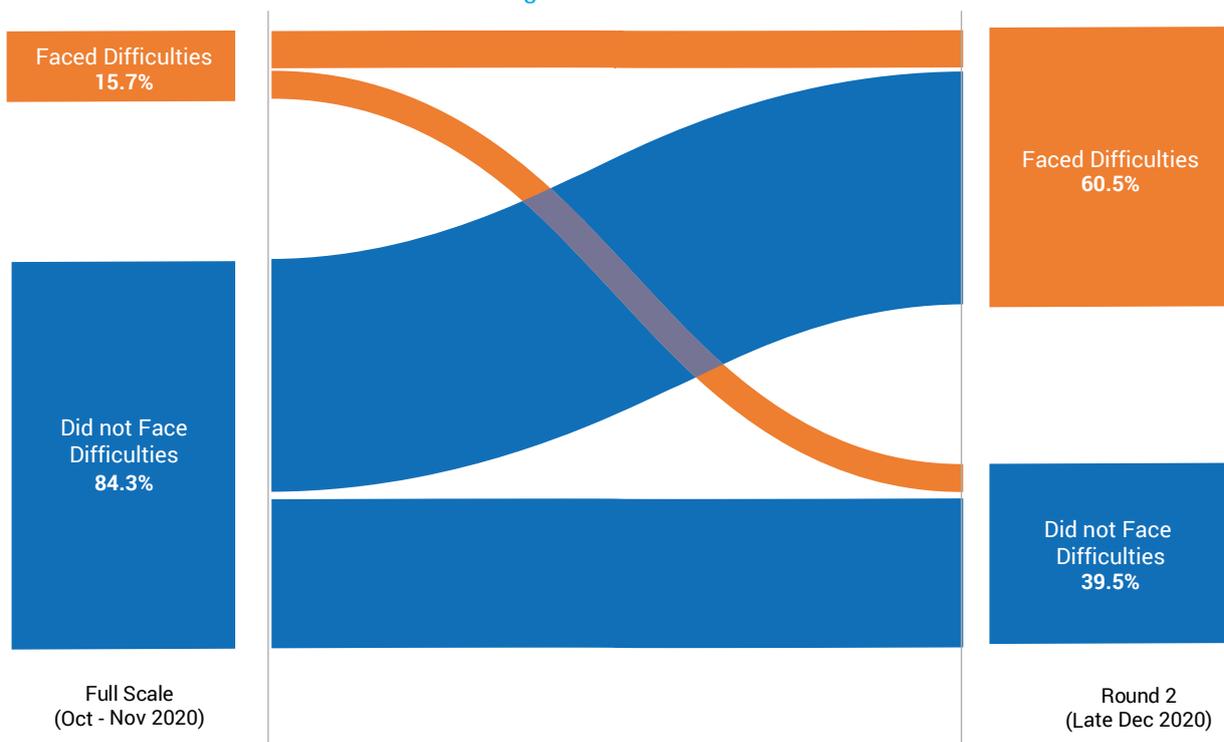


N = 2,811

Source: calculated from the IVR surveys in 2020-2021

The proportion of households with a person with disability facing challenges in accessing health services increased fourfold from only 15.7 per cent during the full survey in October–November 2020 to 60.5 per cent in round 2 (late December 2020). These results suggest that persons with disabilities were among the worst affected by prolonged social restrictions.

Figure 44. Proportion of households with adult disabled members facing difficulties in accessing health facilities/services



N = 172

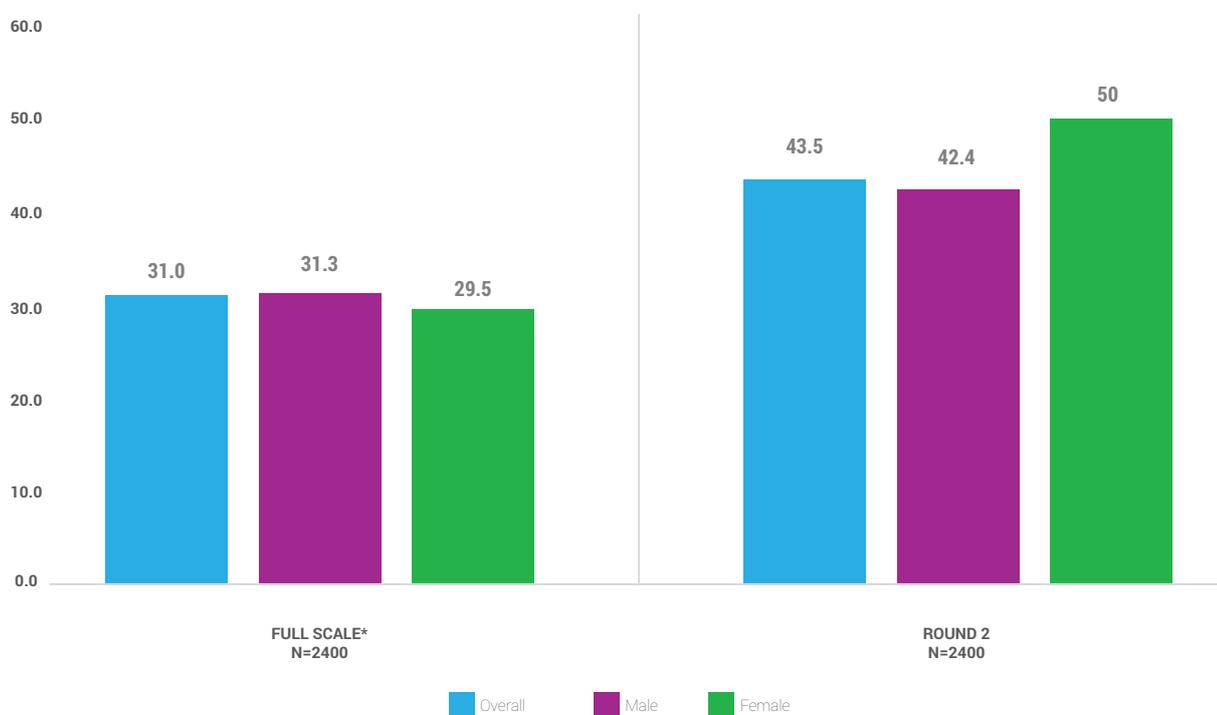
Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Mental health

As the pandemic persists, respondents' mental health deteriorates. A staggering 4 out of 10 respondents reported having at least one member of the households who was 'unhappy' or 'depressed', which is a 10-pp increase between the full-scale survey and round 2.

The survey results suggest that depression or unhappiness is more common among female-headed households. Fifty per cent of female-headed households reported depression or unhappiness in at least one of their members during the second round of survey. This was a large increase compared with the proportion during the full-scale survey, and surpassed their male counterparts.

Figure 45. Proportion of households with unhappiness or depression among the members by gender of household head (%)



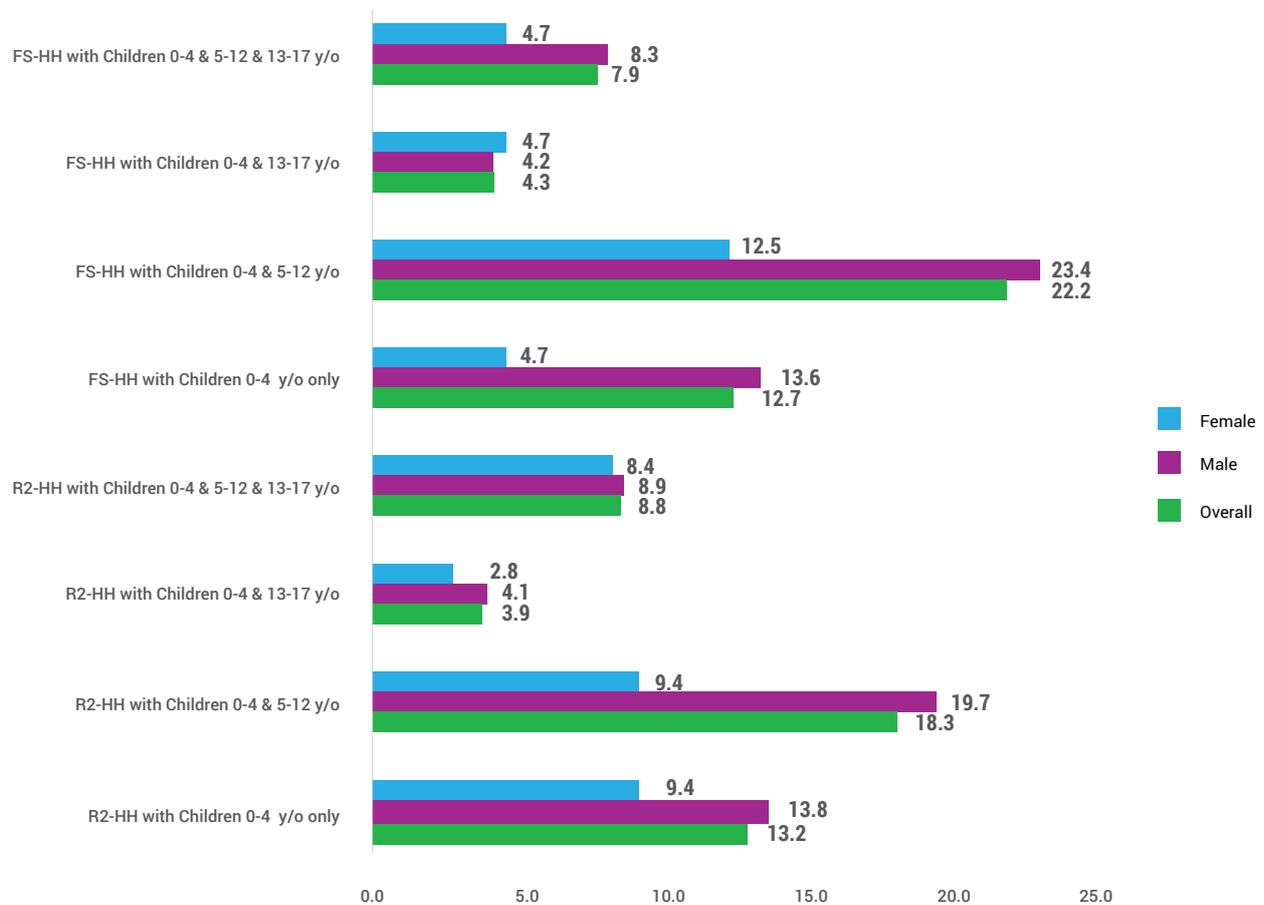
N = 2400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

More households with children 0–4 reported being unhappy or depressed compared to households with children who are older and/or have a combination of older children and those in the 0–4 age group. These

results could be explained by two factors – younger children need much more constant care than older age groups and older children could be playing a role in looking after younger siblings (Sang and Nelson, 2017).

Figure 46. Proportion of households with unhappiness or depression among the members, by children's age groups and gender of household head (%)



N-FS=585; N-R2=796

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Among households that were already poor (i.e. in the Bottom 40%) in 2019, job loss and negative coping strategies to make ends meet are closely associated with the prevalence of worsening mental health conditions.

Unhappiness was pervasive in 51.2 per cent of households in the Bottom 40% which experienced a reduction in income during the first monitoring, higher than the overall level of 46.2 per cent. Meanwhile, 58.2 per cent of households that experienced job loss during the second monitoring reported depression or unhappiness, slightly higher than the overall rate of 54.7 per cent.

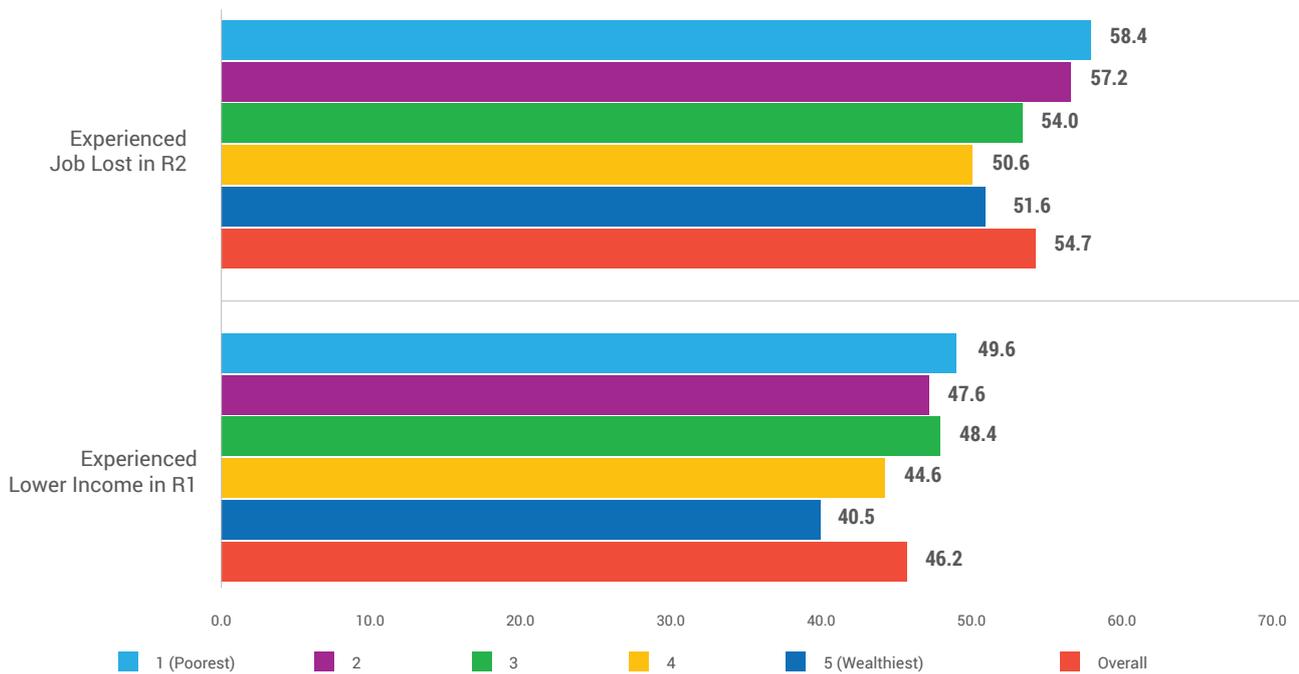
Negative coping strategies adopted by households also appear to be associated with a higher prevalence of unhappiness or depression.

As Figure 48 illustrates, almost 7 out of 10 respondents using all of the available combination of negative coping strategies

in the survey questionnaire (e.g. pawning assets, taking out new loans for consumption, eating smaller portions), reported that they were facing mental health challenges. Those adopting a combination of different coping strategies appear to be facing more mental health challenges than those who have not had to use any negative coping mechanisms and/or only one coping mechanism.

In comparison to households with younger/older children, there is a bigger proportion of households with children aged 0–4 who reported unhappiness or depression in their household. Unhappiness or depression is pervasive for this household group, regardless of the type of coping mechanism they employed. This implies that this household group tends to suffer more than households with older children.

Figure 47. Disaggregation of households with unhappiness or depression based on expenditure group (%)

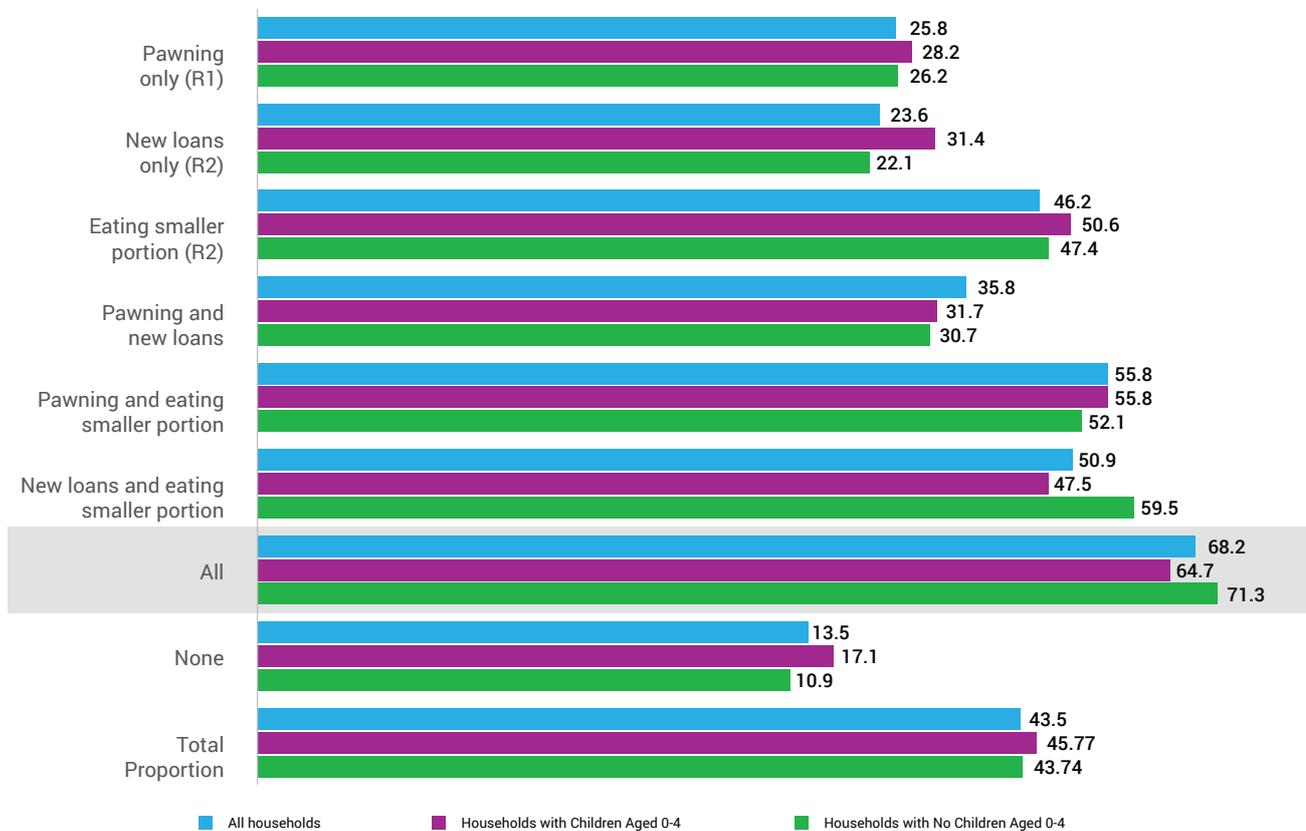


Top: N = 1258, Bottom: N = 1451

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Notes: Experienced Job Lost in R2 N=1258

Figure 48. Prevalence of households with unhappiness or depression by economic issues (%)



All household N = 2400; Housholds with Children Aged N = 673; Housholds with No Children Aged 0-4 N = 871

Source: calculated from the IVR surveys in 2020-2021

Note: the percentages are based on the number of households in each subgroup

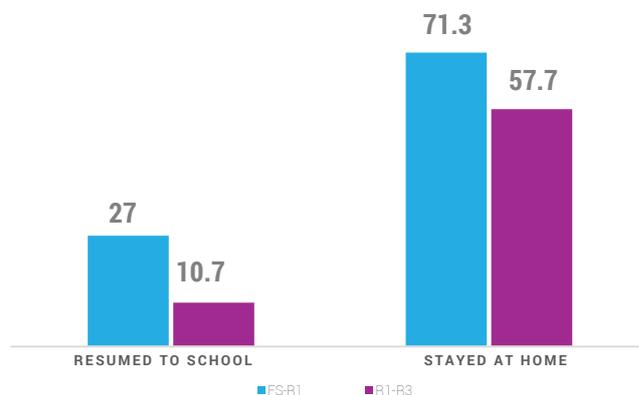
The survey results suggest that social assistance programmes are necessary but insufficient in easing the pressure on the mental health of sampled households in the survey. The value of transfers and mental health support should also be considered.

Annex 5 outlines the correlation between the prevalence of unhappiness or depression in the household and receipt of various types of social assistance. Among the various types of social assistance, wage subsidy seems to be the only one which exhibits a statistically significant correlation with the prevalence of unhappiness or depression among members of the household, albeit a weak one at 0.07. Having access to wage subsidy is associated with the absence of depression or unhappiness among the members of the household. This finding suggests that among other assistance schemes that the government has put in place, wage subsidy is the one which eases the mental pressure on household members.

The implications of this analysis could be twofold. First, while social assistance is needed for all affected households the focus could be on both reaching households who need the support and ensuring that the amount transferred is adequate for them. Second, these results could also suggest that social assistance could be complemented with mental health programmes to ease pressures on mental health.

Finally, the results suggest that dealing with the challenges of online learning and social isolation during the pandemic is also associated with the prevalence of unhappiness or depression. First, the results show that more than 7 in 10 of the households whose children are learning from home reported the prevalence of depression or unhappiness in their household during the full-scale and round 1 surveys. The ratio decreased to nearly 6 out of 10 households between the first and third monitoring surveys (see Figure 49). But the prevalence rate remains high. On the flip side, among those who reported that their children were resuming school in-person between the full-scale and round 1 surveys, the prevalence of unhappiness and depression was much lower at 27 per cent. This reduces by more than twofold (to 10.7 per cent) between rounds 1 and 3. These results suggest that the prevalence of mental health challenges is likely to be closely associated with prolonged school closure and improves as schools resume in-person learning, although we cannot make this link confidently given data limitations.

Figure 49. Proportion of households with a prevalence of unhappiness/depression, by school resumption (%)



FS-R1 N = 1,615; R1-R3 N = 1,664

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Meanwhile, almost a quarter of all respondents with school-aged children said that a ‘lack of children’s motivation in learning’ was a major constraint for learning, and these results were consistent across the survey period (see Figure 37: Proportion of Learning constraint types, by location and expenditure group). And the proportion of respondents reporting this to be the case remains the same irrespective of whether schools have resumed or not. The implications this has on educational outcomes such as learning loss and/or learning gap will need to be investigated closely as schools resume in-person learning (see Figure 38).



SUMMARY AND POLICY GUIDANCE

The results presented in this brief paint a picture of a time when Indonesia was acclimatizing to the 'new normal'. This was a period when restrictions on social mobility had just been lifted, with the resumption of economic activities, but infection rates remained high, and schools were largely closed. There was also some economic progress towards the end of 2020 and early April 2021, as evidenced in the key macroeconomic indicators (see Box 1).

Despite the positive changes, the results of the IVR surveys found that more than half of the respondents had at least one member who had lost their job in the previous month; income decline and fluctuations were common; 70 per cent of households with children faced food insecurity challenges; limited internet continued to be the number one constraint to learning; access to routine health services remained a challenge; and mental health issues were taking a toll on children and adults alike. These difficulties were concentrated among households who were already poor or vulnerable (bottom 40–60 per cent), rural households and households with children, despite the fact that most households in this panel faced one or a combination of these economic and social hardships.

While national efforts to streamline social assistance programmes were yielding results, many struggling households were falling through the cracks. For example, 9 out of 10 households who had their social assistance terminated were still struggling or worse off. As a result, these findings highlight the difficulties families would face if social assistance were reduced prematurely.

At the time of writing, Indonesia is dealing with a surge in the delta variant of COVID-19 by imposing temporary, large-scale social mobility restrictions while also ramping up the vaccination roll-out. Given the fragile state of households throughout the survey period, it is reasonable to expect that the key socioeconomic indicators tracked by these surveys – job, income, food

security, learning constraints, access to health services – have deteriorated during the second surge, though more data and evidence are required to determine the true extent.

As the COVID-19 situation remains uncertain, households and children will require ongoing assistance to avoid long-term scarring. As a result, the following are important policy considerations for policymakers.

Maintain social assistance, particularly for families with children:

the crisis calls for an immediate response. An effective way to provide relief is to link public health measures to curb the spread of the virus with universal and unconditional cash transfer as a temporary solution to mitigate the worst immediate effects of the crisis. Families with children could be prioritized so that they can meet their needs while also caring for children. Fiscally, these measures may not be sustainable in the long term unless revenue increases dramatically, even though there is emerging evidence of the positive effect of government's social protection spending. According to the World Bank (2020a) under severe shock conditions of a -2.0 per cent growth and a lack of government emergency assistance, Indonesia's poverty rate is expected to reach 11.6 per cent in 2020. However, this may not have been the case as the poverty rate reached 10.2 per cent in September 2020. As the transmission of COVID-19 declines, focus must shift towards ensuring universal basic coverage and accelerating investments in adaptive social protection reform. These include programmes, data and information, finance and institutional arrangements that are necessary to help build the resilience of poor and vulnerable households (UNICEF, 2020).

Connect cash assistance to health and nutrition support:

Combine cash-based food transfers with health and nutrition promotion, as well as local-level nutrition surveillance; ensure a supply of nutritious food is available and affordable; combine with a suite

of labour market (such as cash for work, skills training, job creation) and social assistance programmes. An interconnected strategy like this could be critical in mitigating against the adverse consequences of prolonged food insecurity.

Prevent additional job loss, strengthen protection for laid-off workers and promote job recovery: Promising schemes include redeployment of workers into fields with high labour demand as a result of the pandemic situation; direct wage subsidies to allow workers to keep their contract while ensuring a financially-sound coping strategy for the business; regulatory shift to limit worker dismissals on COVID-19 grounds (ILO and OECD, 2020); extending support to MSMEs and household enterprises (such as BPUM) to specific groups of workers in COVID-19 affected sectors; and continuing to train as well as disseminate information for workers through programmes such as Kartu Pra-Kerja (World Bank 2021a). Once recovery is underway, policies are required to create better investment promotion strategies and assist firms with improved FDI regulations to support the creation of middle-class jobs that provide better employment benefits and security while ensuring the wellbeing and resilience of workers and their families in the long-term (World Bank, 2021b).

Support children's learning: The World Bank (2020b) estimated that Indonesian children had already lost 11 points on the PISA reading test during the first four months of school closure between March and July 2020 alone. Furthermore, under a pessimistic scenario in which schools are closed for 8 months, Indonesia's adjusted years of schooling will fall to 7.2 years from 7.9 years now. To avoid this, continue to provide assistance to schools so that they can reopen gradually and safely. Teachers should be prepared to assess learning losses and close learning gaps. Consider rolling out 'skills boost programmes', with adequate funding to help students recover from learning loss, particularly in the early years and for students with special needs. While schools are

closed and/or learning is hybridized, continue internet supplementation for teachers and students and scale up no-tech and low-tech solutions for home learning as access to the internet remains a key constraint to learning. Provide parents with the knowledge and resources to successfully support their children to keep learning. Efforts supported by UNICEF to train parents on distance learning and psychosocial support for children could serve as good practices that can be scaled up.

Expand mental health services: Using a combination of public online support groups and telemedicine via online/phone access (OECD 2021) to reach more people in need of mental health support, both parents and children, will be reached, especially while social restrictions remain in place. Integrating existing digital mental health services platforms into the national health insurance, BPJS-Kesehatan, will improve access to affordable mental health care.

Ensure access to primary health care: Prioritize the continuation of primary health-care delivery, including the provision of lifesaving vaccines for children and routine medical treatment. Reduce current disruptions to support and services to persons with disabilities by implementing alternative modes of care delivery, such as home visit programmes, and collaborating with organizations for people with disabilities. Scale up sporadic team-based care models that have emerged to provide care, prevent the spread of the COVID-19 virus, protect the community while minimizing disruptions to primary health-care services. Depending on local needs, this could include community health workers, registered nurses and general practitioners/specialists who collaborate closely with local-level administrators. A similar approach could also lay the groundwork for collaborative and integrated team-based primary health care, thereby contributing to structural health system change (World Bank 2021c).

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ANNEXES

Annex 1. Summary of the three rounds of IVR

Table A1. Summary of IVR implementation for Cohort 1, 2, and 3

Category	Cohort 1	Cohort 2	Cohort 3	Description
Total complete per cohort	3,315	2,831	3,452	Respondents who completed all questions in cohort 1 or 2 or 3
Unique numbers dialed	11,847	11,847	11,847	Total number dialed from the list shared by UNICEF
Unique numbers answered	10,250	5,299	8,977	Total number of respondents dialed that answered the phone
Unique respondents that started the survey	4,415	3,147	4,064	Total number of times a survey started
Unique respondents that completed question 1	3,613	2,953	3,581	Total number who got to the first question (gender)
Average call duration	5.4 mins	17 mins	4.6 mins	Average call duration for respondents that completed all questions of the survey
Total retention	75.1%	89.9%	96.4%	We retained this percentage of respondents per cohort who started the survey call
Retention after question 1	91.7%	95.8%	84.9%	We retained this percentage of respondents who started answering the survey questions
Sum complete all cohorts	3,315	2,561	2,400	Total respondents that completed cohort 1, completed cohort 1 and 2, and completed all cohorts 1, 2 and 3

The first and the third rounds of surveys consisted of 12 questions on the topics of expenses, income, assets, government subsidy (cash/BLT and basic needs/sembako), other subsidies, challenges regarding children's schooling, and health. Meanwhile, the second round consisted of 10 questions on employment, government employment subsidy (BPJS Ketenagakerjaan), savings, debt, and mental health.

For the monitoring rounds, data were collected using Interactive Voice Response (IVR) hosted by VIAMO. IVR is a pre-recorded message that allows humans to interact with machines, by simply following a set of instructions. The typical completion rate of IVR is around 20 per cent, based on previous VIAMO surveys.

However, the completion rate of the three rounds of survey exceeded expectations as they fell in the range of 24 per cent to 29 per cent.

The implementation of strategies devised as a result of the lessons learned during the pre-piloting of the survey may have contributed to the higher completion rates. These strategies include ensuring that the survey could be finished in 5 minutes by having a maximum of 12 questions, arranging the questions in order of importance, providing incentives to all respondents in the form of mobile top-up vouchers for complete responses, calling respondents at specific times, and leaving a gap of a couple of days in between respondent call backs and pre-SMS to respondents about the survey information.

The use of IVR has its benefits and limitations. On one hand, IVR can reach many households in a short amount of time. The only mandatory requirement is that the households must have an active cellphone number. On the other hand, IVR works best with a limited number of questions and choices, and there are no multiple answers. The survey is designed to be completed in five minutes or less, as the host suggested that longer questions in IVR may lead to a significantly lower response rate. Despite the short survey, we can still obtain rich information from the respondents by merging the data with the full-scale survey.

Annex 2. Data notes and caveats

Interpretation of the analysis results outlined in this report should be carried out with caution due to several caveats and possible limitations which stem from the samples used for the analysis, different time of measurement for some variables jointly used in the analysis, and several assumptions regarding household characteristics. Further elaboration on how the caveats may affect the analysis is as follows:

1. Persistent sample and data collection methodology

Most of the data analyses in this report focus on 2,400 households across Indonesia which had participated in the full-scale survey in 2020 (October–November) and the three rounds of the Interactive Voice Response (IVR) survey (December 2020 – January 2021). Because it excludes households which did not participate in all the surveys, a reduction in the number of samples included in the analysis is expected to be one of the shortcomings. Nevertheless, household characteristics of the persistent samples remained similar to those of the full-scale survey, as suggested by the table below. This indicates that the reduction in the number of samples should not substantially affect the conclusions drawn. Furthermore, the use of the household-level panel data has the advantage of enabling tracking of how households' socioeconomic wellbeing fares between the survey rounds. It is also important to note that for some questions, households from the persistent samples may not have responded fully in one of the survey rounds, hence the difference in the number of samples used to analyse variables related to job loss and income change.

Table A2. Summary of respondent profile across surveys

	Full Scale	Round 1	Round 2	Round 3	Completed all Rounds
Total Sample	12216	3315	2811	3452	2400
Gender of Household Head					
Male	83.7	84	84.1	84.5	84.3
Female	16.3	16.0	15.9	15.5	15.7
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Expenditure Group					
Bottom 40%	34.1	35.8	36.8	37.4	36.9
Middle 40%	41.5	42.5	41.9	42.1	41.8
Top 20%	24.5	21.7	21.3	20.5	21.3
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Presence of Children					
No children	31.3	21.8	25.7	22.3	25.0
Children present in HH	68.7	78.2	74.3	77.7	75.0
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>

Location					
Rural	33.3	33.4	32.9	34.8	32.3
Urban	66.7	66.6	67	65.2	67.7
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Presence of PwD in HH					
No PwD	93.9	93.9	93.9	93.9	93.8
PwD present in HH	6.1	6.2	6.1	6.1	6.2
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Islands					
Java	56.65	55.5	57.6	56.1	57.7
Kalimantan	4.2	3.6	3.6	3.4	3.5
Nusa Tenggara	12.0	12.2	11.4	12.1	12.0
Papua	0.8	1.1	0.9	1.1	0.8
Sulawesi and Maluku	11.9	11.9	10.9	12.1	10.3
Sumatera	14.6	15.7	15.7	15.4	15.6
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Gender of Respondent					
Male	42.7	47.2	46.3	46.0	46.1
Female	54.3	51.4	52.9	53.2	53.9
Other	0	1.4	0.8	0.9	0
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>

Source: Calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

2. Sample Imbalance

The 2,400 households group, which is the persistent sample in the full-scale survey and three rounds of IVR surveys, sufficiently represents the characteristics of households in each of the survey rounds. While appearing as the salient feature of the sample, it also suffers from a class imbalance problem, as faced by the overall survey series. In general, the class imbalance prominently occurs when the sample is disaggregated based on its social demographic characteristics and appears with unequal proportions between groups known as majority-minority classes. As depicted in the above table, these include the sex of the head of the household, presence of children, presence of persons with disabilities, the location (rural-urban; and Java-outside Java regions). Such class imbalance actually represents the situation faced by the Indonesian population, as illustrated by Susenas sample characteristics. However, both prevalence and incidence, as well as the proportion and absolute number of the groups

resulted by cross-tabulation analyses of this paper, have been considered with caution and accompanied by this necessary disclaimer.

3. Cross-tabulation across survey rounds

To gain in-depth understanding of household socioeconomic wellbeing as the pandemic persists over time, it is valuable to highlight the results obtained from cross-tabulation of various variables assessed in different survey rounds. The use of persistent samples accommodates such inter-round data tabulation and the identification of characteristics of households with certain socioeconomic profiles. However, due to the differing times of survey, the analysis result is to be treated and interpreted with caution. When an analysis involves more than one socioeconomic condition from different survey rounds, such as the analysis on food issues and coping mechanisms, it is not with an underlying assumption that the conditions were in place at the same time.

Additionally, cross-tabulation across survey rounds also allows this report to track the outcome of certain socioeconomic condition recorded in the previous round. For example, Table 1 tracks how households who experienced social assistance discontinuation in round 1

fares in terms of food security 2 weeks later during round 2, and income, as well as asset pawning condition, roughly one month later during round 3. The timeline below lists the variables gauged in each survey round which allows for such tracking of households' wellbeing.

Table A3. Brief comparison of information collected between surveys

Information	Full-Scale Survey (15 Oct–17 Nov 2020)	Monitoring Round 1 (7–9 Dec 2020)	Monitoring Round 2 (21 Dec–6 Jan 2021)	Monitoring Round 3 (8–22 Jan 2021)
Income status	Income status in April-Oct/Nov 2020 in comparison to January 2020	Income status in comparison to the past month		Income status in comparison to the past month
Food expenditure	Food expenditure status in April-Oct/Nov 2020 in comparison to January 2020	Food expenditure in comparison to the past month		Food expenditure in comparison to the past month
Job loss	-		Any HH member losing jobs in the past month	
Selling/pawning of assets	Selling/pawning belongings since April 2020	Selling or pawning of assets in the past month		Selling or pawning of assets in the past month
New non-commercial loan	Non-commercial loans made pre/post April 2020		Taken new non-commercial loan in the past month	
Savings to support the family	Savings to support household for at least one month		Savings to support the family for at least one month	
Eating smaller portions	Eaten smaller portions since April 2020		Eaten smaller portions due to financial difficulties in the past month	
Difficulty in eating healthy/nutritious food for children	Any HH member experiencing inability to eat healthy and nutritious food due to lack of money since April 2020	Difficulty in eating/healthy nutritious food for the children in the household due to lack of money in the past week		Difficulty in eating/healthy nutritious food for the children in the household due to lack of money in the past week
Cash assistance reception	Cash assistance reception since April 2020	Cash assistance reception in the past month		Cash assistance reception in the past month

Information	Full-Scale Survey (15 Oct–17 Nov 2020)	Monitoring Round 1 (7–9 Dec 2020)	Monitoring Round 2 (21 Dec–6 Jan 2021)	Monitoring Round 3 (8–22 Jan 2021)
Food assistance reception	Food assistance reception since April 2020	Food assistance reception in the past month		Food assistance reception in the past month
MSME assistance reception	Cash assistance for MSME (BPUM) reception since April 2020		Cash assistance for MSME (BPUM) reception in the past month	
Wage subsidy reception	Wage subsidy reception since April 2020		Wage subsidy reception in the past month	
School resumption	Resumption of face-to-face learning	School resumption in the past month		School resumption in the past month
Learning constraint	Children learning constraint since the implementation of learning from home	Main constraint in children's learning process in the past month		Main constraint in children's learning process in the past month
Health service most difficult to access for adults	Type of health service unobtainable by the household		Type of health service most difficult to access for adults in the household in the past month	
Health service most difficult to access for children	Type of health service unobtainable by the household	Type of health service most difficult to access for children in the household in the past month		Type of health service most difficult to access for children in the household in the past month
Prevalence of depression	Depression in any adult member of the household since April 2020		Depression or unhappiness in any adult HH member in the past month	

Source: Questionnaires of Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

4. Assumption on household characteristics

Another caveat of the analysis in this report is that it assumes no change in the general characteristics of households which were observed during the full-scale survey. Such characteristics include the gender of household head, the geographical location of the households, employment formality of the household's main breadwinner, food insecurity experience scale (FIES), and presence of PwDs in the household. There is

a possibility that the characteristics may have changed in between the surveys. However, due to limitations on information collected from IVR and the short gap between the surveys, the analysis in this report still refers to characteristics observed during the full-scale survey. Meanwhile, household characteristic information on the expenditure group to which they belong refers to the expenditure information they provided during Susenas 2019.

5. Data collection method

The way data were collected during full-scale survey differs substantially from the monitoring rounds. In the full-scale survey, information on respondents was collected through face-to-face enumeration, implying some control over respondents' comprehension and interpretation of the questions. On the other hand, the first, second, and third monitoring survey data collection utilized IVR, in which respondents were engaged with a pre-recorded message that allowed the respondent to interact with machines by following a set of instructions. Such disparity in data collection implies the room for respondents to err on the set of questions, resulting in the possibility of different levels of comprehension and interpretation of the questions during the monitoring survey rounds. Pre-

emptive measures to minimize this include replication of questions used in full-scale rounds and the simplification of the question wording.

6. Note on the definition of income and social protection dynamics.

To analyse income dynamics of households between rounds in Figure 5 the report refers to classifications made based on their responses to questions related to how their incomes fare over time. The detailed classification is listed in the table below. One example of the classification is households who mentioned that they experienced lower income during full-scale survey but constant income during round 1 of monitoring survey will be classified as household with a decreasing income trend.

Table A4. Details on Income Trend Classification

Income change during full-scale	Income change during round 1	Income trend classification between full-scale and round 1	Income change during round 1	Income change during round 3	Income trend classification between round 1 and round 3
Constant	Constant	Unchanged trend	Constant	Constant	Unchanged trend
Constant	Lower	Worsening trend	Constant	Lower	Worsening trend
Constant	Higher	Improving trend	Constant	Higher	Improving trend
Lower	Constant	Worsening trend	Lower	Constant	Worsening trend
Lower	Lower	Worsening trend	Lower	Lower	Worsening trend
Lower	Higher	Improving trend	Lower	Higher	Improving trend
Higher	Constant	Improving trend	Higher	Constant	Improving trend
Higher	Lower	Worsening trend	Higher	Lower	Worsening trend
Higher	Higher	Improving trend	Higher	Higher	Improving trend

Annex 3. IVR Survey

We used Interactive Voice Response (IVR) survey for data collection in the monitoring surveys. IVR survey is a phone-machine interview that lasts for approximately five minutes. The respondents respond to the questionnaire by pressing the keypad on their mobile phone. The machine gives several calling attempts for each given phone number, which is derived from previous national survey. It is intended to grasp as quickly as possible information on a dynamic situation where a conventional face-to-face survey interview cannot be carried out (e.g. after disasters, during the pandemic, geographical challenges, etc.).

While face-to-face interviews are considered as the gold standard in social survey, online telephone survey has been a proxy in ensuring the supply of timely data to inform policymakers so they can develop responses to the rapidly changing situation during the COVID-19 pandemic. IVR is deployed as an alternative mechanism of data collection which needs to be carried out repetitively during the pandemic. Such a mechanism is considered safer in mitigating the risk of COVID-19, more efficient compared to face-to-face surveys and improves timeliness.

The analyses of results are based on a panel data of the same households, allowing for a more robust analysis of socioeconomic situation over time as the pandemic unfolds. Notwithstanding certain caveats,⁶ equivalent questions were posed to the same population sampled. The first and third rounds focused on income, expenditure and the receipt of social protection. The second round of IVR included questions on job loss, depression, and savings. Even though the sample in IVR rounds was much smaller, the distribution remained relatively the same as the full-scale survey, as is reflected in Figure A2.

During the pandemic, it becomes increasingly relevant to be able to monitor key changes of employment status, income status, and reach of social protection, access to immunization and health services, and learning from home difficulties, to measure household resilience to shocks. Based on several pandemic cases globally, indirect impacts beyond health measures can be more devastating.

Therefore, the monitoring exercise provides relevant time-series analysis of the three round IVR surveys that include the effects of economic restriction into cross-sectoral impacts. This exercise offers valuable information and a better understanding of the risks the pandemic poses to education, mental health, families' consumption, and reach of social protection, as they have been affecting families, to anticipate future cases of infection.

Annex 4. Respondent characteristics

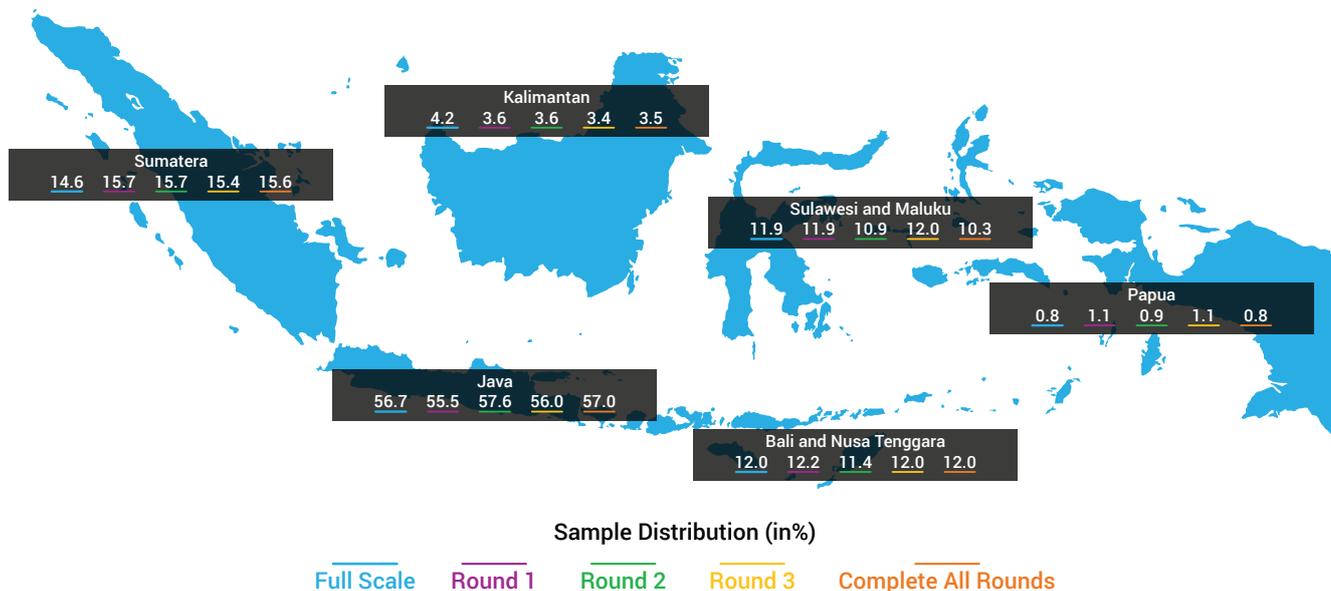
The survey gives special attention to families with children, who comprised a majority of households surveyed (68.9% during full-scale, 78.2% during round 1, 74.2% during round 2, 77.8% during round 3). The survey also included specific questions on children, including any food-related challenges, and difficulties in accessing health services and to continue learning.

The survey results have also been disaggregated by the economic status of households based on their reported expenditures in the National Socioeconomic Survey (Susenas) of March 2019. It must be noted that the survey does not capture very high-income households because these groups rarely participate in such surveys.⁷

6. Different ways of collecting data, different timeline for measurement, and assumptions (e.g. assumption on unchanged quantile group, gender of HH head, situation between rounds in measuring different food issues and coping mechanisms).

7. For a breakdown of expenditure range by quintile, refer to pp. 16 of the Full-Scale survey report.

Figure A1. Response rate composition across province and survey rounds



Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

Figure A2. Respondent Characteristics



N-FS = 12,216; N-R1 = 3315; N-R2 = 2811; N-R3 = 3452; Complete All Rounds = 2400

Source: calculated from the Full-Scale household survey in 2020 and the subsequent IVR surveys in 2020-2021

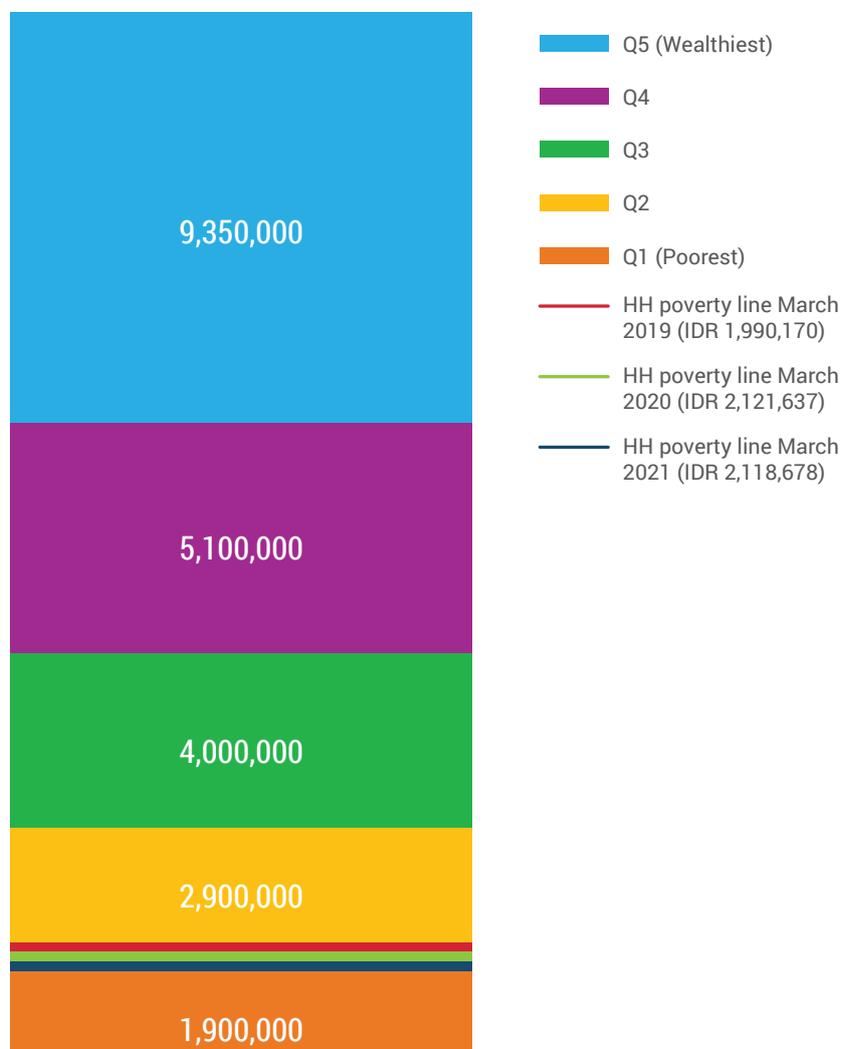
The analysis using persistent sample allows us to obtain an analysis of the same sample group over time. The disadvantage of using this method is a smaller size sample (subjects dropping out over time) compared to the original data set at each monitoring round.

The inflation rate has been relatively low in the period of 2020–2021 as the restriction on people’s mobility during the pandemic continues to undermine domestic market. The government reported a relatively stable inflation trend at the time of survey implementation between October 2020 and January

2021. The highest peak occurred at the end of 2020, which was dragged by Christmas and New Year events. However, it was still considered lower than pre-pandemic situation, the lowest level recorded since 2000 (WFP, 2020).

Expenditure variables in the Susenas include not only privately financed expenditures but also various types of household expenditures. These household expenditures include those of households’ out-of-pocket or financed by other parties and the government – such as food, fuel and other subsidies.

Figure A3. Average monthly household expenditure by quintile, based on 2019 Susenas



Source: Susenas, 2019

Note: household poverty line is based on Indonesian Poverty Profile March 2019, 2020, and 2021.

Annex 5. Correlation between type of social assistance received during full-scale and prevalence of depression or unhappiness in household during round 2

Variables	Happiness	BLT Dana Desa	BLT Non Jabodetabek	BLT-UMKM/ BPUM	BLT do not know which programme	PKH	Wage Subsidy	Pre-Employment Card	Staple Food
Happiness	1.000000	-0.031400	0.018700	-0.034700	0.001400	-0.024400	0.071300	-0.008100	-0.024100
p-value		0.151500	0.392500	0.112800	0.950000	0.265100	0.001100	0.711900	0.270900
BLT Dana Desa	-0.031400	1.000000	-0.104900	0.048600	-0.076900	-0.090200	-0.003200	-0.000400	-0.068900
p-value	0.151500		0.000000	0.000000	0.000000	0.000000	0.769400	0.971100	0.000000
BLT Non Jabodetabek	0.018700	-0.104900	1.000000	0.003400	-0.057200	-0.047200	-0.003000	0.006700	-0.024100
p-value	0.392500	0.000000		0.754800	0.000000	0.000000	0.780900	0.542500	0.027100
BLT-UMKM/ BPUM	-0.034700	0.048600	0.003400	1.000000	0.007600	-0.008700	0.018500	0.040300	0.015800
p-value	0.112800	0.000000	0.754800		0.488500	0.423000	0.089900	0.000200	0.148100
BLT do not know which programme	0.001400	-0.076900	-0.057200	0.007600	1.000000	-0.010300	0.011600	-0.002500	0.045900
p-value	0.950000	0.000000	0.000000	0.488500		0.345500	0.286600	0.816000	0.000000
PKH	-0.024400	-0.090200	-0.047200	-0.008700	-0.010300	1.000000	-0.057800	-0.028700	0.324500
p-value	0.265100	0.000000	0.000000	0.423000	0.345500		0.000000	0.008500	0.000000
Wage Subsidy	0.071300	-0.003200	-0.003000	0.018500	0.011600	-0.057800	1.000000	0.048400	-0.002700
p-value	0.001100	0.769400	0.780900	0.089900	0.286600	0.000000		0.000000	0.806700
Pre-Employment Card	-0.008100	-0.000400	0.006700	0.040300	-0.002500	-0.028700	0.048400	1.000000	0.022200
p-value	0.711900	0.971100	0.542500	0.000200	0.816000	0.008500	0.000000		0.041600
Staple Food	-0.024100	-0.068900	-0.024100	0.015800	0.045900	0.324500	-0.002700	0.022200	1.000000
p-value	0.270900	0.000000	0.027100	0.148100	0.000000	0.000000	0.806700	0.041600	

Note: happiness is a binary variable (1, no member of household feeling unhappy or depressed ; 0, at least one member of household feeling unhappy or depressed)



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