

SURVEY OF SURVEYS:

Socio Economic Impact of
the COVID-19 Pandemic on
SDG Progress in Indonesia

APRIL 2021



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FOREWORD



VALERIE JULLIARD

UNITED NATIONS
Resident Coordinator for
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Saving lives, protecting societies and recovering better – are what the United Nations Secretary-General envisioned when he launched a Global Comprehensive Response to COVID-19 last year. A year where the pandemic caught the world unprepared, including Indonesia. I witnessed first-hand the impact of what began as a health crisis, turned into human crisis that has laid bare severe and systemic inequalities. At the same time, I also witnessed the strength and the tenacity of Indonesians – bonded with a spirit of gotong royong (working jointly) fighting the effect of the pandemic as one. Garment factories quickly switched their up-scale facilities to produce masks for wide distribution. Small business owners quickly shifted their businesses online. Teachers immediately reached their students through the form of a 12-inch screen and the Government is working around the clock to keep their people safe and healthy.

COVID-19 is a vivid reminder that this crisis is borderless and that no country has been spared. In Indonesia, the crisis has already taken more than 45,000 lives and pushed too many people, especially the most vulnerable ones, even further behind, with less and less access to health care and weakened livelihoods. This brings years of national development progress to the edge, including great strides made in achieving the Sustainable Development Goals (SDGs). While the crisis is imperilling progress towards the SDGs, it also makes their achievement all the more urgent and necessary.

The UN will stand side by side with Indonesia through this challenging time and to ensure that we are recovering not only better and greener – but also recovering with integrity by addressing the inequalities, exclusion, gaps in social protection systems that have been exacerbated by this pandemic. We ensure that our responses will always complement and not duplicate; reiterating Government's effort and not repeating. Part of the endeavour is the development of this "Socio-Economic Impact Analysis (SEIA) Survey of Surveys", that aims to better informed policy responses that put people at the centre, especially those most impacted and left behind or at risk of being left behind, based on the available evidence. In addition, to provide a snapshot of all the surveys and assessments that have been carried out by various agencies and institutions since the out-break of the pandemic in Indonesia.

FOREWORD

This publication reveals how significant the impact the pandemic brought on Decent Work and Economic Growth (SDG 8) with more than half of all surveys and assessments done in the country focusing on this context. The economic growth contracted from 5,02% in 2019 and dramatically declined to a negative growth of 2.07% in 2020. 24 million people have worked shorter hours, 1.7 million people have been furloughed, while 2.56 million have lost their jobs. Poverty and inequalities (SDG 1, SDG 10) were also featured immensely in all surveys and assessments done in the country. National poverty rate rose from 9.22% in 2019 to 10,19 in 2020, representing a 3-year setback. The COVID-19 exacerbates the inequality faced by vulnerable groups including migrant workers, refugees and people with disabilities. The national data shows Gini Ratio increased to from 0.380 in 2019 to 0.385 in 2020.

Now, with only nine years left in the 'Decade of Action' to realise the SDGs by 2030, renewed ambition, mobilisation, leadership and collective action are needed, not just to beat COVID-19 but to recover better and together, which entails winning the race against climate change, decisively tackling poverty and inequality, truly empowering all women and girls and creating more inclusive and equitable societies everywhere.

Thank you.



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ACRONYMS

ASEAN	Association of Southeast Asian Nations
BPS	National Statistics Agency
COVID-19	Coronavirus Disease of 2019
CSO	Community Social Organization
DFAT	Department of Foreign Affairs and Trade (Australia)
FAO	Food and Agriculture Organization
GBV	Gender-based Violence
GDP	Gross Development Product
GEDSI	Gender Equality, Disability, and Social Inclusion
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IFAD	International Fund for Agriculture Development
IOM	International Organization for Migration
ILO	International Labour Organization
Kementerian PPN/BAPPENAS	Ministry of National Development Planning of the Republic of Indonesia / National Development Planning Agency
KOMNAS Perempuan	National Commission on Violence Against Women
LPEM FEB UI	Institute for Economic and Social Research of the University of Indonesia
MAHKOTA	Towards a Strong and Prosperous Indonesian Society
MSMEs	Micro, Small, and Medium Enterprises
MSRP	Multi-Sectoral Response Plan
NGO	Non-Government Organization
OJK	Financial Service Authority
PSBB	Large-scale Social Restriction
PwD	People with Disability
SDGs	Sustainable Development Goals
SEIA	Socio-economic Impact Analysis
SERF	Socio-economic Response Framework
SME	Small and Medium Enterprises
SOEs	State owned enterprises
TB/TBC	Tuberculosis
ToR	Term of Reference
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNRCO	United Nations Resident Coordinator's Office Indonesia
UNSDCF	UN Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization



EXECUTIVE SUMMARY

The COVID-19 pandemic has had a multidimensional impact across the globe, affecting not only human health, but also the social and economic spheres of society. [The United Nations in Indonesia](#), under the leadership of the Resident Coordinator, developed a Multi-Sectoral Response Plan (MSRP) as a comprehensive recovery plan, which mainstreams the UN framework for the immediate socioeconomic response to COVID-19 (UN response framework), and aims at complementing the efforts of the Government of Indonesia in addressing the direct and indirect impact of the COVID-19 crisis. To understand the socio-economic impact of the COVID-19 pandemic, the UN in Indonesia has also been conducting assessments and surveys, either jointly or individually.

The present Socio-Economic Impact Analysis (SEIA) survey of surveys, commissioned by the UN Resident Coordinator's Office Indonesia and implemented by NIRAS Indonesia, aims to contribute to better informed policy responses that put people at the centre, especially those most impacted and left behind or at risk of being left behind, based on the available evidence. Methodologically, the assignment carried out a desk review and meta-analysis to provide a snapshot of all the surveys and assessments that have been carried out by various agencies and institutions since the out-break of the pandemic in Indonesia, specifically focusing on the impact of the COVID-19 pandemic on the progress of the [Sustainable Development Goals \(SDGs\) 1, 2, 3, 4, 5, 6, 8 and 10](#). Our approach relied on mixed methods and comprised of desk-based research and semi-structured interviews. The three-step process consisted of two survey scoping phases, which identified 162 reports studying the impact of the COVID-19 in Indonesia, with a review and preliminary analysis to select a subset of the most relevant reports related to the SDGs, and an in-depth analysis of the 55 selected reports to estimate the impact on each of the targeted SDGs, complemented by interviews with relevant parties.





Our quantitative analysis showed that the main focus of the mapped COVID-19 impact assessments has lied within the **SDG 8 – Decent Work and Economic Growth** (represented in 55% of the selected reports), followed by **SDG 1 – No Poverty** (47%) and **SDG 10 – Reduced Inequalities** (45%). At the same time, specialised institutions have conducted relevant assessments in relation to SDGs **2, 3, 4** and **5** (**Zero Hunger**, **Good Health and Wellbeing**, **Quality Education**, and **Gender Equality**), giving them a representation of 22-35% among the selected reports. Although some studies did include **SDG 6 – Clean Water and Sanitation** as a sub-component in their assessments, the impact of COVID-19 on this SDG is understudied, implying that more focus should be given to assessing the impact of the pandemic on this SDG in future studies. In terms of how the COVID-19 has impacted vulnerable populations, 72% of the 55 reports collected disaggregated data or reported on the impact on some vulnerable groups. Almost half of them reported on gender (44%), while 18% and 11% reported on people with disability, and other vulnerable groups, such as elderly or children, respectively. Only one study, by UNHCR, focused on refugees as a particularly vulnerable group to the impact of COVID-19 in Indonesia.

One of the major challenges in estimating the impact of the pandemic on the SDG progress, stems from the methodological diversity of the analysed studies and the fact that not all institutions, particularly those not operating under the UN umbrella, collect their data in reference to or through the Global or National Indicator Framework or Metadata for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development. We have therefore compiled a list of proxy-themes identified through our qualitative analysis of the reports, which were selected as the most relevant themes because they cut across both the SDG discussions and reflect the main themes or pillars of the MSRP and UN response framework. These proxy-themes include income reduction and job loss, food security, vulnerability and burden of care, social safety net and access to services and/or facilities, and digital access. Our analysis on the impact of the COVID-19 on the SDG progress is therefore presented through a thematic, qualitative report that discusses the interlinkages among the SDGs and these proxy-themes. For all the proxy-themes, as well as the SDGs, the common negative COVID-19 impact denominator is physical distancing and social restriction measures.

Taken together, our results indicate that the immediate effects of the pandemic can be clearly seen, and even measured in the areas such as employment and economic development (SDG8), as well as in the largely related **poverty rates (SDG1)** and **inequalities (SDG10)**. In measuring the long-term effects and the corresponding recovery plans, however, it is important to commission further studies that will collect vulnerability disaggregated data on all the SDGs and their targets. Current data on pregnant women and family planning services, economic/financial aspects of gender-based violence and burden of care for women, mental health and wellbeing, including suicide rates and substance abuse (e.g., as consequences of increased poverty and unemployment, isolation, etc.) are insufficient to measure the impact and make projections. Moreover, understanding the full extent to which access to digital tools and services, and the use digital technologies during the pandemic, has impacted the SDG progress and people's lives, requires a more targeted and systematic research.



INTRODUCTION

This Final Report presents the third and final deliverable of the expected milestones/deliverables under the National Consultancy for Socio Economic Impact of the COVID-19 Pandemic on the SDG Progress survey of surveys commissioned by the United Nations Resident Coordinator's Office Indonesia (UNRCO) and implemented by NIRAS Indonesia (NIRAS).

To the extent that COVID-19 will remain a continuing threat to all countries, including Indonesia over the medium term, the Report is intended to inform the ongoing response plan and the future programming of the UN agencies in Indonesia, through instruments such as the United Nations Sustainable Development Cooperation Framework (UNSDCF 2021-2025) with Indonesia.



CONTEXT

On March 11, 2020, the World Health Organization (WHO) declared the spread of Coronavirus (COVID-19) a pandemic. The pandemic has since then had a multidimensional impact affecting not only human health, but also the social and economic spheres of society. It has claimed many lives and disrupted businesses and people's lives across the globe. It has diminished social services, economic activities, financial resources and infrastructure, and exacerbated people's existing vulnerabilities, including those of low income households with limited or no access to critical healthcare services and lack of safe and nutritious as well as affordable food, immunosuppressed people, women who have been at the frontline of the response, children, the elderly, people with disabilities, refugees without access to cash assistance and with limited livelihoods opportunities to support themselves, and migrants and informal sector workers.

The economy in Indonesia has been severely affected since the Government declared the COVID-19 a national non-natural disaster on 13 April 2020 and the implementation of large-scale social re-strictions (PSBB) in major cities started, challenging the country's emergence as one of the world's leading economies with strong economic growth, rapid decrease in poverty rates, improvements in education and access to better health services, food, water, sanitation and electricity. To mitigate the economic impacts of the pandemic, the Government has announced a package of IDR 695.2 trillion which includes larger allocations to the health sector, significant increases in social assistance, cash assistance to workers, large tax incentives for corporates, bailouts of state owned enterprises (SOEs), credit programs for medium and small sized enterprises (MSMEs) and equity injections for banks that restructure small and medium sized enterprises (SME) loans, and additional spending by local governments and line ministries.



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The UN in Indonesia, under the leadership of the Resident Coordinator, developed a Multi-Sectoral Response Plan (MSRP), which was launched on May 8, 2020 as a comprehensive recovery plan that covers immediate (humanitarian) and socio-economic needs. The MSRP is broken down into 7 pillars: Health, Communications and Community Engagement, Logistics, Food Security, Socio-Economic Recovery, Critical Services, and Protection of Vulnerable Groups, and it mainstreams the UN framework for the immediate socioeconomic response to COVID-19 (UN response framework) with health first, protecting people, economic response and recovery, macroeconomic response and multilateral collaboration, and social cohesion and community resilience as the 5 guiding pillars for a collective UN response. The MSRP also aims at complementing the efforts of the Government of Indonesia in addressing the direct and indirect impact of the COVID-19 crisis.



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SOCIO-ECONOMIC IMPACT ANALYSIS (SEIA) SURVEY OF SURVEYS

The aim of this Socio-Economic Impact Analysis (SEIA) survey of surveys (or the Assignment) is to contribute to better informed policy responses that put people at the centre, especially those most impacted and left behind or at risk of being left behind, based on the available evidence. To the extent that COVID-19 will remain a continuing threat to all countries, including Indonesia, over the medium term, the SEIA aims to inform the ongoing response plan and the future programming of the UN agencies in Indonesia.

Methodologically, the assignment aimed to carry out a desk review and meta-analysis to provide a snapshot of all the surveys and assessments that have been carried out by various agencies and institutions since the outbreak of the pandemic in Indonesia, specifically focusing on the impact of the COVID-19 pandemic on the progress of the Sustainable Development Goals (SDGs) 1, 2, 3, 4, 5, 6, 8 and 10. In line with the requirements set out in the Terms of Reference, the assignment sought to:

- Carry out a 'survey of surveys' of the COVID-19 socio-economic impact assessments in Indonesia that are conducted by the UN Agencies and non-UN Agencies (including Government, Universities, Think-tank, Development Banks, and NGOs).
- Consult with the relevant UN Agencies, Government partners and representatives from think tanks, universities and NGOs whose surveys/studies have been analysed in this survey of surveys to clarify on their findings as well as its policy implications.

As one of the major concerns regarding the impact of the pandemic is its potential to exacerbate people's existing vulnerabilities, the SEIA survey of surveys was designed to take into account the impact on gender, people with disabilities, children and vulnerable groups more broadly.

STRUCTURE OF THE REPORT

This Final Report follows the structure set out in the Inception and Interim Reports and consist of three chapters and an Annex:

CHAPTER 1:

Methodology, which includes the approach to survey mapping, quantitative and qualitative analysis of the results and estimation of the effects of the pandemic on the targeted SDGs, i.e. survey scoping phases I and II, review and preliminary analysis that guided the selection of a sub-set of surveys for in-depth analysis and of institutions and agencies for conducting the interviews (consultations), organisation of the findings, and the limitations of the Assignment.

CHAPTER 2:

Findings of the preliminary and in-depth analyses complemented by insights from the interviews conducted with selected agencies, which are presented via graphs and tables (quantitative results) and thematically (qualitative results) per each targeted SDG, with reference to the five and seven pillars of the MSRP and UN response framework.

CHAPTER 3:

Concluding remarks with reference to future research and policy considerations.



1. METHODOLOGY

METHODOLOGICAL APPROACH

The assignment aimed to carry out a desk review and meta-analysis to provide a snapshot on all the surveys and assessments carried out by various agencies since the outbreak of the pandemic in Indonesia, which focused directly and/or indirectly on the impact of the COVID-19 pandemic on the progress of the selected SDGs (SDG 1, 2, 3, 4, 5, 6, 8 and 10).

Our methodological approach, exemplified in [Figure 1.1: Methodological Approach](#), relied on mixed methods (quantitative and qualitative) and comprised of desk-based research and semi-structured interviews, following a three-step process:

- 1) Survey Scoping Phase I to map the existing studies of the socio-economic impact of COVID-19 carried out from the beginning of the pandemic in March 2020 by the UN agencies as well as the think tanks, academia, government, development organisations and banks, and NGOs in Indonesia, complementing thus the work previously done by the UNRCO on mapping of the assessments conducted by the UN Agencies in Indonesia;
- 2) Survey Scoping Phase II, for the studies published until 28 February 2021, with a review and preliminary analysis of all the collected studies (both scoping phases) being conducted in parallel;
- 3) In-depth analysis of the selected studies on the targeted SDGs, complemented by interviews with the relevant parties.

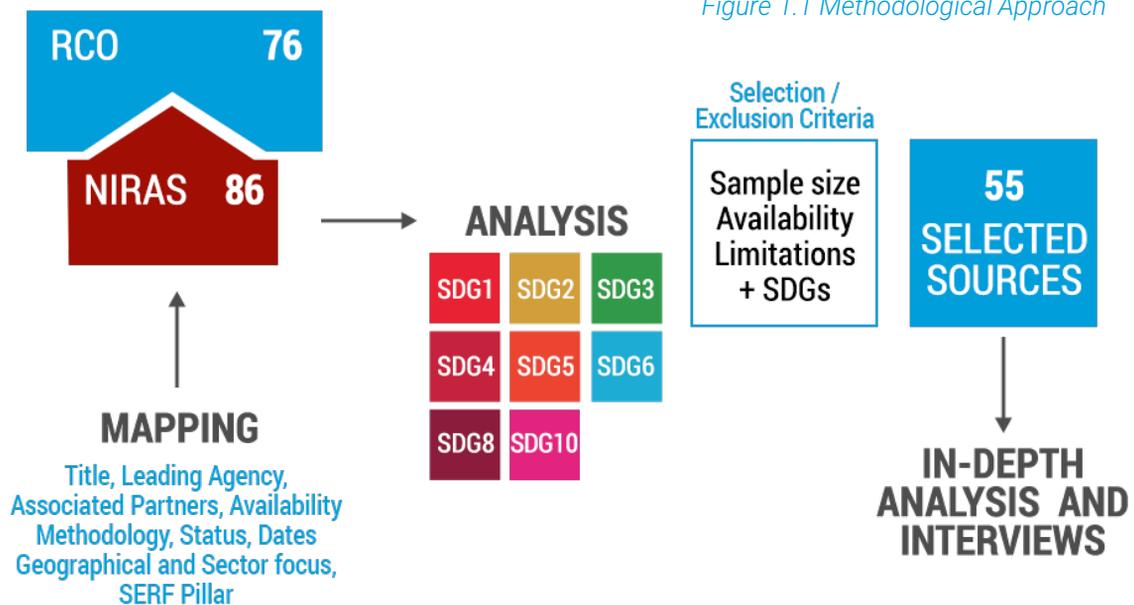


Figure 1.1 Methodological Approach



SURVEY SCOPING PHASE I

The initial scoping work was undertaken by the UNRCO and comprised of mapping of the surveys/assessments conducted by the UN Agencies and their related affiliations in Indonesia. It identified 76 potential sources that reported on the impact of the COVID-19 on the aforementioned SDG progress.

Building on this initial scoping work by the UNRCO, the NIRAS team has conducted a complementary scoping to identify additional sources and map the studies on the socioeconomic impact of the COVID-19 carried out both within and outside of the UN system in Indonesia, i.e. studies conducted by think tanks, academia, government, development organisations and banks, and NGOs.

In Phase I of the scoping activity, the following keywords were used by our team: COVID-19, impact, Indonesia, sustainable development goal(s), study, research, assessment, analysis, survey, online survey, and report.

The Survey Tracking tool developed by the RCO has been adapted for the NIRAS scoping activity to produce a comprehensive Survey Register, with a clear and functional marking of the data by Institution/Authors, Title, Methodology, Availability, External link, SDG area, SERF Pillar and GEDSI (Gender Equality, Disability and Social Inclusion) considerations. The Survey Register is stored on the NIRAS server (Microsoft SharePoint) and has been transferred to the UNRCO as part of the final deliverable submission. The full Survey Register is annexed to this Final Report.



SURVEY SCOPING PHASE II

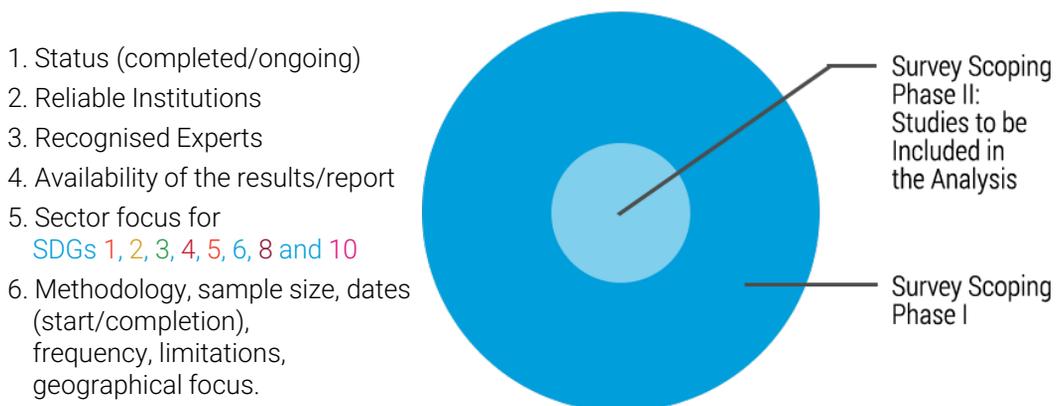
For Phase II of the scoping activity, the search was expanded and included the following key words in various combinations: Indonesia, South East Asia, ASEAN, COVID-19, sustainable development goal(s), survey, (impact) assessment, study, report; as well as in combination with SDG-themes specific keywords such as **poverty (SDG1)**, **food security and nutrition (SDG2)**, **health (SDG3)**, **education (SDG4)**, **gender (SDG5)**, **Water, Sanitation and Hygiene (WASH) (SDG6)**, **job (SDG8)**, and **inequalities (SDG10)**. These key words encompass also the themes/pillars of the UN COVID-19 socio economic response framework, and allowed us to identify some cross-cutting themes across the reporting on the SDG impact, such as: income reduction and job loss, food availability, vulnerability and burden of care, social safety and access to services and/or facilities, and digital access.

In addition to the probing of regular search engines, in scoping phase II the NIRAS team has also undertaken targeted searches on platforms used by researchers and think tanks (ResearchGate, Academia.Edu, LinkedIn, etc.). Moreover, the interviews conducted with the selected agencies aimed to gather information about additional (follow-up or recent) studies which have been conducted or are being under consideration and are related to the socio-economic impact of the COVID-19 pan-demic in Indonesia, in order to gain a deeper understanding of the future/upcoming COVID-19 SEIAs in Indonesia. NIRAS has also been continuously reaching out to institutions and/or researchers to explore and identify additional resources that can be included in the final analysis, to ensure the final impact assessment of the COVID-19 on the SDG progress in Indonesia is as comprehensive as possible.

The identified sources have been reviewed and subjected to preliminary analysis to select a sub-set of the most relevant and representative studies on which an in-depth analysis for understanding the impact of the COVID-19 pandemic on the SDG progress in Indonesia will be performed.

The following inclusion/elimination criteria were used to screen the surveys that will be subjected to in-depth analysis

Figure 1.2 Selection of surveys/studies for in-depth analysis



A full repository of studies/assessments (Survey Register) subjected to both preliminary and in-depth analyses can be found annexed to this Final Report.

It is worth noting that, given the proliferation of studies and assessments on the impact of the COVID-19 in Indonesia, more recent studies and reports have been constantly identified, added and subjected to review and preliminary analysis as they emerged. A cut-off date for the scoping phase II has therefore been agreed as February 28, to allow the next step, in-depth analysis, to commence.

IN-DEPTH ANALYSIS

As per the Term of Reference, the SDGs that are the focus of this assignment include: **SDG 1 (No Poverty)**; **SDG 2 (Zero Hunger)**; **SDG 3 (Good Health and Wellbeing)**; **SDG 4 (Quality Education)**; **SDG 5 (Gender Equality)**; **SDG 6 (Clean Water and Sanitation)**; **SDG 8 (Decent Work and Economic Growth)**; and **SDG 10 (Reduced Inequalities)**. Other SDGs that were identified in the surveys during our analysis have been investigated as well and were included in the results. In addition, the themes of relevance for this assignment include the five pillars of the UN response framework: health first, protecting people, economic response and recovery, macroeconomic response and multilateral collaboration, and social cohesion and community resilience, which cut across the targeted SDGs. Our approach, therefore, also aimed to link the reporting on SDGs with these five pillars, by identifying the cross-cutting themes in the surveys/assessments that were subjected to in-depth analysis.

The analysis aimed to further focus on the SDG indicators listed in the National SDG Roadmap 2030 in investigating the extent to which a study in question was directly or indirectly addressing the progress towards the SDGs. However, several challenges arose during this focused analysis, namely:

- 1) Some studies were concerned with SDGs in the discussion but did not track or measure the impact of COVID-19 at all or by using the national SDG indicator framework;
- 2) Some studies did attempt to track or even measure (assess) the impact of COVID-19 but this was done by using their own indicator sets (not by using the SDG indicator framework) or by using it the SDG indicator framework incompletely (i.e. not disaggregating the data or tracking only certain elements contained in different SDG indicators).

The reason behind these SDG indicator challenges is two-fold. First, not all institutions conduct their studies, in general, using the SDGs framework, particularly the non-UN institutions. They rely on their own indicators of relevance when studying their core topics of interest, and this applies to the studies for assessing the impact of COVID-19 as well. Second, most of the COVID-19 pandemic related research was conducted as a reaction or response to a newly emerged crisis and intended to assess how it has impacted people in Indonesia in a bottom-up manner, rather than with or through the Global Indicator Framework for the Sustainable Development Goals, targets of the 2030 Agenda for Sustainable Development, or the National Metadata for the SDGs.

To overcome these challenges, we initially proposed a strategy that would account for non-represented or indirectly addressed indicators by which the actual indicators used in the studies would be considered, where applicable, as proxy-indicators for the corresponding SDGs. The guiding principles for such proxy-indicators were the Metadata of SDGs Indicators published by the Indonesian Ministry of Development Planning (Kementerian PPN/BAPPENAS) which contextualise the Global SDG indicator Framework to make it specific and relevant to Indonesia. In cases where even these proxy-indicators would not be available, the NIRAS team would infer a link with SDGs indicator(s) using a rational convention, and then verify it directly with the authors of a particular study during an interview. A case in point for this approach was a survey on the impact of online learning policy on children education and social well-being by Wahana Visi Indonesia¹.

¹ Wahana Visi Indonesia: COVID-19 Pandemic and Its Impacts on the Children of Indonesia: A Rapid Assessment for Early Recovery Initiation



While the survey could not be directly linked to any of the Global SDG Indicators nor the Metadata of SDG Indicators, a link to **SDG 4** could be inferred from the assessment of online learning policy by using its data as proxies for indicators 4.1.1² and 4.5.1³. This approach however, even when employed with the highest analytical robustness and methodological rigour, introduced additional challenges in data integration and the reporting of findings, namely:

- 1) Overrepresentation of some SDG indicators in the findings, as the quantitative report on the SDG indicators would not be adequately supported by the qualitative assessment of the analysed studies; and
- 2) Misrepresentation in and skewing of the mapping of available data and identification of data gaps, as a result of attempting to uniformly quantify the qualitative assessment across the data set;

These challenges can be exemplified by the results of such analysis on food insecurity (2.1.2⁴), essential health (3.8.1⁵), and basic school (4.a.1⁶) services, and consumption (8.4.2⁷) indicators: by inferring the link between the studies' indicators, or areas/themes on which the studies focused, on one hand, and the Global SDG indicators on the other hand, the results would report that these indicators were targeted in 16%, 22%, 13% and 16% of surveys. Or in numbers, that these indicators were tracked and measured in 9, 12, 7 and 9 surveys. Such findings, however, are misleading in the sense that, qualitatively, each of the studies addressed very different themes that are connected with food, health, education or consumption. A quantification of this kind inevitably reduces the depth of the information of such findings. Secondly, in the quantitative sense, the studies did not provide the numbers or percentages that could inform if and how has the prevalence in population (2.1.2), coverage of services (3.8.1), proportion schools (4.a.1) or consumption per capita/GDP (8.4.2) changed since before the pandemic.

The in-depth analysis has itself therefore consisted of two phases. In phase I (February 1-28), the analysis focused on inferring the linkages between the actual indicators and themes in the studies and the SDG indicators, verifying these inferences with the authors of the studies during the interviews (February 8-19), and quantifying the links that were presented in SDG indicator tables. These results have then been integrated into the Interim Report and presented and discussed with the UN agencies and the National SDG Secretariat. In phase II, (March 19-31), and as a response to the indicator challenges described above (quantification), the analysis was redone to focus entirely on extracting, integrating and thematically framing the findings, which is how they are represented in this Final Report.

² SDG indicator 4.1.1: Proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

³ SDG indicator 4.5.1: Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available for all education indicators on this list that can be disaggregated). A similar approach was applied to other targeted SDGs

⁴ SDG indicator 2.1.2: Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)

⁵ SDG indicator 3.8.1: Coverage of essential health services

⁶ SDG indicator 4.a.1: Proportion of schools offering basic services, by type of service

⁷ SDG indicator 8.4.2: Domestic material consumption, domestic material consumption per capita, and domestic material consumption per GDP



INTERVIEWS

During the preliminary (Scoping Phase II) and in-depth analysis, the status, availability and limitations of the study were also used as an indication for requesting an interview with study authors, together with the reported or unreported disaggregation of data by gender, disability and other vulnerabilities, as well as the direct or indirect (indicators and proxies) assessment of the impact on the SDGs.

The interviews were conducted based on the acceptance response of potential interviewees. They took place during a two-week period, from February 8 to February 19, 2021, with each interview lasting from approximately 30 minutes to 1 hour. Detailed notes were taken, and qualitative analysis of interview responses was used to complement the in-depth analysis, as indicated in the Inception Report and the ToR. No recordings of the interviews took place.

The interviews served the following purpose:

1. To confirm the currency of the survey/report and to obtain, where applicable, any updated survey (or survey results)
2. To clarify the indicators and proxies for the corresponding SDGs, including those used for work-in-progress analysis.
3. To gain a deeper, more comprehensive understanding of the “finer points” of the survey results, e.g. representation of marginalised/vulnerable groups, a potential shift in SDGs indicators/proxy and policy implications.
4. To inquire about other potential on-going or planned studies and assessments of relevance for this and future SEIAs of the COVID-19 in Indonesia.

The interviews followed a semi-structured approach with open-ended questions related to the purpose of this SIEA survey of surveys (as above) and probes to foster the discussion, such as:

- a) We understand our study measured/assessed this (SDG proxy we identified), thus contributing to tracking progress towards the corresponding SDG. Is our understanding of your work in line with your own?, or could you tell us more about it?
- b) We appreciated your study/assessment collecting gender-disaggregated data and reporting on gender implications/considerations. Have you also collected other disaggregated data, i.e. disability status, age (elderly), etc.? Do you plan this? Could you tell us more about this approach?



LIMITATIONS OF THE ASSIGNMENT

One clear limitation of this assignment was that, as a survey of surveys, it relied mostly on the analysis of secondary data and already published materials – studies and reports available online. During our interviews, which were only meant to verify and to a small extent complement the published studies, many agencies confirmed they had collected additional data but the report has not yet been approved for publishing, or that the data is currently being analysed and is not expected to be made publicly available until the months ahead.

In line with this, and given the proliferation of studies and assessments on the impact of the COVID-19 in Indonesia, another limitation of this SEIA survey of surveys is the duration of the assignment – the main activities took place in the period from December 1, 2020 to February 28, 2021 (three months), and just before the national yearly statistical data were published. This was echoed numerous times during our interviews, particularly during the discussion on data collection and disaggregation, as well as on direct and indirect SDG indicator tracking and measuring.

Thirdly, the response rate when reaching out to the non-UN agencies, think tanks, universities, and research institutions was very low – less than 10% replied to our emails. We were able to schedule interviews during a two-week period with just above 50% of the contacted agencies.

The assignment and this Final report therefore presents the findings on the impact of COVID-19 on the selected SDGs based on the surveys and assessments mapped and published until February 28, 2021.

The fourth limitation stems from the diversity of the mapped studies in both methodological approach and geographical scope. The studies used surveys of different design, sometimes with purely qualitative reports and at times with numbers but with different target groups/respondents and sample sizes, as well as geographical focus (greater Jakarta area, national, and/or targeting certain regions/areas). As we did not have the access to raw data, integrating such diverse collection of data and attempting to present it as a uniform data set is methodologically neither appropriate nor comprehensive, and would compromise both research integrity and practical utility of such findings. In order to allow for analytical robustness while preserving methodological rigour, a mixed methods approach was adopted as the only suitable approach. The quantification of the results was conducted at the level of the targeted SDGs, while the qualitative, in-depth analysis was used to assess the effects of the pandemic that were reported on each of the targeted SDGs.

Lastly, in relation to the previous as well as the other listed limitations, the assignment and its findings provide: a) a comprehensive repository of the surveys and assessments published on the topic since the outbreak of the pandemic until February 28, 2021, not a comprehensive repository of all the work conducted on the topic; b) a snapshot of the surveys and assessments on the COVID-19 impact SDGs 1, 2, 3, 4, 5, 6, 8 and 10 not a systematic review; and c) an overview of how the COVID-19 impact on various SDGs has been and where the gaps might lie, not a measure of the impact on each specific SDG. In this respect, the assignment can be considered as providing a functional map of the COVID-19 impact on the SDGs, based on which future research with both primary data collection (gap filling) and multi-level secondary data analysis, i.e. systematic reviews and targeted in-depth analyses, can be commissioned, to examine and measure the impact of COVID-19 on the SDGs.



2. ANALYSIS OF THE IMPACT OF THE COVID-19 PANDEMIC ON THE SDGs

This chapter presents the results of the SIEA survey of surveys. It shows a graphical depiction of the quantitative analysis undertaken in the Survey Scoping Phase I and II, including studies/reports the SEIA identified and the type of agencies actively investigating the topic, SDG representation, and data gaps, including GEDSI. The quantitative report is accompanied by a qualitative analysis of if and how the studies addressed and/or measured the impact on the targeted SDG(s), i.e. the indicator(s) used or the cross-cutting themes examined. Both the qualitative and quantitative analysis are based on desk/literature review of the identified studies, while the qualitative analysis also draws on the interviews and direct insights provided by the experts actively working in the field. The chapter is divided into four sections, the first two summarising the results of preliminary and in-depth analysis, and the other two presenting a thematic report on the targeted SDGs, SDG 1-6, 8, 10 and an overview of data gaps.

PRELIMINARY RESULTS – MAPPING OF SURVEYS (SURVEY SCOPING PHASE I AND II)

Starting from the initial 76 surveys/studies mapped and collected by the UNRCO, the NIRAS team identified additional 86 studies/assessments that were investigating the impact of COVID-19 in Indonesia, amounting to the total number of 162 reports in the final Survey Register (annexed to this Final Report).

The 162 survey/studies have been conducted by 77 different institutions, of which 15 are various UN agencies and 62 are non-UN agencies. NIRAS team has also reached out to a number of think tanks, universities and their departments, and other research institutes in Indonesia, seeking to identify additional conducted or prospective studies on this topic. Emails were sent to over a hundred recipients/researchers but only ten responses were received, and of those only three additional reports were shared with the NIRAS team. The list of UN and non-UN agencies actively investigating the impact of COVID-19 in Indonesia, as well as of the agencies to which the NIRAS team reached out can be found in the Annex of this Final Report.

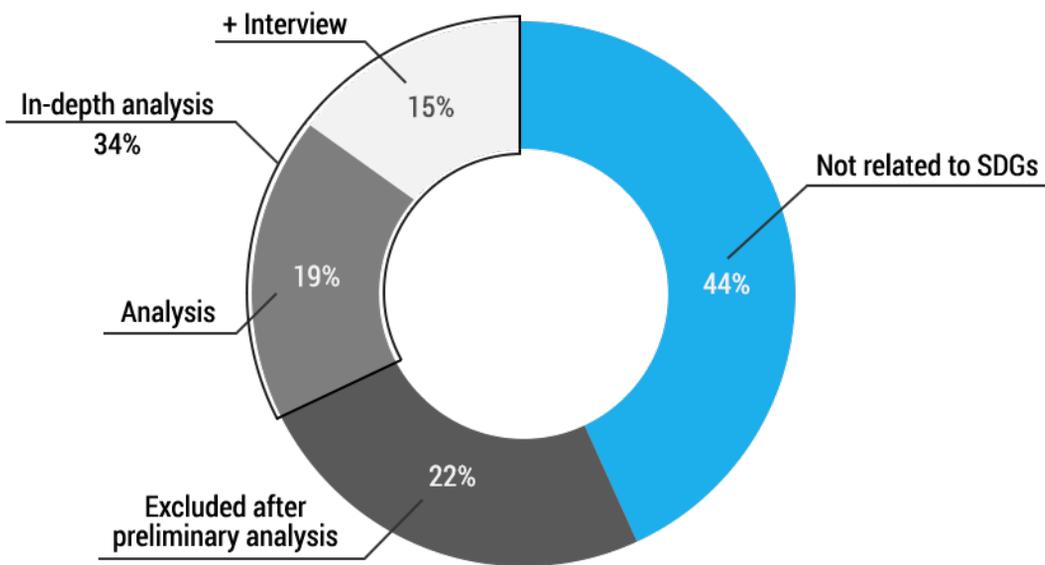
These results are summarised in the two figures below, [Figure 2.1: Mapping of Surveys – Scoping Phase I and II results](#) and [Figure 2.2: Survey mapping – Scoping Phase I and II](#).



Figure 2.1 Mapping of Surveys – Scoping Phase I and II results



Figure 2.2 Survey mapping – Scoping Phase I and II



As shown in Figure 2.2, approximately 56% of surveys/studies (91 studies) were directly or indirectly concerned with SDGs, by either tracking and measuring the SDG indicators or a related proxy/theme, or assessing the potential impact of the COVID-19 on the progress towards the SDGs. Based on the review and selection process, the identification of the impacted SDGs (supported with the number of surveys/assessments) in the 91 surveys/assessments is provided in the Table below.

Table 2.1. SDG distribution in the 91 studies subjected to preliminary analysis

SDG	Surveys addressing the impact on SDGs ⁸	Surveys focusing on one SDG	Surveys disaggregating data ⁹
1 – NO POVERTY	35 (38%)	4	11
2 – ZERO HUNGER	23 (25%)	6	9
3 – GOOD HEALTH AND WELLBEING	26 (29%)	10	11
4 – QUALITY EDUCATION	21 (23%)	6	12
5 – GENDER EQUALITY	20 (22%)	5	17
6 – CLEAN WATER AND SANITATION	10 (10%)	0	6
8 – DECENT WORK AND ECONOMIC GROWTH	45 (45,5%)	3	19
10 – REDUCED INEQUALITIES	32 (35%)	4	15
> 3 SDGs	38 (42%)	N/A	15
ALL targeted SDGs	4 (4,4%)	N/A	2
Other SDGs (7, 9, 12, 13, 17)	12 (12%)	N/A	2

Among the targeted SDGs (SDG 1-6, 8 and 10), **Decent Work and Economic Growth (SDG 8)** has been the most investigated SDG in relation to the impact of the COVID-19 in Indonesia, and reported in almost half of the surveys (45,5%). It is followed by **No Poverty (SDG 1)**, and **Reduced Inequalities (SDG 10)** with 35% and 32%, respectively), while other targeted SDGs (**Zero Hunger**, **Good Health and Wellbeing**, **Quality Education** and **Gender Equality**, SDGs 2-5) take up between 22% and 29% of the assessments.

The one exception is **Clean Water and Sanitation (SDG 6)**, which has been the least investigated and was reported in only 10% of the surveys/studies. Moreover, assessments of how COVID-19 im-pacts the progress towards specifically one SDG have been published for all of the targeted SDGs but SDG 6. Clean Water and Sanitation has been addressed mostly as a (sub)component in surveys/studies investigating multiple SDGs.

⁸ The number includes all surveys that discussed a particular SDG, regardless of whether the survey address just that one SDG independently or together with other SDGs

⁹ Disaggregating data by either gender, disability, age or other types of vulnerability



Interestingly enough, even though **Decent Work and Economic Growth (SDG 8)** has been by far the most researched in relation to the impact of COVID-19 in Indonesia, it was also mostly studied in combination with other SDG themes, particularly poverty, gender or inequalities. Similarly, the other two SDGs that received more attention in the aggregate studies on SDGs, **No Poverty (SDG 1)** and **Reduced Inequalities (SDG 10)**, have also been represented less in the single SDG focused surveys.

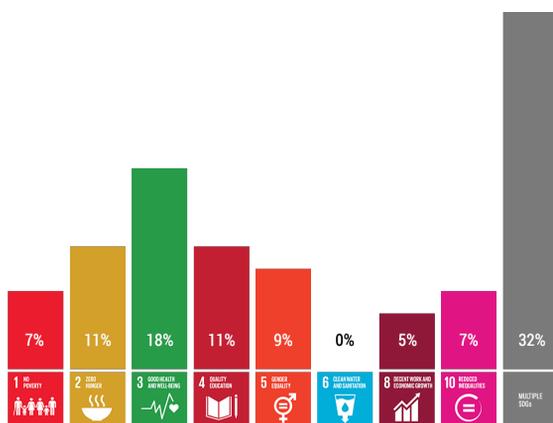
Three agencies have conducted a comprehensive assessment of the impact of COVID-19 on the entire spectrum of the SDGs. These full SDG spectrum assessments include:

- Counting the costs of COVID-19: Assessing the impact on gender and the achievement of the SDGs in Indonesia by UNWOMEN,
- COVID-19 Rapid Needs Assessment Report by Save the Children
- Thinking Ahead Indonesia's Agenda on Sustainable Recovery from COVID-19 Pandemic by LPEM FEB UI (Institute for Economic and Social Research of the University of Indonesia).

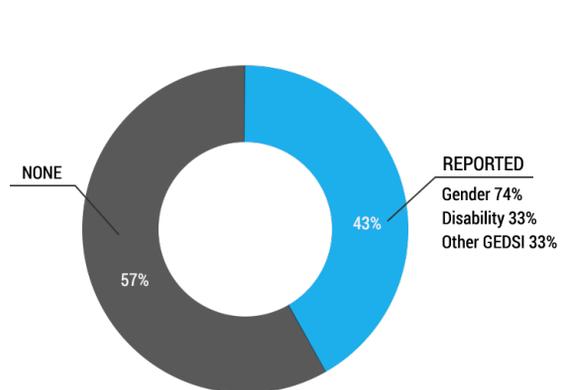
In terms of how the COVID-19 pandemic has impacted vulnerable populations (GEDSI considerations), less than half of the SDG progress assessments collected or reported disaggregated data of any kind (43%). The majority of these assessments reported on vulnerability in relation to gender (74%), while 33% and 20% reported on disability, and other vulnerable groups, such as elderly or children, respectively (Figure 2.2). A quarter of these studies reported on more than one vulnerable group, while only one study published by UNHCR was specifically focused on refugees as a particularly vulnerable group to the impact of COVID-19 in Indonesia¹⁰.

Figures 2.3 and 2.4 summarise the results of the SDG representation in the analysed studies, while the results of the in-depth analysis and a detailed discussion on each of the SDGs is found in the following section.

*Figure 2.3
Assessments of the COVID-19 impact on a single SDG*



*Figure 2.4
Data disaggregation status (GEDSI considerations) among the SDG concerned surveys/studies*



¹⁰ UNHCR, Survey on Access to UNHCR Services during COVID-19 Pandemic and the refugee resilience

IN-DEPTH ANALYSIS – ESTIMATING THE IMPACT ON THE SDG PROGRESS

The review and preliminary analysis (see chapter 1 – Methodology for more details) identified a subset of 55 studies (approx. 34%) eligible to be subjected to in-depth analysis. Out of these 55 selected studies, 31 were shown to be exhaustive enough not to require an interview, while 24 re-ports have been marked as benefiting from an additional discussion with their authors (interviews), with the purpose of inquiring about challenges faced, data collected and similar prospective studies, as well as to verify our team’s understanding of the SDG indicators and potential proxies used (for details, see chapter 1 – Methodology). In addition, interview sessions were initially planned with 3 more agencies due to either the topic their research covered¹¹ or an upcoming publication of a report¹². An interview was conducted with FAO as one of the agencies behind the Urban slum study on food security and nutrition publication. The SDG contribution in these 55 selected studies is presented in Table 2.2.

Table 2.2 SDG distribution in the 55 studies subjected to in-depth analysis

SDG	Surveys addressing the impact on SDGs ¹³	Surveys focusing on one SDG	Surveys disaggregating data ¹⁴
1 – NO POVERTY	26 (47%)	3	13
2 – ZERO HUNGER	14 (25%)	1	7
3 – GOOD HEALTH AND WELLBEING	19 (35%)	6	8
4 – QUALITY EDUCATION	12 (22%)	1	7
5 – GENDER EQUALITY	19 (35%)	5	16
6 – CLEAN WATER AND SANITATION	10 (18%)	0	6
8 – DECENT WORK AND ECONOMIC GROWTH	30 (55%)	1	17
10 – REDUCED INEQUALITIES	24 (44%)	3	15

¹¹ FAO, Urban slum study on food security and nutrition and the impact of COVID-19 (MM 202)

¹² UN in Indonesia Joint Statement on Food Security and Nutrition, and An Online Rapid Assessment will be designed and implemented by UNFPA’s Youth Advisory Panel to understand the unique challenges young people face during this pandemic, including youth groups that are disproportionately affected by the pandemic. Two situational reports will be developed and disseminated to other UN agencies and government partners)

¹³ The number includes all surveys that discussed a particular SDG, regardless of whether the survey address just that one SDG independently or together with other SDGs

¹⁴ Disaggregating data by either gender, disability, age or other types of vulnerability



The results of the in-depth analysis confirm our preliminary results:

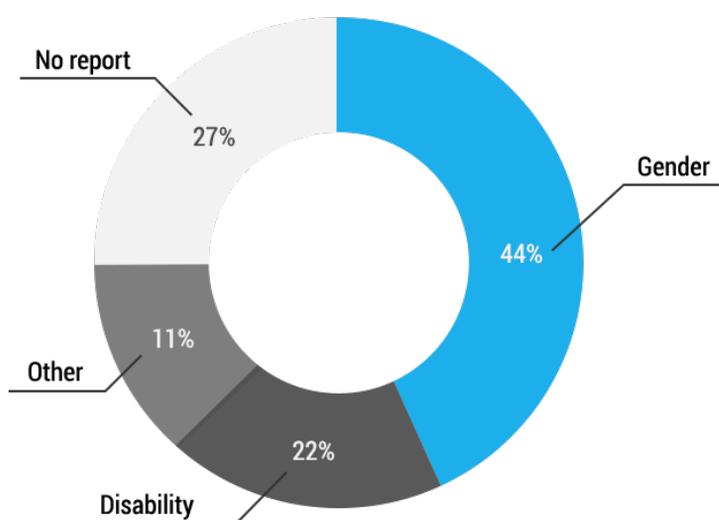
Decent Work and Economic Growth (SDG 8) has been the most investigated SDG in relation to the impact of the COVID-19 in Indonesia, and reported over half of the selected surveys (55%). It is followed by **No Poverty (SDG 1)**, and **Reduced Inequalities (SDG 10)** with 47% and 44%, respectively). However, in the sub-set of 55 selected studies, **Good health (SDG3)** and **Gender Equality (SDG5)** have a higher representation of 35% than shown by the preliminary analysis, and the same case is with **Clean Water and Sanitation** – although the absolute number of studies that discussed **SDG8** remained the same (10 studies), percentage-wise its representation increased to 18%. The representation of **Zero Hunger (SDG2)** and **Quality Education** remained similar to what the preliminary analysis showed – 25% and 22%, respectively.

In terms of geographical coverage, 31 (56%) of the analysed studies reported nation-wide research/data, and 5 a region/province specific data, while 17 did not have a geographically targeted approach/report and 2 were multi-country (ASEAN) studies.

In terms of how the COVID-19 has impacted vulnerable populations (GEDSI considerations), 72% of these 55 selected studies collected disaggregated data or reported on some vulnerabilities, approximately half of them on gender (44%), while 18% and 11% reported on disability, and other vulnerable groups, such as elderly or children, respectively (Figure 2.4), among which only one study, as previously mentioned, was specifically focused on refugees as a particularly vulnerable group to the impact of COVID-19 in Indonesia¹⁵.

In an attempt to assess the COVID-19 impact on the SDG progress, our analysis further focused on the specific SDG indicators used or discussed in the 55 surveys/assessments our team subjected to in-depth analysis, including through conducting interviews with the selected parties. Although the progress towards and the achievement of the SDGs is the major objective of all the agencies working in the development sphere, not all non-UN agencies conduct their studies and work specifically through the Global Indicator Framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development that is adopted nationally by the National Metadata for SDGs. This is also because some of the SDGs Indicators are measured in a medium to long time frame.

Figure 2.5 Data disaggregation status (GEDSI considerations) among the SDG reports subjected to in-depth analysis



¹⁵ UNHCR, Survey on Access to UNHCR Services during COVID-19 Pandemic and the refugee resilience

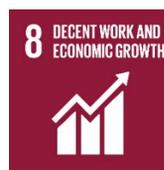
Similarly, SDG indicators are aimed to be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics. Though tracking the COVID-19 impact by referring to the SDG indicators, some assessments did not dis-aggregate those indicators as required. Other surveys/assessments conducted by the non-UN agencies (think tanks, universities, development organisations and NGOs) have their own ways of assessing the impact of COVID-19 on their target groups (e.g., women and vulnerable groups) or sectors (e.g. gender-based violence, education, food price). The assignment has in such cases inferred a link with a specific SDG indicator of relevance, and verified the accuracy and appropriateness of making such links with the authors during the interviews that were conducted in February 2021 (for details, see chapter 1 – Methodology). As described in our methodological approach (please see chapter 1 for more details), in order to maintain research integrity and provide meaningful results, instead of quantifying the assessment of SDG indicators based on SDG-proxies, we have compiled a list of proxy-themes identified through a qualitative analysis, which were selected as the most relevant themes, because they cut across both the SDG discussions in the 55 analysed surveys/assessments and reflect the main themes or pillars of the MSRP and UN response framework¹⁶. The identified and selected proxy-themes include: income reduction and job loss, food security, vulnerability and burden of care, social safety and access to services and/or facilities, and digital access. For all the proxy-themes, as well as the SDGs, the common negative COVID-19 impact de-nominator is physical distancing and social restriction measures:

- Income reduction and job loss, considered as either total income loss or job loss, or a push towards the informal sector, due to movement restrictions and their negative impact on the national economy;
- Food security is considered either through increased food price or shortage of commodities, due to decreased purchasing power and the negative impact of movement restrictions on the global and national economy;
- Vulnerability in general and burden of care in general considered in relation income generating abilities, GBV (Gender Based Violence) and children education, due to decreased physical and increased online, home-based activities;
- Social safety net and access to basic services and/or facilities, particularly in the remote areas, which entail health services in a broad sense, i.e. nutrition supplements for pregnant women and mothers with young children), immunisation or medications and therapy, as well as psycho-social support, all severely disrupted by large scale social restrictions;
- Digital access in terms of infrastructure, literacy and outreach or coverage (service access), as the most used mitigation measure and solution to overcome the implemented social restrictions.

¹⁶ It should be noted that though the Final Report presents the qualitative analysis of the estimated impact of the pan-demic on the SDGs, the initial data on the attempted linkages inferred between the analysed studies and the SDG indicators have been saved and transferred to UNRCO for further consideration of its utility and/or potential triangulation with other available or prospective studies on the topic.

Table 2.3 presents the connection between the selected (cross-cutting) proxy-themes, the SDG targeted by this assignment, and the actual theme or topic discussed in the analysed studies. The table also suggests the interlinkages amongst SDGs, e.g. income reduction and job-loss having a snowball effect on all the SDGs that are focused on this assignment. The Large-Scale Social Re-strictions policy implemented by the Indonesian government has had a major impact on the country's economy. By disrupting the supply and demand chain of goods and services, it led to a contraction in spending ability, with negative effects on the quality of life, due to a restricted access to health and education, and further exclusion of vulnerable groups.

Figure 2.6 illustrates the interlinkages among the SDGs¹⁷, shown through a centrifugal effect from the impact on SDG8 to other SDGs (left side) and network analysis (right side). In the left side im-age, the interplay amongst the SDGs is not limited to one SDG as a determinant of a causal relationship but can also be regarded in a mediatory manner, where the impact on SDG8 reflects on the impact on SDG 1, which then reflects on the impact on SDGs 2, 4, 6 and 10, and vice versa. In the right side image, the network analysis¹⁸ performed on the 55 studies and their contribution to the SDG 1-6, 8 and 10 visualises the SDG interlinkages among these 55 studies, The bigger the size of the SDG indicates they were addressed more frequently, as is the case with SDG 1 and 8 in the figure.



¹⁷ The SDGs that were the focus of the assignment, i.e., SDG 1-6, 8 and 10.

¹⁸ The network analysis was done using the Gephi software, available at: <https://gephi.org/>

Table 2.3 Proxy-themes identified in the in-depth analysis and their connection with the targeted SDGs

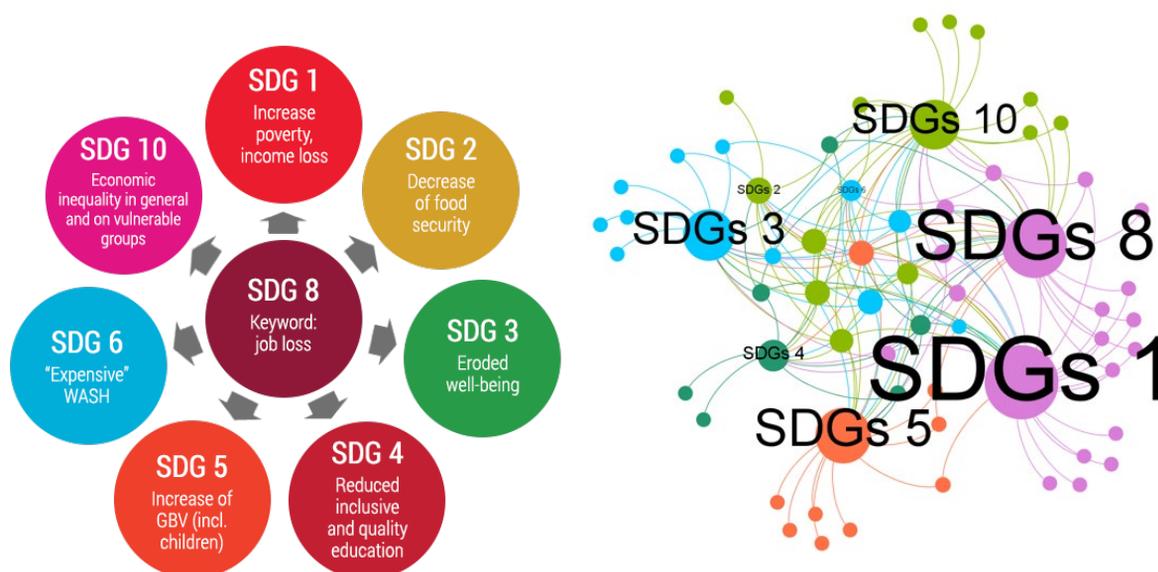
SDG / proxy-theme	Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
 <p>1 NO POVERTY</p>	<p>Poverty headcount ratio</p> <p>Income reduction, Unemployment or push towards employment in the informal sector, and income loss in the informal sector</p>	<p>How is vulnerability reflected or discussed</p> <p>Proportion of affected refugees in terms of income and remittance</p>	<p>Income reduction negatively affecting frequency of eating</p>	<p>Information and access PwD to social safety net program</p> <p>Data of people who attend or cannot attend public health for essential care due to social restriction</p>	<p>Price of being connected, having a device</p> <p>Digital access is impacted by the loss of income</p>
 <p>2 NO HUNGER</p>	<p>Income reduction negatively affecting frequency of eating</p> <p>Food price affecting food availability food availability</p>	<p>Access to essential nutrients disrupted due to social restrictions and/or food price</p>	<p>Food price affecting food availability</p>	<p>The existing spending for pro-poor and expanded spending pro-poor during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral)</p>	<p>n/a</p>
 <p>3 GOOD HEALTH AND WELL-BEING</p>	<p>Reduced access to medications and therapies, as well as psycho-social support</p>	<p>With disruption of services, the burden of care is on women</p> <p>Reduced access to psycho-social support for PwDs and refugees</p> <p>Home visits suspension for PwDs</p>	<p>Frequency of eating, food availability, unable to provide nutritious food</p>	<p>Rates of and attitudes towards the vaccination against COVID-19</p> <p>Data of people who attend or cannot attend public health for essential care due to social restriction</p> <p>Health services disruption at community level with the closures of village health posts and suspension of home visits.</p>	<p>Telemedicine and digital records not developed enough to mitigate the disruption of service provision</p>
 <p>4 QUALITY EDUCATION</p> <p>EDUCATION</p>	<p>Parental job loss or income reduction negatively affecting children learning or access to online classroom</p>	<p>Children were facing psycho-social pressure and psychological abuse through digital content.</p> <p>Number of PwD who can access and follow online learning policy</p>	<p>Negative effects of the reduced frequency of eating on children's learning abilities</p>	<p>Digital classroom and assessments of Online Learning Policy</p>	<p>Number of schools with sufficient ICT services to support learning from home</p>
 <p>5 GENDER EQUALITY</p> <p>GENDER EQUALITY</p>	<p>Risk for GBV increase</p>	<p>Additional Burden for Care work for schooling, caring for children and or PwDs</p>	<p>Difference in the COVID-19 impact on food security of women and men (higher food shortage and reduced eating frequency reported for women-headed households)</p>	<p>Disruption in the distribution of vitamins and suspension of antenatal care services as well as immunization</p>	<p>Use of digital platforms for intimidation and abuse (GBV)</p>
 <p>6 CLEAN WATER AND SANITATION</p> <p>SANITATION</p>	<p>Rise in the prices of hygiene kits</p>	<p>Availability of hygiene materials for vulnerable groups (also price related)</p>	<p>n/a</p>	<p>Access to safe sanitation services and hand-washing facilities in relation to the number of infections</p>	<p>n/a</p>



Table 2.3 Proxy-themes identified in the in-depth analysis and their connection with the targeted SDGs

SDG / proxy-theme	Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
 <p>8 DECENT WORK AND ECONOMIC GROWTH</p>	<p>Business lay off percentage</p> <p>An influx on unemployment number reported by the National Statistics Agency (BPS)</p> <p>Income per person per household</p>	<p>Reporting in abuse and other labour right violation related to COVID-19</p> <p>Effects of additional burden of care on income generating opportunities and abilities for women</p>	<p>Income as the main factor in determining the type of food that can be purchased</p>	<p>The existing spending for pro-poor and expanded spending pro-poor during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral)</p>	<p>Not all business-es adopted or could adopt Work from Home option, exposing their workers to health or job loss risks</p>
 <p>10 REDUCED INEQUALITIES</p>	<p>With lay-offs, income reduction and disruption in the provision of essential ser-vices exacerbating vulnerabilities and existing inequalities</p>	<p>Proportion of affected refugees in terms of income and remittance</p> <p>Job and income loss experienced by People with Disabilities</p> <p>Less ability for women to take extra work and make extra money due to burden of care</p>	<p>Unequal access to essential nutrients and food for already vulnerable people</p>	<p>The existing spending for pro-poor and expanded spending pro-poor during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral)</p>	<p>Digital divide between the capital and areas with better digital infrastructure and remote areas, as well as in relation to the socio-economic (poverty) status</p>

Figure 2.6 An illustration depicting the interlinkages amongst the assignment targeted SDGs through a centrifugal effect (left) and a network analysis (right)



THEMATIC ANALYSIS OF THE TARGETED SDGs



SDG 1 - NO POVERTY

The SDG1 related reports agree that Indonesia's GDP will decline for 2020, with the most noticeable slump in the second and third quarter of 2020 when Large Scale Social Distancing (PSBB) started taking place. The most recent survey on the socioeconomic impact of COVID-19 on households in Indonesia by the SMERU Research Institute, UNICEF and UNDP indicated that three-quarters of households reported their income falling in 2020¹⁹. The proportion was higher among households with children and households living in an urban area. Half of all households have no savings to support themselves, 56,7% of female headed households, 51,7% of household with children, and 50,6% of PwD household do not have savings and almost a third of households in the survey are pawning possessions to survive. Households with vulnerable groups have experienced more job loss of main breadwinner, and 1 in 7 breadwinners who were furloughed received no wages and will not be able to return to their jobs. Female-headed households (89.9%), households with children (92.1%), and households with PwD (89%) had lower percentage of breadwinners working during the pandemic.

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The SDG 1 related reports also show a higher risk and a higher negative impact on the poverty level for the vulnerable groups, putting additional pressure on the social safety net system. A confirmation of the survey's projection was provided by the National Statistics Agency (BPS), which recently published a report on the year 2020 poverty rate. The reported poverty rate in September 2020 was 10.19% (y-o-y), an increase of 0.97 percent from September 2019. In absolute numbers, there is an additional 2.76 million people who fell under the poverty line in September 2020 reaching the total number of 27.55 million people, compared to September 2019 which reported 24.79 million people living under the poverty line. These results have also been justified through the interviews with selected parties, where it was pointed out that the impact of the contractional economy reflected negatively on hotel and restaurant industry and individual earning capacity.

¹⁹ Available at: <https://smeru.or.id/id/content/ringkasan-eksekutif-dampak-sosial-ekonomi-covid-19-terhadap-rumah-tangga-dan-rekomendasi>

²⁰ SDG indicator 1.b.1: Pro-poor public social spending



In terms of poverty indicators, the SDG1 related reports mostly focused on pro-poor public social spending²⁰ and economic loss attributed to disasters²¹. This can be determined by using proxies for social protection (as a measure the existing spending for pro poor and expanded pro-poor spending during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral) and revenue loss in business/occupational sectors. As shown in Table 2.4, the proxy-themes connect with SDG1 in the following way:

Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Poverty headcount ratio Income reduction, Unemployment or push towards employment in the informal sector, and income loss in the informal sector	How is vulnerability reflected or discussed Proportion of affected refugees in terms of income and remittance	Income reduction negatively affecting frequency of eating	Information and access PwD to social safety net program Data of people who attend or cannot attend public health for essential care due to social restriction	Price of being connected, having a device Digital access is impacted by the loss of income



²⁰ SDG indicator 1.b.1: Pro-poor public social spending

²¹ SDG indicator 1.5.2 Direct economic loss attributed to disasters in relation to global gross domestic product (GDP)



SDG 2 - NO HUNGER

A rise in food prices during the pandemic has been evident. Still, the pandemic is not the sole reason for this as other factors, such as government policy in food import and distribution issues in Indonesia also play a role.

According to the socio economic impact of COVID-19 on household survey in Indonesia conducted by the SMERU Re-search Institute, UNICEF and UNDP (the results of which were discussed during our interview)²², one-third of households were concerned that they could not feed their families, while the proportion of households facing moderate or severe food insecurity has doubled, to around one in ten households. The female-headed households, households with children, and households with Person with Disabilities (PwD) are also the ones facing more food insecurity. This concern is also highlighted by the MAHKOTA study²³ which stated that PwDs who comprise approximately 9% of Indonesia's population are more likely to be poor. Job loss and unemployment due to the COVID-19 pandemic is expected to be higher for PwD compared to the rest of the population. The reduction of this income levels would affect PwD in the quality and quantity of food available to them. This was also confirmed by The Gender Observatory on COVID 19 and the Crisis by MAMPU²⁴, which reported that only 29% of male-headed household face shortage of food, while that number is higher for female-headed household, where to 44% face shortage of food. Also, only 36% of male-headed household reported they ate less than they should while the number soar to 49% for female-headed household.

The worsening household food insecurity and undernutrition may increase the stunting of children and negatively affect the national program on acceleration against child stunting (Program Percepatan Pencegahan Stunting) since Indonesia is ranked fifth among the countries with the highest burden of stunting for children under five years. A survey conducted by Save the Children²⁵ suggested Indonesia may face a projectile malnutrition issue in the long run, estimating that 30 million children under five are at higher risk of becoming undernourished 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. 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 and fragments of the population are indicated as potentially suffering from disrupted access to health service providers and/or below-par healthcare provision to expectant mothers (which is also identified under SDG 3).

In terms of nutrition indicators, the SDG2 related reports mostly focused on food insecurity in the population²⁶ and food price anomalies²⁷. This was determined by using the proxies of income reduction in connection with maintaining healthy lifestyles and nutritional intake (frequency of eating and variety of available food, and access to essential nutrients). As shown in Table 2.4, the proxy-themes connect with SDG2 in the following way:

²² Available at: <https://smeru.or.id/id/content/ringkasan-eksekutif-dampak-sosial-ekonomi-covid-19-terhadap-rumah-tangga-dan-rekomendasi>

²³ MAHKOTA: Economic Impacts and Access to Social Protection during the COVID-19 Crisis: The Experiences of People with Disabilities in Indonesia

²⁴ MAMPU: The Gender Observatory: COVID-19 and the Crisis (Australia- Indonesia Partnership for Gender Equality and Women's Empowerment)

²⁵ Save the Children: COVID-19 Rapid Needs Assessment Report

²⁶ SDG indicator 2.1.2: Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)

²⁷ SDG indicator 2.c.1: Indicator of food price anomalies



Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Income reduction negatively affecting frequency of eating Food price affecting food availability food availability	Access to essential nutrients disrupted due to social restrictions and/or food price	Food price affecting food availability	The existing spending for pro-poor and expanded spending pro-poor during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral)	n/a





SDG 3 – GOOD HEALTH AND WELLBEING

The pandemic has affected the intensity and level of service given for another part of the health care system, e.g. immunization, medicine distribution. The Ministry of Health (MoH) and UNICEF have regularly documented the impact of Pandemic on healthcare provisions at grass roots. Three national surveys (rapid assessments) conducted in April,

May and July 2020 have all reported the impact of Puskesmas and Posyandu closures on health services²⁸. Two reports conducted in April and July 2020 raised the same red flag though they were done from two different perspectives: one from the healthcare providers²⁹ and the other from the recipients³⁰ perspective. A disruption on antenatal care services, vitamin A distribution and immunization services by Posyandu occurred, whilst the closure of Puskesmas interrupted more integrated health services, such as family planning, maternal and child health services and HIV prevention of mother-to-child transmission. According to Wahana Visi Indonesia , access to puskesmas (community health centre) or clinics dropped from 94% to 64% during the pandemic.

The interview with SMERU Research Institute confirmed the findings of the aforementioned report. The SMERU survey on the impact of the COVID-19 pandemic on nutrition and Maternal and Child Health service results³² show Posyandu (community health care service) activities being postponed due to social distancing and movement restrictions. This has had a major impact on immunization, babies and toddler nutrition and examination service. However, the difficulties in accessing health service were mainly determined by the social restrictions, not by the COVID-19 infection rate, and the way the local government policies and regulations were implemented during the pandemic played the main factor in the decline of service usage.

Wellbeing has been increasingly gaining attention during the Pandemic. The key interviewees from UNFPA and KOMNAS Perempuan identified mental health and wellbeing as a game-changer in their respective working field. Mental health and wellbeing cut across various context and themes, e.g. gender-based violence, distance learning (child education), refugee resilience, or shifted household roles.

In terms of health indicators, the SDG3 related reports mostly focused on access to essential health services³³. This was determined by using the reported obstacles and challenges in accessing health service (immunization, test for malaria, medicine distribution, prevention of HIV transmission treatment) due to social restrictions and fear of contracting COVID-19 while accessing health facilities, as a proxy. As shown in Table 2.4, the proxy-themes connect with SDG3 in the following way:

³¹ Wahana Visi Indonesia: COVID-19 Pandemic and Its Impacts on the Children of Indonesia: A Rapid Assessment for Early Recovery Initiation

³² SMERU Research Institute: The impact of the COVID 19 pandemic on nutrition and maternal and child health (MCH) services : case study in 5 regions in Indonesia

³³ SDG indicator 3.8.1: Coverage of essential health services



Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Reduced access to medications and therapies, as well as psycho-social support	<p>With disruption of services, the burden of care is on women</p> <p>Reduced access to psycho-social support for PwDs and refugees</p> <p>Home visits suspension for PwDs</p>	Frequency of eating, food availability, unable to provide nutritious food	<p>Rates of and attitudes towards the vaccination against COVID-19</p> <p>Data of people who attend or cannot attend public health for essential care due to social restriction</p> <p>Health services disruption at community level with the closures of village health posts and suspension of home visits.</p>	Telemedicine and digital records not developed enough to mitigate the disruption of service provision





SDG 4 – QUALITY EDUCATION

According to Wahana Visi Indonesia report³⁴, one of the biggest challenges related to SDG 4 is the lack of access to online learning for children. Additional price to buy internet quota, children’s lack of attention during online learning, and additional parent assistance are some of the barriers that might affect children’s participation in learning

during the pandemic. The report also showcased children’s vulnerability towards digital content obscenities during the implementation of online learning, which is consistent with the findings of Komnas Perempuan³⁵ and UNFPA/Bappenas³⁶ on the use of digital tools and platforms for psychological abuse as new form of GBV in connection with SDG5.

The World Bank³⁷ has reported that the income shocks in Indonesia caused by COVID-19 pandemic are expected to precipitate higher dropout rates due to direct cost for attending school with children having to drop out of education to supplement household income by working. If the income shock is -1.1%, as published in July 2020³⁸, the estimates are that a four month of school closure could lead to an increase of up to 48,175 more children dropping out of school at primary level, and up to 43,031 more children dropping out of school at secondary level. There is, however, no evidence of consistent gender discrimination in enrolment rate in Indonesia available at the moment.

Whilst the target and indicators of SDG4 are designed to capture inclusive and equitable education for all, they are not intended to be sensitive to different learning technologies since these differ across the countries. Nevertheless, in a country such as Indonesia, where economic and social dis-parities vary significantly across geographical areas, access to digital technologies and online learning will play a role in the fulfilment of SDG 4. The pandemic has escalated the stakes whereby poorer infrastructure and decreased household earning capacity are shown to be the determinants for SDG 4 as measured or assessed through the access to and use of digital tools in learning and education as proxies for basic services offered by schools³⁹, and information and communications technology (ICT) skills among youth and adults⁴⁰. As shown in Table 2.4, the proxy-themes connect with **SDG4** in the following way:

Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Parental job loss or income reduction negatively affecting children learning or access to online classroom	Children were facing psycho-social pressure and psycho-logical abuse through digital content. Number of PwD who can access and follow online learning policy	Negative effects of the reduced frequency of eating on children’s learning abilities	Digital classroom and assessments of Online Learning Policy	Number of schools with sufficient ICT services to support learning from home

³⁴ Wahana Visi Indonesia: COVID-19 Pandemic and Its Impacts on the Children of Indonesia: A Rapid Assessment for Early Recovery Initiation

³⁵ Komnas Perempuan: Melayani Dengan Berani : GERAK JUANG PENGADA LAYANAN DAN PEREMPUAN PEMBELA HAM DI MASA COVID-19

³⁶ UNFPA/Bappenas: Rapid Assessment on COVID-19 Impact to GBV through analysis of the existing reporting data from both government and Forum Pengada Layanan/CSO Networks

³⁷ World Bank: Estimates of COVID-19 Impacts on Learning and Earning in Indonesia: How to Turn the Tide

³⁸ World Bank: Indonesia Economic Prospects

³⁹ SDG indicator 4.a.1: Proportion of schools offering basic services, by type of service (indicator

⁴⁰ SDG indicator 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill



SDG 5 – GENDER EQUALITY

Each report shows different and sometimes contradictory results on how the COVID-19 affects Gender-Based Violence. Some studies do not make a clear conclusion that there is a correlation between COVID-19 and the increasing level of GBV (e.g. by UNFPA⁴¹ and Himpunan Wanita Disabilitas Indonesia⁴²). Other studies report an increase in Intimate

Partner Violence in their communities due to COVID-19 and that the pandemic exacerbates the risk of GBV (report by the World Bank⁴³). However, all GBV-related reports mention economic distress as a potential reason or risk for increased levels of GBV. An interview with UNFPA representatives indicated the rise of psychological abuse (including cyber-crime, online GBV, verbal abused, e.g. bullying, text intimidation, graphic and vulgar pictures) during the pandemic. The insight was echoed by KOMNAS Perempuan during the in-depth interview. Despite none of the published reports analysed this topic specifically, the depth of traumatic scar-ring and the length of the rehabilitation process could pose a risk to Indonesia’s agenda and vision towards “the demographic bonus of 2030”.

Even though the death rate was reported to be higher for men than during the pandemic, women have endured more psychological burden and emotional distress during the pandemic due to increasing domestic work (including the burden of care) on top of their current obligation as workers. Both the surveys and interviews, note the emergence of a new cohort of domestic violence victims, which is children. The two primary national institutions that are actively working in GBV, KOMNAS Perempuan and LBH APIK agreed that children have been additionally exposed to suffering the consequences of their parents’ stress⁴⁴.

The report from KOMNAS Perempuan⁴⁵ also shows the increased intensity of GBV (sexual violence and physical violence cases) during the pandemic due to economic pressure, social restrictions, increased domestic work/burden that resulted in increased stress and triggered more severe domestic violence. In the interview, KOMNAS Perempuan and UNFPA both warranted the interpretation of the reported cases related to GBV. The significant increase of GBV cannot be accurately assigned to COVID-19 since they are likely to be moderated by the increase GBV awareness in Indonesia.

As shown in Table 2.4, the proxy-themes connect with SDG5 in the following way:

Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Risk for GBV increase	Additional Burden for Care work for schooling, caring for children and or PwDs	Difference in the COVID-19 impact on food security of women and men (higher food shortage and reduced eating frequency reported for women-headed households)	Disruption in the distribution of vitamins and suspension of antenatal care services as well as immunization	Use of digital platforms for intimidation and abuse (GBV)

⁴¹ UNFPA/Bappenas: Rapid Assessment on COVID-19 Impact to GBV through analysis of the existing reporting data from both government and Forum Pengada Layanan/CSO Networks

⁴² Himpunan Wanita Disabilitas Indonesia: Risalah Kebijakan: Dampak COVID-19 pada Kekerasan Berbasis Gender terhadap Perempuan Disabilitas Indonesia

⁴³ World Bank: What Factors Exacerbate and Mitigate the Risk of Gender-based Violence during COVID-19? Insights from a Phone Survey in Indonesia

⁴⁴ Komnas Perempuan: Melayani Dengan Berani: Gerak Juang Pengada Layanan dan Perempuan Pembela HAM di Masa COVID-19; Wahana Visi Indonesia: COVID-19 Pandemic and Its Impacts on the Children of Indonesia: A Rapid Assessment for Early Recovery Initiation; and World Bank: What Factors Exacerbate and Mitigate the Risk of GBV during COVID-19 by East Asia and Pacific Gender Innovation Lab.

⁴⁵ Wahana Visi Indonesia: Melayani Dengan Berani: Gerak Juang Pengada Layanan dan Perempuan Pembela HAM di Masa COVID-19





SDG 6 – CLEAN WATER AND SANITATION

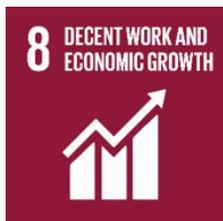
The need for access to clean water and sanitation has increased during the pandemic, especially with the increased frequency of handwashing. People in bigger cities have more access to clean water, soap, and toilet in comparison to those in smaller cities. In some areas, the volume of water is also dependent on the season, whether it's the rainy season or

dry season. However, as previously noted, the impact of the pandemic on SDG 6 has been underrepresented in the surveyed surveys. The surveys have mostly addressed SDG 6 as a component of their assessment of the impact on other SDGs, focusing on the availability of hygiene and sanitation kits⁴⁶. This was determined by using the numbers of vulnerable people (children, PwD) who do not have access to proper sanitation facilities, the numbers of people who will not be able to follow the hand-washing guidance as advised during the pandemic (especially people who live in the slum area) as a proxy. As shown in Table 2.4, the proxy-themes connect with SDG6 in the following way:

Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Rise in the prices of hygiene kits	Availability of hygiene materials for vulnerable groups (also price related)	n/a	Access to safe sanitation services and hand-washing facilities in relation to the number of infections	n/a



⁴⁶ SDG indicator 6.2.1: Proportion of population using (a) safely managed sanitation services and (b) a handwashing facility with soap and water



SDG 8 – DECENT WORK AND ECONOMIC GROWTH

The SDG8 related studies report a decrease in businesses' income-generating abilities, with businesses being able to survive for approximately only 3-6 months without government support (e.g. tax reduction, electricity, and water bill reduction) to alleviate the burden. The most impacted business sectors include food and beverage,

accommodation, and transportation. The Indonesia hotel and restaurant market sentiment survey on the influence of the COVID-19 outbreak by Horwath HTL⁴⁷ indicated hotel occupancy, and revenue significantly decline, impacting thus the labour market and increasing the unemployment. The SDG 8 related studies mostly report have a negative impact of the pandemic on unemployment⁴⁸.

In the Gender Observatory: COVID-19 and the Crisis published by MAMPU⁴⁹, small and micro business-es owned by women are especially at risk: 70% of all women-owned business generate profits of less than IDR 1.4 million per month, not enough to keep a family of four out of poverty and least likely to survive the pandemic.

People with Disabilities are heavily impacted by the pandemic economically, with more than half of the surveyed reported decrease in income⁵⁰. The situation is exacerbated by the fact that most PwDs work in the informal sector. The government of Indonesia has provided several social protection mechanisms (bantuan sosial), but the impact of such help is still unstudied or unreported. SIGAB plan to conduct this study in March 2021. A survey by UNHCR⁵¹ also shows that the pandemic affects refugee economically since now they no longer receive financial support from their family or friends abroad and the local communities while the financial allowance from international organizations has not fully reached the refugees. This circumstance is exacerbated by the increase in the price of the necessary hygiene kits.

Consumption has also decreased significantly as many survey respondents admit they will save more during the pandemic. A survey by McKinsey and Company⁵² shows that more than 60% of Indonesians have seen reductions in income and savings, up to 40% of net decrease in intent to spend on most discretionary categories, and 87% of household plan to decrease holiday spending.

A significant impact on the labour force is well-documented in the BPS' Labour Force Situation Report (SAKERNAS) that was published in September 2020. The bi-annual census with the data dis-aggregated by gender, age and domicile highlighted an increase of 2,13% in the rate of unemployment, or of 2.84 million more unemployed people in absolute numbers in August 2020 compared to February 2020. The Report also recorded the capital city, DKI Jakarta, as the area with the highest unemployment rate. In addition to the unemployment numbers, the Report found a decrease in working people by 4.84 million people (3.63%) within six months period.

⁴⁷ Horwath HTL: Indonesia's Hotel and Restaurant Market Sentiment Survey on the Influence of the COVID-19 Outbreak

⁴⁸ SDG indicator 8.5.2: Unemployment rate, by sex, age and persons with disabilities

⁴⁹ MAMPU: The Gender Observatory: COVID-19 and the Crisis (Australia- Indonesia Partnership for Gender Equality and Women's Empowerment)

⁵⁰ Yang Bergerak dan Yang Terpapar di Masa Pandemi: Suara Disabilitas dari Indonesia/Economic Impacts and Access to Social Protection during the COVID-19 Crisis: The Experiences of People with Disabilities in Indonesia

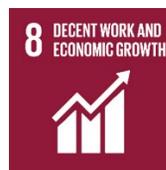
⁵¹ UNHCR: Survey on Access to UNHCR Services during COVID-19 Pandemic and the refugee resilience

⁵² McKinsey and Company: COVID-19's Impact on Indonesian Consumer Sentiment

Consistently, the BPS reported that there was a contraction of 2.07% on cumulative GDP (y-o-y) in 2020. This is a significant recovery considering that in the second quarter of 2020 where COVID-19 first hit the country (April-June 2020), Indonesia recorded a negative growth of 5,32 % (y-o-y) GDP. Other macroeconomic indicator shows a downward trend such as an increase of the unemployment rate to 7.07 % (y-o-y) in 2020 from 5.28 % in 2019. These indicators suggest a positive response of the Government's economic policy during the Pandemic, which might have been felt in different business sectors than those targeted by the studies that were analysed and institutions that were interviewed within this assignment.

As shown in Table 2.4, the proxy-themes connect with **SDG8** in the following way:

Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
Business lay off percentage An influx on unemployment number reported by the National Statistics Agency (BPS) Income per person per household	Reporting in abuse and other labour right violation related to COVID-19 Effects of additional burden of care on income generating opportunities and abilities for women	Income as the main factor in determining the type of food that can be purchased	The existing spending for pro-poor and expanded spending pro-poor during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral)	Not all business-es adopted or could adopt Work from Home option, exposing their workers to health or job loss risks





SDG 10 – REDUCED INEQUALITIES

The SDG10 related studies report an increase in economic inequalities (as shown by SMERU, LPEM FEB UI, BPS, MAHKOTA, ILO, and the World Bank). There is an eminent economic impact on the vulnerable groups, including migrant workers, refugees and people with disabilities. Report by MAHKOTA⁵³ (a DFAT’s Initiative) found that 87% of income reduction

for PwDs, with 45.1% of women with disabilities and 37.8% of men with disabilities being vulnerable to income reduction. Experiences of ASEAN migrant workers during COVID-19 report by ILO⁵⁴ shows job losses among the ASEAN migrant due to globally market contraction. PwDs also face the difficulty accessing the job market due to social restriction and to a limited window of opportunities in the informal sector. Beside the increasing economic inequality, the report indicates that COVID-19 exacerbates the suffering of vulnerable people, with 43% of the respondents stating they faced employment challenges, abuses related to COVID-19 and other la-bour rights violations.

Refugees have been negatively impacted by the pandemic in terms of their access to a job and income⁵⁵. Refugees still do have no work permit, despite the efforts of the UNHCR in advocating to the government to grant them a permission to work in the informal sector as a compromise interim solution. Refugees with independent living status are not eligible to open a bank account, thus they receive their financial support from UNHCR through the post office. UNHCR is also advocating for the access to banking provisions for refugees with the Financial Service Authority (Otoritas Jasa Keuangan, OJK).

This negative impact the pandemic has had on the SDG10 is supported by the revised Gini Ratio that was published by the BPS. The Agency reported an increase of 0.005 points (y-o-y) in September 2020, or 0.385 points, compared to 0.380 points in the previous year, found in the cities and villages across Indonesia. This figure can be attributed to the effects the pandemic on increasing the number of poor people, and confirms in a wider sense the multiplying effect at the level of eco-nomic inequalities sporadically reported across the SDG10 related studies.

As shown in Table 2.4, the proxy-themes connect with **SDG10** in the following way:

Income reduction and job loss	Burden of care and vulnerability	Food security	Social safety net and access to basic services	Digital Access
With lay-offs, income reduction and disruption in the provision of essential services exacerbating vulnerabilities and existing inequalities	Proportion of affected refugees in terms of income and remittance Job and income loss experienced by People with Disabilities Less ability for women to take extra work and make extra money due to burden of care	Unequal access to essential nutrients and food for already vulnerable people	The existing spending for pro-poor and expanded spending pro-poor during the pandemic (direct cash assistance, food staple, pre-employment card, internet package, electricity subsidy and credit deferral)	Digital divide between the capital and areas with better digital infrastructure and remote areas, as well as in relation to the socio-economic (poverty) status

⁵³ MAHKOTA: Economic Impacts and Access to Social Protection during the COVID-19 Crisis: The Experiences of People with Disabilities in Indonesia

⁵⁴ ILO: Experiences of ASEAN migrant workers during COVID-19: Rights at work, migration and quarantine during the pandemic, and re-migration plans (an online survey on the impact of the pandemic on migrant workers, especially women migrant workers)

⁵⁵ UNHCR: Survey on Access to UNHCR Services during COVID-19 Pandemic and the refugee resilience



OVERVIEW DATA GAPS

The Assignment identified three main areas of relevance with respect to data gaps of the mapped studies/assessments: 1) SDG gap; 2) SDG indicators gap; and 3) data disaggregation gap. Both the SDG indicators and data disaggregation gaps are rooted in the way that data on the impact of the pandemic was collected, i.e. data collection not being guided by the SDG Indicator Framework at the global and/or national level nor by the GEDSI considerations, thus posing a challenge for tracking and measuring the impact of the pandemic on the SDG progress in general, and vulnerable people in particular.

The monitoring of progress towards the SDGs relies on a robust follow-up and review mechanism for the implementation of the 2030 Agenda for Sustainable Development formalised as the Global Indicator Framework at the global level and National Metadata for SDGs at the country level. A global crisis, such as the COVID-19 pandemic, demands a rapid and, in many cases, unstructured collection of various types of available data to assess and mitigate its impact. In other words, the data was collected in a bottom-up approach and as a response to the newly emerged situation instead of top-down, structured research or through the SDG Global Indicator framework. Moreover, with tight restrictions on movement, lockdowns and curfews that suddenly brought parts of the world to a standstill and forced people into (self)isolation, it has been difficult, if not impossible, to collect primary and in-field data. Many institutions resorted to digital technology and tools to collect the relevant data, but this approach, too, introduces new challenges and limitations, such as access to ICT and underrepresentation of certain (vulnerable) groups or geographical (rural) areas, rigid questionnaire forms, and indirect assessments and estimates for certain sectors and SDG themes, like example gender-based violence, burden of care and basic services that rely on direct contact between the provider and the beneficiaries. At the same time, mining of the already collected data to gain insights and make projections about the impact of the pandemic, was considered a valuable approach for assessing the current impact and proposing relevant mitigation strategies. For example, the Food Prices quarterly reports by the WFP relied exclusive on the data that was made available by the government. The challenge in this respect was getting the updated and disaggregated data in all relevant areas. With the world's economy being heavily hit by the pandemic, the clear immediate interest was in estimating the economic impact, that is to say to focus on commodities with a high contribution to inflation (imported commodities, such as garlic, sugar), rather than on commodities related to food security and nutrition (e.g. data on fruits, vegetables and fish), which were not collected/available.

As shown in Figure 2.5: Data disaggregation status (GEDSI considerations) among the SDG reports subjected to in-depth analysis, 72% of the 55 selected studies collected disaggregated data or re-reported on some vulnerabilities, approximately half of them on gender (44%), while 18% and 11% reported on disability, and other vulnerable groups, such as elderly or children. Only one study focused on refugees as a particularly vulnerable group to the impact of COVID-19 in Indonesia⁵⁶.

In terms of SDG gaps, the [SDG6 – Clean Water and Sanitation](#), has been addressed in only 10% of the surveyed surveys (see Table 2.2: SDG distribution in the 55 studies subjected to in-depth analysis), and all instances only in relation to other themes as a (sub)component. SDGs 2 – 5 have been represented in about a quarter of the surveyed surveys. However, these SDGs had a higher representation among the single SDG focused studies than the SDGs with a higher frequency of analysis (SDG 8, SDG 1 and SDG 10) on the overall SDG progress. This indicates that the impact on some SDGs, like SDGs 2 – 5, is being assessed by the institutions specialised on the topic, i.e. women and children's rights and protection, as well as education focused organisations, rather than being understudied or underrepresented.

⁵⁶ UNHCR, Survey on Access to UNHCR Services during COVID-19 Pandemic and the refugee resilience



1. CONCLUDING REMARKS

In the Concluding Remarks, we report on how the tasks of this SEAI survey of survey were accomplished and outline its main findings. The section closes with a discussion on future research and policy considerations, referencing the recommendations proposed in the surveyed surveys and during the interviews, as well as from our main findings.

MAIN FINDINGS OF THE SEIA SURVEY OF SURVEYS

Starting with the aim of carrying out a desk review and meta-analysis to provide a snapshot on all the surveys and assessments that have been carried out by various institutions since the outbreak of the pandemic in Indonesia, focusing directly and/or indirectly on the impact of the COVID-19 pandemic on the progress of **SDGs 1, 2, 3, 4, 5, 6, 8 and 10**, the NIRAS team employed a three-step process in order to:

- Map the published surveys/studies and, where possible, identify ongoing research on this topic, as well as the institutions actively working in this area;
- Assess to what extent the surveys focused directly or indirectly on the SDG progress, and the challenges in assessing and measuring the impact of the COVID-19 pandemic on the SDG progress;
- Based on the findings from the studies, analyse how the COVID-19 pandemic has impacted **SDGs 1, 2, 3, 4, 5, 6, 8 and 10** in Indonesia.
- Highlight disaggregated data (or lack thereof) on the surveys/analysis with regard to Gender Equality, Disability and Social Inclusion (GEDSI) to support a comprehensive and well-targeted COVID-19 Socio Economic Response Plan; and
- Identify gaps in the existing data and mitigation and prevention measures, which will inform future research and policy development concrete policy recommendations.

From the initial pool of 162 surveys/studies mapped, more than half of them (56%) directly or indirectly investigated the pandemic's impact on the SDG progress. A subset of 55 studies was selected for an in-depth analysis, and interviews have been conducted with 12 institutions. Given the proliferation of studies and assessments on the impact of the COVID-19 in Indonesia, new studies and reports have been identified, added and subjected to a review during the entire three-month period between December 1, 2020 and February 28, 2021. Moreover, NIRAS has been continuously reaching out to various institutions and researchers (over a hundred of them) to explore and identify additional resources that can be included in the final analysis, to ensure the final impact assessment of the COVID-19 on the SDG progress in Indonesia is as comprehensive as possible.

The meta-analysis showed that the main focus of the COVID-19 impact assessments has lied within the **SDG 8 – Decent Work and Economic Growth**, followed by **Poverty (SDG 1)** and **Reduced Inequalities (SDG 10)**. At the same time, specialised institutions have conducted relevant assessments in relation to **SDGs 2, 3, 4, 5 (Zero Hunger, Good Health and Wellbeing, Quality Education, and Gender Equality, respectively)**. Some institutions⁵⁷, including two non-UN agencies (Save the Children and LPEM FEB UI) have even published comprehensive SDG reports. Although some studies did include **SDG6 – Clean Water and Sanitation** in their assessments, the impact of COVID-19 on this SDG is understudied, implying the focus of future studies to be assigned to assessing the impact of the pandemic on Clean Water and Sanitation.

⁵⁷ UNWOMEN: *Counting the costs of COVID-19: Assessing the impact on gender and the achievement of the SDGs in Indonesia*; Save the Children: *COVID-19 Rapid Needs Assessment Report*; and LPEM FEB UI: *Thinking Ahead Indonesia's Agenda on Sustainable Recovery from COVID-19 Pandemic*



In terms of measuring the impact via the Global Indicator Framework for achieving the 2030 Sustainable Development Agenda and the National Metadata for the SDGs, the institutions have adapted to the pandemic's newly created circumstances and challenges. Their research was conducted as a reaction or response to a newly emerged crisis and intended to assess how it has impacted Indonesia's people in a bottom-up manner, but the majority of the COVID-19 impact assessments have directly or indirectly assessed the impact of COVID-19 on the SDG progress. Indirect assessments, however, did not track or measure the impact using the SDG indicator frameworks and posed a challenge for this SEIA survey of surveys. As described in our methodological approach (please see chapter 1 for more details), in order to maintain research integrity and provide meaningful results, instead of quantifying the assessment of SDG indicators based on SDG-proxies, we have compiled a list of proxy-themes identified through a qualitative analysis, which were selected as the most relevant because they cut across both the SDG discussions in the 55 analysed surveys/assessments and reflect the main themes or pillars of the MSRP and UN response framework.

The identified and selected proxy-themes include: income reduction and job loss, food security, vulnerability and burden of care, social safety net and access to services and/or facilities, and digital access. For all the proxy-themes, as well as the SDGs, the common negative COVID-19 impact denominator is physical distancing and social restriction measures.

While the immediate effects of the pandemic can be clearly seen, and even measured in the SDG areas such as employment and economic development, as well as in the largely related poverty rates, in measuring the long-term effects and the corresponding recovery plans, it is important to commission further studies. Particularly GEDSI disaggregated data on all the SDGs and their targets. Current data on pregnant women and family planning services, economic/financial aspects of gender-based violence and burden of care for women, mental health and wellbeing, including suicide rates and substance abuse (e.g. as consequences of increased poverty and unemployment, isolation, etc.) is insufficient to measure the impact and make projections. Moreover, understanding the full extent to which access to digital tools and services, and the use of digital technologies during the pandemic, has impacted the SDG progress and people's lives, requires a more targeted and systematic research.



FUTURE RESEARCH AND POLICY CONSIDERATIONS

As part of our concluding remarks, the authors would like to stress the following aspects of our finding to guide and stir future research and policies on mitigating the impact of the pandemic and ensure progress towards the targeted SDGs:

1. Since there are studies that did not use National Metadata for the SDGs as the framework of analysis, the Government may consider to conduct a more of targeted awareness raising to think tanks or research institutes about SDGs and National Metadata.
2. There is a need for policy makers and the relevant institutions to focus on [SDG 6 – Access to Clean Water and Sanitation](#) for all. Too few studies have covered this SDG, which indicates the lack of attention to this issue while having access to clean water is essential to curb the pandemic. Policies can be targeting how to increase access to clean water for handwashing.
3. There is a clear need for the collected data and tracked/measured indicators to be dis-aggregated by gender, disability, age, migratory status, and other characteristics that may be relevant to ensure a proper representation of marginalised and/or vulnerable groups.
4. The research and the corresponding policies should have a clear focus on people, their well-being and safety nets. The effects of the pandemic have immediately been observed in the areas of employment and economic development, which put an emphasis on tracking the effects on the market and ensuring the economy does not collapse, leaving some gaps in relation to data collection (i.e. food price and its implication for nutrition and household purchasing power). To prevent the increase in poverty levels and ensure progress towards the SDGs, a clear focus on people and local micro-economic impact, with an emphasis on vulnerable/marginalised groups is needed in assessing the long-term effects and impact of the pandemic.
5. There is a need for an integrated database of social protection systems and safety net mechanisms for the targeting and disbursement of assistance to the most vulnerable populations. Similarly, a targeted support that would guarantee sustainability of the micro and small enterprises, particularly those owned by women, is needed to prevent them from closing down.
6. Indonesia has put forward a systematic plan to address its population issue where quality should match up the quantity in less than ten years from now. Both “demographic bonus 2030 agenda” and “the Medium-Term Plan Development Plan 2020-2024” feature the need to provide optimum provisions in areas such as health, education, social welfare and eco-nomic that will increase the quality of life and resulted in exceptional talents to bring Indonesia forward on its pathway to become a developed country. This medium (and long-term) goal will have to consider the impact of COVID-19 in all related areas – particularly SDG 3, 4, and 5 - as indicated in this report.
7. The bottom-up approach that was applied on this Assignment proposed a more integrated view of SDGs, particularly for evidence-based policy design and implementation purposes. In a multifaceted crisis such as the COVID-19 Pandemic, a snowball effect from a contraction of one aspect is expected and should be mitigated through a coordinated strategy rather than a sectoral perspective.



ANNEXES

- I. Survey Register with Scoping Phase I and II, the Agencies conducting the COVID-19 SEIA, and the SDG Indicator Matrix

For the annexes contact the PIC:

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LIST OF STUDIES SUBJECTED TO IN-DEPTH ANALYSIS

TITLE OF THE ASSESSMENT	LEADING INSTITUTION
Rapid Assessment: Ensuring sustainability of essential health services for children and mothers during the COVID-19 pandemic in Indonesia	UNICEF
Rapid Assessment: Impact of COVID-19 Pandemic to Immunization services in Indonesia	UNICEF
Routine immunization for children during the COVID-19 pandemic in Indonesia: Perceptions of parents and caregivers	UNICEF
Visualization of risk assessment data on WASH and COVID-19 situation at subnational level	Ministry of Health
Survei Dampak COVID-19 pada Layanan TBC	USAID
Kajian cepat: dampak pandemi COVID-19 pada layanan imunisasi	Ministry of Health dan UNICEF
Rapid Assessment on COVID-19 Impact to GBV through analysis of the existing reporting data from both government and Forum Pengada Layanan/CSO Networks for GBV Services	UNFPA
Survey on Access to UNHCR Services during COVID-19 Pandemic and the refugee resilience	UNHCR
Counting the costs of COVID-19: Assessing the impact on gender and the achievement of the SDGs in Indonesia	UNFPA
Survey of the youth enterprises	UNDP, UNICEF
COVID 19 Pandemic impact to MSMEs in Indonesia	UNDP
COVID 19 - Impact Assessment on SME Business	UNIDO
An enterprise survey to assess the impact of the pandemic on enterprises and published key results and policy recommendations	ILO
Experiences of ASEAN migrant workers during COVID-19: Rights at work, migration and quarantine during the pandemic, and re-migration plans (an online survey on the impact of the pandemic on migrant workers, especially women migrant workers)	ILO
Counting the costs of COVID-19: Assessing the impact on gender and the achievement of the SDGs in Indonesia	UN WOMEN
Leveraging Digitalization to cope with COVID-19: An Indonesia case study on women-owned micro and small businesses	UN WOMEN
INEQUITABLE IMPACT OF COVID 19 IN INDONESIA: EVIDENCE AND POLICY RESPONSE	UNESCO
Vulnerability Assessment and Analysis of impact on livelihoods	WFP
Understanding the Welfare and Livelihood of Women during Covid-19 Pandemic together with the JPAL SEA	UNDP



TITLE OF THE ASSESSMENT	LEADING INSTITUTION
INDONESIA Food price update - August 2020, Focus: Effect of COVID-19 outbreak on food prices	WFP
Rapid Gender Assessment - to identify gender sensitive needs and emerging issues for response design.	CARE Indonesia
Covid-19 Rapid Needs Assessment Report	Save the Children
Survey Kecemasan pada Lanjut Usia di Era Pandemi COVID-19	Centre for Family and Ageing Studies, Universitas Respati Indonesia
Survei Persepsi Risiko COVID-19 - DKI Jakarta	Nanyang Technological University dan Laporan COVID-19
Dinamika Perubahan Rumah Tangga Selama masa COVID-19	Komnas Perempuan
Analisis Hasil Survei Dampak COVID-19 terhadap Pelaku Usaha	Badan Pusat Statistik
COVID-19's Impact on Indonesian Consumer Sentiment	McKinsey and Company
Indonesia's Hotel and Restaurant Market Sentiment Survey on the Influence of the COVID-19 Outbreak	Horwath HTL
Estimates of COVID-19 Impacts on Learning and Earning in Indonesia: How to Turn the Tide	World Bank
Expert Survey: The Impact of COVID-19 on the Development Sector in Indonesia	Saraswati Development Innovation
First Wave Tracking: The Impact of COVID-19 on the Development Sector in Indonesia	Saraswati Development Innovation
Second Wave Tracking: The Impact of COVID-19 on the Development Sector in Indonesia	Saraswati Development Innovation
Economic Impacts and Access to Social Protection during the COVID-19 Crisis: The Experiences of People with Disabilities in Indonesia	MAHKOTA
COVID-19 Pandemic and Its Impacts on the Children of Indonesia: A Rapid Assessment for Early Recovery Initiation	Wahana Visi Indonesia
Consumer Insights Survey 2020 - An Indonesian Perspective: Before and After the COVID-19 Outbreak	PwC Indonesia
How digital data helped Indonesia respond to COVID-19 (Urban Planning Tools as Agents of Change: Collaborative spatial data for sustainable urban development (Indonesia))	World Bank City Planning Labs (Data Innovation Hub)
Indonesia Covid-19 Observatory, Brief No. 3 - High-frequency monitoring of households	World Bank
Indonesia Economic Prospect: The Long Road to Recovery July 2020	World Bank



TITLE OF THE ASSESSMENT	LEADING INSTITUTION
Domestic Violence Press Release (Bahasa)_Siaran Pers #16HAKTP _Gerak Bersama Ciptakan Ruang Aman di Masa Pandemi_ LBH APIK JAKARTA	LBH APIK
INDONESIA AND COVID-19 IMPACT ON THE PRIVATE SECTOR	DFAT
Melayani Dengan Berani : GERAK JUANG PENGADA LAYANAN DAN PEREMPUAN PEMBELA HAM DI MASA COVID-19	KOMNAS Perempuan (National Commission on Violence Against Women)
Corona Virus Emergency Impact Survey on the Indonesian Workers	Indonesian Institute of Science (LIPI)
Covid-19 social demographic impact survey	BPS (Central Bureau of Statistics)
The impact of the COVID 19 pandemic on nutrition and maternal and child health (MCH) services : case study in 5 regions in Indonesia	SMERU Research Institute
Study on the Dynamics of Changes in a Household during COVID-19 in 34 provinces in Indonesia	KOMNAS Perempuan (National Commission on Violence Against Women)
What Factors Exacerbate and Mitigate the Risk of Gender-based Violence during COVID-19? Insights from a Phone Survey in Indonesia	World Bank
ASEAN Rapid Assessment: The Impact of COVID-19 on Livelihoods across ASEAN	ASEAN Secretariat
Thinking Ahead Indonesia's Agenda on Sustainable Recovery from COVID-19 Pandemic	LPEM FEB UI
Yang Bergerak dan Yang Terpapar di Masa Pandemi: Suara Disabilitas dari Indonesia	Sasana Inklusi dan Gerakan Advokasi Difabel Indonesia
Risalah Kebijakan: Dampak COVID-19 pada Kekerasan Berbasis Gender terhadap Perempuan Disabilitas Indonesia	Himpunan Wanita Disabilitas Indonesia
Perkembangan Ekonomi Indonesia dan Dunia triwulan II dan III 2020	Bappenas
Pelaksanaan PKH dan Program Sembako dalam Rangka Mitigasi Dampak COVID-19	SMERU Research Institute
Social Safety Nets amid the COVID-19 Crisis: What Should the Government Do Now?	SMERU Research Institute
Learning from Home: A Portrait of Teaching and Learning Inequalities in Times of the COVID-19 Pandemic	SMERU Research Institute





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