



SUARA KOMUNITAS

COMMUNITY VOICES



**THE COMMUNITY'S
PERCEPTION OF COVID-19**

SUARA KOMUNITAS

FIRST EDITION - AUGUST 2020

THE COMMUNITY'S PERCEPTION OF COVID-19

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Welcome to The Community Voices

COMMUNITY VOICES bulletin presents a compilation of the community's perception, collected during a survey on the new coronavirus epidemic or COVID-19 in Indonesia. The Community Voices was compiled to provide information on the condition of the stakeholders in the communities including humanitarian agencies, the government, and community organisations to make decisions and adapt their COVID-19 control programmes.

Community Voices was born during the earthquake, tsunami, and soil liquefaction event in Central Sulawesi in 2018. Just as now, every edition of the Community Voices bulletin presented observations of the community's view on the humanitarian operation in the disaster affected areas, serving as the communities' mouthpiece to advocate to the local government and policy makers during the disaster response.

This first edition of the Community Voices COVID-19 bulletin is the result of a Working Group which consists of representatives from the Indonesian Red Cross (Palang Merah Indonesia/PMI), the International Federation of Red Cross and Red Crescent Societies (IFRC), The United Nations Children's Fund (UNICEF), The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), World Health Organization (WHO), and other Risk Communication Practitioners.

About the Risk Communication and Community Engagement Working Group

The Risk Communication and Community Engagement Working Group consists of national and international agencies, the private sector and the government who meet virtually every week, facilitated by UNICEF, the COVID-19 Accelerated Management Working Group, PMI and IFRC, and supported by OCHA, WHO and the Ministry of Health. In its weekly meetings, the Working Group members share the latest information, discuss problems and coordinate the group members, to harmonise the activities of these various organisations, ensuring a uniform message in terms of handling rumours or hoaxes, stigma, perceptions which need to be corrected, and other issues related to dissemination of COVID-19 control messages to the community. The Working Group also identifies ongoing needs for risk communication and distribution of key messages to shape healthy and safe behaviour amid the COVID-19 pandemic. Various information on the community, especially evidence-based, is important to the Working Group collaboration effort in developing each organisation's and joint communication strategy.

Introduction



At the end of December 2019, the media reported on the pandemic of a new virus which rapidly caused extraordinary morbidity and deaths in Wuhan, the capital China's Hubei Province. On 30 January 2020, the World Health Organization (WHO) declared the novel coronavirus outbreak a Public Health Emergency of International Concern, a health emergency which needs to be the concern of every country in the world.

Indonesian citizens were repatriated to Indonesia from Wuhan, China and arrived at Natuna Island on 2 February 2020 for a two-week observation period. Along with the spread of the disease, rumours and hoaxes of various responses and assumptions about this new disease spread, primarily through social media. The Ministry of Health monitored the rumours and hoaxes, providing information to counter them, including through daily press conferences. The Indonesian Red Cross also monitored the news circulating in Natuna and carried out communication and education activities to the people living around the temporary residences of the Indonesian citizens returning from Wuhan.

The virus, which was later identified as SARS-CoV-2, spread throughout the world in less than two months. On 11 February 2020, the disease caused by the new virus was officially named COVID-19 (Coronavirus Disease 2019). One month later, on 11 March 2020, WHO declared COVID-19 as a global pandemic.

In Indonesia, on 2 March 2020, the President of the Republic of Indonesia, Joko Widodo, announced the first identified COVID-19 case in Indonesia. The population was requested by the government to start taking preventive measures, namely to wash their hands with soap and running water, and for those with flu-like symptoms to wear masks. Many members of the community started buying various necessities and masks in large quantities. In response, people were asked to not panic, to remain calm and alert. Following the WHO advice, the Indonesian government announced that masks

should only be worn by people who show symptoms of coughing and cold, considering the limited supply of masks which is prioritized for health facilities and first responders or those whose jobs put them at high risk of exposure to the new virus.

On 13 March 2020, President Joko Widodo formed the COVID-19 Accelerated Management Working Group in Indonesia, chaired by the Head of the National Agency for Disaster Management, Doni Monardo, and official spokesperson Dr. Ahmad Yurianto. Furthermore, a Task Force was also formed in each of the 34 provinces in Indonesia. The next day, the President declared COVID-19 as a non-natural disaster emergency in Indonesia. To avoid confusion, the government launched a one-stop online site covid19.go.id on 18 March 2020. On 31 March 2020, the government regulation for Large-Scale Social Distancing (Pembatasan Sosial Berskala Besar/PSBB) was enforced at the national level, throughout Indonesia. Various public facilities were closed, and communities were asked to work, study, and worship at home.

Considering the communities' condition in general, Indonesia did not impose a complete closure of public facilities, but the population was not allowed to leave the house at all, with certain exceptions, as enforced in Hubei, Italy, and Spain. Additionally, everyone was requested to wear a mask when outside of the home, as applied in Japan and South Korea.

Considering the novelty of COVID-19, many things about this virus were still unknown – from the mode of transmission, prevention of transmission, testing, screening, treatment, to protection of the general public. The government requested communities to conduct three main preventive measures: first, to wash their hands with soap and running water for at least 20 seconds, and to do this as often as possible; second, to wear a mask and replace it with a new one after four hours. Special masks must be worn by those at high risk of contracting COVID-19, while those who are healthy and are not at

high risk may wear cloth masks which fulfil the requirements stipulated and distributed by the government; and third, to maintain a 1-2 metre distance between individuals. Initially, the effort of maintaining distance was referred to by WHO as social distancing or to maintain social distance, but to be more precise, the term physical distancing, or to maintain physical distance, was used.

The community did not always implement these three measures. When restrictions were placed on homeward-bound mobility during the fasting month/Ramadhan and Eid Al-Fitr holidays, there were still some members of the community who were found trying to violate the restrictions. Each province and regency are imposing their own local regulations, so the regulations are not uniform.

Before the new habits were formed, the community had to adapt with the reopening of certain sectors/organizations for business, such as starting to allow employees of state-owned companies under 45 years old to return to work on 25 May. This was followed by the opening of larger public facilities on 1 June, considering that economic activities must continue. This started the new habit adaptation period, widely known as the new normal.

In light of these changes, inaccurate or incorrect information started spreading among the population, such that WHO labelled this situation as an information pandemic (infodemic). Responding to the rumours and hoaxes, and inaccurate information, various new and accurate information was conveyed by the Risk Communication and Community Empowerment/Engagement Working Group, which is under the command of the national Task Force and consists of representatives of ministries and governmental agencies, various UN organizations, as well as non-profit organizations such as the Indonesian Red Cross and other community organizations.

These organizations disseminated key messages

on the virus transmission and prevention, how to conduct self-quarantine and self-isolation, and other important information through various communication channels such as the television, radio, internet, social media, newspapers, magazines, and SMS. The government and other agencies also opened a channel for receiving community feedbacks, providing a medium for communities to submit suggestions, questions, complaints, and concerns regarding COVID-19. These channels include hotlines, SMS, WhatsApp, ChatBots, interactive radio talk show, and social media accounts.

The Community Voices endeavours to document the above various efforts. This edition contains around 20 reports or survey results of the communities' perception on COVID-19 by various agencies, including government bodies and community organizations. For this first edition, The Community Voices focuses on the efforts or activities at the national level. An addendum on the situation in DKI Jakarta is included, considering that DKI Jakarta is the capital of Indonesia, and in the first few months had the highest number of confirmed COVID-19 cases in the country.

Methodology

These reports were initiated by the institutions who are part of the COVID-19 Risk Communication and Community Engagement Working Group in the emergency response of COVID-19. It is a compilation of 28 surveys in total, conducted by 18 institutions. The time frame of the surveys compiled is February - June 2020. The data collection process was carried out by compiling the findings or results of surveys related to the communities' perceptions or views regarding the spread of the SARS-CoV-2 virus in Indonesia. Data collection from the various surveys used different methodologies, but was most often conducted through online media. The areas covered by the survey conducted by the institutions in this compilation are national coverage, but also highlighted the capital of DKI Jakarta, as from 26 March to 26 June 2020, DKI Jakarta has been the province with the highest number of cases of COVID-19 in Indonesia.

Limitations

The compilation of the results of these surveys, or The Community Voices, was created after many survey results on community perceptions of COVID-19 had been published by the institutions, therefore the methodologies of the institutions are not uniform. This includes differences in the methodology of data collection, survey time frame, and target population of respondents. The largest coverage of this survey compilation at the national level is online. The disadvantage of online coverage is that it was unable to reach the community without internet access or online devices.



The View of The General Public On COVID-19



Several organizations conducted surveys on community perceptions to see how the public understood the COVID-19 health protocol which had been socialized, the source of information that people received, rumours being distributed and the information needed by the community during the COVID-19 pandemic during the emergency phase until the new habit adaptation period.

This section will explain the communities' views since the emergency phase of the pandemic to the phase of the new normal, or what is also called the new habit adaptation phase. Badan Nasional Penanggulangan Bencana (BNPB) or the National Disaster Management Authority issued a Letter of Decree of the Head of the BNPB Number 9.A of 2020 on the Declaration of Specific Emergency of COVID-19 Disease Pandemic in Indonesia, which was valid for 32 days starting 28 January 2020. This status was then extended to be valid for another 91 days until 29 May 2020. During this emergency phase, the situation was dynamic in Indonesia. The views of the community during that time are explained here, by topic.

Source of Information

The channels beside are the top three communication channels through which communities received information between February and May 2020. The first time the public heard about the COVID-19 issue in Indonesia, most of them found out from social media and online news. The more prevalent the news on COVID-19, the more it spread on the internet and in online news, which is always up to date. However, mass media, which can reach a wider community, especially those who have no internet access, has also been a top source of information for the community, such as the newspaper, radio, or television. For four months of the COVID-19 emergency period, the internet or online news has been the most popular source of information.

Source of Information

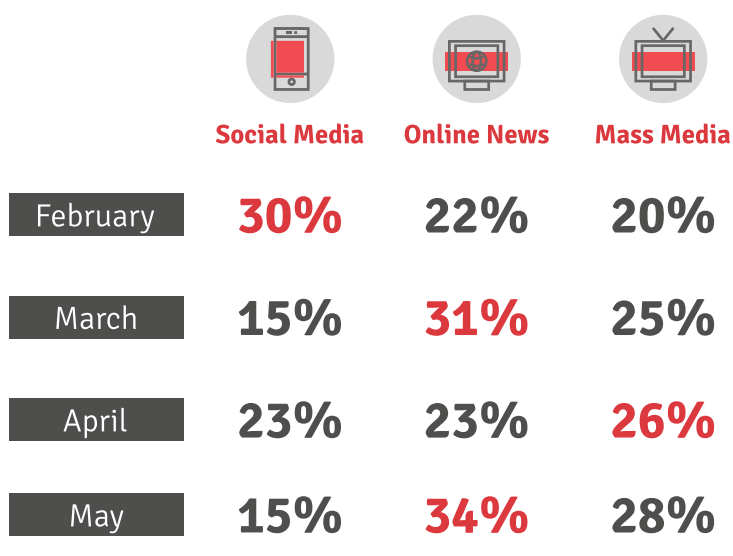


Chart 1

Source: UNICEF & PMI

Community Feedback Channels

A two-way communication is an avenue in which the public can submit complaints, concerns, or questions around COVID-19. At the beginning of the pandemic, the government opened a hotline for the communities. Aside from the government's hotline, a few other organizations who respond to COVID-19 also opened a channel which the community can reach.

Based on the above data, it can be concluded that social media such as Facebook, Instagram, Twitter, as well as online chat applications such as WhatsApp, FB Chat, are most used by the communities for sending messages. Emails, SMS as well as telephone/hotline were also alternative channels.

Although the hotline channel also serves as a source of information, out of all the surveys, there were no questions on hotline as a channel through which the community obtains information.

Communication Channels





	April	June
 Hotline/ Phone	28%	10%
 SMS Services	13%	15%
 Social Media	45%	43%
 E-Mail	0,5%	34%

Chart 2

Source: PMI (April 2020), RCCE Working Group (June 2020)

Community Need for Information

Information has become an important need for the community during this pandemic. Ensuring availability of complete, routine, and accurate information has become one of the forms of assistance for communities who are concerned about the pandemic situation. Based on a few survey results from a few institutions, some of the communities' concerns and need for information were discovered.

“ One of the things the community is generally most afraid of is the radical change in living conditions

Kembali Ke Akar

“ 33% of people are afraid when they hear COVID-19

UNICEF

Community's Concerns

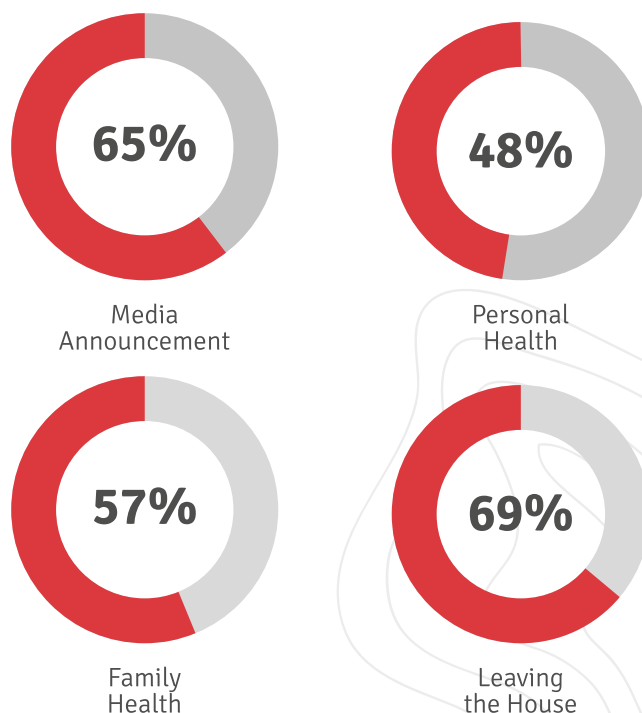


Chart 3

Sources: Institute of Health Research and Development, PMI, RCCE Working Group

The community assumed the pandemic will end on:

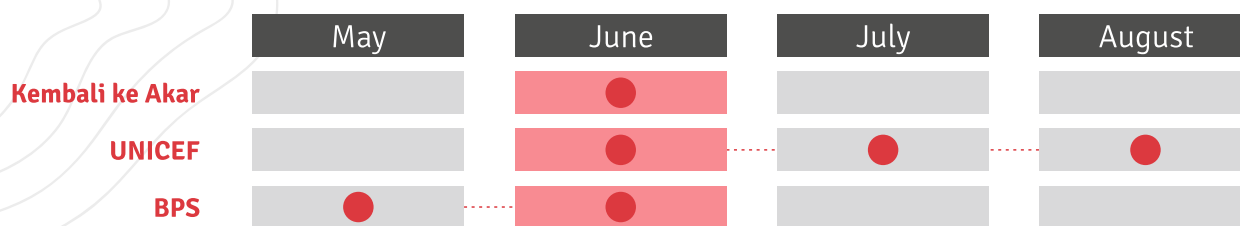


Chart 4

Source: Kembali Ke Akar, UNICEF, BPS

When people were asked when the pandemic would end, most of them shared their perception that the pandemic would end in the near future.

It was widely assumed that the pandemic would end in June 2020. However, until June, the curve of positive COVID-19 cases in Indonesia was still increasing and a vaccine had not yet been developed. Nevertheless, in June, the government started implementing the new habit adaptation period by allowing economic enterprises and activities as long as they complied with health protocols.

Information Topics

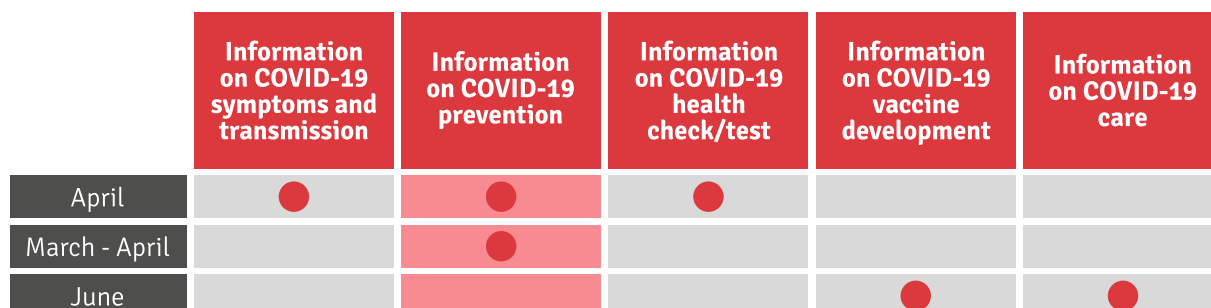


Chart 5

Source: Balitbangkes, PMI, Pokja RCCE

Based on the survey results on community perceptions from PMI, there is a variety of information needed by communities which would help reduce their anxiety.

The survey result from the Institute of Health Research and Development stated that the information topics most preferred by communities on the Ministry of Health's social media account included **the steps for proper hand washing**. This is included in the COVID-19 prevention information.

Data taken by PMI (April), Institute of Health Research and Development (March-April), and Risk Communication and Community Engagement Working Group/RCCE (June) have shown a significant change in the needs for information during the month of April and the month of June. In April, many people still needed basic information related to symptoms, transmission, prevention, and how to carry out health checks. In June, communities were more in need of information on the development of a COVID-19 vaccine, as well as care for COVID-19 patients.

Reliable Information Source

Accurate information has been the main need of communities during this pandemic. Information and news on COVID-19 are widely and easily available. However, the public also has reliable sources who they trust will deliver accurate COVID-19 related information.

The result of the survey conducted by the Task Force on the visitors of the website covid19.go.id shows that the website is one of the most trusted sources.

Meanwhile, based on the result of PMI's online survey, the trusted sources are health facilities such as hospitals, community health centres, and auxiliary health centres.

Based on the data collected for the population in DKI Jakarta, people have different levels of trust towards the following five groups of information sources:

Information Source Level of Trust

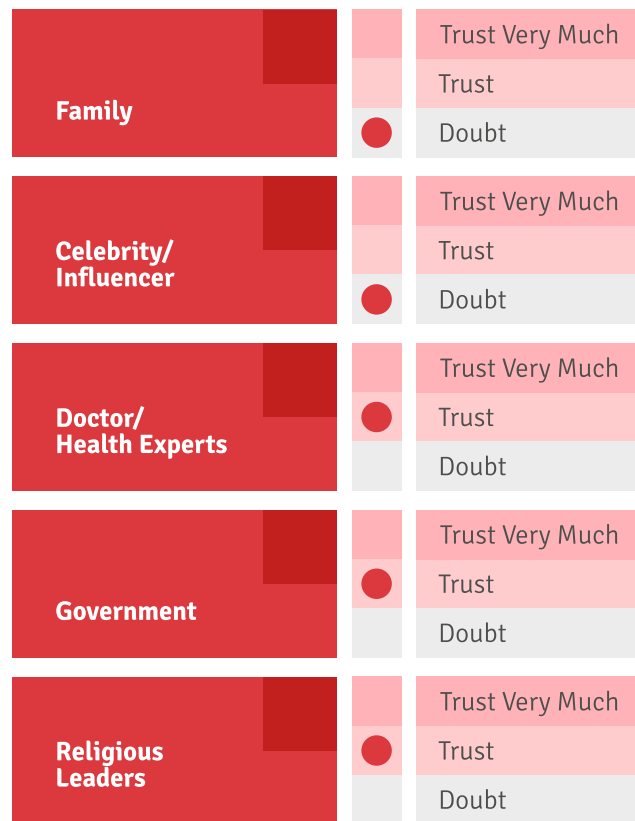


Chart 6

Source: Nanyang Technology University

COVID-19 Preventive Behaviour

As previously mentioned in the preface, three main behaviours are suggested by the government to be practiced:

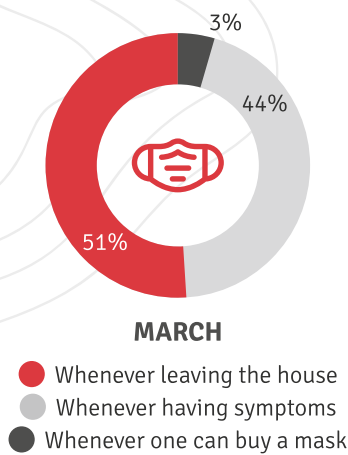
1. Wearing a mask. Following initial WHO recommendations, masks were to be worn by health care workers and those with symptoms. In June, WHO updated its policy which was followed by the Indonesian government, to propose the use of masks for a broader population, especially when in public.
2. Washing hands. Seven steps of hand washing with soap and running water for 20 seconds.
3. Maintaining physical distance between individuals.

Of the various surveys by BPS, the Task Force and Median, this survey includes the communities' recognition of community behaviour related to COVID-19 prevention.

The survey, carried out online in March through the covid19.go.id website managed by the Task Force, shows communities' knowledge on COVID-19 prevention, including the use of masks. In the UNICEF survey result through the U-Report in March, the preventive behaviour most practiced is the use of masks, as much as 50%, and the second is washing hands, as much as 34%.

Mask Usage

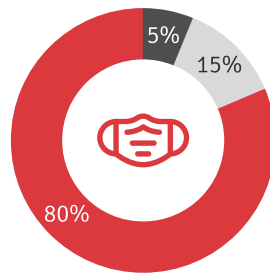
Grafik 7



MARCH

- Whenever leaving the house
- Whenever having symptoms
- Whenever one can buy a mask

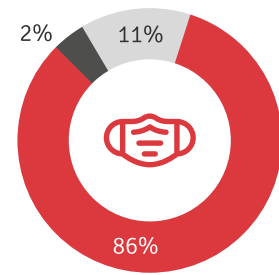
Source: Task-Force



APRIL

- Often/Always
- Sometimes/Not Often
- Never/Hardly Ever

Source: BPS



MAY

- Often/Always
- Sometimes/Not Often
- Never/Hardly Ever

Source: MEDIAN

Initially, WHO recommended those who experience symptoms should wear medical masks commonly used by medical personnel. This decision was taken considering the scarcity of masks and the prioritizing of masks for personnel at medical facilities. The government of Indonesia followed this recommendation. However, to provide further protection, everyone was requested to wear masks in certain conditions, such as in public places. Cloth masks are an alternative for those who are healthy and must leave the house, and medical masks are for those who are sick, medical personnel, and people providing health care.

According to the BPS survey results in April, there was a drastic increase in the number of people wearing masks to 80% compared to the

previous month, before everyone was recommended to wear masks. In May, based on the data from MEDIAN, 86% have become aware to often or always use masks. In this case we can see that the government's recommendation has strongly influenced the communities' behaviour.

According to both the survey results by the Task Force in March, 80% of people often or always wash their hands with soap for at least 20 seconds. The same number was recorded in the next month (April) based on the survey result by BPS.

Large Scale Social Restrictions

“

93% respondents are of the opinion that Regional Quarantine or PSBB NEEDS TO BE DONE.

Into the month of April, the government not only encouraged the population to maintain a minimum 1-metre physical distance, previously named social distancing, but on 3 April 2020, the Minister of Health published a guideline for Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB). PSBB is applied in all areas from provinces to regencies/cities. PSBB includes suspending activities at schools and at workplaces, limitation of religious activities and activities at public facilities, social and cultural activities, modes of transportation, etc.

Community's Perception on PSBB/Regional Quarantine

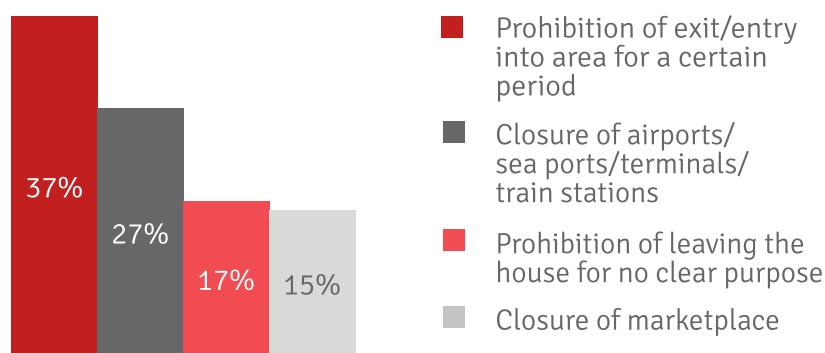


Chart 8

Source: Task-Force

Change of Behaviour during PSBB



Chart 9

Source: MEDIAN

Plans to Return to their Hometown During PSBB

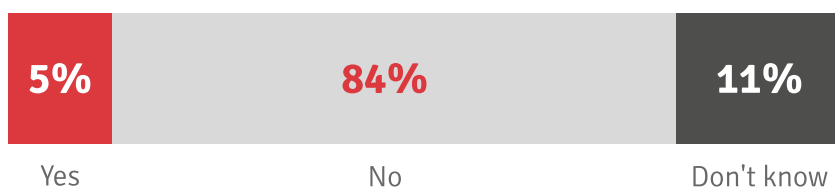


Chart 10

Source: Task-Force

PSBB was enforced until the time of Ramadhan and Eid Al-Fitr, where according to the Indonesian culture, especially the Muslim community, people would return to their hometowns to visit and gather with families. However, this year seemed to be different with the enforcement of PSBB. Travel restrictions were placed in many areas to avoid COVID-19 transmission between regions, especially from DKI Jakarta which at the time was the epicentre of COVID-19 with the highest number of cases.

According to the Task Force survey, 84% of people surveyed had no plans to journey home due to PSBB. Furthermore, 97% respondents stated that they understand the rationale behind the government's restrictions on homebound travels.

New Habit Adaptation

After the implementation of Large-Scale Social Restrictions (PSBB) for two months, a few regions have shown a decrease in the number of cases. This gave rise to the consideration of implementing the New Habit Adaptation agenda, to revive economic activities. Government institutions, especially at the national level have been eagerly pushing the new normal narrative. DKI Jakarta also started the New Habit Adaptation (Adaptasi Kebiasaan Baru/AKB) period or also known as the Transitional PSBB, on 8 June 2020. This was followed by other regions. The New Habit Adaptation is an agenda to accelerate the COVID-19 management by encouraging people to adopt new health protocols in their daily lives. The national government arranged a scheme to gradually reopen economic activities.

How Threatening is COVID-19 for Indonesia in General?



Chart 11

Source: PMI-KedaiKopi

How is the threat of COVID-19 for Indonesia currently compared to one month ago (May)?



Chart 12

Source: PMI-KedaiKopi

Approximately one month since the implementation of AKB, Indonesia continues to record an increasing number of cases. One of the conditions which arose from the new habit adaptation is the sense of reduced COVID-19 threat at this time. This challenge was recorded during a survey conducted by PMI and Kedai Kopi survey agency in June.

Furthermore, the survey conducted by LaporCOVID19.org in collaboration with the Social Resilience Lab Nanyang Technology University Singapore in May-June 2020 on 206,550 respondents of DKI Jakarta residents when PSBB was first imposed, recorded that during the New Habit Adaptation period, the communities' perception is that the risk of COVID-19 transmission is low.

What is your risk of being infected with COVID-19?

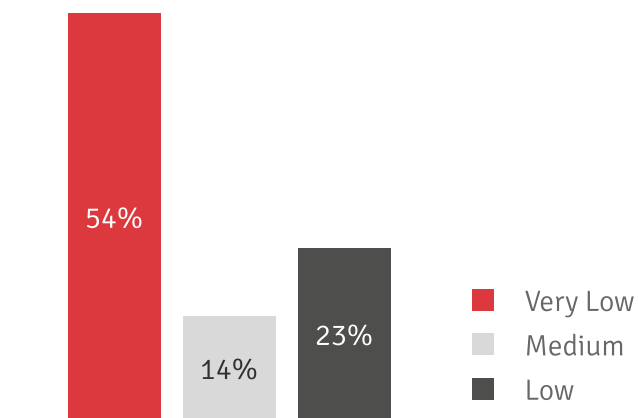


Chart 13

Source: Nanyang Technology University

What is the risk of getting infected with COVID-19 if you go to...

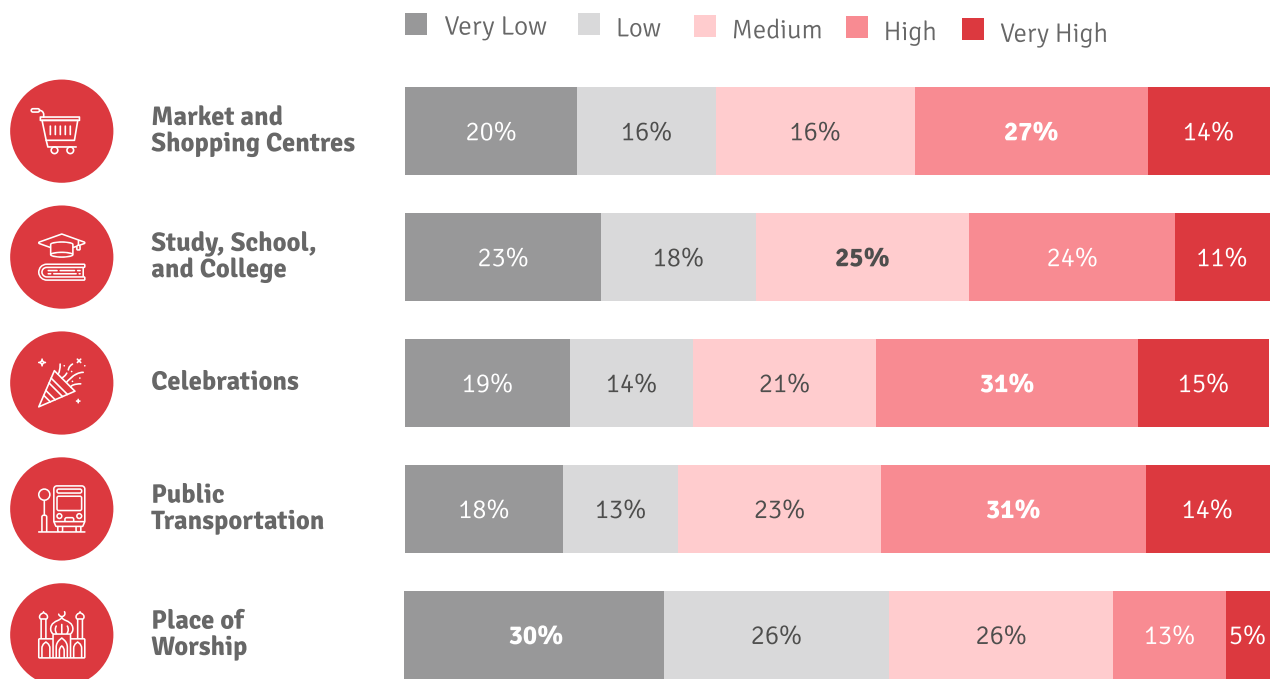


Chart 14

Source: Nanyang Technology University

NTU's survey also mapped communities' perception in carrying out activities in certain areas during the New Habit Adaptation, as shown in the Chart 14.

Meanwhile, the community's understanding of the "new normal" is described in the result of a survey conducted jointly by PMI and Kedai Kopi survey agency, asking the online community about what comes to their mind when they hear the term "new normal".

Based on the following survey result, 23% of respondents have the perception that "new normal" means starting a new life. Meanwhile below it, 1% less respondents correctly assume that new normal means adapting to a new environment. When these reports were prepared, the "New Normal" term was replaced by the government with "New Habit Adaptation".

"New Normal" Perception

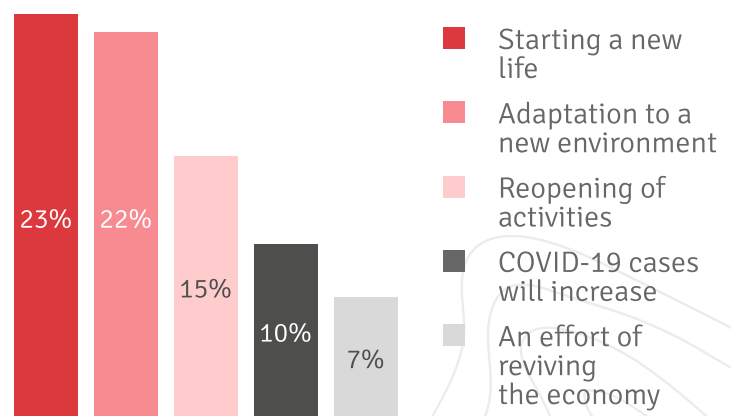


Chart 15

Source: PMI-KedaiKopi

Vulnerable Groups and Sectoral Issues



The Elderly Population

According to WHO, morbidity and mortality is higher in the above 45-year-old age group. Center for Family and Ageing Studies (CeFAS) conducted a survey in this age group.

COVID-19 source of information received by the elderly



Chart 16

Source: CeFAS

54% of elderly people interviewed are worried about the COVID-19 situation. Below are some reasons the elderly people are worried about this situation.

The elderly population are most worried about discovering information on the number of cases which continues to increase in Indonesia and also about themselves or their families being infected. This condition is of concern, considering that the elderly most likely have a weaker immune system, especially those with a history of co-morbidity. The information needed by the elderly is how to prevent, how to report and check, and how to sanitize their home environment.

Elderly Population's Concerns

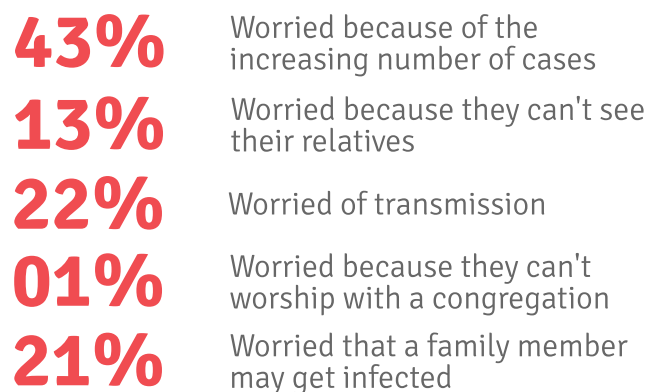


Chart 17

Source: CeFAS

The elderly people need information to anticipate COVID-19



Chart: 18

Source:OPDis

People with Disabilities

According to WHO World report on disability, people with disabilities make up 15% of the population in the world. They experience marginalization in social, economic, and health aspects as well as limitations in reaching and being reached by public services. The lives and livelihood of the marginalized groups are even more threatened by the COVID-19 pandemic. As a response, an inclusive approach for people with disabilities is much needed and important to reduce the negative impact of the pandemic.

Based on the result of a survey conducted by Organisasi Penyandang Disabilitas (OPDis) or People with Disability Organisation, all COVID-19 related information is needed by people with disabilities such as information on COVID-19 prevention and how to report and check into the hospital. Additionally, information related to sterilizing the home environment and equipment, including aids for disabilities are also considered important.

A few issues may become a challenge to people with disabilities during the COVID-19 pandemic. For example, how to prevent and anticipate COVID-19. The unavailability or difficulty in accessing personal hygiene items, such as soap and hand sanitizer, was identified as a main challenge by the respondents of the OPDis survey.

Type of information needed to anticipate COVID-19

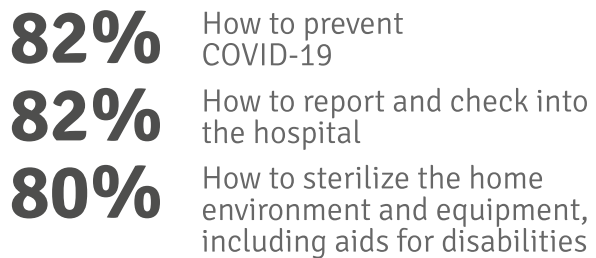


Chart 19

Source: OPDis

The main factor which hinders the prevention and anticipation of COVID-19

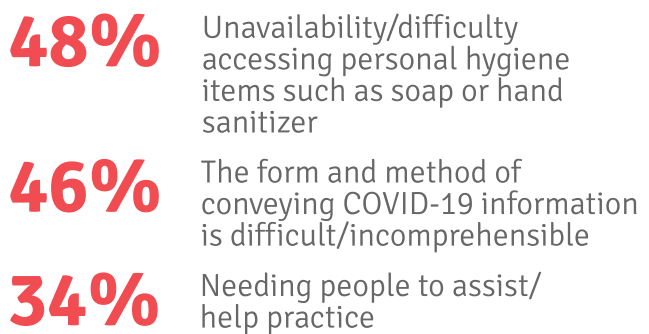


Chart 20

Source: OPDis

“ As many as 54% respondents say the method in conveying information which is most preferred by people with disabilities is online application and social media. 90% of the respondents also prefer **information media in the form of video or graphics accompanied by text or a sign language interpreter.**

(OPDis Survey)

Women

During the pandemic, especially during the implementation of Large-Scale Social Restrictions (PSBB), women are most vulnerable to violence at home.

Based on an online survey conducted by the National Commission on Women (Komnas Perempuan) from April to May 2020 to study the dynamics of household during the pandemic, women have experienced more types of violence compared to men. During the pandemic, in general, psychological and economic violence are the most experienced by respondents compared to other type of violence.

Physical and sexual violence have particularly increased in households with increased expenses during the pandemic. In conditions of vulnerability to violence, less than 10% of the victims have reported cases of violence during COVID-19 to the authorities. Respondents who don't report their cases are mostly highly educated. Most of them choose to keep silent and only tell their family, friends, and/or neighbours.

“ 80% of the women respondent earning **less than Rp 5 million stated that they have experienced more violence** during the pandemic

“ Some 88% women, 10% men, and 2% who didn't state their gender have reported that they have **experienced increased violence during COVID-19**

(Komnas Perempuan)

Education

One of the effects of this pandemic is the temporary closure of schools in all of the 34 provinces in Indonesia. This closure also took place during the National Exams, resulting in its cancellation. However, schools are still in session in various methods at home, such as online, television, and others, which reduce face-to-face meetings.

Based on a survey by Save the Children, learning through television is the most chosen media, followed by online and website application.

Media used by children to learn

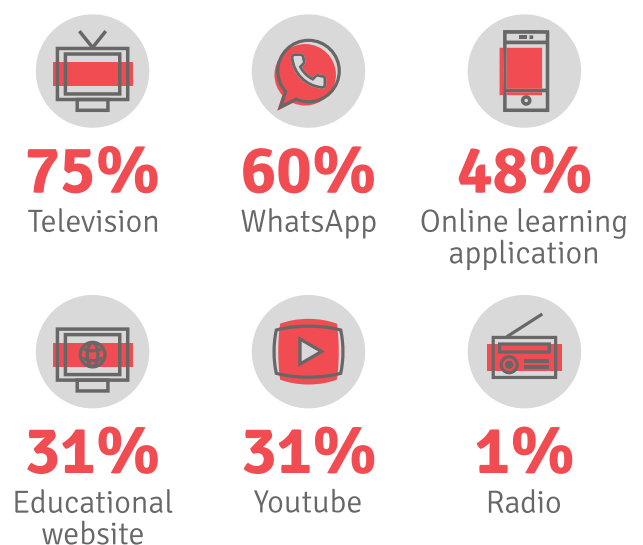


Chart 21

Source: STC

With the change in learning conditions in the education sector, teenagers also face various challenges while studying at home.

In the results of a survey conducted by UNICEF, 38% of the respondents admit that the main challenge of learning at home is the lack of teacher guidance, followed by 35% respondent saying that a spotty internet connection is also the main challenge.

Main challenges of learning at home

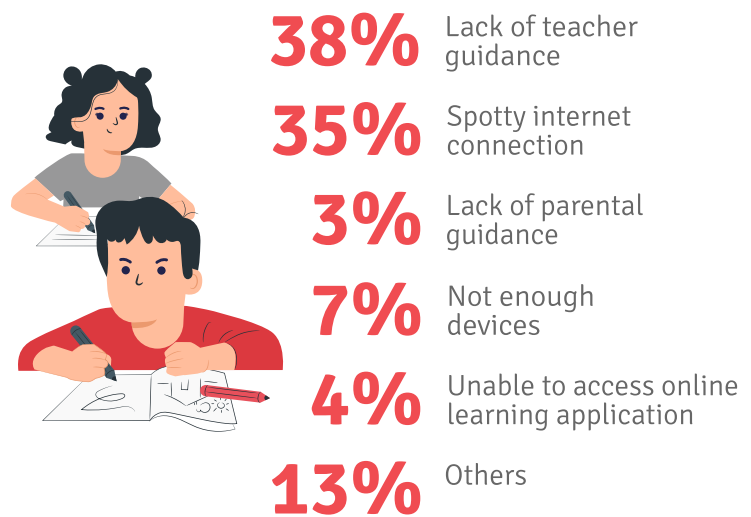


Chart 22

Source: UNICEF

Economy

Implementation of the Large-Scale Social Restrictions (PSBB) which enabled the region to restrict the movement of people and goods in and out of the area, significantly impacted several sectors, especially the business sector. The result of a BPS survey stated that a few business sectors have experienced a decrease in production due to reduced sales which in turn resulted in decreased income.

This also has had an impact on the income of their employees. The BPS survey also conveyed that 45% of men and 38% of women respondents state a decrease in income due to COVID-19.

Admit decrease in income due to COVID-19

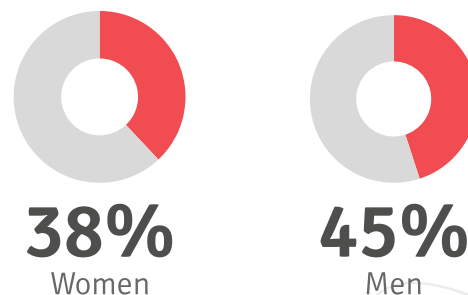


Chart 23

Source: BPS

“ 4 out of 10 respondents admit that their **income has decreased** as a result of COVID-19

(BPS Survey)

Health

Tuberculosis (TB) Service

During the COVID-19 pandemic, the TB management national programme and health service facilities need to be maintained, and TB treatment as recommended must be continued. People infected with COVID-19 and TB may show similar symptoms such as coughing, fever, and difficulty breathing. Both illnesses affect mainly the lungs and both biological agents are transmitted through close contact. Proper knowledge and understanding of COVID-19 infection in a TBC patient is needed. The TB service protocol has been circulated in March 2020 to all provinces and regencies/cities.

The result of a survey by Perhimpunan Organisasi Pasien TB Indonesia (POP TB) or Association of TB patients Indonesia shows that more than half (65%) of multi-drug-resistant TB (MDR-TB) patients face serious challenges during the COVID-19 pandemic, such as fear of being infected, delaying consultation schedules, challenges in maintaining physical distance while using transportation, and economic issues. However, most of the MDR-TB patients (85%) are still able to access MDR-TB services at health service facilities as per usual.

Meanwhile, in terms of TB services, the impacts experienced are as follows

The survey results also show that there has been a decrease in TB case detection the last 3 months (January until March 2020) namely 22% in Java and 26% outside of Java.



COVID-19 impact to TBC treatment services

- 38%** Challenge in logistical supply such as medicine
- 35%** TB treatment service (limitation of intensity and number of TB patients coming to the health facilities)
- 53%** HR in TB service (seconded to COVID-19, undergoing quarantine, and personnel concerns)
- 57%** TB diagnostic services (late delivery of samples and shortage of PPE)
- 84%** Challenges in the availability of PPE

Chart 24

Source: POP TB Indonesia

“ The needs of MDR-TB patients during the COVID-19 pandemic include surgical masks, hand sanitizers, and drug delivery by courier for patients who are off the injections

(POP TB Indonesia)

Immunization

Immunization is one of the important efforts in effective public health against vaccine-preventable diseases. The COVID-19 global pandemic has caused disruption or delays in the implementation of routine immunization services and campaigns. The result of the Task Force survey related to the communities' perception on immunization showed that 92% of the respondents were aware of the circular letter from the government to all health service facilities to continue carrying out immunization services. However, the respondents also admitted that some family members or colleagues have delayed giving immunization to their children due to concerns during the COVID-19 pandemic. The survey respondents agree that timely immunization is important for health, and they agree that immunization services should be widely available while still taking COVID-19 preventive measures.

Meanwhile, the result of the survey by the Ministry of Health and UNICEF at the health service facilities in 34 provinces showed that 84% of the community health centres have experienced delays/suspension of immunization services both at the integrated service post and the community health centres. The disruption to the immunization services mostly occurred between mid-March and the first week of April. The change in immunization services is caused by the following data on Chart 25

“ Respondents admitted that some family members or colleagues delayed giving immunization to their children due to concerns during the COVID-19 pandemic
(Task-Force)

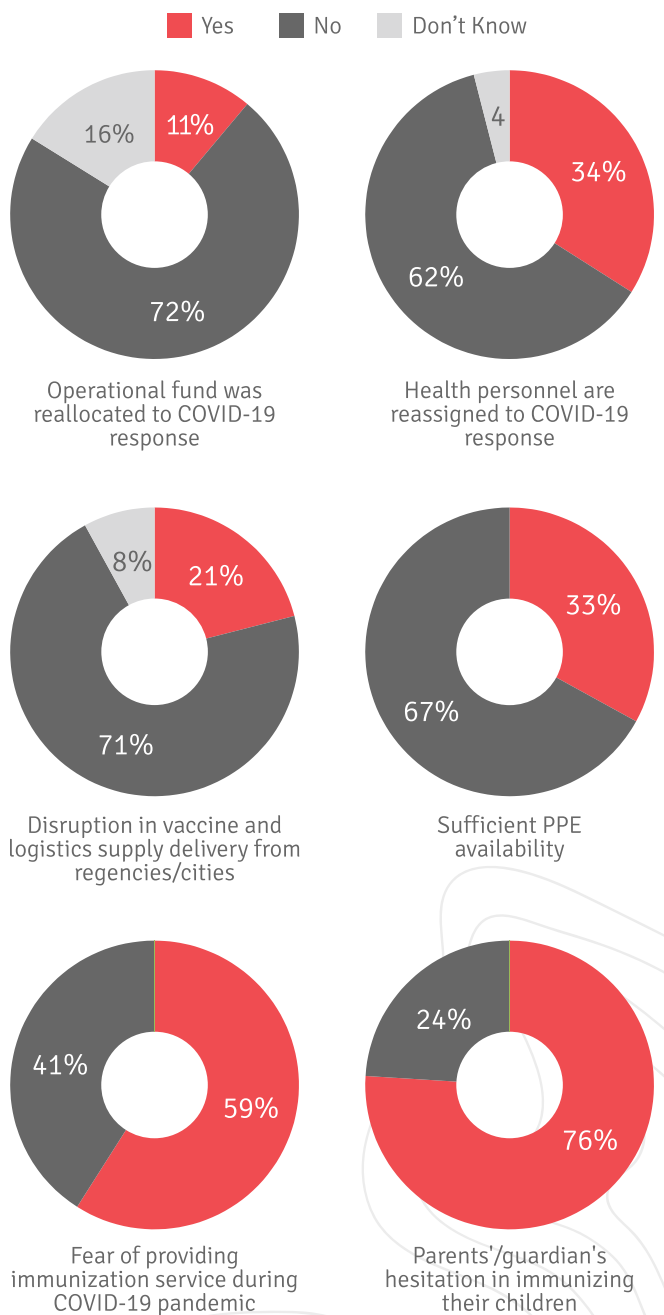


Chart 25

Source: Ministry of Health - UNICEF

Up to 59% of health worker respondents said that they see a risk of vaccine-preventable diseases spreading. Efforts which the health workers will carry out to increase the communities' confidence in immunization services after the emergency status is lifted are:

- Strengthen the community socialization/mobilization to increase understanding on the importance of immunization using various means, including social media.
- Inform the community that immunization services at the community health centres are safe.
- Provide correct information to the public.
- Provide group or individual counselling.
- Cross-sector coordination.

Mental Health

Stress, anxiety, or fear is a normal emotion to experience during a threat. The same applies with the COVID-19 pandemic with many unclear and unknown matters. In the Centre for Human Capital Development (CHCD) survey results, 80% of the respondents experienced symptoms of stress which varied from moderate to severe during the pandemic.

However, another matter discovered by the CHCD survey results was how the communities deal with stress, and 1 out of 3 respondents tend to make ineffective efforts (maladaptive coping) in dealing with the source of stress.

“

48% of people admitted that they are **unsure where to access mental health services**

(UNICEF)

The biggest cause of stress experienced by people

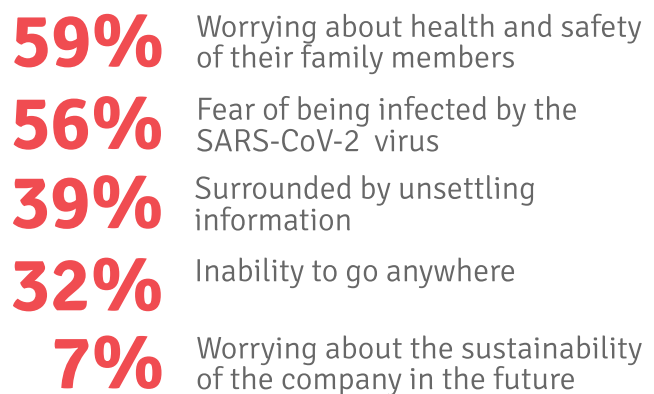


Chart 26

Source: CHCD

Adaptive coping measures taken by respondents during pandemic

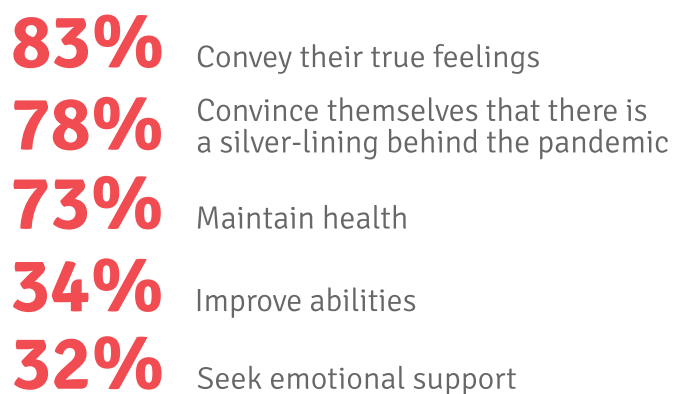


Chart 27

Source: CHCD

Nutrition

The impact of the pandemic on the health and socio-economic aspects affects the daily nutritional intake of children and adolescents. During this pandemic it is important to maintain a good diet and physical activities. There has been a change in diet (frequency and portion) and change in physical activity. The UNICEF survey result through the U-Report shows that one out of three children and adolescents have reduced the frequency of food intake.

There is less consumption of staple food during the pandemic, as conveyed in a survey where 25% of the respondents answered that they consume less staple food during the pandemic, while 39% said they consume less meat/fish/chicken.

In terms of nutritional intake, the survey also showed the communities' consumption of fruits, vegetables, and legumes during the pandemic. Most respondents mention that they consume the same amount of vegetables, fruits, and legumes.

In addition to fruits, vegetables and legumes, 37% respondents said that they consume more ready-to-eat packaged foods (such as instant noodles), while 36% said they never consume processed food or fast food from stalls or restaurants.

Diet since the pandemic

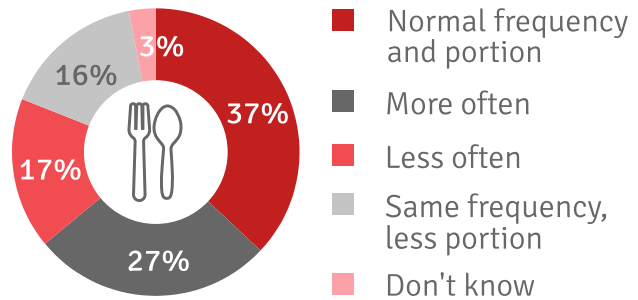


Chart 28

Source: UNICEF

Diet since the pandemic

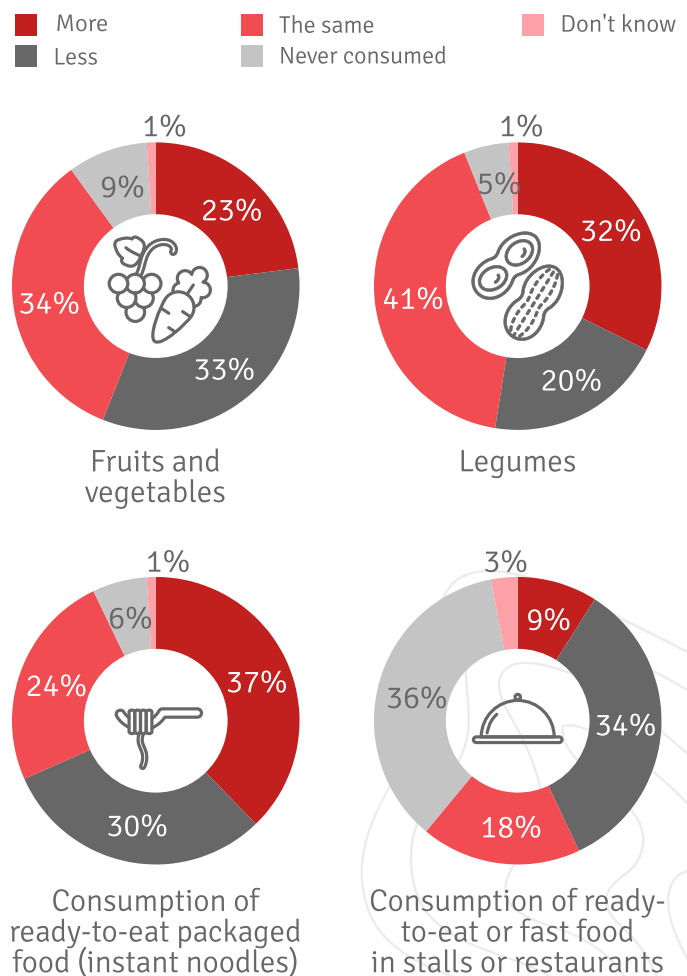


Chart 29

Source: UNICEF

Risk Communication and Community Engagement Working Group

This working group supports the work of risk communication and community engagement collectively, which aims to:

- Coordinate cross sectors in providing information to the community at the national and sub-national levels;
- Integrate communities views, perceptions, and feedbacks into programme adaptation and decision making; and
- Encourage and enable the community to express their opinion on the institutions' performance.

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