



**COVID-19 in Indonesia:
Experiences of Children and Families**
Summary Brief



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Summary

Over a period of nine months from May 2020 to February 2021, 45 families living in 23 districts across Indonesia shared insights on their experiences and those of their surrounding communities of the COVID-19 pandemic. This summary brief is a synthesis of the changes experienced by families and summarizes findings from three thematic briefs on livelihoods and social assistance; education and social lives of children; and health and hygiene.¹

Study participants were families who researchers had previously lived with, or spent extended periods of time, as part of qualitative and immersive studies carried out between 2015 and 2020. These pre-existing relationships provided a basis for open and trusted remote interactions using a range of digital tools.

Overall, urban families were more immediately affected by the pandemic than rural families but most families had similar concerns regarding loss of income, education of children and a lack of clear and trusted information about COVID-19 across the country. Most families' incomes were negatively affected. Some livelihood groups recovered quickly, while migrant workers and informal labourers continue to face challenges almost a year later. Pandemic-specific social assistance that arrived in July/August 2020 helped supplement lost income. However, the scale, frequency and unpredictability of this assistance meant that most people did not consider social assistance to be a significant form of support or a driver of recovery.

Students' learning has been significantly disrupted during the pandemic. Distance learning was implemented in many schools,

but many children and particularly adolescents struggled to remain engaged. Teachers found it hard to interact with and assess students and lacked guidance on how to better support them during distance learning. Some schools implemented modified in-person learning with more limited contact time but often still relied on distance learning approaches as well. Adolescents (and parents) worry about the impact on their grades and future education opportunities.

Primary health services were significantly disrupted or suspended in the early part of the pandemic, in particular, the closure of *posyandu* sessions for three to six months. Many families shared uncertainty and worries about COVID-19 testing, quarantine, vaccination and the stigma of testing positive. Many concerns were shaped by misinformation on social media. These worries led families in many locations to rely more on village-level health providers and facilities (*pustu* and *polindes*) rather than visiting *puskesmas* and hospitals unless they were seriously ill.²

Drawing from these findings, the brief concludes with implications for policy and programming that will assist long-term COVID-19 recovery and help manage similar crises in the future. Many of the implications highlight the need for more context-specific approaches for government policies (e.g., urban versus rural settings). Some suggestions are made for further monitoring and data collection on the impacts of COVID-19. The implications are followed by a graphic summarizing how different groups have been affected by the pandemic.

¹ Readers are encouraged to refer to the thematic briefs for more detailed insights and analysis. UNICEF and Empatika, 'COVID-19 in Indonesia: Children and Families' Experiences - Education, Learning and Social Lives of Children', Jakarta, 2020; UNICEF and Empatika, 'COVID-19 in Indonesia: Children and Families' Experiences - Livelihoods and Social Assistance', Jakarta, 2021; UNICEF and Empatika, 'COVID-19 in Indonesia: Children and Families' Experiences - Health and Hygiene', Jakarta, 2021.

² *Posyandu* is a monthly clinic for children and pregnant women. *Puskesmas* are subdistrict level public health clinics. *Pustu* (also *poskesdes*) is a village-level health clinic which supports the *puskesmas*. *Polindes* is a village-level birth clinic.

Connecting with families

In 2020, the COVID-19 impact on families' livelihoods, health services and education was widespread. This brief summarizes those impacts, drawn from remote conversations and online interactions with 45 families living in 23 districts across Indonesia over a period of nine months from May 2020 to February 2021. As COVID-19 travel restrictions and health precautions made face-to-face interactions difficult, the study explored the use of digital communication tools to engage with these families. All had been part of previous qualitative research studies and these pre-existing relationships provided a basis for informal, open and trusted remote interactions, enriched by the researchers' understanding of family backgrounds and community context.³ It also allowed the inclusion of families from across Indonesia over a long period of engagement.

Study families live and work in diverse contexts, many are from lower socioeconomic backgrounds. Most families were involved throughout the study, although some were added to replace a few families who were unable to participate in all rounds of the study.⁴ Regular conversations and messaging between the families and researchers took place over nine months, with monthly contact in the early part of the study. Initial conversations were open and exploratory, providing a listening space for people to talk about their worries and situation freely, and for people's key priorities to emerge naturally (listening phase, May–August 2020). Subsequent phases focused on the three most important emerging themes identified by families during the listening phase. These included education, learning and social lives of children (October–November 2020), health and hygiene (December 2020–January 2021), and livelihoods and social assistance (January–February 2021).

³ Research was carried out by Empatika, an Indonesian-based organization who specialize in people-centred immersion studies.

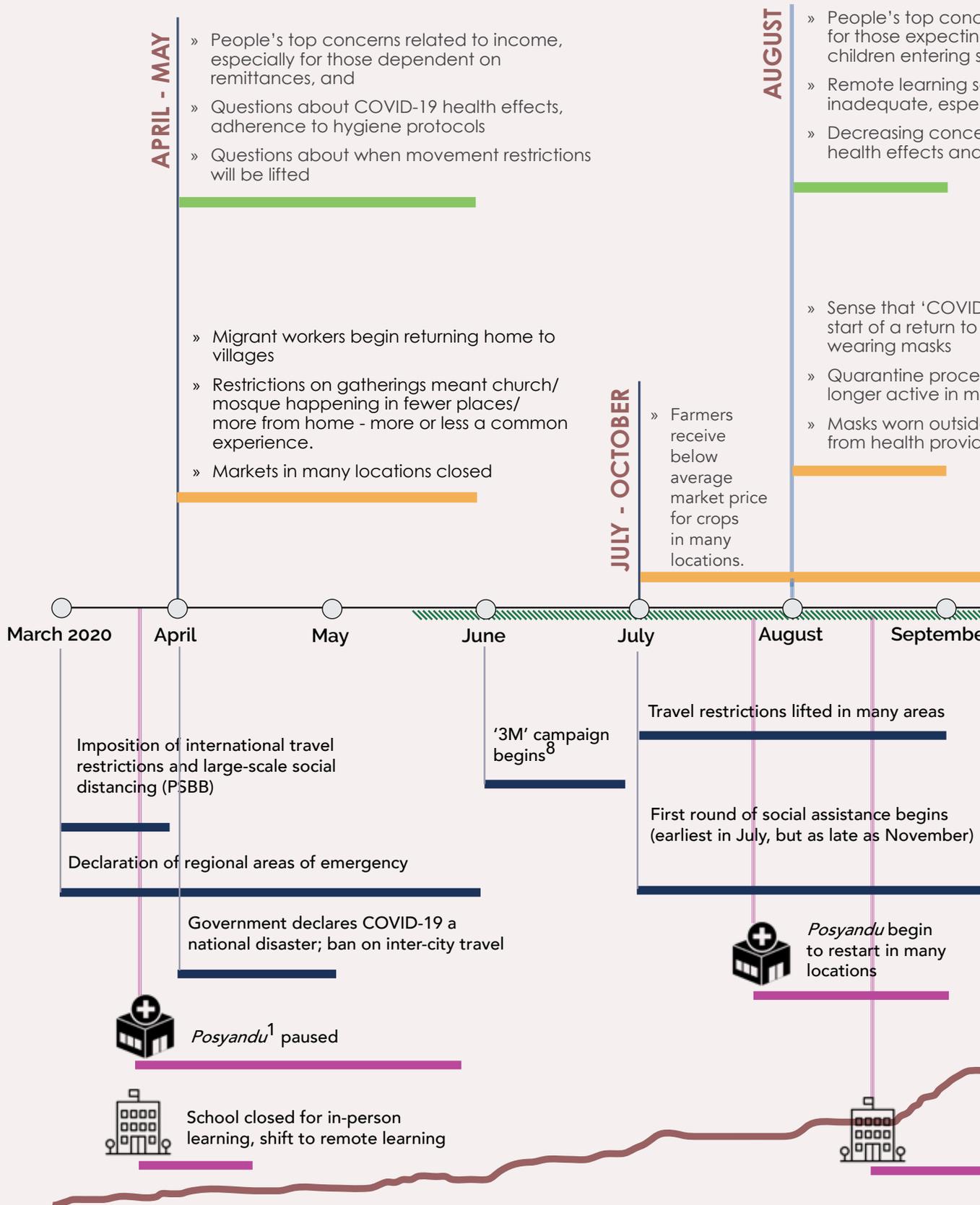
⁴ All study families were initially contacted by phone to gauge their interest, willingness and consent to be involved in the study.

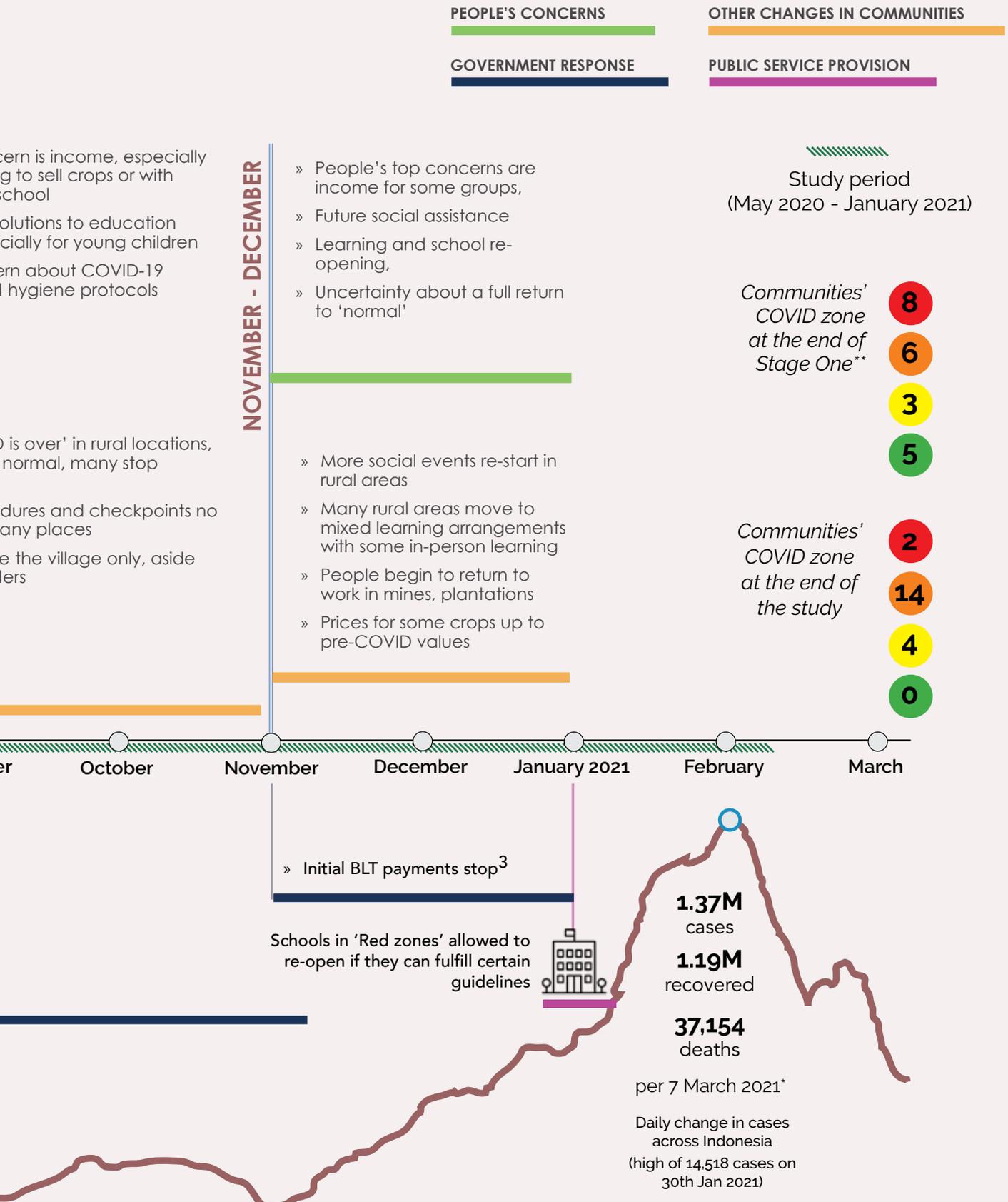


One in a series of videos sent by a mother in Lombok Timur where she asked different mothers in her neighborhood about the most important needs for their children right now.

Conversation guides were developed around each theme to ensure consistency in interactions with families. Online tools and techniques included photo and video sharing, group messaging discussions, the use of visual prompts for discussion and 'complete the story' exercises. Of particular interest was the evolution of people's perceptions and experiences over time and interconnectedness of issues in their daily lives.

People's priority concerns and timeline of changes





Some schools in rural areas re-open, with more limited contact time

* JHU CSSE COVID-19 Data

** Numbers of study location COVID zones based on the Government COVID Zones (covid19.go.id/peta-risiko).

Graphic: Study Locations, Number of Families, and Participant Composition



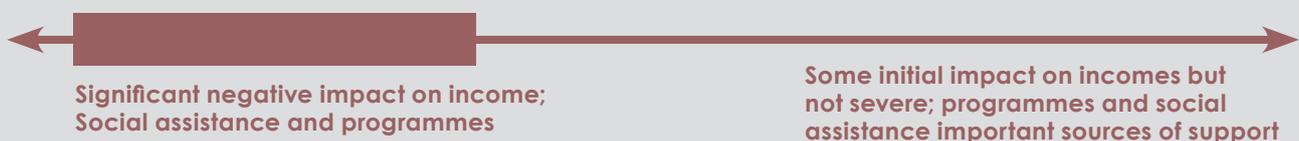
45 Families	Across 23 districts	6 peri-urban/urban communities	21 rural communities	Tracking changes over 9 months

What happened to families during the pandemic?

For each theme, there is a spectrum of possible impacts (illustrated below). The range of impacts experienced by the majority of families in the study are represented on this spectrum by a maroon rectangle. Some families were significantly less or more affected and these outliers are indicated by green and orange dots.

LIVELIHOODS AND SOCIAL ASSISTANCE

The pandemic impact on some families' livelihoods has been severe. People changed their income sources, taking on new, often lower paying work. Reducing spending had knock-on effects for families' diet and nutrition, university enrolment and other sectors of the economy, particularly construction.



Initially, the pandemic negatively affected incomes of almost all study families. Some families recovered quickly, while others are still recovering almost a year later (March 2021). Social assistance payments allocated by the national government (Bantuan Sosial Tunai or BST) and local government (Bantuan Langsung Tunai or BLT) made earlier in the pandemic (July–August 2020) were welcome and helpful to supplement lost income.⁵ However, the scale, frequency and unpredictability of payments meant that most people did not consider social assistance to be a significant form of support or a driver of recovery.⁶

HOW DID INCOME CHANGE?

Most families experienced a significant decline in income in the early months of the pandemic. Some have already recovered but many continue to face challenges and a longer-term recovery.

Informal workers and low-skilled domestic migrant workers were most affected.⁷

5 Bantuan Sosial Tunai (BST) is a form of cash assistance allocated through the Social Affairs Ministry, while Bantuan Langsung Tunai (BLT) is allocated by village officials using village funds (dana desa).

6 A more detailed description and analysis can be found in UNICEF and Empatika, 'COVID-19 in Indonesia: Children and Families' Experiences - Livelihoods and Social Assistance', Jakarta, 2021. Jakarta, 2021. Primary insights for understanding how livelihoods have changed were gathered from January to early February 2021.

7 None of the study families have members working as international migrants but some shared stories of other families in their communities who did. Those stories indicate both domestic and international migrant families have been affected in many similar ways.

STORIES ON THE IMPACT ON MIGRANT WORKERS AND INFORMAL LABOURERS

In Jakarta Timur, some informal workers who had initially gone home around April and May 2020 shared that there was actually nothing to do in their villages. They explained that while their income in Jakarta is now around just 40 per cent of what it was pre-COVID, "in the village it also wasn't good for us."

In Timor Tengah Utara, a daughter took a job as a cashier in the neighbouring district rather than going to find work in Kupang as planned due to increased travel restrictions and COVID-19 testing requirements she could not afford. She explained that she struggles to save money with the low wages and is mostly stuck at the store since she also sleeps here.

One family in Bandung Barat whose father works as a construction labourer has had almost no new work since the pandemic began. They have now sold all their goats and some of their chickens to support their daily costs. He now does small odd jobs to help the family get by. The mother has planted chilli, tomato and cassava in their small garden and shared that when she can't afford to buy eggs, they will eat rice only with vegetables. Sometimes she now substitutes sweet tea instead of formula milk for her 18-month-old baby. They have only received one distribution (IDR 600,000) of social assistance.

In Cirebon, the mother of a family who owns a kiosk shared that income has declined by more than half and the current situation is getting worse compared to three months ago as many informal labourers live in the area and remain out of work. She tried to get social assistance for small businesses but failed. This family used to be quite well off compared to others, but now are struggling financially.

- Among migrant workers who returned home, many low-skilled workers in rural areas remained unemployed due to a lack of demand for unskilled labour in the local community. There was reluctance among migrant workers to return to work given uncertainty about jobs, the need to re-establish networks, costs of required COVID-19 testing for travel and the higher cost of living away from home.
- Informal labourers were affected by decisions to delay home building/renovations and the reallocation of village funds away from village infrastructure projects to social assistance.
- Kiosk owners or street vendors near schools or high traffic areas experienced reduced sales. Many relocated or sold other goods but made less money than before.

For farmers, travel restrictions contributed to lower prices for crops from the beginning of the pandemic until October 2020 as options to sell and transport crops were reduced. Many farming families were not able to store crops and wait for better prices. The capacity to store crops relates not only to farmers' skills and the need for adequate storage facilities, but also their financial capacity to postpone selling the crop.

In urban areas where people depend on earning cash every day, income earning opportunities were reduced, with more substantial restrictions on travel, limits on certain forms of informal work and reduced demand for services.

COPING AND SPENDING LESS

Families with multiple income sources were best able to cope.

- Farmers with access to land were considered least affected as they have the ability to grow food and often have less daily expenses. However, many farmers who typically take loans ahead of planting seasons have not been able to repay debt due to reduced prices received for crops and costs of farming inputs remained stable.
- Urban families struggled to cover expenses with reduced opportunities to supplement income.

Families coped by reducing daily food consumption, including buying 'simple' food, replacing spices with salt, eating smaller/fewer meals, consuming less protein and reducing snacking.

Costs that could be avoided were deferred, such as school fees and debt repayment. Some families delayed university enrolment for older children for at least one year. Families delayed other large expenses such as house construction or renovation. Some adolescents started working as a way to fill free time and earn pocket money, though none in the study families seemed pressured to contribute income to their family. Taking loans was viewed as a last resort by most families, although buying goods on credit from kiosks remained common.

EFFECTIVENESS OF SOCIAL ASSISTANCE PROGRAMMES

The majority of families received COVID-19 social assistance, though there were many examples of people in need who did not, including elderly and families with only one income.

- The amount, timing and frequency of social assistance disbursements varied widely with first payments as early as June 2020 and as late as November 2020. Families received between IDR 300,000 and 1.8 million in total.
- Social assistance payments made early in the pandemic (July–August 2020) were regarded as helpful to supplement income. Generally, payments were a welcome addition to families' daily food consumption budget, although too small and unpredictable to support long-term recovery.
- People complained about the processes to access COVID-19 social assistance and raised questions about fairness, favouritism and transparency. These concerns were similar to non-COVID-19 social assistance programmes.

Village officials lacked guidance about effective ways to handle the *Bantuan Langsung Tunai* (BLT) allocation process and other strategies for using village funds during this time. The ability to appeal to local officials regarding eligibility for BLT resulted in some people being added to lists, although this was contentious as others less able

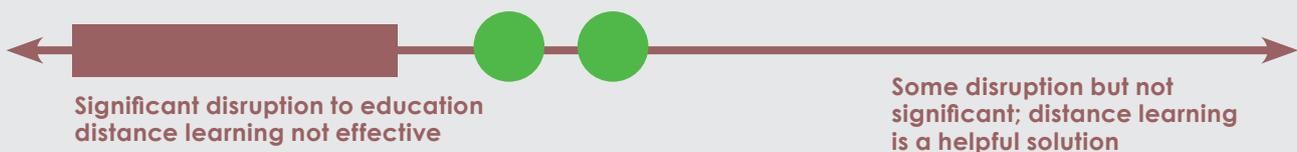
or willing to speak up were often hesitant to do so. People knew the Bantuan Sosial Tunai (BST) cash assistance was based on nationally-generated lists, which helped village officials distance themselves from the allocation process and associated complaints.

Many people and village officials prefer village funds be used for public works rather than social assistance, as this generates jobs and is seen to benefit the entire community. Others felt all members of the community should receive social assistance as this is easier to allocate and considered to be more fair.

LEARNING AND SOCIAL LIVES OF CHILDREN

Formal education and learning were significantly disrupted during the pandemic across Indonesia. All children in full-time education were involved in some form of learning; approximately half learning from home and half at school. Many learned through hybrid arrangements combining both approaches.

Distance learning was a partial solution for adolescents in some locations but most families found that children struggled to learn and remain engaged with limited interaction with teachers and peers. A return to face-to-face teaching did not signal resumption of 'normality', as contact time with teachers was still shortened and some distance learning arrangements continued. Students continue to worry about the impact on their grades and future education.⁸



Some rural locations were comparatively less affected (green dots) because schools reopened earlier, enabling students to resume some face-to-face education.

LEARNING FROM HOME

Teachers had different approaches to managing distance learning. In general, they had not received guidance. Many teachers struggled to manage these changes and provide effective teaching which kept their students engaged.

- Where Internet connectivity allowed, teachers primarily used WhatsApp to share assignments and communicate with students or parents. University students primarily used Zoom. Teachers generally communicated one-way with students or parents by providing directions and assignments. Students had few opportunities to ask questions and did not feel comfortable asking for help.
- Where Internet connectivity was not adequate, assignments were collected and submitted weekly or twice weekly at school. Secondary school students typically did this themselves while parents collected and submitted assignments for primary school students. Some parents complained that they missed work to do this.
- Secondary school students tended to manage their learning themselves, while parents of primary school students typically managed their children's learning. Both students and parents had difficulties and little support.

⁸ A more detailed description and analysis can be found in the thematic study brief, UNICEF and Empatika, 'COVID-19 in Indonesia: Children and Families' Experiences - Learning and Social Lives of Children', Jakarta, 2020. Primary insights for understanding how families coped with the closure of schools and its impact on children and daily lives were gathered from October to early November 2020.

PHOTOS ON LIVELIHOODS AND SOCIAL ASSISTANCE

1) Jember. A morning market in December 2020, where most sellers and customers were not wearing masks despite the crowds.



2) Banda Aceh. This family worked as trash scavengers at the city's collection center but with this closed during the pandemic they have adjusted by taking on a variety of others jobs, including peeling onions. The father is also doing some small construction work, although it makes less money than his trash work, and their son has opened a cellphone credit stall.



3) Jakarta Timur. 'Our' family who own a small trash collection station here said that during the pandemic they have had to more frequently borrow money from the father's boss.



4) Bandung Barat. A family here decided to use their paddy field just for family consumption this season, as rice prices (to sell) had gone down while fertilizer prices increased.

5) Pasaman. This father started a motorbike repair business to help supplement the income the family gets from farming when the pandemic hit.



6) Pulang Pisau. Typical daily meal. As in many locations, this family said that during the pandemic they are purchasing less proteins and relying more on dried rather than fresh fish.

7) Alor. Village officials meet to postpone a program to build 3 water pumps and storage here because the budget will be allocated for COVID-19 response.



8) Sintang. The head of village here established an ad-hoc body to help oversee the allocation of village funds for COVID-19 response. He said he did this to help mitigate 'drama' around the social assistance distribution.



9) Pulang Pisau. Paddy fields here were affected by flooding in 2020. In some locations families said bad weather and poor road conditions were bigger issues for them than COVID-19.





PHOTOS ON LEARNING AND SOCIAL LIVES OF CHILDREN

10) Palu. Primary school teachers doing home visits, which they said was helpful but also very time consuming.



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11) Sorong. A primary school student having difficulties doing homework at home. His mother said that sometimes she wasn't able to help and would message the teacher, although she often had to wait a while for a response. In many locations however, communication between teachers and students or parents was primarily one-way.



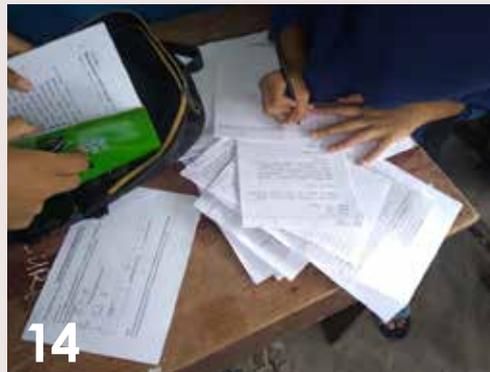
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12) Garut. A junior secondary school student shared her feelings about the current learning situation in this drawing. Among other things, she said that she often felt confused with the school materials now and overwhelmed with the amount of homework.



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13) Minahasa Utara. This family's daughter in junior secondary school said that she enjoyed helping with family's warung food business since before COVID-19, but now is helping even more with her additional free time.



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14) Palu. Collecting and receiving assignments at the junior secondary school.



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15) Timor Tengah Utara. In-class learning had resumed for primary school children here, although with shorter classes. Children and teachers were supposed to wear masks although many acknowledged that this wasn't always followed.

PERSPECTIVES ON DISTANCE LEARNING

A mother in Lombok Timur, who is also a preschool teacher, shared concerns for her Grade 1 daughter in primary school, "Her teacher sent an assignment with simple questions, but my daughter won't be able to answer it at all, because she can't read yet." Secondary school students also shared their reliance on the Internet to complete assignments, "They (teachers) don't give any instructions, so without phone credit how can we find the answer?"

Students and their parents were frustrated by the increased volume of assignments and the lack of feedback following submission. A secondary school student in Sintang shared, "The teachers should know, the more assignments they give the more students will not have motivation [to complete them]," while a father in Jakarta Timur shared, "Now we already buy our kids a phone, at least use it properly [in an interactive way], not just sending assignments. At least for talking with the students."

The majority of secondary school students had their own secondhand or less expensive smartphones, while primary school students often shared devices with other family members.

Families spent an additional IDR 25,000 to 150,000 per month on Internet quota for distance learning, which they considered expensive. Some children received government or school support to cover Internet costs but this scheme was inconsistent and not well understood.

Children in some remote locations were the least affected as schools reopened earlier.

They also benefited from alternative study arrangements, such as small study groups, and more contact with teachers and peers. Adjusting to distance learning arrangements was more difficult for rural communities with lower teacher capacity, poor Internet signal and high costs, low cell phone ownership and familiarity with technology. Children in urban locations were more comfortable with distance learning but they lacked guidance and learning activities were mainly limited to fulfilling assignments.

LEARNING AT SCHOOL

In some areas, some face-to-face learning resumed between August and October 2020 with children typically attending school 2–4 times per week for 2–3 hours each time. Children were happy to return to school to socialize, though short contact times meant cursory engagement with core subjects and little time to ask questions. Many secondary school students continued to receive some assignments and instructions remotely as there was insufficient time to do so during classes.

Most observed social distancing while in the classroom, though adherence to mask requirements was uneven among teachers and students, particularly during very hot weather.

CHILDREN'S SOCIAL LIVES

Children missed the social aspects of school.

While younger children often met with their friends living in the same village or area, adolescents saw their friends less often as their schools were often not located in their villages, and many felt they were missing out on social life.

Restrictions on movement and longer periods of distance learning persisted in urban areas resulting in urban children and adolescents having less interaction with their friends.

Reduced school hours gave children of all ages large amounts of unstructured free time.

Girls were often expected to do additional household chores while boys were typically able to choose how to fill this time. Some adolescents worked alongside their parents or in internships/ apprenticeships.

LEARNING OUTCOMES

Students of all ages received little feedback or grading of assignments and struggled to understand new concepts with mostly one-way communication with teachers (for distance learning), leaving many demotivated. Some students felt their teachers made up for reduced contact time with increased homework/tasks, which overwhelmed them.

- Secondary school students were concerned that they were not learning as much as previous year students. They worried about falling behind and being able to progress in school next year.
- Younger children relied on their siblings and parents for help, although many parents felt unprepared or unable to help. University and secondary school students supported each other with assignments.

Teachers and schools lacked guidance on how to grade students' work or tailor the curriculum in distance learning or mixed learning arrangements. Teachers we spoke with agreed that students were not learning as much. Lacking guidance from education offices, many followed the same curriculum as usual and did not feel able to tailor it to their students' pace of learning.

Those students learning to read and those starting a new tier of school experienced particular challenges due to the need for extra support from teachers and lack of established peer groups.

HEALTH AND HYGIENE

Local primary health services in many locations were significantly disrupted early in the pandemic.⁹ This included closures of *pustu* and *polindes* during initial lockdowns, shorter hours for some *puskesmas*, and the suspension of *posyandu* sessions. Many families' main health concerns were the risks of COVID-19 testing and related stigma, often fueled by misinformation shared on social media. Nevertheless, disruptions in these services have impacted how community health services are perceived and experienced and may result in long-term impacts for pregnant women and children, setting back recent gains achieved in *posyandu* attendance.

Locations that were comparatively more affected (represented by **orange dots**) are where *posyandu* attendance remained low (even after *posyandu* resumed, or where *posyandu* restarted much later) and where the village *pustu* had remained closed (in one location).



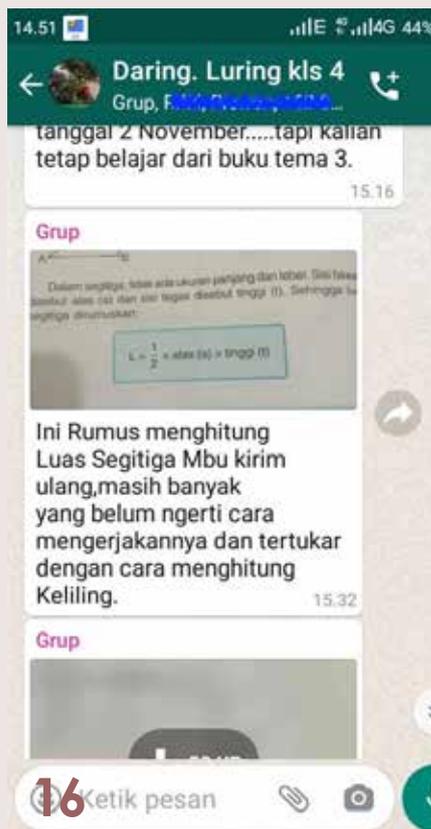
⁹ More detailed description and analysis can be found in the thematic study brief, UNICEF and Empatika, 'COVID-19 in Indonesia: Children and Families' Experiences - Health and Hygiene', Jakarta, 2021. Primary insights for this phase were gathered from December 2020 to early January 2021.

PHOTOS ON LEARNING AND SOCIAL LIVES OF CHILDREN

16) Bandung Barat. The teacher had to resend this math material to primary school students as students hadn't understood. Both students and teachers shared that subjects like math were particularly difficult if done remotely.

17) Timor Tengah Utara. Students from the same class whose homes are nearby gather in one house as a teacher visits them to give lessons at home, before the school had re-opened in this location.

18) Jakarta Timur. A father said that COVID posters and banners are everywhere, with similar content about the 3M campaign.



PHOTOS ON HEALTH AND HYGIENE

19) Sintang. According to a mother in this location, since the pandemic implementation of the '5 tables system' for posyandu are more orderly and the health officer from the puskesmas makes more effort to have the posyandu run smoothly.

20) Lombok Timur. A pregnancy class organised by the puskesmas for mothers 7 months pregnant or later. It is normally held twice a year, usually in June and December. However, due to COVID-19, this year the June class wasn't held until October.





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PHOTOS ON HEALTH AND HYGIENE

21) Pulang Pisau. The mother is this family stocked extra medicines and vitamins at home for her baby. Most families' main strategy for dealing with potential health concerns related to COVID-19 was to try to stay healthy, and some more frequently self-medicated (though often with advice from the local midwife) or drank local herbs.

22) Timor Tengah Utara. Preparing for the Christmas celebration, but with little social distancing or mask use. People said that COVID-19 is not a big issue here since there are no cases.

23) Sintang. In-kind social assistance at *posyandu* as part of the village's pandemic response. This was one of two study locations along with Alor where families shared that village-level health services had improved with more attention from the local government due to the pandemic.

24) Pulang Pisau. Supplemental food programmes during *posyandu* had restarted in some locations like this one, but not in all locations.

25) Aceh Selatan. A grandmother making traditional herbs that could be used for cough, flu, and fever.

26) Pasaman. Children in this location could go back to boarding school in January 2021 with normal activity and no health protocols.

PERSPECTIVES ON COVID-19 INFORMATION, TESTING AND VACCINATION

People found information on COVID-19 to be contradictory and confusing, while information from health providers was limited. A village official mother in Alor shared, "As far as I know, every time the midwife or *puskesmas* officers talk about COVID, it is limited to 3M. What they talked about last month (during *posyandu*) will be repeated the next month. Nothing new."¹⁰

People also shared worries about COVID-19 testing, not just because of the risk of testing positive and potential consequences, but also because of community stigma and suspicions associated with testing positive and quarantine. As shared by families in Pasaman and Garut, "It is better to not know [if you are positive] and to make sure you don't have symptoms."

Lack of information regarding COVID-19 shaped people's perceptions towards vaccination. As explained by a village head in Sintang, "The cases are zero, and the majority of people do not understand COVID. Even though I force myself to persuade them, I don't think they will be willing to get the vaccine."

¹⁰ The 3M campaign is a widespread government health messaging campaign which highlights three 'Ms': menggunakan masker, mencuci tangan, and menjaga jarak (wear a mask, wash your hands, and maintain social distancing).

VIEWS ON COVID-19

Health was generally not mentioned as a priority concern for families, although when asked about health concerns more directly some people did share concerns including COVID-19.

- Some people referred to the national COVID-19 risk zone categories to assess which areas were safe. In general, however, people assumed that city areas were 'red' or considered them more risky and their own villages to be 'green' or safe although the data frequently conflicted with these assumptions.
- Babies, young children and those who have ongoing health problems were considered most at risk of serious illness due to COVID-19. Only a few families mentioned risks for older people.
- People shared mixed views on vaccination; many were hesitant due to concerns about its necessity or not being halal.¹¹

Families in rural areas mostly felt disconnected from the health impacts of the pandemic as few had experienced COVID-19 first-hand.

- Those with no personal experience of COVID-19 often dismissed it as a serious health threat and found it difficult to reconcile messages on the news or on the Internet with their personal experiences.
- In rural areas, COVID-19 social distancing rules and restrictions were considered extreme; mask use declined after June/July 2020, mostly worn when leaving the village or visiting markets.

Social media was the primary source of information on COVID-19 and the vaccine, but people found information confusing and it often contradicted official information sources. While some information from the government was widespread such as the 3M campaign, messages were repetitive and simplistic. Without better explanations and a lack of trusted sources for information, people struggled to navigate conflicted messages they found on the Internet and social media.

¹¹ Indonesian Government did not announce plans for the national COVID-19 vaccination programme until January 2021, after the health phase of this study was conducted.

FEAR OF COVID-19 TESTING

Concerns about testing related to uncertainty, misinformation, stigma and the fear of being forced to quarantine away from family, as little knowledge or explanation was available about quarantine and testing procedures and many rumours circulated on social media.

- People tried to avoid rapid testing or follow up PCR tests due to fear of false positives and community stigma associated with being positive.
- A lack of understanding about the virus along with suspicions about the intentions of health facilities and rumours of corruption fueled people's fears and stigma.
- Many families avoided the *puskesmas* and other circumstances that they felt might risk exposure to COVID-19 or require testing to minimize the risk of being found COVID-19 positive .

IMPACT ON BASIC HEALTH SERVICES AND HEALTH-SEEKING BEHAVIOUR

Local health services were significantly disrupted during the initial lockdown period (late March to June 2020), particularly for village-level facilities such as *pustu* and *polindes*. *Posyandu* sessions were also suspended during this time.

As travel restrictions relaxed in June–July 2020, many people said that *puskesmas*, *pustu*, and *polindes* were soon operating at similar to pre-pandemic levels, although often with shorter hours and with COVID-19 health protocols.

- In a few locations, however, significant disruptions to health services continued. A *pustu* in one village remained closed through December 2020.
- As local health facilities and services resumed, many health providers had increased workloads and additional responsibilities.

In two study locations, families explained that services had improved due to increased attention on health services due to COVID-19.

This included more frequent visits from *puskesmas* staff, funds to cover transport costs for pregnant women, and the revitalization of a *poskesdes* which had rarely been in operation before the pandemic but now had a new full-time midwife and a better supply of medicines.

More people only visited health facilities (hospitals and *puskesmas*) if very ill.

- Families noted an increased preference for village-level facilities and providers over the *puskesmas* to avoid risk of COVID-19 infection, testing and gossip. Village midwives increasingly became the local source of general health advice, with many families contacting midwives informally via WhatsApp, including for preventative advice.
- There was an increased focus on home treatment and prevention ("staying healthy") using traditional remedies and over-the-counter medicines, such as paracetamol, to avoid or treat symptoms typical of COVID-19.

DISRUPTION TO POSYANDU HEALTH AND NUTRITION SERVICES

A 3–6 month gap for *posyandu* sessions was the most significant disruption to health and nutrition services, during which time no regular services for immunization or weighing/measuring babies were provided.¹²

Midwives and cadres attempted to fill this gap by providing increased home visits or offering one-on-one consultations at their own homes or private home clinics (for midwives), especially for pregnant women, but lacked guidelines on how to ensure consistent services and manage visits safely.

- Some mothers preferred the one-on-one attention provided by home visits, though midwives and cadres shared challenges with scheduling and increased workload.

¹² *Posyandu* sessions had restarted in over half of the study locations by early August 2020. The last to restart were in Jember (November 2020) and Jakarta Timur (yet to restart as of early January 2021).

In many communities, resumed *posyandu* sessions were limited to weighing, measuring and immunizing babies and young children with reduced opportunities for socializing or sharing advice and information. Any information sharing that did occur tended to focus on COVID-19.

- Supplemental feeding programmes for infants and young children, along with counseling for mothers as part of the *posyandu* sessions had yet to restart in some locations.
- In many locations, pregnant women were told not to attend *posyandu* sessions due to COVID-19 risks.
- Some locations saw reduced *posyandu* attendance from other mothers as well. Some women shared that they chose not to attend sessions following 3M campaign advice to avoid gatherings.



Bandung Barat. A cadre here shared photos from recent *posyandu* activities.

Implications for policy and programming

The findings of this study present a number of implications for policies and programmes that can help long-term recovery or manage similar crises in the future. Many implications highlight the need for more context-specific approaches for government policies (e.g., urban versus rural settings, influence of a family's main livelihood, specific needs of vulnerable groups, etc.). Taking into account the priorities shared by study families, the implications below are listed in order of most acute need.

ADDRESSING LOSS OF INCOME AND LIVELIHOODS

Consideration should be given to the appropriate balance between providing universal emergency social assistance and more targeted social assistance that aims to support longer-term recovery.

Provide a safety net for workers especially those more vulnerable to economic disruptions. Those workers are likely to include migrant workers, informal/daily wage workers, kiosk owners and workers in the tourism and hospitality sectors. Worker support schemes could include work opportunities for low-skilled and informal workers, savings or insurance to cover temporary periods of unemployment, direct financial support to companies to retain workers, subsidized wages, and making it easier for microbusinesses to obtain emergency loans.

Review criteria for allocation of social assistance to reach more people in need. These people may include those without productive land, who are dependent on occasional/informal labour, who cannot work due to health or caring responsibilities, and who have no other income earners in the family. Reviewing the allocation criteria based on the Ministry of Social Affairs' Unified Database and ensuring that assessment

of people's changing financial circumstances are updated regularly will improve distribution of funds.¹³

Increase effectiveness and transparency of social assistance by providing more information on scheduling of distributions and selection processes for beneficiaries.

Understanding the forms of support that can be expected, selection processes, amounts provided, when and how often disbursements will be made will help families plan ahead and invest.¹⁴ A mechanism by which village officials (and community members) can suggest revisions to criteria, appeal decisions or nominate individuals for further assessment would help address community distrust of the system and motivate officials to improve targeting or expand assistance. The Sapa Warga application in West Java is a useful example of such a mechanism.¹⁵

Consider targeted, non-cash support for families.

This support could include reducing the costs of attending school (fees, uniforms, transport, etc.) and the expansion of government-provided Internet data or Wi-Fi in villages for students. For domestic or international migrant workers and other frequent travellers, this might include free or subsidized COVID-19 tests. Small-scale farmers could receive free agricultural inputs (seeds, fertilizer).

Consider long-term financial and agricultural support services for farmers.

Farmers may experience long-term problems post COVID-19, including increased indebtedness and reduced ability to cope with future shocks. Provide support that enables small-scale farmers to access

¹³ The Unified Database (UDB) is a social registry database that unifies information for poverty targeting across the country's largest social assistance programs.

¹⁴ Empatika's 2020 study 'People's Perspectives of Multipurpose Cash Assistance in East Lombok: Endline Assessment' showed that when families were informed about the schedule for upcoming cash disbursements, it helped them plan for larger expenses and manage credit with kiosks.

¹⁵ Sapa Warga is a new online platform used by village officials in West Java to update lists of beneficiaries.

market price information easily, store and transport crops, and provide insurance tailored to their needs.

Support village governments with context-specific strategies for the use of village funds to support the pandemic response.

This would include more detailed and contextual guidance on the fair and transparent allocation of emergency cash and other social assistance, identifying beneficiaries, how to make choices about public spending for local infrastructure (which can provide 'safety net' work opportunities) or other forms of COVID-19 relief (health, education). This would also help reduce the burden on village leaders. Consult with village officials to develop context-relevant guidelines.

RECOVERING FROM DISRUPTION TO LEARNING

It has been over a year since schools began distance learning. Schools have begun opening in many locations but additional support is needed to address the long-term impact of gaps in learning.

Address the gaps in learning to improve learning outcomes. Most students need additional support to catch up with their learning, including those who are attending reopened schools or who still rely on distance learning. Distance learning approaches and reduced time in the classroom have resulted in limited interaction between students and teachers, one-way communication and lack of feedback from teachers. These factors have further inhibited learning and knowledge retention.

Support could include adjusting the curriculum and providing resources for students to study more effectively at home (regular student groups and teacher visits, interactive online materials or online student groups). Specific support for reading and maths skills may be required for younger students, including Internet-based edutainment and materials for parents to help their children learn. Students transitioning to secondary schools may need additional support as they are less likely to have the supportive relationships with both teachers and students that

help students cope with the demands of distance learning and hybrid learning arrangements.

Provide guidance and incentives for teachers and honorary (*guru honor*¹⁶) teachers to better engage with and support students

to catch up on lost contact time, manage curriculum adjustments, more effectively use distance and hybrid learning approaches, assess student needs and give fair but accurate grades. Guidance should also acknowledge and support the expanded teaching role of parents.

Plan for and improve distance learning approaches.

There are opportunities to develop better digital learning approaches to ensure learning can continue in any situation where schools cannot fully open. This should include a national digital learning blueprint, curriculum materials applicable to web-based platforms and guidance for teachers.¹⁷

Where distance learning is not possible due to lack of Internet connectivity or mobile ownership, ensure the blueprint can be adapted to fit local capacity. More effective and appropriate financial support - from the private or public sector - to offset the additional costs of Internet access and data should be considered for those students who are able to access the Internet.

Consider more contextualized learning arrangements to meet local education needs.

Enable schools to have more flexibility on learning arrangements by taking into account local risks, resources and capacities. This includes strategies for more contextualized directives and responses from the Ministry of Education and district education offices regarding school closure, risk mitigation and options for hybrid learning arrangements.

Schools are best placed to assess risk at the community level and decide what is best for their students, provided adherence to COVID-19 safety guidelines is assured. For example, the use of existing infrastructure within communities, particularly outdoor areas, may address classroom space constraints and allow students to have more contact time with teachers, while maintaining adherence to health protocols.

¹⁶ Contract teachers with no civil servant status.

¹⁷ UNICEF, 'Digital Learning in Indonesia: Key Findings and Recommendations', Jakarta, 2021.

Address the risk of school dropout due to declining motivation in students. Many children are less motivated to learn with the disruptions in schooling. Initiatives are needed to monitor and address challenges with student retention, particularly for adolescents. Additional and improved vocational training opportunities and internship programmes that allow adolescents to work and earn income while still finishing their education can help support this.

Help parents to help children. Many parents want to support their children to learn but do not know how. Some may not understand the content, while others may not feel qualified to help. Others also do not consider education as part of their role as a parent. Guidance and support to help parents better support their children can help address these issues and reinforce the message that parents are also teachers.

STRENGTHENING HEALTH SERVICES

COVID-19 has disrupted how community health services are perceived and experienced. However, local health providers and families have adapted in a number of ways and these adaptations are potential strategies for strengthening health care at the community level. Additional support will be required to address the long-term impact of gaps in local health and nutrition services for children.

Better integrate village-level health providers and health facilities to improve health services.

COVID-19 disruption has highlighted the important role of village-level health providers, as many families continue to avoid formal health care facilities and services. A health care system that better complements the work of, and looks for ways to empower, village-level care providers is needed. Ensuring families can feel more comfortable visiting health facilities is important.

Build on the importance of personal relationships between families and local health providers to provide better health services.

This study found families relied more on local health providers who live in the community and provided informal or remote consultations. Building on this approach may involve the expansion of home visits or mobile-based check-ins (including WhatsApp)

for pregnant women and parents of children under two years old. Guidance and standards for remote consultations and monitoring will be needed.

More support for women's health is needed to address gaps in care caused by the pandemic.

Pregnant women may not be receiving as much care or advice during the pandemic. Service provision for pregnant women should emphasize the roles of midwives or cadres, given the importance of personal relationships with local health providers. Assess the need at the local level for outreach campaigns to encourage both pregnant women and women with young children to attend *posyandu* sessions.

Mainstream or popularize reliable information sources to strengthen people's understanding of COVID-19.

There is no single information source on COVID-19 that people seek out or feel is reliable. Making government websites, scientific sources and other official information sources more accessible, well known and trusted is important. Presented simply and clearly, key messages should address both the 'what' and the 'why' behind COVID-19 recommendations, including the severity of COVID-19, people at most risk and vaccine safety. Endorsement of messages by trusted individuals or the use of official logos/mark would also support authenticity. Many local health providers, officials and religious leaders are influential and trusted in their communities but receive insufficient or basic information and messaging about COVID-19.

Address misinformation and stigma related to COVID-19 health services provision and testing.

Clear information about testing and quarantine procedures would help address rumours and suspicions. Communities should also have more clarity on what happens following a reactive test result. District protocols for positive test results should also consider people's reluctance to be separated from their family or being labeled as 'positive' in their own communities.

Support health workers with information.

Midwives, cadres and nurses are influential and trusted people in their communities, yet they receive insufficient or basic information and messaging about COVID-19. Use of existing communication channels such as WhatsApp and webinars can help build a deeper understanding

of COVID-19 among health workers so that they can inform others. Clear guidelines for COVID-19 modifications to standard practices, such as *posyandu*, should be shared with midwives and cadres, including how to do home visits for pregnant women. Empowering local health providers as local sources of reliable information would also strengthen community-puskesmas relations.

More support for midwives is needed. Midwives have increased workloads in managing village health care. Support for midwives can include how cadres can be supported to carry out some of the activities normally done by midwives, with training, guidance and management. Look for opportunities for cadres to shadow midwives and other health professionals to gain experience and training. Facilitate regular feedback and sharing of experiences among midwives and cadres to widen their support network and enable them to learn from others.

Address vaccine misinformation. Much of the vaccine hesitancy is based on misinformation on how vaccines work and why they are important. Messages that directly counter misinformation should form the basis of social media and TV communication campaigns and be distributed through more informal channels to midwives and cadres. People often have specific vaccine concerns, including safety, local distribution and halal certification. Ensuring these concerns are respected and addressed may help encourage those considering the vaccine to step forward and serve as examples.

Use personal stories to describe the impact of COVID-19. Many people who changed their views on COVID-19 did so after someone they knew was infected. Using personal stories related to the impact of COVID-19 may help communication campaigns reach people in a way that sharing information alone cannot.

Provide guidance on healthy, inexpensive food and support protein-rich food assistance. Providing guidance to support people eating inexpensive but healthy food and to meet protein intake should be considered, tailored to local food availability and taste preferences. Food assistance should also provide protein-rich foods such as eggs, soy products, legumes and

dried/preserved fish, rather than staple crops or products which people already purchase.

Contextualize the local health response. This may include providing more decision-making power at the district level to consider trade-offs for local service closures (e.g., balancing the long-term impact from service closures with current COVID-19 infection rates at the local level) and modified approaches to service provision (e.g., remote consultations with local health providers).

MONITORING THE IMPACT OF COVID-19 ON FAMILIES

This study demonstrates that remote data collection approaches can generate detailed and grounded findings, particularly when researchers can build on existing contextual knowledge and personal relationships. This study identified the following additional data and monitoring to inform future COVID-19 assistance.

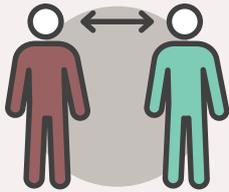
Deep-dive studies on specific topics identified in this study include primary school student learning experiences, experiences of village officials navigating the pandemic recovery and an in-depth assessment of the challenges facing urban families. Some urban families were involved in this study but not to the same extent as rural families.

Consideration of child protection and violence in the home. Although UNICEF identified this as a topic of importance, it was not examined explicitly in this study (and researchers did not get a sense of any issues among participating families). This topic would also be best explored using in-person approaches.

How were people affected by the pandemic?

- Most affected
- Somewhat affected
- Least affected

Overall, people in more urban areas were most affected; those with a single income source and/or many dependents in the household were least able to cope/most vulnerable. The following are key areas that people shared were significant for them:



Isolation and reduced social contact



Interruption of preventive health care

Most severe in urban areas March-June	Some pregnant women and babies; health staff who were transferred to <i>puskesmas</i>
Rural areas March-June, few in lockdown but suspension of religious and social gatherings including Eid	Eldery taking medicine, people with chronic diseases /who need regular treatment at hospitals
Rural areas following June/July	



Interruption of education



Closure of places of work

<ul style="list-style-type: none"> » Young children unable to learn remotely; » Students who have just entered new levels; » Parents of children learning remotely without internet who needed to visit school or submit assignments 	<ul style="list-style-type: none"> » Workers in urban areas who remained but cannot access work and families who depend on their income; » People who work in mines, plantations, local factory/companies routinely or who use this as extra source of cash; » Low-skilled migrant workers who returned home to villages and remain unemployed
Adolescents delaying university due to costs; university students struggling to learn online	Skilled migrant workers able to find work upon return home to non-remote locations
Students in some rural areas who could continue to learn in study groups or resume learning in person earlier	Civil servant teachers



Diversion of dana desa funds



Reduced price for agricultural goods

Harmed **informal labourers** such as those working on dana desa-funded construction projects

Farmers unable to store crops to sell later, or who could not afford to wait to sell

People who prefer public works over social assistance

Farmers with high debt from previous planting or failed crops due to drought, flooding

Benefitted **BLT recipients**

Farmers who could wait to sell crops until prices were higher



Reduced demand, spending



Increased workload

Informal labourers in urban/periurban areas; Kiosks/vendors near schools

Midwives and cadres with increased home visits due to pregnant women not attending posyandu, some overall reduced attendance

Other **kiosk owners/vendors** who had to relocate/shift selling approach; **shop owners** who sell less as people reduce daily consumption; **informal construction/agricultural labourers**

Teachers who make extra effort to support students remotely; village government officials managing allocation of BLT; parents who took on role in supporting remote education and/or pick up and drop off of assignments

Civil servant families who continue to receive salaries but may reduce spending due to uncertainty or delayed payments

Teachers who provide little to no additional direction or opportunity for interaction within the modified learning arrangements; other civil servant workers



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