

INDONESIA RAPID GENDER ASSESSMENT in RESPONSE TO COVID-19



Yayasan CARE Peduli

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Introduction

Following the first reported COVID-19 case in Indonesia, Yayasan CARE Peduli (YCP) had immediately started to prepare its response package to support communities in areas where it operates. Given the mobility restriction, it had been quite challenging to prepare the response package particularly in preceding the response with much more detailed field-based needs assessment. This Rapid Gender Assessment (RGA) was prepared almost simultaneously with the delivery of the first stage of the response. While it has been limited in its use for the first stage response, it is intended to guide YCP's next stage of response which will be aimed at mitigating the social economic impact of COVID-19, emphasizing the needs of women and access to the support. This RGA will serve as the basis for further in-depth study or assessment to support detailed design of the support schemes and other assessments that other development partners are planning to undertake. Information on the local situation and needs were gathered from the projects' database and information from the local governments and partners. Therefore, the first stage of YCP's response consist of preventive and protective measures from the virus transmission which was aimed at the communities in general.

Specifically, the RGA has the following objectives:

1. To analyze the impact of COVID-19 and the needs of the communities especially the vulnerable groups such as women and children, the elderlies, people with disabilities and other vulnerabilities;
2. To inform the design of COVID-19 response based on the identified needs of the different groups, focusing on: (i) paid and unpaid productive works; (ii) gender relations and decision-making process; (iii) basic services; (iv) safety and security with respect to gender-based violence; (v) influence of faith and religion; (vi) access to information and technology; (vii) WASH and livelihood; and (viii) child protection and education.

METHODOLOGY

The assessment was carried out by YCP's two Gender Specialists between 17 April to mid May 2020 using a combination of phone interviews with the target groups and secondary data generated from projects' data and local government statistics. A questionnaire was developed for the purpose of the interviews, which aimed to understand better the impact of COVID-19 on the communities and women in particular.

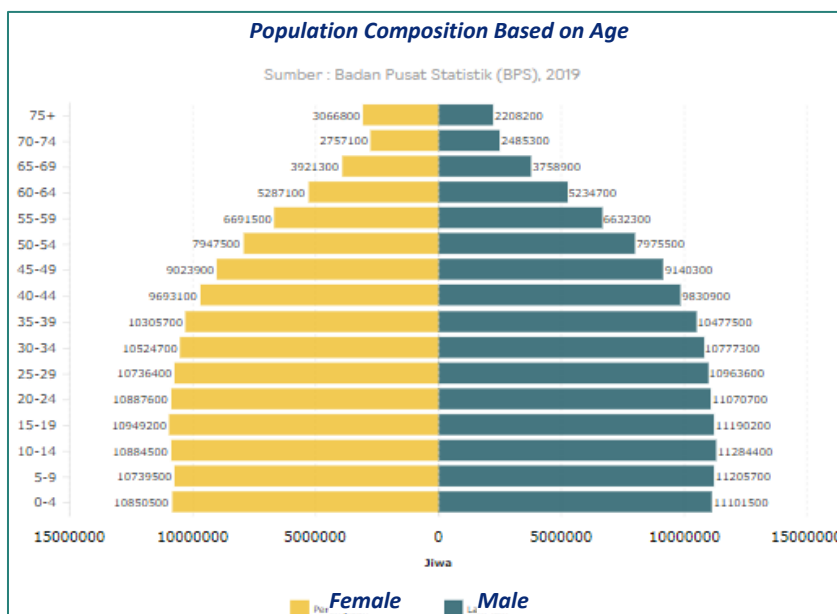
TARGET OF ASSESSMENT

The respondents of the assessment were from YCP's existing projects in 12 districts across 6 provinces: DKI Jakarta, Banten, West Java, Central Sulawesi, South Sulawesi, Nusa Tenggara Timur (Annex 1 provides brief description of the projects of the beneficiaries). The interviews were carried out with community members, leaders and cadres, and local government counterparts and female project beneficiaries representing different background and contexts: female workers in the garment sector and tea plantation; female IDPs in temporary shelters and villages recovering from the Central Sulawesi earthquake; teenage female students; cacao farmers; and general community members. The total number of people interviewed are 97 people consisting of 38 male and 59 female respondents.

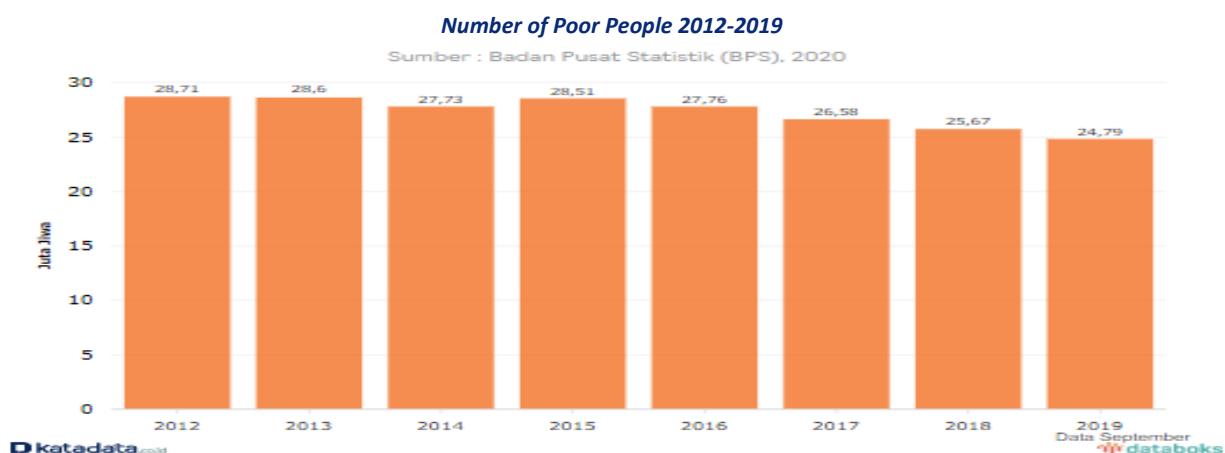
Country Situation

Social Demographic Profile

Based on the Central Bureau of Statistics' data, Indonesia's total population in 2020 is estimated to be at 271 million people with the composition of 135,34 million males and 134,27 million females. Based on age category, 66,07 million are children below five years old (0-4 years old); 185,34 million are adults in the productive age (15-64 years old); and 18,2 million are elderlies (above 65 years old).¹ This data (as illustrated in the table) shows that there is a higher number of the productive segment of the population, which is an important asset that needs to be managed well.



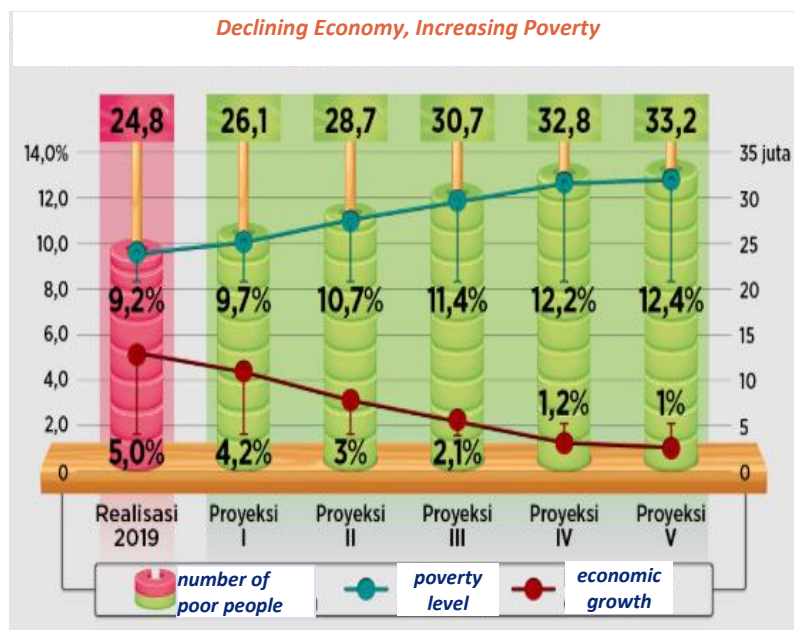
Indonesia has seen a steady decline of poverty in the last decade. The Central Bureau of Statistics estimated that the total number of the poor in 2019 was 24,79 million people or 9,22% of the total population¹ out of which consist of 10.06% females and 9.59% male.² Nusa Tenggara Timur (NTT) which is one of the provinces where YCP currently operates, is ranked third as the province with the highest poverty, after Papua and West Papua.



¹ <https://databoks.katadata.co.id/datapublish/2019/09/13/jumlah-penduduk-indonesia-diproyeksikan-mencapai-270-juta-pada-2020>

² <https://www.bps.go.id/dynamictable/2019/10/04/1653/persentase-penduduk-yang-hidup-di-bawah-garis-kemiskinan-nasional-menurut-jenis-kelamin-2015-2018.html>

However, this impressive progress may be severely impacted by the onset of COVID-19. A study by the SMERU Research Institute “**The Impact of Covid-19 Outbreak on Poverty: An Estimation for Indonesia**” gave 5 projections of COVID-19’s impact on increased poverty in the country. The worst case scenario, which assumed a 1% economic growth in 2020, projected an increase of poverty to 12,49% or 33.2 million people. A spike in poverty rate means that greater social protection programmes are needed not only to address the existing poor but also the newly poor. The resources required to expand the social protection would also need to be increased significantly.



COVID-19 in Indonesia

On 2nd of March 2020, Indonesian President Joko Widodo announced the first two cases of COVID-19 in Indonesia. These were the first officially confirmed cases of COVID-19 in the country. Since then, the number of cases has continued to rise.³ The number of confirmed cases in Indonesia is commonly considered to be an under-calculation due to insufficient testing, though there has been a ramping up of testing. All 34 provinces with over 81% (421) districts out of 514 have reported cases, with Jakarta, East Java, South Sulawesi and major cities in Java as the epicenters accounting more than 50% of the country’s caseload.

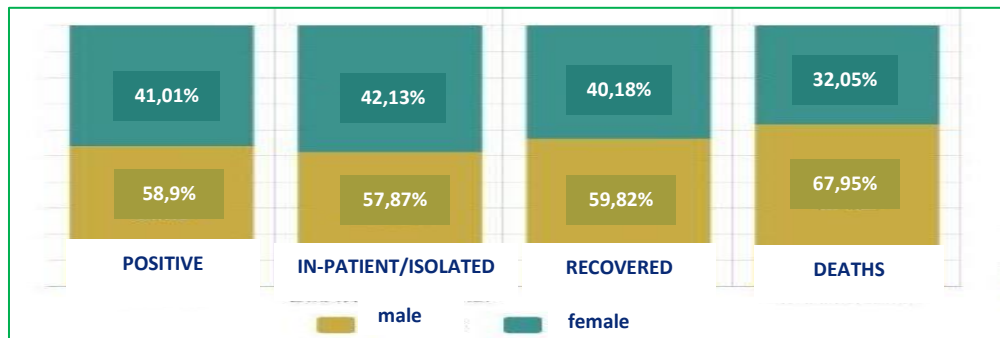
On 13 April 2020, the National Disaster Agency declared a state of public health emergency status which was then extended until 29 May 2020.⁴ On 31 March 2020, the President issued Presidential Decree 11/2020 which declared national public health emergency status. This Decree was simultaneously followed with the issuance of Government Regulation number 21/2020 on large scale social restrictions to tackle the spread of Covid-19 introducing tighter social distancing measures.

As is the case globally, COVID-19 in Indonesia has affected more the male population as compared to females both in terms of infection as well as deaths – but also interestingly in terms of recoveries.⁵

³ As of 31 May 2020, Indonesia reported 26,473 confirmed cases, with 1613 deaths and 7308 recoveries cumulatively (www.covid19.go.id.)

⁴ On 29 May 2020, the Government has extended the status for an indefinite period subject to the epidemiological progress.

⁵ <https://covid19.go.id/peta-sebaran>



In terms of age group, significantly a large portion of the productive age group (18-59 years old) form over 70% of the confirmed cases, while those above 60 years old constitute 14,7%, although deaths are highest in the category of above 60 years old (43,5%).

Government's response to COVID-19

To manage the COVID-19 response, the Government of Indonesia has set up a Task Force for the Acceleration of COVID-19 Response through Presidential Decree (Keppres) Number 9 Year 2020, which is led by the Head of National Agency for Disaster Management (BNPB). Meanwhile, at the regional levels, Regional Task Forces for COVID-19 are being created on the basis of the Presidential Decree that requested the governors and head districts/municipalities to form a local task force for acceleration of the COVID-19 response led by the Head of local government, and administratively it reports to the Head of local government. In the regions these task forces are also set up down to the village level. Regional Task Forces are autonomous in establishing the local policies to respond to COVID-19 based on the epidemiological data.

Indonesia's emergence as one of the world's leading economies with ensuing strong economic growth, a rapid decrease in poverty rates, improvements in education and access to better health services, food, water, sanitation and electricity is challenged. The COVID-19 pandemic may adversely affect important gains accrued over the past years and progress across a range of SDGs are at risk; including progress in the fight against poverty (SDG1), food security and nutrition (SDG2) and is likely to exacerbate inequalities (SDG10), particularly gender inequality (SDG5). This pandemic has also seen an interruption in routine health services (SDG3).

The economic impact of COVID-19 in Indonesia is fundamentally affecting macro-economic stability and employment. The World Bank and the Ministry of Finance have reassessed 2020 economic growth from 5% to around 2%, and although it is too early to assess with certainty, a worst-case scenario may even foresee minus growth in 2020⁶. It is estimated that an additional 5.9 million to 8.5 million people will become poor due to COVID-19⁵. As of 13 April 2020, 2.8 million workers have been reportedly laid off from their jobs as a result of this crisis, and more layoffs are expected to happen⁷. The ADB estimates that the unemployment loss due to COVID-19 could reach 7.2 million people.⁸

⁶ Ministry of Finance, 2020

⁷ Jakarta Post, 13 April 2020

⁸ ADB, 2020

Through the Presidential Instruction 4/2020, the President has instructed the reallocation of the 2020 annual budget from all ministries and regional governments to be directed towards COVID-19 response. Through the Government Regulation PERPPU 1/2020, the Government had launched a stimulus package for financial stability and provision of social safety net to cushion the adverse impact of the pandemic for the poor and low-income groups. The total value of the stimulus package is Rp.405 trillion (US\$ 25.3 billion) to respond to COVID-19 includes an allocation of Rp.110 trillion (US\$6.9 billion) for social safety net.

The Social Safety Net package includes provision of conditional cash transfers, food assistance for the poor (both for those that had been participants of ongoing poverty programmes and the “new poor”); creation of cash for work schemes; provision of employment card (Kartu Pra-Kerja) for workers that have lost their jobs; freeing of 3-months electricity billing for the low-income; ensuring national food security.

YCP’s response to COVID-19

With the issuance of the Government’s mobility restriction policy, YCP had suspended its field activities. While main programme activities had been suspended, YCP provided support in response to COVID-19 to project beneficiaries and surrounding communities in the areas where it is currently operating (12 districts in 6 provinces), covering a total of 57,899 beneficiaries directly, composed of 32,435 women and girls and 25,464 men and boys⁹. YCP’s response strategy adopts a seamless phase (Figure 1 below).



The 1st phase of the response focused on protection and prevention of transmission through wide dissemination of COVID-19 information (risk communication) combined with provision of hand-washing facilities and protective kits (masks). While the risk communication materials were developed in line with WHO’s and the Ministry of Health’s protocols, they were tailored to ensure target groups’ comprehension and to contextualize the information with their condition. Therefore, materials are translated into local

⁹ This number is derived from those that are individually receiving assistance (such as masks and hand sanitizers); and the assumption that each hand-washing installation reached 100 people directly.

languages for some areas (NTT and West Java), and for target groups that are still mobile (still working), messages emphasized on protection in public places. Protective kits (masks and hand sanitizer) are provided to groups that are still mobile due to necessity and therefore are highly exposed to risks – these are the female garment workers and tea pickers that to date are still working. Hand-washing facilities are distributed across all locations, with larger volumes in densely populated locations (Jakarta, temporary shelters for IDPs in Central Sulawesi. All assistance is coordinated with and acknowledged by the local government and COVID-19 Task Force in each region.

The total package of the 1st phase of the response is summarized below.

Hand washing facilities	Soap	Hand Sanitizer	Masks	IEC Materials
544 units	750 bottles of 1-liter volume	3354 bottles	7968 pieces	<ul style="list-style-type: none"> • 10,983 posters • 91,939 stickers • 21 banners

YCP is also actively participating in the UN-led Humanitarian Country Team, with a focus in 4 priority areas of the Multi-Sectoral Response Plan (MSRP): Risk Communication & Community Engagement; Mitigation of Social-Economic Impact; Protection of Vulnerable Groups; and WASH. It had also signed an MoU with the National Task Force's Department of Volunteer Coordination, and as part of this collaboration, had assigned 3 staff to support them on a part-time basis and support risk communication activities.

Gender Analysis

Existing inequalities

Indonesia has made strides in its efforts to reduce gender gaps. Government policies to increase women's access to resources and participation in labor and social activities have been actively pursued. However, some inequality issues still remain.

- Poverty and vulnerability of female-headed households by type**

Almost one in five female-headed households are “asset poor”. This is almost double the rate for households headed by men. One in four female-headed households survive on money given to them by other members of their families

	2011		2018		Income Source		
	Poverty Measures		Poverty Measures		Income Source		
	Poverty (1)	Wealth (2)	Poverty (3)	Wealth (4)	Own Work (5)	Other Members Work (6)	Remittances (7)
Male Household Heads	9.73	12.8	7.98	10.4	84.7	10.1	3.49
All Female Household Heads	8.92	18.8	8.52	17.9	46	23.1	25.7
<i>Breakdown of Female Household Heads</i>							
Young, No Children	.171	2.36	.0688	8.94	48.3	1.81	49.6
Young, Children	12.8	16	9.65	15.9	68	2.3	29
Older, No Children	3.98	31.3	6.66	33.8	46.6	1.24	42.9
Older, Adult Children	11.4	14.1	9.62	11.6	40.1	45.1	9.68
Older, Young Children	12	20.8	11.5	17.7	68	3.79	24.7
Married, Spouse in HH	10.3	9.46	11.9	13.4	53.8	35.8	7.81
Married, Spouse not in HH	11.4	13.9	8.76	12.5	41.7	9.07	48.1

Source: Susenas, March & June 2011 and March 2018 – MAMPU Background Assessment

- Child marriage**

The Table below shows the percentage of females aged 20-24 that are married or living together with someone before they were 15 years old.

Indonesia	Proportion of females aged 20-24 years old with married status or living together before aged 15 years old (%)				
Year	2015	2016	2017	2018	2019
%	0.60	0.54	0.46	0.56	0.57

While there has been a lowering of 3.5% of child marriage in the last 10 years, however the existing condition is still high by any standards. The Government has set a target to reduce child marriage 8.74% by 2024 and 6.94% in 2030. However, this will need a more concerted and integrated effort to address the systemic condition.

- Managerial position**

While women's participation in the labor force has increased over the years, the number of women that are holding strategic (managerial) positions are still very low compared to men.

Sex	Distribution of Managerial Positions by Sex (%)			
	2016	2017	2018	2019
Male	75.83	73.37	71.03	69.37
Female	24.17	26.63	28.97	30.63

Assessment Findings

In general, in all the locations assessed, women had fared worse than men with the onset of the pandemic, particularly visible in the increased household work load for women when the stay at home policy was imposed.

- **Access to information on COVID-19 and behavior change**

The Government had launched through several communication means, various risk communication materials to inform the public about COVID-19 and measures to prevent infection. Protocols for social distancing, proper mask-wear, hand-washing and hygienic behavior were produced and socialized from the national to the village level. Channels of communication involve printed material, electronic media (mostly TV), and direct socialization. Involvement of local and religious leaders were also deployed to help convey the messages to communities. Official websites and social media accounts of public offices at the national and regional levels also provide daily updates on the situation as well as messaging on the health protocols. Messaging through WhatsApp and SMS are also used.

However, most community respondents explained that these socializations had not been even and intense resulting in some areas not being fully reached (especially for remote villages) or there not being full understanding of the messages by the communities. This limited socialization is attributed to the mobility restrictions and insufficient budget allocation for transportation for socialization.

Generally, women in the villages have less access to information, especially for messaging through social media since many of them do not possess mobile phones. Most of these types of messaging are only accessed by the men of which a majority of them possess such gadgets.

Based on Susenas data (2018) showed that 73.77% of the population aged 5 years and over are using cell phones, with 5 out of 7 female use mobile phones (70.49 percent) and 7 out of 9 male use mobile phones (77.04 percent). Both in urban and rural areas, the percentage of female population age over 5 years old who use a cell phone is always lower when compared to men. Nationally, 57.19 percent of women (7 out of 12 women) owned cellphone (7 out of 12 women), while 67.59 percent of men (2 out of 3 men) have a cellphone. (Source: BPS RI, Susenas 2018)

Most elderlies and people with disabilities have not been able to fully access and digest information about COVID-19. For example, there is hardly any information material prepared in Braille which made it difficult for people with sight disability (blindness) to understand the risks and preventive measures. One risk that had been mentioned was that most blind people need support when they are out in public



places to navigate the way; this involves physical touching and therefore could pose risks to them.¹⁰ A more suitable and effective means to convey information for both elderlies and blind people would be through voice messaging.

Apart from limited access, the women also explained that the information could not be fully understood since the language style used is too complicated which made it difficult for them to fully comprehend the information's intention.¹¹ Therefore, the combined effect of these shortcomings have influenced their daily behavior, which leads to ignoring or being less disciplined in applying the health protocols.

Many female IDPs indicate that while they understand the need for physical distancing, their living situation has not made that possible. Families are assigned to a 2x3 sq. unit which are set up side-by-side closely. Due to the heat during day time, many people, particularly women and children, prefer to sit outside with their neighbors in groups. While doing so, many of them did not wear masks due to the difficulties in accessing masks and even if they were available, the price was unaffordable.¹² Also, most of them felt that they are in safe zones with their neighbors and therefore there was no necessity to wear masks.

Despite having been informed about the need for physical distancing and the banning of joint religious activities, it was reported that in almost all locations that crowd-gathering activities such as joint prayers in the mosques on Fridays and after fast-breaking (tarawih) still continued. Group prayers at homes also continue despite appeals by religious leaders. In fact, in Serang, religious and local leaders were actively participating in such gatherings and district officials had not been able to engage them as key advocates for community behavior changes.

However, in the Kulawi sub-district in Central Sulawesi, community compliance towards the protocols seemed to be high. Information was socialized through local churches and mosques in each village. Community watch has been activated, that monitors people coming in and out of their villages and ensuring their health condition before entering their area. Their compliance was mainly due to fear of infection and falling severely ill since the Kulawi area is remotely located and hard to access due to damaged road infrastructure which would make it challenging for them to reach the nearest hospital if needed.

Meanwhile, the situation is significantly different for garment workers since their workplace applied strict protocols. Information is socialized to them 1-3 times a day in the factory, and posters are placed in various public points within the work area. All workers are provided with masks. Upon entering the factory premises through one main gate, their body temperature will be measured. Anyone with above normal temperature will be sent to the factory clinic, and should their temperature still show above normal, they will be referred to the hospital. While many factories had not implemented physical distancing within the work space, some had complied by ensuring 1-meter distance between workers in the work space and the general canteen area. Food vendors have also been forbidden to sell their products outside the factory area as was the case before the pandemic. Also, all the female garment workers have access to other sources of information since they all possess mobile phones.

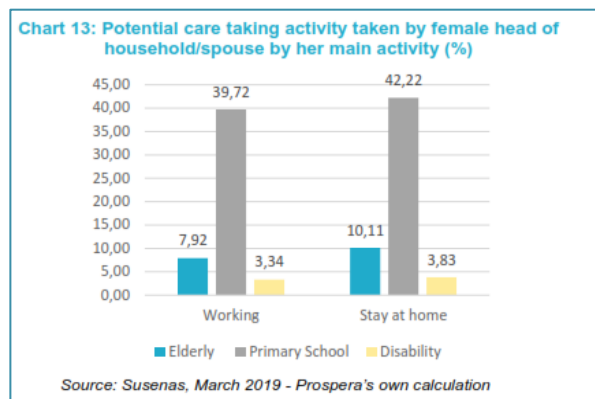
¹⁰ Conveyed by a representative of people with disabilities during a virtual national cluster meeting.

¹¹ During the initial phase of the pandemic, most of the communication materials used much more formal language. Since then, government agencies and NGOs had produced friendlier materials with more visuals and in some cases, translated in local languages.

¹² At the time of the interview, masks were not easily available and were expensive. However, since late April 2020 masks are more available particularly those that were home-made and were sold with affordable prices.

- **Gender role in unpaid care work**

Generally, the stereotyped roles of men and women in society had been constructed by society itself for a long time, which largely assumes men are the bread winners and head of the family. This further assumes that men are stronger and more responsible compared to women. This deeply embedded stereotyping affects the way men are judged when they are not employed and therefore judged as incapable of taking care of his family. Similarly, an employed woman will still be expected to assume all household-related chores and family caring which doubles her burden. This table shows the average amount of time women spent on family caring for both working and non-working women.



The pandemic has not changed the situation, and if anything, it has only doubled the burden of family caring on women, however there are differences seen between the types of work women and men are engaged in.

The inset tells the story of a married female garment worker, which shows that even in the “spare” hours she has from the reduced formal working hours has to be spent on these caring roles. Similarly, female tea-pickers in the tea plantations reported that since the pandemic, they have to start the day earlier, waking up at 3am instead of at 4.30am as was the case before COVID-19. With most family members staying at home, the women have to prepare the morning and mid-day meals for the family (spouse and children) before they leave for the plantation which is some distance from their homes. Upon returning from the plantation, they would immediately be engaged in preparing the evening meals as well as other household chores, including overseeing their children’s studies.

Before COVID, I worked in a garment factory around here, and I usually leave home at 7 or 7.30m, and would be back home by 5pm or depending on the target that had to be achieved. I woke up very early so that I have time to prepare the children’s and my husband’s meals, and when I come home, I will start to prepare the evening meal as well as clean up the house. Sometimes my husband helps, but most often and largely these tasks fall on me. Now that my work hours have been reduced, I find myself doing longer hours in taking care of the family and household chores (female garment worker interviewed on 17 April 2020)

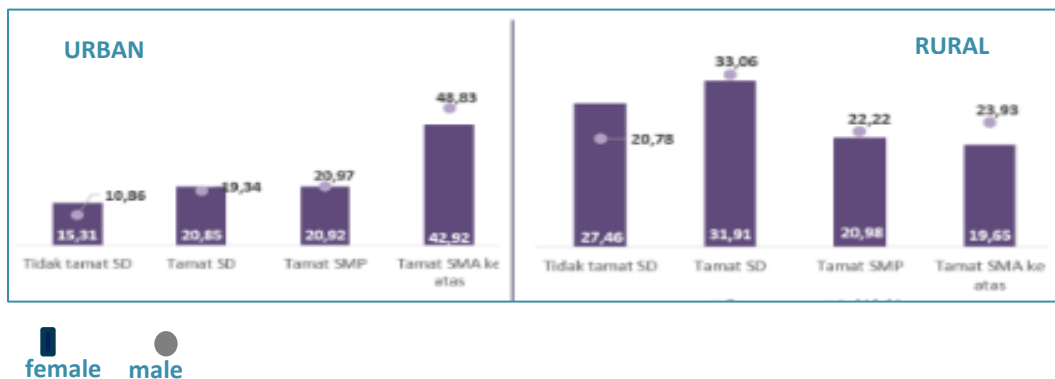
Meanwhile for families whose livelihood is in the cacao sector, both men and women are engaged in the fields with tasks that are often similar. Sometimes their children are also involved in the labor. While women are primarily responsible for the household chores, the situation has not changed much since the pandemic.

The situation is further exacerbated with the loss or reduced income of families as reported in the Serang district and fishing community in Central Sulawesi. Since the pandemic, their income has significantly declined due to declining purchase of their catch, since there’s misperception that the fish are contaminated with COVID-19. Women are responsible for managing the household expenses and with the declining income, they are further stressed in trying to make ends meet with less income. A respondent mentioned that if they asked their husbands about the situation to find solutions, the likelihood is that this would only create arguments. Most of the time, the women will keep silent and find solutions by borrowing from loan-sharks which further poses risks for them.

The effect of the study from home policy

Following the outbreak in Indonesia, the Government has instructed schools to close and students are requested to study from home, and the Government had launched online lessons for the students to access and guide their study. While this policy was issued with the aim to protect children from risk exposure, this has consequences for families especially for women.

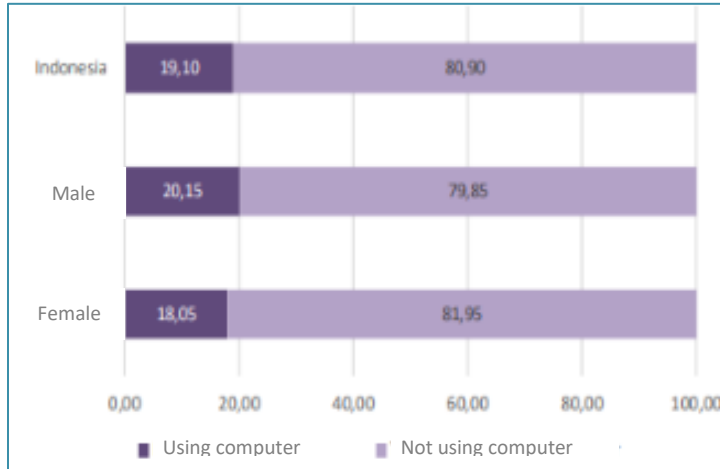
The burden of home-schooling in most cases fall on the women. This has placed additional responsibility for parents particularly for women, since they are required to supervise their children's academic tasks. While this may still be possible for primary school levels, many parents have difficulties in supporting their children that are in higher grades (junior and high-school). Their studies are significantly more difficult for parents to follow, especially adding pressure on women given they are the ones who often are responsible for overseeing their children's education, and therefore leaving the children to study themselves. It should be noted, that the additional responsibility on women in supervising the children's studies is overwhelming for many women especially for those living in rural areas or poor urban areas given their education level. While overall literacy rate for men and women are quite on par both in rural (90.93% female and 95.67 % male) and urban (96.46% for female and 98.6% for male)¹³, their low level of education attainment makes it harder for them to provide support to their children's education. As seen from the figure below, women's education attainment is generally lower than men both in rural and urban areas, and the disparity is more significant in the rural areas as the education level goes higher.



Another issue that was raised was the additional costs that parents have to cover for the online system learning. Parents have to pay extra for the internet connection costs which, for many families, causes additional stress given their economic situation. Most families do not possess sophisticated mobile phones nor computers to allow their children to access the learning modules. Spending money on the internet connection was seen as non-essential, and families prefer to spend the money on basic needs such as food. Nationally, the average family spending on internet per month is Rp. 12,663.¹⁴ In addition, for remote villages in Central Sulawesi, Bone and NTT internet connections are not stable and, in some villages, electricity is not even available. This has created difficulties for children to access lessons. Given the limited access to internet, the Government has prepared distance learning packages using the national television station. However, the materials are significantly different from the normal modules that the children use at their schools and the duration is very short.

¹³ BPS RI – Susenas 2018

¹⁴ <https://www.kemendiknas.go.id/lib/uploads/list/b4bdc-profil-perempuan-indonesial-2019.pdf>



Furthermore, not all children are able to follow the online lessons since the majority of families (especially in rural areas) don't own PCs/laptops. The higher the economic status is, the likely a family owns a computer. While there had been no reports from the interviews on preferential treatment between boys and girls in access to computers/laptops in the family, but it is likely boys will be prioritized if a situation requires parents to choose between the two in accessing the computer as often found in the case of education. The table illustrates the use of computers between male and female.¹⁵

In addition, a recent study by UNICEF also found that many teenagers, especially girls, feel that they have less digital expertise.¹⁶

When interviewed, most of the children mentioned that they prefer studying at school, since they have immediate access to their teachers or peers. The online learning does not provide them with the opportunity to ask questions, and prior instructions were not given. This is a concern for parents on the quality of their children's education during this pandemic.

With the children spending more time at home, women have also to spend more time to tend to them, while also remaining responsible for overseeing the household chores. With plenty of time to spare, many children are bored and sometimes they tend to play with their friends in public places (such as online games). With the physical distancing restrictions, obviously this is not allowed and therefore parents have to keep watch of their children to keep them at home. This responsibility most often would fall on the women, adding to their already full tasks at home.

The Bone district government has a good example to minimize the gaps between parents-students and teachers. The Education district agency regularly monitors the teachers' work during the home study period and advised teachers to lessen the home work for students given the students' limited access to have direct tutoring. They also created a communication forum for teachers with the students to guide them with the distance learning methods; and with parents to coordinate the children's activities at home.

For the female students under the PACE project, the study at home policy had limited their access to interaction with their peers and mentors to talk about issues that they learn in the classes organized under the project. In PACE, the girls are taught subjects related to reproductive health and personal development which they found interesting and useful and delivered in an interactive manner which they enjoyed. Since the COVID-19 outbreak, the students have not had any classes since their schools are closed. Students and parents that were interviewed, said they miss the opportunity to discuss with their friends' topics such as menstrual cycle and personal hygiene.

¹⁵ <https://www.kemenpppa.go.id/lib/uploads/list/b4bdc-profil-perempuan-indonesial-2019.pdf>

¹⁶ https://www.unicef.org/indonesia/sites/unicef.org.indonesia/files/2020-05/COVID-19-dan-Anak-anak-di-Indonesia-2020_1.pdf

- **Access to clean water and sanitation**

In general, in Indonesia clean water access between rural and urban areas is different. In urban areas it has to be purchased from the water utility company (PAM). For daily hygienic needs, most urban communities also access water from water jet pumps. For drinking water, most urban communities purchase bottled water. In some urban areas, sometimes the PAM-provided water runs only at certain times of the day as is the case in the 2 sub-districts assessed in West Jakarta. Since the rotation falls at night time for these 2 areas, the women will stay up late to stock up the water for use the next day.



Meanwhile, in rural areas water is taken from the source, wells or connected to the water pump. However, in arid land regions such Nusa Tenggara Timur, water becomes even more scarce during the dry season and wells dry up. This creates challenges for them to access clean water. Access to proper sanitation is also uneven, with only several households possessing their own latrines and the majority using communal facilities. These communal facilities often are not well constructed without septic tanks, and the water is not channeled properly which leaves the facilities in unhygienic conditions with the waste water running into the surrounding environment and creating a foul smell.

Communities in the hinterland of Bone district usually have to search as far as between 1 to 6 km to access water during the dry season since their water source and well dry up. To meet their drinking water needs, communities will purchase from a local vendor that sells water to each village. This water scarcity impact on their agricultural activities and household needs.

Meanwhile, in the mountainous area of Kulawi in Central Sulawesi and Pengalengan in West Java, water source is plenty. However, during the rainy season, the water is contaminated with mud and becomes unconsumable. This area is also prone to landslides, and at such times, clean water becomes inaccessible. Communities' preparedness strategy is to stock up water in large and tall water tanks to avoid scarcity and also avoid water contamination from materials carried by the landslides.

IDPs in the coastal areas of Sirenja (Central Sulawesi) that are still living in temporary shelters, found water access to be a key issue. In several shelters, the sanitation facilities were not even functioning since there was no water available in the toilets. Meanwhile, in another shelter, water was only available for washing and bathing and for clean water they have to find it from water source in the hills. When there is a tide that could go as high as 2 meters, their clean water stock could be mixed with sea water making it impossible to drink.

Women play a very significant role in the provision of clean water and sanitation - as users, providers, managers of water at the household level and as care taker of family health. Women also have a stronger motivation to obtain and maintain clean water facilities compared to men since they often spend more time in collecting clean water. However, as illustrated in the table below, women tend to have less access to clean (drinking) water compared to men (source BPS-RI, Susenas 2018).

Characteristics	% with access to drinking water		% with NO access to drinking water	
	Male	Female	Male	Female
Urban	81.66	80.97	18.34	19.03
Rural	64.31	63.42	35.69	36.58
40% lowest income	64.9	65.34	34.66	35.1

Women are the most vulnerable group to be affected negatively if access to clean water and sanitation is not managed well, fair and equitably. Most often, women's groups have never been taken into account in every decision and policy making related to clean water provision which resulted in the omission of their needs and interests.

Since the onset of COVID-19, the need for frequent hand washing was recognized. But this has posed increased risk for women and girls when they have to go and find clean water. There have been efforts at the village level to increase water provision, in the form of installation of one additional unit per village. However, this was not considered sufficient and given the location and village/area size, access to those units are not always closely located. In some villages, communities had taken initiative to place buckets in front of their houses for hand-washing purposes only.

Menstrual hygiene management

For female IDPs in temporary shelters, the lack of clean water and adequate sanitation facilities becomes more challenging during their menstrual cycle. Since the sanitation facilities are communal, they often have to queue and young girls are particularly embarrassed to be seen going to the toilets frequently to change their pads. Since the pandemic, there had been scarcity of sanitary napkins and they had become expensive for many of the female IDPs. To reduce costs, they had resorted to minimizing the frequency of changing their pads, sometimes even keeping them on for a whole day. For women who just gave birth, they had replaced the sanitary napkins with worn cloth. However, this requires them to wash the cloth frequently which is a burden for them to make frequent trips to the communal toilets since this is a task that cannot be delegated to others.

- **Access to health services**

Health infrastructure in Indonesia is still considered inadequate if compared to the size of the population. Furthermore, in many remote rural areas, health services are often limited and hard to access given the lack of road infrastructure and transportation. Health centers as the closest service provider are located in sub-district capitals and these could be quite a distance from the villages in the sub-district. The condition of the health centers also varies with many of them not possessing adequate facilities or sufficiently staffed. Over 6 per cent of sub-districts do not have a health centre, and many that do exist lack basic services such as electricity, clean water and proper equipment. Some 21 per cent of health centres have limited referral transportation, and 35 per cent have limited 24-hour clean water and electricity.

Kulawi sub-district (Central Sulawesi) is remotely located and road infrastructure to the area is mostly in bad condition due to heavy rain fall and frequent flash floods. There is no doctor in the local Health Centre. However, the local midwife actively conducts house visits to pregnant women and performs immunization for children under 5 years old. Safe place for delivery had also been prepared in keeping with the health centre standards and the COVID-19 health protocols.

The situation is not as fortunate for the Sukaluyu village in Pengalengan (West Java). They have great difficulties in accessing the

The Ministry of Women Empowerment and Child Protection had taken measures to ensure that reproductive health services for women continue during COVID-19. Key services that are maintained are: maternal services, pregnancy monitoring, and family planning. Services are being provided through online counseling and medical staff visits to the women. The Ministry also collaborated with regional Health Agencies on segregated data collection, based on sex and age. This is to keep track of women and children who are patients under surveillance and people under monitoring.

Health Center due to the distance – 25km away from their village with very bad road conditions and limited public transportation. For pregnant women, they have to book the village ambulance far in advance to bring them to the closest health center or hospital, which incurs additional costs for them to pay for the fuel and driver.

A similar situation is also found in one of the temporary shelters in Sirenja (Central Sulawesi). During the pandemic, they have not received any health services, and one woman delivered her baby without any medical staff but only assisted by other women in the shelter.¹⁷ Similarly, in another neighboring shelter, the community particularly children under age of 5 year old and older and women have not been able to receive any health services since the closest health center had closed due to absence of any medical staff and very minimum facilities. The closest health center is located in another village and they have to travel with personal transportation (motor cycle) to get to that village. A respondent from the village who happens to be a pregnant woman with disability said that she has not had her pregnancy checked for the last 3 months and had not received any vitamins. She had not been able to travel to the neighboring village since her husband is a fisherman and is frequently at sea.

A village staff member in the TTS district (NTT) explained that their village has a health worker that pays daily visits to check on community's health including pregnancy check-ups and family planning service. Delivery due dates are recorded to ensure that an ambulance will be available to bring the woman to the nearest hospital for delivery.

Respondents in Bandung and Sukabumi districts (West Java) mentioned that the Health Centers and hospitals are still in service and can be accessed easily especially for areas that are categorized as “green zones”.¹⁸ However, many people are worried of accessing hospitals and prefer to take light medicines if they feel any ailments. The reason for the fear is that many are worried of getting exposed to the virus and getting infected since there are many patients coming in to the hospitals and they are not confident that the hospitals have adequate facilities and mechanism to prevent COVID-19 transmission. Only in emergency or situations that they cannot handle will they seek hospital services.

Meanwhile, some of the female garment workers will go to hospitals that have been referred by their companies to get their health check-ups. However, for those that have had their contracts terminated or furloughed, they will seek services of the Health Centers or other doctors although they admitted the costs might be higher, but they feel safer rather than going to hospitals where they might risk getting infected. Meanwhile, in Serang, health services are adequately available but community awareness on health issues is still low and most of them tend to seek alternative healing when they are sick or trained traditional midwives to assist deliveries. With the pandemic situation, communities are even less willing to seek services of health centers and hospitals for fear of getting infected.

- **Access to food and nutrition**

To mitigate the economic impact of the pandemic, the Government had put in place food assistance for the poor and low-income families. At the time of the assessment, some locations were still in the process of gathering data of beneficiaries, although some community members had received food assistance from other organizations or political parties.

¹⁷ Up to the interview time, there is still no visit by the health worker and the woman and her baby have not received any medical services, such as vitamins and immunization for the newly born baby.

¹⁸ Green zone is an area (province, districts, cities) that have not been affected yet with COVID-19

For families whose livelihoods depended on companies (factories), the loss or reduced income will impact them significantly on meeting their needs, since apart from meeting daily food needs most of them also have installed payment obligations for various purposes.

At the time of the interviews, almost all respondents that were still employed said they are still able to afford to buy food, although they had to be much more careful in their spending. This is because they have had colleagues who have lost their jobs, been put on furlough or had their working hours reduced, which immediately impacted their daily lives. One of the respondents said they wished that their company would provide assistance such as nutritious food or supplements for their workers during this difficult period.

Meanwhile for rural communities, they also experience difficulties to meet their staple food needs due to the hiked prices and their own declining income during the pandemic. Though they can fulfill their need for vegetables from their garden or field, the amount usually is not sufficient, due to the approaching dry season.

This is especially felt in areas like NTT which is mostly arid land. They normally buy rice for their daily staple, and sometimes would supplement that with corn or sweet potato. With the arrival of the dry season, the yield has not been sufficient to meet that need and therefore their dependence of rice purchase increases. A local women activist mentioned her worry that this insufficient nutrition in children could affect their growth causing stunting which is already a serious problem in the province since it ranked as the highest in stunting prevalence.¹⁹ Elderlies and those that suffer particular disease are also at risk of insufficient nutrition during this pandemic.

Villages in Central Sulawesi and Sukaluyu village in West Java are experiencing similar experience with NTT. Some depend on their garden yield or daily catch (for fishing communities), but they admitted that this is usually not sufficient to meet the family needs.

- **Decision making and participation in private and public domain**

- Public Domain*

Generally, in Indonesia, men have more power in decision making compared to women, whether at the household level or in public domain. Women's voices are hardly heard since their participation in the public domain most often is limited or even restricted. During this pandemic, as was the case in other disaster situations, decisions regarding the action and response needed have been almost completely made by men. Women's minimum participation in public domain is due to lack of acknowledgement of their importance and involvement in development activities, including at times of crisis such as during this pandemic.

The prevailing perception in most cultures across the country is that "leadership" is synonym to "men" that is rooted in society's values, religious teachings and traditions which tend to position women in a minor leadership role as a sub-ordinate. This perception is exploited in a patriarchal system, transplanted firmly in the public domain and thereby cementing the belief that female leadership is an anomaly or tabooed when even considered. As a result, women are likely to be further pushed away from opportunities and access to leadership position in the public domain.²⁰

¹⁹ <https://databoks.katadata.co.id/datapublish/2018/04/08/di-mana-provinsi-dengan-stunting-tertinggi-2017>

²⁰ <https://geotimes.co.id/opini/akar-kearifan-lokal-gerakan-perempuan-di-nusantara/>

All community elements, men and women, must participate actively in eliminating outdated cultural values that are discriminatory. There are plenty of options and women need to be supported to overcome discrimination, double burden and obsolete cultural defined roles. Women need to be freed from the expected double burden when they are married and should be allowed to develop her potentials
(source: jurnal.perempuan.org/wacana.feminis)

The Government's policy in development planning processes requires the involvement and participation of all elements in the community including women. However, in many cases, this opportunity could not be enjoyed optimally by women due to existing challenges they face internally and externally. A respondent explained that it is almost impossible to participate in the planning meetings or discussions when she still has household chores to tend to which leaves little

time for other activities. Meetings are often organized without consideration of women's availability or convenience since most often these meetings take place during women's most productive hours at home. Also, often times, meetings are organized at short notice which doesn't allow women to arrange her schedule in advance. This situation is not faced by the men since they are not responsible for tending to household matters.

However there have been examples which have shown that women do have capabilities that are outside her traditionally-defined role, as demonstrated in the following examples. One respondent from Cempakasari village (Purwakarta, West Java), who is a member of the village family welfare movement and village apparatus, explained in great detail what her village is doing in response to COVID-19 such as: formation of volunteers to gather data, establishment of an information and complaint post to enable the community to access information about COVID-19. The Village Head had also issued an instruction to include women as volunteers who were tasked to undertake daily socialization and receive feedback from the community. Prior to the pandemic, women participation in the village activities has been quite progressive.

Another example is also illustrated by the women in the Kapuk and Rawa Buaya sub-districts (DKI Jakarta). Under the SiNERGI project had been trained in women leadership in disaster preparedness, and they had formed the "Resilient Women" group which forms an integral part of the local disaster response task force. They demonstrated their negotiation skills and capability to make decisions such as rapid and accurate data gathering and selection of beneficiaries, volume of assistance, and ensuring that elderlies and disable community members are included – their decision had resulted in even and fair distribution of assistance. They also recommended to the sub-district government to establish a public kitchen which they run to provide food for the poor, those that had lost their jobs and families that are in self-isolation because they have a family member infected with COVID-19.

Private / Household Domain

Existing gender inequality has resulted in placing women and vulnerable groups in risky situations when decisions were made by male-dominated community leaders which most often did not reflect their needs. In fact, even at the household level where women ought to have more control, most often decisions were made or dominated by men. Respondents mentioned that decisions on household finances are made by men. However, some of the women that

I don't know whether there is already a Task Force or not in my village. What I know about COVID-19 response to date is that our village had been sprayed with disinfectant. Other than that, I have no information. I don't know about any assistance or the use of the Village Funds for COVID response. But maybe my husband knows since he attends the village meetings and I stayed home to mind house chores and watch the children (interview with EKATA Member, 17 April 2020)

had participated in YCP's WDHL project, reported that they had sometimes been able to make joint decisions with their husband.

However, women's participation in the community, while positive, can add additional burden, as seen in Kulawi (Central Sulawesi) and Sukaluyu village (West Java). In Kulawi, the women have taken part in the rotational village post to monitor the incoming and outgoing of people in their village. They usually are given the morning shift which starts at 06.00 to 14.00. However, in order to do this, they have to wake up very early to prepare the family's meal; and when they return from their shift, they have to immediately start to prepare for the evening meal and carry out other household chores. This additional activity most often became exhausting for them. Meanwhile, in Sukaluyu, the women had participated in some of the village response activities but they lack the negotiation skills and barely have a say in the decisions made around the response.

In Serang, women's participation in the response activities is very low and in many cases passive, and most of them don't even have any idea of how they could participate or what role they could play in the response.

- **Access and control of resources**

Equal and fair access to and control over resources that are possessed by men and women are key factors in the analysis and design of gender-lensed projects.²¹ Cultural factors are often impediments to women's access and control of the resources in their life and surroundings. As one respondent in TTS district explained, that in the Timor customs which is still practiced to date, inheritance rights are solely given to the eldest son while girls have no rights at all – although sometimes the male heir would give a



small allocation to his male and female siblings. In cases where the eldest is female, she would receive the inheritance but in practice she would involve all the siblings and, in the end, the male sibling would get the largest allocation. Inheritance often is in the form of land, which are mostly under the ownership of the men. Women are unable to perform their knowledge and experience in managing the land since they are not the land owner, and have no say over the land's utilization. The same applies to house ownership, where in many cases men are the owner. The SUSENAS data showed that 89% of female headed household

own assets compared to 95.7% of male headed household.²²

A different experience is shared by several female garment workers. According to them, their husband's income was given to them to manage to meet the family's needs. Decisions on purchasing of expensive items, such as motor cycles, would be made jointly. However, according to the Village Head, this is not the average practice since he found that in most cases, men would make decisions over the purchase of such items without their wives' views. This practice still continued even for those that had moved to the

²¹ <http://www.koalisiperempuan.or.id/2011/05/04/akses-dan-kontrol-atas-berbagai-sumberdaya/>

²² BPS-RI, Susenas 2018

urban areas. When a woman intends to seek employment for example, the decision is not solely hers but that of her husband's.

- **Livelihood and coping mechanism**

The COVID-19 pandemic has created unprecedented economic challenges globally because large segments of economic activity have come to a sudden stop due to health measures. This situation has severely impacted the livelihoods of millions of Indonesians, particularly as a large segment of the Indonesian labor force includes the informal sector and daily-wage workers. These groups are vulnerable to such economic shocks and the hardest by the pandemic. By the second week of April 2020, the Ministry of Manpower and Social Security Agency reported that as many as 2.8 million workers have been laid off from their jobs as a result of this crisis²³. Based on the West Java provincial government's data, as of 13 April 2020, 7583 workers had been laid off as a result of the pandemic's economic impact.

Many companies, including the garment industry, are not able to continue their operations or had to reduce their productions due to declining demand. Some companies had even shut down.

While the Labor Law no 13/2003 had stipulated that termination should be a last resort, the situation does not always allow companies to adhere this regulation due to severe financial constraints. Union representatives have actively negotiated with the companies to request the avoidance of workers' termination. Alternative solutions were recommended such as: reduced income and facilities of senior management, temporarily elimination of over-time, reduction of work hours, rotational furlough. However, union respondents also reported some violations against workers, such as: one-sided termination without prior negotiation, termination with the severance paid, workers are requested to come to work without adequate protection, workers are requested to come to work but their income was reduced, or some had been requested to work from home and found that this was counted as leave by the company.

During an interview with a HR staff of one of these companies, one woman mentioned that the company had made efforts to minimize tensions in industrial relations between the company and the workers. Strategies were developed to relieve the workers' hardships, such as: to delay premium payment to the Social Security Agency which is taken from the worker's monthly salary, negotiate workers' debt with leasing company, continued salary payment for furloughed workers although at a reduced amount with the understanding that they would be able to return to their jobs when the situation returns to normal. Another strategy was also to cancel outsourced jobs and shift them to their workers.

While all these efforts were appreciated and they understand the situation faced by their companies, several respondents said that the situation is very uncertain and unpredictable, and there is no certainty as to when they would be able to return to work. However, some respondents in Sukabumi (West Java) felt differently. They don't know whether their companies have no reserves at all so as to cut their salaries given these are large companies. One respondent said the cut had seriously impacted her family since her husband and son had lost their jobs and she is now the sole bread-winner. With the loss of income source and her reduced wage, it has brought high stress and tension within the family. Due to the prevailing belief of men as bread winners and providers of the family, this income loss had created loss of self-esteem of the men but at the same time creating higher tensions and arguments within the family.

²³ [Jakarta Post](#), 13 April 2020

For rural communities whose lives are agriculture dependent, the pandemic's impact had also posed some challenges. With the restriction on mobility, farmers had found difficulties in marketing their products. Furthermore, in some districts, the Head of the Region, had issued instructions to limit the operational time of traditional markets which is the usual place where these farmers sell their products. In fact, in the TTS district (NTT), traditional markets are allowed to open only once a week. With the approaching dry season, they also have lower yields from their land. Prior to the pandemic, farmers usually would seek alternative daily work in the nearest town or the capital (Kupang) to supplement their income; but due to the economic situation and mobility restrictions, this is not an option. While their purchasing power has declined, food prices have also gone up. This situation has placed many families in distress in their ability to meet their basic and nutritional needs.

Coping Mechanism

Some laid-off female workers said that they try to cope with their savings even though the amount is not much and is quickly thinning to cover their daily basic needs. One male respondent said that with the savings, he had started online marketing although the earning is still lower than the salary he earned from his previous job. But at least there is still some income, whereas many of his colleagues are not able to find alternatives and are stressed out in coping with the situation. Another common alternative income is to operate their moto cycle as motor taxis, although only men are the ones who are able to do this.

As part of the social safety net programme, the Government has launched cash transfers to affected communities which provides Rp. 600,000/month for 3 months up to June 2020. Although this is not a large amount, some respondents said this had relieved some of their financial stress. The Government had also activated the labor intensive programme by reallocating the Village Funds and Village Annual Development Budget so as to allow communities to earn some income.

For fishing communities in Central Sulawesi, the situation is severe. While their husbands go out to sea, the women had to cope on their own to meet the family needs. Some women will process some of the earlier catch to be consumed by the family. But a common coping mechanism is to borrow money from neighbors or worst, from loan sharks.

The crisis had also brought about some positive practices and humanitarian spirit across different parts of society. Since the start of the pandemic, besides Government assistance, other organizations, communities and political parties had also been providing food assistance to affected communities. Voluntary contributions had seen a rise during the pandemic with many online platforms utilized to mobilize public donations.

- **Child protection**

Indonesia is one of the countries that supplied workers to other countries such as Malaysia, Hongkong, Taiwan, Singapura, Brunei Darussalam and the Middle East whether through legal or illegal channels. NTT province is one of five provinces with the highest supply of workers through illegal means, besides West Java, East Java and West Nusa Tenggara.²⁴ The majority of these migrant workers are women.²⁵

According to respondents in NTT and West Java, these women workers would leave their children in the care of the extended families, either their grandmother, uncle, older siblings. This practice is also

²⁴ <https://nasional.tempo.co/read/795061/ntt-termasuk-pemasok-tki-ilegal-terbanyak-di-indonesia>

²⁵ <https://lokadata.beritagar.id/chart/preview/jumlah-tki-menurut-jenis-kelamin-1485345328>

common for domestic migrant workers to leave the care of their children while they work outside their home town. Many of the female garment workers in Bandung, Sukabumi and Purwakarta have to leave their village of origin and live closer to the factories, which forces them to seek their family support to look after their children. This places the responsibility of child care mainly with the extended family rather than with their parents.

Law 35/2014 on Child Protection stipulates in Article 1 that responsibilities of parents towards their children cover: (i) child care, nurture, education and protection; (ii) child development based on their capacity, talent and interest; (iii) prevent child marriage; (iv) provide character building and ethical values. Under Article 2, it stipulates that in the event parents are not able to take the above responsibilities for various reasons, the responsibility can be delegated to their immediate family which has to be implemented along the lines of the Law.

Separation of children from their parents, particularly their mother, is challenging both for the mother and the child. Children of migrant workers usually lack the full attention from the family member that care for them, and in some cases, they are vulnerable to mistreatment. A study done in Kendal (Central Java) on children of migrant workers found that 40% of these children display unhealthy psycho-social development, low academic performance and less close friends.²⁶

The pandemic has also impacted some of the workers that are living separately from their children. Due to the mobility restriction in West Java province, a respondent said that she has not seen her child for over a month since her children are left in the care of their grandmother in her village. If she persisted in travelling home, she is subjected to 14-days quarantine in her

village which she cannot afford since she is still working. Whereas prior to the pandemic, she would visit her children weekly.

With the stay at home policy, families are confined to their homes almost full time. While this can positively contribute to enhanced bonding and quality time between parents and children, the situation is the opposite for families that are suffering financial stress. Respondents who are either furloughed or experience salary cuts due to reduced working hours or in the worst case, loss of their jobs mention that the financial stress and confinement to their homes had created more tensions in the household. Children are much more vulnerable to physical violence under these circumstances, especially when their parents are stressed due to difficulties in making ends meet. In some cases, it had also been found that in low-income families that have lost their daily income, children had been requested to also work or help their parents to earn for their family.²⁷ This situation is more common in rural areas where families work in the agriculture or fishing sectors.²⁸ In Sukaluyu village (West Java), girls were found to be working with their parents as tea pickers and earned income from their labor.

The district Women Empowerment & Child Protection agency in Purwakarta (West Java) reported that children are much more at risk to physical violence during this house confinement – and for girls, there is also the risk of sexual violence by their closest relatives. In fact, the National Commission for Women reported that violence against girls had sharply increased by 65% in 2019 compared to the year before which

²⁶ Kompasiana.com perlindungan-kesejahteraan-anak-tki-apakah-sering-dilupakan?

²⁷ <https://www.kemenpppa.go.id/index.php/page/read/29/2633/rentan-alami-kekerasan-selama-pandemi-protokol-perindungan-anak-lintas-sektor-dalam-penanganan-covid-19>

²⁸ As a comparison, around 7.15% of girls over 15 years old are engaged in labor compared to 48.9% in rural areas. 26.62% of women aged 15 years and over work in agriculture, forestry and fisheries (source : BPS RI – Sakernas).

also includes molestation and sexual violence.²⁹

Another issue that may place risk on children, primarily girls, as result of this pandemic is the increase of child marriage. This practice is still high in Indonesia according to the National Family Planning Agency – around 20% in 2019.³⁰ DKI Jakarta ranked fourth nationally in terms of prevalence of child marriages. Child marriage is still practiced due to several reasons: poverty and economic reasons, cultural practices and lack of education.

In times of crisis, such as war, conflict, disaster or pandemic, there is a tendency of an increase in child marriages (Eric Hall, World Vision). In its report, World Vision predicted that there may be at least 4 million child marriages across the world in the next 2 years. It takes a decade to eliminate completely this practice, and if this is not started now it may be too late. The fight against child marriage cannot wait until the health crisis is over. With the closure of schools due to the pandemic, it has also impeded educating the public and parents on prevention of this practice.

<https://lifestyle.kompas.com/read/2020/05/17/100000620/pernikahan-dini-diprediksi-meningkat-setelah-pandemi>.

According to staff of the Kapuk sub-district office (DKI Jakarta), there had been reports that during the pandemic there had been several children married off. After their graduation from junior high school, many did not continue their education and got married off by their parents.³¹

In Sukaluyu village (West Java), this practice is quite common. A combination of poverty and difficult access to higher education, many parents prefer to marry off their children rather than sending them to school. Most of these marriages are also performed as *siri* which only requires a religious rite and therefore doesn't get registered. This is one of the challenges that is now faced with families in this area, since many of them don't possess formal documents which are required during the data gathering for beneficiaries' selection to receive the government's social safety net assistance.

Meanwhile, in Tg. Padang village (Central Sulawesi), just 2 days before the interview, a mother reported that her 13-year old daughter was forced to marry a 63-year old man, since her

father is indebted to the man and could not make his repayments. While she had reported the case to the local authorities, she has not received any response yet. Central Sulawesi ranked third nationally on child marriage.³²

Stigmatization of COVID-19 infected persons

In Bone district, the Women Empowerment & Child Protection Agency found a case where a child was discriminated and ostracized when the village found out that the child's father (who worked as a driver) was a patient under surveillance. The child was refused in a local store when he was sent by his grandmother to buy some essentials, and the village had also rejected his presence for fear he would be bringing the virus to the village. It should be noted, that this kind of stigmatization and discrimination occurred in other parts of the country when villagers



²⁹ <https://magdalene.co/story/komnas-perempuan-angka-kekerasan-terhadap-anak-perempuan-naik-tajam>

³⁰ <https://www.idntimes.com/news/indonesia/axel-harianja/bkkbn-angka-pernikahan-dini-di-indonesia-masih-tinggi/3>

³¹ Girls are most vulnerable to forced marriages by their parents. In 2018 in Indonesia, 1 in 9 women aged 20-24 years married before the age of 18 (source : unicef <https://www.unicef.org/indonesia/media/2851/file/Child-Marriage-Report-2020.pdf>)

³² <https://www.liputan6.com/health/read/3957344/angka-perkawinan-anak-di-sulawesi-tengah-masih-tinggi>

found out a community member or family had been infected or are suspect. Several health workers from COVID referral hospitals were turned away from their living place when their neighbors learned they had been treating COVID-19 patients.³³

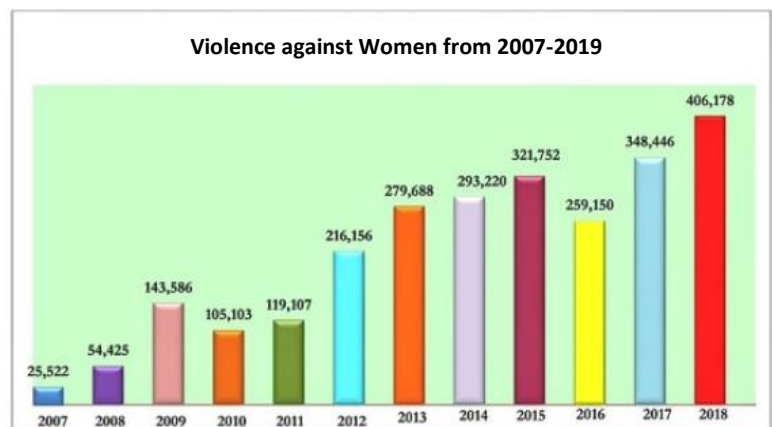
- **Gender based violence**

Gender inequality affects various dimensions of life particularly for women and girls, which is rooted in the patriarchal culture that still prevails to date and even steeps into formal systems including the law enforcement system. Domestic violence, violence against women, often are met with lack of understanding of the power dynamics between men and women and treated as “domestic” issues and “normal” practice where women are often blamed for the cause of violence against them.

The UNWOMEN reported that 12 months prior to the pandemic, 243 million women and girls (15-49 years old) experienced sexual or physical violence from their intimate partners. It is feared that with the onset of COVID-19, the situation may worsen for women and girls further exacerbated by the economic impact on their welfare, decreasing access to health services and lack of access to participation and decision making.³⁴

In Indonesia, the situation during the pandemic has increased the risk of violence against women and children induced by high-level of economic stress particularly among low-income families. Since the Work from Home policy was issued and mobility was restricted, 106 cases of violence against women was reported from the period of 14 March-22 April 2020 (Data SIMFONI PPA, 2020).³⁵ Meanwhile, the Legal Services of Indonesian Women Association for Justice reported that from 16 March to 19 April 2020 they received 97 reports via email and phone calls of violence against women cases. This is a drastic increase from the month before where they had received 60 reports for the month. Out the 97 cases, the highest was domestic violence, followed with gender-based violence, sexual harassment, violence between dating couples.

Before the pandemic, the National Commission for Women reported that the trend from 2007 to 2018 showed an increase of violence against women (see table). Ministry of Women Empowerment and Child Protection noted that in 2019 as the previous year, the highest incident of violence against women occurred in the private domain (75% or 11.105 cases). In second rank is violence against women in public domain (24% or 3.602 cases); and the is state-inflicted violence (0.1% or 12 cases). The most common type of violence in the private domain is physical abuse (43% or 4.783 cases), followed by sexual violence (25% or 2.807 cases), psychological (19% or 2.056 cases) and



Source: *Komisi Nasional Perempuan*

<https://www.kompas.com/tren/read/2020/04/20/102155065/ironi-memilukan-stigmatisasi-perawat-covid-19?page=all>

³⁴ <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

³⁵ <https://www.kemenpppa.go.id/index.php/page/read/29/2646/pentingnya-peran-perempuan-sebagai-kekuatan-bangsa-perangi-covid-19>

economic (13% or 1.459 cases). Within the public domain, the highest type of violence against women is sexual (58% or 531 cases), ranging from forced sexual relations, molestation, rape and sexual harassment.³⁶

Based on the interviews with respondents (female and male), they reported that they have not witnessed nor are aware of violence in their area. However, they admitted that they are not completely certain that there no incidence at all since there had been cases in the past in their village and these had been resolved by village apparatus. According to the Women Empowerment and Child Protection Agency in TTS district, while there had been no cases reported to them since the pandemic, this is not to be assumed to be the case since prior to COVID-19, the agency usually receives complaints or reports on a daily basis. The mobility restriction could be the reason for this, as well as their preoccupation with COVID-19 response which had also lessen their ability to coordinate with their facilitators in the field (based in sub-districts or villages). Furthermore, the Government's instruction to re-focus the 2020 annual development budget for COVID-19 response had significantly cut into their budget to enable them to carry out these coordination functions with the facilitators. Similarly, the district agency in Bandung reported that there is possibility that women cannot report cases given the restrictions and are constrained at home.³⁷ Though limitedly, the agency still tried to provide counselling services through phone calls and limited visits if possible.

In anticipation of the rising incidence of violence against women and children, the Ministry of Women Empowerment & Child Protection launched a 10-action movement called "Taking Care of Families Together"³⁸ which mobilizes volunteers at the village level to monitor cases and ensure safety for women and children and provide rehabilitation services if needed. The Ministry also actively seek to keep Safe Houses open to enable women and children that need protection and safety can access them. They also actively seek to mainstream gender perspectives in the various COVID-19 response programmes since they firmly believe that a coordinated and integrated policy is imperative to respond to this crisis.³⁹

A more concerning situation is with regards to women and children with disabilities. Their condition often faced them with discriminatory treatment and in several cases, vulnerable to sexual abuse. Voices of women with disabilities are often not heard or ignored⁴⁰. During the interview with a woman with disability from Tg. Padang village (Donggala district, Central Sulawesi), she shared the story of how she was unable to stop her husband from marrying off their under-aged daughter.

³⁶https://www.komnasperempuan.go.id/file/pdf_file/2020/Catatan%20Tahunan%20Kekerasan%20Terhadap%20Perempuan%202020.pdf

³⁷ This condition is consistent with the analysis in the UN Policy Brief on The Impact of COVID-19 on Women, 9 April 2020

³⁸ Gerakan Bersama Jaga Keluarga Kita or Gerakan Berjarak

³⁹ <https://www.infid.org/siaran-pers-infid-webinar-series-perempuan-dan-covid-19-1-urgensi-pendekatan-berbasis-gender-dalam-menangani-pandemi-covid-19>

⁴⁰ <https://kompas.id/baca/humaniora/dikbud/2019/12/13/didiamkan-kekerasan-seksual-perempuan-disabilitas-tak-banyak-terungkap/>

Conclusions and Recommendations

Conclusions

CoVId-19 has affected and impacted all aspects of community lives besides their health, e.g. economy, social relations, daily habits, safety and security. Moreover, the impact on vulnerable groups are more felt due to the exacerbated pre-existing inequalities particularly for women and children, people with disabilities and the poor. The assessment found specifically the following adverse impact of COVID-19 for further consideration and action.

1. Uneven access to information about COVID-19.

While the Government had issued various information about COVID-19, the spread of information had not been even especially for rural areas. Furthermore, tailored communication to reach specific needs were not available, namely for people with disabilities. Mobility restrictions and lack of funds had also impeded direct socialization to reach communities in remote areas, as well as to allow better information to ensure people's understanding of the messages and resulting in people's lack of compliance or discipline to follow the protocols.

2. Exacerbated burden of unpaid care work for women.

The stay at home policy has placed more burden on women, increasing their home chores and family care responsibilities. Additional burden is placed on them given that all family members are home-bound and women have to tend to family members needs before they can tend to their own. This is felt even more for women who are still working (such as female garment workers and tea pickers) since they have to invest more hours to carry out these family caring tasks in addition to their working hours.

Furthermore, the 'study at home policy' for children has added more responsibilities for women. Not only are they required to oversee their children's studies, but also to watch them to keep them at home and safe as required by the mobility restriction policy.

3. Unequal access to education during the pandemic.

The online learning system had not been fully accessible for children in remote areas where internet and electricity access are limited (or non-existent). For low-income families, the online system had placed additional financial burden since they now have to spend more on internet access which many families are not able to do.

4. Increasing difficulty to access basic services for the poor.

For low-income urban communities and remote rural areas, access to water and sanitation are already challenging even before COVID-19. Given the need to use more water as part of the health protocols (frequent hand washing), this need is hardly met since many communities are unwilling to spend more on water purchasing. To stock up more water places additional burden for the women given this responsibility has always been theirs.

5. Women have the capability to participate actively in the public domain.

While the prevailing practice is to limit women's participation in the public domain, the assessment showed that when given the opportunity and their capacity is built, women do have the ability to participate meaningfully and make significant contributions for the benefit of the public. Women

that had benefitted from projects' capacity building activities significantly demonstrated this, as compared to the majority of their peers.

6. Increased vulnerabilities for children.

Pre-pandemic showed that violence against children and child marriage are already high in Indonesia. This situation is feared to be further exacerbated due to the economic hardships that low income families face.

7. Rising incidence of gender-based violence.

While the assessment has not fully uncovered incidences, indirect information and official sources indicate there is an increase in domestic violence since COVID-19. Financial stress had increased arguments between couples that often led to violence.

8. Impeded protection services to women and children.

With the implementation of mobility restriction, women and children who are suffering abuse and violence are less able to access counselling or protection services. Furthermore, for the workers and Women Empowerment & Child Protection agency, their mobility to monitor and provide direct services have been impeded by a combination of the restrictions and budget cuts.

Recommendations

1. To ensure the **availability of disaggregated data** based on sex, age and other vulnerabilities criteria to enable the different impact for different groups to be analyzed e.g. based on livelihood (economically), access to basic services and needs, education, and gender-based violence. Such data will be imperative to guide the design and methods of delivery of response and social assistance to these groups. The assessment had found that response activities and assistance to communities had not taken account these specific characteristics which in turn resulted in uneven accessibility and unintended consequences.
2. To **actively consult and engage women, children, elderlies and people with disabilities and other vulnerabilities** in the identification of needs and design of response and assistance activities. This is to ensure that their specific situation (and impact of COVID-19) and the needs are heard and accommodated, adequately and properly. Different groups are impacted differently, coupled with the fact that many of them are already experiencing pre-existing inequalities and difficulties which are exacerbated in some cases following the pandemic.
3. Greater role and **involvement should be given to village cadres or volunteers** since they are part of the community and can be instrumental in monitoring local situation and provide education to the communities. As demonstrated in the projects that CARE supports where women groups and cadres had been actively engaged in, their role in determining beneficiaries and helping to distribute the assistance had been very useful and effective.
4. To develop and make available **tailored information and communication materials with a gender perspective** to ensure that all segments of the community are able to access information and understand the messages. Specific modes of dissemination of communication and materials for people with disabilities is strongly recommended, since these groups are often over looked in generic programmes. Messaging around GBV and child protection should also be prepared to raise community awareness and support to prevent incidences. Materials ought to take into account local language translation and female and male with low literacy, so material design can convey messages effectively to them.

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5. Ensure **access of basic needs and services (water, nutrition, health, education) by vulnerable groups** in the community. Access to such services should be designed with a gender perspective. Specific needs of women, children, people with disabilities may be impeded due to their lack of access to these services. Their specific conditions or challenges should be taken into consideration in designing and planning the services, and mode of delivery through consultations with men, women, girls, boys and specific vulnerable groups.
 6. To strengthen networking and coordination with the government and other organizations including the private sector, during the design/planning, implementation and evaluation of the response. The challenges faced during this pandemic will need close collaboration among the actors, especially given the restrictions and limited resources. Coordination and collaboration will ensure better flow of information, distribution and maximization of resources. Government agencies can work with NGOs that can facilitate the participation of vulnerable groups and bridge communications with different groups in the communities that they work with.
 7. To develop labor-intensive programmes that can benefit women and people with disabilities while recognizing also their capacity and limitations. The data collection should be used to map these groups' needs and condition to guide better and more inclusive programmes.
 8. To design a more **effective, accessible and inclusive method of home-based education** system during this pandemic. Creative and more appealing modules should be developed to ensure children are interested to learn and able to absorb the lessons. Methods of learning should also consider that not all families and parts of the country are able to access online learning due to lack of internet infrastructure and the financial burden it creates for poor families.
It should also take into account that parents' role and ability to help their children will differ widely, and guidance modules should be developed to help the parents. Ways to enhance the role of teachers during this pandemic so as to be able to reach out to students and their parents, while also maintaining their safety in line with the protocols.
 9. To increase advocacy to government authorities and NGO partners on means and protocol to prevent GBV and violence against children and to ensure valuable resources are not directed away from prevention and response services as a result of the pandemic. Identification on ways to safely provide assistance and protection to survivors should also be considered so as not to impede their access to such services during the pandemic. Wider information and education to communities should also be pursued, so that communities are aware and able to help prevent such occurrences and provide protection to survivors when needed. While the Ministry of Women Empowerment and Child Protection had instructed that such services should not be stopped during the pandemic, but it would need the collaboration of all parties engaged in the response to ensure that women, children and other vulnerable groups are served adequately. NGOs that have the knowledge and skills in GBV and child protection should work together to provide capacity building to local networks, community volunteers and cadres.

LIST OF PROJECTS

Project	Location(s)	Description
SiNERGI	West Jakarta, DKI Jakarta	Community-based emergency preparedness capacity building
HOPE	Pengalengan, West Java	Empowerment of female tea-pickers in leadership, health and sanitation practices
WDHL	Purwakarta, West Java Sukabumi, West Java	Empowerment of female garment workers in leadership and life skills
BUKA	Sukabumi, West Java	Capacity building on data-based advocacy for garment workers union
PACE	Bandung Raya, West Java	Empowerment of female junior high school students on reproductive health, life skills and leadership
PROSPER	Serang, Banten Bone, South Sulawesi	Enhancement of nutrition and sanitation knowledge and practices of primary schools
PfR	Kupang Municipality, NTT Kupang, NTT Timor Tengah Selatan, NTT	Building communities' resilience to adapt and mitigate the impact of climate change
Central Sulawesi Recovery (5 projects)	Palu, Central Sulawesi Sigi, Central Sulawesi Donggala, Central Sulawesi	Livelihood and sanitation facilities recovery for disaster-affected communities; preparedness capacity building