INDONESIA COVID-19 RAPID NEEDS ASSESSMENT REPORT

April 2020

Save the Children

Executive Summary

Context

The COVID-19 outbreak was announced by the President of Indonesia on 2 March 2020. As of 7th May 2020, there are 12,776 positive cases, 930 deaths and 2,381 recovered across 34 provinces and 354 districts. This includes around 100 positive cases in children between 0 and 9 years old. Indonesia's current testing rate is 0.19 per 1,000. Densely populated Java Island and the capital Jakarta has been the epicentre of the outbreak so far. The National Disaster Management Authority or BNPB has announced the Emergency Situation Status on Outbreak Disaster of COVID-19 in Indonesia, which has been extended until 29th May 2020. The National Taskforce for COVID-19 has been established, and sub national government from provincial to village level are expected to lead similar taskforces.

Sample and Method

This Rapid Needs Assessment (RNA) was undertaken in Indonesia in order to better understand the context and situation of the evolving impact of COVID-19 in Indonesia at all levels, to ensure evidence-based decision-making in the development of Save the Children's response plans. This child-centred assessment was developed using an analytical framework. Understanding the existing context, capacity, and underlying vulnerabilities pre-COVID-19, utilising data other actors have collected about the needs and the impact of COVID-19 and primary data collection led by Save the Children Indonesia (SC). The findings are based on analysis to 417 Key Informant Interviews to head of villages, cadres, teacher, and parents, online surveys to 12,872 people/parents and 4,698 teachers.

Key Findings & Recommendations

SC has managed to gather substantial data from different representatives of society that demonstrate the need to support those most vulnerable and marginalised people with health and nutrition services, education, economic and livelihood activities, and dealing with the impact of reduced social interaction in a society used to gathering for its religious and cultural traditions.

COVID-19 Knowledge and Prevenative Behaviour

Majority of respondents were aware of basic information on COVID-19, including the transmission, prevention or protection measures, symptoms of the diseases but almost half are not aware of immediate actions required if they experience any of the symptoms and a quarter are concerned about stigmatisation. There is also different interpretations or compliance to the guidance, with only one in ten entirely self-isolated. Less than one third of respondents are aware of COVID-19 response activities from their local authorities/government A systematic risk communication and community engagement strategy, which provides reasoning and practical steps about certain behaviours and actions, that counters misconceptions and exposes positive stories that can alleviate fear and stigma, are key.

Inter-sectoral Findings:

- The RNA highlights the already noticeable impact on families with 7 in 10 respondents facing problems in meeting their daily needs and one third having lost their job. This will have significant consequences on children.
- The COVID-19 pandemic affects women and men differently, and it worsens the existing inequalities for women and girls and discrimination of other deprived and marginalised groups such as those living with disability and those in extreme poverty.
- Women represent 70% of the health and social sector workforce in Indonesia. Due to the stay at home policy imposed on families, women face more risks of domestic violence, and are dealing with additional childcare needs.

- The data collected has shown that teachers are delegating tasks to parents or in cases where insufficient guidance is provided to children, parents are taking this on themselves. There are concerns that the burdens of these additional factors can lead to the physical and psychological exhaustion of women.

Overall, the government's response is focused on supporting the health sectors, establishment of social safety nets, and the recovery of the economy that has impacted small medium enterprises (SMEs). The need for improved advocacy and communications seems to be essential across all sectors in this crisis so that key information reaches communities across the country. This will help complement and strengthen the government's response and ensure that the voices of women, men, girls and boys are taken into consideration. It is evident that children without internet access will struggle to receive vital information, as well as to be able to continue their education, which has moved online. Therefore, finding an alternative way of reaching these children is important.

Health & Nutrition:

The repercussions of households losing their income are severe on children, particularly girls, in terms of maintaining healthy lifestyles and ensuring nutritional intake is adequate. The key findings estimate that 30 million children under five are at higher risk of becoming under nourished or malnourished. This exacerbates the existing 30.8% of children recorded as stunted in 2018 due to food insecurity as well as lack of income. JPAL has now found that only 23% of households reported eating as much as they should the last week, with 36% eating less than they should. In addition, 10 million children under two will not have access to immunisations for weeks due to social restrictions, putting them at risk of other communicable diseases common in the country. The high numbers of children who do not have access to proper sanitation facilities, particularly those who live in slums, will not be able to follow the hand-washing guidance as advised. In terms of Indonesia's capacity to deal with an increasing number of cases, despite Governments focus on health the system will likely still be overwhelmed based on current modelling. Ensuring that those working on the frontline receive adequate Personal Protective Equipment (PPE) and good orientation on new protocols are essential for service continuity. As well as helping to alleviate the additional layers of family care that come with this pandemic. SC should influence the government at different levels to continue providing maternal, child health and nutrition services. A further recommendation is to address the daily basic needs for food through cash and voucher assistance.

Education:

68 million students have shifted to home learning, which represents a big shift in behaviour for many children who are still used to conventional methods of learning. 75% of children stated that they use TV as their main method of learning rather than online learning applications or educational websites. The cost of internet or data packages as well as poor connection quality are making it difficult for teachers, parents, and children to continue the education services needed. Children are also starting to find it difficult to concentrate and 72% reported feeling bored of isolating at home within the last two weeks. The change to online learning leaves behind many children without access to the internet, as well as those unable to read or write. 9.4% of children aged 5 – 17 years are unable to read or write due to a high illiteracy rate in the younger age group (5 – 6 years) reaching 51% (Susenas, 2018). It has remained particularly challenging for those children who normally carry out non-formal education such as community learning centres that serve the most deprived children, particularly those living with disability, whose capabilities need to be adapted to and cannot be easily supported through remote learning. Alternatives to online learning need to be made available quickly for rural, remote, and vulnerable children. While teachers need to be supports to adapt to new technologies and more reflective, self-taught learning processes. Psychosocial support for children and parents, including fun and creative activities and materials are essential to retain their motivation, and encourage peer group support among students or siblings.

Child Protection:

The COVID-19 pandemic, which has exacerbated many issues that were already prevalent in Indonesia will expose children to further vulnerabilities, including child labour, violence, child marriage and school dropout. Already every year 301,456 students drop out of school due to these issues, putting the current generation at an even greater risk. With 1 in 4 households experiencing a reduction in income children will be forced into income generating activities. The ten provinces in Indonesia with the highest child labour figures are also now the locations with the highest number of COVID-19 cases. This is a concerning piece of data which strengthens the need to support families with their daily needs, offering vital cash assistance will reduce negative family coping mechanisms. It is also essential for protection services to be maintained, social workers need to be supported with PPE and protocols during COVID-19 so that children and their communities know how to report. In addition, the RNA has proven that children are starting to lack the appropriate care when family members have been quarantined or died due to COVID-19, an area which organisations should be advocate to the government for and support with resources where possible. This can be strengthened through a recommended COVID-19 preparedness plan at household and community or village level which considers appropriate protective measures for children.

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Acronyms

AIDS	: Acquired Immunodeficiency Syndrome
BNPB	: *Badan Nasional Penanggulangan Bencana - Indonesian National Board for Disaster Management*
BOS	: *Bantuan Operasional Sekolah – School Operation Fund*
BPJS-K	: *Badan Penyelenggara Jaminan Social Kesehatan – National Health Insurance Coverage Scheme*
BPS	: *Badan Pusat Statistik – Indonesia National Statistical Bureau*
COVID 19	: Corona Virus Disease 19 – *Penyakit Virus Korona 19*
DAK	: *Dana Alokasi Khusus* – Special Allocation Funds
HI – ECCD	: Holistic Integrative Early Childhood Care and Development – *Perkembangan Anak Usia Dini Holistik Integratif*
ICT	: Information Communication Technology – *Teknologi Informasi dan Komunikasi*
KII	: Key Informant Interview – Wawancara Informan Kunci
KIP	: *Kartu Indonesia Pintar* – Indonesia Pintar Card
LSP	: *Lembaga Sertifikasi Profesi* – Professional Proficiency Certificates Institution
MoEC	: Ministry of Education and Culture – *Kementerian Pendidikan dan Kebudayaan*
MOH	: Ministry of Health – *Kementerian Kesehatan*
MoSA	: Ministry of Social Affair – *Kementerian Sosial*
NTB	: *Nusa Tenggara Barat* – West Nusa Tenggara
NTT	: *Nusa Tenggara Timur* –East Nusa Tenggara
PIP	: *Program Indonesia Pintar* – Indonesia Pintar Programme
PKH	: *Program Keluarga Harapan* – Family Hope Program
PMI	: *Palang Merah Indonesia* – Indonesia Red Cross Society
PPE	: Personal Protective Equipment – *Alat Pelindung Diri*
PSBB	: *Pembatasan Sosial Berskala Besar* – Large Scale Social Restriction
Riskesdas	: *Riset Kesehatan Dasar* – Health and Demographic Survey
RNA	: Rapid Needs Assessment – *Penilaian Kebutuhan Secara Cepat*
RT-PCR	: Reverse Transcription Polymerase Chain Reaction
SOP	: Standard Operational Procedure – *Prosedur Operasional Standar*
SUSENAS	: *Survei Sosial Ekonomi Nasional* – Indonesia National Social Economy Survey
UNICEF	: United Nation International Children's Emergency Fund
WFH	: Work From Home – *Kerja dari Rumah*
WHO	: World Health Organization

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1. Summary

1.1 Purpose

The rapid needs data collections aim to better understand the context and situation of the evolving impact of COVID19 in Indonesia, at national, provincial, district, as well as community levels to ensure evidence based decision-making in the development of Save the Children's response operation plan.

1.2 Objectives

a. To describe the overall existing context, risks, system capacity, pre-existing or underlying vulnerabilities at national, province, and district levels.

b. To identify the main consequences and impact of the COVID 19 pandemic to the existing system (health, education, livelihood, social interaction, and well-being), children's rights, and coping strategies of society, particularly those who are most deprived and marginalized.

c. To inform the scoping process of Save the Children's response plan, in terms of intervention components, geographical coverage, and size/scale of funding and resources, strategies, approaches or mode of implementation.

1.3 Methodology

a. Secondary data collection using trusted and legitimate sources (April 9th-13th).

b. Primary data collection:

- Key informant interview (KII) by phone with representatives of heads of villages, community health workers (Kader), school principals and or teachers, and parents. This KII focused on elaborating the risks, impact experienced, mitigation measures, coping strategies, challenges, and support needed (April 10th-16th).
- First stage online survey to parents and teachers about their knowledge, perception, practices, experiences, response measures, children's well-being, media communication, and support needed (April 15th-21st).
- Second stage online survey to parents to explore more about their hand washing behaviour, stay at home practices, and income (April 26th-27th).

1.4 Sample Design & Size

This RNA applied two sample designs, the purposive sample (for the KII) and snowballing sample (for survey). The following matrix summarises the sample sizes and their origins.

Table 1. Source of Information

TOTAL KEY INFORMATION INTERVIEW				ONLINE SURVEY		
Village Head	Cadre	Teacher	Parent	Public/Parent	Additional Public/Parents	Teacher
81 (69M+12F)	88 (4M+84F)	125 (46M+79F)	123 (45M+78F)	11989 (20%M+80%F)	920 (43%M+57%F)	4,698 (22%M+78%F)

1.5 Study Limitation

The primary data collection, both key informant interview and survey, were carried out using mobile phone data collection methods. The online survey was self-administered by people who have access to an android phone and internet data both from urban and rural areas. Given these characteristics, this RNA report suggests that the situation is potentially worse among most deprived and or marginalized people who might be illiterate, elderly, and those who have less to no access to communication technology (e.g., an android phone, data package, and internet connection), and living in a very remote/rural area.

2. Findings

2.1 Country Demographic Data

Indonesia is made up of more than 17,000 islands with over 1.9 million square miles of land. It has 34 provinces and 514 districts/cities. In 2020, Indonesia has a population of 270 million, of which more than half (56%) are living in urban areas, 15% are living in accommodation of less than 8 meters squared per capita[1].

One birth every 7 seconds

One death every 18 seconds

On average, Indonesian life expectancy is 72 years, whilst the child mortality rate is still relatively high with 34 deaths per 1,000 live births for children under five. Based on SUSENAS report, almost one-third (28%) of the population were actively travelling last year (2019) either inter and intra provinces.

The median age of the population in Indonesia is approximately 30.2 years of age, with 42% of the population between 25 and 54 years of age. The 0-14 age group is currently over 25%, strengthening the number of youths that will come into the workforce as the current workers move past the working age. Indonesia will soon have a demographic bonus when the majority of its population are in the productive age.

2.2 Indonesia Ethnicity, Religion, and Economy

Indonesia has more than 300 distinct ethnic and linguistic groups. The largest and most dominant ethnicity are the Javanese at over 40% of the population. Other major ethnic groups include: Sundanese (15.5%), Malay (2.27%), Madura (3.03%), Batak (3.58%), Minangkabau (2.73%), Betawi (2.88%), Banten (1.97%), Banjar (1.74%), Balinese (1.67%), and Makassar (1.13%). Chinese Indonesians account for about 3% of the population but they are influential, dominating most of the country's wealth and commerce[2].

There are more than 700 languages spoken in Indonesia. Bahasa Indonesian is the official language and is used mostly in education, media, commerce, and administration. While most Indonesians speak Bahasa Indonesian, they, however, tend to speak other (local) languages as their primary language. Therefore, it is important to convey the information in local languages as much as possible.

Indonesia is also the world's most populous Muslim-majority country, as just over 87% of Indonesians declared themselves as Muslim on the 2010 census. About 9.87% are Christian, 1.69% are Hindu, 0.72% are Buddhist and 0.56% practice other faiths. The Indonesian constitution grants religious freedom although the government only officially recognises Islam, Protestantism, Roman Catholicism, Buddhism, Hinduism, and Confucianism.

2.3 Key Secondary Data (Statistics) on Children

Population of Indonesian children in 2020

Table 2. Estimated Number of Children by Age Group in Indonesia

Projection of Indonesia Children Population for 2018-2025 (in thousand)								
Age Group	Year							
	2018	2019	2020	2021	2022	2023	2024	2025
0-4	21,990	21,974	21,952	21,892	21,856	21,845	21,858	21,896
5-9	22,044	21,999	21,945	21,939	21,939	21,940	21,927	21,906
10-14	22,226	22,200	22,169	22,138	22,082	22,020	21,976	21,924
15-17	13,292	13,299	13,307	13,305	13,307	13,295	13,277	13,250
0-17	79,552	79,472	79,373	79,275	79,184	79,100	79,038	78,976
18+	184,610	187,440	190,230	192,974	195,675	198,332	200,927	203,478
Total	264,162	266,912	269,603	272,249	274,859	277,432	279,965	282,455

Source : The Indonesia National Stunting Strategic Action Plan, 2019

79 million Indonesians aged 0-17

One out of three Indonesians is a child

27% are children under five

33% are at primary school age

1 Survei Sosial Ekonomi Nasional (Indonesia National Socio-Economic Survey), 2017.
2 https://worldpopulationreview.com/countries/indonesia-population/

Estimated children survivability in 2020

Table 3. Child Mortality Rate in Indonesia

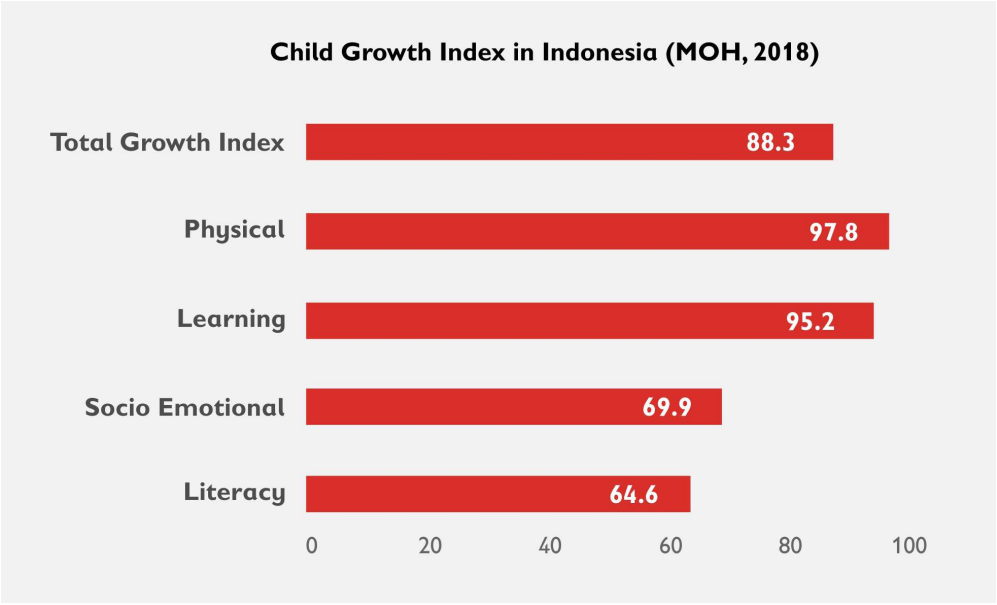
	Death Rate*	Total Children in 2020*	Number of deaths			
			in 2020	per day	per hour	per 7 minutes
Infant Mortality Rate (< 1 month)	15/1000 live births	4,631,100	69,936	192	8	1
Neonatal Mortality Rate (< 1 year)	24/1000 live births	9,335,100	225,410	618	26	3
Under five Mortality Rate (< 5 year)	32/1000 live births	23,475,800	755,357	2,069	86	10

**Projection of Indonesian Population for 2010-2025 by BPS, 2014*

***Indonesia Demographic Health Survey (Survey Kesehatan Dasar Indonesia-SDKI), 2017*

Child development growth index

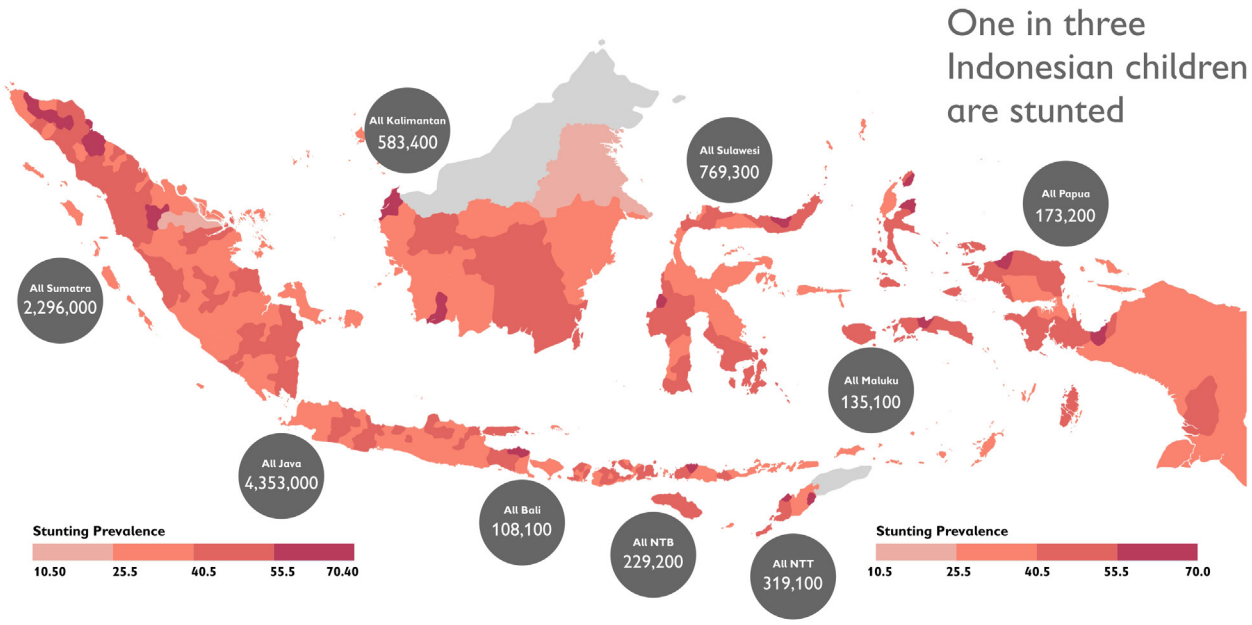
Figure 1. Child growth index in 2018 (source: MOH RISKESDAS, 2018)



In 2018, WHO/UNICEF reported in the child development index that the health and well-being of Indonesian children is ranked 117th out of 180 countries in the world.

Indonesia is still far behind those of neighbouring countries. For example, Malaysia is ranked 44th, Vietnam 58th, Thailand 64th, Philippines 110th, and Cambodia 114th in the world. Singapore even ranks better by occupying the 12th position of the world's best.

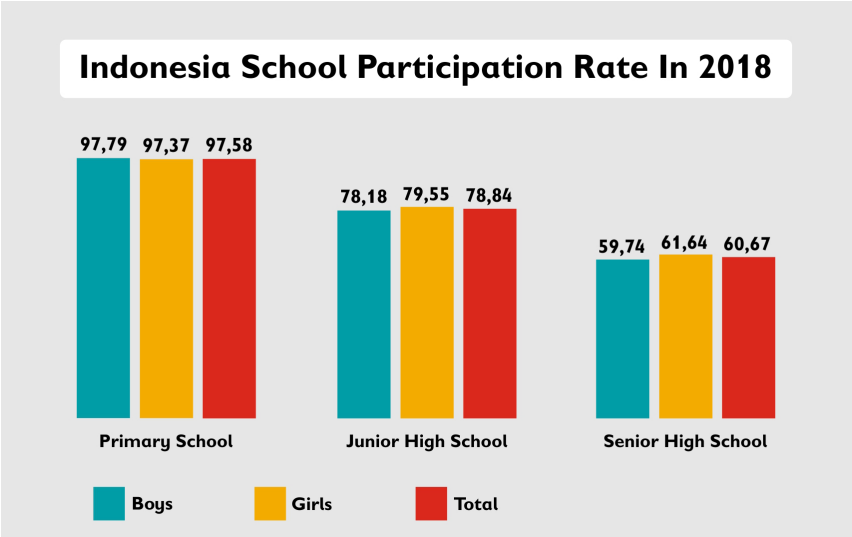
Figure 2. Distribution of Stunting Cases in Indonesia



One of the indicators of child growth is the prevalence of stunting. Child stunting in Indonesia has remained high over the past decade, and at the national level is approximately 30.8%. The consequences of child stunting are both immediate and long term and include increased morbidity and mortality, poor child development and learning capacity, increased risk of infections and non-communicable diseases in adulthood, and reduced productivity and economic capability[1].

Potential causes of stunting in Indonesia:
- Maternal nutritional status
- Breastfeeding practices
- Complementary feeding practices
- Exposure to infection
- Other determinants such as education, food systems, health care, and water and sanitation infrastructure and services.

Figure 3. School Participation Rate



Source, Indonesia Social and Economic Survey (Susenas) 2018, BPS

Indonesia has been implemented nine mandatory schools' years since decades ago. As result, Indonesia is able to maintain a high literacy rate of 95.7% among the entire population (nationally) with males having a slightly higher rate than females of roughly 4%. The literacy levels are varied. DKI Jakarta Province has the lowest rate of illiteracy, at 7%, meanwhile in Papua Province, one in four people (25%) >15 years old are not able to read or write.

1 Stewart, C. P., Iannotti, I, Dewey, K. G, Michaelsen, K. F. & Onyango, A. W. (2013). Contextualising complementary feeding in a broader framework for stunting prevention. Maternal & Child Nutrition, 9, 27–45. 10.1111/mcn.12088 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

Every year, 301,456 students drop out due to cost, child labour, motivation, and or marriage.

As many as 9.4% of children aged 5-17 years are unable to read or write due to a high illiteracy rate in the younger age group (5-6 years) reaching 51% (Susenas, 2018).

The school participation rate is the proportion of the population of certain age groups of education who are still attending school, to the population of that age group. It informs us of the proportion of the school-aged population that are able to use the education facilities according to their level of education. This chart shows that the school participation at primary level is high (>97%), and gradually decreases at the next two upper levels to 78% and then down to 59%.

About 0.85% of children aged 10 to 17 years drop out[1] of school (301,456 students) (SUSENAS, 2018). School dropout among boys (.97%) is slightly higher than among girls (.71%) and even higher among children living in rural areas. The majority of those who drop out are at secondary school (SMA/SMK) while remaining are at primary level (SMP).

The reasons behind children either not enrolling or dropping out of school are mainly that 36% cannot afford to pay (cost), 15% are working for a living, 8% feel it unnecessary to continue to higher education, 6% are married off and 4% are doing household or domestic work. Remaining reasons include access issues, due to disabilities, and feeling ashamed that they are poor.

The government has implemented the Indonesia Pintar Programme (PIP), which aims to help school-aged children from poor families continue their education until graduating from secondary education (senior high school). Through this PIP program, eligible students get cards (*Kartu Indonesia Pintar*/KIP) through which they can claim cash to pay for school.

Twenty out of 100 students aged 7-17 in Indonesia get KIP (the proportion is relatively similar between boys and girls). Meanwhile, more rural children get KIP than those who live in urban areas. The highest proportion of children aged 7-17 who get KIP are from West Nusa Tenggara (NTB) (33%), while the lowest proportion is in DKI Jakarta (4%).

3. Save the Children Working Areas

Save the Children is currently working in **9 Provinces and 29 Districts/Cities** delivering various programme services focusing on health and nutrition, education, child right protection, and humanitarian work. The following table shows the population by age group within SC's areas of work.

Figure 4. Save the Children targeted provinces

1 Drop out is defined do not complete the school level. For example, drop out in 1st or 2nd grade of any level.

Table 4. Population in Save the Children's Areas of Work

	Estimated number of 2020 population by age group in targeted provinces and Indonesia*					
	years 0-2	years 3-6	years 7-17	years 15-24	years 15-60	years 60<
	Under 2	Pre school	School Age	Youth	Productive age	Elderly
1. West Sumatera	319,700	429,900	1,152,800	948,400	3,128,224.00	554,100
2. Lampung	246,200	616,700	1,871,500	1,382,700	5,045,656.00	790,000
3. DKI Jakarta	508,400	736,400	1,819,900	1,463,600	6,601,760.00	894,300
4. West Java	2,536,400	3,417,500	9,376,400	8,285,000	29,980,192.00	4,830,100
5. East Java	1,667,600	2,270,300	6,588,400	6,087,700	24,424,752.00	5,378,100
6. South Sulawesi	588,000	661,800	1,776,200	1,582,300	5,191,912.00	850,700
7. Central Sulawesi	180,100	237,400	606,900	520,500	1,820,016.00	260,900
8. East Nusa Tenggara	396,400	504,400	1,312,000	1,062,100	2,982,584.00	450,700
9. West Nusa Tenggara	296,300	396,100	1,061,900	884,700	2,963,664.00	446,200
INDONESIA	14,028,200	18,976,000	51,175,000	44,385,200	161,495,224,000	27,087,700

Source: Projection of Indonesia's population 2010 to 2025, BPS.

**This data focused on the existing SC targeted provinces and age group using programmatic category.*

4. Respondent Characteristics

Table 5. Main characteristics of survey respondents (parents/general public)

Question	Answer Options	#	%
Gender	Male Female Total Responder	2,340 9,649 11,989	19.5% 80.5% 100%
Age	Less than 20 Age 21-40 Age 41-50 Age >50	283 7393 3,449 840	2.4% 61.7% 28.8% 7.0%
Latest Education	Primary/lower secondary school level Upper secondary school level Diploma Undergraduate > Postgraduate	3,025 5,264 892 2,441 367	25.2% 43.9% 7.4% 20.4% 3.1%

Female participation significantly higher than males', which indicates female access to mobile phone and data package is relatively high, (not necessarily higher than men). Often, women are more responsive to provide information about their household and or to share the questionnaire with their friends or neighbours. Female beneficiaries' participation in SC program activities are also relatively higher than male.

The majority of respondents are in productive age, and 72% of them have at least one child going to school, including students attending kindergarten. Respondents' education level is relatively low (with only 70% in secondary high school) which later shows some implications towards coping capacity against the impacts of COVID 19 pandemic.

Table 6. Geographical distribution of respondents (public/parents)

Provinces	Total Respondents	District	Total Respondents
DKI Jakarta	4,674	Jakarta Barat	506
		Jakarta Pusat	114
		Jakarta Selatan	2,213
		Jakarta Timur	940
		Jakarta Utara	901
West Java	2,828	Bandung Raya (Kota Bandung, Bandung, Bandung Barat)	1,671
Central Sulawesi	1,534	Donggala	219
		Palu	1,103
		Other districts	212
South Sulawesi	1,110	Bone	864
		Other districts	264
Jawa Timur	524	Malang Raya (Kota Malang & Kab Malang)	244
NTT	491	Sumba Barat, Belu, Kupang Raya, Sumba Timur, Sumba Tengah (each has less than 100 respondents)	
Lampung	289	Pringsewu, Tangamus, Pesawaran (each has less than 100 respondents)	
Other 25 provinces	**539**	Each province has fewer than 210 respondents.	
TOTAL	**11,989**		

Note: For individual province and district separate analysis, it required at least 210 samples. For district with less than 210 respondents will be added under provincial figure.

Table 7. Main characteristics of survey respondents (teachers)

Question	Answer Options	#	%
Gender	Male Female Total	1,028 3,670 4,698	21.9% 78.1% 100%
Age	Less than 20 Age 21-55 Age >55	29 4,294 368	0.6% 91.4% 7.8%
Latest education	Primary/lower secondary school level Upper secondary school level Diploma Undergraduate > Postgraduate	78 743 168 3,286 423	1.7% 15.8% 3.6% 69.9% 9.0%
I teach at	***School stage:*** Kindergaten/ECCD Elementary School Junior High School Senior High School ***School Status:*** Public Private	 1,447 1,002 837 1,412 2,304 2,394	 30.8% 21.3% 17.8% 30.1% 49.0% 51.)%

In Indonesia, 66% of teachers are female and 34% are male, representing all education levels (i.e. kindergarten to secondary level schools). The National Coalition HI-ECCD reported that at kindergarten level, 97% of teachers are female.

Most people perceive women to be more suitable for teacher roles simply because of their abilities as a mother (it is perceived that this profession is more feminine rather than masculine) and second, it brings in a relatively lower income (welfare). Majority of males perceived this profession unattractive because of the low income. The survey response rate in terms of gender (i.e., 22% VS 78%) reflects the reality that this profession (teachers) is dominated by females.

Teachers' education levels are relatively high with 7 out of 10 teachers holding at least an undergraduate degree. On the other hand, 16% of teachers only completed secondary/high school and 8% are beyond 55 years old. While SC education programmes mostly target kindergarten and primary schools, the survey also received information from secondary school teachers (49%). The teachers in this survey represent public and private schools proportionally.

Table 8. Geographical distribution of respondents (Teachers)

Province	#	District	#
DKI Jakarta	1,157	Jakarta Selatan	754
		Jakarta Barat	120
West Java	1,229	Bandung Raya	686
East Java	722		
NTB	108		
NTT	305	Sumba Barat	132
South Sulawesi	334	Bone	232
Central Sulawesi	635	Palu	452
Others (18 Provinces)	208		
TOTAL	**4,698**		

Note: For individual province and district separate analysis, it required at least 100 samples. For district with less than 100 respondents will be added under provincial figure.

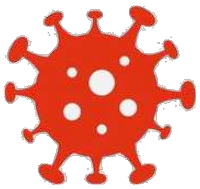
5. The Scale of the COVID19 Pandemic in Indonesia

5.1 Case update

Since the first case was announced on 2nd March, the reported COVID-19 cases in Indonesia have been increasing relatively slowly compared to other high populated countries. As of May 7th, there were 12,776 positive cases, approximately 100 thousand contacts traced have been tested. COVID-19 has infected more males (59%) than females (41%). The majority are between the ages of 30-49, followed by 50-69. 94 children (0-9 years old) have been infected with the virus. The current COVID-19 test capacity is extremely low compared to other countries and so these figures might not reflect the actual amount of cases.

As of 7th May 2020, there are 12,776 positive cases, 930 deaths and 2,381 recovered across 34 provinces and 354 districts. This includes around 100 positive.

Table 9. Indonesia COVID-19 Case Updated per 7th May 2020



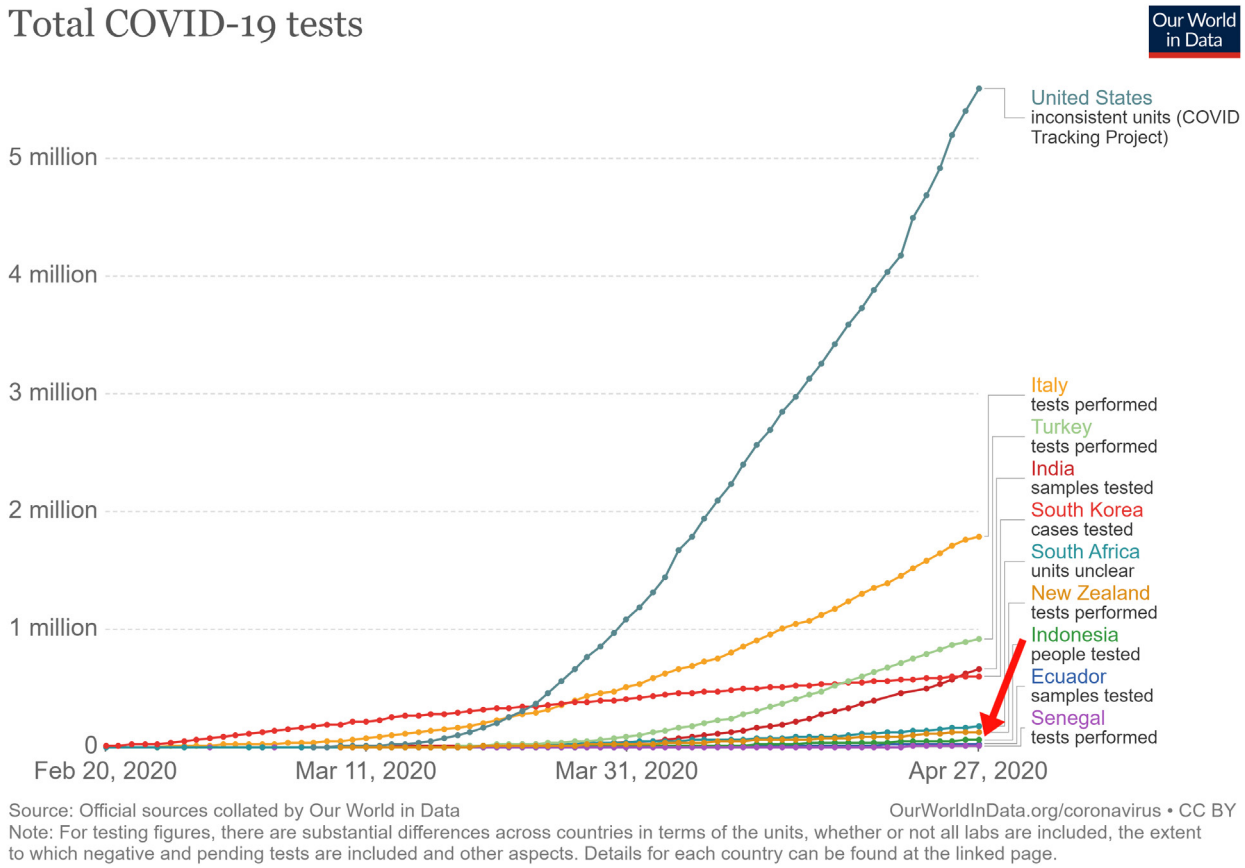
Positive Cases	Suspected Persons	Suspected Patients	Recovered	Deaths	# Provinc-es	# Dis-tricts
12,776	243,455	28,508	2,381	930	34	354
Source:http:/www.covid19.go.id						

Table 10. COVID-19 Case Update, April 26th, 2020, in SC's areas of works

Area	# Positive Cases	# Suspected (ODP)	# Suspected patients (PDP)	# Recovered	# Deaths	Death Rate*
DKI Jakarta	102	7,573	329	20	11	**10.8%**
West Java	42	668	71	10	5	**11.9%**
East Java	3,746	5,990	5,285	338	357	**9.5%**
Central Sulawesi	912	8,736	2,068	93	77	**8.4%**
West Sumatra	785	18,350	2,681	140	88	**11.2%**
NTB	440	1,077	441	105	36	8.2%
Central Sulawesi	36	17	3	3	3	8.3%
Lampung	1	852	43	1	-	0.0%
NTT	195	4,782	460	23	4	2.1%

*Source: https://www.covid19.go.id/. *Number of deaths divided by positive cases.*

Figure 5. Countries' COVID-19 testing capacity

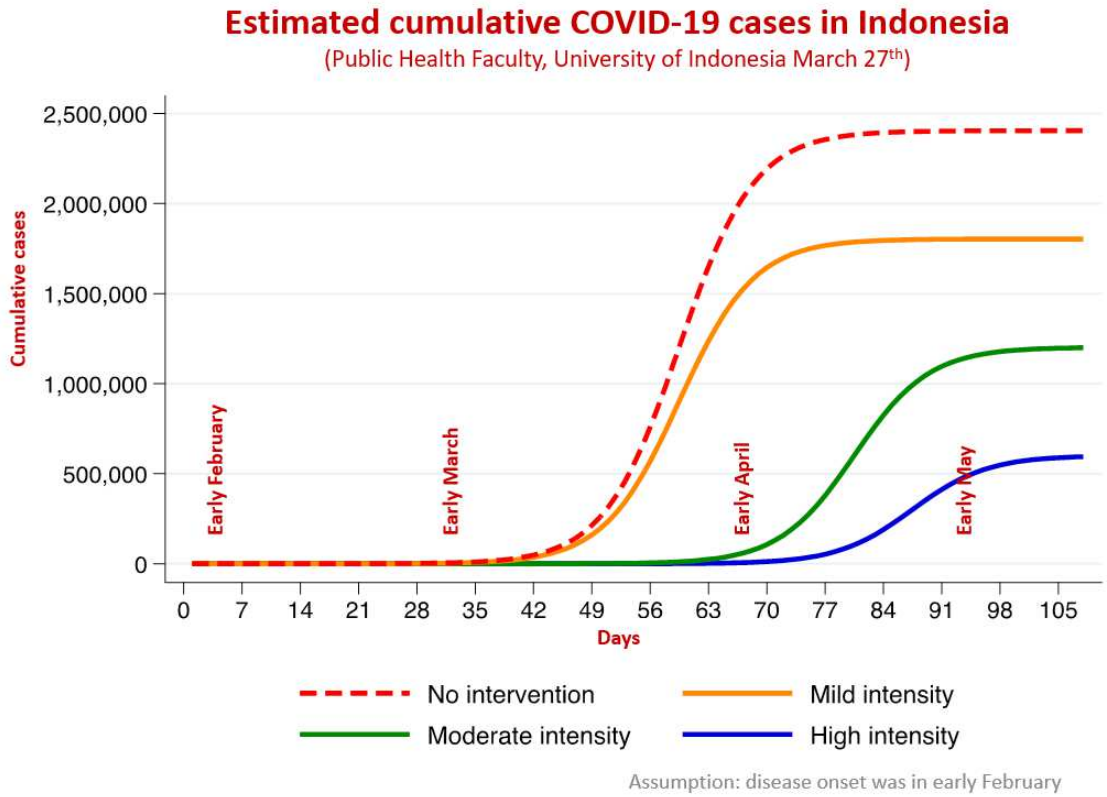


Source: https://ourworldindata.org/covid-testing

On average,
Indonesia has an additional 300-400 cases per day.
Our testing capacity is only at 3,000 per day.
It is extremely low if we compare with other countries that have tested hundreds of thousands of people per day.

5.2 COVID 19 Case modelling in Indonesia

Figure 6. COVID 19 Modelling/Scenario by FKM-UI



Public Health Faculty-Indonesia University (FKM UI) developed estimation scenarios on how COVID-19 would evolve over time in the country.

This modelling along with the key recommendations have been presented to the National Development Agency (BAPPENAS) and COVID-19 National Task Force.

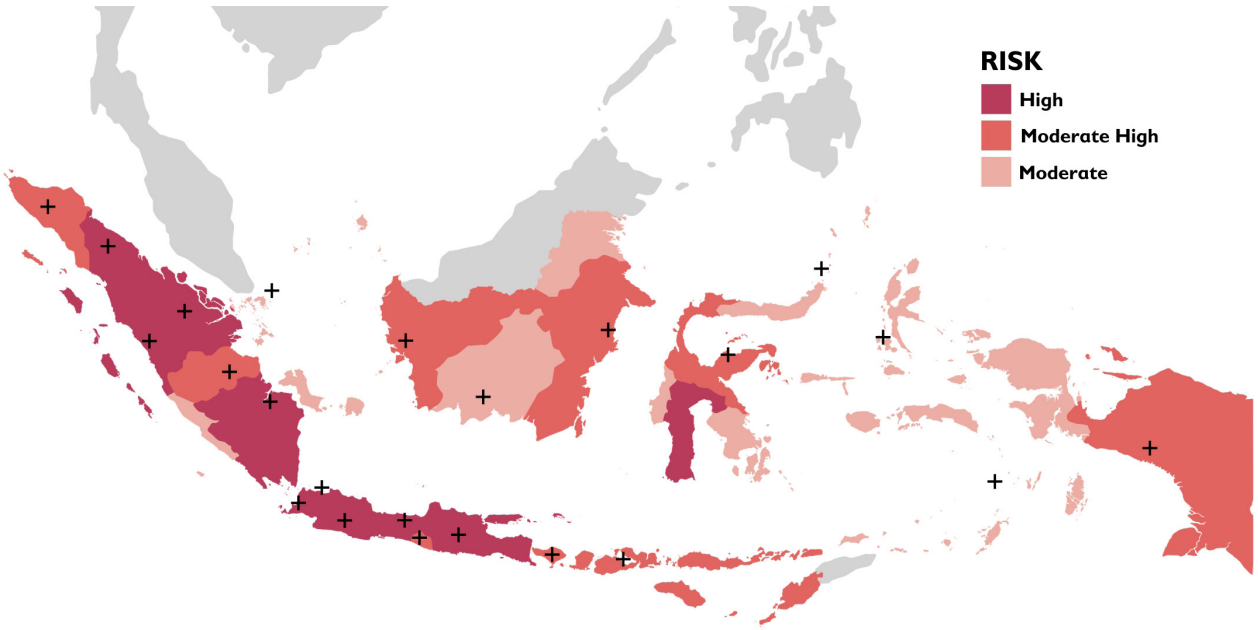
Figure 6 assumed that the onset was in early February, hence we are now between 77-84 days.

This scenario has made some assumptions, including that 172 million people are above 20 years old, that the basic reproduction rate (Ro) is 2.0, the hospitalized case rate is 0,03 and multiplication days is 4. These assumptions have led to a relatively conservative estimation or scenario. This graph shows that without any intervention, Indonesia will have more than 2.5 million cases within first 100 days (red break lines). On the contrary, if the country is able to implement high intensity mitigation measures (blue lines), it will bring the number of cases down to 80%.

With optimal intervention, nevertheless, Indonesia will have five to six hundred thousand people infected within first 100 days after the disease onset.

It is predicted that the 10 highest burdened provinces are West Java, East Java, Central Java, DKI Jakarta, North Sumatra, Banten, South Sulawesi, Riau, Lampung, and West Sumatra respectively (see following map). Six of these nine provinces are SC's areas of work, including DKI Jakarta, West Java, and East Java as the epicentres (with 9% death rate, above the national (8%)).

Figure 7. Relative risk scores among provinces in Indonesia (Modelling/Scenario by FKM-UI)



Province	Risk Score	Reported Cased (26 Mar)	Estimated Cases
JAWA BARAT	185.7	78.8	121,554
JAWA TIMUR	122.4	59.0	80,099
JAWA TENGAH	102.9	40.0	67,345
DKI JAKARTA	58.3	515.0	38,139
SUMATERA UTARA	53.7	8.0	35,140
BANTEN	50.0	67.0	32,750
SULAWESI SELATAN	26.8	27.0	17,525
SUMATERA SELATAN	26.3	1.0	17,205
RIAU	22.7	2.0	14,830
LAMPUNG	21.2	3.0	13,889
SUMATERA BARAT	19.4	3.0	12,723
NUSA TENGGARA TIMUR	17.7		11,589
ACEH	17.0	1.0	11,130
NUSA TENGGARA BARAT	15.7	2.0	10,253
D I YOGYAKARTA	15.2	16.0	9,955
BALI	14.7	9.0	9,605
KALIMANTAN BARAT	13.9	3.0	9,110
KALIMANTAN SELATAN	13.4	1.0	8,774
KALIMANTAN TIMUR	12.8	11.0	8,364
PAPUA	12.7	7.0	8,300
JAMBI	10.2	1.0	6,680
SULAWESI TENGAH	8.9	1.0	5,797
SULAWESI TENGGARA	8.6	3.0	5,619
KEPULAUAN RIAU	8.5	5.0	5,585
SULAWESI UTARA	8.4	2.0	5,470
KALIMANTAN TENGAH	7.9	6.0	5,168
BENGKULU	6.2		4,077
MALUKU	6.2	1.0	4,067
KEP BANGKA BELITUNG	4.9		3,217
GORONTALO	3.9		2,578
SULAWESI BARAT	3.7		2,421
MALUKU UTARA	3.6	1.0	2,334
PAPUA BARAT	3.2		2,112
KALIMANTAN UTARA	2.3		1,553

Based on data from KAWALCOVID19, approximately ≥60% of the cases are between 30-45 years of age. The majority of people at that age will have 1-3 children; thus, millions of children will be directly impacted if their parents are infected, isolated, hospitalized or even die.

For example, West Java would have 121,000 positive cases. Assuming one case represents one household and one household has 5 members, therefore more than 600 thousand people will be affected and 30% of them are children (approximately 18,000). At worst, if 20% (or 24,200 people) are hospitalized, assuming 50% of them are having three children; then at minimum, more than 36,000 children are directly affected due to their parents being isolated and or hospitalized. The government needs to provide guidance for parents to have a "COVID 19 household contingency plan" to ensure that their children have appropriate care if parents need to isolate or be hospitalised.

COVID-19 has affected many aspects of people's lives, ranging from access to regular health and nutrition services, effective education, economic and livelihood activities, food affordability and security, social interaction, cultural customs, and religious activities.

Household's "COVID 19 contingency plan" is critical to ensure affected children are safe

5.3 Key Risks Worsening COVID 19 Pandemic

Knowledge, perception, and misbelief

Table 11. Descriptive analysis of respondents' knowledge on COVID 19

Question	Answer options	#	%
What do you know about COVID-19?	Modes of transmission	8,820	74%
	How to protect ourselves/family	10,229	85%
	Symptoms of signs of the disease	8,156	68%
	What to do if had the symptoms	5,246	44%
	Place for getting test or healthcare	3,496	29%
	Response from local government	3,125	26%
	Selected all 6	2,053	17%
	Selected 4-5	3,083	26%
	Selected ≤3	6,799	57%
Which of these statements about COVID-19 is/ are true?	Corona virus is contagious through blood	737	6%
	Can be prevented by washing hands	10,936	91%
	Prevented by keeping 2-metre distance	8,869	74%
	Always show severe symptoms	1,112	9%
	Must not be buried in a public cemetery	1,489	12%
	The virus do not survive in tropical climate	3,553	30%
	Respondent selected only correct answers	4,179	35%

Half of respondents do not know what to do, who to contact, where to go if they develop symptoms.

1 in 3 people are unaware of their local government's response initiative.

2 out of 3 people have ≥1 misconception on COVID-19 which can undermine preventive measures, delay detection, and increase stigmatisation.

The messaging content needs to shift its focus to "what to do" if one experiences the symptoms.

Basic knowledge of COVID-19

As the National Government has done, the provincial governments have implemented several mitigation measures, such as: setting up public facilities to support isolation or quarantine, spraying disinfectant in public areas, providing food items for vulnerable communities. Most provincial governments have established its COVID-19 website for sub-national situation updates.

Governments at different levels and a wide range of stakeholders including NGOs, CSOs, and private sector companies have disseminated basic information on COVID-19 through various media communications (e.g., TV, social media, printed materials, radio, etc.). Many fliers, posters and banners have been displayed in public spaces, including at the village/community level. Urban populations mostly use social media (Facebook, WhatsApp, Instagram, and YouTube). Those who live in rural areas also use social media, particularly Facebook and WhatsApp, but they tend to depend more on TV too.

As a result, the majority of respondents are aware of the basic facts of COVID-19, including on the transmission, prevention, or protection measures, as well as symptoms of the virus (see the first three figures in table above).

Most heads of villages and community health volunteers (*Kader*) we interviewed reported that they have established COVID-19 village task forces which include village apparatus, *Kader*, and midwives (*Bidan*). They have set up 24 hours COVID1-19 post (POSKO) to receive reports and coordinate activities. At the villages' entrance, the task force monitors people who come into their area, measure body temperature, and disinfect people and their vehicles. They also have socialised key information by placing giant banners in strategic places, making announcements from mosques and mobile megaphones.

While the majority have good basic knowledge, there is still a critical gap. Almost half are not aware of immediate actions required if they experience any of the symptoms. They do not know how and where to go for diagnostic tests and or treatment. They do not know who to contact, where to go, and the steps

required to reveal if they are positive or not, or how to self-isolate. This potentially creates confusion and panic, delays case detection and therefore increases the likelihood of transmission. Furthermore, it inhibits suspect people monitoring (contact tracing) and or patient tracking and can cause delays in receiving appropriate medical attention. These ultimately expose the community to a greater risk of infection.

Heads of villages and *Kader* reported that they have agreed on referral mechanisms, stipulated: 1) Suspect person (those who have just travelled from other cities) should report to local designated authorities (Sub villages authorities *Rukun Tetangga*/RT or *Rukun Warga*/RW) and must be self-quarantined; 2) Any person experiencing symptoms must report to local midwives or *Kader* for observation, diagnostic, early care, and follow up; 3) More severe suspected cases must be referred to *Puskesmas* and or nearest public hospital (RSUD). In DKI Jakarta, the government set up a call centre (112) for people to report suspected cases and obtain information.

They, however, admitted that the majority of community members are not aware of the agreed mechanism and even if they are, the majority of people are not complying. The monitoring from local midwives and Kader is also very much passive. They wait for the reports rather than proactively monitoring and tracking people. The task force members also do not have the capacity to oversee monitoring due to a lack of personal protective equipment (PPE).

Interestingly, only less than one third of respondents are aware of COVID-19 response activities from their local authorities/government, including what has been agreed, what support they are entitled to, let alone what support they can get. None of the villages have anticipated potential risks and or planned specific activities to ensure that children are safe and protected if their parents are infected or isolated or hospitalized.

95% of 920 respondents reported that they have not received any support from local government. About 5% received assistance such as masks, information, food.

Misconception and Perceived Risk/Vulnerability and Self-efficacy

While the basic knowledge around COVID-19 is relatively high, about two thirds (58%) of respondents have at least one or more misconceptions about the virus. One third of respondents still believe that corona virus cannot survive in tropical climates such as Indonesia. Given this belief, almost half of respondents (46%) perceive that they are not at risk of getting infected and or of infecting other people, 15% doubt that they are at risk; leaving only 38% feeling that they could be infected by the virus. Moreover, the majority of respondents (90%) perceived that they have strong immunity and therefore cannot be infected by COVID-19.

This data indicates a perceived threat/risk or susceptibility (in other words "can this happen to me" or "it is that bad that I could get infected") is low and therefore become a problem. Social behaviour change communication theory proves that people with higher perceived risk/vulnerability tend to be more consistently cautious rather than those who perceived that they are not at risk.

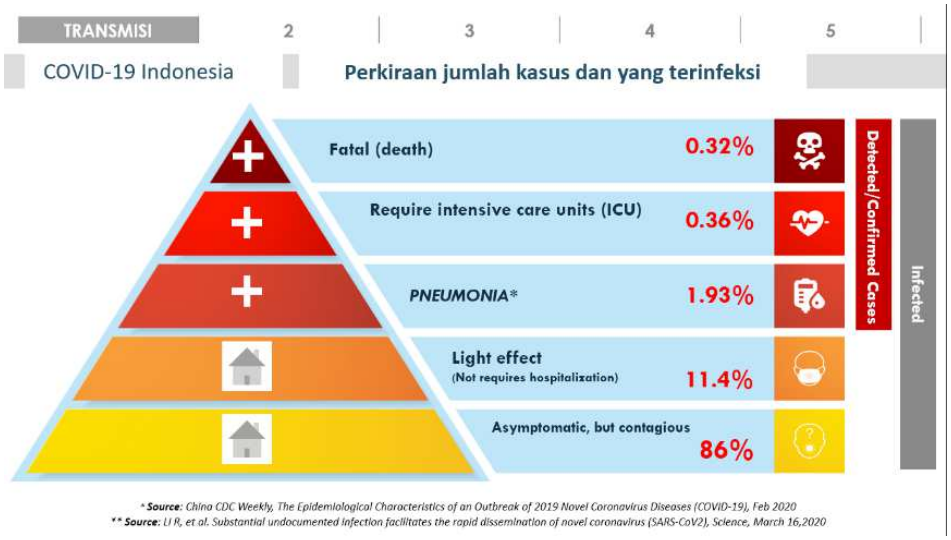
The *Kader* revealed that there is a strong belief in "fate/*takdir*" among many people. They believe that if they get infected or die of COVID-19, it is part of the Divine will/plan and humans cannot intervene. Such an understanding or state of mind will potentially expose people more to the virus and inhibit them from taking advised preventive measures. This represents a challenge and suggests that we should engage religious leaders in the interventions.

1 in 3 believes that the virus cannot survive in tropical climates.

2 in 3 respondents believe that they are not at risk at all!

9 in 10 respondents are confident that their immune systems are strong enough to fight the virus.

Figure 8. Description of impact of COVID-19 on human health of COVID 19 effect (modified ppt slide of FKM-UI)



Almost 10% of respondents believe that infected people will always show severe symptoms.

In fact, CDC-China reported that 86% cases will be asymptomatic, and this will be undetected, but contagious.

About 11% will experience mild symptoms that do not require hospitalisation or intensive treatment, while the remaining 3% will potentially become severe and or even fatal.

About 12% of respondents thought that people who died of COVID-19 must not be buried in public cemeteries. This perception could lead to discrimination, stigmatisation, and conflict, as we have observed in the news. This issue of stigmatisation is confirmed by respondents' concern of being infected due to fear of social isolation (one in four respondents (26%)).

1 in 3 mothers who have died during child labour was due to post-partum bleeding.

248,332 girls aged 10 to 17 years old are married. 1 in 3 female teenagers are anaemic.

If married girls become pregnant, they are at a higher risk of post-partum bleeding that potentially can cost them their life as well as that of their baby's.

This concern or fear will likely inhibit people disclosing the risks that they have been exposed to, as well as disclosing that they have had a positive test result. This fear will lead to behaviour that puts other people and front liners at risk, of which more than 40 doctors and nurses have died already of COVID-19.

It is positive that the majority of respondents (94%) do not believe that coronavirus could be transmitted through blood. Palang Merah Indonesia (Indonesian Red Cross Society), however, has reported that the number of blood donors has reduced by 90% due to physical distancing amidst the COVID-19 pandemic in the country. As a result, the blood stock has been reduced by 70%.

This could create problems to those who need blood transfusion (e.g. mothers who experienced postpartum bleeding, children with cancer, people with severe AIDS, etc.). Based on WHO calculations, the blood needs account for 2% of the entire population or in other words Indonesia needs 5.2 million blood bags each year. The needs for blood will increase, particularly because tests are underway on whether blood plasm could be used to treat COVID-19.

The majority (97%) of respondents believe that staying at home, washing hands with soap under running water, not touching their face, and wearing face masks, are all highly effective in preventing the corona virus from transmitting. Only a few respondents are not certain or disagree with it. The question as to whether this perception leads to concrete and consistent positive practices will be discussed later in the behaviour section.

Social and cultural customs

Most cultures in Indonesia have been rooted in a strong sense of togetherness. Gathering is a part of Indonesian lifestyle, local customs, cultural events, and religious activities. At the village level, many people do their agricultural activities together (*gotong royong*). In most places, people greet other with handshakes, hand kissing (particularly to older people), and even nose kissing (in NTT). People spend times in coffee shops (in the morning and evening), neighbourhoods come together informally, and people pray together. It is therefore challenging to impose social distancing.

Preventive Behaviour

Table 12. Descriptive analysis of respondents' preventive behaviour

Question	Answer options	#	%
What have you done to protect yourself from COVID-19 / Corona Virus?	Staying at home / not going out	10,565	88.1%
	Washing hands (soap+running water in 20"	10,222	85.3%
	Consuming healthy, nutritious food, vitamins	9,326	77.8%
	Actively moving (having exercise) at home	7,524	62.8%
	Sun-bathing	9,930	74.5%
	Wearing a mask when going out	10,373	86.5%
	Keeping a 1 to 2 metre distance from people	8,903	74.3%
	Selected all 6-7	7,799	65.1%
	Selected 4-5	1,891	15.8%
	Selected=<3	2,279	19.0%

The majority said that they carried out several preventive behaviours.

The quality of preventive measures, its intensity or frequency, and consistency remain questioned and therefore, the effectiveness of these measures is not optimal.

Government Enforced Social Distancing

Government, at different levels, has consistently instructed people to work, learn and pray at home, however, it has not followed this up with proper oversight or consequences. Since the first week of April, DKI Jakarta, West Java, Banten, and Riau and their respective districts has been implementing large-scale social restriction (*Pembatasan Sosial Berskala Besar*-PSBB) for 14 days to halt the transmission. Social distancing has been encouraged in many provinces and districts, but the extent of implementation varies from place to place.

This PSBB is different with lockdown. In PSBB, public transportation such as buses and trains still operate but with very limited passengers and operational time (e.g. maximum 60 people in one train carriage – compared to the normal 200 people). Private vehicles (e.g. car and motorbike) are still allowed but only accommodate 50% of their capacity. The government has instructed people to stay home and not travel back to their hometown on the upcoming national holiday (i.e., Eid Mubarakh at the end of May). The implementation at community level has been challenging. Even though the Government has imposed some consequences to ensure compliance (e.g. 1-year imprisonment and / or IDR 100 million maximum fine), there are still many challenges to appropriately implement the PSBB. The challenges include livelihood activities, access to basic needs, religious and cultural customs, lack of proper understanding of PSBB and consequences of non-compliance, and limited monitoring and oversight from the authorities.

Staying at home and or social distancing

In the first survey, the majority of respondents (88%) reported that they have stayed at home. In the follow up survey to 920 people that we conducted between 26th - 27th April, we found that only one in ten are entirely home isolated or self-quarantined, while half went out at least 1-2 times within the recent week, even 16% went out almost every day.

Table 13. Description of social distancing practices

Last week, did you or any family member go out?		What did you do when you went out?		Did you wear a face mask?		**Stay home and or self-quarantine often interpreted differently. Half of people still need to go out for work.** **Children are still playing with their neighbours; teens are socialising with their peers.** **They could bring the virus home and pass it on to their parents or elderly.**
Not at all	11%	Work	47%	Always	83%	
1-2 times	50%	Religious activity	3%	Often	13%	
3-4 times	24%	Cultural event	4%	Rarely	2%	
≥5 times	16%	Purchased daily needs	68%	Never	2%	

Many heads of villages reported that some adults are still moving around, people are still carrying on with their usual activities, and markets are still open and relatively crowded (also reflected through the above table). While religious and or cultural events/activities have reduced in number, plenty of people are still gathering for prayer.

Today, some people are still gathering for evening Ramadhan Prayers (*Tarawih*). This social distancing has been extremely challenging for people who live in temporary shelters (in Central Sulawesi) and in highly populated areas or slums (in Jakarta). Moreover, most heads of villages reported that people returned to their villages from other cities/provinces and even other countries due to unemployment and or temporary school closure (e.g. university students).

Another survey conducted by JPAL (Abdul Latief Jameel Poverty Action Lab) also found that among 500 surveyed people, only 24% of respondents reported improving social distancing in the first three weeks after the first cases were reported. The research shows that the pandemic has forced people to migrate to their hometown. About 41% of men and 36% of women have reportedly moved since the crisis. Migration remains higher within districts or cities (25% of men and 21% of women) than across districts or cities (14% of men and 13% of women). Local authorities have not optimally monitored the mobility of their respective community members.

In the follow up survey, the respondents were asked if they and or a family member have any plans to travel in the next few weeks. The majority of respondent reported that they do not have any plans to travel, but 9% have planned to travel but not sure whether they will go or not, and 4% confirmed that they will travel in the next few weeks (likely to be for Eid Mubarak).

Hand washing with soap

In 2019, the World Bank reported that the majority (87%) of Indonesian people have improved access to clean water, but only 61% have improved access to sanitation facilities. The 2018 SUSENAS reported that one in ten children are living in rented houses and or slums and one third of them live in houses without proper sanitation facilities.

The 2018 Health and Demographic Survey (RISKESDAS) reported that more than half of respondents practiced incorrect hand washing behaviour, that they do not use soap and or flowing water, let alone the correct steps and for the adequate duration (≥20 seconds). COVID-19, however, has changed hand

washing practices to some extent. The majority of people surveyed reported that they practice hand washing with soap and running water for 20 seconds. Some heads of villages and Kader support this finding too. Many villages have installed hand-washing facilities in public spaces (e.g. village entrance, local market, and public facilities).

In late 2019, another formative study in West Java and East Nusa Tenggara found that the majority of people perceived that cleanliness is associated with absence of dirt and or dust, not being smelly or sweaty rather than free from germs (bacteria or virus). It also indicates that almost no members of the family wash their hands properly with soap before eating[1]. This indicates the need for continuous promotion of proper hand washing steps, or in other words, if people do not do it correctly, they are still at risk of being infected and or infecting others. JPAL's recent research also found that hand washing with soap is a commonly implemented practice (60%), followed by the use of hand sanitiser or a face mask (24%).

While hand washing behaviour has relatively improved during this pandemic, nevertheless the quality of the current practices remains questionable. Ideally, if people consistency wash their hands at five critical times (e.g., after toilet activities, before eat, before handling food, before feeding children, after arrived at home), they should have washed their hands at least 9 times per day. The follow up survey, however, revealed that only 26% of respondents wash their hands at least 9 times per day, 20% wash their hands 1-3 times a day. In terms of quality, none of the respondents apply all correct hand washing steps. The majority only follow 4-6 out of the eight steps that we provided in the questionnaires. One third only follow two of the steps.

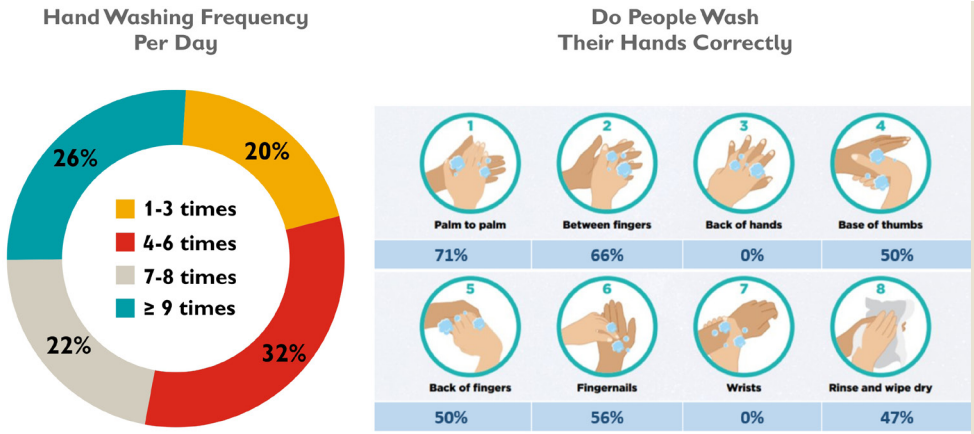
Table 14. Time when respondent wash their hand with soap

When do people wash their hands with soap?	#	%
After toilet activities	429	76.6%
Before eating	426	76.1%
Before preparing/handling food	301	53.8%
Before feeding children	242	43.2%
When my hands are dirty	416	74.3%
When arrived home	430	76.8%

Half of respondents wash their hands at least on the five critical time.

Most Indonesians perceived and associated cleanliness with the absence of dirt or dust, or not being smelly or sweaty, rather than free from germs (bacteria or virus).

Figure 9. Hand washing with soap practices



No-one washed their hands correctly.

Two thirds said they follow 4-6 steps.

One third said they only follow 1-2 steps.

The quality of hand washing needs to be emphasised in our messaging materials to improve the effectiveness of this important and critical behaviour.

1 Save the Children and Empatika Team Indonesia 2020. 'Exploratory Research Phase 1.1. Immersion for Better Investment for Stunting Alleviation (BISA).' Jakarta

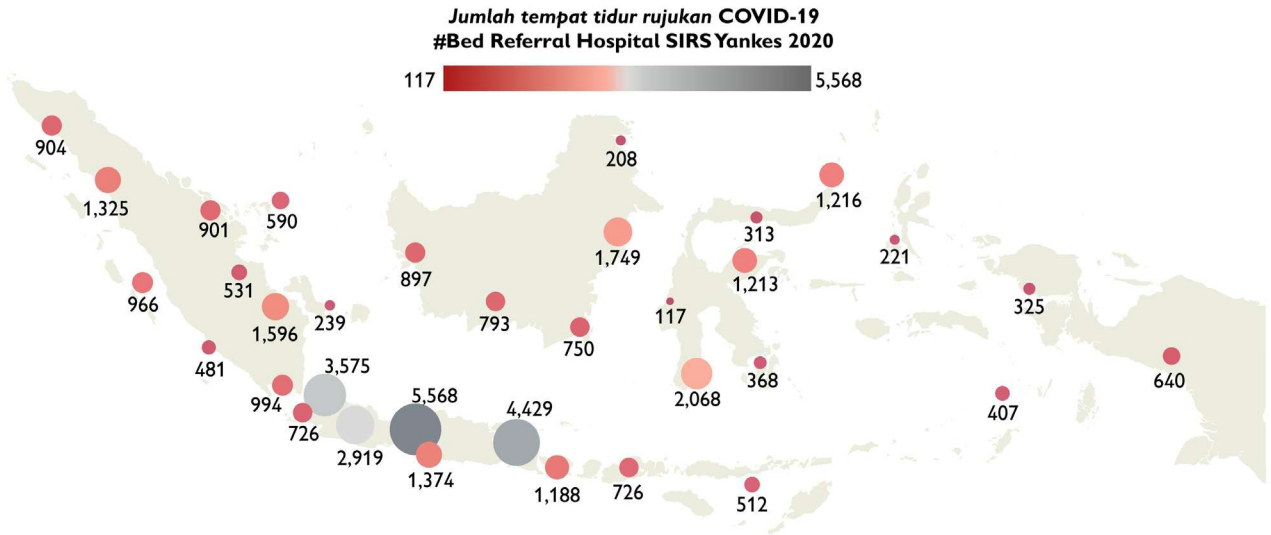
6. COVID-19 Impact to Health Services Facility and Delivery

In mid-March, the Ministry of Health GOI has released the list of 132 referral hospitals to deal with the COVID-19 response in all 34 provinces across the country (mostly public hospitals). All provincial governments as well as district, especially those located in the red zone (areas with highest COVID 19 cases), have been assigned a referred hospital. Currently, there are more than 300 referral hospitals (including private, government, and military hospitals) appointed by the government. In addition to hospitals, government is preparing the country's vacant hotels for COVID-19 response and isolation (e.g. Wisma Athletes, Patra Jasa Hotel in Jakarta, and other hotels). There are also other emerging initiatives from private hotels, religious buildings, public building to be prepared serve as quarantine and or isolation facilities. There are 46 laboratories serving as facilities for COVID-19 specimens tests using the RT-PCR (Reverse Transcription Polymerase Chain Reaction).

More than 20,000 volunteers in the medical and non-medical fields have registered to support the pandemic response. As of April 12th, more than 40 front liners (doctors and nurses) have died due to COVID-19 as result of limited and or substandard use of personal protective equipment in health facilities.

At the end of March, the Health Crisis Centre predicted that Indonesia would be dealing with COVID-19 for the next 3-4 months (April to July). They calculated that Indonesia would need +/- 850 million complete sets of personal protective equipment (PPE), 187 million basic PPE, and 135 million set of non-medical PPE. The Government is currently distributing the PPE through provincial health offices (PHO) to appointed hospitals and health facilities for the COVID-19 response. Private sector companies and a number of communities/groups also have proactively donated the PPE (e.g., pharmaceutical companies, ASTRA international, Mayapada group, Religious association, media, etc). Nevertheless, as the availability of PPE is extremely limited and the price is so high, the gap is still lagging.

Figure 10. Referral hospital bed capacity in Indonesia



Source: Hospital Information System-Health Services Directorate-MOH, 2020

The directorate of Health Services-MOH reported that the hospital capacity in Indonesia is 2.7 critical care beds per 100,000 people. The map shows that the capacities vary from one area to another. The Eastern part of Indonesia have limited hospitalisation capacity, let alone and equipment as well as reduced quality of services. Other countries' experiences show that one in every five (20%) COVID- 19 patients will need hospitalisation, and that and 5% require intensive care, such as ventilators and or extra corporeal membrane oxygenation (ECMO).

In West Java, for example, it is estimated to have 121,000 positive cases. Assuming 20% of them need to be hospitalised, then we need more than 24,200 hospital beds. Meanwhile however, Indonesia has only 2.7 critical care beds per 100,000 people, meaning that West Java (population of 49.9 million population) only have 1,400 care beds (49,900.000 divided by 100,000 and them times 2.7 = 1,347; rounded up to 1400) (only 5% of the needs).

As of March 2020, 223 million of Indonesia's population (85%) signed up to the National Health Insurance Coverage scheme (BPJS-K), of which 60% are subsidized by the government, 8% are civil servants, 16% are private employees, and the remaining 15% are self-employed and or unemployed. COVID-19 has potentially affected many people's ability to continue paying the membership fee. This could create huge problems for them when accessing health services. The number of children covered by health insurance, however, is still limited with 42% children (33 million) aged 0-17th still without insurance.

Table 15. Health insurance coverage for children in Indonesia

Proportion of children (0-17 years old) based on their health insurance in 2018			
Type of health insurance	**At urban areas**	**At rural areas**	**Urban + Rural**
BPJS (PBI/covered by APBN)	23.91	28.89	26.71
BPJS (Non PBI/Self-funded)	25.35	9.12	17.75
BPJS (PBI/covered by APBD)	10.71	15.24	12.83
Private ansurance	1.74	0.26	1.05
Company/Employer	5.30	1.30	3.42
Uninsured	37.58	47.09	42.03

Source, Indonesia Social and Economic Survey (Susenas) 2018, BPS

33 million children are uninsured

The MOH regulation number 59, 2016 stipulates a cost exemption for emerging infectious diseases. The entire cost of treatment for patients with COVID-19 can be claimed by the MOH. The MOH recently released a decree HK.01.07/MENKES/238/2020 with technical guidance on how to request a reimbursement or make a claim.

The MOH also released a decree to legitimise the utilization of Special Allocation Funds (*Dana Alokasi Khusus*/DAK) for the COVID-19 response, including to cover referral and hospital services (e.g., isolation room and equipment) and disease control (e.g. infectious specimen transport, backpack sprayer, and decontamination equipment).

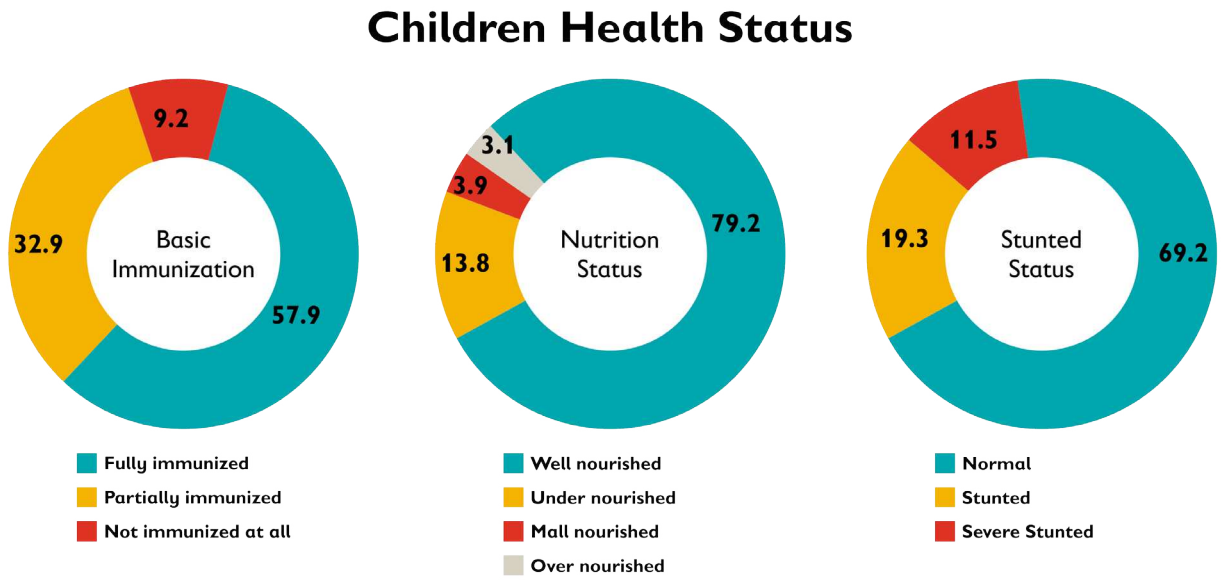
Health Information System

The GOI has created a website with up-to-date information on COVID-19, (*https://www.covid19.go.id/*). In addition, people are referred to the MOH website and hotline 119 ext. 9. Similarly, the health offices at sub-national level have also established/appointed referral websites, call centres and or hotline numbers. However, it is widely acknowledged that data availability in terms of completeness, timeliness, and transparency is a big issue.

Impact on children health services

Based on the 2018 Demographic Health Survey/Riskesdas, the Infant Mortality Rate was 24 per 1000 and Under five Mortality Rate are 32 per 1000 live births. Without COVID-19, with this mortality rate in 2020, it is estimated that 224,042 infants/babies will die (equal to 25 per hour); and it is estimated that 751,225 children under five will die (10 per seven minutes). Furthermore, Susenas data showed that in 2018, one in three (32%) of children surveyed experienced symptoms of illness or felt unwell and 16% were sick. In this time of pandemic, children have even more limited access to health services.

Figure 11. Children Health Status



Twenty four million children under five are at higher risk of becoming under nourished or malnourished and 10 million children under two do not have access to immunization for weeks.

The Professional Association of general practitioners, paediatricians, obstetricians, and gynaecologists recommended that people postpone visits to health facilities unless in an emergency. They also recommended parents to postpone immunisations for their children by about 2 weeks.

Riskesdas 2018 also showed that only 58% of children under two are fully immunized, 33% partially immunized and 9% not immunized at all. The health outreach activities through Posyandu (integrated health services at community level to provide routine immunization, growth monitoring, maternal health services) is temporarily closed due to implementation of social restrictions.

As a consequence, around 14 million children under two years old are unable to receive basic immunization. The immunization coverage will be decreasing significantly due to social restrictions and therefore the morbidity and mortality rates will significantly increase. Assuming the immunization coverage decreases to less than 30% due to COVID-19; then almost 10 million will not be completely immunized. Consequently, millions of children are not protected from various deadly communicable disease (e.g. diphtheria, tetanus, pertussis, tuberculosis, measles, pneumonia, etc).

Riskesdas 2018 mentioned that 30.8% of our children are stunted, with economic factors and food security being the main reasons for stunting. Lower nutrition intake will be near future challenges as it is estimated that there will be more than 4-5 million new poor population (based on Ministry of Finance estimation). Lower nutrition intake caused by a decrease in income, loss of job or closure of markets; lack of capacity to make online purchases; separation of breastfeeding mothers with COVID-19 from their child.

JPAL research found that only 23% of households reported eating as much as they should in the last week, while 36% reported that they ate less than they should. Less food consumption within a relatively long period of time will lead to under nutrition and even malnutrition, particularly among children under five.

7. Economic Impact

In 2019, people working in informal sectors accounted for 57% of Indonesia's workforce, equivalent to 74 million people. As many as 25 million people live under the poverty line which accounts for approximately 9% of Indonesia's population. Social distancing means that these people risk losing their sole income source and therefore that millions of poor families and informal-sector workers lack economic security.

The Indonesia gross domestic product (GDP) is now 5,3% and will potentially decrease to 2,3% and maybe even further to negative growth if the situation gets worse. The economic impact also will lead to an increase in child labour, violence, early marriage, and school dropout.

The community representatives we interviewed reported that community members are anxious, worried, and even afraid of being infected, particularly if one person is experiencing light symptoms such as a cough and fever, or if people have travelled from other villages/cities and are staying in their village (e.g., students, migrant workers, and relatives). One third of respondents are afraid of being infected due to fear of being socially isolated, excluded, or stigmatized.

Table 16. Respondent/Parents experiences to impact of COVID 19 impact

Question	Answer options	#	%
What impacts have you experienced from the COVID-19 pandemic?	Difficult to meet daily needs	8,132	68%
	Decreasing income	8,630	72%
	Losing job / livelihood	3,799	32%
	Stress, anxious, and angry	2,100	18%
	Afraid to get infected / to infect others	7,212	60%
	Fear of being socially isolated/stigmatized	3,062	26%
	No significant impacts	365	3%
	Selected all 6-7	617	5%
	Selected 4-5	2,752	23%
	Selected =<3	8,424	70%

7 in 10 respondents are currently facing difficulties to meet their family daily needs.

One third lost their job and currently unemployed.

Based on the survey results as well as informant interview, income has decreased significantly due to reasons, including: some lost their job and forced to stay home and unemployed (this happened to both local informal employees and migrant workers); some forced to close their domestic business as a result of reduced demand for their product/service; tourist attractions are closed; while markets are still open, only shops/sellers selling basic needs are still relevant; some are not able to harvest their crops optimally due to limited mobility; most agricultural commodities prices are decreasing. On the other side, the prices of household basic needs have increased, with some item increasing only slightly and others quite significantly. The majority of people indicated challenges to find basic food as the transportation of goods has been slightly hampered.

One in three people are afraid of stigmatization if they get infected. This might lead to an increase in unreported cases, lack of appropriate treatment, and continuous transmission.

Table 17. Respondent teacher experiences to COVID 19 impact

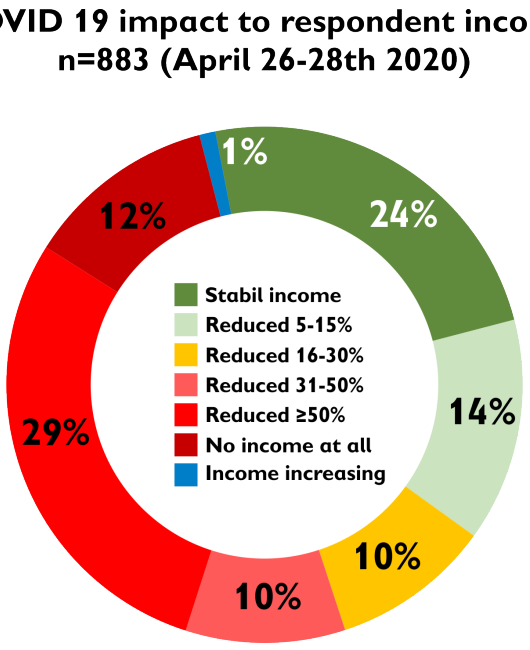
Question	Answer options	#	%
How this COVID-19 outbreak affects you?	Reduced salary/incentives	600	13%
	Loss of additional income	1,780	38%
	Receiving no salary at all	549	12%
	Financial problem	2,411	51%
	Selected ≥4 impacts	28	1%
	Selected 2-3 impacts	1,316	28%
	Selected 1 impact	2,336	50%

One in two teachers are facing financial difficulties as their income has decreased.

How can they facilitate high quality distance learning amidst this challenging situation?

In early April 2020, Save the Children participated in conducting a survey led by Holistic Integrative ECCD Coalition involving 40,379 ECCD teachers from 32 provinces (97% are female). The survey reveals 92% of teachers are doing distance teaching, and the remaining are temporarily not working/or have been fired. Around 52% of teachers are still receiving income, while 13% experienced a deduction in their salaries, and 35% of teachers have lost their income altogether. Most ECCD teachers rely on school tuition for their salary whilst at the same time parents are facing difficulties in continuing to pay the school fees. Parents need to reprioritize and ensure that basic needs are met as well as support their children's learning at home. This survey confirms the previous survey's findings in the table above.

Figure 12. Percentage of reduced income for respondents



Additional survey data to more than 920 respondents reveals that income reduced significantly, varying from 5% to more than 50%, with many losing their job. About 25% of respondents reported that the pandemic has not affected their income negatively.

Three in four (75%) respondents are experiencing a reduction in income, and 12% said that they have no income at all.

JPAL Researchers found that 54% of surveyed men and women reported that they worked prior to the crisis but are no longer working. The largest share (35%) of respondents were employed in agriculture, with 6% employed in hotels and restaurants, and 6% in the health sector.

8. Children and Education

This pandemic has imposed school closures in 34 provinces in Indonesia, including Islamic Schools (*Pesantren*). Based on UNESCO[1] data per 30 April 2020, there are more than 68 million students who have shifted to home learning. Out of this number of students, 5,909,251 (9%) are from preschool/kindergarten, 18,541,858 (43%) from primary school, 24,893,570 (36%) are from secondary school and 8,037,218 (12%) are from tertiary schools. Most universities in Indonesia also apply distance learning for their students.

Following the school closure, the Ministry of Education (MoEC) has cancelled the National Exams for 6th, 9th, and 12th graders. The Vocational School (SMK) graduates, however, still require professional proficiency certificates (*Lembaga Sertifikasi Profesi*/LSP) and therefore are recommended to work with LSP to conduct competency certification tests for SMK students in August 2020. The admission of new students will use reports from the last five semesters and combine with academic and or non-academic achievements.

Learning from home implementation

Since school closures on 16th March, different schools (e.g. public or private) in urban and rural areas have implemented different methodologies and approaches for home learning, including:

1. Teachers provide structured assignments through SMS, WhatsApp, Line, Telegram, and other social media channels (Facebook, Instagram). The majority (≥80%) of surveyed teachers reported that they used instant messages, and 46% used email assignments and learning materials. About 60% of parents mentioned that their children got the assignment from WhatsApp. Only 63% of schools have been giving students tasks through online means (Directorate of Elementary School, MoEC, April 2020).

Table 18. Children learning media at home

Question	Answer options	#	%
What media(s) does your child use to learn at home?	Television	6,472	75%
	Online learning application	4,116	48%
	Educational website	2,694	31%
	WhatsApp	5,164	60%
	Youtube	2,726	31%
	Radio	88	1%
	Use >=5 media	545	6%
	Use 3-4 media	3,117	36%
	Use at least 2 media	4,912	57%

Limited availability and or affordability of internet/data packages are the main reason for low utilization of online educational platforms both from teachers as well as parents.

In addition, poor connection quality is an issue particularly in rural areas. However, the cost is the main constraint.

2. More than one-third (36%) of surveyed teachers virtually facilitated their class using online video

1 https://en.unesco.org/covid19/educationresponse

conference or tele conference tools (e.g., Zoom, Google Classroom). The utilization of education websites and online learning platforms are extremely low (less than 10%). Online education tools are being used by teachers with Zenius being used by 27% of teachers, followed by Rumah Belajar (11%), Ruang Guru (9%), Sekolahmu (5%), and Kelas Pintar (1.4%).

Table 19. Apps utilization to support home learning

Question	Answer options	#	%
What applications do you usually use to teach from home?	Ruang Guru	429	9%
	Rumah Belajar	522	11%
	Kelas Pintar	68	1%
	Zenius	1,256	27%
	Google Classroom	100	2%
	Microsoft teams or Skype	20	0%
	Sekolahmu	228	5%
	Instant messenger (WhatsApp, Line, SMS)	3,835	82%
	Use =>4 apps	13	0%
	Use 2-3 apps	256	5%
	Use 1 apps	1,626	35%

3. Parents reported that their children also independently accessed online learning materials via video, audio, text, worksheets. The majority (90%) of respondents/parents reported that their children watch TV and almost 75% children use TV as a medium for home learning.
4. The MoEC has launched TV daily learning programmes "belajarbarengTVRI" since April 13th. These thirty-minute learning activities target different grades of students, from Early Childhood/PAUD to Secondary high school, including parenting sessions.
5. Meanwhile, only 40% of parents reported that TVRI is one of the most frequently watched by their children. Parents and teachers raised some issues with learning through TVRI. For example, not all are able to access TVRI, there is a poor connection to this TV channel, and most importantly it conflicts with the schools learning schedule (and assignments) which inhibit optimal attendance.

Despite the implementation of these various methods, it has remained challenging for those who normally carry out non-formal education such as community learning centres that serve the most deprived and marginalized children. For children with disabilities the closure of these centres is particularly difficult given the need to adapt to their different capabilities and needs that cannot be easily managed through remote learning or support. More information and data are needed on this group of children.

The MoEC also highlighted that currently 40,779 (18% of total) primary and secondary schools do not have access to internet; and 7,552 schools (3% from total) do not have electricity, and mostly in rural areas and urban slums. Households, especially with more than one child, experienced limited access to information communication technology (ICT) facilities (e.g., computer, smart phone, tablet, even mobile phone) due to low purchasing capacity. An inadequate data package and or poor internet connection, poor knowledge, or familiarity on how to use ICT tools and online platforms usage, have added to the burden.

SUSENAS 2018 reported that only one out of ten children aged 7-17 accessed the internet to send and receive emails; 65% of children in the same age bracket used internet for their homework; three out of four children used internet for entertainment. The utilization of internet for studying is still limited, and yet students now need to shift from conventional learning to online/digital learning.

Schools, teachers, students, as well as parents have encountered various challenges within the implementation of a home learning environment. Parents have made efforts to support the needs of home learning. While 40% mentioned that they provided laptop/PC and internet access, interviewed parents also recognized the limitations, particularly those with more than one child.

Table 20. Description of what has been done by teachers to support home learning

Question	Answer options	#	%
What have you done in order that the learning process from home is going smoothly and effective?	I have done nothing; students learn by themselves	142	3%
	Using online apps (zoom, google classroom, etc)	1,711	36%
	Sending study materials	2,174	46%
	Sending tasks to do by phone, SMS, Whats App	3,686	78%
	Selected ≥ 2 answers	2,330	50%
What constraints do you face during teaching from home?	No sufficient teaching material	170	4%
	No computer, smart phone, internet package data	1,176	25%
	Teaching from home has many distractions	1,509	32%
	Additional administrative work /reporting	709	15%
	Not all students participated all the time	3,600	77%
	Less support from the students' parents	1,357	29%
	Unfamiliar in using online study media	737	16%
	Selected ≥6 constraints	41	1%
	Selected 3-5 constraints	1,271	27%
	Selected at least 2 constraints	3,385	72%

8 in 10 surveyed teachers are sending tasks via WhatsApp.

Only 25% of teachers have access to educational websites and or online learning platforms.

Teachers and parents reported that in the beginning children were excited to learn from home. The majority of teachers complained about students' participation. This in line with response from half of parents said that their children were feeling demotivated. In rural areas, children have started to skip learning and instead support their parents in their farming jobs.

Table 21. Description of what has been done by parents to support children's home learning

Question	Answer options	#	%
What constraints do you face during accompanying your child studying?	There are no constraints	2,371	27%
	Do not have supporting devices	1,862	21%
	Inadequate teaching materials	2,224	26%
	Child's motivation to study are decreasing	3,649	42%
	Not enough time to accompany	2,014	23%
	Limited knowledge to assist children studying	1,318	15%
	Face ≥5 constraints	94	1%
	Face 3-4 constraints	1,020	12%
	Face 1-2 Constraints	7,371	85%
What do you do to address hose constraints?	I do/have done nothing.	543	6%
	Provide supporting device for home learning	3,882	45%
	Obtain materials from teacher/online source	2,924	34%
	More flexible with children study schedule	5,609	65%
	Do ≥4 measures	6	0.1%
	Do 2-3 measures	3,575	41%
	Do only one measures	4,715	54%

The majority (85%) of surveyed parents face at least one constraint in ensuring home learning remains effective.

Parents' guidance, supervision and assistance in ensuring children having quality home learning is a huge issue. This leads to sub optimal participation and demotivated children.

Children's well-being in home isolation

Table 22. Description of what has been experienced by children during home isolation

Question	Answer options	#	%
What changes have your child experienced for the last 2 weeks?	Nothing	2,154	18%
	Hard to concentrate	2,235	19%
	Difficult to sleep	1,551	13%
	Bored	8,667	72%
	Stress	1,142	10%
	Confused	1,659	14%
	Tired and feeling lonely	1,032	9%

At the beginning, children felt happy about learning from home but this has started to change due to:

- **Too many assignments within tight deadlines**
- **Unsuitable learning methods**
- **Competing for facilities with siblings**
- **Not able to interact/socialize with peers**

Almost half of surveyed teachers admitted that they do not regularly check their students' participation (daily absences).

Half of them tried to limit assignments for students; and only 59% teachers provided feedback to their students' assignments.

In March 2020, the Department of Women Empowerment and Child Protection of DKI Jakarta surveyed 80 members of the Children Forum (aged 11-18) about challenges they faced with home learning. The survey showed that 15% of respondents feel happy, 50% neutral, and 35% unhappy. This survey revealed that children are facing challenges, including too many tasks within a tight deadline, with limited instructions and feedback.

A rapid assessment among teenagers and youth on facing COVID-19 in 34 provinces (UNICEF in March 2020) shows that only 29% feel happy in this situation and 22% feel unhappy, 51% feel afraid while 33% still expressed their optimism. Many parents have started to experience psychological pressures at home handling professional and personal needs; these stressors can lead to increased violence against women, children (girls and boys).

Protection from digital/cyber bullying or violence

Table 23. Measures taken by parents to protect their children from cyber bullying

Parents Answer	%
Oversight and check which sites their children visited	39.5%
Advise children not to access certain sites	38.6%
Blocking/lock certain sites	20.4%
Use children protection apps	0.0%
Do at least three measures	10.5%
Do 2 measures	21.1%
Do 1 measure	27.7%
Do nothing	40.7%

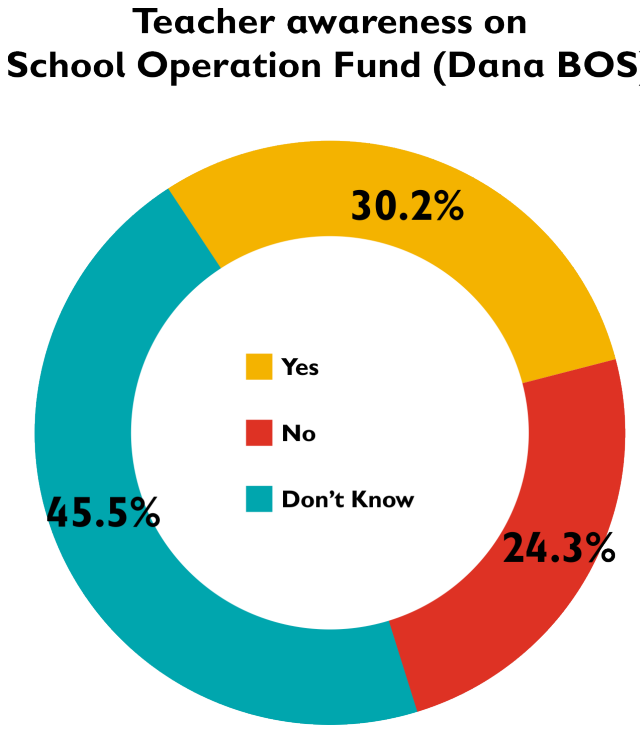
Four out of ten surveyed parents do nothing to protect their children from the potential negative impacts of internet utilization.

Data from the MoSA stated that 84% of children aged 12-17 have experienced bullying and mostly from digital/ online platforms. UNICEF Indonesia shows that 41% - 50% children aged 13-15 have experienced cyber bullying. This situation will get worse during COVID-19 since the access to internet and social media platforms has increased. The following table describes measures taken by parents to protect their children from negative effects of the internet.

Ministry of Education COVID 19 program intervention

Schools are allowed to use operation funds (BOS or BOP) for COVID-19 prevention activities based on recent MoEC regulation #19 Year 2020, which has been applied from April 2020 until the emergency status ends. This includes provision of cleaning equipment, hand sanitizers, disinfectants, masks as well as to finance online/distance learning as needed. Nevertheless, only 30% surveyed teachers reported that their schools have allocated and used BOS funds to support them in reducing the COVID-19 impact. About one forth (24%) of teachers said that they have not mobilized the BOS fund. This is mainly because of unclear utilization guidance from the District Education Office.

Figure 13. Description of teachers' awareness about the utilization of BOS fund



Interestingly, almost half (46%) of teachers/respondents said that they have no idea if the BOS fund has been utilized or not.

This indicates limited coordination, communication, and transparency between school management and teachers.

At national level, the MoEC reallocated IDR 405 billion of its budget to support COVID-19 prevention in four main activities, namely: (1) IDR 60 billion for COVID-19 Education; (2) IDR 250 billion for Capacity Building of Teaching Hospitals; (3) IDR 90 billion to cover the cost of 150,000 Rapid Tests conducted in five Teaching Hospitals; and (4) IDR 5 billion for procurement of consumables for IEC, triage, tracking, and testing at the appointed Teaching Hospital and Faculty of Medicine.

The MoEC is also anticipated to change the tertiary institution which has an Educational Hospital and facilities (educational and training institutions) to support the handling of COVID-19. They are preparing the Educational Quality Assurance Institute (LPMP) and the Centre for Development and Empowerment of Educators and Education Staff (P4TK) to immediately become accommodation and isolation rooms to cover more than 11,000 patients.

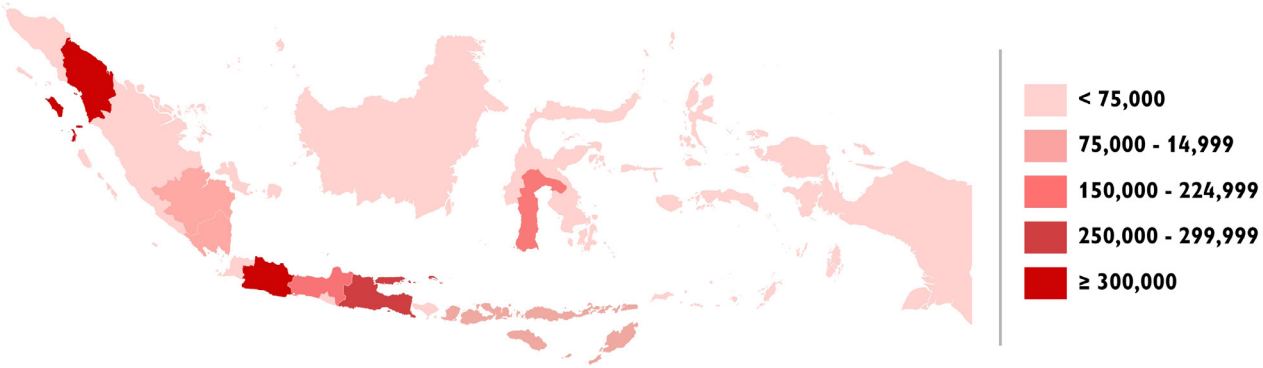
9. Child Protection

Children out of school; increase on child labour

The economic impact of COVID-19 potentially increases students drop out and forcing then into child labour and early marriage. In 2018, 7% of children aged 10-17 (approximately 2.5 million) are forced to work. Data shows that the percentage of children working in urban and rural areas is also dominated by children aged 15-17 years (8.8% in urban and almost twice higher 17.4% in rural). The percentage of boys having to work (5.83%) is almost three times the percentage of girls (2.09%). The map shows the distribution and spread of child labour in those areas which are also in the top ten provinces with highest COVID-19 cases.

One out of four households (75%) has experienced reduced income significantly due to the pandemic. This situation will force parents to engage/involve children in income generating activity. In 2020, there are 35 million children within the age of 10-17 years. If the situation gets worse, more than 30% of these children (10 million children) will be forced to work with parents, increasing the likelihood of school dropout.

Figure 14. Distribution map of child labour in Indonesia (Survey Angkatan Kerja Nasional, BPS 2018)



Every year, more than 2 million children have to work to support themselves and their families

Top ten provinces with the highest child labour figures are: West Sulawesi, Southeast Sulawesi, Papua, NTT, North Sumatra, Central Sulawesi, South Sulawesi, Bali, NTB, and Gorontalo (ranged from 11% to 17%)

The average wage/salary/income of working children aged 10-17 years varies between provinces, ranging from 665 thousand rupiah to 1.89 million rupiah. The lowest wage is in the NTB, while the highest is in DKI Jakarta, followed by West Papua at 1.63 million rupiahs, then West Java at 1.50 million rupiahs. The three provinces with the lowest average income are NTB, followed by Central Sulawesi West Sulawesi with 797 thousand rupiahs.

Children out of school increases early marriage

Table 24. Distribution map of child labour in Indonesia

Proportion of girl (10-17 years old) based on marital status in 2018				
Geographical type	Marital Status			
	Unmarried	Married	Divorced	Total
Urban	99.59	0.39	0.02	100.00
Rural	98.90	1.05	0.05	100.00
Urban + Rural	99.26	0.70	0.04	100.00

Source, Indonesia Social and Economic Survey (Susenas), BPS 2018

About 0.7% (equivalent to 121,700) of girls aged 10-17 are married (0.39% at urban and 1.05% at rural). Half of these married girls (52%) only finished junior high school and 1 out of four (36%) completed primary school.

This early marriage increases risks of maternal death, premature birth, and malnutrition, and stunting generation.

The report of early marriage analysis reveals that babies of these young mothers are more vulnerable to neonatal death and twice more like to die before they reach their first birthday. These statistics are not helped by the fact that two in three (62%) married girls do not have access to contraceptives.

Street children are at risk

MoSA released data at the end of 2019 that there are 8,320 street children. This number has been on the rise since the implementation of PSBB. These street children do not have a home to isolate themselves in, and their only means of surviving is to work on the streets, which are now empty. They urgently need access to clean water, food, health care, hand washing facilities and a safe environment/shelter to isolate.

Institutionalized Children

Based on Susenas 2018, 6.95% of children aged 0-4 are abandoned[1] (1.5 million people) compared to children aged 5-17 by 1.6% (213,000 people). This needs more attention, because toddler age is the golden age, the golden age of child development, where the child's development period is very rapid, both for physical growth and intelligence, as they determine the child's subsequent development.

The Ministry of Social Affairs (MoSA) reported that in 2019 106,406 children are in institutional care (Orphanage). This data based on report received from registered institutional care only. The MoSA has issued a circular letter (decree), guidelines, and standards to ensure the fulfilment of basic needs and protection of children living in institutions. They also released a circular letter instructing orphanages to do an assessment for children to be sent back to their parents or extended families.

The Ministry of Law and Human Rights have released prisoners including children in correctional institution to prevent the spread of the virus from occurring in those centres. There are at least 4,000 children in jail/ correctional institutions. The SoP is asking those in jail to self-quarantine upon the supervision from prosecutors or correctional officers. The role of social workers in monitoring the growth and development of those children in contact with the law is still unclear. For children who live with surrogate caregivers there are no guidelines yet, but the MoWECP has sent a letter to the COVID-19 task force on the handling of children in these situations. This includes the handling of data collection, how children are protected from violence and other forms of exploitation, guaranteeing that the involved parties understand child rights and that they are obliged to sign the Code of Conduct for child protection.

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1 GOI used different set of criteria for abandoned children based on their age group. A child is categorize as abandoned if meet any three criteria.
For under five children, the criteria are: never been breastfed; live without mother or father; consume basic/primary food less than 14 times in a week; consume high vegetation based protein ≤4 times kali, high animal based protein ≤ 2 times, the mother are away during the entire week before the survey conducted, sick but did not receive any treatment; the child were under other people care during the entire week before the survey conducted.

For children aged 5-17, the criteria are: never been to school or dropped out or not completed the 9 years mandatory school program (children aged 5-6 are excluded for this particular criteria); consume basic/primary food less than 14 times in a week; consume high vegetation based protein ≤4 times kali, high animal based protein ≤ 2 times; have less than four complete sets of clothes; no fix place to sleep, sick but did not receive any treatment, orphan either side of mother or father and or living with other people rather than with their parents, work/labour for income (for children less than 15).

10. Gender and Social Inclusion

The COVID-19 pandemic affects women and men differently, and it worsens the existing inequalities for women and girls and discrimination of other deprived and marginalized groups such as persons with disabilities and those in extreme poverty. The number of women with disabilities in the age range of 18-59 years is greater than men, with a tendency to have a lower level of education and unlikely to have a job (Ministry of Health, 2018). The proportion of elderly women is also greater, with an average life expectancy of four years longer than men. SUSENAS 2018 estimated that more than 9.3 million women over the age of 65 live with minimal social security.

On the frontline, women represent 70 percent of the health and social sector workforce in Indonesia. This includes nurses in Indonesia where 259,326 out of 359,339 (71%) are female (Indonesian Nurse Association or PPNI, 2017). Other groups that are easily exposed are female workers who are in the direct service layer, for example cashiers, receptionists, customer service, and marketing or market sellers. This service sector is dominated by women.

The GoI has issued social restrictions and maintaining distance (social and physical distancing), including by pushing the policy of work from home (WFH) and learning from home (LFH). This policy presents a unique impact on women in the context of the position of women in the family and as female workers. It adds a layered workload to women, especially for mothers. Women have more burden to take care of their children and household, and to support the family financially. LFW policies can mean delegating teacher duties to women/mothers. This is a burden especially when the school does not provide sufficient guidance for parents to assist children in learning. Moreover, it forces children to use information and communication technology during limited family financial conditions. When domestic work is piled on in women and nutrition intake is limited, this condition can cause physical and psychological exhaustion of women so that they are more vulnerable to being infected with COVID-19.

The WFH policy is also feared to potentially increase cases of domestic violence. Women face more risks of domestic violence as they are mostly at home with their abusive partner and/or other family member(s). Financial difficulties, such as getting fired, losing source of income, can cause more tension in the family which can lead to verbal and physical violence. In 2019 alone, 75% (11,105 cases out of 14,719) of violence cases were reported to service institutions were domestic violence. In addition, 59% (or 6,555 cases) of domestic abuse cases are experienced by wives, followed by 21% (2,341 cases) of violence against girls. The highest perpetrators in those cases were husbands, biological fathers, stepfathers/ adopted fathers, and uncles (CATAHU, 2020). This demonstrates that the house is not always the safest place for women and girls.

Women and girls often find that during crises such as COVID-19, their access to hygiene and sanitary products are reduced. This can be for many reasons including a decrease in household income or an increase in household competition due to a limited supply of these products. This can subsequently impede their abilities to conduct household-level disease prevention efforts or to meet their own hygiene needs. Women and girls who are reliant on their sanitary supplies—including menstrual hygiene goods, soap, and water treatment tabs—may find those services disrupted. Finally, as the prevalence of gender-based violence increases during social distancing and resources have become scarcer, women and girls will become more vulnerable when travelling to collect water for household use or to use latrines.

On the other hand, victims handling services (e.g., tracking, reporting, responding, and referral mechanisms) are being disrupted. In a normal situation, personnel can assist the survivor, but now they have limitations on their movements and in the provision of services/support. Until today, the government has no strategic plan for preparation and response based on a strong gender analysis, neither does it contain roles and responsibilities that involve women, and vulnerable groups, and processes that pay attention to gender justice.

Other groups that are vulnerable to exposure are women in custody or similar detainees, such as social institutions. Detention Centres in Indonesia have a residential capacity of 125,000 people but are filled with 249,000 people, which means an excess of 199% in capacity (DG PAS, 2018). This crowded condition exposes those residents to COVID-19 transmission, and other problems related to nutrition and information intake.

People with disability

About 1.11% of Indonesian children aged 2-17 have disabilities (±833,000 people). People with disabilities have limited access to information on COVID-19 prevention. For instance, washing hands videos have no narration or subtitles to help explain the measure to take. The Organization of Women with Disabilities Indonesia (*Himpunan Wanita dengan Disabilitas Indonesia*/HWDI) and the Indonesian Blind Union (*Persatuan Tunanetra Indonesia*/Pertuni) are developing narratives for good hand washing and ensuring IEC materials are understandable for people with disabilities. Some press conferences are also not accompanied by a sign language translator meaning that the transfer of information to those with hearing difficulties is affected and even delayed.

People with disabilities have difficulties in gaining access to income generation activities and are also at a greater risk of getting infected by COVID-19. Many people with visual impairment work as a masseur. The COVID-19 outbreak has made them lose their customers and source of income. They cannot leave the house due to social distancing policies. They also walk by touching their surroundings, which can put them at greater risk of being infected. For other people with disabilities who work in the private sector such as at hotels, even though some of them remain open, they cannot work from home due to the operational nature of their jobs i.e. cleaners, janitors). They also cannot access protective items such as face masks, hand sanitizers, and supplements because the price of these are increasing, and with a reduction in their income they have to prioritize buying food and paying the bills and rent.

For people with intellectual disabilities, they find that the public health guidance and information about COVID-19 is challenging to understand. They also have long experienced loneliness and social ostracization. Therefore, the most significant impact that this pandemic might have on them is on their mental and physical health, like many COVID-19 patients. For people with intellectual disabilities already experiencing severe loneliness, this fact seems particularly cruel.

11. Communication

In Indonesia as of January 2020, there were 338.2 million mobile connections (124% of the total population); more than 175.4 million internet users and 160.0 million social media users. The government holds press conference three times a day regarding the response of COVID-19, which airs on the government's mainstream media i.e., TVRI for television, RRI for radio and LKBN ANTARA for printing media. It also has general updated data (not the granular data as expected in this emergency) through *www.http.covid19.go.id* that is managed under the Risk Communication and Community Engagement (RCCE) National Task Force BNPB. UNICEF and John Hopkins University deploy their staff to update the content on the website. There are various organizations who have participated in this taskforce, namely WHO, UNOCHA, FAO, NU, Muhammadiyah, PMI, PREDIKT, UNFPA, and Save the Children Indonesia, among others.

Table 25. Main source of information

Question	Answer options	#	%
Choose 2 sources of information about COVID-19 that you most frequently use:	Newspaper	489	4%
	Television	10,239	85%
	Friend/neighbour	874	7%
	Social media (facebook, instagram, twitter)	7,715	64%
	Whatsapp group	3,780	32%
	Online news	4,063	34%
	SMS	311	3%
	Use >=5 media	491	4%
	Use 3-4 media	2,821	24%
	Use 1-2 media	8,665	72%

TV has been the leading source of information to the majority of respondents, followed by social media. The TV, however, focuses on news, updates of the developing situation at national and local level. Although there are a few COVID 19 prevention measures advertisements on TV, its effectiveness to social behaviour change communication are mixed. TV would be a strategic channel to promote the adoption of effective and consistent behaviours.

This data also indicates that the majority prefer audio-visual information as only one third of respondents obtain information from WhatsApp groups and online media. Two main possibilities: 1) people are put off if they have to read too much and 2) they do not want to waste their data package. Facebook on the other hand has more exposure simply because of the large amount of sharing of information and posts.

According to the survey, neither SMS nor Radio were a favourable means of communication. BNPB has blast messages using SMS but it is likely that people will not read them. Nowadays, the majority of people do not use SMS, for reasons such as cost, the frequency of marketing messages etc. Children have various favourite TV channels, meaning that any educational TV programme needs to consider using multiple channels.

12. Priority needs based on respondents (parents and teachers)

Table 26. Assistance needed by parents

Question	Answer options	#	%
In your opinion, what kinds of assistance are currently needed the most?	Information/materials/support device for home learning	6,541	55%
	Remote psychological support	2,002	17%
	Soap, hand sanitizer, masks, disinfectation	5,407	45%
	Alternative source of income	3,752	31%
	Basic needs distribution	8,270	69%
	Mentioned at least 4 needs	1,117	9%
	Mentioned 2-3 needs	8,594	72%
	Mentioned 1 need	2,214	18%

Table 27. Assistance needed by school/teachers

Question	Answer options	#	%
In your opinion, what kinds of assistance are currently needed?	Study materials/support device for distant learning	3,273	70%
	Online application / technology skills support	2,709	58%
	Knowledge for psychosocial accompanying	1,488	32%
	Hand wash station & disinfectation spraying for school	2,305	49%
	Study materials on COVID-19/Corona pandemic	1,884	40%
	Selected at least 4	1,072	23%
	Selected 2-3	2,310	49%

13. Response Capacity

Government Response

The Presidential Decree No.12 of 2020 has declared the COVID-19 pandemic a national disaster and assigned the National Task Force for COVID-19 Response Acceleration under BNPB to lead across all ministries, provincial government, and district/local government. It has been decided to reallocate a proportion of the government budget at national and sub national level (APBN and APBD) for COVID-19 response.

The President's Directives 4/2020 specifically instructing the refocus of development activities, reallocation of government budget, and procurement of goods and services for rapid and accelerated response to COVID-19. The President Directive is calling for rapid and active strategies related to budget reallocation, ensuring food security, strengthening of the health sector through basic health services and the national insurance scheme (BPJS) for COVID-19 patients. He is also calling for changes to the delivery of teaching and cancellation of national school exams, the strengthening of local governments and the local economy, reduction of taxes for selected commodities, and the implementation of various economic and fiscal strategies to ensure that those affected receive certain compensations. Some of these policy directions have been followed up at ministerial levels as can be seen in the rest of this section. Both central and local governments are working together with related stakeholders to execute the President's directives as mentioned above.

As result, the GoI has allocated IDR 405,1 Trillion; 1) IDR 75 trillion for the health sector to purchase medical devices, improvement of health facilities, and incentives for health workers; 2) IDR 110 trillion to increase the benefits of social assistance, freeing electricity costs, and support for basic needs; 3) IDR 70.1 trillion tax incentives, reducing income tax rates and delaying small business credit (*Kredit Usaha Rakyat*/ KUR) payments; and 4) IDR 150 trillion for economic recovery.

Overall, the government's response is focused on supporting the health sectors, establishment of social safety nets, and the recovery of the economy that has impacted small medium enterprises (SMEs). Other support to the response is coming from both national and international donors. The policy on social safety net is more on expansion from the existing safety net to support the poor, such as *Program Keluarga Harapan* (PKH), Food Non-Cash Assistance Card, as well as new programmes such as the President's Social Assistance and Provincial Government Social Assistance.

The expansion of the PKH is that government added more targeted beneficiaries and increased amount per family or individual dependents of the program. The national government also encourages the local governments to utilize the village fund/*Dana Desa* to support poor families in their communities. The village can allocate around 20-30% from their village fund to support COVID-19 response activities. Indonesia has secured a USD 300 million loan from the World Bank to mitigate the extreme impact of its economic situation. The economic stimulus will be launched by the government during the period of April – September 2020.

On April 11, 2020, registration for the Indonesian government's pre-employment card program has been officially opened via the official site *www.prakerja.go.id*. First announced during President Joko Widodo's re-election campaign, the implementation of the program has been sped up due to the COVID-19 pandemic. Participants of the program are eligible for training subsidies at a value of IDR 3,550,000 (around USD211). A quota of 164,000 participants has been opened for the first "wave" of registrations. As many as 30 pre-employment registration "waves" have been planned this year with the government allocating IDR 20 trillion to the program. Any Indonesian citizens 18 years old or older, who are not listed in any formal education, may apply.

The GoI recently released a regulation and SOP that stipulated the implementation of Large-Scale Social Restriction (PSBB – *Pembatasan Social Berskala Besar*). The provincial and or district COVID-19 Task Force able to declare and start applying PSBB with thorough consideration and approval from the Ministry of Health. During the PSBB, some sectors including logistics and retails as well as health facilities are still operational. Sanctions will be applied for non-compliance. In Jakarta, the PSBB was declared on April 10, 2020.

The Indonesian Government has officially shifted the national holiday season 2020 from May to December 2020 in response to the COVID-19 pandemic.

Despite a lot of programme interventions from the government, it is interesting that in our survey to 920 people, only 5% of respondents said that they had received assistance from their local government; 95% said that they had not received any support.

Table 28. Percentage of people who have received local government assistance (n=50 respondents)

Cash	**1**	**0.2%**
Basic Food	**17**	**2.1%**
Area Disinfection	**0**	**0.0%**
Information about COVID-19	**18**	**2.6%**
Soap/hand sanitizer	**6**	**0.8%**
Mask	**27**	**3.8%**

14. Inferential Analysis

Inferential Analysis	Interpretation and Programmatic Implication
Parents (education level with knowledge on COVID-19)	
There is a **significant difference** between these following variables with parents' education level: 1. Knowledge on COVID 19 (P<0.01) 2. Use of different information source (P<0.01) 3. Perceived risk/vulnerability (P<0.01)	Parents with a higher level of education are likely to have the right knowledge about COVID 19 but lower perceived risks/vulnerability. Parents with lower education tend to have limited knowledge, but more misconception, and higher perceived risks/vulnerability.
Parents (education level with COVID-19 prevention practices)	
There is **no significant** difference between these following variables with parents' education level: 1. Frequency of going outside (not staying at home) 2. Handwashing frequency 3. Compliance to follow correct step on handwashing 4. Utilization of mask when going out 5. Weekly exercise 6. Travelling plan	Prevention behaviours are likely to be similar among those with higher and lower education levels. This indicates that having knowledge does not necessarily lead to practicing this preventive behaviour.
Prevention practices among respondents living in urban and rural area	
There is **no significant** difference between these following variables with respondent living in urban or rural areas: 1. Frequency of going outside (not staying at home) 2. Handwashing frequency 3. Compliance to follow current step on handwashing 4. Travelling plan 5. Weekly exercise	**People who are living in urban areas are not following steps on handwashing** as much as people who are living in semi urban and rural areas. People who are **living in Semi Urban areas are not using facemasks when they go outside as much as** people living in other areas do. The response should consider the type of location where beneficiaries live as they may have different practices and behaviours. For example, mask distribution may be prioritized in urban and semi urban areas.
Parents (level of education with quality of home learning implementation)	
There is a **significant difference** between these following variables with parents' education level: 1. Access and use of different media for home learning (P<0.01) 2. Ability to support children learning from home (P<0.01) 3. Number of challenges faced in applying home learning (P<0.01) 4. Ability to address challenges faced in applying home learning (P<0.01)	Parents with higher education tend to use various media for home learning and more able to support children to study at home. On the contrary, parents with lower education tend to experience more difficulties in supporting children learning at home. When planning response intervention activities for parents, their level of education should be considered. For example, parents with lower education must be prioritized when we provide support or enablers for home learning activities, including supporting online learning at home.

Inferential Analysis	Interpretation and Programmatic Implication
Teacher (level of education with quality of home learning implementation)	
There is a **significant difference** between these following variables with the level of teachers' education: 1. Use of different teaching facilitation techniques (P<0.01) 2. Number of challenges faced in facilitating learning from home (P<0.05) 3. Number of efforts to ensure learning effectiveness (P<0.01) 4. Use of different online learning platforms or applications (P<0.01)	Teachers with a higher education level are likely to have different approaches and use different teaching facilitation techniques and use various learning platforms than those with a lower level of education. Planning response intervention activities with teachers should consider their level of education. For example, teachers with lower education must be prioritized when we provide support or enablers for online learning activities, along with providing tools so they can perform online classes home.
Gender and COVID-19 prevention practices	
There is a **significant difference** between these following variables with respondents on gender: 1. Frequency of going outside (not staying at home) (P<0.05) 2. Handwashing frequency (P<0.01) 3. Compliance to follow correct step on handwashing (P<0.01) 4. Utilization of mask when going out (P<0.05) 5. Traveling plan (P<0.05) There is **no significant** difference between respondent gender and practising exercise during last week	Male respondents showed that they were going outside for the last week more frequently compared to their counterparts. It may be explained by the fact that many of these respondents reported that they have to still go out of the home to work. Female respondents performed handwashing more often and followed the compliance as well as utilized masks accordingly compared to male respondents. It indicates **females perform appropriate prevention practices more often compared to male respondents**. Responses in intervention planning should consider how effectively information is received by males and females, respectively.
Economic impact (loss of income with different independent variables)	
There is a **significant difference** between loss of income proportion with: 1. Level of education (P<0.01) 2. Mask utilization when going out (P<0.01) 3. Gender (P<0.01) 4. Level of education (P<0.01)	**People living in rural areas experience a significant loss of income** compared to people living in urban and semi urban areas. Livelihood support/cash assistance may be prioritized to people living in this area. **People with lower education experienced significant loss of income** compared to people with a higher level of education. Livelihood support/cash assistance may be prioritized to people with lower education.
Living Location (Jakarta and Outside Jakarta)	
There is **significant difference** between these following variables with living location: 1. Access and use of different media for home learning (P<0.01 2. Ability to support children learning from home (P<0.01) 3. Number of challenges faced in applying home learning (P<0.01) 4. Ability to address challenges faced in applying home learning (P<0.01)	Parents who living in Jakarta tend to use various media for home learning and more able to support children to study at home. In contrary, parents who living outside Jakarta tend to face more difficulties to support children learning at home. Planning response intervention activities to parents related education should consider this finding For example, we may need to adjust our strategy based on the setting of the targeted area. Besides, supporting online learning at home. managing challenge for home learning is also important for parents who come from outside Jakarta

Inferential Analysis	Interpretation and Programmatic Implication
(School Location (Jakarta and Outside Jakarta	
There is **significant difference** between these following variables with School Location (Jakarta and Outside Jakarta): 1. Use of different teaching facilitation (P<0.01) 2. Number of challenges faced in facilitating learning from home (P<0.05) 3. Number of efforts to ensure learning effectiveness (P<0.01) 4. Use of different online learning platform or application (P<0.01) 5. Number of impacts to teachers (P<0,01)	Teachers in Jakarta are likely to do different approaches and use different teaching facilitation and use various learning platform than teacher from outside Jakarta. Planning response intervention activities should take account this finding, as we may no use similar approach for teacher in Jakarta and outside Jakarta **Teachers from Outside Jakarta experienced more impact during covid-19 crisis situation** compare to Jakarta Teachers. Teacher from outside Jakarta should be prioritized for livelihood support rather than teachers who are from Jakarta
School Type (Public or Private Schools)	
There is **significant difference** between these following variables with type of school (public schools vs private schools): 1. Number of efforts to teaching at distance (P<0.01) 2. Use of different online learning platform or application (P<0.01) 3. Number of impacts to teachers (P<0,01)	**Teacher from Public schools are more likely to use more than one effort related distance learning, including teaching application** to their students compare to their colleagues from Private schools Designing activities to support teacher to be able to conduct distance or online learning should be considered the type of school where **teacher from private school should be prioritized** **Teacher from Private schools experienced more impact during covid-19 crisis situation** compare to the teacher from public school. Teacher from private school should be prioritized for livelihood support rather than public school teachers

15. Conclusion

Overall existing context

Pre-existing vulnerabilities

Indonesia has numerous pre-existing vulnerabilities that increase risks and the impact of the COVID-19 pandemic. These underlying vulnerabilities exist in many different areas, including in health, education, economic capacity, system, and infrastructure; socio-cultural-religious belief and behaviour among society; and governance and leadership capacity at different levels and places.

1. Indonesia has a population of 270 million under 34 provinces and 514 districts, where more than half (56%) are living in urban areas, 15% of the population is living at home with less than 8 meters squared per capita; 13% are still struggling to access clean water, four in ten people still do not have access to improved sanitation facilities; and one in ten children are living in rented houses and or slums, and one third of them live without proper sanitation support (SUSENAS, 2018).
2. Low children growth index (literacy, physical, Socio emotional, and Learning); Indonesia is ranked at 117 out of 180, far behind neighbouring countries; high mortality rate among infant, neonatal and under five children (every seven minutes, one infant, three babies, and ten under five children died); only two in three are completely immunized before their first birthday, one in every three Indonesian children are stunted (RISKESDAS, 2018).
3. Indonesia maintains a fairly high literacy rate of 95.7% among the entire population, but 9.4% of children aged 5-17 years are unable to read or write; school participation at primary level is 97% but it gradually decreases to 78% for junior high school students and then to 59% for senior high school students. More than 300,000 students dropped out of school in 2018 (SUSENAS, 2018).
4. As many as 2.5 million children are forced to work every single year; 122,000 girls are married between the ages of 10-17 years, and more than half of them only finished junior high school, even worse 62% of these girls do not have access to contraceptives which put them at risk to maternal health issues (SUSENAS, 2018).
5. One and a half million children aged 0-4 and 213,000 children aged 5-17 are abandoned by either their mother or father. About 106,000 children are in an institutional care arrangement and more than 4,000 teenagers are in jail/an institution. More than 835,000 children aged 2-17 have one or more disabilities which increase the challenge of coping with the evolving situation (SUSENAS, 2018).
6. More than 9.3 million women over the age of 65 live with minimal social security. About 75% (more than 11,000) of reported violence cases are domestic where 60% of cases are experienced by wives and 20% are experienced by girls (SUSENAS, 2018). On the frontline, women represent 70 percent of the health and social sector workforce in Indonesia (PPNI, 2017). Majority of workers at direct service layer are women (e.g., cashiers, receptionists, customer service, and marketing or market sellers). More than 80% of teachers are female, it is extremely challenging to take care of all domestic responsibilities and yet at the same time facilitate distance learning.

Existing System Capacity

7. Ministry of Health GOI has appointed 300 referral hospitals (including private, government, and military hospitals) and 46 laboratories for COVID-19 specimens examination using the RT-PCR (Reverse Transcription Polymerase Chain Reaction). In addition to hospitals, the government is preparing hotels for COVID-19 response and isolation (e.g., Wisma Athletes, Patra Jasa Hotel in Jakarta, and other hotels). Different stakeholders took the initiative to prepare their facilities (e.g., hotels, religious building, public building) to accommodate the needs for quarantine and isolation. More than 20,000 volunteers in the medical and non-medical fields have registered to support the pandemic response.
8. The Directorate Health Services-MOH reported that the hospital capacity in Indonesia is 2.7 critical care beds per 100,000 people. Rough estimation for West Java; in the case that it has 120 thousand positive cases of COVID-19, it will only able to provide 5% of patients who need to be hospitalized with care beds. The capacities are significantly lower in other provinces, especially in

the eastern part of Indonesia.

9. As of March 2020, 223 million of Indonesia's population (85%) have signed up to the National Health Insurance Coverage (BPJS-K). Around 60% of these BPJS-K members subsidized by the government; 8% are civil servants, 16% are private employees, and 15% are self-employed/ unemployed. More than 33 million aged 0-17th are not insured at all. The entire cost of treatment for patients with COVID-19 can be reimbursed by the MOH by appointed health facilities.
10. A legitimate source for COVID-19 data is the national task force website: *https://www.covid19.go.id/*, MOH website kemkes.go.id and hotline 119 ext. 9. Governments at provincial and district levels have established/appointed referral websites, call centres and hotline numbers. Nevertheless, data availability in terms of completeness, timeliness, and transparency is a big issue.
11. MOH also released a decree to legitimate the utilization of Special Allocation Funds (*Dana Alokasi Khusus*/DAK) for COVID-19 response, including to cover referral services/hospital (e.g., isolation room and equipment) and disease control (e.g., infectious specimen transport, backpack sprayer, and decontamination).
12. More than 40.779 (18%) primary and secondary schools do not have access to internet; and 7.552 schools (3%) do not have electricity, and mostly in rural areas and urban slum areas. Only one out of ten children aged 7-17 are accessing the internet for sending/receiving emails; 65% of children in the same age bracket are using the internet for their homework; three out of four children use internet for entertainment (SUSENAS, 2018). MoSA reported that 84% of children aged 12-17 have experienced bullying and mostly from digital/ online platforms, while UNICEF Indonesia shows that 41% - 50% children aged 13-15 have experienced cyber bullying.
13. At national level, the MoEC reallocated IDR 405 billion of its budget to support COVID-19 prevention in four main activities, namely: (1) IDR 60 billion for COVID-19 Education; (2) IDR 250 billion for Capacity Building of Teaching Hospitals; (3) IDR 90 billion to cover the cost of 150,000 Rapid Tests conducted in five Teaching Hospitals; and (4) IDR 5 billion for procurement of consumables for IEC, triage, tracking, and testing at the appointed Teaching Hospital and Faculty of Medicine.
14. GoI has allocated IDR 405,1 Trillion: 1) IDR 75 trillion for the health sector to purchase medical devices, improvement of health facilities, and incentives for health workers; 2) IDR 110 trillion to increase the benefits of social assistance, freeing electricity costs, and support for basic needs; 3) IDR 70.1 trillion tax incentives, reducing income tax rates and delaying small business credit (*Kredit Usaha Rakyat*/KUR) payments; and 4) IDR 150 trillion for economic recovery.
15. Local communities are able to utilize 20-30% of their village fund/*Dana Desa* to implement COVID-19 response activities as well as to support poor families in their communities.
16. Indonesia has secured a USD 300 million loan from World Bank to mitigate extreme impacts on its economic situation. The economic stimulus will be launched by government in April – September 2020. Participants of the program are eligible for training subsidies at a value of IDR 3,550,000 (around USD211). A quota of 164,000 participants has been opened for the first "wave" of registrations. As many as 30 pre-employment registration "waves" have been planned this year with the government allocating IDR 20 trillion to the program. Any Indonesian citizen 18 years old or older, who is not enlisted in any formal education, may apply.
17. The government has launched the IDR 20 trillion assistance program to unemployed people for training subsidies at a value of IDR 3,550,000 (around USD211) and it plans to reach almost five million people.

COVID-19 Knowledge and Preventive Behaviour

18. Gathering is part of our lifestyle, local customs, cultural events, and religious activities. At the village level, many people are doing their agricultural activities together (gotong royong). In most places, people are used to greeting each other with handshakes, hand kissing (particularly to older people), and even nose kissing (in NTT). It is therefore challenging to impose social distancing.

19. Majority of respondents were aware of basic information on COVID-19, including the transmission, prevention or protection measures, symptoms of the diseases. They accessed the information through TV, posters, banners displayed in public spaces, and social media (Facebook, WhatsApp, Instagram, and YouTube).
20. Almost half are not aware of immediate actions required if they experience any of the symptoms. They do not know how and where to go for tests or treatment. They do not know who to contact, where to go, and the steps required to found out if they are positive or not, or how to self-quarantine.
21. Heads of villages and Kader reported that they have agreed on referral mechanisms, they, however, admitted that the majority of community members are not aware of the agreed mechanisms and even if they are, the majority of people do not comply.
22. Two thirds of respondents have at least one or more misconceptions about the virus. Half of respondents perceived that they are not at risk of being infected and or of infecting others; the majority (90%) perceived that they have a strong immune system and therefore cannot be infected by COVID-19. One in ten respondents believe that infected people will always show severe symptoms. One in four respondents are highly concerned about being infected due to fear of social isolation, discrimination, and stigmatization.
23. Only one in ten are entirely self-isolated, while half went out at least 1-2 times in the last week, 16% went out almost every day and only 83% always use a mask when they go out. Local authorities have not optimally monitored the mobility of their respective community members.
24. Majority of respondents reported that they do not have any plans to travel, 9% have planned to travel but are not sure whether to go or not, and 4% confirmed that they will travel in next few weeks (likely for Eid Mubarak).
25. While hand washing behaviour has relatively improved during this pandemic, nevertheless only 26% of respondents wash their hands at least 9 times per day, 20% wash their hands 1-3 times a day. In terms of quality, none of the respondents apply all correct hand washing steps. Majority only follow 4-6 steps out of eight steps we provided in the questionnaires. One third only follow 2 of the steps.
26. Less than one third of respondents are aware of COVID-19 response activities from their local authorities/government, including what has been agreed, what support they are entitled to, and how can support. About 95% reported they have not received any support from local government, 5% received assistance such as masks, information, food, and cash.

Needs for assistance and support

1. Indonesia needs +/- 850 million complete sets of personal protective equipment (PPE), 187 million basic PPE, and 135 million set of non-medical PPE.
2. Supporting facilities for home learning (good quality learning materials, laptop and or phone, internet data package, access to free online learning platform, including COVID-19 information for children).
3. Capacity building for teachers in technology utilization for distance learning.
4. Psychosocial support for children and parents, fun activities, and materials to retain their motivation, and peer group support among students.
5. Disinfection spraying around community residences and hand washing facilities at public spaces and schools; hand sanitizer and masks for community members, especially those who need to go out for work.
6. Daily basic needs (food), cash assistance, alternative livelihood activities.
7. COVID-19 preparedness plan at household and community/village level to arrange care for children whose parents need to isolate or are hospitalized.
8. Awareness, capacity, and tools to protect children from cyber negative impact (e.g., information, access to free apps, etc.)

16. Recommendations

1. Utilize the RNA result to inform SC response plan at National, provincial, district, village, and community level, and communicate these RNA results to our stakeholders and government for advocacy purposes.
2. Advocate government to assign and collaborate with research institutions to estimate the scale of impact of the pandemic on longer-term effects on children's lives.
3. Develop a systematic and programmatic behaviour change campaign to improve preventive behaviour through online and face-to-face in safe way.
4. Provide reasoning for why we must do things in certain ways (e.g., in hand washing, in mask utilization) and provide evidence if prevent behaviours are only carried out partially.
5. Promote the evidence that everyone is at risk, no one is immune, but everyone certainly could survive, fear is not an option. More knowledge on how our body immune system works is important to make sense of positive preventive measures.
6. Expose positive stories to reduce fear and stigma among infected and affected people. For example, sharing stories of those with asymptomatic experiences, those who have been recovered from the disease, identify, and promote positive copying strategies. Fear is useless. We need to eliminate fear and replace it with inspiring actions and stories.
7. Provide more information on why, where, how, when, at what cost (if any) to get the test. Majority of people perceived that they are not at risk and are afraid to know whether they have COVID-19 or not. Provide information on local hotline numbers, nearest referral hospital and lab.
8. Make the effort to counter misconceptions: myth busting, create a platform where we can identify new rumours/myths at local level, and counter these with facts. Our online platforms should be geared towards this aim.
9. Defining "do and don't" for "stay at home" measures; promoting operational guideline/protocol on "stay at home" for families, including tips to increase compliance (e.g. arrange only one person in the family to go out for food/other needs, following strict recommendations on what to do when he/she arrives back home, go out for groceries once a week (create complete shopping list in advance).
10. Influence Government at National and Subnational level to continue providing maternal, child health and nutrition services through the application of thorough precaution protocols and ensure all children can access the services easily.
11. Need to better understand the situation in health facilities and community-based services, considering the newly released guidelines from the MoH to ensure continuation of essential MCH services. What are the current practices/good practices, alternative ways for community engagement, existing challenges, practical tips etc. More operational protocol is needed.
12. Data on COVID-19 updated by GoI shall include information on children of all age levels, disaggregated by sex, and children who are impacted because their parents died of COVID-19 or have had to self-isolate. Number of impacted children having care problems, psychosocial and economic will increase along with data of affected COVID-19.
13. Pre-existing vulnerability reflects level of fulfilment, respect and protect of children rights. The Convention of Children Rights and with its monitoring tools including UN CRC Committee Concluding Observation report shall be used by GOI as well as SDG indicators as reference in national plan.
14. Multiple online channels to enable discussions, questions, consultations, including in local languages and with specific social media groups.
15. Indonesia is prone to natural disaster therefore raising awareness and develop preparedness to cope with other natural hazards, in addition to COVID-19 is critically important.

16. Working together with alliance, networking, and task force at both national and sub-national levels to develop a contingency plan for the community/people, particularly children who inhabit in the post disaster area which rehabilitation and reconstruction is progressing. For instance, Palu Earthquake, Lombok Earthquake and West Java Flood and landslides.
17. Working with alliance to advocate massive testing, particularly in the COVID-19 epicentre area.
18. Working together with national and sub-national task force, particularly village taskforce through village facilitators to deliver COVID-19 Risk Communication at the grass roots level. At the same time providing relevant IEC materials both online and offline. Language and design adjustment are needed due to cultural contexts.
19. Develop data and information systems to capture children at risk and the effects on them, with a granular level of detail. This data and information platform should be able to support decision making, response intervention, operational response plan, and monitoring.
20. GoI to develop a social protection (social assistance) program with clear eligibility criteria so that it targets people who have lost their income significantly or are unemployed, as well as clear fund channelling. (Government has modified PKH to adapt with COVID-19).

Annexes

Summary Data Tabulation of Parents/Public Survey

No	Question	Answer options	Overall		DKI Jakarta	West Java	East Java	Lampung	NTT	South Sulawesi	Central Sulawesi
			#	%							
1	Gender	Male	2340	20%	9%	25%	30%	27%	42%	22%	27%
		Female	9649	80%	91%	75%	70%	73%	58%	78%	73%
		Total respondents	11989	100%	100%	100%	100%	100%	100%	100%	100%
	Age	Less than 20	283	2%	2%	2%	2%	2%	0%	5%	3%
		Age 21-40	7393	62%	72%	49%	56%	69%	63%	62%	53%
		Age 41-50	3449	29%	23%	38%	35%	22%	26%	27%	33%
		Age >50	840	7%	3%	10%	8%	7%	11%	6%	12%
	Latest education	Primary / lower secondary school level	3025	25%	25%	33%	23%	31%	3%	30%	18%
		Upper secondary school level	5264	44%	55%	41%	35%	43%	27%	31%	37%
		Diploma	892	7%	8%	7%	7%	7%	9%	5%	9%
		Undergraduate	2441	20%	11%	16%	31%	18%	58%	28%	30%
		≥ Postgraduate	367	3%	1%	3%	4%	2%	3%	6%	6%
2	What do you know about COVID-19?	Modes of transmission	8820	74%	74%	77%	74%	70%	81%	60%	74%
		How to protect ourselves/family	10229	85%	86%	85%	87%	84%	91%	85%	82%
		Symptoms or signs of the disease	8156	68%	67%	72%	73%	64%	70%	58%	68%
		What to do if had the symptoms	5246	44%	41%	48%	50%	41%	55%	36%	42%
		Place for getting test or health care	3496	29%	24%	31%	33%	31%	42%	28%	35%
		Response from local government	3125	26%	22%	29%	29%	29%	39%	26%	25%
		Selected all 6	2053	17%	14%	19%	20%	16%	27%	16%	18%
		Selected 4-5	3083	26%	26%	28%	28%	22%	31%	19%	24%
		Selected ≤3	6799	57%	60%	52%	51%	61%	42%	64%	57%
3	Which of these statements about COVID-19 is/are true?	Corona virus is contagious through blood	737	6%	6%	6%	7%	13%	7%	6%	6%
		Can be prevented by washing hands	10936	91%	92%	92%	91%	92%	91%	88%	90%
		Prevented by keeping 2-metre distance	8869	74%	72%	77%	74%	79%	82%	65%	77%
		Always show severe symptoms	1112	9%	9%	10%	6%	13%	12%	8%	11%
		Must not be buried in a public cemetery	1489	12%	12%	12%	6%	10%	15%	11%	18%
		The virus does not survive in tropical climate.	3553	30%	30%	29%	32%	31%	35%	27%	29%
		Respondent selected only correct answers	4179	35%	34%	39%	37%	36%	36%	30%	33%

No	Question	Answer options	Overall		DKI Jakarta	West Java	East Java	Lampung	NTT	South Sulawesi	Central Sulawesi
			#	%							
4	Mark one option for each of the following questions:	**I am at risk to get infected and/or to infect others:**									
		Disagree	5604	47%	46%	48%	43%	44%	41%	55%	45%
		Uncertain	1861	16%	14%	17%	17%	10%	11%	18%	17%
		Agree	3660	31%	33%	29%	33%	40%	31%	22%	28%
		Do agree	864	7%	7%	6%	7%	5%	18%	5%	10%
		My body's immunity to Corona virus is:									
		Very weak	250	2%	2%	2%	2%	3%	1%	3%	3%
		Weak	911	8%	7%	6%	7%	9%	11%	9%	9%
		Strong	8460	71%	71%	73%	72%	64%	67%	69%	68%
		Very strong	2368	20%	20%	19%	20%	23%	21%	19%	20%
		Staying at home, HWWS, not touching face, wearing face masks, are very effective to prevent Corona virus transmission:									
		Disagree	84	1%	0%	1%	1%	1%	1%	1%	1%
		Uncertain	290	2%	2%	3%	2%	3%	2%	3%	2%
		Agree	5775	48%	50%	52%	52%	52%	38%	42%	40%
		Do agree	5840	49%	48%	44%	44%	44%	59%	55%	57%
5	What have you done to protect yourself from COVID-19/ Corona Virus?	Staying at home / not going out	10565	88%	90%	89%	81%	83%	90%	86%	85%
		Washing hands (soap + running water) in 20"	10222	85%	86%	87%	86%	88%	90%	75%	85%
		Consuming healthy, nutritious food, vitamins	9326	78%	80%	81%	81%	79%	80%	66%	73%
		Actively moving (having exercise) at home	7524	63%	62%	66%	67%	62%	68%	53%	60%
		Sun-bathing	8930	74%	76%	81%	77%	74%	77%	63%	65%
		Wearing a mask when going out	10373	87%	87%	88%	90%	83%	89%	77%	86%
		Keeping a 1 to 2-metre distance from people	8903	74%	75%	76%	73%	72%	79%	63%	75%
		Selected all 6-7	7799	65%	67%	69%	64%	58%	71%	53%	60%
		Selected 4-5	1891	16%	15%	15%	18%	23%	15%	15%	19%
		Selected =<3	2279	19%	18%	15%	17%	18%	14%	32%	22%

No	Question	Answer options	Overall		DKI Jakarta	West Java	East Java	Lampung	NTT	South Sulawesi	Central Sulawesi
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6	What impacts have you experienced from the COVID-19 pandemic?	Difficult to meet daily needs	8132	68%	71%	71%	53%	66%	76%	63%	63%
		Decreasing income	8630	72%	76%	76%	66%	75%	66%	58%	66%
		Losing job / livelihood	3799	32%	36%	37%	24%	28%	29%	18%	21%
		Stress, anxious, and angry	2100	18%	18%	17%	19%	14%	30%	12%	15%
		Afraid to get infected / to infect others	7212	60%	58%	59%	63%	63%	74%	57%	66%
		Fear of being socially isolated/stigmatized	3062	26%	26%	24%	25%	24%	33%	21%	27%
		No significant impacts	365	3%	2%	3%	6%	2%	2%	3%	4%
		Selected all 6-7	617	5%	6%	5%	3%	4%	8%	2%	4%
		Selected 4-5	2752	23%	24%	25%	18%	18%	29%	17%	19%
		Selected =<3	8424	70%	69%	68%	74%	76%	62%	79%	74%
7	Choose 2 sources of information about COVID-19 that you most frequently use:	Newspaper	489	4%	3%	4%	5%	3%	5%	6%	4%
		Television	10239	85%	87%	90%	77%	85%	75%	87%	83%
		Friend/neighbour	874	7%	7%	9%	6%	4%	9%	6%	7%
		Social media (Facebook, Instagram, twitter)	7715	64%	62%	61%	62%	70%	79%	64%	70%
		WhatsApp group	3780	32%	30%	32%	37%	34%	41%	26%	31%
		Online news	4063	34%	34%	34%	41%	35%	46%	29%	30%
		SMS	311	3%	2%	2%	2%	3%	6%	2%	3%
		Use >=5 media	491	4%	3%	5%	4%	3%	8%	4%	4%
		Use 3-4 media	2821	24%	23%	25%	27%	24%	31%	18%	22%
		Use 1-2 media	8665	72%	74%	71%	69%	72%	61%	78%	74%
		Not use media	12	0.1%	0.0%	0.1%	0.4%	0.0%	0.4%	0.0%	0.1%
8	Do you have any child who is still a student?	Yes, continue to number 9.	8662	72%	84%	65%	61%	64%	70%	66%	59%
		No, continue to number 17.	3327	28%	16%	35%	39%	36%	30%	34%	41%

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9	What media(s) does your child use to learn at home?	Television	6472	75%	80%	76%	60%	66%	55%	73%	70%
		Online learning application	4116	48%	44%	56%	45%	36%	40%	54%	48%
		Educational website	2694	31%	30%	41%	40%	21%	27%	21%	27%
		WhatsApp	5164	60%	63%	64%	65%	66%	29%	67%	42%
		YouTube	2726	31%	31%	33%	39%	27%	36%	22%	33%
		Radio	88	1%	0%	1%	2%	2%	3%	1%	1%
		Use >=5 media	545	6%	6%	10%	7%	3%	3%	6%	3%
		Use 3-4 media	3117	36%	37%	41%	40%	26%	24%	34%	31%
		Use at least 2 media	4912	57%	57%	48%	52%	69%	64%	60%	63%
		Not use any media	88	1%	0%	0%	2%	2%	9%	0%	2%
10	Does your child watch television?	Yes	7713	89%	92%	92%	90%	92%	82%	93%	76%
		No	508	6%	5%	4%	10%	6%	15%	6%	7%
11	What kind of TV program does your child watch? (Answer can be more than 1)	Educational	5836	67%	70%	71%	57%	63%	51%	79%	58%
		Entertainment (music, film, etc.)	5829	67%	71%	71%	73%	74%	66%	54%	55%
		News	3357	39%	33%	53%	42%	30%	32%	47%	33%
		Sport	925	11%	9%	16%	14%	7%	13%	8%	9%
12	Which TV channel does your child watch most frequently when at home?	TVRI	3117	40%	37%	39%	23%	39%	27%	61%	57%
		RCTI	415	5%	6%	8%	9%	1%	3%	2%	2%
		SCTV	438	6%	4%	8%	7%	5%	10%	3%	9%
		Indosiar	220	3%	3%	2%	3%	4%	2%	4%	3%
		Trans TV	602	8%	5%	12%	7%	14%	17%	6%	10%
		Net TV	0	0%	0%	0%	0%	0%	0%	0%	0%
		RTV	919	12%	13%	7%	13%	19%	21%	8%	9%
		MNC TV	1495	19%	25%	13%	21%	8%	10%	10%	19%

No	Question	Answer options	Overall		DKI Jakarta	West Java	East Java	Lampung	NTT	South Sulawesi	Central Sulawesi
			#	%							
13	In what time of the day does your child watch television most frequently?	Morning	5836	67%	70%	71%	57%	63%	51%	79%	58%
		Afternoon	5829	67%	71%	71%	73%	74%	66%	54%	55%
		Evening	3357	39%	33%	53%	42%	30%	32%	47%	33%
		Night	925	11%	9%	16%	14%	7%	13%	8%	9%
14	What do you do to keep your child study well at home? (Answer can be more than 1)	I do nothing	105	1%	1%	1%	1%	1%	3%	1%	2%
		Providing laptop/desktop PC, internet, etc.	3515	41%	34%	49%	52%	25%	48%	41%	46%
		Actively communicating with his/her teachers.	4394	51%	53%	49%	50%	61%	33%	59%	44%
		Accompanying him/her doing tasks/homework.	7720	89%	95%	83%	87%	91%	83%	87%	81%
		Do 4 practices	6	0%	0%	0%	0%	0%	0%	0%	0%
		Do 2-3 practices	5408	62%	64%	62%	68%	66%	53%	67%	55%
		Do 1 practice	3161	36%	35%	37%	30%	34%	44%	33%	43%
15	What constraints do you face during accompanying your child studying?	There are no constraints	2371	27%	30%	27%	20%	24%	10%	30%	28%
		Do not have supporting devices	1862	21%	19%	20%	21%	27%	48%	19%	24%
		Inadequate teaching materials	2224	26%	23%	22%	29%	34%	53%	25%	30%
		Child's motivation to study are decreasing	3649	42%	42%	43%	53%	47%	52%	36%	36%
		Not enough time to accompany	2014	23%	22%	23%	27%	27%	24%	24%	25%
		Limited knowledge to assist children studying	1318	15%	14%	16%	20%	15%	19%	12%	17%
		Face ≥5 constraints	94	1%	1%	1%	2%	2%	4%	1%	2%
		Face 3-4 constraints	1020	12%	10%	11%	15%	14%	28%	8%	13%
		Face 1-2 Constraints	7371	85%	86%	86%	81%	84%	67%	90%	85%
16	What do you do to address hose con-straints?	I do/have done nothing.	543	6%	5%	6%	6%	4%	9%	6%	11%
		Provide supporting device for home learning	3882	45%	42%	47%	46%	55%	54%	45%	43%
		Obtain materials from teacher/online source	2924	34%	36%	30%	33%	42%	35%	32%	31%
		More flexible with children study schedule	5609	65%	70%	62%	63%	63%	57%	61%	60%
		Do ≥4 measures	6	0%	0%	0%	0%	1%	0%	0%	0%
		Do 2-3 measures	3575	41%	43%	39%	43%	50%	46%	38%	40%
		Do only one measure	4715	54%	54%	56%	51%	48%	50%	58%	56%

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			#	%							
17	What changes have your child experienced for the last 2 weeks?	Nothing	2154	18%	16%	17%	19%	22%	19%	22%	22%
		Hard to concentrate	2235	19%	19%	20%	19%	22%	19%	20%	15%
		Difficult to sleep	1551	13%	13%	18%	11%	4%	12%	7%	9%
		Bored	8667	72%	76%	75%	71%	70%	68%	58%	69%
		Stress	1142	10%	8%	11%	11%	8%	13%	9%	10%
		Confused	1659	14%	12%	17%	16%	11%	11%	14%	15%
		Tired and feeling lonely	1032	9%	7%	12%	10%	9%	4%	9%	6%
18	In your opinion, what kinds of assistance are currently needed the most?	Information/materials/support device	6541	55%	48%	55%	60%	61%	74%	65%	56%
		Remote psychological support	2002	17%	14%	19%	22%	14%	19%	16%	18%
		Soap, hand sanitizer, masks, disinfection	5407	45%	40%	38%	41%	48%	64%	50%	64%
		Alternative source of income	3752	31%	34%	39%	32%	29%	23%	19%	21%
		Basic needs distribution	8270	69%	81%	69%	47%	64%	47%	51%	64%
		Mentioned at least 4 needs	1117	9%	9%	11%	7%	10%	11%	5%	10%
		Mentioned 2-3 needs	8594	72%	72%	71%	69%	73%	71%	71%	74%
		Mentioned 1 need	2214	18%	18%	18%	23%	16%	16%	23%	16%
19	Shared phone number:	Willing to provide phone number:	9880	82%	84%	80%	75%	81%	85%	81%	86%

Summary Data Tabulation of Teacher Survey

No	Question	Answer Options	Overall		DKI Jakarta	West Java	East Java	West Nusa Tenggara	East Nusa Tenggara	Central Sulawesi
			#	%						
1	Gender	Male	1028	22%	5%	32%	29%	26%	24%	25%
		Female	3670	78%	95%	68%	71%	74%	76%	75%
		Total	4698	0%	0%	0%	0%	0%	0%	0%
	Age	Less than 20	29	1%	1%	1%	0%	2%	0%	0%
		Age 21-55	4294	91%	86%	92%	95%	97%	95%	92%
		Age >55	368	8%	13%	7%	4%	1%	5%	8%
	Latest education	Primary / lower secondary school level	78	2%	4%	2%	0%	0%	0%	0%
		Upper secondary school level	743	16%	43%	6%	4%	24%	20%	3%
		Diploma	168	4%	8%	2%	0%	1%	4%	3%
		Undergraduate	3286	70%	43%	77%	83%	74%	74%	80%
		≥ Postgraduate	423	9%	2%	14%	13%	1%	2%	13%
	I teach at	**School stage:**								
		Kindergarten/ ECCD	1447	31%	85%	10%	4%	71%	30%	8%
		Elementary School	1002	21%	11%	15%	8%	15%	44%	33%
		Junior High School	837	18%	3%	21%	9%	9%	12%	52%
		Senior High School	1412	30%	2%	54%	79%	5%	14%	7%
		School status:								
		Public	2304	49%	13%	56%	58%	11%	51%	81%
		Private	2394	51%	87%	44%	42%	89%	49%	19%
2	What have you done in order that the learning process from home is going smoothly and effective?	I have done nothing; students learn by themselves	142	3%	1%	1%	2%	28%	16%	4%
		Using online apps (zoom, google classroom, etc)	1711	36%	21%	53%	58%	12%	10%	31%
		Sending study materials	2174	46%	53%	51%	34%	29%	41%	42%
		Sending tasks to do by phone, SMS, Whats App	3686	78%	85%	81%	73%	44%	49%	78%
		Selected ≥ 2 answers	2351	50%	49%	60%	50%	19%	23%	45%
3	Did you receive a clear direction from your principal or Education Office about remote learning method?	No	486	10%	2%	10%	13%	31%	30%	11%
		Yes	4212	90%	98%	90%	87%	69%	70%	89%

No	Question	Answer Options	Overall		DKI Jakarta	West Java	East Java	West Nusa Tenggara	East Nusa Tenggara	Central Sulawesi
			#	%						
4	What constraints do you face during teaching from home?	No sufficient teaching material	170	4%	4%	1%	2%	20%	7%	5%
		No computer, smart phone, internet package data	1176	25%	30%	19%	14%	50%	42%	26%
		Teaching from home has many distractions	1509	32%	28%	38%	29%	38%	32%	29%
		Additional administrative work /reporting	709	15%	21%	17%	18%	5%	7%	5%
		Not all students participated all the time	3600	77%	67%	83%	80%	60%	66%	83%
		Less support from the students' parents	1357	29%	21%	29%	38%	26%	32%	32%
		Unfamiliar in using online study media	737	16%	13%	12%	13%	42%	35%	19%
		Selected ≥6 constraints	41	1%	1%	0%	1%	2%	2%	1%
		Selected 3-5 constraints	1271	27%	22%	29%	26%	44%	35%	27%
		Selected at least 2 constraints	3385	72%	77%	70%	74%	53%	63%	72%
5	What I have done to ensure the effectiveness of studying at home:	Communication with parents.	3229	69%	87%	62%	43%	85%	73%	69%
		Routinely checking attendance list.	2246	48%	64%	54%	43%	11%	15%	27%
		Giving feedback to students.	2771	59%	50%	69%	66%	25%	31%	59%
		Limiting the tasks given to students.	2451	52%	38%	66%	52%	29%	38%	57%
		Paying attention to students with special needs.	670	14%	13%	19%	14%	8%	12%	11%
		No effort	50	1%	0%	1%	1%	4%	7%	1%
		Do => 4 practices	933	20%	21%	28%	14%	4%	4%	15%
		Do 2-3 practices	2503	53%	56%	51%	53%	38%	47%	56%
		Do 1 practice	1212	26%	23%	20%	32%	55%	42%	28%
6	What applications do you usually use to teach from home?	Ruang Guru	429	9%	6%	10%	6%	11%	22%	12%
		Rumah Belajar	522	11%	10%	10%	4%	16%	22%	15%
		Kelas Pintar	68	1%	1%	1%	1%	0%	3%	2%
		Zenius	1256	27%	11%	45%	47%	9%	9%	18%
		Google Classroom	100	2%	1%	2%	4%	0%	2%	2%
		Microsoft teams or Skype	20	0%	0%	0%	2%	0%	0%	0%
		Sekolahmu	228	5%	12%	3%	2%	4%	4%	2%
		Instant messenger (WhatsApp, Line, SMS)	3835	82%	87%	85%	82%	46%	50%	79%
		Use none of	2803	60%	71%	46%	46%	71%	65%	67%
		Use =>4 apps	13	0%	0%	0%	0%	0%	0%	0%
		Use 2-3 apps	256	5%	5%	6%	6%	2%	4%	6%
		Use 1 apps	1626	35%	24%	48%	48%	27%	31%	27%

No	Question	Answer Options	Overall		DKI Jakarta	West Java	East Java	West Nusa Tenggara	East Nusa Tenggara	Central Sulawesi
			#	%						
7	Mark one option for each question:	**I clearly give remote learning instructions/ materials to my students:**								
		Disagree	144	3%	2%	1%	4%	7%	15%	4%
		Uncertain	480	10%	3%	10%	14%	20%	20%	16%
		Agree	3143	67%	71%	68%	67%	62%	52%	64%
		Do agree	931	20%	24%	21%	15%	10%	13%	16%
		Our school has done an optimal effort to anticipate students coming back to school:								
		Disagree	338	7%	8%	5%	4%	9%	9%	14%
		Uncertain	707	15%	9%	13%	14%	34%	29%	20%
		Agree	2960	63%	69%	63%	68%	45%	53%	53%
		Do agree	693	15%	13%	19%	15%	11%	10%	13%
8	How this COVID-19 outbreak affects you?	Reduced salary/incentives	600	13%	15%	15%	16%	4%	8%	6%
		Loss of additional income	1780	38%	38%	45%	38%	38%	30%	31%
		Receiving no salary at all	549	12%	28%	5%	3%	39%	14%	4%
		Financial problem	2411	51%	63%	45%	31%	75%	72%	50%
		Selected ≥4 impacts	28	1%	1%	1%	1%	0%	0%	0%
		Selected 2-3 impacts	1316	28%	41%	28%	17%	49%	32%	20%
		Selected 1 impact	2336	50%	50%	46%	49%	44%	54%	50%
		Answer none	1018	22%	8%	25%	34%	7%	13%	31%
10	Has the school already used its School Operations Fund (from the government) for responding COVID-19?	Yes	1421	30%	13%	33%	35%	24%	12%	56%
		No	1140	24%	49%	12%	6%	44%	37%	13%
		Don't know	2137	45%	38%	55%	59%	32%	51%	31%

No	Question	Answer Options	Overall		DKI Jakarta	West Java	East Java	West Nusa Tenggara	East Nusa Tenggara	Central Sulawesi
			#	%						
11	In your opinion, what kinds of assistance are currently needed?	Study materials/support device for distant learning	3273	70%	73%	73%	60%	82%	76%	64%
		Online application / technology skills support	2709	58%	49%	66%	60%	51%	53%	58%
		Knowledge for psychosocial accompanying	1488	32%	23%	37%	41%	39%	27%	31%
		Hand wash station & disinfectation spraying for school	2305	49%	47%	48%	37%	77%	67%	56%
		Study materials on COVID-19/Corona pandemic.	1884	40%	34%	36%	40%	58%	50%	51%
		Selected at least 4	1072	23%	17%	25%	21%	37%	30%	26%
		Selected 2-3	2310	49%	51%	50%	47%	47%	50%	48%


Save the Children