



THE HIDDEN IMPACT OF COVID-19



Save the Children

Global Research Executive Summary:
Children's Health and Nutrition, Learning, Protection,
and Rights During the COVID-19 Pandemic

About the Research

Amidst the COVID-19 catastrophe sweeping all over the world, Save the Children (SC) conducted a **global research** to obtain accurate, recent data about the impacts of school and community integrated health care unit (posyandu) closures, home quarantine, and community lockdown on children and families in **health, nutrition, psychosocial, distant learning (DL), well-being, protection, and economic aspects**. SC also identified children's and families' needs and **listened to children's opinions and their messages** for leaders and other children around the world.

Carried out in **46 countries**, this has been the largest, widest, and most comprehensive study during the pandemic, in which **31,683 parents** and **13,477 children** have participated. This research study has obtained **approval** from the Save the Children US Ethics Review Committee (SCUS-ERC-FY2020-33) and the University of Indonesia (No: Ket- 271/UN2.F10.D11/PPM.00.02/2020). As many as **4,568 parents** and **2,232 children** from 30 provinces in Indonesia took part in the survey conducted from **15 June to 15 July 2020**.

Table 1. Overview of Research Samples*

Sample Groups	Global	Indonesia
1. SC program beneficiaries		
Parents	17,565 (F:65%; M:35%)	1,887 (F:61%; M:39%)
Children	8,069 (F:54%; M:35%)	854 (F:50%; M:50%)
2. Target populations (refugees, living in marginalised, left-behind, impacted, or disaster-prone areas which also SC program beneficiaries)		
Parents	4,302 (F:55%; M:45%)	1,925 (F:58%; M:42%)
Children	2,223 (F:54%; M:45%)	1,182 (F:53%; M:47%)
3. General public		
Parents	9,816 (F:55%; M:45%)	756 (F:62%; M:38%)
Children	3,185 (F:51%; M:49%)	196 (F:56%; M:44%)

* The research samples consist of: 1) parents or caregivers aged >18 years living with children aged 0-17 years; and 2) children aged 11-17 years (1 adult and 1 child per household).

Sample groups 1 and 2 were selected using **simple** random sampling on program beneficiary databases or villages' household registers, while for group 3 snow balling sampling was used (the team prevent any **sampling contamination** by providing different survey links and unique codes).

Table 2. Proportions of Respondents' Regions of Origin

Regional	% Parents	% Children
Asia	39%	46%
Indonesia (as a proportion of Asia)	14%	18%
Southern and Eastern Africa	19%	20%
Central and Western Africa	8%	8%
Latin America and the Caribbean	17%	14%
Middle East and Eastern Europe	12%	10%
Pacific	1%	2%
North America	3%	1%

Table 3. Origin of respondent (SC program beneficiaries)

Provinces	Districts/City
Central Sulawesi	Palu, Sigi, Donggala
West Sumatra	Limapuluhkota
Lampung	Pesawaran, Tanggamus, Pringsewu
South Sulawesi	Soppeng
West Java	Tasikmalaya, Bandung, West Bandung, Bekasi, Bogor, Cianjur, Cimahi, Majalaya
East Java	Bangkalan, Blitar, Malang City, Malang, Majalaya, Surabaya, Pasuruan
DKI Jakarta	Five cities: South, West, North, Central, East Jakarta
Central Java	Purwakarta, Solo
East Nusa Tenggara	Kupang City, Kupang, Central Sumba, South West Sumba, East Sumba
West Nusa Tenggara	North Lombok

SurveyMonkey application was used to collect data with 3 methods, i.e.: 1) completed **online** by respondents; 2) respondents were interviewed by **telephone**, and 3) direct **face-to-face** interviews (with COVID-19 protocol) by trained enumerators.

Respondents were recruited by sending invitation via WhatsApp, SMS, email, or phone call, and if agreed to participate, they could choose any of the 3 methods above. Respondents were given **informed consents** which included information about the research, its purposes, duration for completion, procedure, risks during participation, data protection, privacy, contact details, consent statement, and when it had started respondents were given options to quit or continue until finish.

In the online questionnaires, parents were directed to give information **referring to any of their children**, e.g. the eldest child (<18 years) or the youngest who was still a student or the youngest or the eldest if the children had not gone to school yet (under 6). By this way, **child ages are more evenly distributed** in this study results.

The **research questionnaire variables** included themes written in the purpose section (above), i.e. for household and individual (parents / caregivers, referred children, and child respondents) levels. The research questionnaires were divided into two parts: 1) Completed by **parents or caregivers**, to which they were asked to provide information concerning the **condition and caregiving of one of their children**; 2) if they had ≥ 1 child aged 11-17 years and gave assent, then one of their children answered the questions in part two.

Quantitative data were analysed by using STATA, mainly using chi square and regression (F-statistics). Global data were weighed to the total number of samples. Qualitative data were analysed by using thematic content approach.

Research limitation may be due to questionnaires being filled independently (online); despite the survey being anonymous, their responds may be biased, particularly for questions about family relationships and violence. Children might be willingly or unwillingly influenced in filling out the questionnaire, especially when accompanied by another person.

Disability. For these questions, Washington Group Short Set of Questions on Disability (how difficult someone is to see, hear, walk, remember, care for him/herself, communicate) was used.

Food security and nutrition. Measured by using Reduced Coping Strategy Index (rCSI) as proxy indicators (weighing number of days having consumed less expensive / less preferred food, reducing portion of meals, restricting food consumption by adults, reducing frequency of meals, borrowing money).

Wealth/poverty index. This study used Multidimensional Poverty Index (MPI) from UNDP and OPHI (number of children, minority status, TV set and computer ownership, internet access, number of bedrooms, pre-COVID-19 access to social assistance, and child access to play outdoors).

Domestic violence. The questions were focused to identify if any verbal violence (scolding), physical violence (getting hit or harassed) had happened at home and how frequent, according to adult and child respondents' reports.

Psychosocial wellbeing was measured with negative feelings and/or behaviour.

Research Findings

Note for the Readers: This executive summary generally presents **data for Indonesia** (aggregated from sample groups 1 and 2), i.e. representing those who participate or are SC program beneficiaries. In addition, there are some global and regional data as well. For brevity of writing, the following terms are used:

- Female is abbreviated to F and male M.
- Parents (represent either parent or caregiver).
- Respondents or children with a disability (having 1 or more disabilities).
- Families with a disability (≥ 1 family member(s) having ≥ 1 disabilities).
- Female-headed family (family members are all female).
- Male-headed family (family members are all male).
- Other families: other than characteristics described above.

Research Sample Descriptions

Table 4. Research Sample Characteristics Descriptions

Characteristics	Indonesia	Global
Rural	83%	49%
Urban (city and town)	17%	46%
Parents with a disability	8%	6%
People without a disability	92%	87%
Children with a disability	6%	4%
Children without a disability	94%	78%
Parents' age (in years)	18-24 (3%)	7%
	25-29 (10%)	13%
	30-39 (38%)	36%
	40-49 (34%)	28%
	50-59 (12%)	10%
Age of referred children when responding to survey questions (information)	60+ (2%)	4%
	0-1 (5%)	5%
	2-4 (8%)	10%
	5-10 (33%)	31%
	11-14 (28%)	30%
Child respondents' age (in years)	15-17 (26%)	25%
	11-14 (53%)	56%
Children with a chronic disease	4%	7%
Households belonging to poor category	50%	39%
Respondents with minority status (ethnic, religion, refugee, gender, etc.)	52%	26%

Result Summary per Thematic Programs

Child Rights Governance

- **Children were less heard and involved in decision-making** (only 1 out of 4 children said their families heard them vs **Global: 46%**; 1 out of 10 (11%) **was involved** in decision-making).

- **Our children lost their freedom of direct and virtual social interaction** with their friends, (1 out of 7 (15%) children could not interact at all vs **Global: 51%**).
- **Children were burdened with more domestic chores** (1 out of 2 children (47%) did more domestic chores, including giving care to siblings/relatives vs **Global: 51%**).

Health and Nutrition

- **Child nutrition was disturbed** (4% of children ate less than they used to before the pandemic vs **Global: 35%**, but 1 out of 2 (52%) parents reduced the kinds / variations of children's food).
- **Economic difficulties worsened children's and families' access to basic necessities** (4 out of 10 did not have soap / facemasks; 1 out of 7 could not access sanitary products / tampons / clean water).
- **Families' access to health care was very disrupted** (3 out of 8 parents were unable to access treatment, direct consultation to a doctor (16%), counselling (6%), mental health service (3%).

Education/Learning

- **Limited DL quality and outcomes** during the pandemic (8 out of 10 children said they could not access adequate learning materials, 7 out of 10 parents said their children learnt less vs **Global: 83%**).
- **Children and parents faced various challenges during DL** (4 out of 9 children found it difficult to understand their homework vs **Global: 25%** and 1 out of 5 children said that "nobody can help me" vs **Global: 36%**).
- **Student monitoring quantities and qualities by teachers were very low** (1 out of 4 parents (25%) reported that teachers did not monitor their children vs **Global: 66%**, only 1 out of 12 (8%) was monitored daily).

Child Protection

- **More children experienced negative feelings** (4 out of 9 parents noticed a change in their children: control of emotion (17%) and more forcing (8%) and committed violence (4%).
- **Mental and psychosocial health decreased** in 3 out of 4 parents (75%) vs **Global: 89%**, 4 out of 9 parents felt that everything was difficult, 16% in despair vs **Global: 55%** and 11% depressed vs **Global: 65%**.
- **Children experienced more violence and were at risk of violence** (1 out of 5 parents did negative parenting; 16% parents/children said that violence had occurred vs **Global: 37%**).

Child Poverty

- **Families' economic situation became worse** (3 out of 4 families lost **some or almost all of their incomes** since the onset of the pandemic vs **Global: 77%**, 1 out of 4 was in need of a job vs **Global: 38%**).
- **Respondents' adaptation strategies:** resorted to less preferred food (76%), borrowed money (56%), reduced kinds of children's food (52%), ate less (65%), and reduced meal frequency (57%).
- **Government assistance beneficiaries had to be more targeted** (47% had not received the assistance, even though they were the most marginalized, left behind, and impacted; 7 out of 10 needed cash assistance or voucher).

Inequality of inclusivities (gender, disability and minority status)

Gender: girls (G) compared to boys (B)

- More G experienced **negative feelings** (more worried G:45% vs B:36%).
- G were more **burdened with domestic chores** (G: 52% vs B: 42%).
- All-female families **lost job** more than other families (58% vs 36%).

Disability (D, for short)

- Parents of daughter with D were 3 times **more unsure that their children would return to school** (16% vs 6%) after the pandemic.
- Parents with D were **more difficult to get some food** (76% vs 62%).
- Number of children with D who experienced a **behaviour change** were 3 times higher (wetting pants (7% vs 2%) and unusual screaming (17% vs 5%).
- **Violence occurred more in families with D** (31% vs 16%).
- More parents with D had **food crisis** (47% vs 35%).
- More parents with D said their children **had a difficulty to comprehend homework** (35% vs 45%).



Because I am a child with a disability, please pay more attention to me so that I can study at home. I need shoes that suit my disabled feet.

(Girl, 16 years old)



Direct interview with health protocol in Central Sumba.
(Serlin Horo Rambadeta/Save the Children)

Households belonging to poor category

- Poor children were more **socially isolated** (56% vs 44%).
- Parents whose children were unable to access learning materials 5 times were more likely **not able to help their children learning** (48% vs 9%).
- **Violence** more often occurred in families **who had lost income** (40% vs 25%) and in families who had been forced to **move** (60% vs 35%).

With minority status (ethnicity, migrant, religion, etc.)

- More parents **who were uncomfortable to state their minority status** said their children did not study at all (31% vs 20%).
- Share of minority groups **experiencing a crisis** was bigger (40% vs 34%).

Urban vs Rural

- **Domestic violence** happened more in cities than in villages (39% vs 35%).
- More urban dwellers **lost income, but received less assistance** than those in rural areas did (22% vs 32%).

I. Child Rights Governance

I.1. Children's rights to be heard and involved in decision-making were ignored.

- Only 1 out of 2 parents (50%) **often talked about COVID-19** with their children (mothers 53% vs fathers 47%), 6% of the children even said that their parents **never** discussed the pandemic with them.
- Only 1 out of 4 (24%) children said their families **heard them** (Global: 46%) and 1 out of 7 (14%) **were asked for opinion**, and 1 out of 10 (11%) were **involved** in decision-making.
- Only 56% children said they **were allowed to ask** about COVID-19 (Global: 65%), to raise their **concerns** (F: 60% vs M: 56%).
- Globally, children from families with disability **were more involved** in decision-making (34%) compared to other families (20%).
- This study found that children **who were not asked to talk tended to worry more** and experienced other negative feelings during the pandemic.

I.2. Our children lost their freedom of direct and indirect (virtual) social interaction.

- 7 out of 10 (70%) parents said their children had been hanging out with their friends outside home (Global: 49%).
- 1 out of 2 children (51%) still **directly met/played together** and 1 out of 5 (22%) children interacted **virtually**, and **13% (met and virtual)**, however 1 out of 7 (15%) children did not interact at all (Global: 51%).
- Globally, children from **families categorized as poor** were more (56%) socially isolated compared to others (44%).
- Data showed that **children who were still able to socially interact tended to worry less**.

“
During Covid time, there are so many things to worry, and when the Covid pandemic is over, when I go to school again I'm afraid it's going to be difficult for me to communicate with friends, because I don't get along easily.
”

(Boy, 13 years old)

I.3. The well-being and happiness of our children have been disturbed; they experienced negative feelings (more worried, afraid, sad, and bored).

- Compared to pre-pandemic, only 1 out of 3 children (31%) felt **happier** and **hopeful** (33%), but only 4 out of 10 children (41%) **more worried**, 1 out of 4 **more sad**, > half (55%) **more bored**.
- **More girls** tended to experience **negative feelings** compared to boys, e.g.: more worried F (45%) vs M (36%).

- 1 out of 3 girls (32%) faced **emotional stress** due to the fear of getting tested if she or her family were infected.
- Almost 2 out of 10 children (18%) felt **more unsafe** during the pandemic.
- Children aged 15-17 years were more able to **express their concerns** (62%) than those of 11-14 years were (45%).

I.4. Our children lost their freedom to play and relax due to getting burdened with more domestic chores.

- 1 out of 10 (10%) parents said their children **did not have any access** to play **outdoors** (Global: 35%) (urban 66% vs rural 20%).
- 1 out of 4 (25%) children said **they played less** than before the pandemic (urban 53% vs rural 36%).
- Nearly 1 out of 2 children (47%) were burdened **more domestic chores**, 1 out of 3 (31%) gave care of their little siblings/relatives more (Global: 51%).
- **Girls were more burdened with domestic chores** than boys were (F:52% vs M:42%), and with little siblings / relatives caregiving (F:34% vs M:27%).



Children in Donggala, Central Sulawesi, is seen doing Distance Learning (PJJ) from home. The differences and the limited availability of supporting facilities and infrastructure for PJJ at the household to regional levels mean that the quality and effectiveness of PJJ has not been maximized. (Save the Children)

Recommendations for the Government and COVID-19 Response Program

- Mobilise **special emergency fund for child protection**, overcome any gap and discrimination (of gender, disability, poverty, minority).
- Provide **child and disabled friendly information**, children should be able to access information without having to rely on their parents.
- Run **dialogue fora** with children on mass media, promote families to involve children in decision making.
- Involve children in **program planning and monitoring** and decision making, prioritise children's interests and aspirations.
- Create safe **child playgrounds** for children meeting their friends.
- Partner up with gender **organisations**, accommodate the needs of different genders, empower girls.
- Monitor government activities, particularly in child rights fulfilment and encourage a strong **accountability mechanism**.

Recommendations from the children

Children's messages and hope collected during this research show **concerns, interests, and dilemma they have been experiencing**. They do not think of themselves only, but they are also able to see the impacts of the pandemic on families, food, education, finance, health system, and the limited infrastructure. They also understand that this **pandemic is not the only issue the world is facing**, but also terrorism, earthquake, forcibly displaced person, and poverty.

Governments, world leaders, the makers of child-life-related decision must create spaces, strengthen mechanisms, and ensure a safe environment for children, especially for marginalised children, to let their voices be heard. **The following are messages from the children** to world leaders.

Educate us!

Children ask the government to ensure access to **quality education**, provide materials and supporting infrastructure for DL, immediately re-open schools when it is safe, and seriously prepare back-to-school activity.

Help us!

Children ask the government to help economically difficult families, provide jobs for young generations, financial assistance, support for basic service needs fulfilment, including food supplies, health care, and education.

Keep us healthy!

Children ask the government to strengthen the health system, **accelerate COVID-19 mitigation**, available and affordable treatment, food and water for children and family, **clear (easily understood by children), most recent, accurate information**.

Protect us!

Children ask world leaders **not to forget marginalised children**, those who are very needy, those who live on the street, orphans, children with disability, and children of IDPs/refugees. Children ask for **protection from any kind of violence**.

Get us involved!

Children ask world leaders **to value and respect their voices**, involve them in any decision making that is important for their lives. Society **should no more ignore children's aspirations**. Children send message that world leaders must be accountable in what they do, ensuring **the fulfilment of children's rights**.

2. Health and Nutrition

2.1. The pandemic has disturbed children's access to adequate food supplies and nutrition

- 1 out of 2 (52%) households found it difficult to get badly needed **food supplies** (Global: 62%) and **nutrient supplement** (30%) due to market/store closures (7%), stocks ran out (7%). More than 1/3 (36%) of the households said **food supplies were too expensive** (Global: 52%).
- Although only 4% of children said **they ate less** relative to pre-pandemic (Global: 35%), 52% parents said they **reduced their children's food kinds/variations**.
- Nearly all (95%) parents who were still breastfeeding **kept breastfeeding** during the pandemic, but globally, almost half of them (49%) **worried** if they could continue breastfeeding out of **fear that their children might get infected** (28%) or **they would have to be separated** from their children (24%) if they were infected. These show how high the degree of **misperception about breastfeeding practice** is during a pandemic.
- Globally, 76% **parents with a disability** were more difficult to find variegated food supplies than other ones were (62%); poor families (67%) compared to non-poor (60%); urban dwellers (75%) compared to rural ones (57%).
- Globally, **respondent adaptation strategies** for economic difficulties included resorting to cheaper/less preferred food (76%), reducing children's food varieties (52%), parents having smaller portion (65%), and **reducing number of meals** (57%).



I'm afraid of getting infected, because this virus is lethal and there are people in my village who have got infected with it already and there are also dead cases.

(Girl, 11 years old)

I am asking that corona disease patients are free of charge or paid for by the state because not all people are well-to-do, because corona don't see who are rich or poor.

(Boy, 13 years old)



Fatma, a midwife assisted by Save the Children in Donggala, Central Sulawesi, regularly makes home visits to mothers and babies in her village. Every month, she would go door-to-door to provide basic immunizations for children who were unable to access health facilities and services due to the pandemic. (Save the Children)

2.2. Economic difficulties caused by the pandemic have worsened children and families' access to water, sanitation, and medical treatment services.

- Nearly 4 out of 10 (39%) households did not have **soap/hand sanitizer**, food (39%), **facemasks** (43%), **sanitary products** (14%), even 1 out of 7 did not have/access **clean water** (13%).
- Globally, 3 out of 10 parents with a **disability** and 2 out of 5 adult males **were very dependent on water trucking to their homes**.
- A majority (86%) of the parents said that their access to health care, medicine, and medical supplies were impacted by the pandemic (Global: 89%) and these were higher in families whose one of the parents (94%) or children (96%) were with a disability.
- 3 out of 8 respondents (38%) said **they could not access** treatment care, COVID-19 test (34%), direct consultation with doctor (16%), counselling (6%) and mental health care (3%).
- The access restrictions mentioned above have been due to the **worry of getting infected** (76%) and quarantine or **lockdown/PSBB** (47%), limited **supplies** of medicine/service shut down (6%), and due to **funding issues** (20%).
- Globally, **refugees have been facing more difficult situations** in accessing health care (23%) and treatment (41%) compared to other groups (14% and 27%).
- Almost all (97%) **refugees found it difficult to access different services** compared to non-refugees (75%).
- **Mental and psychosocial health conditions of 3 out of 4 parents (75%) were declining** (Global: 89%), 2 out of 3 (67%) felt worried more often (Global: 82%), 44% felt everything were difficult, 16% in despair (Global: 55%) and 11% depressed (Global 65%). These negative feelings **were felt by more parents without a disability** (90%) compared to those with a disability (82%); and more women experienced them (53%) than men (37%).

Recommendations for the Government and COVID-19 Response Program

- a. Ensure that health and nutrition care **are kept running** during the pandemic, and **evenly accessible**, including by marginalised people.
- b. **Increase the access and coverage of COVID-19 tests**, its surveillance, and case tracings. Carry out cross-sectoral advocacy to support these.
- c. **Continue risk communication and community engagement that can promote behaviour adoption and reduce misperceptions that may very potentially increase infection risk:**
 - Help families access accurate, effective information for behaviour change.
 - Increase communication via media: social media, TV, radio, and make sure the communication materials are child- and disability-friendly.
- d. **Protect and promote Infant and Young Children Feeding through:**
 - Promote Early Breastfeeding Initiation, 6 months of exclusive breastfeeding, breastmilk complementary feeding and continue breastfeeding for 2 years or more.
 - Ensure compliance to the International Code of Marketing of Breastmilk Substitutes as well as national regulations.
 - Socialise and/or distribute recent guidelines for breastfeeding and infant and young children feeding in COVID-19 situation.
 - Support pregnant and lactating women to be able to work from home.
- e. **Provide various food and non-food assistance to meet the needs of the most impacted communities:**
 - Distribute more varied food supplies, especially for marginalised or left-behind groups.
 - Provide kits for prevention efforts, e.g. facemasks, soap, alcohol-based hand sanitizer, hand-washing stations, and sanitary products.
- f. **Protect food security, livelihood, and access to nutritious food:**
 - Ensure that safe and nutritious food supplies are affordable through food social, supply, transport, and distribution assistance, including to rural areas.
 - Include information about nutritious food (especially for children) when distributing cash assistance.
- g. **Ensure that mental health care is available.**
 - Provide mental health care and psychosocial support (online and offline) for children and adults as well.
 - Campaign “stop domestic violence” messaging, provide counselling or complaint service, adapt program activities to reduce risks and impacts of violence, particularly towards children and women.
- h. **Make sure that response and advocacy activities planning prioritise marginalised communities, families, and individuals.**
 - Response plan needs to be sensitive to gender, disability, poverty, and various kinds of exclusion and discrimination. Adapt program activities to the local (urban or rural) context.
 - Reinforce collaboration with related organisations, especially those that work in human rights, disability, children and women sectors.

3. Education-Home Learning

3.1. Parents/children were generally sure that children would go back to school, but that was not the case with parents/children with a disability and of minority groups.

- Generally, parents (97%) and children (98%) were **sure** that **children would go back to school** when the pandemic is over (vs Asia: 96%, Western Europe: 84%, Middle East: 65%, and Latin America: 59%).
- Globally, **mothers worried more** that her children would not go back to school than fathers did, this is also true for **respondents with a disability**, even though the figure is lower (91%); it goes **even lower** if the children are with a disability (85%).
- Parents of **girls with a disability were almost 3 times tended to answer “no” or “don’t know”** when asked if their children would go back to school (16% vs 6%).
- Families with a **minority status** (91%) were unsure if their children would be back to school compared to other families (95%), it was even lower for those who were **uncomfortable** mentioning their minority status (86%).
- 8 out of 9 (88%) children whose mothers are **with a disability** were sure that they would be back to school; this tends to be lower than those whose mothers are with a disability (96%).

3.2. Parents generally said that the distant learning process and result qualities were very limited during the pandemic.

- Only 1 out of 10 (9%) parents said **their children learnt as much** as they had learnt at school; 7 out of 10 (70%) parents said their children **learnt less**, and the children thought so (73%) (**Global: 83%**).
- In Indonesia, 1% of children said **that they learnt nothing at all**, (vs Eastern & Southern Africa: 32%, Middle East / Eastern Europe (26%).
- Globally, the figures (of the second point above) were higher for parents with a **disability** (23%) compared to those without a disability (19%); for **mothers with a disability** (24%) compared to fathers with a disability (18%); 1 out of 4 (24%) **girls with a disability** did not learn anything at all, compared to other girls (16%).
- Globally, parents with a **minority status** reported less that their children learnt nothing at all (16%) compared to parents without a minority status (20%), and this figures were higher for those who were **uncomfortable** to reveal their minority status (31%).
- Global data shows that almost half (48%) of parents who said their children were unable to access any learning said that **their children learnt nothing at all**.

3.3. Children and parents were facing various challenges in DL that worsen the quality and result of the children's learning.

- Almost 8 out of 10 (79%) child respondents said that they **were unable to access adequate learning materials**.
- 1 out of 5 (20%) parents found it difficult to **buy learning materials for their children**, (**Asia: 68%**), this figure was lower in rural (27%) rather than in urban areas (39%).
- More than a third (35%) of the parents said that they did need learning materials for children (**Global: 26%**) and data plan (30%).
- A small portion (2%-6%) of child respondents said they no longer got various kinds that **used to be provided by school** (e.g.: sanitary products, food, counselling, health information).



Lulu, a visiting teacher assisted by Save the Children in Donggala, Central Sulawesi, appears to be helping her students study at home. During the pandemic, every day Lulu visits her students' homes and helps them study. (Save the Children)

- **Difficulties in understanding homework** teachers assigned was experienced by 45% of children (**Global: F:25% and M:30%**); and it was higher for 11-14 year-olds (30%) and 15-17 year-olds (23%). This figure was higher for children whose **parents were with a disability** (35%) compared to the parents without a disability (27%), also in **poor families** (30%) and those who have lost more than half of their incomes (30%).
- 1 out of 5 (21%) children said, **“Nobody can help me”** (**Global: F:36% and M:39%**). This figure was higher for children whose parents were with a disability (48%) compared to those of non-disabled parents (37%), and even higher if it was the mother who was with a **disability** (56%).
- Globally, 1 out of 5 (20%) girls said their domestic chores were too many that **constrained them in studying**, compared to 1 out of 10 (10%) boys.
- 1 out of 4 (26%) children **were difficult to learn due to laziness**, especially boys and those who live in rural areas.

3.4. Parents said that teachers' monitoring their children were very low in terms of quantities and qualities.

- 1 out of 4 (26%) parents said **teachers did not monitor their children at all** (**Global: 66%**); 1 out of 5 (21%) said the monitoring was only once a week and only 1 out of 12 (8%) was monitored every day, and even 7 out of 10 (70%) children with a chronic illness were not monitored by their teachers.
- Globally, parents who said that teachers did not monitor their children were **3 times more likely to be unable to help their children learning at home** compared to others.
- Parents whose children were not able to access learning materials were **5 times more unable to help their children learning** (48% vs 9%).
- **Mothers with a disability** who were not able to help their children at home were more numerous (36%) than those without a disability (31%).
- More parents were not able to help **girls with a disability** (42%) than boys with a disability (34%).

Recommendations for the Government and COVID-19 Response Program

- a. **Support back-to-school program, including playgroups, informal learning especially for marginalised children.**
 - Consult children, parents, and teachers about their concerns to get back to school.
 - Run a positive back-to-school campaign participatively and inclusively, make sure all children have a chance to get back to school.
 - Help education cluster ensure accountability mechanism, particularly attention to marginalised children.
- b. **Support teachers to skillfully and creatively play with children and supporting learning process at home.**
 - Emphasise the importance of follow-ups and special attention to children so that they will not feel alone or demotivated.
 - Help teachers develop their skills and creativity in managing DL process, including conducting inclusive education (e.g.: making sure that the data was classified by gender and disability).
- c. **Help improving access to learning materials.**
 - Diversify learning materials, including online as well as print out, especially for those who have difficulties in accessing the internet.
 - Develop a long term strategy to improve access to distant learning supporting infrastructure if needed in the future.
- d. **Support parents to be skillfully and creatively play with children and support learning process at home.**
 - Provide materials or guidance to play and learn with children to care for their children's mental health and well-being.
 - Use Behaviour Change Communication approaches to encourage interaction between parents and children.
 - Provide materials or guidance that help parents play with children with a disability, facilitate parenting training and experience-sharing events among parents.



Dear President or Minister, as a student, I wish that schools to be opened again, because without schools what would our nation be, and also at school we receive new things that can be our innovation.

I know that in this kind of situation it is very impossible to go to school, but I do want to go to school, therefore maybe Mr President or Mr Minister can divide school hours into two shifts, morning shift and afternoon shift.

That is what I have to say, please forgive me if what I am saying is improper, that is all, and thank you.

(Boy, 17 years old)



4. Child Protection

4.1. Quarantine, lockdown, and school closure increased negative feelings and decreased psychosocial conditions of children and parents.

- A majority (82%) of parents said their children **showed negative feelings** (more worried, anxious, fear, sad, etc.) and **experienced psychosocial pressure** (Global:77%). Girls tended to experience **negative feelings more** than boys (e.g.: more anxious F (45%) vs M (36%).
- Almost half (46%) of the parents noticed **a change in their children**: appetite (19%), sleep (24%), emotion control (17%) and more aggressive / coercive (8%) and committed violence (4%).
- The behaviour change was **5 times higher** in families who got ≥ 6 children compared to 1 child (e.g.: child cried/screamed unusually 14% vs 2%; committed violence 15% vs 1%).
- Globally, the proportions of **children with a disability were 3 times higher** who wet their pants (7%) and cried/screamed unusually (17%), compared to children without a disability (2% and 5%).
- **Direct and/or virtual interaction reduced children's negative feelings.** As much as 7 out of 10 (70%) children kept interacted with their friends (Global: 49%), but 1 out of 7 (15%) were unable to interact at all (Global: 51%). Those who did not interact tended to be more unhappy (57%), more worried (54%) and more unsafe (58%). These figures decreased to 15%-17% if they met face-to-face, **and even lower if the children virtually interacted as well (5%-6%).**
- **The longer the school closure had been, the more children and parents experienced negative feelings.** When the schools had been closed for 1-4 weeks, children (62%) and parents (83%) felt negative feelings, and in 17-19 weeks, rose to 96% for children and 95% for parents. Globally, 8 out of 10 (81%) children who did not go to school experienced negative feelings, compared to 56% children who still went to school at the time of research.

4.2. During the pandemic, children have been experiencing violence and facing risks of violence more in their own homes.

- More than 1 out of 5 parents (23%) said they did **negative parenting** (less calm, less patient, often yelling, more aggressive, and giving physical punishment), especially parents whose children are >10 years old.
- Globally, more mothers did positive parenting rather than fathers (80% vs 74%); and older parents (>40 years old).
- 1 out of 8 (13%) parents and 3% children said that **violence had occurred in their homes**, and this figures **increased to 40% for the general public**. Globally, more than a third (37%) of families whose **parents or children** said the same thing, including verbal and physical violence (Middle East and Eastern Europe 51%).
- **Violence occurred more in families with a disability** (31%) rather than in other families (16%). This also occurred more **in urban** (39%) rather than in rural areas (35%) and in **involuntarily displaced families** (60%) rather than others (35%).
- In families whose incomes were relatively the same, only 1 out of 4 (25%) reported any violence, whereas in **families who lost income**, this figure has raised to 40%.
- **The more children, the higher the increase of violence:** violence occurred in 26% of homes of 1 child, and 48% if there were ≥ 6 children.
- 1 out of 8 (12%) parents with a disability were unable to **access domestic violence complaint service**, compared to only 4% for parents without a disability.



Tifan, a 7th grade junior high school student who lives in Makassar, South Sulawesi. Every day, he works as a garbage collector from 5pm to 9pm to help his family finances after his parents lost their jobs due to the pandemic. (Save the Children)

4.3. The pandemic highly impacted on family relations, between children and parents, both negatively and positively.

- 1 of every 2 (53%) parents (F: 40% vs M: 36%) said **their children showed more attention/affection** (Global: 39%).
- Although a majority (83%) of parents **enjoyed more time with children**, only 36% said that **their relations with their children was increasing**. In fact, **the more time spent doing activities with children, the more often violence occurred** (45%) compared to less time doing activities with children (29%).
- Parents who **did not access parenting support** tended to be committing violence more often (46%) than those who were able to access it (35%). Almost half (49%) who received parenting support **had a better relation** with children compared to those who did not (34%).
- Globally, **the longer the lockdown has been, domestic violence increased:** 30% of those who reported any violence were during the first week of the lockdown, 35% during week 9 to week 12, and 62% in week ≥ 20 , and even 52% when the lockdown was over.

4.4. Children were not completely protected from risks and violence while using the internet.

- A majority (84%) of the children **felt that they could safely use the internet**. However, only two-third (67%) of parents knew **how to make sure that their children were safe on the internet**; urban parents generally knew more than rural ones.
- In male-headed families (all members of the family are male), only **27% who knew how to keep children safe on the internet, compared to female-headed families** (all members of the family are female), which was 76%.
- **There was a difference in the survey results in children respondent:** children who more worried (unassisted 77% vs assisted 64%) and children who felt more unsafe (57% vs 44%). Children's responses were likely to be influenced if they were accompanied during the survey.



'Mama is yelling at us more often now because we (her children) are fighting.

(Boy, 15 years old)

I want to say, our Government must protect children, give children with mask, hand sanitizer, and others.

(Boy, 12 years old)

Spending time together, be it cooking, watching film, etc., which we have never done before because they were too busy.

(Boy, 14 years old)



Recommendations for the Government and COVID-19 Response Program

- a. Allocate **funding for child protection activities or programs**, including those for mental health and psychosocial support, and for addressing gender-based violence as well.
- b. Train, equipped, and mobilised **social workers** formally as well as informally to provide basic services for children and families, including efforts for child protection from violence.
- c. **Integrate child protection messages** into COVID-19 mitigation training and messages, make sure that attention is paid to child protection factors in preparing going-back-to-school transition.
- d. Make sure that COVID-19 response **does not ignore child groups with specific vulnerability**, such as gaps experienced by girls and children or parents with a disability.
- e. Provide access to **psychosocial service**, make sure that girls and boys can access **counselling service**, safe **referral mechanism**, and **protection for victims of violence**.

5. Child Poverty

5.1. Some respondents has lost their incomes and/or jobs due to COVID-19 restrictions or quarantine or lockdown.

- Almost 3 out of 4 (74%) families lost **some/almost their entire income** since the beginning of the pandemic (Global:77%).
- 80% parents lost $\geq 50\%$ of their income, 30% lost $\geq 75\%$ and 6% did not have any income at all (Global: 19%).
- Almost 4 out of 5 (79%) parents **lost ≥ 1 source of income**, e.g. from job and money transfer (Global: 85%).
- Globally, 4 out of 5 (83%) parents with a **disability** lost \geq half of their income; 1 out of 2 parents or children with a disability even lost their jobs.
- Globally, a majority (82%) of respondents who **were classified as poor** lost their jobs more than those who were not poor (70%).
- Global data showed that, compared to that of male-headed or mixed families, female-headed families (all members of the family are female) tended to **lose their jobs more** (58% vs 36%), experienced a **pressure due to a lack of food**, their children were in need of **learning materials** and counselling service, **difficult to pay** health care for disability and nursing workers.
- There were 2% children hindered in their study because they **had to work part-time for money** (Global: 3%), and globally this figure increased up to 5% for children whose parents had a disability.

5.2. Respondents found it hard to meet various basic necessities for day-to-day survival.

- Generally (92%), respondents found it hard to pay for daily needs (Global: 96%).
- 1 out of 2 (52%) households **found it difficult to get food supplies** (Global: 62%) and highly needed **nutrition supplement** (30%) because markets or stores were closed (7%), supplies ran out (7%).
- More than 1/3 (36%) of households said **food supplies were too expensive** (Global: 52%). Even though only 4% children said that **they ate less** than before the pandemic (Global: 35%), but 52% parents said they reduce the **kinds/variations** of their children's food.
- Almost 1 out of 3 (28%) found it hard to **pay for health care**, medical supplies, and service (Global: 35%); more than half (53%) had a difficulty **to pay** electricity, telephone, internet, etc. **bills** (Global: 25%); 1 out of 4 (26%) had a difficulty **to pay for fuel** or transportation purposes.
- Globally, **respondents with a disability** were difficult to pay for health care (46%), medical supplies (30%), electricity and telephone bills (32%), service for people with a disability (10%), aid equipment (12%) and nursing worker (17%). More respondents in **rural areas** were facing these difficulties, rather than those in urban areas.
- Globally, **respondents' adaptation strategies** included resorting to cheaper / less preferred food (76%), borrowing money (56%), reducing the kinds of children's food (52%), adults eating less portions (65%), and reducing the frequency of meals (57%).

5.3. Most of SC program beneficiaries were facing food insecurity situations.

- The general public sample group (global) was experiencing **food insecurity** situations, although in different degrees: mild (21%), quite hard (43%), and **very hard or crisis (36%)**.
- More urban dwellers were experiencing this food crisis (**57%**) **compared to those of rural areas (25%)**.
- Almost half (47%) of **adult respondents with a disability** were experiencing this food crisis more than others (35%).
- 4 out of 10 respondents from the **minority group** (ethnic, migrants, religion, etc.) were experiencing this crisis rather than non-minority ones (34%).

5.4. Government supports have not optimally reached many of those who needed them most.

- Prior to COVID-19, **42% of SC program beneficiaries** had received government social assistance, and during the pandemic, that figure rose **to 53%**, while there were **47% who have not received** government assistance, even though they were the most marginalised, left behind, and impacted.
- Globally, 3 out of 4 (75%) **who lost all** of their incomes (from 6% of the samples) have not received government social aid.
- 7 out of 10 (70%) respondents needed cash or voucher assistance, and 1 out of 4 (26%) needed a job (Global: 38%).
- Urban dwellers who lost their income were more numerous, **but less (22%) of them received government assistance**, compared to rural ones (32%).



We hope that the government can help poor people more and distribute assistance fairly, not misplacing it, and we hope that if shopping malls are now open, why aren't schools? We desperately want to go to school, we desperately want to learn as usual, if schools are open, we'll be happy, and we want to study directly, not online.

Please inform more about the health protocol when schools are open, or give suggestions about the health protocol and give information about this COVID-19 pandemic, thank you.

(Boy, 13 years old)





Since my parent started working from home, we have limited our meal portion because my parent's salary has been cut.

(Girl, 17 years old)

Afraid to get ill and not to be able to go to school again because my family's livelihood has been reduced.

(Anak laki-laki, 13 tahun)



Recommendations for the Government and COVID-19 Response Program

- a. Try to continue and improve the **reach of the social assistance** to optimise benefits for children. Ensure that the assistance fills the gap of government's effort and try for its continuation.
- b. Ensure that **vulnerable families** in both urban and rural areas receive social assistance, direct cash assistance, or job opportunities.
- c. Pay attention and give **special assistance** for highly vulnerable and marginalised children and families, especially female-headed families (the members of the family are all female) or all-male families, and families with a disability, pregnant women, under-5-year-olds, and seniors.
- d. **Long-term access** guarantee to staple food supplies, even though the markets are closed.
- e. Help children and families access support or assistance **they used to receive from schools** before the pandemic.



Lutsia, a mother of two who lives in Donggala, Central Sulawesi. During the pandemic, her husband no longer had a job and income. Currently his family is still struggling to make ends meet. (Save the Children)



Save the Children

Save the Children in Indonesia has been registered as a local foundation named as **Yayasan Sayangi Tunas Cilik** by the Decree of the Indonesian Minister of Law and Human Right No.AHU-01712.50.10.2014 on May 21, 2014.

Address : Jl. Bangka IX No.40 A & B, Mampang Prapatan,
Jakarta Selatan, DKI Jakarta, 12720

Phone : +62 (21) 782 4415

Facebook : SaveChildrenID
Twitter : SaveChildren_ID
Instagram : savechildren_id
Youtube : SCIndonesia

www.stc.or.id