

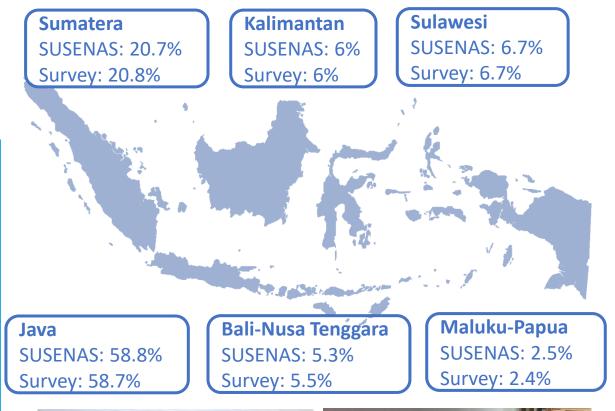






# Pathbreaking collaboration to inform better policy

- Largest survey of Covid-19 yet based on face-to-face interviews with households identified by BPS.
- 12,216 households surveyed across all 34 Indonesian provinces in October-November 2020.
- Particular attention on children and other groups, women, people with disabilities.







What are the impacts of the COVID-19 pandemic on poverty and other livelihood indicators at the household level?



## The impact of Covid-19 on household finance has been severe and is likely to continue in 2021 and beyond





3 in 4 face reduced income Among those who switched jobs, 1 in 2 formally employed moved to informal jobs



1 in 2 have no savings to support themselves



9 in 10 family businesses hit

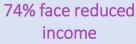


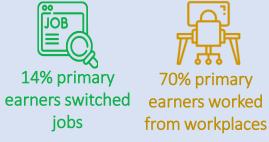
### COVID-19 has impacted many aspects of the Indonesian Households

#### **Household Finance**

The impact of COVID-19 on household finance has been severe









no savings



More households face insecurity **Proportion of households facing** 

**Food Security** 

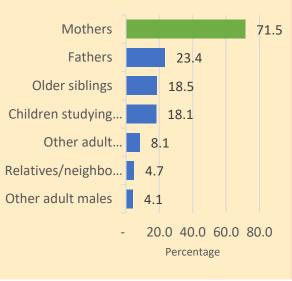
'moderate to severe' food insecurity<sup>1</sup>



### **Gender Equality**

Gender inequality widened with additional caring responsibility for women

Main carer supporting children with remote learning (by HH with school-age children)



### Disability

People with disability faced additional challenges

### 75%

households with a members with disability have lower income than in January 2020

### 37%

households with a child with disability have not been able to access therapy and other health services.

Note:

1. This is a rough estimate based on survey results. There are methodological differences between 2019 BPS estimate



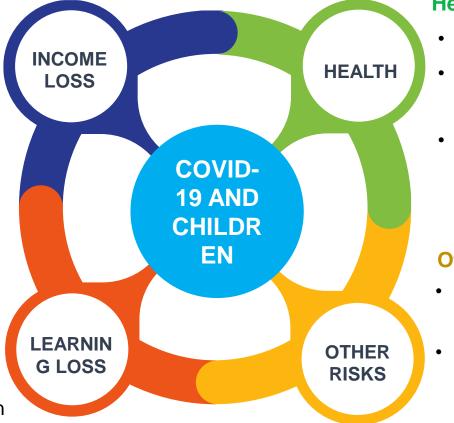
### Children are facing multidimensional challenges

#### Income Loss

- 75% households who have children.
- 2.1 million more children in poverty
- 57% HHs with school children in the bottom 40% have difficulties with educational cost

### Learning Loss

- 64% parents concerned about the disruption in learning process
- 44% parents observed their children are less motivated to learn



#### Health

- 40% fear their children will contract COVID-19
- 13% with children under 5 did not vaccinate
  - 18% in rural, 10% in urban
- Children might have inadequate nutrient.
  - Only 9% of HHs with children can consume red meat, and only 38% can consume milk and dairy

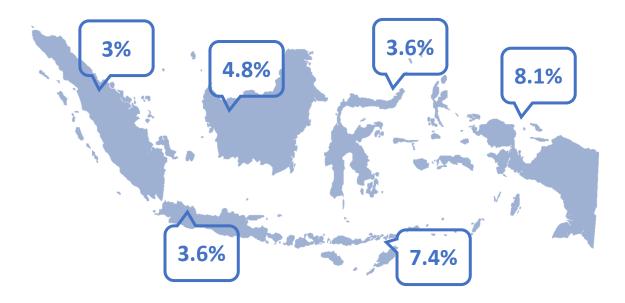
#### **Other risks**

- 45% reported behavioural challenges among their children.
- 7% had at least one child who is working. 2.5% of the working children started since the pandemic.
  - 9% in rural, 5% in urban



# Challenges in learning from home might increase learning inequality

### Households with schooling children who started to use internet since April 2020



### Among HHs with schooling children

### 57% do not have reliable internet

- 59% in rural, 56% in urban
- 63% in Bottom 40%, 37% in Top 20%



### 30% do not have the necessary device

- 23% in rural, 13% in urban
- 23% in Bottom 40%, 7.5% in Top 20%



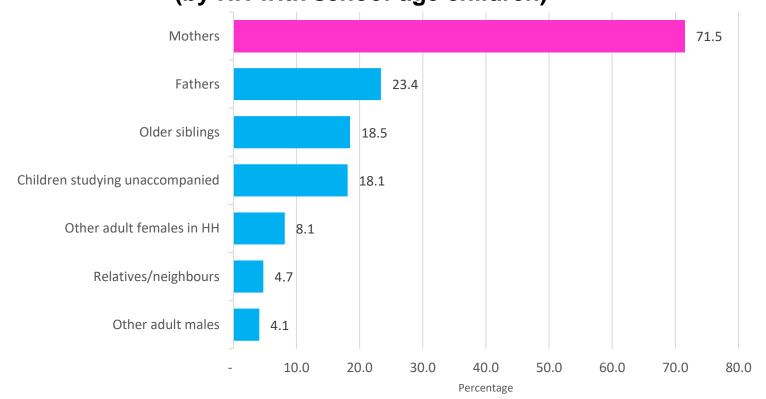
### 35% parents have limited capacity to teach the children

- 36% in Bottom 40%, 30% in Top 20%
- 35% in both rural and urban



### Gender inequalities widen as women take on more responsibilities

### Main carer supporting children with remote learning (by HH with school-age children)



30% of HHs with children spend more time in doing HH chores, **but only 7%** said their chores are divided equally among HHs members.

"During the mornings, I am an emotional wreck. I have to cook for the family, clean my house, wash clothes, bathe my children. On top of this, I have to help my older child to learn online while carrying my baby."

Mother of two children, Tabanan Regency, 14 December 2020



# People living with disabilities are struggling in different ways

## 8 in 10

Decrease in income among households with 'mild' disability



### 1 in 3

Disruption in access to health for households with children & individuals with more severe disability

"I have been postponing taking my son for his regular physiotherapy at the hospital. The facility is not closed but I am afraid of getting COVID-19 if I go there. But, his legs have started to get weaker and he says it hurts when he walks."



### Mental health of children and adults is taking a toll



## Unhappiness, depression excessive anxieties

Head of household 17.2% and their spouse 16.2%



### Main reasons 68.3% Money and job issues

- 71% in urban, 65% in rural
- 70% in male-headed, 61% in female-headed



**51.9%** worried about being infected and/or losing family members to virus.



### Children are under stress

**21%** find it harder to concentrate



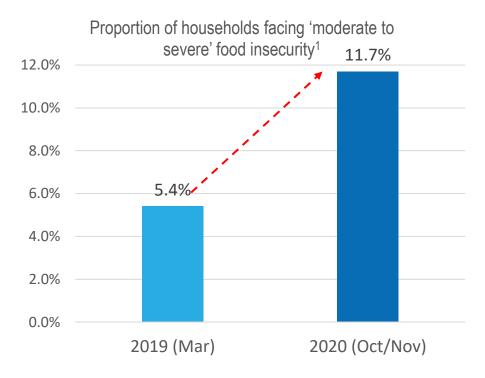
**13%** becoming angry and rebellious more often

**7%** sad

6.5% trouble sleeping



### Food insecurity is a watchpoint



### Percentage of HHs with moderate to severe food insecurity

- 15% of HHs with member with disabilities
- 14% of female-headed HHs and of Bottom 40 HHs
- 13% of HHs with children

Mobility restriction also increase the mild food insecurity<sup>2</sup>. And the impact is higher for:

- Poorer households
- Households with children

#### Food Insecurity Experience Scale (FIES) Survey Module (FAO)

| Q# | FIES Indicator    | _        |
|----|-------------------|----------|
| 1  | WORRIED           | 1        |
| 2  | UNHEALTHY         | Light    |
| 3  | FEWER FOOD        | 1        |
| 4  | SKIPPED MEAL      | Moderate |
| 5  | ATE LESS          |          |
| 6  | RAN OUT           |          |
| 7  | HUNGRY            | Severe   |
| 8  | WHOLE DAY WITHOUT |          |

#### Note:

1. This is a rough estimate based on survey results. There are methodological differences between 2019 BPS estimate.

2. We exploit the provincial variation of change in people mobility as a proxy of social distancing measure and we find that decreasing mobility increase the food insecurity score. The data is an average from April 1<sup>st</sup> to October 31<sup>st</sup> from the COVID-19 Community Mobility Reports for Indonesia.3. Mild food insecurity: at least answer one "Yes" from the eight questions.

What are the key recommendations to support social protection system in the post-COVID19 recovery?



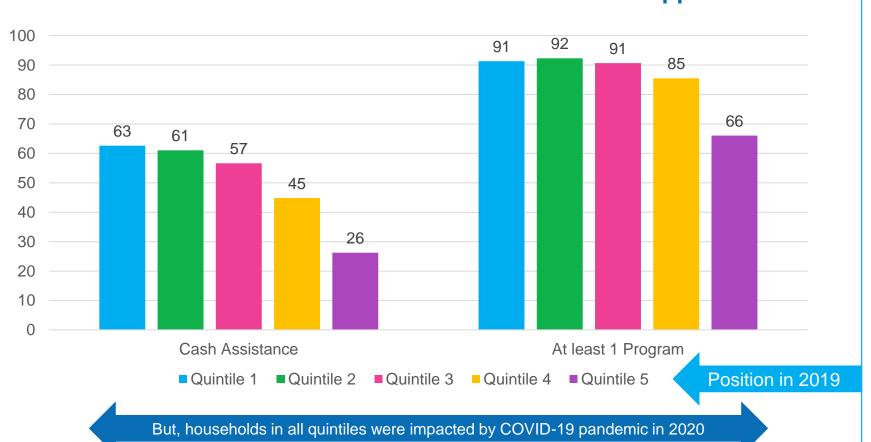
## Social assistance is reaching many people in need but it could reach farther

**85%** received at least one form of social assistance

**51%** received cash assistance

But **1 in 3** in bottom 40% did not receive cash

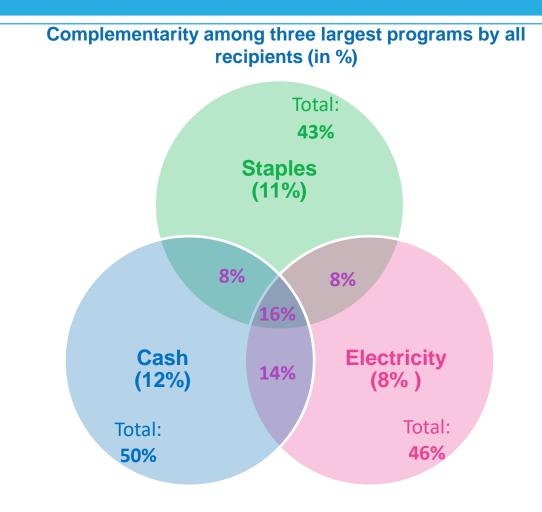
 33% with children, 41% in urban areas did not receive



Poorest and most vulnerable received the most support



### Many people received complementary assistance



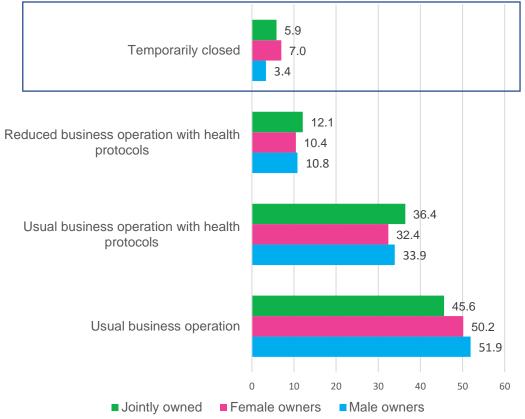




### Very few running a small family business received support

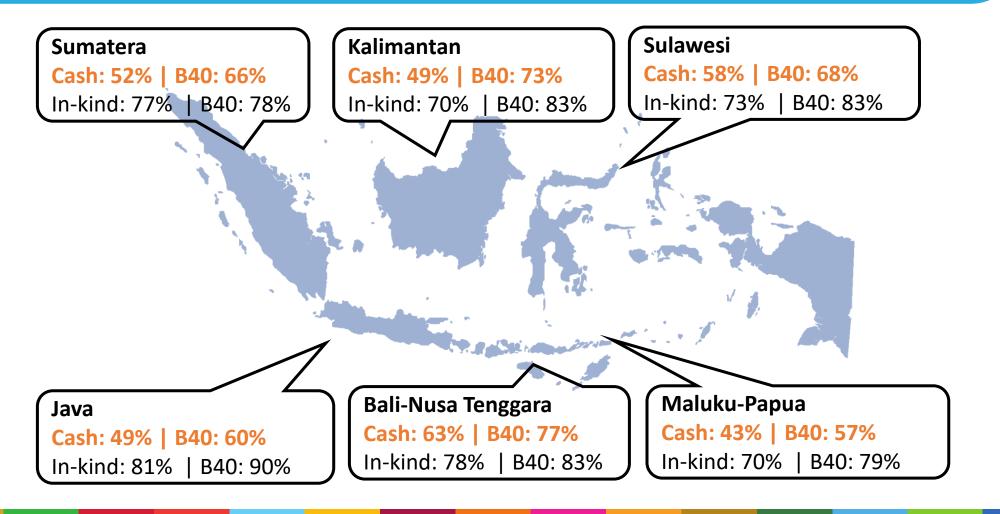


More female owned business had to close down





## Nevertheless, there is room to reach more poor and vulnerable households





## Recommendations for building on effective social measures to reach more people



Expand food assistance & combat supply disruptions Maintain support to lower middle and middle class Continue to assist more family businesses to recover Extend social assistance, mainly for all children



## Create pathways to support children and vulnerable group more







Ensure children to have quality learning Keep children healthy and nourished Protect children and vulnerable groups from violence, abuse and stress Recognize and reduce women's care work S.

Enhance social protection to households and minimize health disruption



### Accelerate investments to improve delivery

Develop user friendly medium with up to date information about social assistance and business support programs

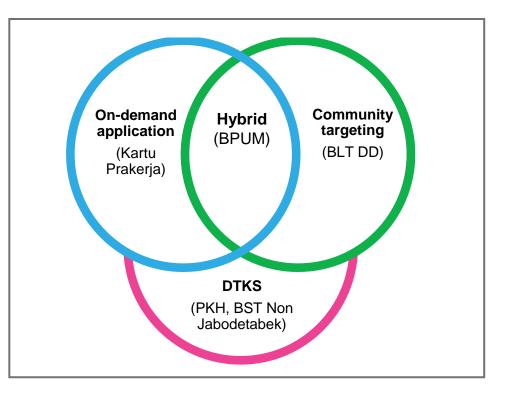


**1 out of 8 cash transfer recipients** did not know which program they had received.

### 

4 out of 10 households with microbusiness unaware about available support.

Link new registrations to social assistance into single database for future targeting



Thank you