

Chapter 3

Economic and Social Protection

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CHAPTER 3

Economic and Social Protection



1. Income

The COVID-19 pandemic has slowed down economic activities all over the world. This is an inevitable consequence of the lockdown policy which was implemented to prevent the community transmission of the virus. Job and income losses had severely impacted the economic condition of most people, including older people, directly or indirectly.

As a developing country whose informal sector comprises a high proportion, Indonesia is faced with the serious impact of COVID-19 on its economy. According to the World Bank, the domination of the informal sector may amplify the impact of COVID-19. Informality is associated with underdevelopment in a wide range of areas, such as widespread poverty, lack of access to financial systems, deficient public health and medical resources, and a weak social safety net (World Bank, 2020b). Indeed, the impact of COVID-19 on the labour market had started in late March 2020. Based on the World Bank panel phone monitoring survey, nearly a quarter of respondents had stopped working and two-thirds of the survey respondents who were still working experienced reduced income (World Bank, 2020a).

Older people might also experience the impact of the pandemic on their income. Some of them live with a caregiver, household member, or non-household member who cares for and always helps older people in urgent conditions, whether the caregiver is paid or not. This study revealed that older people and their caregivers have been affected in terms of income due to the COVID-19 pandemic.

Table 3.1 Income Changes of Older People During the Pandemic

Characteristics	Respondent's Income			Caregiver's Income		
	Decreased	The Same/ Increased	N	Decreased	The Same/ Increased	N
Total	53.7	46.30	3,430	61.32	38.68	2,960
Sex						
Male	55.68	44.32	1,593	57.98	42.02	1,385
Female	51.99	48.01	1,837	64.25	35.75	1,575
Age						
60–69 years	58.09	41.91	2,231	61.06	38.94	1,872
70–79 years	47.57	52.43	906	61.32	38.68	817
80 years and older	39.25	60.75	293	63.10	36.90	271
Living location						
Urban	52.54	47.46	3,171	59.67	40.33	2,705
Rural	67.95	32.05	259	78.82	21.18	255
Province						
Bali	59.15	40.85	781	74.86	25.14	716
DIY	42.03	57.97	878	52.04	47.96	638
DKI Jakarta	57.09	42.91	1,771	58.97	41.03	1,606



**1 out of 2 respondents
experienced a decrease in
income**

Table 3.1 shows that more than half of the respondents (54%, 95%CI [Confidence Interval] 52.0%–55.4%) and their caregivers (61%, 95%CI 59.6%–63.1%) experienced a decrease in income. The male respondents whose income decreased were significantly more than the females ($p < 0.05$ ¹). We found a significant difference in income decreases amongst the three age groups ($p < 0.001$). The 60–69 group reported the highest income decrease (58%, 95%CI 55.9%–60.3%). We found no significant difference

in the percentage of caregivers' income decrease amongst the age groups of respondents.

¹ All p-values were calculated from chi-squared test in this report, unless otherwise stated.

The respondents and their caregivers who experienced an income decrease in rural areas were significantly more than in urban areas ($p < 0.001$ for both). DIY had remarkably fewer respondents who were affected by income decrease amongst the three provinces in this study. Caregivers in Bali were the most affected by the decline in income.

Older people are usually not considered members of the productive age group. Since many people, including older people, are still not covered by the pension or old-age insurance system in Indonesia, many older adults are still working to generate income. Meanwhile, some older people depend on their assets and/or family members to meet their needs. Some of the sources of income of older people reported in this study are summarised in Table 3.2.



More than 36% of the respondents are still working to generate income to meet their needs. The employed male respondents were significantly more than their female counterparts ($p < 0.001$). On the contrary, the female respondents whose income was from their children, whether living with them or not, were significantly more than their male counterparts ($p < 0.001$).

The 60–69 group had the highest percentage of employed respondents amongst the three age groups; the oldest group was the lowest. Contrary to this, the oldest group had the highest percentage of respondents who had income from a household member; the youngest group had the lowest percentage.

Respondents engaged in subsistence farming, including livestock, in rural areas were significantly more than their urban counterparts ($p < 0.001$). On the other hand, the urban respondents who depend on their children who are non-household members were significantly more than their rural counterparts ($p < 0.05$). These results imply that rural older people are more independent than urban older people in terms of subsistence living.

Table 3.2 Source of Income of Respondents Before the Pandemic

Characteristics	Source of Income							N
	Work	Rent/ Sharecrop- ping	Savings	Insur- ance	Children (Non-household Member)*	Family/ Relative (Non-house- hold Member)	Neighbours/ Friends**	
All respondents	36.12	1.78	0.70	0.12	29.56	2.71	0.29	3,430
Sex								
Male	44.95	2.20	0.94	0.19	23.48	2.57	0.19	1,593
Female	28.47	1.42	0.49	0.05	34.84	2.83	0.38	1,837
Age								
60–69 years	43.57	1.70	0.67	0.18	27.88	2.29	0.18	2,231
70–79 years	25.39	1.88	0.66	0.00	32.23	3.53	0.44	906
80 years and older	12.63	2.05	1.02	0.00	34.13	3.41	0.68	293
Living location								
Urban	36.36	1.83	0.73	0.13	30.05	2.78	0.32	3,171
Rural	33.20	1.16	0.39	0.00	23.55	1.93	0.00	259
Province								
Bali	35.08	1.79	0.38	0.13	21.25	2.43	0.13	781
<i>Daerah Istimewa</i> Yogya- karta	41.12	1.71	0.8	0.00	12.64	2.96	0.23	878
DKI Jakarta	34.11	1.81	0.79	0.17	41.61	2.71	0.40	1,771
Respondents' income								
Decreased	54.23	1.95	0.65	0.16	33.01	3.04	0.54	1,842
Same/Increased	15.11	1.57	0.76	0.06	25.57	2.33	0.00	1,588

Note: * Biological, adopted, or stepchildren; **Non-family/relatives

Table 3.2 (Continued)

Characteristics	Source of Income						N
	Pension (%)	Govt Social Protection	Private Social Protection	Subsistence Farming/Livestock	Spouse (Non-household Member)	Household Member	
All respondents	18.37	1.43	0.26	3.62	0.15	18.48	3,430
Sex							
Male	21.72	0.88	0.25	4.90	0.19	12.81	1,593
Female	15.46	1.91	0.27	2.50	0.11	23.41	1,837
Age							
60–69 years	16.94	0.72	0.13	3.27	0.18	16.05	2,231
70–79 years	21.63	1.99	0.44	4.75	0.00	21.30	906
80 years and older	19.11	5.12	0.68	2.73	0.34	28.33	293
Living location							
Urban	18.89	1.48	0.28	1.36	0.16	19.17	3,171
Rural	11.97	0.77	0.00	31.27	0.00	10.04	259
Province							
Bali	15.36	0.26	0.00	13.32	0.00	19.59	781
<i>Daerah Istimewa</i> Yogyakarta	30.18	2.28	0.00	1.82	0.34	15.83	878
DKI Jakarta	13.83	1.52	0.51	0.23	0.11	19.31	1,771
Respondents' income							
Decreased	4.61	1.03	0.27	4.89	0.16	12.38	1,842
Same/Increased	34.32	1.89	0.25	2.14	0.13	25.57	1,588

As for pension coverage, the respondents in DIY had a significantly higher coverage rate than other provinces. This result could be related to the lowest percentage of DIY respondents who depend on their non-household-member children compared with those in the other two provinces, as well as the lowest percentage of respondents who suffered from income decrease in DIY, as described in Table 3.1.

In terms of the employment of respondents, the employed respondents were significantly more likely to experience a decrease in income than their counterparts ($p < 0.001$). The respondents whose income depended on their non-household-member children were also more likely to experience a decrease in income ($p < 0.001$), while the income of the respondents who depended on pension were significantly less likely to decrease than non-pensioners ($p < 0.001$).

Table 3.3 Number of Sources of Income Before the Pandemic

Characteristics	Income from Household Member	Number of Income from Non-household Member				N
		1	2	3	4	
Total	18.48	68.98	11.52	0.99	0.03	3,430
Sex						
Male	12.81	73.38	12.43	1.32	0.06	1,593
Female	23.41	65.16	10.72	0.71	0.00	1,837
Age						
60–69 years	16.05	71.36	11.47	1.08	0.04	2,231
70–79 years	21.30	65.45	12.25	0.99	0.00	906
80 years and older	28.33	61.77	9.56	0.34	0.00	293
Living location						
Urban	19.17	68.34	11.48	0.98	0.03	3,171
Rural	10.04	76.83	11.97	1.16	0.00	259
Province						
Bali	19.59	71.32	8.45	0.64	0.00	781
Daerah Istimewa Yogyakarta	15.83	74.72	9.00	0.46	0.00	878
DKI Jakarta	19.31	65.10	14.12	1.41	0.06	1,771

Characteristics	Income from Household Member	Number of Income from Non-household Member				N
		1	2	3	4	
Respondents' income						
Decreased	12.38	72.20	13.95	1.41	0.05	1,842
Same/Increased	25.57	65.24	8.69	0.50	0.00	1,588
Caregivers' income						
Respondents who had caregivers	19.56	67.60	11.72	1.08	0.03	2,960
Decreased	20.44	67.33	11.29	0.94	0.00	1,815
Same/Increased	18.17	68.03	12.40	1.31	0.09	1,145

Table 3.3 shows that 69% of the respondents had only one source of income from a non-household member before the pandemic, whilst about 19% of them received income from a household member. Twelve percent of respondents had two sources of income from a non-household member. Less than 1% of the rest had three or four sources of income from a non-household member.

The female respondents are significantly more likely to receive income only from a household member than their male counterparts ($p < 0.001$). Interestingly, the result of this study indicates that the respondents who had no income other than from a household member before the pandemic were significantly less likely to experience a decrease in income during the pandemic ($p < 0.001$). The most affected group by decreased income was those whose only income comes from non-household members.

Table 3.4 shows the sources of income of respondents who had only one income source from a non-household member before the pandemic. Work (41%, 95%CI: 40.0%–42.9%) was the most common source of income. Female respondents were more likely to depend on their children who are non-household members than male counterparts ($p < 0.001$). Amongst those whose only income source is a pension, the respondents residing in urban areas are more likely to depend on a pension than their counterparts in rural areas ($p < 0.01$). DIY had the highest percentage of respondents whose only income source is pension amongst the three provinces in this study.

Table 3.4 Distribution of Income Source of Respondents Who Had Only One Source Before the Pandemic

Characteristics	Source of Income from Non-household Member							N
	Work	Rent/ Share-cropping	Savings	Insurance	Children (Non-household Member)*	Family/Relative (Non-household Member)	Neighbours/ Friends**	
All respondents who had only one income source	40.96	1.14	0.42	0.04	30.81	2.07	0.08	2,366
Sex								
Male	48.76	1.54	0.43	0.09	20.36	1.88	0.17	1,169
Female	33.33	0.75	0.42	0.00	41.02	2.26	0.00	1,197
Age								
60–69 years	48.87	0.88	0.38	0.06	27.32	1.63	0.06	1,592
70–79 years	27.82	1.18	0.34	0.00	36.42	2.70	0.17	593
80 years and older	14.36	3.31	1.10	0.00	43.09	3.87	0.00	181
Living location								
Urban	41.58	1.15	0.46	0.05	31.24	2.03	0.09	2,167
Rural	34.17	1.01	0.00	0.00	26.13	2.51	0.00	199
Province								
Bali	42.01	1.08	0.18	0.18	24.78	1.80	0.18	557
Daerah Istimewa Yogyakarta	46.19	0.61	0.91	0.00	11.89	2.13	0.00	656
DKI Jakarta	37.47	1.47	0.26	0.00	44.49	2.17	0.09	1,153
Respondents' income								
Decreased	59.32	1.20	0.23	0.08	31.73	1.95	0.15	1,330
Same/Increased	17.37	1.06	0.68	0.00	29.63	2.22	0.00	1,036
Caregivers' income								
Respondents who had caregivers	40.98	1.15	0.25	0.05	32.43	2.00	0.05	2,001
Decreased	42.72	1.06	0.25	0.08	36.66	2.21	0.08	1,222
Same/Increased	38.25	1.28	0.26	0.00	25.8	1.67	0.00	779

Note: * Biological, adopted, or stepchildren; **Non-family/relatives.

Table 3.4 (Continued)

Characteristics	Source of Income from Non-household Member					N
	Pension	Government Social Protection	Social Protection Private	Subsistence Farming/ Live-stock	Spouse (Non-household Member)	
All respondents who had only one income source	19.86	1.06	0.13	3.30	0.13	2,366
Sex						
Male	21.73	0.51	0.09	4.28	0.17	1,169
Female	18.05	1.59	0.17	2.34	0.08	1,197
Age						
60–69 years	17.65	0.38	0.06	2.58	0.13	1,592
70–79 years	24.79	1.69	0.00	4.89	0.00	593
80 years and older	23.20	4.97	1.10	4.42	0.55	181
Living location						
Urban	20.63	1.15	0.14	1.34	0.14	2,167
Rural	11.56	0.00	0.00	24.62	0.00	199
Province						
Bali	17.59	0.00	0.00	12.21	0.00	557
Daerah Istimewa Yogyakarta	34.15	2.29	0.00	1.37	0.46	656
DKI Jakarta	12.84	0.87	0.26	0.09	0.00	1,153
Respondents' income						
Decreased	0.75	0.30	0.08	4.14	0.08	1,330
Same/Increased	44.40	2.03	0.19	2.22	0.19	1,036
Caregivers' income						
Respondents who had caregivers	17.99	1.20	0.15	3.65	0.10	2,001
Decreased	10.56	1.39	0.08	4.83	0.08	1,222
Same/Increased	29.65	0.90	0.26	1.80	0.13	779

Amongst those who had only one income source before the pandemic and experienced income decrease during the pandemic, the employed respondents accounted for the highest percentage (59%, 95%CI: 56.7%–62.0%), followed by those whose only income source was their non-household-member children (32%, 95%CI: 29.2%–34.2%). Pensioners topped the list (44%, 95%CI: 41.4%-47.4%) of respondents who had only one income source before the pandemic and experienced an increase or no change of income during the pandemic. They were followed by respondents whose only income source was their non-household-member children (30%, 95%CI: 26.8%–32.4%).

Table 3.5 Impact of Income Changes on Food Consumption

Characteristics	Reduce the Frequency/ Amount of Meals (%)	Reduce the Quality of Meals	Used Some/ All Savings to Afford Daily Meals	No Change	N*
All respondents whose income decrease	17.21	41.91	2.33	47.94	1,842*
Sex					
Male	17.25	41.49	1.92	48.70	887
Female	17.17	42.30	2.72	47.23	955
Age					
60–69 years	17.28	43.36	2.47	46.84	1,296
70–79 years	17.40	37.59	1.62	51.51	431
80 years and older	15.65	41.74	3.48	46.96	115
Living location					
Urban	17.77	42.02	2.46	47.54	1,666
Rural	11.93	40.91	1.14	51.70	176
Province					
Bali	20.56	37.88	1.30	45.67	462
<i>Daerah Istimewa Yogyakarta</i>	8.94	31.98	4.88	58.54	369
DKI Jakarta	18.69	47.38	1.88	45.10	1,011

Characteristics	Reduce the Frequency/ Amount of Meals (%)	Reduce the Quality of Meals	Used Some/ All Savings to Afford Daily Meals	No Change	N*
Caregivers' income					
Respondents who had caregivers	17.24	42.98	2.09	47.04	1,624
Decreased	18.67	44.81	1.99	44.07	1,205
Same/Increased	13.13	37.71	2.39	55.61	419

Notes: *N Respondents who experienced a decrease in income. Respondents were allowed multiple answers.



This study suggests that the decreases in income might deteriorate the quality of life of older people. As described in Table 3.5, about half of the respondents whose income decreased stated that income decrease indeed impacted their food consumption.

About 42% (95%CI: 39.7%–44.2%) of respondents whose income decreased during the pandemic reported that they reduced the quality of their meals as their income decreased, whilst 17% (95%CI: 15.5%–18.9%) reported that they reduced the frequency and/or amount of meals due to income decrease. In DIY, the respondents who reduced the frequency and/or amount of meals were significantly low (9%, 95%CI: 6.03%–11.9%) compared to those in the other two provinces.

About 2% of respondents whose income decreased spent their savings to meet their daily food needs. The percentage of DIY respondents who reduced the frequency of meals was the lowest amongst the provinces; the percentage of those who used savings to meet their daily food needs was also the highest in DIY.

The caregivers' income affected the food consumption of the respondents. Regardless of the change in the respondents' income during the pandemic, the respondents whose caregivers' income increased or did not change during the pandemic were significantly less likely to be affected in the quality of their food consumption ($p < 0.001$). No difference was found in the effect of income decrease on food consumption between respondents from the urban and rural areas.

Table 3.6 Coping Strategy Against Income Decrease During the Pandemic

Characteristics	Sought a New Job %	Took Loan	Used Savings	Pawned Assets	Sold Assets	Asked for Assistance**	Extended Working Hours	Reduced Expenditures	None	N*
All respondents whose income decreased	7.60	7.00	7.71	0.60	2.71	17.81	1.41	1.79	58.41	1,842
Sex										
Male	9.24	7.22	7.55	0.68	2.59	17.93	1.69	1.80	57.05	887
Female	6.07	6.81	7.85	0.52	2.83	17.70	1.15	1.78	59.69	955
Age										
60–69 years	8.02	7.02	8.56	0.77	2.85	16.98	1.70	1.77	57.41	1,296
70–79 years	6.26	7.66	5.80	0.23	2.78	20.88	0.93	1.86	59.40	431
80 years and older	7.83	4.35	5.22	0.00	0.87	15.65	0.00	1.74	66.09	115
Living location										
Urban	7.08	7.20	8.28	0.66	2.82	18.61	1.38	1.80	57.62	1,666
Rural	12.50	5.11	2.27	0.00	1.70	10.23	1.70	1.70	65.91	176
Province										
Bali	9.31	11.04	4.98	0.00	1.95	14.72	1.30	1.30	60.17	462
Daerah Istimewa Yogyakarta	10.03	5.42	10.30	1.08	2.98	26.83	1.08	0.54	47.43	369
DKI Jakarta	5.93	5.74	8.01	0.69	2.97	15.92	1.58	2.47	61.62	1,011
Caregivers' income										
Respondents who had caregivers	7.70	7.08	7.45	0.37	2.65	16.63	1.48	1.60	59.85	1,624
Decreased	7.88	7.39	7.97	0.50	2.90	16.43	1.49	1.24	59.50	1,205
Same/Increased	7.16	6.21	5.97	0.00	1.91	17.18	1.43	2.63	60.86	419

Notes: *N Respondents who experienced income decrease, ** Assistance from family and/or community with better economic conditions, or companies.

The respondents were allowed multiple answers.

Income decrease is the most critical economic challenge that must be solved immediately to prevent a negative impact on the quality of life. Even though the majority of the respondents whose income decreased during the pandemic reported they did not take any specific measures to cope with income decrease (58%, 95%CI: 56.2%–60.7%), many reported that they made some efforts to improve their economic condition.

One effort of respondents whose income decreased was to ask for assistance from family members, the community, or companies with better economic conditions (18%, 95%CI: 16.1%–19.6%). The respondents of urban residents were more likely to use this strategy than their rural counterparts ($p < 0.01$). On the contrary, the rural respondents were more likely to seek new jobs as a coping strategy against income decrease than their urban counterparts ($p < 0.05$).

The respondents in DIY whose income decreased were the least likely to take no action to cope with such a decrease. The percentage of the respondents who took a loan as a coping strategy in Bali was the highest.

2. Assistance

Social protection mechanisms from the central government, as well as assistance from the community, are an essential support for older people during this hard time. Low-income households and older people are vulnerable groups and need social protection (World Bank, 2020b). Since the pandemic has made older people more vulnerable, they need support, either in cash or in kind, to maintain their quality of life.

As a response to the impact of the pandemic on livelihood, the government improves social assistance and expands its coverage to older people (World Bank, 2020a). One of the government programmes that have been implemented for a long time since before the pandemic is the PKH (*Programme Keluarga Harapan*: Family Hope Programme, or Conditional Cash Transfer Programme). Older people who are 70 years old or above are one of the beneficiaries' groups of this programme. In response to the pandemic, the government decided to increase the frequency of cash transfers under this programme from every 3 months to monthly, until December 2020. Also, the government has approved more older people as beneficiaries of this programme.

The government has another programme of social protection as an effort to mitigate the negative impact of the COVID-19 pandemic. It is enacted by the Regulation of the Ministry of Social Affairs number 54/HUK/2020 regarding the Implementation of Assistance Programme in the Form of Cash as well as Non-cash Food Assistance. This is also known as the *Sembako* (*Sembilan Bahan Pokok*: Nine Basic Needs Commodities) programme. This programme has been operating in some areas of western Java such as Jakarta, Bogor, Tangerang, and Bekasi (Jabodetabek).

The government has also expanded social protection during this pandemic by allowing the village fund (*dana desa*) to be used as cash transfer and in-kind assistance. This policy adjustment was enacted in the Regulation of the Ministry of Village, Development, and Transmigration number 11 of 2019 and number 6 of 2020 regarding the Priority of Usage of Village Fund for 2020. The beneficiaries of the village fund are the villagers who are registered in the *rukun tetangga* and the *rukun warga* and those who are not receiving benefits from the PKH, pre-employment, and the BPNT (in-kind assistance) programmes.

Other than the government programmes mentioned, Indonesians also have a mutual assistance system amongst community members, which is one of the forms of social capital in the community. As Indonesians have strong empathy and a spirit of cooperation, they are willing to help each other in the face of hardship. They collect funds or goods from community members to distribute to vulnerable groups, including older people. This kind of support and assistance help the community ease the burden caused by the pandemic.

2.1. Assistance for All Respondents during the Pandemic

Table 3.7 shows the types of assistance the respondents received. More than half received non-cash food assistance (*sembako*) since March 2020 (57%, 95%CI: 55.1%–58.4%). However, urban respondents were more likely to receive *sembako* than their rural counterparts ($p < 0.001$). This is understandable as people in rural areas usually have better food security than those in urban areas because they were significantly more likely to be engaged in subsistence farming, including livestock farming, than their urban counterparts (Table 3.2). On the contrary, the rural respondents are significantly more likely to receive BLT or BST (unconditional cash transfer) than their urban counterparts ($p < 0.001$).

Table 3.7 Types of Assistance Received by Respondents During the Pandemic

Characteristics	Type of Assistance				N
	PKH for Older People (%)	BLT (Cash Transfer)*	Sembako/ Non-cash Food Assistance from Government	Assistance from the Community/ Private/ NGO	
All respondents	6.73	10.38	56.79	37.76	3,430
Sex					
Male	6.34	10.48	57.38	37.23	1,593
Female	7.08	10.29	56.29	38.21	1,837
Age					
60–69 years	5.02	10.58	59.97	37.02	2,231
70–79 years	8.50	9.93	53.09	38.52	906
80 years and older	14.33	10.24	44.03	40.96	293
Living location					
Urban	7.10	8.80	58.37	37.72	3,171
Rural	2.32	29.73	37.45	38.22	259
Province					
Bali	1.41	12.29	32.78	45.97	781
<i>Daerah Istimewa</i> Yogyakarta	11.39	19.25	21.30	41.80	878
DKI Jakarta	6.78	5.14	84.98	32.13	1,771
Respondents' income					
Decreased	6.30	12.00	62.27	38.44	1,842
Same/Increased	7.24	8.50	50.44	36.96	1,588
Caregivers' income					
Respondents who had caregivers	6.59	11.88	63.36	38.85	2,960
Decreased	5.89	12.61	61.33	38.84	1,815
Same/Increased	8.59	9.79	69.21	38.90	1,145

NGO = non-governmental organisation.

Notes: * BLT (*Bantuan Langsung Tunai*) or BST (*Bantuan Sosial Tunai*) of central government/ local government/village. Both BLT and BST mean unconditional cash transfer.

The respondents were allowed multiple answers.



**1 in 2 respondents
received non-cash
food assistance (*sembako*)**

The percentage of respondents who received *sembako* was remarkably high in DKI Jakarta (85%, 95%CI: 83.3%–86.6%). This result reflects the government’s policy that the *Sembako* programme is one of the most important programmes to mitigate the impact of COVID-19 in DKI Jakarta. As for the PKH and BLT or BST programmes, the percentage of respondents who benefited from these programmes was highest in DIY amongst the three provinces.

The oldest group (aged 80 years and older) had the highest percentage as beneficiaries of the PKH programme whilst the youngest group (60–69 years old) had the highest percentage of *Sembako* beneficiaries.

Respondents whose income decreased were more likely to receive assistance from BLT ($p < 0.01$) and *Sembako* ($p < 0.001$) than their counterparts. Meanwhile, respondents living with caregivers whose income decreased were more likely to receive BLT assistance than their counterparts.

Table 3.8 shows that about a quarter of the respondents did not receive any type of assistance stated in Table 3.7 at all during the pandemic (24%, 95%CI: 22.6%–25.4%). In DIY, the percentage of respondents who did not receive assistance is the highest amongst other provinces (41%, 95%CI: 37.6%–44.2%), whereas the percentage was much lower in DKI Jakarta (11%, 95%CI: 9.29%–12.2%).

The percentage of respondents who received only one type of assistance was 46% (95%CI: 44.5%–47.8%) of the total respondents. The results indicated that respondents whose income decreased were more likely to receive at least one type of assistance ($p < 0.001$), whilst caregivers’ income did not significantly affect the number of types of assistance that the respondents received during the pandemic.

Table 3.8 Number of Assistance Types Received by Respondents During the Pandemic

Characteristics	Number of Types of Assistance					N
	Not Received at All	1	2	3	4	
All respondents	24.02	46.15	24.75	4.29	0.79	3,430
Sex						
Male	22.41	48.96	23.92	4.21	0.50	1,593
Female	25.42	43.71	25.48	4.35	1.03	1,837
Age						
60–69 years	21.34	49.53	24.83	3.81	0.49	2,231
70–79 years	27.81	41.72	24.28	4.97	1.21	906
80 years and older	32.76	34.13	25.60	5.80	1.71	293
Living location						
Urban	23.81	46.14	25.17	4.04	0.85	3,171
Rural	26.64	46.33	19.69	7.34	0.00	259
Province						
Bali	35.21	40.72	20.49	3.59	0.00	781
<i>Daerah Istimewa</i> Yogyakarta	40.89	33.37	18.56	5.47	1.71	878
DKI Jakarta	10.73	54.88	29.70	4.01	0.68	1,771
Respondents' income						
Decreased	19.33	48.59	26.44	5.05	0.60	1,842
Same/Increased	29.47	43.32	22.80	3.40	1.01	1,588
Caregivers' income						
Respondents who had caregivers	22.03	47.23	25.34	4.53	0.88	2,960
Decreased	20.94	47.82	25.51	4.85	0.88	1,815
Same/Increased	23.76	46.29	25.07	4.02	0.87	1,145

The assistance, either in cash or in kind, provided to older people by individuals and/or groups living in the same *desa* (village)/*dusun/rukun warga/banjar* (in Bali) has been common during this pandemic. Table 3.9 shows that more than half of the respondents received assistance from the community (54.7%, 95%CI: 53.0%–56.4%).

In Bali and DKI Jakarta, the percentage of respondents receiving assistance from the community was around 60%, whilst the percentage in DIY was the lowest (42%, 95%CI: 39.2%–45.7%). Respondents whose income decreased or whose caregivers' income decreased were more likely to receive assistance from individuals and/or groups living in the same village than their counterparts ($p < 0.05$ and $p < 0.001$).

Table 3.9 Percentage of Respondents Who Received Assistance During the Pandemic from Individuals and/or Groups Living in the Same Village/*Dusun*/*Rukun Warga*/*Banjar*

Characteristics	Recipients (%)	N
All respondents	54.69	3,430
Sex		
Male	55.30	1,593
Female	54.16	1,837
Age		
60–69 years	55.54	2,231
70–79 years	53.97	906
80 years and older	50.51	293
Living location		
Urban	55.09	3,171
Rural	49.81	259
Province		
Bali	61.46	781
<i>Daerah Istimewa</i> Yogyakarta	42.48	878
DKI Jakarta	57.76	1,771
Respondents' income		
Decreased	56.46	1,842
Same/Increased	52.64	1,588
Caregivers' income		
Respondents who had caregivers	55.71	2,960
Decreased	58.35	1,815
Same/Increased	51.53	1,145

2.2. Assistance for the Respondents Whose Income Decreased during the Pandemic

The living conditions, productivity, and health risks of older persons whose income decreased due to the economic downturn caused by COVID-19 were more affected than those of the other groups whose income did not decrease. Table 3.10 focuses on this group and shows the types of assistance they have received since March 2020. These groups should be prioritised to receive assistance to cope with the hardship due to the pandemic.

Table 3.10 shows that more than half of the respondents whose income decreased were recipients of the *Sembako* programme (62.2%, 95%CI: 60.0%–64.5%). The group whose income decreased and who benefited from the *Sembako* programme in DKI Jakarta was the highest (89%, 95%CI: 86.8%–90.7) compared with the other provinces ($p < 0.001$).

Amongst the respondents whose income decreased, the beneficiaries of PKH and BLT were much fewer than *Sembako* programme beneficiaries. PKH beneficiaries were only 6.3% (95%CI: 5.25%–7.53%) whilst BLT beneficiaries totalled 12% (95%CI: 10.6%–13.6%).

About 38% (95%CI: 36.2%–40.7%) of respondents whose income decreased received assistance from organisations or individuals that were not based in the same village. No significant differences were found amongst the characteristics of respondents.

Table 3.10 Types of Assistance Received by Respondents Whose Income Decreased During the Pandemic

Characteristics	Types of Assistance				N***
	PKH for Older People (%)	BLT (Cash Transfer)*	<i>Sembako</i> / Non-cash Food Assistance from Government	Assistance from the Private Sector**	
All respondents whose income decreased	6.30	12.00	62.27	38.44	1,842

Characteristics	Types of Assistance				N***
	PKH for Older People (%)	BLT (Cash Transfer)*	Sembako/ Non-cash Food Assistance from Government	Assistance from the Private Sector**	
Sex					
Male	5.41	12.40	62.68	39.46	887
Female	7.12	11.62	61.88	37.49	955
Age					
60–69 years	5.09	12.27	64.04	38.19	1,296
70–79 years	8.12	11.37	59.40	39.44	431
80 years and older	13.04	11.30	53.04	37.39	115
Living location					
Urban	6.78	9.60	65.01	38.78	1,666
Rural	1.70	34.66	36.36	35.23	176
Province					
Bali	1.30	16.45	31.17	44.59	462
<i>Daerah Istimewa</i> Yogyakarta	11.38	26.02	28.73	46.61	369
DKI Jakarta	6.73	4.85	88.72	32.64	1,011
Caregivers' income					
Respondents who had caregiver	6.59	11.88	63.36	38.85	1,624
Decreased	5.89	12.61	61.33	38.84	1,205
Same/Increased	8.59	9.79	69.21	38.90	419

Notes:

* BLT (*Bantuan Langsung Tunai*) or BST (*Bantuan Sosial Tunai*) of central government/local government/village. Both BLT and BST mean unconditional cash transfer

** Non-governmental organisations (NGOs)/companies/institutions/community, family members/individuals who were not living in same the village.

*** N Respondents experienced income decrease.

The respondents were allowed multiple answers.

Table 3.11 Number of Types of Assistance Received by Respondents Whose Income Decreased During the Pandemic

Characteristics	Number of Types of Assistance					N
	Not Received at All	1	2	3	4	
Respondents whose income decreased	19.33	48.59	26.44	5.05	0.60	1,842
Sex						
Male	16.80	52.09	25.93	4.74	0.45	887
Female	21.68	45.34	26.91	5.34	0.73	955
Age						
60–69 years	17.44	50.93	26.62	4.63	0.39	1,296
70–79 years	21.58	46.17	25.75	5.34	1.16	431
80 years and older	32.17	31.30	26.96	8.70	0.87	115
Living location						
Urban	18.55	48.74	27.37	4.68	0.66	1,666
Rural	26.70	47.16	17.61	8.52	0.00	176
Province						
Bali	34.63	41.99	18.61	4.76	0.00	462
<i>Daerah Istimewa</i> Yogyakarta	31.44	35.23	24.39	7.05	1.90	369
DKI Jakarta	7.91	56.48	30.76	4.45	0.40	1,011
Caregivers' income						
Respondents who had caregivers	18.10	49.69	26.29	5.23	0.68	1,624
Decreased	18.67	50.12	25.73	4.81	0.66	1,205
Same/Increased	16.47	48.45	27.92	6.44	0.72	419

Note: * N Respondents experienced income decrease.



4 in 5 respondents whose income decreased received at least 1 type of assistance

Table 3.11 shows the number of types of assistance received by the respondents whose income decreased during the pandemic. The percentage of those whose income decreased and did not receive any kind of assistance comprises about 19% (95%CI: 17.5%–21.1%). It means about four in five respondents whose income decreased received at least one type of assistance.

The analyses combining the data shown in Tables 3.7 and 3.11 enable the comparative study between the respondents whose income decreased and those that did not. The urban respondents whose income decreased were significantly less likely to miss receiving assistance than urban respondents whose income did not decrease ($p < 0.001$); in rural areas, such difference could not be found. Likewise, a significant difference between those whose income decreased and their counterparts could not be detected in Bali although such differences are significant in DIY and DKI Jakarta ($P < 0.001$ for both).

Table 3.12 Percentage of Respondents Whose Income Decreased and Who Received Assistance from Individuals and/or Groups Living in the Same Village/Dusun/Rukun Warga/Banjar during the Pandemic

Characteristics	Percentage	N
Respondents whose income decreased	56.46	1,842
Sex		
Male	56.82	887
Female	56.13	955
Age		
60–69 years	57.79	1,296
70–79 years	53.83	431
80 years and older	51.30	115
Living location		
Urban	57.32	1,666
Rural	48.30	176

Characteristics	Percentage	N
Province		
Bali	57.79	462
Daerah Istimewa Yogyakarta	47.43	369
DKI Jakarta	59.15	1,011
Caregivers' income		
Respondents who had caregivers	57.08	1,624
Decreased	58.01	1,205
Same/Increased	54.42	419

Note: * N Respondents experienced income decrease.

Table 3.12 shows the percentage of respondents whose income decreased and received assistance either in cash or in kind from individuals and/or groups living in the same village, *rukun warga*, or *dusun/banjar* (in Bali).

The respondents whose income decreased and who lived in rural areas were significantly less likely to receive this kind of assistance than their counterparts ($p < 0.05$). Those who resided in DIY were significantly less likely to receive this kind of assistance ($p < 0.001$). Only 47% of them received assistance from individuals and/or groups living in the same village/*dusun/rukun warga/banjar*.

2.3. Comparison of Assistance Before and During the Pandemic

The Government of Indonesia provides several social welfare and assistance programmes to vulnerable groups, including older people. In the SILANI baseline survey, we asked the respondents if they were the beneficiaries of social welfare and assistance programmes, such as JKN-KIS (*Jaminan Kesehatan Nasional – Kartu Indonesia Sehat*: Social Security Health Insurance Program – Indonesia Health Card); KKS (*Kartu Keluarga Sejahtera*: Social Protection Card); BPNT (*Bantuan Pangan Non Tunai*: Non-cash Food Assistance); PKH for older people, unconditional allowance for older people, unconditional allowance for people with disabilities, other assistance from local governments, other assistance from the central government; RTLH (*Rumah Tidak Layak Huni*: renovation support programme for the uninhabitable house); and others. In this study, we treated the SILANI baseline data as the assistance received by the respondents before the pandemic.

As a response to the crisis caused by the pandemic, the government introduced additional social protection programmes. PKH assistance, which has existed since before the pandemic, has been expanded to more beneficiaries. Also, the government and other parties have provided other assistance programmes to mitigate the impact of the pandemic. The questionnaire of this phone survey was designed to identify the assistance received by the respondents. Only the following five items were included in the questionnaire to find out the types of assistance the respondents received: (i) PKH for older people; (ii) BLT or BST; (iii) *sembako*; (iv) assistance from entities other than community institutions, including individuals and families of other households; and (v) assistance from community institutions.

We observed the respondents who participated in both the SILANI baseline survey and this phone survey. Then we compared the data of this phone survey (during the pandemic) and the SILANI baseline survey (before the pandemic). Table 3.13 shows the percentage of the respondents who received assistance before and during the pandemic. Because of the inconsistent questionnaire between the baseline survey and this phone survey, only two types of assistance could be compared, namely, PKH assistance and non-cash food assistance. Non-cash food assistance in the SILANI baseline survey was identified as BPNT whilst in the SILANI phone survey, it was *Sembako* assistance. The comparative analyses of these two items are reported in the following sections.

Table 3.13 Percentage of Respondents Who Received Assistance Before and During the Pandemic

Type of Assistance	Before Pandemic	During Pandemic	N
<i>Jaminan Kesehatan Nasional – Kartu Indonesia Sehat</i>	65.48	NA	3,430
<i>Kartu Keluarga Sejahtera</i>	5.51	NA	
<i>Bantuan Pangan Non Tunai or Sembako</i>	6.97	56.79	
<i>Program Keluarga Harapan for older people</i>	3.15	6.73	

Type of Assistance	Before Pandemic	During Pandemic	N
Allowance for older people	0.73	NA	
Allowance for people with disabilities	0.06	NA	
Other assistance from local government	0.96	NA	
Other assistance from the central government	0.20	NA	
<i>Rumah Tidak Layak Huni</i>	0.64	NA	
Others	0.99	NA	
<i>Bantuan Langsung Tunai or Bantuan Sosial Tunai</i>	NA	10.38	
Assistance from community groups, private organisations, NGOs, companies, individuals, schools, or families who do not live in the household	NA	37.76	

NGO = non-governmental organisation.

2.3.1. PKH assistance comparison before and during the pandemic

The PKH is one of the social protection programmes in the form of conditional cash transfer which the government has been implementing long before the pandemic. Some adjustments have been made to the programme since the COVID-19 pandemic broke out, such as the expansion of the beneficiaries and the increased frequency of cash transfers.

We conducted a longitudinal analysis using the data from the SILANI baseline survey, which was implemented in late 2019, to identify the PKH beneficiaries before the pandemic and then compared it with the SILANI phone survey data. The change of PKH beneficiaries is presented in Table 3.14.

Table 3.14 PKH Assistance Before and During the Pandemic

Characteristics	Received PKH Before and During the Pandemic	Received PKH During the Pandemic Only	Received PKH Before the Pandemic Only	Never Received PKH Assistance	N
All respondents	2.19	4.55	0.96	92.3	3,430
Sex					
Male	1.76	4.58	1.19	92.47	1,593
Female	2.56	4.52	0.76	92.16	1,837
Age					
60–69 years	0.85	4.17	0.9	94.08	2,231
70–79 years	3.31	5.19	0.99	90.51	906
80 years and older	8.87	5.46	1.37	84.3	293
Living location					
Urban	2.37	4.73	0.95	91.96	3171
Rural	0	2.32	1.16	96.53	259
Province					
Bali	0	1.41	0.38	98.21	781
DIY	6.04	5.35	1.82	86.79	878
DKI Jakarta	1.24	5.53	0.79	92.43	1,771
Respondents' income					
Decrease	1.63	4.67	1.14	92.56	1,842
Same/increase	2.83	4.41	0.76	92	1,588
Caregivers' income					
Respondents who had caregivers	2.33	4.9	0.95	91.82	2,960
Decrease	2.31	4.74	0.83	92.12	1,815
Same/increase	2.36	5.15	1.14	91.35	1,145

PKH = *Program Keluarga Harapan*: Family Hope Programme/Conditional Cash Transfer Programme.

Table 3.14 shows that most respondents had never received PKH assistance both before and during the pandemic (92%, 95%CI: 91.3%–93.2%). The percentage of respondents who received PKH assistance both before and during the pandemic was 2.2% (95%CI: 1.74%–2.75%), whilst 4.6% of respondents received PKH assistance only during the pandemic (95%CI: 3.89%–5.31%). We can interpret this to mean that significantly more respondents received PKH assistance during the pandemic than before the pandemic ($p < 0.001$, McNemar's chi-squared test).

2.3.2. Non-cash food assistance before and during the pandemic

Since long before the pandemic, the government has been providing non-cash food assistance. The questionnaire of the SILANI baseline survey included a question on BPNT assistance. In response to the pandemic, the government expanded the beneficiaries of non-cash food assistance through the *Sembako* programme. Table 3.15 shows the percentage of the beneficiaries of non-cash food assistance programmes before and/or during the pandemic.

More than half of the total respondents received non-cash food assistance before and/or during the pandemic (58.3%, 95%CI: 56.6%–60.0%). Compared with the percentage of the beneficiaries before the pandemic (7.0%, 95%CI: 6.15%–7.88%), the percentage jumped up to 56.8% (95%CI: 55.0%–58.4%). This means that most of the respondents received this assistance as a response to the pandemic.

Before the pandemic, the respondents aged 60–69 were significantly less likely to receive this assistance than the older age groups ($p < 0.001$). During the pandemic, these younger respondents were more likely to receive *sembako* ($p < 0.001$) although the number of beneficiaries also considerably increased during the pandemic even amongst the oldest group. Respondents living in Bali were significantly less likely to receive BPNT ($p < 0.001$), whilst during the pandemic, respondents in DIY were significantly less likely to receive *sembako* ($p < 0.001$).

Table 3.15 Non-cash Food Assistance Before and During the Pandemic

Characteristics	Received Before and During the Pandemic	Received During the Pandemic Only	Received Before the Pandemic Only	Never Received	N
All respondents	5.45	51.34	1.52	41.69	3,430
Sex					
Male	4.27	53.11	1.51	41.12	1,593
Female	6.48	49.81	1.52	42.19	1,837
Age					
60–69 years	5.24	54.73	0.9	39.13	2,231
70–79 years	5.3	47.79	1.99	44.92	906
80 years and older	7.51	36.52	4.78	51.19	293
Living location					
Urban	5.74	52.63	1.51	40.11	3,171
Rural	1.93	35.52	1.54	61	259
Province					
Bali	1.02	31.75	0.77	66.45	781
DIY	5.47	15.83	5.13	73.58	878
DKI Jakarta	7.4	77.58	0.06	14.96	1,771
Respondents' income					
Decrease	6.57	55.7	1.36	36.37	1,842
Same/increase	4.16	46.28	1.7	47.86	1,588
Caregivers' income					
Respondents who had caregivers	5.84	53.01	1.52	39.63	2,960
Decrease	6.34	52.62	1.6	39.45	1,815
Same/increase	5.07	53.62	1.4	39.91	1,145