Using social protection to respond to the COVID-19 pandemic in Indonesia

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Contents

List of abbreviations

BLT-DD	Bantuan Langsung Tunai – Dana Desa (Village Fund Cash Transfer)
BST	Bantuan Sosial Tunai (Cash Social Assistance)
DFAT	Department for Foreign Affairs and Trade (Australian Government)
CCT	Conditional Cash Transfer
DTKS	Data Terpadu Kesejahteraan Sosial (Integrated Social Welfare Database)
FCDO	Foreign, Commonwealth & Development Office (UK Government)
G2P	Government-to-Person
GIZ	The Deutsche Gesellschaft für Internationale Zusammenarbeit (German Government)
HIMBARA	Himpunan Bank Milik Negara (State-owned Bank Association)
JKN	Jaminan Kesehatan Nasional (National Social Insurance for Health)
JPAL	Abdul Latif Jameel Poverty Action Lab
KKS	Kartu Keluarga Sejahtera (Prosperous Family Card)
LAPOR	Layana Aspirasi dan Pengaduan Online Rakyat)
MHDCA	Ministry for Human Development and Cultural Affairs
MoCRT	Ministry of Education, Culture, Research and Technology
MoRA	Ministry of Religious Affairs
MoSA	Ministry of Social Affairs
MoV	Ministry of Village
NIK	Nomor Induk Kependudukan (Unique Identity Number)
PEN	Program Pemulihan Ekonomi Nasional (National Economic Recovery Programme)
PIP	Program Indonesia Pintar (Smart Indonesia Programme)
PKH	Program Keluarga Harapan (Family Hope Programme)
PMT	Proxy Means Test
PT PoS	Perseroan Terbatas Pos Indonesia (Indonesia Postal Services)
Rp	Indonesian Rupiah
SIMPD	Sistem Informasi Penyandang Disabilitas (Disability Information System)
SJSN	Sistem Jaminan Sosial Nasional (National Social Security System)
SLRT	Sistem Layanan & Rujukan Terpadu (Integrated Service and Referral System)
SPACE	Social Protection Approaches to COVID-19 Expert Advice Service
UCT	Unconditional Cash Transfer

1. Introduction and background

This case study synthesizes the social protection response to the first wave of the COVID-19 pandemic in Indonesia in 2020. It is part of six country case studies developed as part of the Social Protection Approaches to COVID-19 Expert Advice Helpline's (SPACE) learning and documentation approach. By capturing country-level social protection responses to COVID-19, the case studies aim to inform the global audiences as to what has happened, what has worked well and less well and why. The case studies primarily draw upon a review of existing research; government regulations, decrees and policies; news media; and online media such as blogs and webinars. This desk-based review is supplemented by select key informant interviews (KIIs).[1]

The case study is structured as follows: This introductory section presents an overview of the country, the impact of the COVID-19 pandemic, and the national social protection system. It is followed by Section 0, which presents the social protection responses to COVID-19 in terms of the design, financing and delivery systems. Finally, Section 3 concludes with a light-touch assessment of the response and its long-term implications for the national social protection system.

1.1 Country overview

Indonesia is the largest economy in Southeast Asia and the fourth most populous nation in the world with a population of 270.2 million people.[2] Since experiencing widespread economic and social impacts as a result of the Asian Financial Crisis 1997/98, Indonesia has made significant improvements in poverty reduction as poverty rates have fallen from 23.4% in 1999 to 9.2% in 2019.[3] Despite this, however, around 25 million people still lived in poverty in 2019,[4] and an additional 64 million people lived on less than 50% above the national poverty line and therefore remained vulnerable to poverty.[5] In 2019, approximately 36% of those over the age of 65 were classified as either poor or vulnerable to falling into poverty, while out of people with disabilities, 13.6% and 36.9% were classified as either poor or vulnerable to become poor respectively.[6] In 2020, Indonesia saw an additional 1.3 million people fall below the poverty line.[7]

Employment levels have increased in recent years, with a labour force participation rate of 69.2% and unemployment at 5% in February 2020.[8] Despite improvements in job formalisation, 56.5% of workers work in the informal sector. As a result, a large portion of the population remains vulnerable to external shocks as they lack adequate mechanisms to protect incomes and livelihoods. Significant gender gaps exist in both labour participation and wages. Women's workforce participation rate remains low at 55.5% compared to men at 83.2%, and the average wage for women was Rp 2.4 million per month while the average wage for men was Rp 3.1 million per month.[9]

Indonesia is a unitary republic with a five-level government structure made up of: a central government, 34 provinces, 516 *kabupaten/kota* (districts/regencies) 7,246 *kecamatan* (subdistricts), and 83,820 *kelurahan/desa* (villages).[10] In the last two decades, Indonesia has undergone large-scale institutional decentralisation that saw greater political and budgetary power given to local governments, particularly *kabupaten* and *kota* at the sub-provincial level. The reforms provided these regional authorities with responsibilities in a wide range of functions, including health, primary and secondary-level education, public works, environment, transport, and various economic sectors.

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[1] Key informants for this study include: TNP2K, DFAT, World Bank and KOMPAK.
[2] Badan Pusat Statistik (2021)
[3] Badan Pusat Statistik (2018)
[4] World Bank (2020a)
[5] World Bank (2020b)
[6] Ibid.
[7] Statista (2021).
[8] Badan Pusat Statistik (2020)
[9] Ibid.
[10] Badan Pusat Statistik (2019)

1.2 Social protection in Indonesia before COVID-19

Indonesia's social protection system is still evolving, having gone through significant reforms over the last two decades. The development of a comprehensive social protection system in Indonesia was sparked as a response to the widespread economic and social consequences of the Asian Financial crisis of 1997/98. In the two decades since then, social protection has played a large role in the country's development and expanded significantly, with all social protection programmes collectively covering 71.7% of the bottom 20%.[11] The stronger a country's routine social protection system is, the more effective its ability to mobilize social protection responses to large-scale shocks such as COVID-19.[12] Therefore, this section provides an overview of the two main social protection instruments and the underlying delivery systems in Indonesia: social assistance and social insurance.

1.2.1 Social assistance

The National Social Safety Net Policy developed as a response to the 1997/98 financial crisis serves as the "blueprint" of the modern social assistance system. In the last two decades the social assistance system has evolved, shifting from the use of subsidies and temporary cash transfer programmes responding to immediate shocks, to increased investment in social assistance spending and the establishment of a set of core permanent social assistance programmes.[13] Law No. 11/2009 on Social Welfare sets out the legal framework for social welfare policy and programme implementation arrangements. In 2018, the total allocated budget for social assistance amounted to 0.7% GDP, which is below the average for lower-middle-income countries.[14] Social assistance programmes are primarily funded by the government's general revenue.

Although social protection coverage has improved in recent years, the current social assistance programmes remain inadequate in covering the expanding middle class and aspiring middle class which make up 126 million who are at risk to fall into poverty in case of shocks, as well as the elderly and people with disabilities.[15] Table 1 below presents the four major social assistance programmes. These include:

- **Program Keluarga Harapan (PKH, or the Family Hope Program)**, the country's flagship means-tested conditional cash transfer (CCT) aimed at pregnant women, children, the elderly and people with disabilities.
- **ProgramSembako/Non-cash food assistance**, a poverty-targeted food voucher programme.
- **Program Indonesia Pintar (PIP, or the Smart Indonesia Program)**, a poverty-targeted unconditional cash transfer aimed at school-going children.
- **PBI-JKN (Penerima Bantuan Iuran- Jaminan Kesehatan Nasional),** the non-contributory poverty-targeted component of the national health insurance programme.

Institutional arrangements for social assistance are fragmented and attempts to coordinate better via a common gateway for targeting have not taken off fully. There are at least 25 active programmes in the social assistance sector spread across 11 implementing ministries. Institutional decentralisation further complicates coordination as central and regional governments share a responsibility to implement social assistance programmes, with some regional governments implementing their own programmes while others support the implementation of centrally governed programmes. A national social registry (called DTKS: Data Terpadu Kesejahteraan Sosial, formerly known as the Unified Database of UDB) was first formally developed in 2012 under The National Team for the Acceleration of Poverty Reduction (TNP2K: Tim Nasional Percepatan Penanggulangan Kemiskinan), linked to the Office of the Vice-President of the Republic of Indonesia, to provide a common basis for targeting various social assistance programmes. The DTKS contains data on 24.7 million households, representing the poorest 40% in Indonesia, approximately 96.4 million individuals.[16] The registry was further updated in 2015 to improve accuracy and enhance traction and ownership at the local level through public consultation forums. The uptake of DTKS by social assistance

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[11] World Bank (2018)

[12] Beazley, R., Marzi, M., Steller, R. (2021) 'Drivers of Timely and Large-Scale Cash Responses to COVID19: what does the data say?', Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom

[13] World Bank (2020b)

[14] Ibid.

[15] Ibid.

[16] OECD (2019)

programmes remains partial; while most of the key programmes have used it to generate potential lists of beneficiaries, many of them use other targeting approaches in tandem. Further advancements to the DTKS have been interrupted by the handover of DTKS from TNP2K to the Ministry of Social Affairs (MoSA) starting 2017 which has resulted in transitional capacity issues.

Table 1. Major social assistance programmes before COVID-19

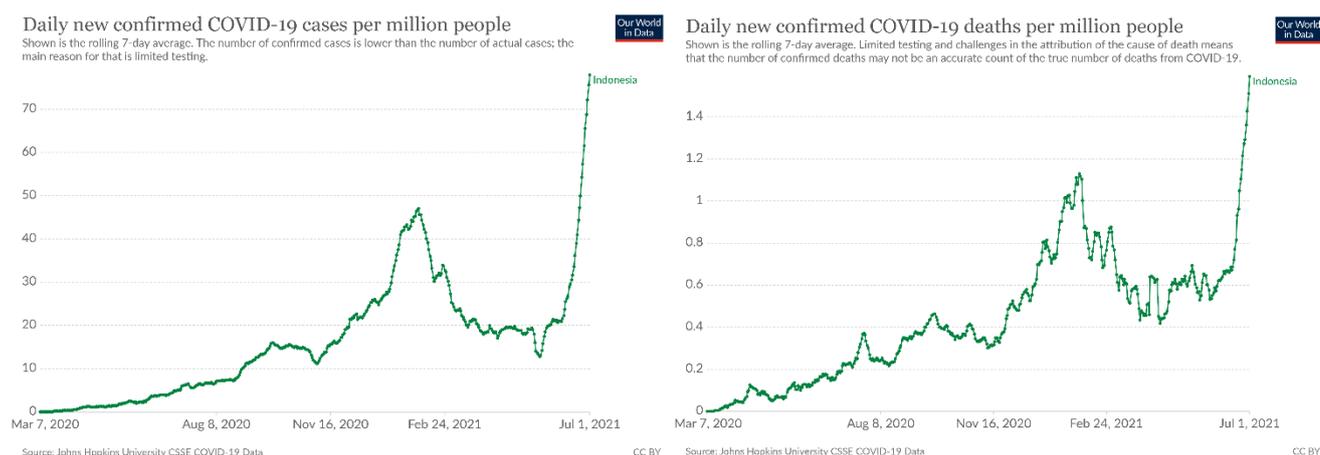| Programme	Type	Implementing ministry/institution	Budget (Rp billion)	Targeted coverage	Coverage of the bottom 10%	Targeting mechanism	Benefit level	Delivery mechanism
Program Keluarga Harapan (PKH/Family Hope Programme)	Conditional cash transfer	Ministry of Social Affairs (MoSA)	36,900	10 million HHs (2020)	47%	Bottom 20% of the DTKS meeting one of the following conditions: • have one pregnant or lactating family member; • have at least one child below 6, children between 7-21 attending school or children between 16-21 yet to complete basic education; • have a person aged 70+ not covered by other transfers; • a person with a severe disability	Depending on the category, Rp 900,000-3,000,000 annually.	Electronic transfers to the Prosperous Family Card (KKS: Kartu Keluarga Sejahtera). Payments every 3 months (2019).
Program Indonesia Pintar (PIP/Smart Indonesia)	Cash transfer	Ministry of Education, Culture, Research and Technology (MoCRT) and Ministry of Religious Affairs (MoRA)	11,200	20.1m students	56%	Students aged 6-21 from the poorest 25% HHs; Students who fulfil one of these conditions: PKH beneficiary families; Prosperous Family Card Holders; or those orphaned; affected by natural disasters; do not attend school; have physical disabilities; live in conflict areas; have over 3 siblings living at home	Rp 450,000, Rp 750,000, or Rp 1 million annually to meet enrolment costs at the primary, junior secondary, and senior secondary level, respectively.	Virtual and Saving accounts
Program Sembako (or BPNT)	Food voucher	Ministry of Social Affairs	20,800	15.6m HHs	42%	Bottom 25% of the DTKS	Voucher equivalent to Rp 110,000/month/HH for rice, eggs or other nutritious items	Electronic transfers to the KKS, which can be redeemed at 'e-Warong', which are shops appointed by the bank to sell food commodities via Electronic Data Capture machines.
PBI-JKN	Subsidised health insurance premium waiver	Social Insurance Administration Body (BPJS), MoSA and Ministry of Health	48.800	96.8 million individuals (2019)	54%	Bottom 40% of the households	Premiums paid worth Rp 23,000 person/month	Cashless hospitalisation based on premiums paid by the state

1.2.2 Social insurance

The National Social Security Law (SJSN) of 2004 serves as the legal framework for the implementation of social insurance programmes in Indonesia. In 2011, the Law on Social Security Administration Body (BPJS) incorporated various social security programmes under a single SJSN System and mandated that social security be made accessible not only to formal sector employees, but also to those in the informal sector.[17] This served as the basis for the creation of the SJSN system which began operating in 2014, with the establishment of BPJS Healthcare and BPJS Employment to implement a unified national health insurance programme (JKN: Jaminan Kesehatan Nasional), along with five employment programmes Jaminan Kecelakaan Kerja (work accident benefits), Jaminan Kematian (death benefits), Jaminan Hari Tua (old-age savings), Jaminan Pensiun (three separate pension schemes managed by BPS Employment, PT Taspen and PT Asabri) and Jaminan Kehilangan Pekerjaan (unemployment insurance) which together form the national social insurance programmes of Indonesia. The social health insurance (JKN) programme has expanded from 130 to over 220 million beneficiaries in the last seven years (2014-2020).[18] However, social insurance coverage has gaps and is inadequate with many in the informal sector not covered.[19] Access remains limited for the poor, despite coverage reaching 83.6% in 2019, and 82.1% in 2020, particularly for those living in remote areas and approximately 50 million people are not covered nationwide.[20]

1.3 Socio-economic impacts of COVID-19

At the time of writing this report, Indonesia is experiencing a severe second wave of the pandemic, being termed by some observers as Asia's new COVID-19 epicentre. Since the first confirmed case of COVID-19 on March 2, 2020, the Indonesian government adopted containment measures with varying intensity over time and across provinces. The extent of restrictions imposed by regional authorities varied across regencies and cities depending on outbreak incidence, with major cities generally imposing more severe measures. Overall, large scale social restrictions were first relaxed in June 2020 and were reintroduced in mid-September 2020 to arrest rising cases. Following the peak of the first wave in February 2021, infection and hospitalisation rates gradually declined to reach their lowest in mid-May 2021, followed by a relaxation of some restrictions. However, by mid-June 2021, an exponential increase in COVID-19 cases prompted renewed restrictions. On 1 July 2021, Indonesia recorded 24,836 daily new cases, with nearly 2.2 million cumulative cases and 58,995 deaths since the onset of the pandemic in 2020.[21]

Figure 1. Daily new cases per million (left) and daily new confirmed deaths per million (right), March 2020 – June 2021

Source: https://ourworldindata.org/covid-cases. Accessed July 6, 2021.

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[17] World Bank (2020b)
[18] Ibid.
[19] Ibid.
[20] Ibid.
[21] https://ourworldindata.org/covid-cases. Accessed July 6, 2020.

The decline in external and domestic demand led to the contraction of the Indonesian economy by 2.2% in 2020.[22] Sectors exposed to global shocks and mobility restrictions – primarily manufacturing, trade, transport and hospitality – were hit the hardest, whereas knowledge-intensive services managed to hold up. Micro, small and medium enterprises were also particularly affected. The contraction had a staggering impact on unemployment. Compared to 2019, in the third quarter of 2020 unemployment rose from 6.3 to 7.1%, underemployment from 6.4 to 10.2%. Between February 2020 and 2021, 1.8 million people became unemployed and another 3.2 million people exited the labour force. As a result, the national poverty rate increased from 9.8 to 10.2% between March and September 2020, its highest level since 2017.[23] Urban areas have been worse affected as poverty rates increased by 1.32% to 7.88%, whereas rural areas faced a 0.6% increase to 13.2%.[24]

While some areas had shown intermittent recovery throughout 2020 and early 2021, economic conditions had not yet restored to pre-pandemic levels. For instance, in June 2020, 30% of firms had laid-off workers in the last month, gradually reducing to 13% in October. However, sales did not recover as quickly, with firms reporting an average 42% reduction in Year on Year monthly sales in October 2020. As a result, 34% of workers faced reductions in income.[25] Similarly, 85% of the breadwinners who had stopped working in May 2020 had resumed work by March 2021although 39% continued to work on reduced income (compared to 47% in July 2020) and 10% were still not working (compared to 25% in July 2020).[26] A decline in food insecurity was noticed between May 2020 (31%) and July 2020 (22%) but improvements remained sluggish thereafter.[27] Households with members with a disability, households headed by women, and households with children bore the highest impacts on food security.[28] Primary strategies for coping included government assistance (cash or food or subsidies), taking up activities to increase income, reducing food and non-food expenditure, and borrowing from friends and family. Reliance on government assistance increased throughout 2020, with 73% of households relying on the government for assistance (cash or in-kind) in November 2020.[29]

Social protection responses have played a significant role in mitigating these impacts. There is emerging evidence that social protection programmes acted as strong safeguards during the crisis, resulting in lower adverse impacts than initially feared. This will be discussed throughout the following sections.

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[22] World Bank (2021b)
[23] https://fiskal.kemenkeu.go.id/data/document/pressrelease/2021/SP-Kemiskinan.pdf
[24] UNICEF et al. (2021)
[25] World Bank (2020d)
[26] World Bank (2020e)
[27] Ibid.
[28] UNICEF et al. (2021); World Bank (2020e)
[29] World Bank (2020f)

2. Social protection responses to COVID-19

2.1 Programmatic responses

This section presents the main social protection responses by the Government of Indonesia in response to the COVID-19 crisis. We focus primarily on the social assistance responses which were the main driver of the government's response strategy, rather than social insurance measures. Humanitarian responses, which used parallel systems and were more localised in their implementation, are beyond the scope of this case study.[30]

Social protection was the largest component of the government's economic response to the pandemic. The Government of Indonesia introduced the National Economic Recovery Plan (PEN: Pemulihan Ekonomi Nasional) in 2020.[31] From a small package aimed at mitigating impacts on the tourism sector, the PEN evolved into a package of Rp 695 trillion (48.66 billion USD) in 2020 spread across six clusters. At Rp 203.9 trillion, social protection was the largest component of PEN, equivalent to 1.2% of the GDP.[32] The technical details of the social protection component were elaborated via Presidential Regulation No. 54/2020 on the Changes to the Structure and Details of the National Budget, 2020.[33] Individual ministries issued decrees or letters as appropriate to provide a regulatory framework for respective programmes. The social protection budget was continuously adjusted through the year, and as of 25 November 2020, the revised budget for social protection was nearly Rp 233.7 trillion. While this case study focuses on the response in 2020, readers should note that the PEN has been renewed for 2021, and the social protection budget stood at nearly Rp188 trillion as of 18 July 2021.[34]

The social protection component encompassed both expansions of existing programmes and the introduction of new programmes. Table 2 outlines the key programmes. Seven of these programmes were announced in April 2020 whereas three were added in August 2020.

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[30] See example here.

[31] The government issued the Government Regulation in Lieu of Law No. 1/2020 on Monetary Policy and Stability of the Financial System in Response to COVID-19 to implement the PEN, which was approved in the parliament without any barriers.

[32] Sparrow et al. (2020)

[33] In Bahasa: Peraturan Presiden Republik Indonesia Nomor 54 Tahun 2020 tentang Perubahan Postur dan Rincian Anggaran Pendapatan dan Belanja Negara Tahun Anggaran 2020.

[34] https://setkab.go.id/en/govt-increases-state-budget-allocation-for-social-protection-programs/

Table 2. Programmatic responses to meet new needs

Programme	Type	Lead Ministry	Eligibility criteria	Benefit levels, duration and frequency	Targeted coverage	Continued in 2021
Regular/Existing programmes						
1. **PKH** *Family Hope Program*	Conditional Cash Transfer for households with pregnant women, school-age children, infants and elderly	MoSA	Bottom 20% of the DTKS[35] *(No change following COVID-19)*	Varies based on component eligible for. Benefit values doubled between Apr-Jun 2020. The frequency of payments switched from quarterly to monthly until Sep 2020	800,000 new HHs, bringing total coverage to 10 million	Yes
2. **Sembako** *Basic Food Voucher*	Food vouchers for consumption of rice, eggs, vegetables	MoSA	Bottom 25% of the DTKS[36] *(No change following COVID-19)*	Increased from Rp 150,000 per month pre-COVID to Rp 200,000 permanently	4.8 million new HHs, bringing total coverage to 18.8 million households	Yes
New/Non-regular programmes						
3. **Bansos Tunai (BST) (outside Jabodetabek*)** *Cash Social Assistance*	Unconditional cash transfer	MoSA	Not a beneficiary of PKH or Sembako. Local governments to determine eligibility based on whose livelihoods are most impacted; some allocation earmarked for PwDs	• Apr-Jun 2020: Rp 600,000/month • Jul–Dec 2020: Rp 300,000/month	10 million HHs	Yes
4. **Basic Food Social Assistance (Jabodetabek*)**	Unconditional food transfer	MoSA	Not a beneficiary of PKH or Sembako. Local governments to determine eligibility based on whose livelihoods are most impacted including PwDs and the elderly.	Food assistance with a value of up to Rp 300,000/month (Jul-Dec 2020)	1.3 million HHs in Jakarta 600,000 HHs in Greater Jakarta (Bogor, Depok, Tangerang, and Bekasi)	Yes, converted to cash

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[35] https://openknowledge.worldbank.org/bitstream/handle/10986/34738/Ex-ante-Poverty-and-Distributional-Impacts-of-COVID-19-in-Indonesia.pdf?sequence=1&isAllowed=y
[36] Ibid.

Programme	Type	Lead Ministry	Eligibility criteria	Benefit levels, duration and frequency	Targeted coverage	Continued in 2021
5. **BLT-Dana Desa (BLT-DD)** *Village Fund Cash Transfer*	Unconditional cash transfer	Ministry of Village, Development of Disadvantaged Regions and Transmigration	• Not a beneficiary of PKH, Sembako or Pre-employment card • Loss of livelihood with no reserves to survive for 3 months • Having family members with chronic illness • Prioritise Vulnerable groups such as poor women-headed households, elderly and PwDs		8 million HHs	Yes
6. **PKH rice assistance**[a]	Unconditional food transfer	MoSA	PKH beneficiaries	• 15 kg/family/month for 3 months (Aug – Oct 2020)	10 million	Yes (one-off distribution)
7. **Additional unconditional cash transfer (UCT)**[a]	Unconditional cash transfer	MoSA	Sembako beneficiaries who are not beneficiaries of PKH	• Rp 500,000, one-off transfer in August 2020	9 million	Yes
8. **Program Kartu Prakerja** *Pre-employment Card*	Training voucher and conditional cash transfer	Coordinating Ministry of Economic Affairs and the Ministry of Labour (Project Management Office of Prakerja)	**Inclusion criteria:** • Above 18 years of age • Not enrolled in an educational institution • Formal workers recently laid-off or sent home without or with reduced wage payment due to the COVID-19 pandemic • Informal workers affected by the crisis, such as own account workers **Exclusion criteria:** • Government officials and office-bearers	• Rp 1 million in non-cash credit be used on digital training platforms • Rp 600,000/month for four months upon completion of training • Rp 150,000 in the form of digital money for filling evaluation surveys	5.5 million individuals	Yes

| Programme	Type	Lead Ministry	Eligibility criteria	Benefit levels, duration and frequency	Targeted coverage	Continued in 2021
9. **Subsidi Listrik** *Electricity subsidy*	Electricity subsidy based on consumption	State Electricity Company (PLN: Perusahaan Listrik Negara)	Users of 450 VA and 900 VA electricity subscription	Free for 450 VA and 50% discount for 900 VA; 3 months	31.1 million HHs	Yes
10. **Bantuan Subsidi Upah** *Wage subsidy*[a]	Wage subsidy to formal workers with wages under Rp 5million actively registered in BPJS Ketenagakerjaan	Social Security Administration Body for Employment (BPJS) and Ministry of Manpower (MoM)	BPJS Ketenagakerjaan data, formal workers who earn < Rp 5 Million per month (2020). BPJS Ketenagakerjaan data, workers who earn <Rp 3,5 million per month (2021)	Rp 2,400,000 (US$ 167); 4 months (2020) Rp 1,0000.000 (USD 71); 2 months (2021)	12.4 million Workers (2020)	Yes

Notes: * Jabodetabek: Greater Jakarta Area.

[a] Announced in August 2020. All other programmes were announced in April 2020.

Other programmes such as health insurance, internet subsidy and programmes aimed at micro, small and medium enterprises are excluded. These can be found in UNICEF et al. (2021)

Source: Based on UNICEF et al. (2021); World Bank (2021b); Sumarto & Ferdiansyah (2021); Wardhana et al. (2021).

Figure 2 shows the coverage of the key COVID-19 social protection responses, including the share of new beneficiaries as a percentage of the total population. Note that some programs are non-overlapping. New programmes were introduced to target a greater share of the new beneficiaries as compared to existing programmes such as PKH and Sembako. While the electricity subsidy had more broad-based coverage (45%), the new cash transfers were aimed at narrower sub-groups, evident from their respective targets.

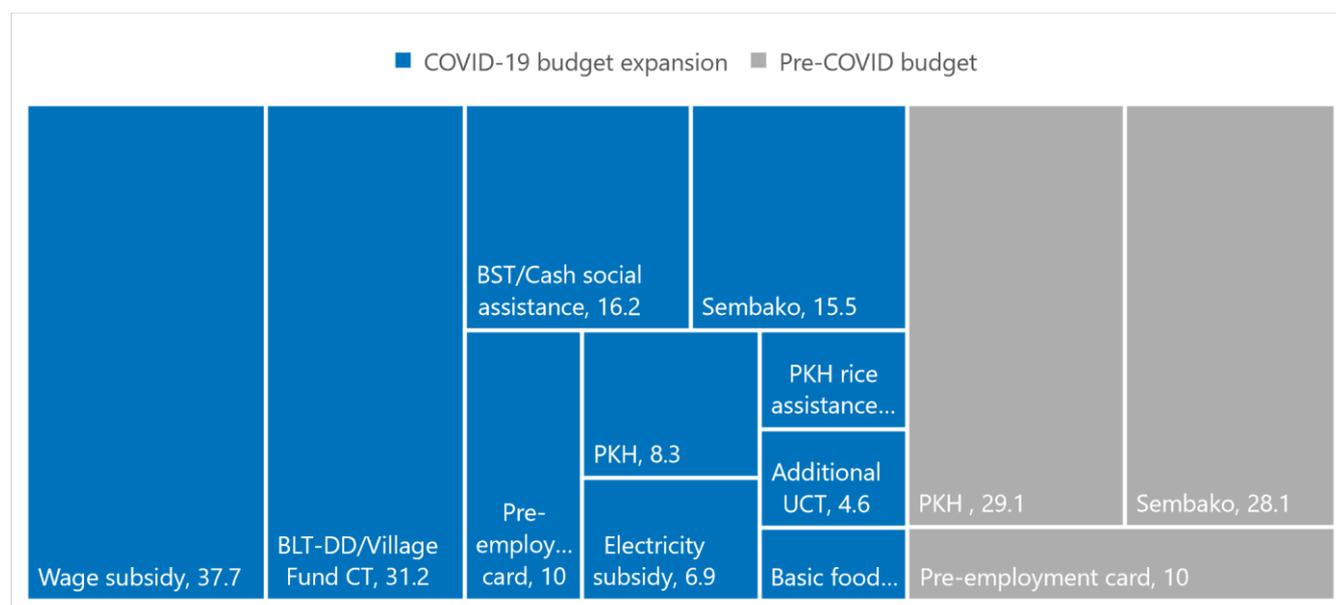**Figure 2. Targeted coverage of key COVID-19 social protection responses**
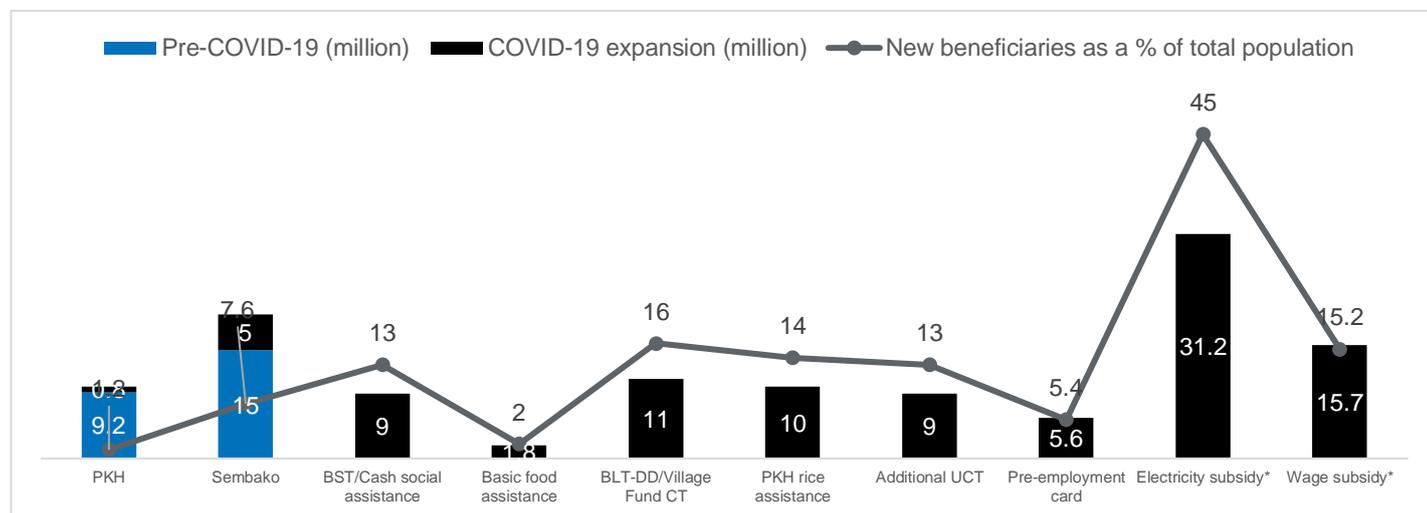
Source: Developed by authors based on estimates in UNICEF et al. (2021) and Sumarto & Ferdiansyah (2021). Notes: * Coverage for all programmes expressed in terms of the number of households, except for Pre-employment card (individuals) and wage subsidy (workers).

Figure 3 disaggregates the initial social protection package of Rp 205.6 trillion across programmes. While this does not diminish the significance of the response, it is important to note that nearly 29% of the revised outlay constituted pre-COVID commitments towards PKH, Sembako and Pre-employment Card (in grey). Rp 171.8 trillion, or 67% of the remaining budget, represents the actual increase due to COVID-19 – most of which was allocated to new programmes (i.e. BST, BLT-DD, Basic Food Assistance, Additional UCT, Wage subsidy). The response was heavily cash-based, as cash transfers accounted for 66% of the additional outlays compared to 29% of transfers that were food-based and 5% that were subsidies.[37]

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[37] Authors' calculations based on figures from Wardhana et al. (2021) in Sistem dan Mekanisme Perlindungan Sosial. In _Studi Pembelajaran Penanganan COVID-19 di Indonesia_ (pp. 259-275).

Figure 3. Budget allocation, by the programme

Source: Developed by authors based on estimates in UNICEF et al. (2021) and Sumarto & Ferdiansyah (2021). Notes: *
Coverage for all programmes expressed in terms of the number of households, except for Pre-employment card (individuals)
and wage subsidy (workers).

The strategy choices were influenced by several considerations.[38] The response strategy, informed by
ex-ante analysis of welfare impacts of COVID-19, aimed to cover the bottom 60% of the population. The
limitations of the existing suite of programmes in reaching this coverage level were obvious, as PKH and
Sembako, the two largest routine social assistance programmes, only covered the bottom 20% and 30% by
design. Therefore, the response strategy combined existing programmes with new programmes to rapidly
expand coverage. The immediate priorities in terms of restricting mobility influenced the choice of modality in
urban areas, as seen by the roll-out of the Basic Food Assistance in Greater Jakarta areas (which was
replaced with cash in 2021). The strategy also piggybacked upon existing non-social protection capacity to
rapidly implement new cash transfers, as evidenced by the Pre-Employment Card programme – essentially a
pre-COVID-19 skilling programme – and the BLT-DD, which was unique in its use of local government
financing and capacity and community targeting.

**The expansion of existing programmes, i.e. PKH and Sembako, did not necessarily extend the
programmes' eligibility criteria.** For instance, the pre-pandemic budget provisioned for 10 million PKH
beneficiaries since 2018, but due to administrative issues,[39] the programme had not reached 8% of this
target (i.e., 800,000 beneficiaries) when COVID-19 hit. Therefore, a more concerted effort was made to
exhaust the programme's approved ceiling as part of COVID-19 measures. In the case of Sembako,
despite being eligible, not all households in the bottom 25% of the DTKS were covered before COVID-19
due to budgetary limitations. Therefore, COVID-19 budgetary expansion helped secure resources to
cover everyone who was eligible pre-pandemic.

**These responses to reach new beneficiaries were accompanied by measures to better support
existing beneficiaries of regular social assistance programmes and to minimise disruptions in
service delivery.** For instance, the benefit level for PKH was doubled between April–June 2020. PKH
payments, typically made quarterly, were made monthly between April–September 2020. Conditionalities,
which are central to PKH, were waived, although programme facilitators continued to perform some form of
soft commitment verification in some provinces.[40] In the case of Sembako, the monthly transfer value was
permanently increased from Rp 150,000 to Rp 200,000.

**While this case study focuses on the responses by the central government, it is important to
acknowledge the complementary role played by sub-national governments.** As mentioned in Section
1.2, sub-national governments have official responsibilities for social welfare in Indonesia. While the central

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[38] KII
[39] The precise nature of these issues could not be ascertained by this study.
[40] Microsave (2021)

government has historically contributed the lion's share of the national social protection expenditure (88%, based on estimates from 2012), subnational governments have been steadily increasing their financing of social protection, predominantly driven by the district governments.[41] In the COVID-19 context, many sub-national governments have introduced social protection measures, but there is no systematic documentation on this topic. For instance, in 2020, out of the total of around 2.4 million households receiving Basic Food Assistance in Jakarta, nearly 1.2 million households were covered from Jakarta provincial budget while the rest were funded by the national budget.[42] In another example, Bandung city used its own budget to top up the Sembako programme with an additional Rp 300,000 per beneficiary (for a total benefit of Rp 500,000 per month) for 57,385 households.[43] Similarly, West Java province extended the BST to an additional 1.8 million beneficiaries – or 20% of the total beneficiaries of social assistance during COVID-19 – from its own budget.[44]

2.2 Financing

The PEN 2020 was financed through a combination of budget reallocation, debt & deficit financing, and borrowing from international financial institutions. The PEN pushed the deficit financing requirement to Rp 1,654 trillion, equivalent to 6.3% of the GDP.[45] Financing the budget deficit required temporary changes to the key pillars of the country's macroeconomic framework. In particular, the ceiling on the budget deficit of 3% of GDP was suspended through 2022 by the issue of a Government Regulation in-lieu of Law on March 31, 2020. Further, the ban on the Bank of Indonesia's purchases of longer-term, government bonds in the primary market was removed.[46],[47] The main sources of financing include:

- **Deficit monetisation**: The government and the Bank of Indonesia (BI) – the country's central bank – announced a burden-sharing scheme in July 2020 to help finance the PEN. In particular, BI purchased government bonds worth Rp 397.56 trillion to finance priority spending on 'Financing' and 'Deficit Monetisation' such as social protection and health, as well as line ministries' activities in priority sectors and activities in the subnational government levels.[48]

- **Budget reallocation**: The government ordered the reallocation of both the State Budget (ABPN) and regional/local government budget (ABPD) to focus on activities aimed at handling the COVID-19 crisis. In particular, the Ministry of Finance and the Ministry of Home Affairs issued a Joint Decree which explicitly ordered regions to reallocate their budget by 50% of goods/services expenditures and capital expenditures for handling the pandemic. This reallocation was meant to be spent on three focus areas: health management, social safety nets, and economic recovery.

- **Borrowing from international financial institutions**: In May 2020, the government sought additional financing from the ADB ($1.5 billion), the World Bank ($1 billion) and other development partners ($2-4 billion). The World Bank and ADB funding in particular was earmarked for social assistance measures.[49]

- **Limited fiscal space led to difficult trade-offs.** For instance, through limited assistance to persons with disabilities and the elderly.[50]

2.3 Delivery systems

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[41] World Bank (2012)

[42] https://jdih.jakarta.go.id/uploads/default/produkhukum/KEPGUB_NO._990_TAHUN_2020.pdf

[43] https://humas.bandung.go.id/layanan/up-date-terkini-penyaluran-jps-di-kota-bandung

[44] https://smeru.or.id/sites/default/files/events/ridwan_kamil_-_program_bantuan_sosial.pdf

[45] https://www.bi.go.id/en/publikasi/laporan/Documents/4.LPI2020_Bab_2_en.pdf

[46] https://www.elibrary.imf.org/view/journals/002/2021/046/article-A002-en.xml?result=72&rskey=VCnyD4

[47] World Bank (2020g)

[48] https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#I

[49] ADB (2020c)

[50] Sumarto & Ferdiansyah (2021)

This section discusses the implementation activities underpinning the social protection responses in terms of: (i) outreach and communications, (ii) registration, verification and enrolment, (iii) payments/benefits delivery, (iv) grievance redressal, (v) coordination and linkages, and (iv) monitoring and evaluation.

2.3.1 Outreach and communications

The adjustments to routine programmes, i.e. PKH and Sembako, were communicated via mass media and WhatsApp messages. An initial qualitative assessment in April-May 2020 reported partial awareness of programmatic adjustments (e.g. changes to benefit values, payment schedule) due to digital barriers.[51] A quantitative survey of 1,200 PKH beneficiaries across 15 provinces in September–October 2020 found that while awareness of the modified disbursement schedule was high (84%), less than 10% of the respondents were aware of other modifications, including changes to benefit levels.[52]

The village governments (*kelurahan/desa*), along with the neighbourhood associations[53] (*RT/RW: rukun tentangga/rukun warga*) and the village COVID-19 task forces[54], were at the frontline of programme implementation for the new programmes. A monitoring survey of 370 BST beneficiaries in July 2020 showed that village governments (53.8%) and RT/RW (51.6%) were the main sources of information regarding the programme.[55] A survey of officials in 90 villages found that RT/RW apparatus was the most common way of disseminating information about the BLT-DD as well, followed by the members of the COVID-19 task force.[56]

While several structures existed for outreach, effective outreach was constrained by several factors. In the aforementioned studies, paucity of time and funds were often cited as key constraints. Further, the smorgasbord of programmes coupled with the constantly evolving policy landscape was challenging for frontline implementers to understand, let alone communicate programme rules to target populations. **It is unclear how outreach mechanisms helped communities understand and reconcile the features of a range of programmes with varying benefit levels.**

2.3.2 Registration, verification and enrolment

Expansion of existing programmes

While the DTKS played an important role in targeting the expansion of existing programmes, its role in the targeting of new programmes remained limited. The new beneficiaries for PKH and Sembako were drawn from the DTKS, as there was no change in eligibility criteria for these programmes. While many countries have drawn upon waiting lists of beneficiaries, it is unclear if MoSA maintained similar lists to aid this expansion. The MoSA prioritized those households who were recipients of Sembako and not PKH, and vice-versa, to identify new beneficiaries.[57] This is because, by virtue of being in one of the programmes, these households would already have the KKS card (Kartu Keluarga Sejahtera/Prosperous Family Card) that is linked to a savings account and an associated e-wallet, giving them quick access to the other programme without additional onboarding, account opening, etc. In theory, such a strategy could inadvertently extend PKH to households who are on 21-25% of the DTKS – these are the households that are eligible for Sembako, but not PKH. The incidence of such cases remains unclear.

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[51] SMERU (2020a)

[52] Microsave (2021)

[53] Rukun warga facilitates community participation in planning, implementation, and supervision of development, as well as improvement of village community services. This institution is not a division of government administration. There are several *rukun warga* in a village/kelurahan. The role of *rukun tentangaa* is like the rukun warga with a smaller territory. Commonly, each rukun warga consists of 3 to 10 rukun tetangga, while each rukun tetangga consists of 10–50 households.

[54] These were established at various administrative levels by the Circular of the Minister of Home Affairs of the Republic of Indonesia Number 440/5184/SJ concerning the Establishment of the Regional Corona Virus Disease 2019 (COVID-19) Task Force.

[55] Sekretariat Tim Pengendali Pelaksanaan Penyaluran Bantuan Sosial secara Non Tunai (2021)
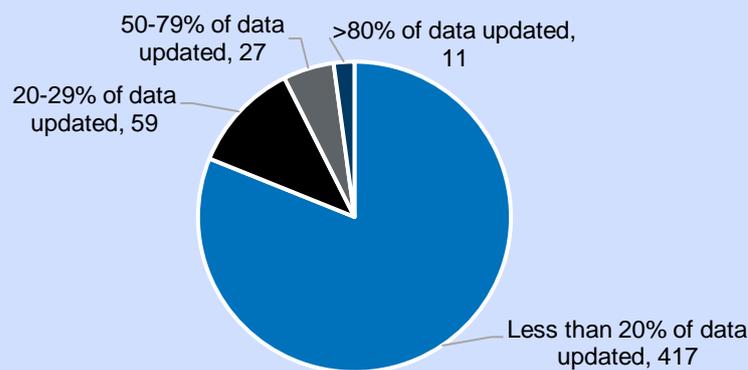
[56] PEKKA (2020)

[57] In theory, all PKH households should be recipients of Sembako as the targeting criteria for the former (bottom 20% on the DTKS) fully overlaps with the latter (bottom 25% of the DTKS). However, this is not the case in practice.

Box 1. Limitations of the DTKS in identifying new beneficiaries

By design, the DTKS posed certain constraints, as its coverage was limited to 40% of the population and it was not built to detect short-term changes in household welfare. Therefore, setting up new strategies complementary to the DTKS was inevitable. In terms of implementation, the DTKS was not adequately prepared to enable a timely response. Key factors included:

- **Outdated data due to lack of updates:** Although the local governments are responsible for quarterly updates to the DTKS under law, less than 10% of the regions had updated more than 10% of the data (**Error! Reference source not found.**). In a survey of 90 villages, 71 per cent of the village officials reported finding inclusion and exclusion errors within the DTKS data. The most common problems reported were the inclusion of beneficiaries who passed away and beneficiaries who have migrated from the village, followed by programme overlaps and exclusion of poor residents.

- **Lack of interoperability:** The lack of full interoperability of Indonesia's national unique identity number, NIK (Nomor Induk Kependudukan), with the DTKS meant overlap of beneficiaries across programmes. Although the scale of this issue during COVID-19 is unclear, pre-COVID evidence is telling: for instance, when a district administration manually synchronized the DTKS with the national health insurance programme beneficiary data in 2019, it found 24,000 data errors involving duplicate data, beneficiary death or relocation and NIK errors. Data integration was also challenged by inadequate flow of data back into the DTKS from its user programmes. For instance, PKH uses the woman's name to identify the household recipients while others (e.g., Sembako) use the household head's name, which is not fed back into the DTKS by these programmes.

Figure 4. Number of districts/regencies, by extent of data updated

Source: Wardhana et al. (2021), PEKKA (2020), KOMPAK (2020a)

New programmes

The DTKS posed several constraints, of design as well as implementation, to leverage it fully in the case of new programmes (see Box 1).

The beneficiaries of the BST were identified using a combination of DTKS and "non-DTKS" approaches. In the DTKS-based approach, the initial list of beneficiaries was generated by the MoSA. Efforts were made to ensure inclusiveness; for instance, a specific budget within the BST was earmarked for persons with disabilities and MoSA used the disability registry (SIMPD) to identified them. Depending on the beneficiary quota provided to the city/district, additional beneficiaries were proposed using non-DTKS approaches. Additional beneficiaries could be identified using several approaches, which were ultimately left to the discretion of the local governments. These included door-to-door surveys, community deliberations, and promisingly, the use of existing data sources at the village level (see Box 2). There is some evidence that non-DTKS approaches involved deliberations with RT/RW members, but rarely involved deliberations with all citizens.[58] Verification of both DTKS and non-DTKS lists was limited to administrative verification against other programmes and the NIK. The data matching, in the absence of seamless interoperability, relied on manual methods (although some local-level innovations were seen in making this more efficient, e.g. West Java which used app-based data collection methods). Not all villages used the non-DTKS approach, as there

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[58] MoSA (2020)

was a hesitancy to compile poverty data for fear of social tensions.[59] Overall, more beneficiaries received notification of enrolment orally (58%) than by a notification letter as per guidelines (44%).[60] Another monitoring survey done in April 2021 showed that these sources of information remained similar in 2020, but a greater proportion of the respondents had received notification letters (81%).[61]

Unlike PKH, Sembako and BST that relied on the centralised DTKS fully or partially, BLT-DD used community-based targeting to identify beneficiaries. By allowing local governments flexibility in decision-making, the BLT-DD programme offered an important avenue to plug gaps in coverage caused by more centralised rigid targeting criteria and mechanisms. A monitoring survey by the Female-Headed Household Empowerment Program (PEKKA: Pemberdayaan Perempuan Kepala Keluarga) in 90 of its project villages across 17 provinces between May–June 2020 provides important insights about the BLT-DD's intake process, although they may not be generalisable countrywide.[62] The volunteers on the COVID-19 task force played a predominant role in the collection of new data, with some villages also mobilising RT/RW administrators. The composition COVID-19 workforce, with 76% women – again, this could be more unique to PEKKA's areas – provided opportunities for more inclusive data collection. Unlike the BST, community deliberations were more commonly done for the selection of beneficiaries for the BLT-DD. Nearly 54% of the villages experienced difficulties targeting and enrolment. Key challenges included:

- Although the BLT-DD did not draw beneficiaries from the DTKS, DTKS and other program databases were important for verification and validation. Delays accessing these data was a challenge.
- Lack of and issues with NIK (the national identity number) – although the policy was modified to accept Certificate of Domicile in lieu of NIK and/or the KKS.
- No separate budget for data collection.
- Difficulties estimating the monthly income.
- Involving women. Only 67% of the sampled villages invited female cadres and leaders to the deliberations meaning the majority of women were less involved as there was no mandated requirement to include them and where deliberations were held beyond daylight hours, women were less likely to join.

While most programmes used physical interfaces – provided by local governments or by programme facilitators – the Pre-Employment Card used digital registration. Participants were required to sign up online. 36.6 million individuals registered online, of which 5.6 million were selected for enrolment.[63]

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Box 2. Emerging role for village information systems

Under Law No. 6/2014, village governments are required to maintain electronic village information systems (SID: sistem informasi desa) that is available to all stakeholders at the village level. While they are yet to be implemented by all villages, where village governments have used them to record data on vulnerable households, they present an important opportunity for rapid targeting of social assistance during shocks. For instance, in Manokwari Selatan Distrocts, the government used the SID to verify and validate data on potential BLT-DD beneficiaries.

While the SID holds promise for adaptive programming in social protection and beyond, several bottlenecks need to be streamlined to harness its potential. There are no explicit guidelines on what these information systems should contain, resulting in non-standardized systems across villages. They lack interoperability with the DTKS or the NIK, making any synchronization manual (although local-level innovations in linking with them are ongoing).

Source: KOMPAK (2020a), KOMPAK (2020b), Satriana et al. (forthcoming)

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2.3.3 Payments and benefits delivery

The disbursement mechanisms for cash transfers in Indonesia are still evolving, with most until recently adopting what is termed "G2P 1.0" methods. G2P (Government-to-Person) 1.0 is where a social assistance programme makes payments via a single provider (outsourced or insourced), who then disburses

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[59] MoSA (2020)

[60] Sekretariat Tim Pengendali Pelaksanaan Penyaluran Bantuan Sosial secara Non Tunai (2020a)

[61] Sekretariat Tim Pengendali Pelaksanaan Penyaluran Bantuan Sosial secara Non Tunai (2021)

[62] PEKKA (2020)

[63] https://socialprotection.org/fr/system/files/SPEC-Infographics-INDONESIA.pdf

cash payments to beneficiaries on designated days. Following a national strategy for financial inclusion established via a Presidential Regulation in 2016, the PKH was the first to transition from such a system where payments were made by the national postal system (PT PoS Indonesia: Perseroan Terbatas Pos Indonesia) to a modern bank account-based digital payment system in 2017 as a result of Perpres (Presidential Regulation) N. 63/2107. The PKH payments are currently made via four banks of the State-Owned Banks Association (HIMBARA).[64] Since 2017, the other major programmes such as PIP, have also transitioned to cashless payments via HIMBARA banks.[65] This transition does not guarantee full automation of the payment process, for a manual protracted reconciliation process still exists.[66]

The adoption of modern diverse digital payments is constrained by various factors, but conditions are becoming more conducive. Financial inclusion is growing gradually, with the proportion of adults with an account at a formal financial institution growing from 56% in 2018 to 62% in 2020. These trends remain even across both men and women, but account ownership is relatively lower among households below the poverty line, reaching just 50%. While overall mobile penetration has steadily increased to 77% in 2020, poor households are considerably behind at 45%.[67] In 2018, 92% of the adult population was estimated to have a unique identity number.[68]

Against this backdrop, it is understandable that the COVID-19 social assistance responses have used a mix of modern and traditional disbursement mechanisms:

Table 3. Disbursement mechanisms for cash transfers

Programme	Disbursement mechanism
1. PKH	Through Himbara (the State Bank Association)
2. Bansos Tunai (BST) (outside Jabodetabek)	Through PT PoS or Himbara (the State Bank Association)
3. BLT-Dana Desa	Through manual cash disbursements by local governments
4. Additional unconditional cash transfer	Through PT PoS or Himbara (the State Bank Association)
5. Pre-employment card	Digital payment service provider OVO in partnership with state-owned Bank Negara Indonesia

- **PKH:** PKH continued to make payments through the HIMBARA banks. A survey of 1,200 PKH beneficiaries in September-October 2020 across 15 provinces showed that 75% of them preferred monthly benefits, whereas others preferred the routine quarterly payments to avoid repeated costs of withdrawal. Overall, ATMs (40%) and banking agents (32%) were used by the majority of the respondents, with the latter more commonly used in urban areas as compared to rural areas. Doorstep delivery was rare at 10%.[69]

- **BST:** In 2020, the BST made payments using a combination of HIMBARA (for those with bank accounts) and PT PoS (for others), but it fully transitioned to PT PoS 2021 onwards, owing in part due to reconciliation challenges.[70] The PT PoS distribution points were expanded beyond post offices to set up community-level kiosks, and door-to-door deliveries were done in cooperation with local governments to reach the elderly and the disabled. A survey of 370 beneficiaries across 8 provinces in July 2020 noted that as high as 80% of the recipients received their payments via PT PoS.[71] In practice, 70% of the beneficiaries accessed payments via post offices, whereas 27% received payments at the community level, whereas door deliveries were, yet again, marginal at 2%.

- **BLT-DD:** While the initial regulation for BLT-DD mandated bank transfers, it was modified within weeks to allow both bank transfers and manual disbursements. A survey of 579 BLT-DD beneficiaries across 13 provinces shows that manual cash disbursements at the community level were the most common payment delivery mechanism (88%), followed by distribution by bank transfers (12%). PT

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[64] These are Bank Mandiri, Bank Tabungan Negara, BNI 46, and Bank Rakyat Indonesia.
[65] TNP2K (2021).
[66] https://documents.worldbank.org/curated/en/905791589853713450/text/Indonesia-Social-Assistance-Reform-Program-Additional-Financing.txt
[67] https://finclusion.org/uploads/file/fii-indonesia-2020-report_final.pdf
[68] https://globalfindex.worldbank.org/
[69] Microsave (2021)
[70] KII
[71] Sekretariat Tim Pengendali Pelaksanaan Penyaluran Bantuan Sosial secara Non Tunai (2020a)

PoS could not play a salient role on BLT-DD, given concurrent pressures posed by BST payments.[72] The reconciliation process which is key to managing fiduciary risks could not be ascertained by the case study.

2.3.4 Grievance redressal

Dedicated grievance channels to serve specific programmes were available, but their overall utility and effectiveness are yet to be investigated in the COVID-19 context.

- **PKH:** Beneficiaries continued to rely on the facilitators regarding complaints, with less than 1% of the 1,200 respondents in the survey aware of the PKH Call Centre.[73]

- **BST:** Complaints could be made through the village governments or call centres set up by the district/city social affairs agencies.

- **BLT-DD**: The guidelines directed villages governments and the Village Consultative Body (BPD) to set up a dedicated channel via phone, WhatsApp, suggestion box and/or integrate complaints with the village information system. The guidelines also suggested resolving complaints, especially regarding targeting, via village deliberations. A survey of 90 villages noted that only half the villages had set up a complaint box.[74] The Ministry of Village also set up centralised channels via its website, call centre, SMS and Facebook.

- **Basic Food Assistance in Jabodetabek:** No formalised channel for complaints was set up, resulting in RT/RW becoming the de facto grievance redress channel. In a sample survey, of the 85% of the RT/RW that accepted complaints, nearly 52% received in-person complaints whereas others directed citizens to channels such as Dinsos and hotlines of MoSA.[75]

These programmatic channels were supplemented by a range of cross-sectoral grievance redress mechanisms. For instance, the Integrated Service and Referral System (SLRT: Sistem Layanan & Rujukan Terpadu) – one-stop shops set up by MoSA and financed by sub-national governments starting 2017 – continued to respond to complaints regarding social assistance during the crisis.[76] The Ombudsman of the Republic of Indonesia which handles citizens' complaints about public service delivery also received complaints regarding social assistance, albeit saw a low uptake potentially due to its limited reach.[77] The anti-corruption commission (KPK: Komisi Pemberantasan Korupsi) provided another avenue for complaints, although its uptake was similarly low.[78] LAPOR! (Layana Aspirasi dan Pengaduan Online Rakyat) was also utilised by the Sembako program for reporting.

2.3.5 Coordination and linkages

In the absence of clear coordination policies and structures, coordinating the response both vertically and horizontally proved to be a humongous task. The response was implemented by many national- and local-level actors, using different targeting methods and delivery mechanisms. Implementers in one agency may not have been aware of the scope of programmes implemented by another. Likewise, programmes initiated by district governments were independent of those coming from the central government or provincial governments, making it very difficult to synchronise benefits and coverage.

There is currently no consolidated beneficiary-level view across programmes (who received what, where and when), hence overlaps are likely and gaps are difficult to identify. Beneficiary data across programmes converge only at the village level, making it the only point at which such information is visible and available (Satriana et.al., forthcoming). A review of media coverage pointed to the lack of coordination and clarity on the distribution mechanisms across programmes.[79] The Ministry for Human Development and Cultural Affairs (MHDCA) potentially has the authority to coordinate, at least at the regulatory level. It has the mandate of coordinating policies by ministries implementing social protection programmes (including MoSA

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[72] CEDS Universitas Padjadjaran & UNICEF Indonesia (2021)
[73] Microsave (2021)
[74] PEKKA (2020)
[75] MoSA (2020)
[76] https://kemensos.go.id/en/slrt-take-a-part-in-guiding-social-assistance-while-covid-19
[77] https://ombudsman.go.id/news/r/81-persen-pengaduan-ke-posko-ombudsman-soal-bansos
[78] https://voi.id/en/news/19738/1650-people-complained-about-distribution-of-covid-19-social-assistance-to-kpk
[79] SMERU (2020b)

and MoV).[80] While MHDCA announced that it will be conducting a nationwide evaluation of COVID-19 assistance programmes[81], this has not resulted in a holistic policy to address coordination gaps. MoSA, as the host of DTKS, is responsible for beneficiary data of the social protection programme. However, as the data needs for the COVID-19 response highly exceeded the capacity of existing DTKS, a large proportion of new data was collected by sub-national governments. MoSA shared its mandate with local governments for pragmatic reasons, [82] while acknowledging that the collection of new data and updating of existing data on such a scale may be beyond the capacity of many local governments in pandemic settings.[83]

From a regulatory perspective, there is a lack of regulation specifying data collection, verification and validation in the context of disasters, particularly non-natural disasters. SMERU (2020) identified three main drawbacks: (i) the lack of regulation to guide the implementation of social protection in times of non-natural disasters; (ii) the lack of regulation specifying data collection, verification and validation mechanism in the context of disasters, particularly non-natural disasters; and (iii) The lack of specific regulation on social assistance for people affected by crises/disasters, such as those who lost income due to the COVID-19 pandemic. At the start of the crisis, the only regulation referred to is MoSA Regulation No 5/2019 on the management of DTKS, which only regulates the collection and management of social protection data under non-disaster settings. In the short term, a Joint Decree of the Minister of Finance, Minister of Social Affairs, and Minister of Home Affairs has accelerated an update of the DTKS in a coordinated manner, however, this remains a stopgap solution to the coordination challenge.

2.3.6 Monitoring and Evaluation (M&E)

The government pivoted to telephone-based surveys to monitor the key responses, given the distancing constraints posed by the pandemic. The Directorate of Poverty Reduction and Community Empowerment at Bappenas, in collaboration with TNP2K and MHDCA as the lead of Tim Pengendali, conducted several rounds of internal monitoring, particularly focused on PKH, Sembako and BST, which are referenced in this case study. The MoSA is leveraging institutional collaboration with JPAL and Microsave to track programme implementation. At a broader level, agencies such as the KPK (the anti-corruption body) and Commission VIII of the House of Representatives of the Republic of Indonesia, have undertaken field visits to verify that targeting and distribution of social assistance are effective.

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[80] Presidential regulation 68/2019 on the organisation of state ministries.
[81] https://nasional.kompas.com/read/2020/05/12/10284821/menko-pmk-perhatian-pemerintah-salurkan-bansos-mulai-bergeser-ke-luar
[82] https://news.detik.com/berita/d-5005189/mensos-sekarang-banyak-orang-yang-tiba-tiba-jadi-ahli-data
[83] https://www.cnnindonesia.com/ekonomi/20200514132828-532-503333/kemensos-ungkap-alasan-data-penerima-bansos-semrawut

3. Conclusion

3.1 Outcomes of the response

In conclusion, this section briefly reflects upon how the social protection responses discussed in Section 2 fared in meeting the following objectives:

- **Coverage** – of the response in relation to the number of people in need.
- **Adequacy** – whether the transfer modality, value and duration are adequate to meet the objectives.
- **Timeliness** – whether the response was timely concerning its objectives.
- **Inclusion** – the extent to which the response benefits, and meets the needs of, groups that are frequently excluded.

3.1.1 Coverage

The government's social protection response cushioned the pandemic's impact on poverty in 2020 considerably, but not completely. As mentioned in Section 1.3, official estimates suggest that the poverty headcount was at 10.2% of the population in September 2020.[84] This is nearly 1 percentage point higher than September 2019, representing an additional 2.8 million poor. Notably, urban dwellers were estimated to account for 80% of the new poor.[85] Simulations by the World Bank suggest that without the social protection measures, poverty could have increased by 2.3 percentage points – as against the recorded 1 percentage point – representing 8.5 million people. Essentially, the government's response was able to rescue nearly 5.7 million people from falling into poverty in 2020 due to the crisis. [86]

These macro-level estimates are confirmed by household-level surveys showing the significant expansion of coverage. As of September 2020, 54.6% of the Indonesian population received one or more of PKH, Sembako, BLT-DD, BST and electricity subsidies (free for 450 VA and 50% discount for 900 VA; 3 months) according to the National Socioeconomic Survey (SUSENAS: Survei Sosial Ekonomi Nasional).[87] A nationally representative survey of 12,216 households in October–November 2020 by UNICEF et al. reported that nearly all of the households that needed assistance (88.9%) received a form of social assistance in the form of food, cash or a combination of both (85.3%). At 50.8%, cash transfers' coverage was lower as compared to the overall reach of social assistance, but their reach of more vulnerable groups was – on average – higher. [88] More women-headed households (55.1%), households with children (52.9%) and households in the bottom 40% (63.5%) received some form of cash assistance. [89] The extensive coverage is confirmed by the latest round of the World Bank's high-frequency survey, which shows that by March 2021, nearly 90% of households in the bottom 40% and/or those who experienced income shocks, reported having benefitted from at least one social assistance programme since the onset of the pandemic.[90]

This unprecedented expansion was not without exclusion. UNICEF et al. find that nearly one in three households in the bottom 40% of the relative expenditure distribution did not receive any cash assistance (although most received assistance via an alternative modality). On the flip side, 44.4% and 28.9% of the households in the top two quintiles respectively received cash assistance. Arguably, some of these households had suffered a significant income shock and not all measures were poverty-targeted, therefore the extent of deliberate mistargeting and leakage cannot be ascertained.[91] These findings are confirmed by the World Bank's survey.

A major shortcoming of the otherwise expansive social assistance package was also the inadequate provision of cash assistance. This is reflected by a 14-percentage point difference in the percentage of households who felt the need for cash assistance and those who eventually received it in a survey by

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[84] https://fiskal.kemenkeu.go.id/data/document/pressrelease/2021/SP-Kemiskinan.pdf
[85] World Bank (2021b)
[86] World Bank (2020e)
[87] Based on email correspondence with TNP2K.
[88] UNICEF et al. (2021)
[89] Ibid.
[90] World Bank (2020e)
[91] UNICEF et al. (2021)

UNICEF et al. In the bottom 20% of the households, who are the most vulnerable, close to a third of the female-headed households, households with children and households with a disabled member were missed out by cash transfers, although this was their preferred modality.

3.1.2 Adequacy

Unlike most programmes globally that were either one-off transfers or limited to three months[92], the Government of Indonesia perceived and responded to the protracted nature of the crisis via an extended duration of payments. Starting in 2020, PKH, Sembako, and the key new programmes, Basic Food Assistance, BST and BLT-DD, covered the full duration of the crisis in 2020. The exceptions to this continuous support were Pre-employment Card (four months), UCT for Sembako beneficiaries (one-off), rice assistance for PKH beneficiaries (three months, plus a once-off extension in early 2021), and wage subsidy (four months initially, with extension into 2021). However, implementation bottlenecks could mean that support was not continuous in practice for all impacted households. For instance, the World Bank's survey finds that one in five vulnerable households had not received any social assistance after July 2020. Households in the bottom 40% who were mostly in urban areas, outside DKI Jakarta, and higher educated households were likely to have missed out on support for an adequate duration.[93]

Even among programmes that ran for a longer duration, monthly benefit levels are unlikely to be adequate to replace lost incomes. According to one estimate, assuming a six-month crisis period, a benefit value of 15% GDP per capita in benefit value would be needed to offset income losses. However, even the most generous benefit value of Rp 600,000/month (provided by BST and BLT-DD between April-June 2020) is only 3% of the GDP per capita and hence falls short of this benchmark.[94]

3.1.3 Timeliness

At the macro level, the government response to COVID-19 was facilitated by a timely budget revision process to channel additional funds to key spending agencies.[95] The pandemic resulted in an exceptionally early budget revision process in April 2020 (typically it takes place in June). This entailed a complex budget re-allocation process to ensure that agencies implementing the programmes to mitigate the pandemic's impact (including social protection) received a higher share of the budget than previously planned. On the downside, the need for timeliness meant that the revisions to the budget were passed with very little broad-based consultation.[96] While the government was decisive in its approach, the actual mobilisation of resources was not without challenges. For instance, budget reallocation by sub-national governments was one of the key financing instruments for the COVID-19 response (including social protection). Until May 2020, the accumulated budget commitment from the sub-national governments was only 24% of the potential Rp 278.9 trillion required. The Ministry of Finance issued sanctions involving the reduction of central government transfers to provinces and districts that were failing compliance with rapid budget reallocation.[97]

Operationally, the budget disbursement rate was slow in the first three months but gradually improved. The budget realisation for the social protection component of the PEN rose from 31% in June 2020 to 55% in August 2020 to 95% by December 2020.[98] This component fared significantly better than other components of the PEN (e.g. health), partially due to system preparedness that has been developed over the last decade.[99] Figure 5 illustrates the progress of different programmes between June–December

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[92] See analysis here that shows that 41% of the programmes made one-off payments and another 31% of the programmes made 2-3 payments.
[93] World Bank (2020e)
[94] Authors' analysis based on Barba et al. (2020) and Gentilini et al. (2020). The choice of 15% is based on the benchmark of the median benefit for a tax-financed pension across low- and middle-income countries – see Barba et al. (2020).
[95] KII
[96] https://indonesiaatmelbourne.unimelb.edu.au/budget-politics-in-indonesias-covid-19-response/
[97] https://seknasfitra.org/pengawasan-anggaran-pandemi-daerah/
[98] https://thedocs.worldbank.org/en/doc/110571601643580466-0070022020/original/RalphvanDoornIndonesiaOutlookOct2020.pdf
[99] Temenggung et al. (2021)

2020. These trends are confirmed by household surveys, which show that most programmes (except for BLT-DD and Pre-employment Card program) had reached their estimated targets by August 2020.[100]

Data-related challenges affected the speed of the response for the expansion of existing and especially new programmes. The lack of updated data and PMT rankings meant that the distribution of benefits to new beneficiaries of PKH and Sembako did not coincide with the routine distribution. For instance, research conducted in April 2020 showed most existing beneficiaries had received benefits while new beneficiaries were expected to be covered only in mid-/late-May 2020.[101] With new programmes, mechanisms to identify the new poor had to be first developed and then streamlined.

While the breadth of the response is commendable, the lack of alignment across the whole array of programmes caused confusion and impacted timeliness. A principle source of confusion was the lack of parity of benefits across programmes, affecting social cohesion and the perceived sense of fairness of the response at the community level. Beneficiaries of non-regular programmes and beneficiaries of BST and the electricity subsidy on average received assistance totalling 21.3 per cent of their monthly household expenditure. Meanwhile, the beneficiaries of regular programmes, such as PKH, PIP, and Program Sembako, as well as electricity bill discounts, received benefits totalling approximately 16.95 per cent of their total monthly expenditure.[102] Inadvertently, the response offered higher benefits to the new poor, rather than the chronic poor.

The BLT-DD represented a new frontier in terms of decentralised financing and implementation of social protection, and therefore, it faced additional challenges. The programme went through at least eight amendments between April 13 – when it was first notified via Regulation No. 6 of 2020 by the Minister of Village – to June 16, when the programme duration was changed. Between this period, the financing allocation, the targeting criteria, documentation requirements, were iteratively changed in response to queries from local governments. Alongside this, village governments initially struggled to reallocate their budgets. These bottlenecks were streamlined over time through multi-stakeholder coordination.

Figure 5. Disbursement rate for major social assistance responses, 2020
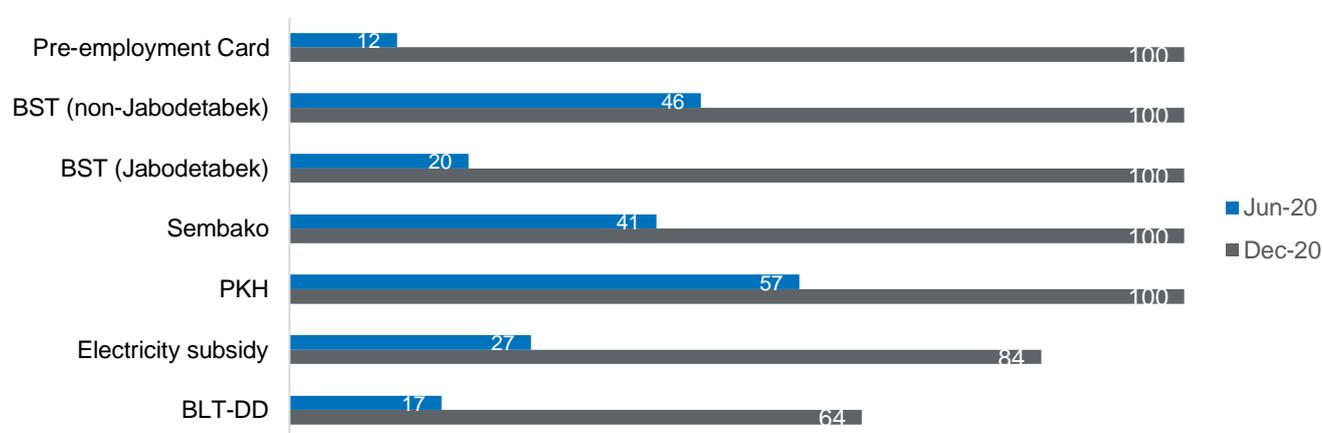
Source: Reproduced based on ADB (2020c).

3.1.4 Inclusion

Some programmes explicitly prioritised vulnerable populations including the elderly, people with disabilities, vulnerable women, and female-headed households. These programmes reached a higher proportion of vulnerable groups when compared to other programmes without a deliberate policy towards the inclusion of the marginalised. For instance, the guideline for BLT-DD specifically mentioned the need to include female-headed households, the elderly and people with disabilities.[103] Consistently, BLT-DD has been found to benefit the poor and vulnerable the most, including female-headed households and

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[100] World Bank (2020i)
[101] SMERU (2020b)
[102] TNP2K (2020)
[103] KOMPAK (2020)

households with children.[104] The BST has a specific allocation for people with disabilities that uses MoSA's disability registry (SIMPD), and this has resulted in BST having the highest coverage of people with disabilities compared to other COVID-19 social protection programmes.[105]

Employment-related programmes had particularly low coverage among people with disabilities and vulnerable women, mainly due to the lack of accessible information among these groups. This is especially true for the Pre-employment Card and Banpres Produktif programmes. [106],[107] In both cases, programmes used digital media for outreach and registration, thus limiting their access to vulnerable groups.

Some regular programmes for vulnerable populations have suffered reallocation and reprioritisation, making them less available during the pandemic. For instance, the provision of an assistive device for people with disabilities was interrupted during the pandemic due to movement restriction, reduced contacts between social workers and people with disabilities, as well as reprioritisation of programmes, as financial and human resources were redirected to support COVID-19 response.[108] While the PKH programme is overall targeted to a vulnerable population (with specific components for poor women, the elderly and people with disability), its expansion during the pandemic was not inclusive of the elderly and people with a disability. Coverage among these groups dropped in 2020 (a reduction of 6.1% of PKH recipients in the disability category and 65.6% in the elderly category), resulting from a policy that limited the number of elderly and people with disabilities to a maximum of 1 person per family and the number of children per family to 2.[109]

3.2 Long-term implications

The expansion of the social protection system in Indonesia during the first wave of the pandemic has highlighted several opportunities. Social protection for every citizen is a strategic priority under the National Medium-Term Development Plan (RPJMN: Rencana Pembangunan Jangka Menengah Nasional) for 2020-2024. The government has already initiated reforms so that it is better prepared to protect citizens from the ever-increasing risks to welfare. These include:

- **Programmes:** As this experience showed, the current social protection system is not designed to address the needs of several groups, including the near-poor, the elderly and the disabled. A progressive expansion of social assistance in combination with social insurance is essential to guarantee social protection for all.
- **Coordination:** The extensive social protection package faced similar challenges with coordination as faced by many countries in response to the COVID-19 shock. Although the government took interim steps to improve coordination, a more responsive framework is crucial for timely implementation. While sub-national governments, particularly at the village level, have demonstrated the unique role they can play in setting up an inclusive social protection system, a clear policy and coordination framework will be necessary to harness their potential in the long term.
- **Information systems:** The crisis revealed the shortcomings of the DTKS in its current form in supporting a dynamic inclusive social protection system that is responsive to changes in poverty. It has reinforced the government's commitment to DTKS reform – as seen by the ongoing challenging yet necessary multi-stakeholder discussions on the direction this reform could follow. Further, the crisis emphasized the limited effectiveness of siloed approaches to data and digitalisation, underscoring the importance of adopting a "whole-of-government" approach to fully realise the potential of digital systems. There is a need for clearer mechanisms for updating the DTKS.
- **Payment systems:** While social assistance payments had been gradually transitioning towards digital payments before the crisis, there is a need to accelerate these reforms, for scalability and reconciliation are recognised challenges when it comes to the currently predominant indirect, manual systems.

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[104] UNICEF et al. (2021)
[105] Satriana et al. (forthcoming)
[106] Ibid.
[107] https://www.antikorupsi.org/sites/default/files/dokumen/2021%20Urgensi%20Peningkatan%20Bansos%20untuk%20Kelompok%20Rentan_0.pdf
[108] KII
[109] Pusat Kajian Akuntabilitas Keuangan Negara (PKAKN) Badan Keahlian (DPR RI. 2020. Akuntabilitas Pelaksanaan Program Keluarga Harapan (PKH) Komponen Kesejahteraan Sosial (Lanjut Usia dan Disabilitas Berat) di Indonesia.

- **Implementation capacity:** There is an urgent need to empower and strengthen local-level capacity to deliver social protection, given this is the level that is best placed to dynamically respond to changes in citizen welfare.

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