

Impact of the COVID-19 pandemic on Program Keluarga Harapan (PKH) beneficiaries and program implementation

Data collected in September and October, 2020

March 2021



Acknowledgments



MSC thanks the Ministry of Social Affairs of the Republic of Indonesia for the opportunity to evaluate the impact of the COVID-19 pandemic on Program Keluarga Harapan (PKH). We also appreciate the Bill & Melinda Gates Foundation for their strong and continuous support to the acceleration of Indonesian vision for G2P 4.0.

Authors:

Astri Sri Sulastri, Agnes Salyanty, Alfa Gratia Pelupessy, Rahmatika Febrianti, Yani Parasti Siregar

Reviewed by:

Grace Retnowati, Graham Wright, Raunak Kapoor

Data analytics by:

Alfa Gratia Pelupessy and Raul Chatterjee

Research partner:

Mitra Market Research and Hamidah Rina Mantiri

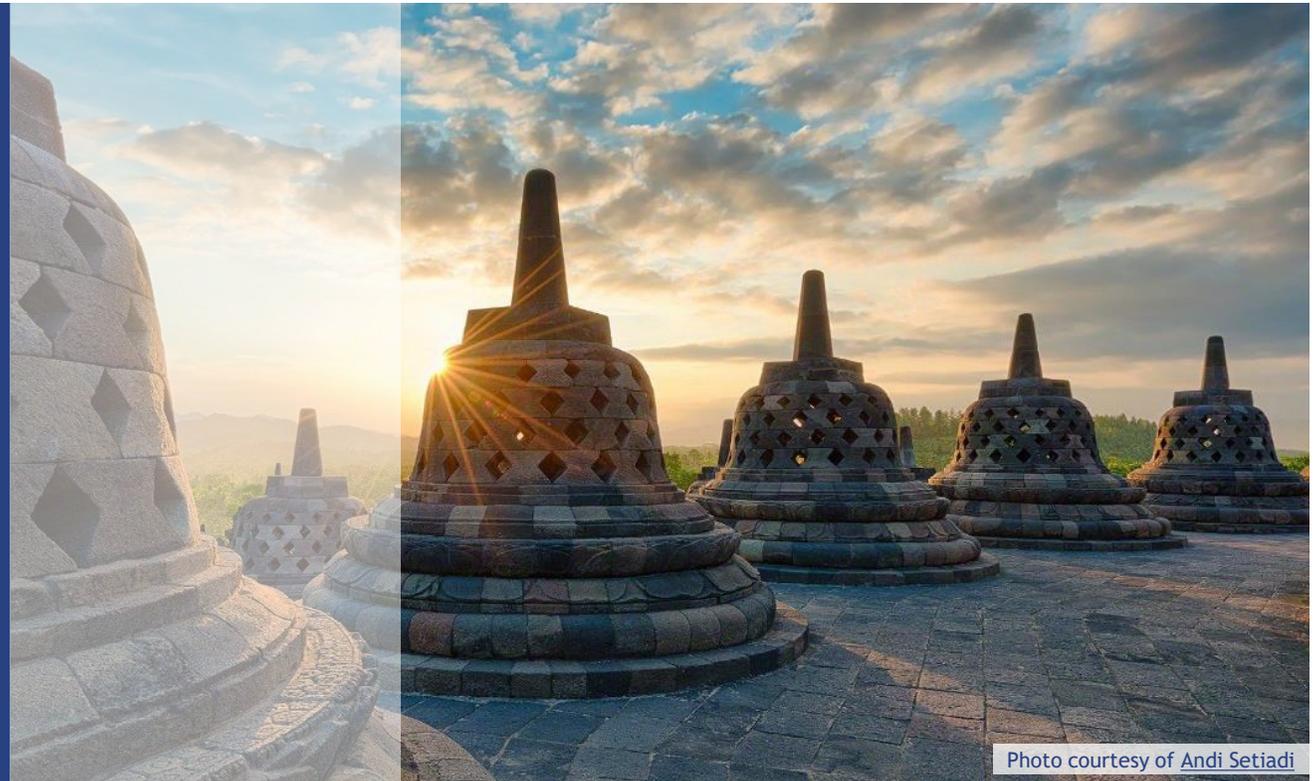


Photo courtesy of Andi Setiadi

List of abbreviations

Abbreviation	Explanation
3M	Memakai Masker, Mencuci Tangan, Menjaga Jarak (Using Mask, Washing Hands, Physical Distancing)
ACO	Awareness, Communication, and Outreach
AKB	Adaptasi Kebiasaan Baru (New Habit Adaptation)
ATM	Automated Teller Machine
BLT	Bantuan Langsung Tunai (Cash Assistance)
BPJS-K	Badan Penyelenggara Jaminan Sosial Kesehatan (National Health Insurance)
BST	Bantuan Social Tunai (Cash Transfers)
CAPI	Computer-assisted Personal Interviewing
CPI	Consumer Price Index
DIY	Do It Yourself
DTKS	Data Terpadu Kesejahteraan Sosial (Unified Social Welfare Registry)
E-KYC	Electronic Know Your Customer
EDC	Electronic Data Capture
FDS	Family Development Session
G2P	Government to Person
GDP	Gross Domestic Product
Gol	Government of Indonesia
JKN	Jaminan Kesehatan Nasional (National Health Insurance)

Abbreviation	Explanation
KIP	Kartu Indonesia Pintar (Smart Indonesia Card)
KJP	Kartu Jakarta Pintar (Smart Jakarta Card)
KKS	Kartu Keluarga Sejahtera (Prosperous Family Card)
KPM	Keluarga Penerima Manfaat (Family of Beneficiaries)
KUBE	Kelompok Usaha Bersama (Collective Business Group)
Lansia	Lanjut usia (Elderly)
LMI	Low- and middle-income
MFI	Microfinance Institution
MoCT	Ministry of Communication and Informatics
MoH	Ministry of Health
MoSA	Ministry of Social Affairs
MSME	Micro, Small, and Medium Enterprise
PIN	Personal Identification Number
PKH	Program Keluarga Harapan (The Family of Hope Program)
Posyandu	Pos Pelayanan Terpadu (Integrated Healthcare Center)
PSBB	Pembatasan Sosial Berskala Besar (Large-Scale Social Restrictions)
Puskesmas	Pusat Kesehatan Masyarakat (Public Health Center)
ROSCA	Rotating Credit and Savings Association

Table of contents

01

[Executive summary](#)

02

[Research objectives and sampling](#)

03

[Recommendations](#)

04

[Awareness of modified PKH scheme](#)

05

[The impact of COVID-19 pandemic on program beneficiaries](#)

06

[Annexes](#)





Executive summary



Executive summary (1/3)



Background of the study

- ▶ The COVID-19 pandemic has left 3-5 million people newly unemployed and created up to 3.75 million new poor people. Since April 2020, the Indonesian government has modified the two largest safety net programs, Program Keluarga Harapan (PKH)—a conditional cash transfer program—and Kartu Sembako, the in-kind food subsidy program, to provide a cushion for low-income families.
- ▶ The Ministry of Social Affairs (MoSA) engaged MSC to study the impact of the COVID-19 pandemic on PKH beneficiaries and provide insights into the beneficiaries' behavior and challenges during the pandemic. The study also provides policy recommendations to improve the program during both the pandemic and other future crises.
- ▶ The field survey for the study was done in September and October with a mixed method research that included in-person quantitative interviews and in-depth qualitative interviews with 1,200 beneficiaries and 10 PKH facilitators.

Findings related to economic impact and program awareness

68% of beneficiaries have experienced a decrease in household income, and 34% of the beneficiaries took a loan to manage their economic condition during the pandemic.

◀ Household economy

84% of the respondents were aware about the new monthly disbursement schedule. However, their awareness on the other types of PKH modification is low. Facilitators are the main source of information about the modified scheme.

◀ Awareness of the modified PKH scheme



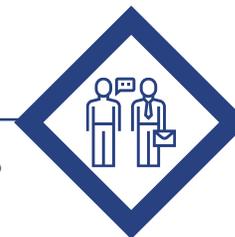
Executive summary (2/3)



Findings related to economic impact and program awareness

- Timeliness of receiving funds** ▶ ~95% of respondents reported to have received PKH funds on time as per the schedule.
- PKH fund access** ▶ The rural respondents preferred banking agents over ATMs for cashing out their benefits.

Findings related to program communication



Many facilitators improvised and aligned the Family Development Session (FDS) topics and delivery to the post pandemic context. Facilitators introduced new topics like DIY face shields and information on the Pre-Employment Cards program.

◀ **Family development sessions**

WhatsApp is the most popular communication medium for urban beneficiaries, while rural ones prefer personal, face-to-face interactions.

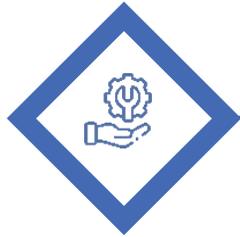
◀ **Beneficiary communication with the facilitators**



Findings related to commitment verification and beneficiary access to health/education

- Commitment verification** ▶ The group leaders played an essential role in assisting the facilitators to verify commitments during pandemic.
- Health and education access** ▶
 - ▶ Pregnant women and lactating mothers in urban areas reduced their visits to health facilities.
 - ▶ Internet cost is a key concern for the beneficiaries to access online learning for their children.
 - ▶ The caregivers have been working to earn additional income for the family, and have reduced their availability to assist the elderly or those with severe disabilities in social welfare access.

Executive summary (3/3)



Key policy recommendations



Develop and execute a communications strategy to increase the Awareness, Communication flow, and Outreach (ACO) of the modified PKH and other social assistance programs to the beneficiaries



Leverage digital ID infrastructure for better targeting of social assistance programs and use digital methods to improve health access for beneficiaries



Provide clear and consistent information to the beneficiaries on the use of KKS account to fulfil their financial needs

[Back to table of contents](#)



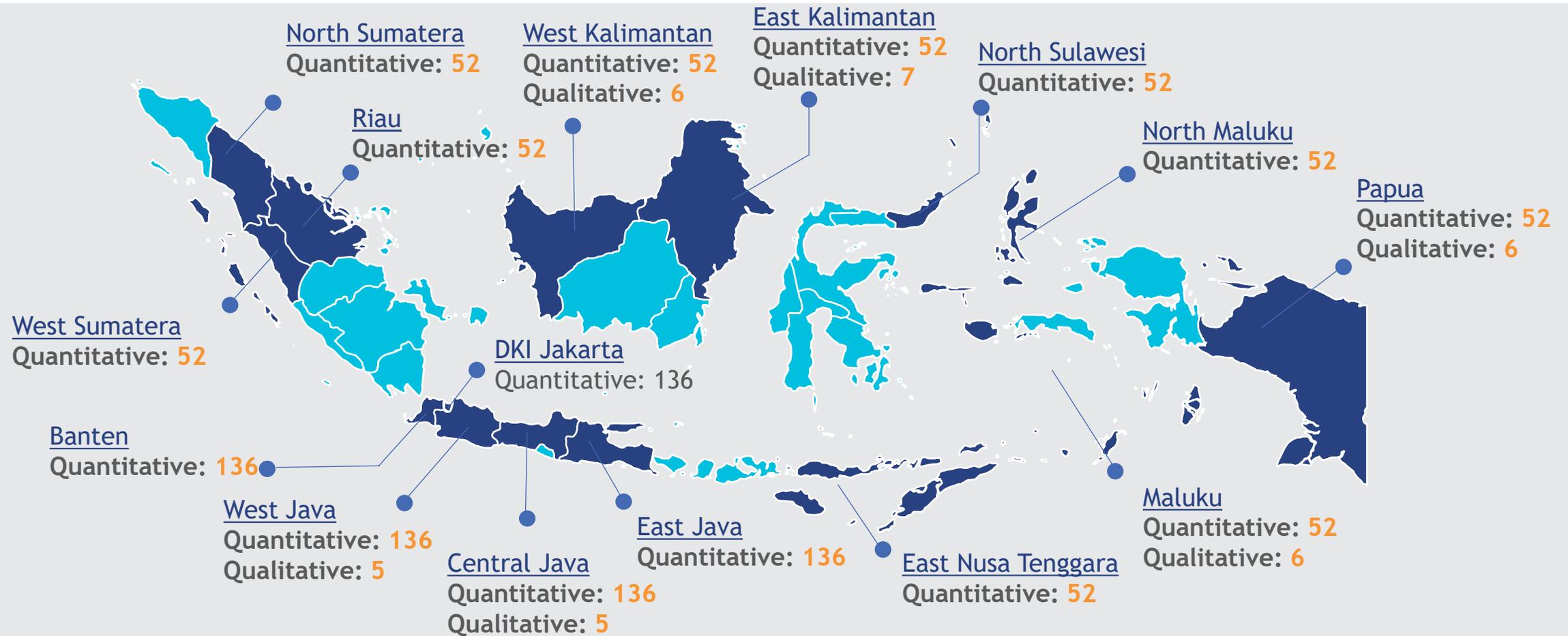
Research objectives and sampling

Objectives of this study

To understand the status of implementation of PKH program during the COVID-19 pandemic



Research sample distribution



The details of our research methodology is available in [the annex](#)

Our sampling frame was DTKS/*Data Terpadu Kesejahteraan Sosial* that MSC used for PKH evaluation in 2019. With support from MoSA, we updated the sampling frame with data of new beneficiaries that were included in the program post the pandemic



1,200 PKH beneficiaries

35 in-depth interviews with beneficiaries and the PKH facilitators

[Back to table of contents](#)



Recommendations



Beneficiaries' limited awareness of modified PKH scheme indicates the need of integrated communications strategy

01

Strengthen communication flow of social assistance programs



- In our study, we found that most (84%) beneficiaries were only aware of monthly disbursement and less than 10% are aware of other details of the modified scheme, including the entitlements. Additionally, around 3-4% of the beneficiaries did not receive the PKH benefits on schedule.
- The Indonesian Ombudsman received complaints regarding social assistance programs during the COVID-19 pandemic, and 72% of the complaints were related to access and entitlement.
- PKH is a complex program that targets multiple beneficiary segments and conditionalities. In October 2020, the Ministry of Social Affairs (MoSA) added a new conditionality under the PKH program targeting low-income families with a tuberculosis patient.
- Providing essential information consistently and on a timely basis to the community at large (beneficiaries, facilitators, local government and agents) is of critical importance for effective implementation of the program.
- In the existing set up, PKH beneficiaries almost entirely rely on the facilitators (and to some extent group leaders) for any program-related information.

Recommendations*:

- Build a comprehensive communications strategy to leverage digital channels to build comprehensive communication flow between local governments, facilitators, group leaders, agents and beneficiaries. Digital messaging apps such as WhatsApp can be customized to build standardized communication interfaces.
- Work with service providers to build capacity of agents as well as develop customized communication messages that could be delivered through agent points (such as banners, posters, etc.).
- To complement the website and social media account, MoSA can deliver PKH information through omni-channel such as TV, radio, and SMS notification to the beneficiaries, including the detail of the schemes, entitlements, and the disbursement schedule.
- Build awareness of the PKH call center 1500299 for the beneficiaries and facilitators. Our recent survey showed that only 1% of beneficiaries were aware of helpline number.

Most beneficiaries have lost their income and need other government social assistance programs and support

02

Link PKH beneficiaries to other social security and support programs of the government



- Our study also highlighted that most PKH beneficiaries suffered loss of family income during the COVID-19 pandemic due to social restriction and job loss. The Government of Indonesia launched more than 12 Government to Person (G2P) schemes during the COVID-19 pandemic, which targeted low-income families and micro-entrepreneurs. However, not all PKH beneficiaries availed other social assistance schemes even though they may be eligible for many of these programs. The other social security programs include Kartu Sembako (see next slide for a discussion of this), Pre-Employment Card, phone credit and internet data package subsidies, etc.
- Building PKH beneficiaries' awareness on other government subsidy programs is essential to ensure that beneficiaries, and their family members, can access these benefits to support their household finances during this crisis. The PKH facilitators were not mandated to build awareness of these programs.

Recommendations:

- Collaborate with the Ministry of Communication and Informatics (MoCT) to deliver information on the available G2P schemes to PKH beneficiaries and provide links to further information, similar to www.COVID19.go.id socialization via SMS blast.
- Collaborate with private sector entities that are involved in implementation of government support programs, including programs related to building digital capacities of micro-enterprises.
- Provide information on other relevant social security and support programs to the PKH facilitators and ensure its delivery to end beneficiaries through the Family Development Sessions (FDS).

Only 54% of PKH beneficiaries have received Kartu Sembako

03

Leverage digital ID infrastructure to target programs as well as onboard beneficiaries and authenticate payments



- Our study highlights that a large number of PKH beneficiaries are not receiving Kartu Sembako, for which they may be eligible.
- Inclusion and exclusion errors are the major challenges for all governments across the world and Indonesia is no exception. PKH is targeting the bottom 20% of the population while Kartu Sembako is targeting the bottom 30% of the population. Only 54% of the PKH beneficiaries in this study also received Kartu Sembako.
- MoSA has led multiple campaigns to ensure safe and secure usage of Kartu Keluarga Sejahtera (KKS) cards. While such efforts have improved the beneficiaries' overall awareness, our study highlights that some beneficiaries do not keep their KKS card with them.
- To address these issues, the government can leverage the national ID database to streamline delivery of social assistance programs by minimizing targeting errors and enabling secure authentication of transactions using biometric ID.

Recommendations:

- Link the Unified Social Welfare Registry (DTKS) database with the national ID database for improved targeting and tracking of beneficiaries for social assistance programs. Remove duplications and identify exclusions based on this interlinking of the databases
- Leverage the national ID database and pilot test biometric based payment authentication for different social assistance programs
- Pilot test on-boarding new G2P beneficiaries using the e-KYC process that leverages the national ID database could be used for beneficiaries authentication.

The burden of conditionality between women and men may not be equally shared - considering the PKH 'maternalistic' stance

04

PKH is a gender sensitive program - thus adding GESI* intelligence is vital



- Targeting women as PKH recipients—in the hope of producing better developmental outcome—without carefully considering the socio-cultural norms and gender dynamics - will perpetuate the stereotype about gender roles that family caregiving is women's sole or primary role.
- The study finds that PKH increases unpaid care work for women. The dedicated time may even be longer for female-headed households and working women. Women must balance their paid work as well as household chores, plus conditionality required by PKH.
- The increase of unpaid care work will negatively impact women's participation in labor force. It hinders women's access to paid employment on an equal footing with men.

Recommendations:

- The design and implementation of PKH program must include gender responsive elements - taking into account the gender patterns with regard to the division of paid work and unpaid household work and care responsibilities.
- Forging a close collaboration with the Ministry of Women Empowerment and Child Protection as well as capturing grassroots intelligence from women-based CSOs (Civil Society Organizations) to design and implement gender sensitive programs.
- Integrating gender-sensitive curriculum in FDS is a strategic entry point to address gender gap - with active participation from men being compulsory, as is common in the Philippines.
- The graduation requirement for PKH must consider the women's empowerment journey, and also measure any change in women's lives. This should be analyzed in terms of self-confidence, participation in community life, and decision-making power as well as considering the intra-household dynamic.

*GESI = Gender Equality and Social Inclusion

While the smartphone ownership increased during the pandemic, its usage continues to be fairly limited

05

Build digital capability for the beneficiaries to use digital platforms



- As compared to our previous study in 2019, we found that beneficiary's access to smartphones **has significantly increased** (up to 29%) during the pandemic.
- More than a quarter of the respondents own a smartphone. Most of the beneficiaries who bought new phones did so to support their children's education during the pandemic.
- However, despite this increased access, beneficiaries' digital capability is still very low.
- Data suggests that there has been a rising trend in digital frauds during the pandemic. For example, in Q1-2020, there were more than 190,000 cases of phishing attacks, most of which targeted gullible micro entrepreneurs.
- PKH beneficiaries need some basic skills to access digital platforms securely and to be protected from burgeoning fraud.

Recommendations:

- MoSA can collaborate with MoCT to leverage the WhatsApp/SMS platform to deliver standardized information to all facilitators about using digital platforms safely and conveniently.
- The government can promote content on the safe and secure digital platforms usage through SMS blast to inform the facilitators and beneficiaries. The facilitators will provide P2P support during the FDS, including a demonstration of safe transaction, to ensure that beneficiaries understand the content delivered through SMS blast.
- Through facilitators and local government, MoSA can also facilitate training sessions for group leaders who could act as digital ambassadors for their group members.
- MoSA can also collaborate with the Ministry of Education to include basic curricula on secured access to digital platforms as part of school syllabus, and include it as a soft conditionality for availing PKH benefits, especially for children who have started their high school.

The government needs to consider alternative solutions to provide access to health services for beneficiaries during the pandemic

06

Enhance the health access through telemedicine



- Our study highlighted that beneficiaries, especially pregnant and lactating mothers, have reduced their visits to the health facilities. The beneficiaries in general are concerned about COVID-19 transmission in public places, including the health facilities they need to visit.
- In addition, another major concern for PKH beneficiaries has been the cost of transport to access health centers, especially in rural areas.
- In 2020, the national health insurance (BPJS-K) had added a teleconsultation feature to their app (Mobile JKN Faskes) to facilitate virtual health consultation for all general health issues while adhering to the physical distancing mandate.

Recommendations:

- MoSA can work together with the Ministry of Health (MoH) to facilitate the regular health check-ups (non-emergency case) for PKH beneficiaries using the Mobile JKN Faskes or other telemedicine apps.
- MoSA could also explore the possibility to provide telemedicine services to PKH beneficiaries in collaboration with private sector players. The awareness on such platforms can also be covered under FDS sessions.
- To drive the awareness of telemedicine access, MoSA can collaborate with other ministries, such as MoCT and the Ministry of Villages, Disadvantaged Regions, and Transmigration, to conduct a massive campaign to promote the features and benefits of telemedicine.

While beneficiaries remain concerned about COVID-19, the government can use PKH to conduct a mass campaign on the benefits of vaccination

07 Involve the group leaders as part of mass campaign for COVID-19 vaccines



- The Indonesian government rolled-out the COVID-19 vaccination drive in mid-January 2021.
- A survey showed that 58% of low-income people in Indonesia are willing to take the COVID-19 vaccines, while 33% remain undecided, and 9% will refuse to have the vaccination.
- The government has targeted that at least 70% of the Indonesian population (more than 180 million inhabitants) will be vaccinated to establish herd immunity. The PKH program is an excellent channel to raise the awareness and acceptance of the vaccines among the community.

Recommendations:

- MoSA can collaborate with MoH to develop a health messaging campaign of vaccination in a form of conversational comic books and disseminate it via WhatsApp/SMS blast to the beneficiaries, especially the group leaders.
- The health messaging campaign can also be disseminated as part of health modules in the FDS, and also through the key point of contact, such as group leaders, the banking agents, and e-Warung KUBE, through analog and digital channels.

Almost half of the beneficiaries use other financial services for their financial needs in preference to the KKS account

08

Clarification on the KKS account usage



- Multiple studies found that beneficiaries are withdrawing all of their PKH funds. The primary reason for such behavior is lack of clear information on the use of KKS accounts for savings.
- Most PKH facilitators also have the same understanding that KKS accounts should not be used for savings as they fear that the government may take back the funds lying idle in these accounts.
- On the other side, our study also highlighted that many PKH beneficiaries have other bank accounts and actively use those accounts for regular savings and transactions.
- The PKH guidelines shared with MSC mentioned that a KKS account will be deactivated if the beneficiary does not perform any transactions for three disbursements in a row. In the future, if there is any similar modification on the disbursement, such as monthly cycles, which happened during the pandemic, might increase the risk of account deactivation.

Recommendations:

- MoSA is partnering with World Bank to develop a curriculum on the KKS account usage, and the benefits and features of a KKS account need to be communicated clearly to the beneficiaries, especially the aspect around the usage for savings or other transactions.
- Such messaging should be consistent across all the key beneficiary touch points, such as group leaders, facilitators, local government and agents.
- Regulators and other government stakeholders need to clarify this and possibly conduct above-the-line information dissemination through channels, such as TV, radio, etc. to support the below-the-line campaign conducted by group leaders and facilitators, among others.



“

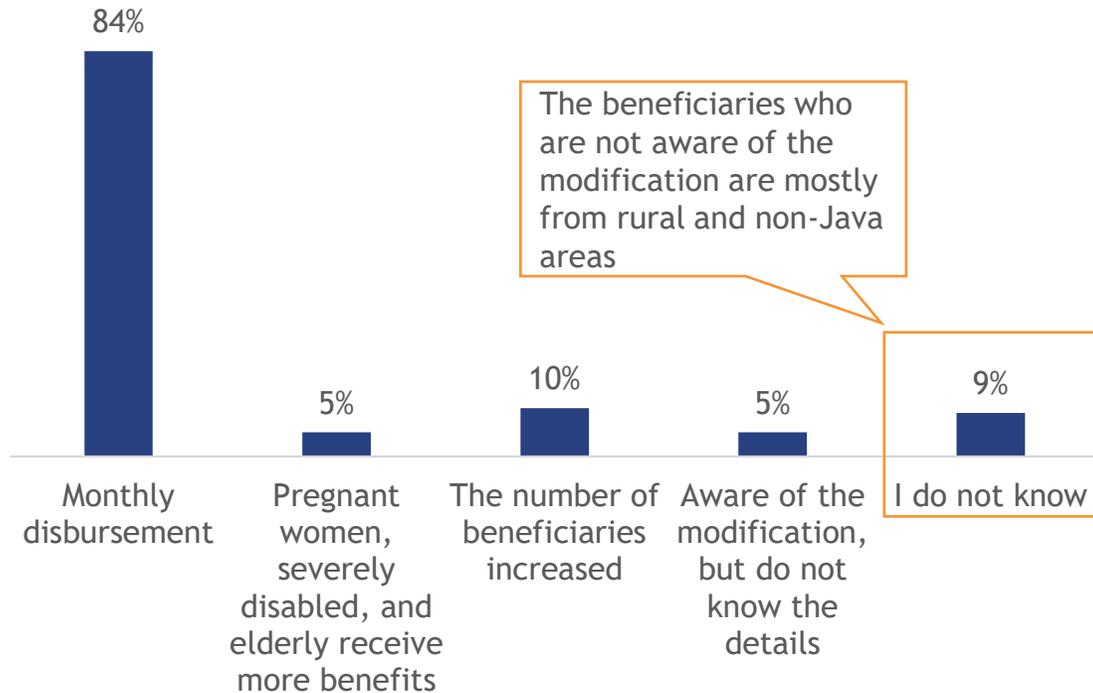
The amount does not change. But the modification from quarterly payment to monthly payment has benefited my family. But starting October, we will receive it in quarterly frequency again.

A beneficiary from Maluku Tengah ”

Awareness of the modified PKH scheme

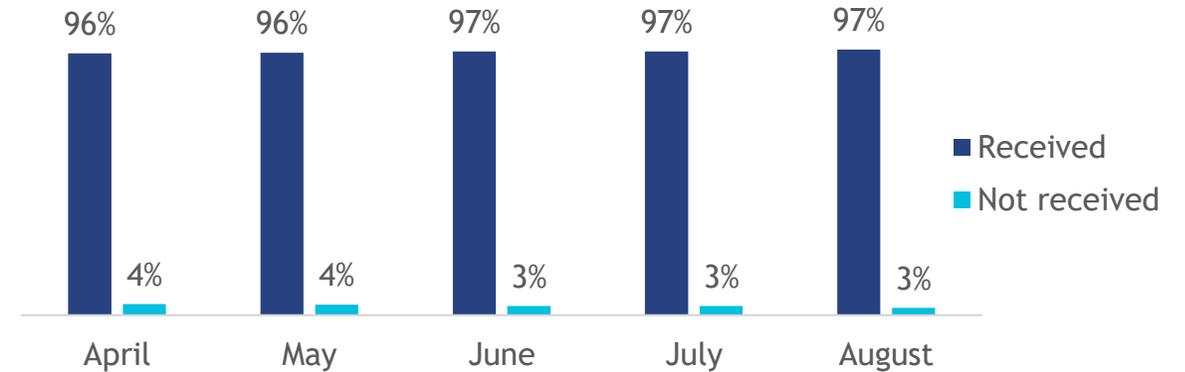
While most respondents were aware of the new disbursement schedule, only a fraction of them were aware of the increased entitlements

Awareness on the modification of PKH scheme (N=1,200; multiple responses)



 The respondents who are in urban areas, aged below 50 years old, and enrolled in PKH before the pandemic (April 2020) are more likely to be aware of the modified PKH scheme.

Punctuality of PKH fund transfer from April to August (N=1,200; single response)

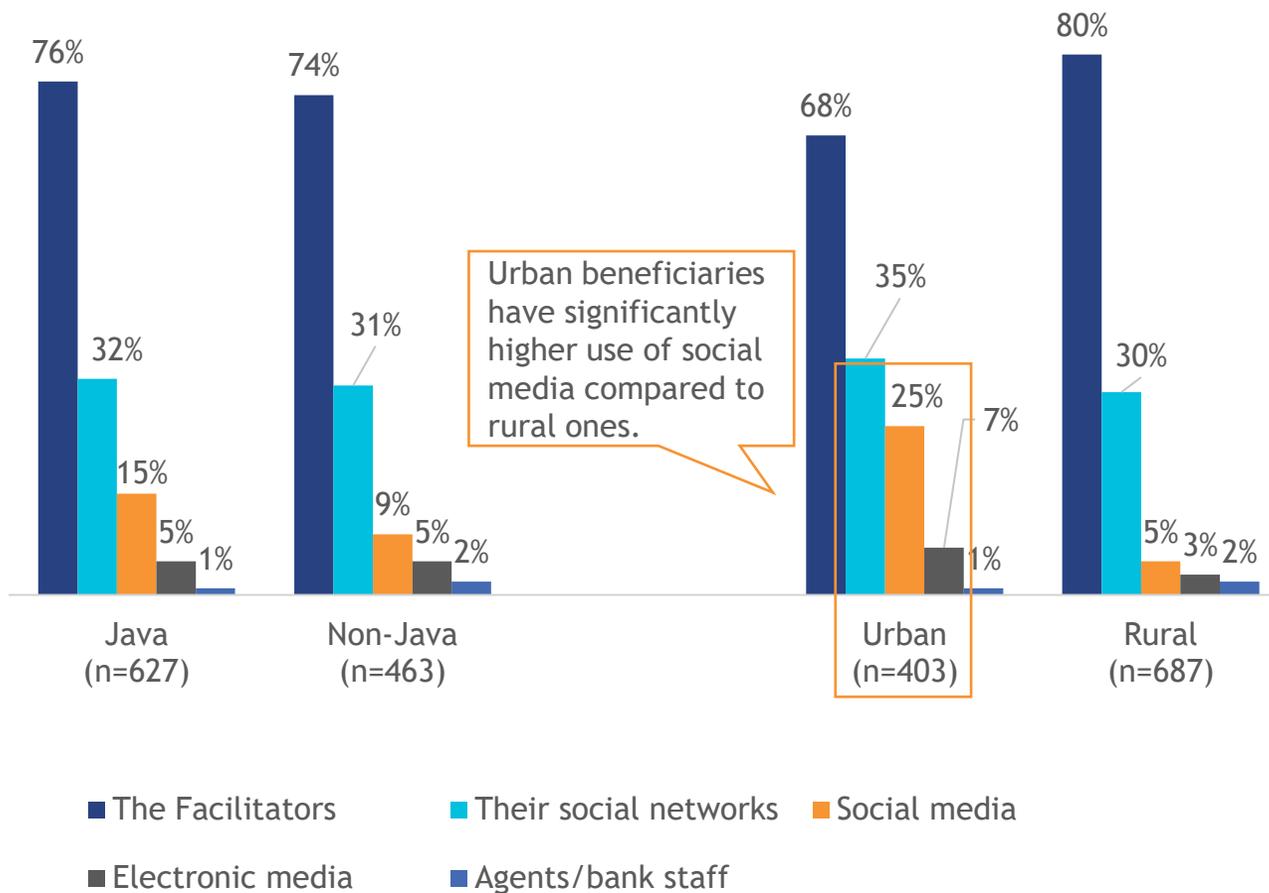


West Kalimantan is the province where PKH funds were most commonly not received on time.

Month	Province	Not received (N)	Total respondents (N)
April	Papua	6	52
May	West Kalimantan	7	52
June	East Kalimantan	6	52
July	West Kalimantan	7	52
August	West Kalimantan	4	52

Facilitators and social networks are the main source of information for the beneficiaries on the modified PKH scheme

Sources of information on PKH modification
(N=1,090; multiple responses)



Face-to-face interaction is preferred to pass on information since it enables a direct exchange and allows for questions.



- The awareness and usage of the PKH Call Center 1500299 is very limited. Only 11 (out of 1,200 respondents) or less than 1% are aware of the Call Center.
- Only one respondent used it to obtain updates on the COVID-19 pandemic and submitted a complaint about the PKH service.



Currently, any query is addressed to the facilitator during FDS. And recently I learnt about the PKH Call Center from the internet. I would prefer to use it because I could ask directly and get the solution right away.

- A beneficiary from Maluku Tengah





KEMENTERIAN SOSIAL
REPUBLIK INDONESIA

“

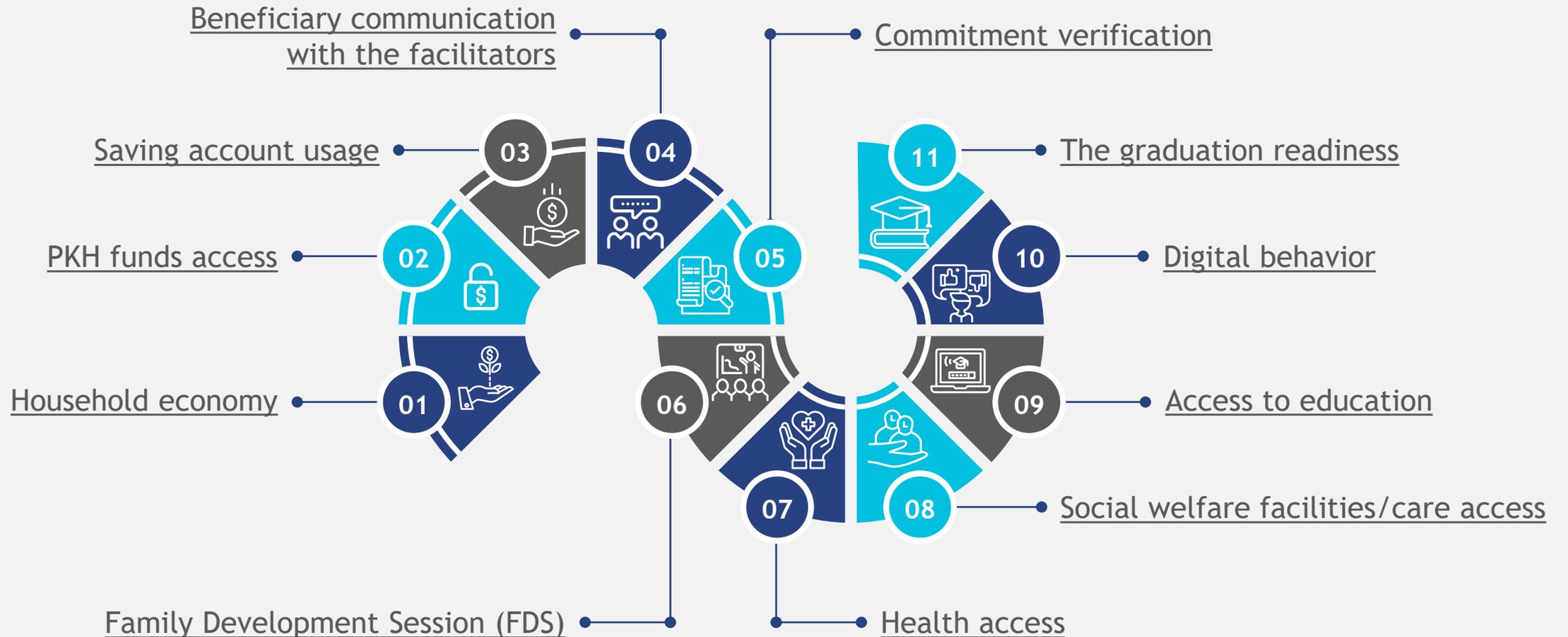
During this pandemic, beneficiaries experienced economic challenges due to restrictions on movement mandated by the government. PKH disbursement will happen every month, starting in mid-April, so the beneficiaries can meet their needs and nutritional intake by utilizing monthly income during the pandemic.

The Social Affairs Ministry of Indonesia ”

The impact of the COVID-19 pandemic



The parameters used to measure the impact of COVID-19 pandemic on PKH beneficiaries



“

Currently, my husband and I are unemployed. We are struggling with our economic condition. We have used our savings and reduced expenses to try to adjust to the new condition. Our focus now is to provide IDR 20,000 (USD 1.4) daily to buy internet access for our children.

- A beneficiary from Pontianak

”

01 Household economy

Insights on the changes in the earning and spending behavior of the family



The income of 68% of beneficiaries reduced due to lack of customer demand during the period of social restrictions



The median family income before the pandemic was IDR 1,450,000 (~USD 100) per month

The beneficiaries' income decreased across all geographical locations and levels of educations.



18% of the female respondents were the primary breadwinner of their family during the pandemic

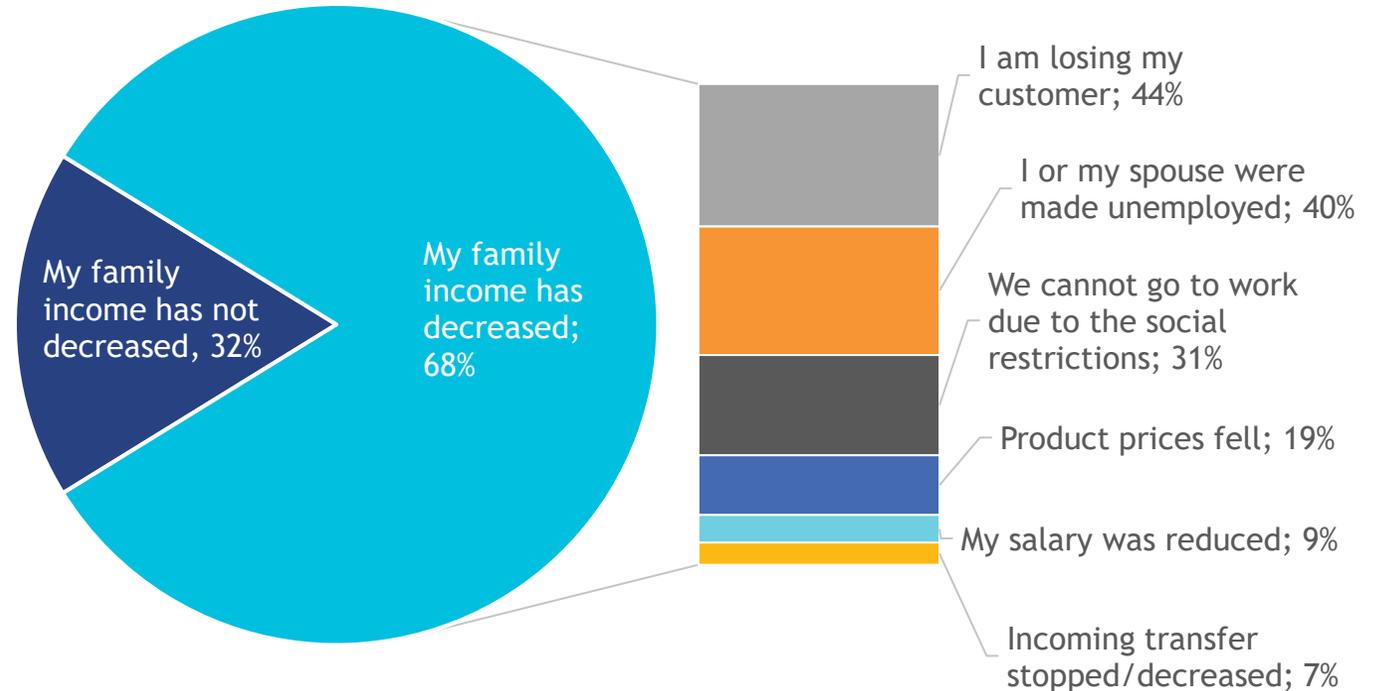


I work as a janitor, but now I am on unpaid maternity leave. My husband is a land broker, but he has not earned any income during the pandemic. So technically, I am the breadwinner. Currently, we have no earnings at all, so we use my savings and PKH funds to survive.

- A beneficiary from Pontianak

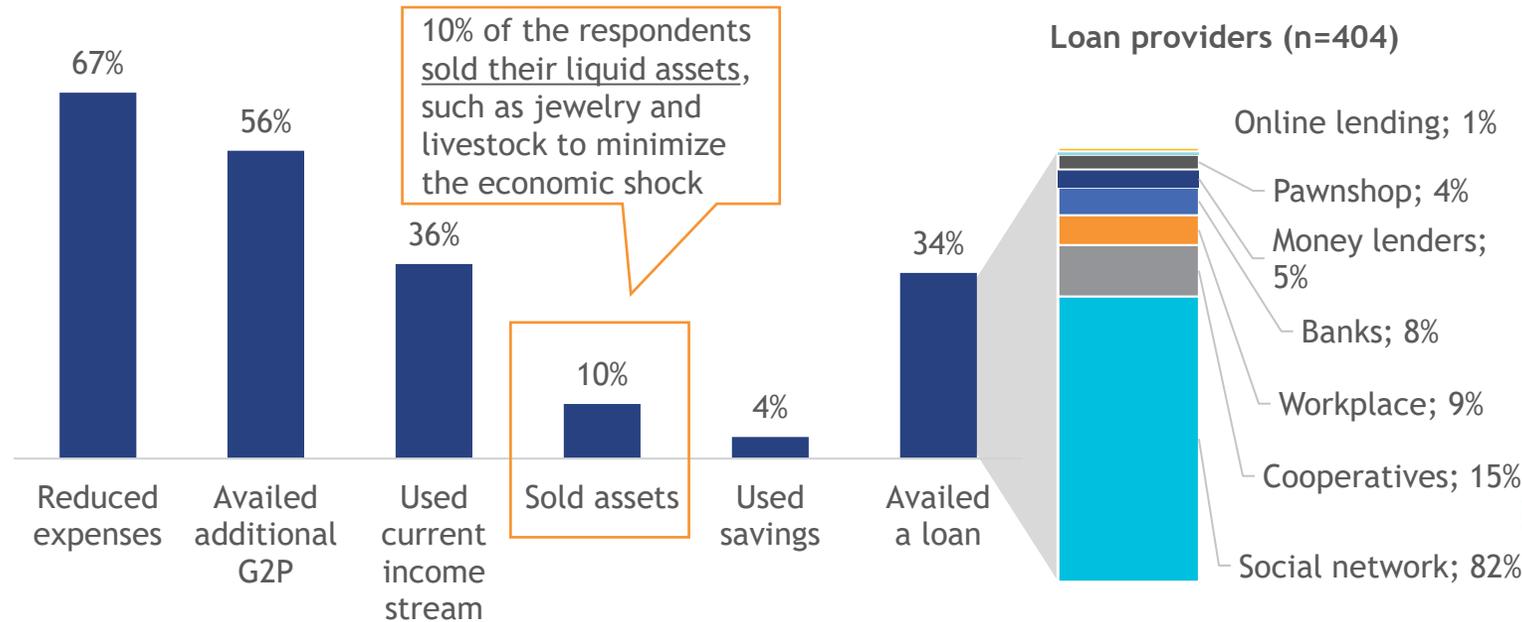


Most beneficiaries reported a decrease in the household income (N=1,200; multiple responses)



Around one in three beneficiaries had to borrow money to meet their household expenses

Coping strategies of PKH beneficiaries (N=1,200; multiple responses)



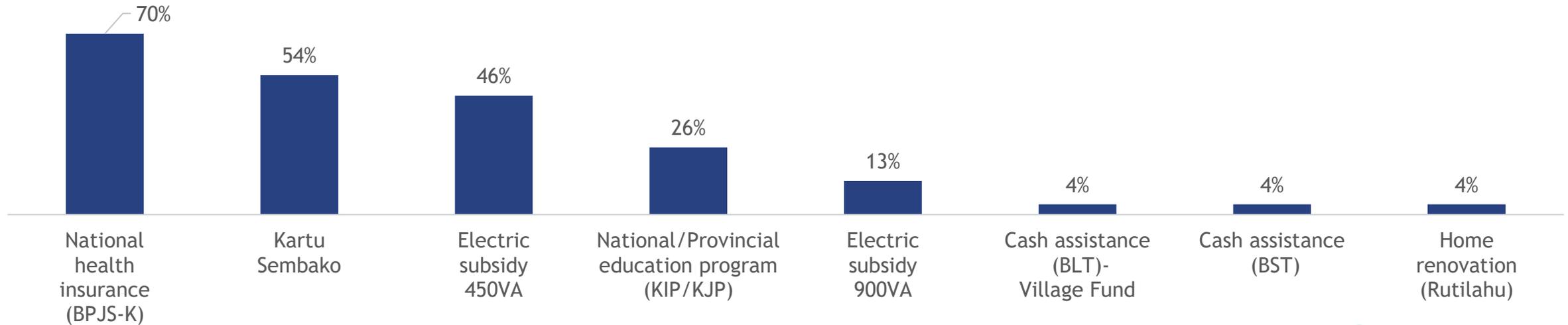
“ I work in a factory, but only four days a month. My husband stopped working as a construction worker due to the pandemic. Our income decreased significantly. I had to take a loan from a moneylender a few months ago to pay for my children’s exam fees. - A beneficiary from Demak ”

The facilitators educated beneficiaries through Family Development Sessions (FDS) on the danger of moneylenders, knowing that many beneficiaries are still indebted. The influence of facilitators is limited when dealing with the economic pressures of beneficiaries.

Loan sources with high interest	Percentage of respondents	Median family income before the COVID-19 pandemic	Median loan amount	Median installment per month	Median tenures in month	Annualized effective interest rate
Money lenders	5%	IDR 1,450,000 (~USD 100)	IDR 1,000,000 (~USD 69)	IDR 296,000 (~USD 20)	5	150%
Online lending	1%		IDR 1,400,000 (~USD 97)	IDR 425,000 (~USD 29)	3.5	20%

8% of the respondents lacked access to any other social security benefits

Complementary scheme received by the respondents during the pandemic (N=1,200; multiple responses)



Composition of complementary schemes during the pandemic (N=1,200; multiple responses)



99%

were enrolled in PKH before April, 2020

92%

live outside Java island, and 67% reside in the rural area

72%

have school-enrolled children as part of their PKH conditionalities

Have an average of two family members



The Kartu Sembako program targets the bottom 30% of the households (by income levels). The fact that only 54% of PKH respondents were receiving Sembako benefits highlights possible exclusion errors in targeting of the programs

[Back to the list of parameters](#)

“

Before the pandemic, I received IDR 1.1 million (~USD 76) quarterly. Now I receive IDR 375,000 (~USD 26) per month. I prefer to receive it monthly because it helps to fulfill daily needs during the pandemic.

- A beneficiary in Jayapura

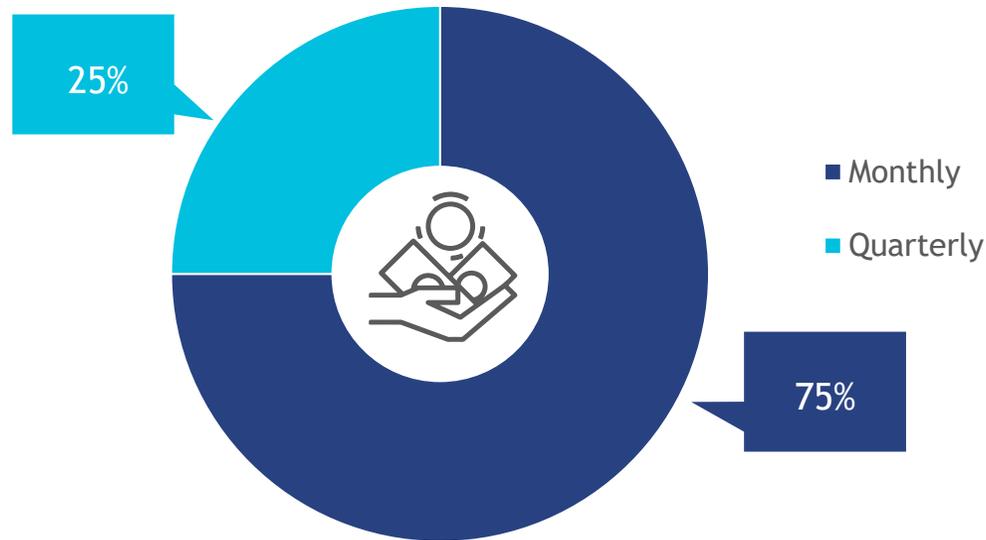
”

02 PKH funds access

Insights on disbursement, withdrawal process, and fund utilization

The monthly disbursement is preferable to overcome the reduced household income during the pandemic

Beneficiary preference of PKH disbursement
(N=1,200; single response)



- The need for immediate cash to cover their daily expenses is the primary reason (90%) for the beneficiaries to prefer monthly disbursements.
- The respondents who preferred the quarterly disbursement feel that a lump-sum amount every quarter is more convenient for them to save up for their financial goals, such as tuition fees for their children.



Respondents aged below 50 years and educated up to junior high school are more likely to prefer quarterly disbursement.



I prefer monthly disbursements. It helps to fulfil our daily needs, especially to purchase data packages for online learning. PKH payment will be back to quarterly as before pandemic in October.

- A beneficiary from Maluku Tengah

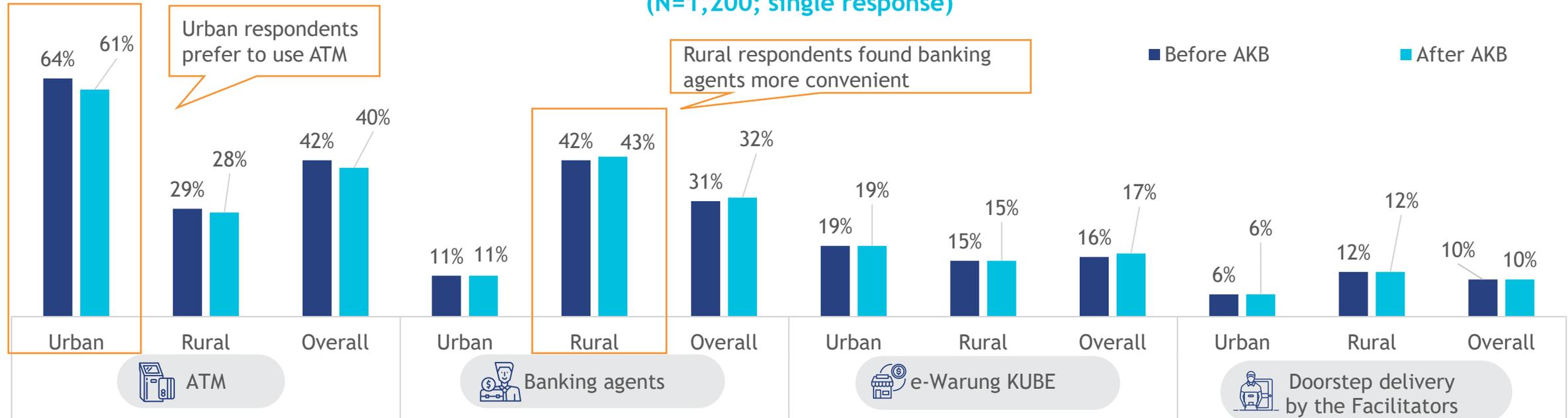
The monthly disbursement is very helpful. However, the fund is intended for the children's education. So I prefer quarterly payment since the amount is more suitable to pay the school tuition fee.

- A beneficiary from Demak



ATM continues to be the most popular withdrawal channel; however, banking agents have gained popularity in rural areas

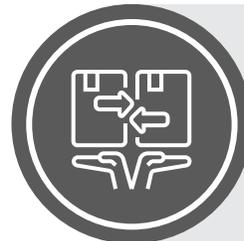
Preferred access point for withdrawal of PKH funds
(N=1,200; single response)



(n Urban= 431) (n Rural= 769)



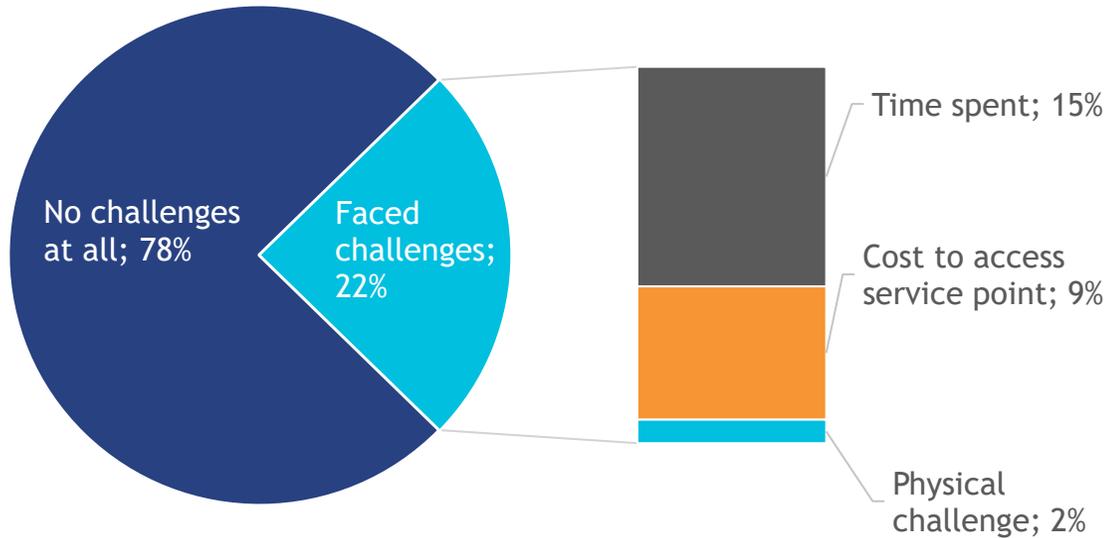
The key consideration for preference of an access point are: Distance of access point from beneficiary location (76%); facilitators' advice (23%); and service quality (15%).



Compared to PKH evaluation in 2019, 16% more beneficiaries now use banking agents and e-Warung KUBE for withdrawal of PKH funds. Besides being more accessible, banking agents and e-Warung KUBE allow beneficiaries the flexibility to decide the cash denomination and the amount of withdrawal.

A quarter of the respondents reported that they faced challenges while accessing their PKH funds

Challenges in accessing PKH funds (N=1,200)



The respondents perceive that all service points apply a service fee to the beneficiaries within a range of: IDR 5,000-20,000 (~USD 0.3-1.4) per withdrawal

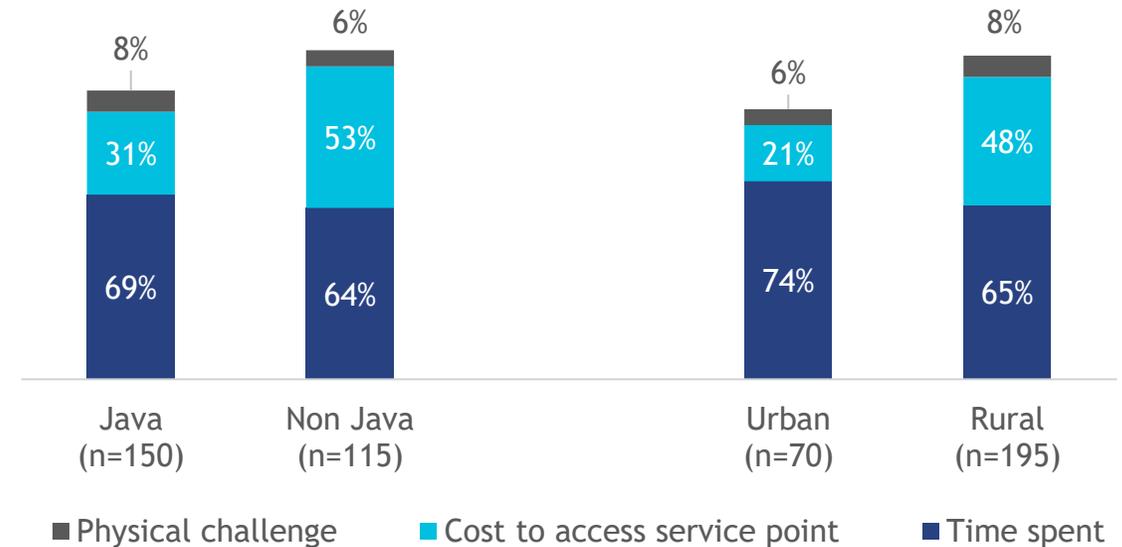


For each withdrawal, the agent deducted IDR 20,000 (~USD 1.4) from my amount as their fee.

- A beneficiary from Jayapura



Challenges across location (N=265; multiple responses)



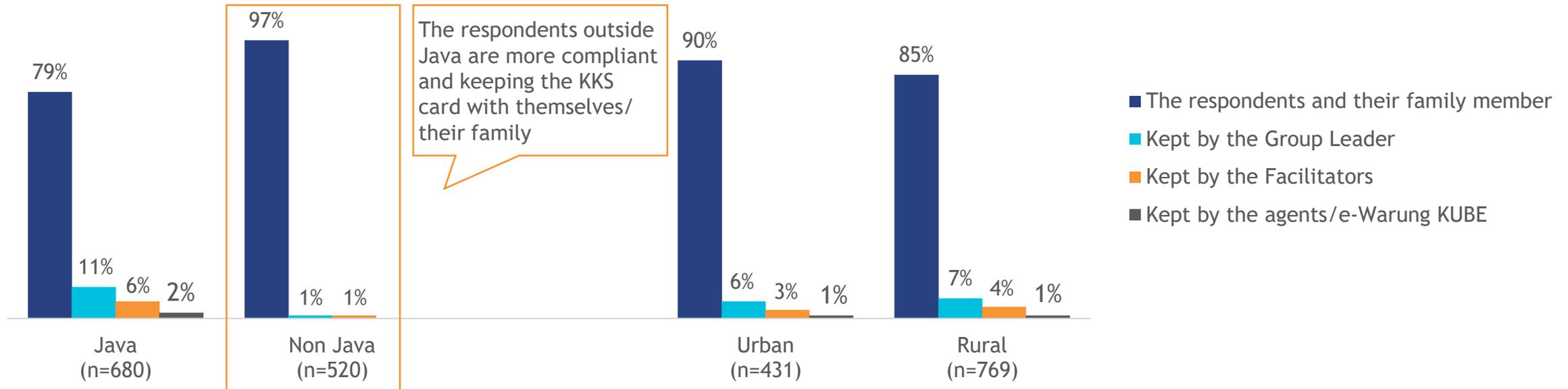
The bank applies physical distancing in ATM, maximum only two persons in the ATM and I have to wait outside the ATM booth. I feel it is more of a hassle to go to the ATM, so I visit the ATM at night to avoid long waiting time or queueing.

- A beneficiary from Bogor



Most PKH beneficiaries resorted to safekeeping of their KKS card

Safekeeping of KKS card among the PKH respondents (N=1,200; single response)



MoSA launched *“Gerakan KPM Pegang KKS Sendiri”* campaign in June 2020. The objective of the campaign was to improve the awareness of program beneficiaries on safekeeping and secured usage of their KKS cards.

“

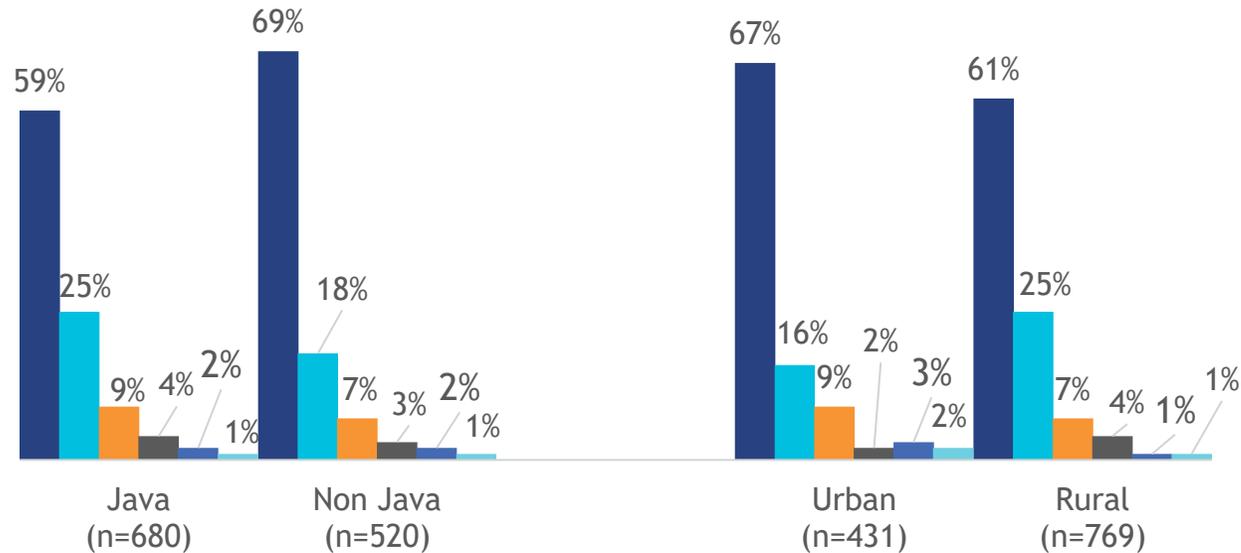
Since I joined PKH, all of us gave our KKS card and PIN to the group leader or committee. They will withdraw the PKH fund and disburse Kartu Sembako on our behalf. They did it through the EDC machine at the agent and return our KKS card along with the money and food staples by doorstep delivery. So the committee knows our PIN.

- A beneficiary from Bogor, enrolled for two years

”

Most respondents used their PKH funds to buy food staples

PKH funds utilization during the pandemic
(N=1,200; single response)



- Purchase food staples
- Pay school necessities and fees
- Avail internet access (data package/airtime)
- Health treatment
- Health and hygiene products
- Electricity



- In 2019, our evaluation highlighted that 74% of the beneficiaries used it to purchase school supplies and 67% used it to pay school tuition fees. However, during the pandemic, most of the beneficiaries were using PKH funds for buying food staples.
- 45% of the respondents did not receive benefits under the Kartu Sembako program. 69% of these beneficiaries prioritized PKH funds for purchase of food staples.

“

To compensate the extra spending on internet package, beneficiaries are optimizing their fund allocation for other essential needs. For example, replacing chicken with eggs in their food consumption.

- A facilitator from Kutai Kartanegara

”

[Back to the list of parameters](#)

“

I use the KKS account to receive money transfer and deposit savings, as my facilitator has explained it in the initial meeting. But now as the income is less and decreasing, I have stopped depositing savings in the account.

- A beneficiary in Jayapura

”

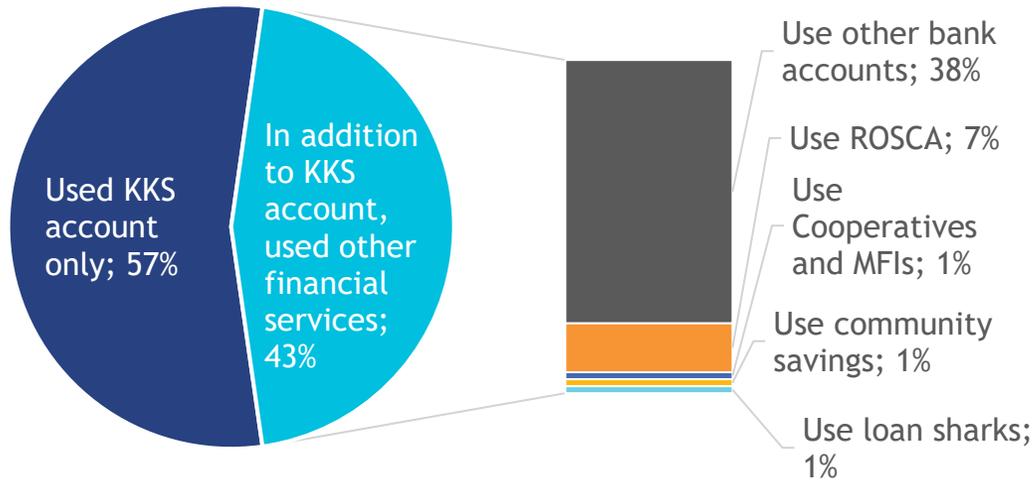
03 Saving account usage

Insights on the bank accounts and informal financial services

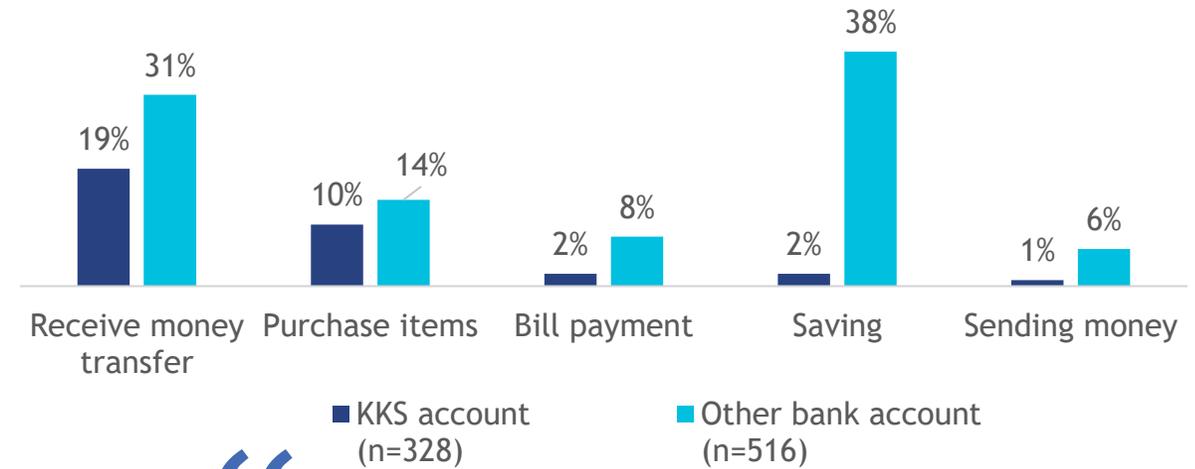


The respondents accessed other financial services, particularly from state-owned banks, in addition to the KKS account

The financial services usage among the respondents from July to September (N=1,200; multiple responses)



The financial transactions in bank accounts performed by the respondents from July to September/October (multiple responses)



- Beneficiaries and facilitators share a common perception that if the beneficiaries leave a balance in the KKS account or use it for any financial transaction, MoSA will retrieve the funds and revoke their eligibility. We found the same perception in [PKH evaluation 2019](#), which drove the beneficiaries to withdraw the full benefit paid each quarter in one go.
- The tendency to save in KKS account also reduced significantly. In 2019, 6% of beneficiaries used KKS account for savings. However, this year, only 2% used KKS account for savings this year.



I only used KKS account for PKH, and I have another bank account that was recently opened in July 2020 to receive Cash Assistance for Workers*. Currently, I use this new account for savings. My friend said the KKS account should only be used for PKH disbursement, not for other transaction.

- A beneficiary from Maluku Tengah

*Cash Assistance for Workers (Bantuan Tenaga Kerja) is a COVID-19 response scheme for workers who are paid less than USD 345 per month and registered as a member of the Social Security Administration Body for Employment

[Back to the list of parameters](#)

“

My facilitator shared information via the WhatsApp group with us and arranged for home visits for our friends who do not own a mobile phone. Aside from asking for updates on our PKH conditionalities, the facilitator also shared information about the COVID-19 prevention and Pre-Employment Card.

- A beneficiary from Kutai Kartanegara

”

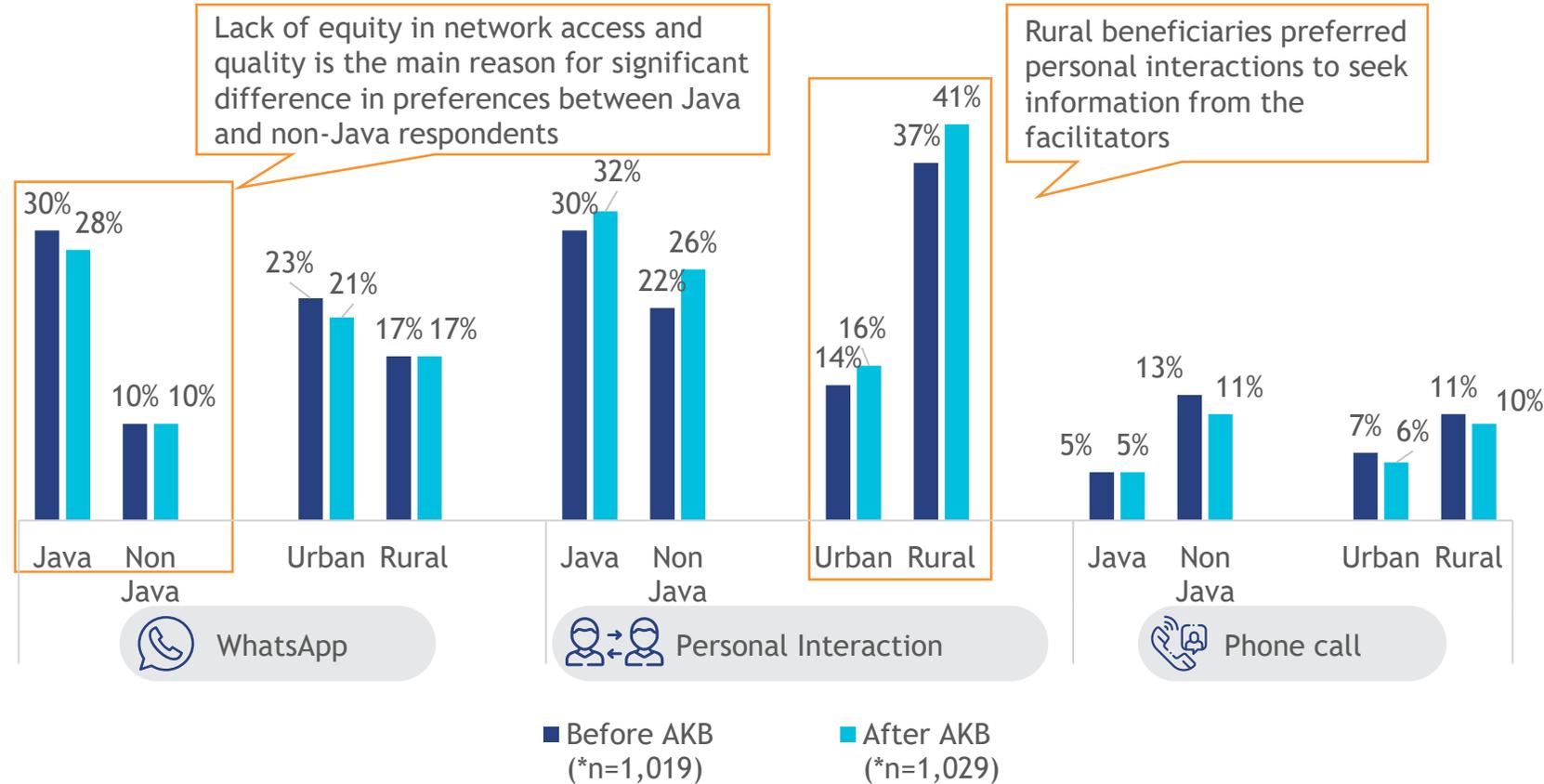
04 Beneficiary communication with the facilitators

Insights on communications between the beneficiaries and PKH facilitators



Digital channels, such as WhatsApp continue to be popular communication medium for urban beneficiaries, while their rural counterparts prefer personal interactions

Beneficiary's preference for communication channel for interaction with their PKH facilitators (multiple responses)



 The group leader is considered as the most reliable resource for the beneficiaries and facilitators.

“

I prefer to communicate with the facilitator face-to-face as I can ask questions.

- A beneficiary from Pontianak

I communicate mainly through the group leader. However, most people here are more fond of personal interaction rather than digital means. Sometimes I come to their house, or they visit me in the PKH center at the sub-district office.

- A facilitator from Demak

”

[Back to the list of parameters](#)

*n is cover the total sample of Java+Non-Java and Urban+Rural

“

During the pandemic, I verified the commitment through the group leaders. Starting in September, the school and Puskesmas have opened as usual, and I can do verification directly at these facilities.

- A facilitator from Maluku Tengah

”

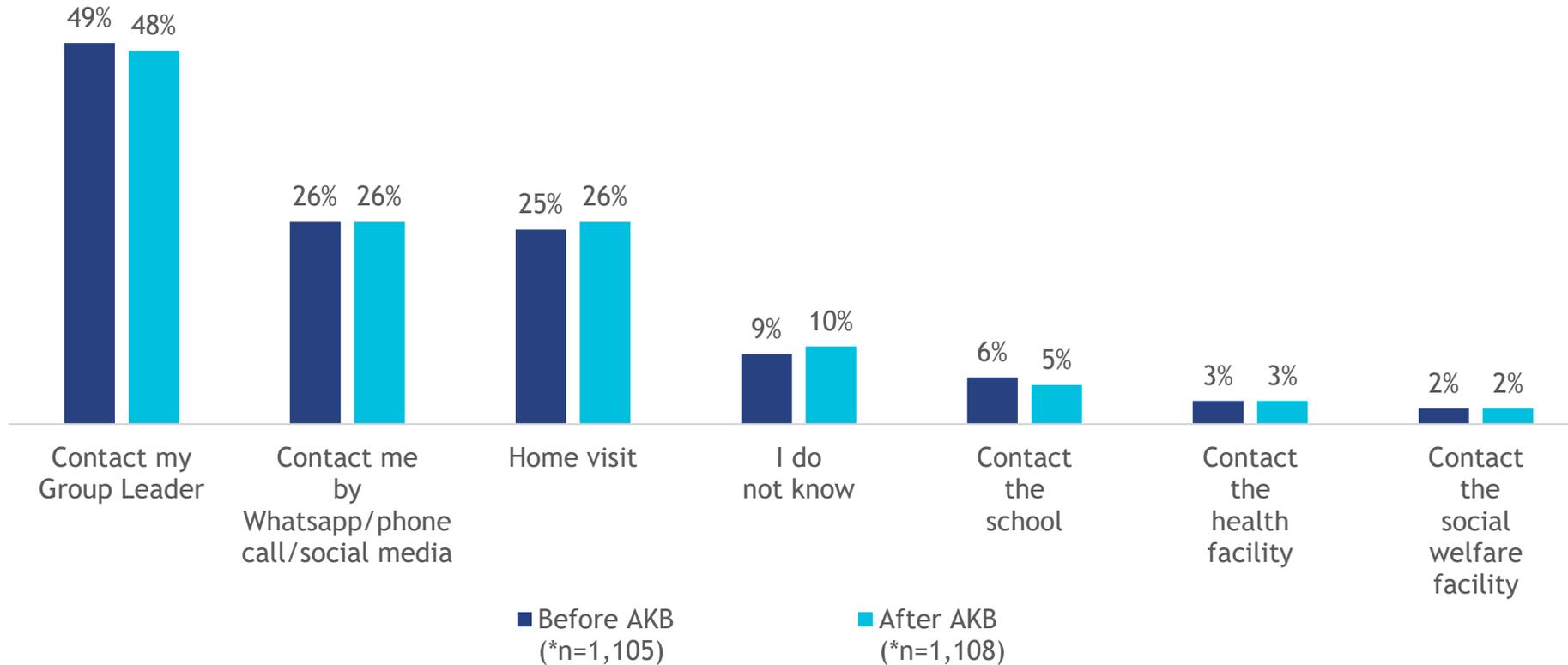
05 Commitment verification

Insights on PKH facilitators verify the commitment for the beneficiaries to fulfill PKH obligations



Despite the restrictions on movement, the commitment verification have remained more or less at the same levels

Methods adopted by PKH facilitators to verify beneficiary's commitments (multiple responses)



- ▶ The group leader plays essential roles in assisting the PKH facilitators to verify commitment during the pandemic.
- ▶ When the facilitators cannot visit the beneficiaries, the group leaders verified the commitments on their behalf.

*n is cover the total sample of Java+Non-Java and Urban+Rural

[Back to the list of parameters](#)

“

Facilitator arranges each session to be attended by 10 beneficiaries only to ensure social and physical distancing. Last month's topic was about COVID-19 prevention protocol.

- A beneficiary from Jayapura

”

06 Family Development Session (FDS)

Insights on FDS implementation during the pandemic

The facilitators modified FDS topics and its delivery to suit the current context

Timeline of guidelines issued by MoSA on delivery of FDS sessions in the field



- During AKB, MoSA allowed facilitators in the green (low COVID-19 prevalence) zones to deliver FDS through in-person meetings. The facilitators and beneficiaries were required to comply with the 3Ms health protocols. Also, the maximum number of participants in each session was restricted to 10.
- In the yellow and red zones with higher prevalence of COVID-19, sessions were conducted through virtual channels, such as WhatsApp calls and messages.
- Since the elderly were at a higher risk of COVID-19 infection, they were advised not to come to the FDS sessions. Their children or other caretakers attended the sessions as proxies. If none of them could attend the FDS, the facilitators would visit the beneficiary's house.

“

The facilitator arranges each session attended by 10 beneficiaries only to ensure social and physical distancing. Last month's topic was about COVID-19 prevention protocols.

- A beneficiary from Jayapura

”

The facilitators' capabilities to improvise varies from one to another. To motivate the beneficiaries during the pandemic, some facilitators delivered new topics such as:

- Precautions for safeguarding against COVID-19
- Making face shields (DIY)
- Accompanying children with learning from home
- Information on pre-employment cards

[Back to the list of parameters](#)



The Ministry of Health issued operational guidelines for Puskesmas, which laid down safety protocols for management of the health facilities during the pandemic

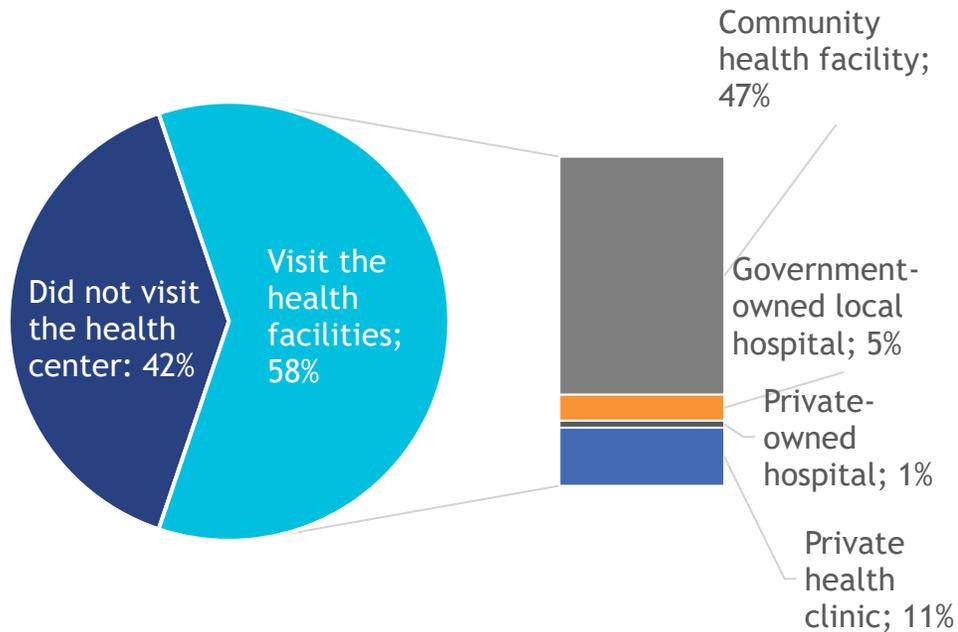
07 Health access

Insights on health care access for all beneficiaries, and beneficiaries with pregnant-lactating women, baby, and children conditionalities



Most respondents were satisfied with the service levels at government health facilities

Access to healthcare during the pandemic (N=1,200; multiple responses)



Satisfaction level on the government health facilities during the social restriction (N=773; multiple responses)



Some respondents were dissatisfied with the government health facility services during the social restrictions for the following reasons:



Lack of availability of the health workers

Puskesmas received additional tasks to trace and monitor people with COVID-19 symptoms or potential carriers

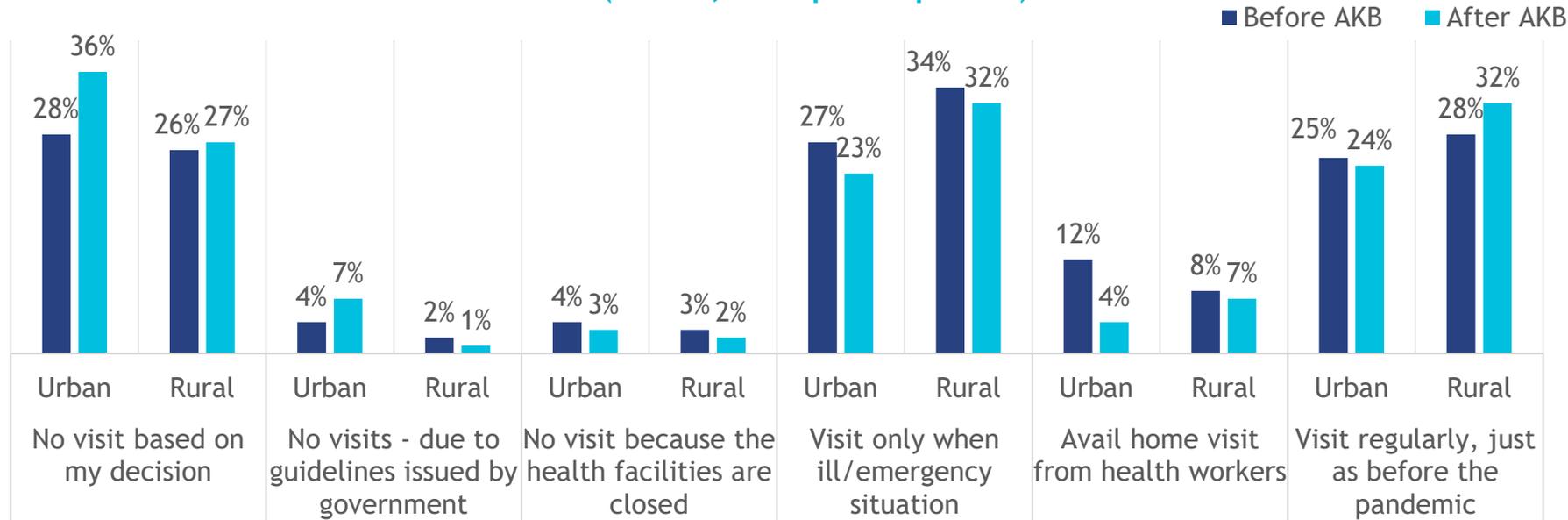


Lack of required medicines

Due to the additional task, and many health workers infected with COVID-19 having to isolate, healthcare facilities were overburdened

Given the higher prevalence of COVID-19 in urban areas, pregnant and lactating mothers in urban areas reduced their visits to health facilities

Access to health facilities for pregnant/lactating mother and children
(N=390; multiple responses)



Women and children are mandated to access healthcare at the government health facility:



- Regular pregnancy check
- Assisted delivery
- Regular health check after delivery



- Immunization
- Regular weight and height check
- Development monitoring
- Breastfeeding for baby



The Ministry of Health (MoH) stopped services in Posyandu (Integrated Healthcare Center), and recommended that children and the elderly do not visit the health facilities unless in the case of emergency.



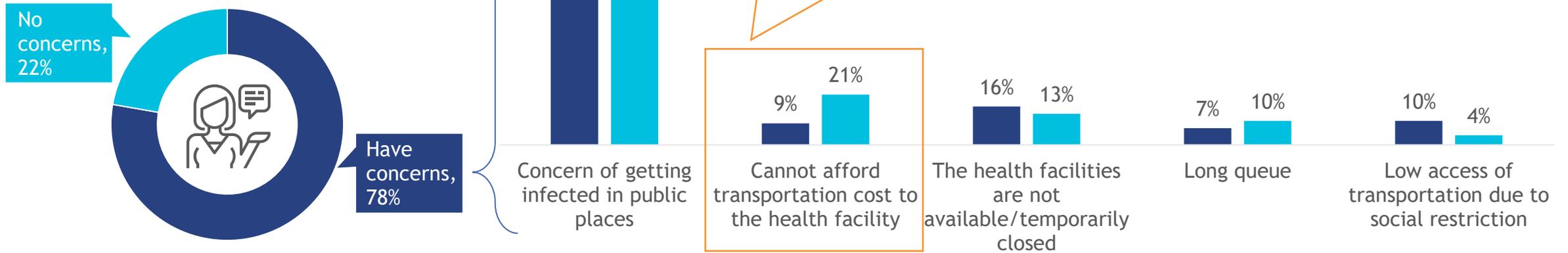
The Posyandu is a mobile unit that moves from one village to another. But during the pandemic, no Posyandu has visited my village. I have to go to the next village to avail the services.

- A beneficiary from Jayapura



The respondents are concerned about getting infected while accessing health care facilities

Concerns on access to health facilities and medication pregnant/lactating women and children (N=390)



Our research on the pandemic's impact on low-and middle-income (LMI) households and a recent study by SMERU also showed that the pandemic had restricted access to healthcare for women.

“ Since the pandemic, Posyandu only allowed babies, not toddlers. I came to know about it from social media and Posyandu cadres. - A beneficiary from Kutai Kartanegara ”

[Back to the list of parameters](#)



KEMENTERIAN SOSIAL
REPUBLIK INDONESIA

The Ministry of Social Affairs (MoSA) requested the facilitators to perform verification in the social welfare facilities with soft conditionalities

08 Social welfare facilities/care access

Insights on social welfare access for elderly and severely disabled respondents

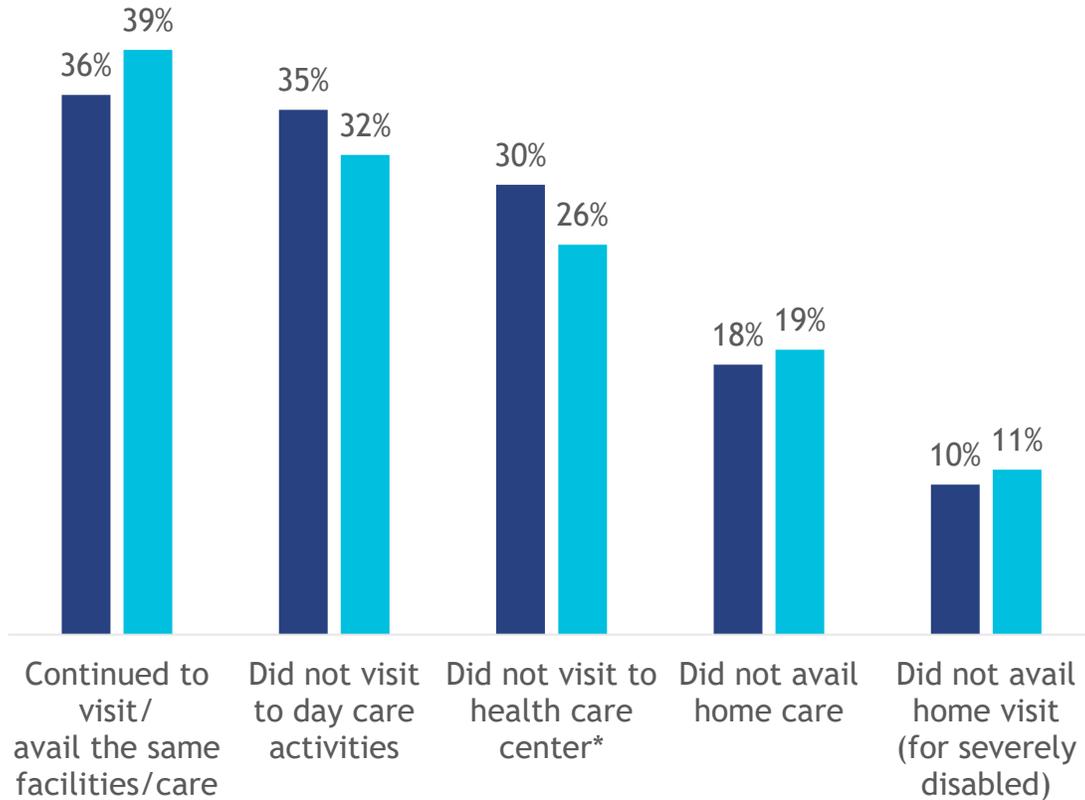


MSC

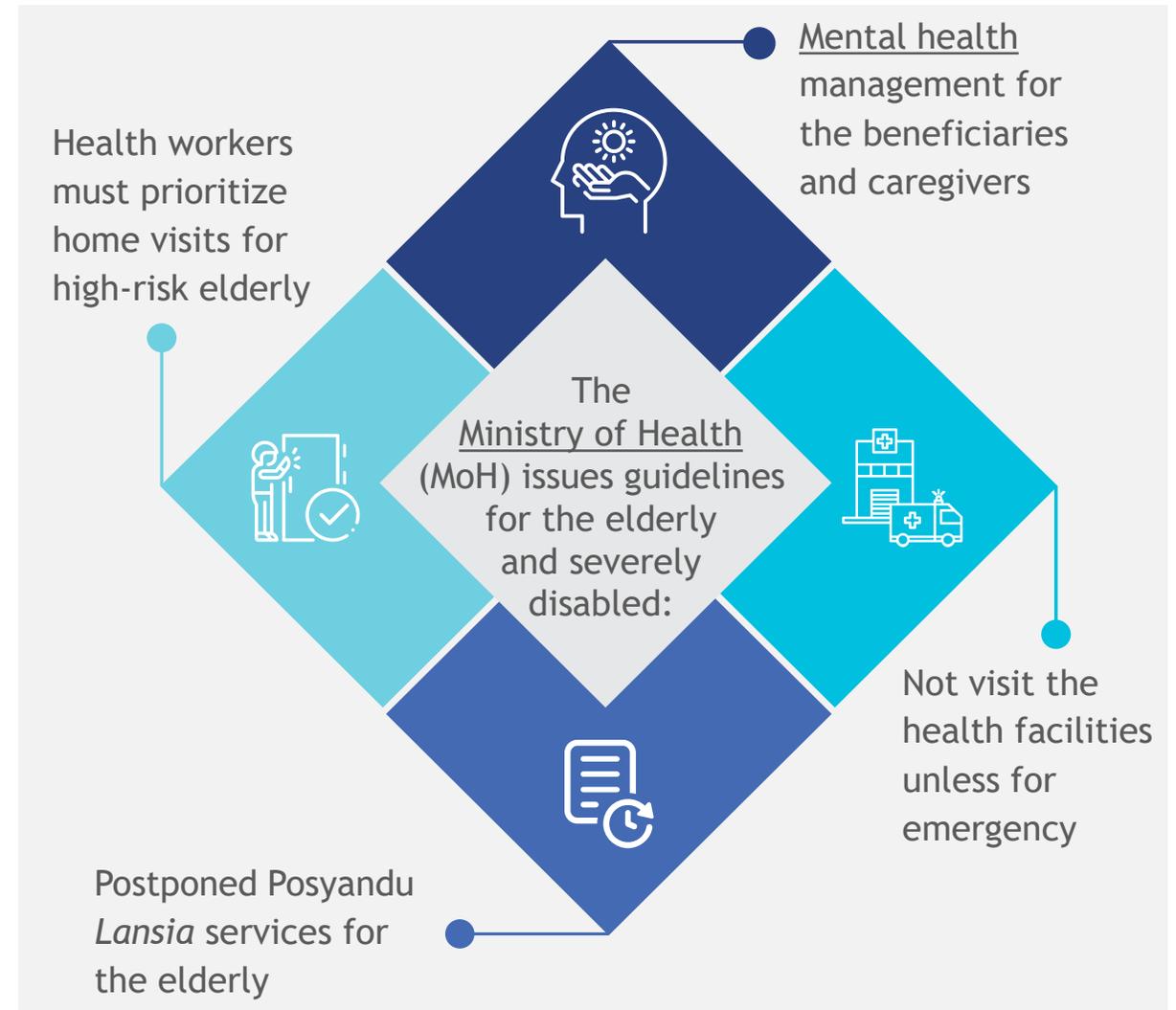
The access levels to social welfare facilities or care for the elderly and severely disabled remained the same

Access to social welfare facilities/care for respondents who are elderly or severely disabled (N=234; multiple responses)

■ Before AKB ■ After AKB



*Puskesmas Ramah Lansia



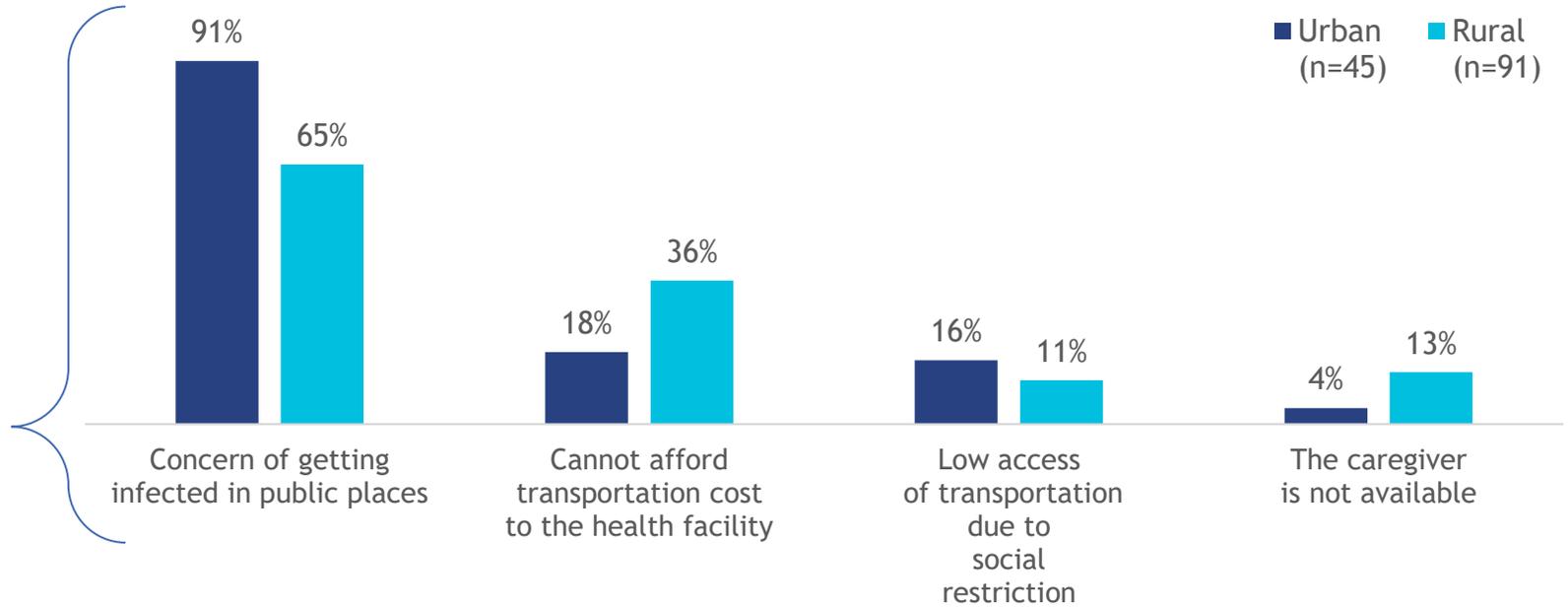
A major concern for the elderly and the disabled was the fear of getting infected by COVID-19—especially in rural areas—to access social welfare and daycare facilities

Concerns in accessing social welfare facilities/daycare facilities during the pandemic (N=234)

No concerns, 42%



Have concerns, 58%



Loss of income for the household has forced the family's caregiver, usually women, to earn additional income. This activity could reduce their availability to accompany the elderly or severely disabled to access social welfare facilities or care.

“

My mother goes to Puskesmas Ramah Lansia for a regular check-up, but the frequency is less than during the pandemic.

- A beneficiary from Kutai Kartanegara

My mother is healthy and in a good condition, so we have no need to access the health facility.

- A beneficiary from Kutai Kartanegara

”

[Back to the list of parameters](#)



KEMENTERIAN
PENDIDIKAN DAN KEBUDAYAAN

A revised joint ministerial decree in August 2020 allowed schools in the yellow and green zones to reopen.

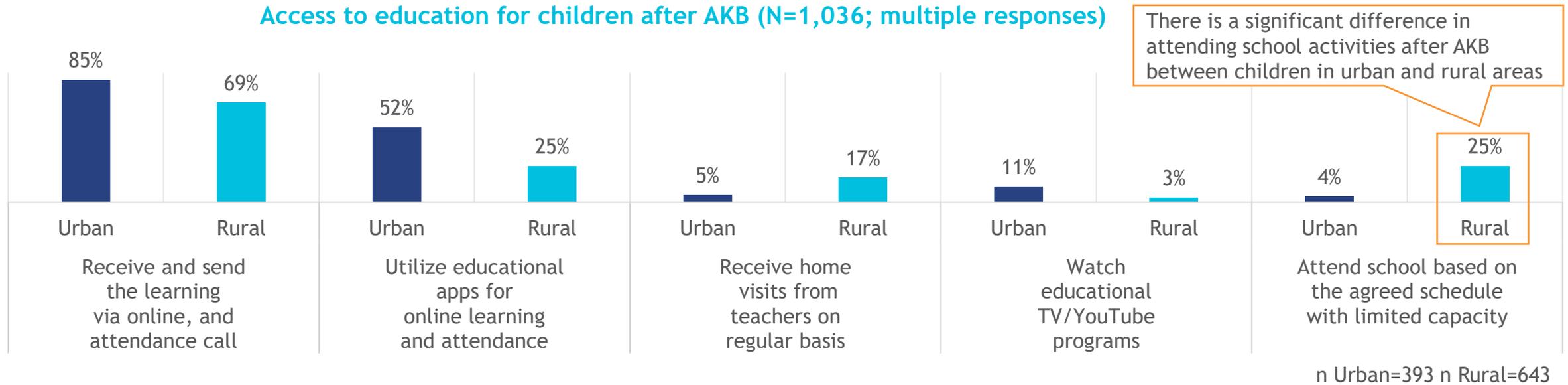
09 Access to education

Insights on access to education for respondents who have enrolled school children



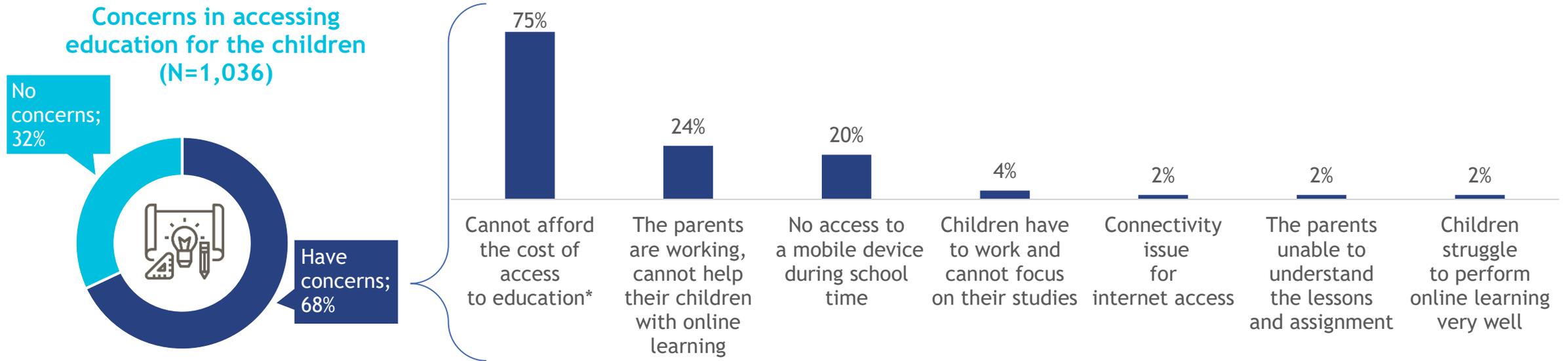
Significant difference was observed between urban and rural beneficiaries with regard to access to education for their children

Access to education for children after AKB (N=1,036; multiple responses)



- MoSA has waived PKH's commitment for all conditionalities until Q1-2021. However, the facilitators still perform commitment verification including for access to education. The more varied education access allowed the students to maintain their attendance rate and be able to fulfill their commitment. Many provinces on Java island had the most confirmed COVID-19 cases in August - September. As a result, the number of schools that reopened after AKB in Java was not as high as outside Java.
- Aside from the mechanism mentioned in the chart above, respondents also reported other ways of learning for their children, such as: Parents picking up and delivering the assignment paper to school several times a week; children attending learning groups in one of the students' house; children listening to educational program on the radio or podcast; availing periodic attendance call only without any school activities. With most women who ensure children's school attendance than men, indirectly, this condition adds unpaid care work time for women.

Affordable internet connectivity is a significant challenge for respondents to support online learning for their children



- The Indonesian government provides phone credit and internet data package subsidies to support students and teachers for long-distance learning. Unfortunately, it was unable to cover everyone. Respondents said that purchase of data packages for their children was one of the top three family expenses during the pandemic.
- Seven out of 305 respondents also received KIP/KJP**. Still, their children have had to help earn additional income. Although the number of these cases is small, this has been affecting their access to education and their ability to learn. A recent study from Wahana Visi on the impact of COVID-19 on children also had similar insights.

“ I have stopped working because my children stay at home for online learning, with no one taking care of them. Now I stay at home, and my children help me to earn money by catching fish at sea. ”

- A beneficiary from Jayapura

**KIP is Kartu Indonesia Pintar and KJP is Kartu Jakarta Pintar. Both are social assistance for enrolled school children. KIP is a national program while KJP is a program from Jakarta province.

Learning from home was a challenge for the parents as well as the children, especially for respondents from outside Java



Different ways to avail a smartphone for their children



Avail a loan from the workplace/ money lenders to buy a smartphone



The children take turns accessing smartphone



Borrow a smartphone from their relatives or friends



Ways to avail the internet connection



Use a portable hotspot from a smartphone



Pay for a daily or monthly Wi-Fi connection from the neighbor



Visit local community or personal facilities in the neighborhood, which provides a learning space and free internet access

“

I took a loan to buy a new smartphone to support my children with online learning.

- A beneficiary from Kutai Kartanegara

My child feels learning from home is challenging because he needs further assistance from the teacher, not just a worksheet. However, I like online learning because I do not need to spend on transportation and allowance.

- A beneficiary from Kutai Kartanegara

Our children are not doing online learning because most people here are farmers. Not all parents can afford the smartphone and data packages. Since June, our children study at school for two days, and parents accompany them for the rest of the days of the week at home.

- A beneficiary from Jayapura

I have four children, and two of them are enrolled in school. As the school closed and shifted to online learning, they need to study using a mobile phone, which we do not have. My relative gives them a mobile phone and they take turns using it.

- A beneficiary from Maluku Tengah

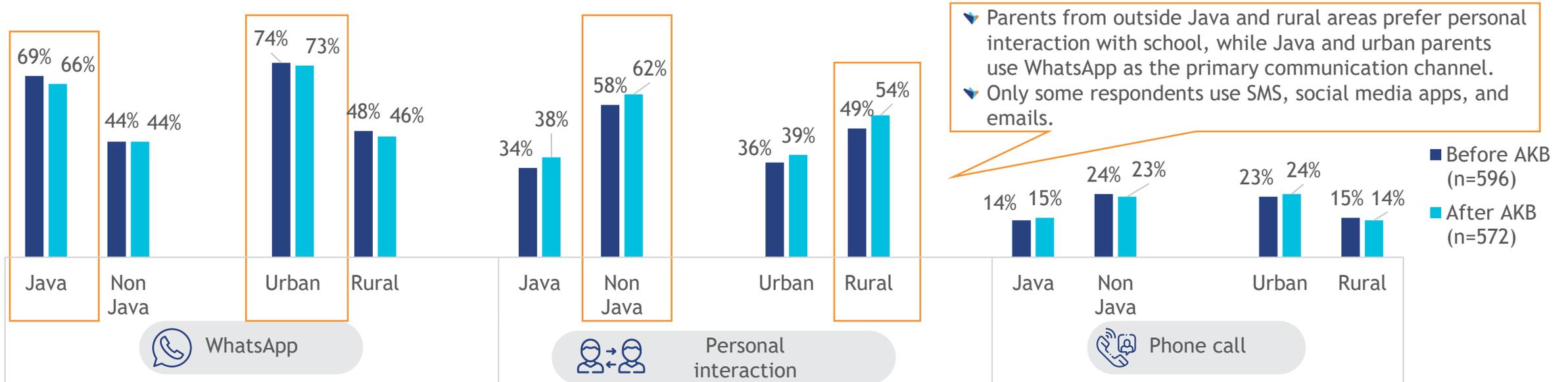
Sometimes, the teacher comes to visit and assist them in studying by giving worksheets. My children take turns to use the mobile phone to study. However, the learning process is not effective as compared to their friends who have full access to a smartphone.

- A beneficiary from Maluku Tengah

”

More than half of parents in Java and urban areas use WhatsApp to communicate with teachers and school

Top three communication channel between respondents and school management (multiple responses)



“

The school is open, and the students come in turn three days a week to maintain social distancing. I still received my son’s school reports, and the facilitator sometimes verifies directly at the school.

- A beneficiary from Demak

My children in primary school go to school three times per week. While my other children in senior high school still use online learning.

- A beneficiary from Jayapura

”

[Back to the list of parameters](#)

“

My husband and I shared a feature phone because mine is broken. We are not familiar with using a smartphone. I used my children's smartphone to access WhatsApp, and sought their help to use it.

- A 41-year-old beneficiary from Pontianak ”

10 Digital behavior

Insights on mobile phone ownership, usage, and challenges

The pandemic has resulted in an increase in smartphone ownership among beneficiaries



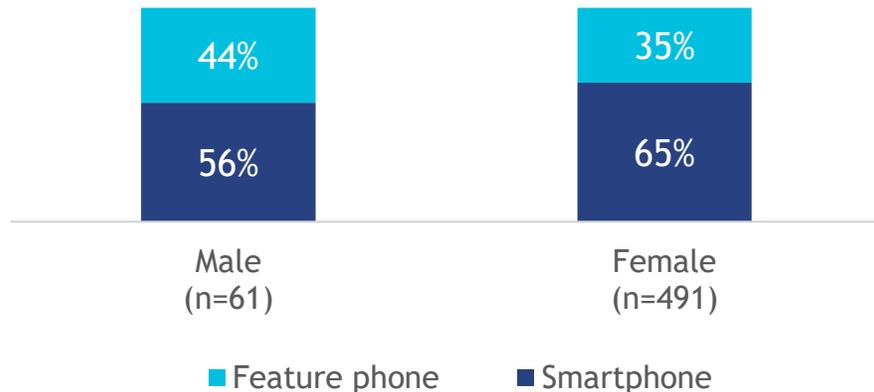
In this study

56%
of male
respondents

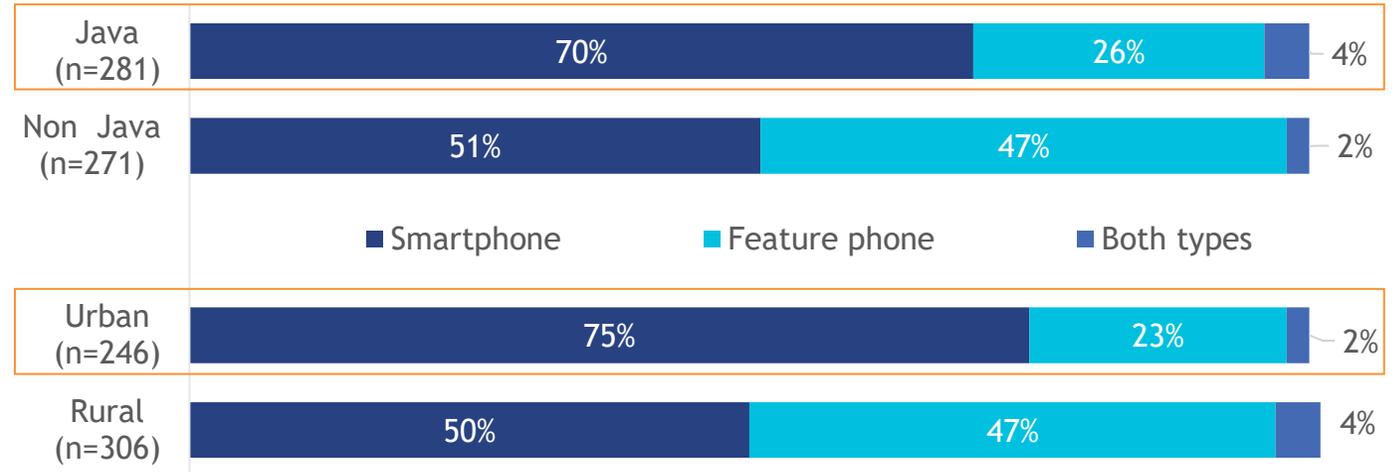
45%
of female
respondents

own a mobile phone

Type of mobile phone owned by the respondents (N=552; multiple responses)



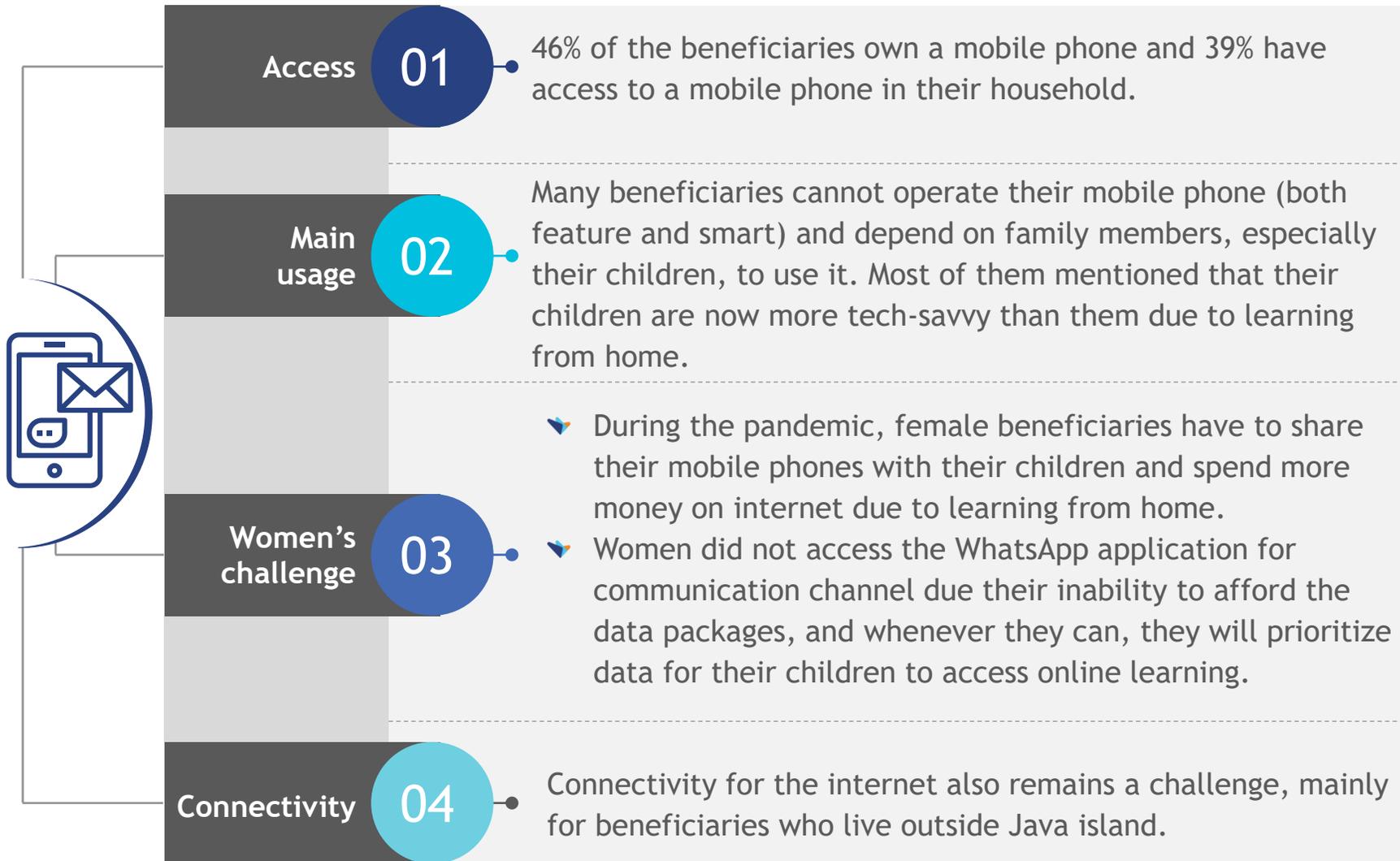
Mobile phone composition (N=552; multiple responses)



Respondents who are most likely to have a smartphone are younger beneficiaries (<=35 years old) in urban areas.

According to the World Food Programme, 70% of the bottom 40% of Indonesia's population, have access to mobile phone. The pandemic has driven more respondents to own a smartphone (not only have access to it) and share it with their children during school hours.

Despite increasing mobile ownership, digital capacity continues to be low, especially for using a smartphone



“ I do not have a mobile phone, but I have access to my child’s smartphone for making and receiving a call. I cannot operate it by myself. I think having a mobile phone of my own is important to maintain communication with my family.

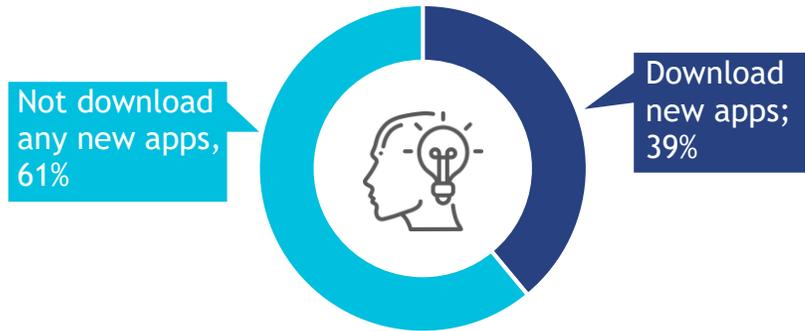
- A beneficiary from Pontianak

Most of my beneficiaries have access to a smartphone. However, the digital illiteracy, hesitation to learn, and age factor remains challenges for their adoption.

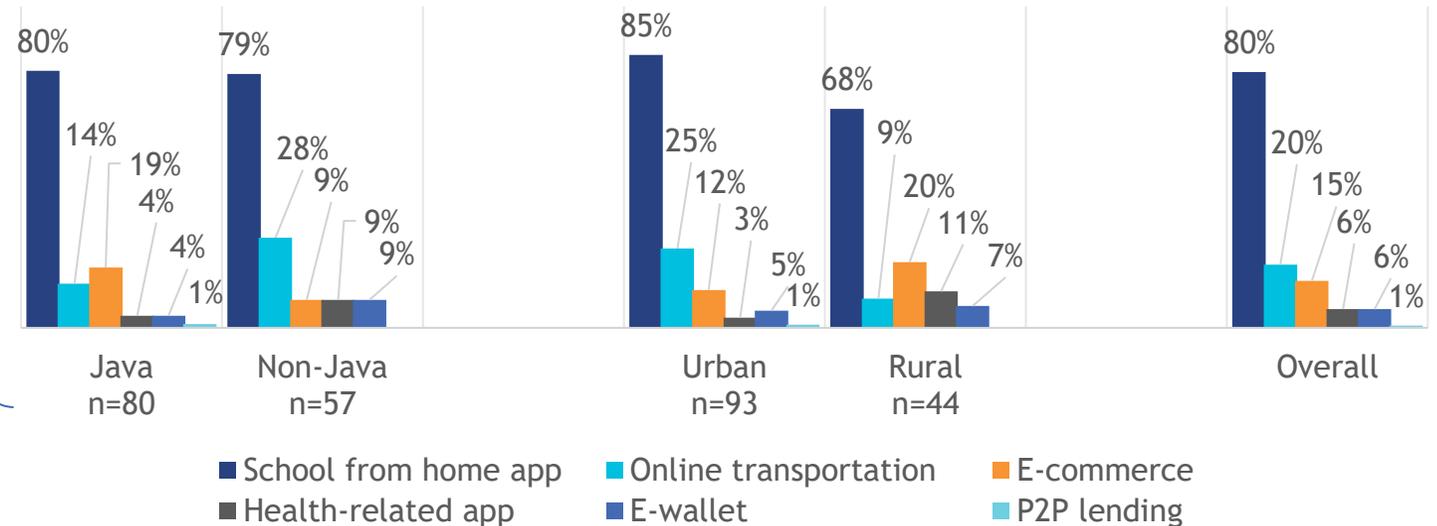
- A facilitator from Pontianak

A third of PKH beneficiaries have downloaded new mobile applications to support their daily activities

New apps downloaded by a smartphone owner (N=353)



Type of new apps downloaded (N=137; multiple responses)



“ I once heard about GoPay from my friend, but I am not interested-it is a matter of trust. I need time to learn more about how to operate or use electronic money.

- A beneficiary from Pontianak



Google-Temasek-Bain report on digital trends revealed that out of Indonesians who adopted digital services during the social and mobility restrictions, 37% of them were new consumers to internet economy services

- However, PKH beneficiaries still hesitate to use apps to conduct financial transactions.
- Out of the total 8 e-wallet new users, only three use it for airtime top ups, one use it for paying bills, and one use it for other payments.
- Moreover, out of 20 new e-commerce apps users, more than a half already use it for online shopping, five use it to purchase groceries, and one to pay bills.

[Back to the list of parameters](#)

“

I am not ready to graduate because our family earnings are too small, and I cannot afford to finance my children's education. I want to start a business when I have enough money. When the business grows, and I have better earnings, I can graduate from PKH.

- A beneficiary from Pontianak,
enrolled for 10 years

”

11 Readiness of beneficiaries to graduate from the program

Insights on graduation readiness and expectation from the beneficiaries



During the pandemic, the PKH fund became a key economic cushion, and this has reduced the readiness of beneficiaries to graduate from the program

Readiness to graduate next year for PKH beneficiaries who have been enrolled for more than five years (N=163)



Why beneficiaries stated that they are ready?
(n=24; multiple responses)

- ✔ I am financially able
- ✔ I will follow the government rules
- ✔ I no longer have family dependents

- ✔ A third of respondents who are ready to graduate have been enrolled for 10-13 years.
- ✔ Most respondents are ready to graduate from PKH due to having either a better financial life or no longer having family members in need of PKH fund

“

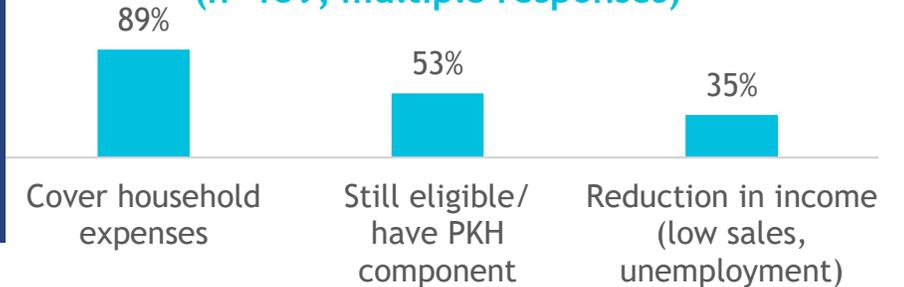
I think other people are more qualified, like those elderly people. Moreover, my husband's earning is sufficient for the family, so I am no longer dependent on PKH funds.

- A beneficiary from Kutai Kartanegara, enrolled for seven years

”



Why are beneficiaries not ready?
(n=139, multiple responses)



- ✔ Most of beneficiaries who are not ready to graduate have been enrolled for six to nine years, respectively.
- ✔ Not having their own house and the absence of productive members in the house also reduce their self-confidence to graduate.

“

I do not know when I will be ready to graduate because we do not have a home and still live in our parents' house. Perhaps if one day we have our place to live and run our food stall.

- A beneficiary from Demak, enrolled for eight years

”

MoSA's objective is to graduate 1 million beneficiaries in 2020 and 3 million in 2021. The beneficiaries need support to encourage graduation, especially due to the current crisis

- MoSA has planned that 7,000 beneficiaries will graduate and own a small business in 2021. Currently, MoSA collaborates with Padjadjaran University to provide social entrepreneurs mentoring for graduated beneficiaries.
- The PKH funds have become regular additional income for the respondents throughout the years. As they are struggling with the pandemic due to layoffs and significantly reduced income, they are not ready to graduate.

A

Working capital



Working capital (fund/tools/equipment) to start a small business/service



I went to the Ministry of Industry and Commerce office at the district to propose buying a sugarcane crushing machine. There was no response from them. I need support to procure tools and equipment to start selling sugarcane juice.

- A beneficiary from Pontianak, enrolled for 10 years

I have a plan to start a small business. I want to produce a traditional snack and drop it at several places from where it will be sold. I need support for working capital since I have the skill and standard equipment all ready to do it.

- A beneficiary from Pontianak, enrolled for six year



B

Capacity building



Training and mentoring for:

- Starting a small business/service,
- Conducting a good marketing and selling technique
- Adding skill to find a better job/livelihood



I hope PKH can provide training or workshops, such as cooking and baking, and working capital support. We can be productive and one day will be ready to graduate from PKH.

- A beneficiary from Kutai Kartanegara, enrolled for seven years

I am not good at selling things. I need help to find a job. I think it would be useful if PKH can provide training on how to start a small business and to sell it effectively.

- A beneficiary from Pontianak, enrolled for six years



[Back to the list of parameters](#)



Annexes



Three measures taken by the Government of Indonesia in alignment with MSC's recommendations from the 2019 PKH evaluation

01

Branchless banking agents usage



- This study shows a rising trend in usage of banking agents including e-Warung KUBE for PKH withdrawal compared to 2019.
- The number of beneficiaries who used these branchless banking agents during the pandemic has increased up to 16% compared to 2019.

MSC recommended branchless banking agents to improve service quality to support the sustainability of PKH. The improvement should cover liquidity, reliability of technology, and connectivity.

02

A KKS account curriculum on FDS



- MoSA is collaborating with the World Bank to develop a curriculum on the beneficiaries' KKS account usage.
- However, in this study, we found that the beneficiaries and facilitators still share a common perception that the KKS account should have zero balance and cannot be used for any financial transaction, similar to 2019.

MSC recommended increasing the awareness of beneficiaries on the KKS account through FDS.

03

Accelerate e-PKH implementation



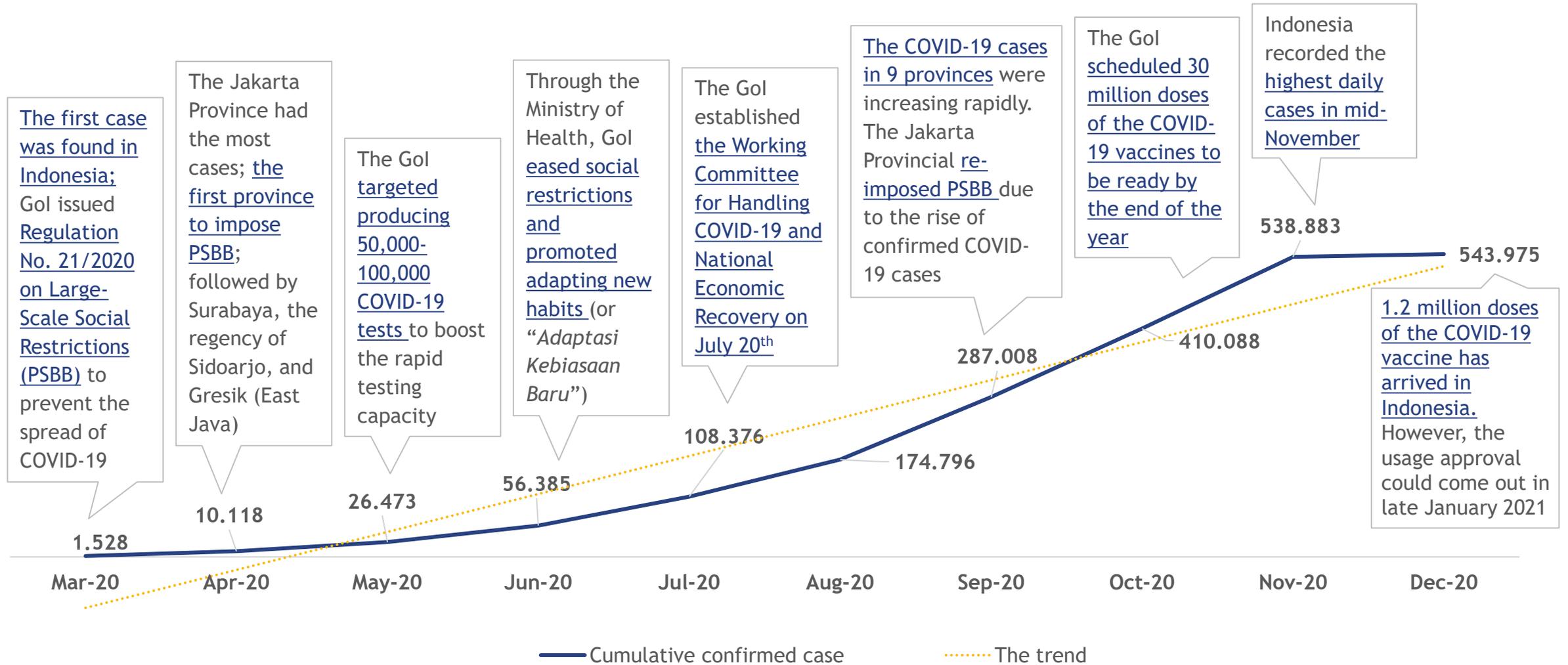
- In our in-depth qualitative interview with the facilitators, they mentioned e-PKH usage to verify the beneficiaries' commitment.
- Currently, e-PKH also has multiple features to assist the facilitators in performing their tasks, including registering the beneficiary's complaint.

MSC recommended digitizing the commitment verification process using e-PKH to support timely data collection, compilation, and analysis. The digitizing process can help MoSA to measure compliances and identify operational issues.



Background of the study

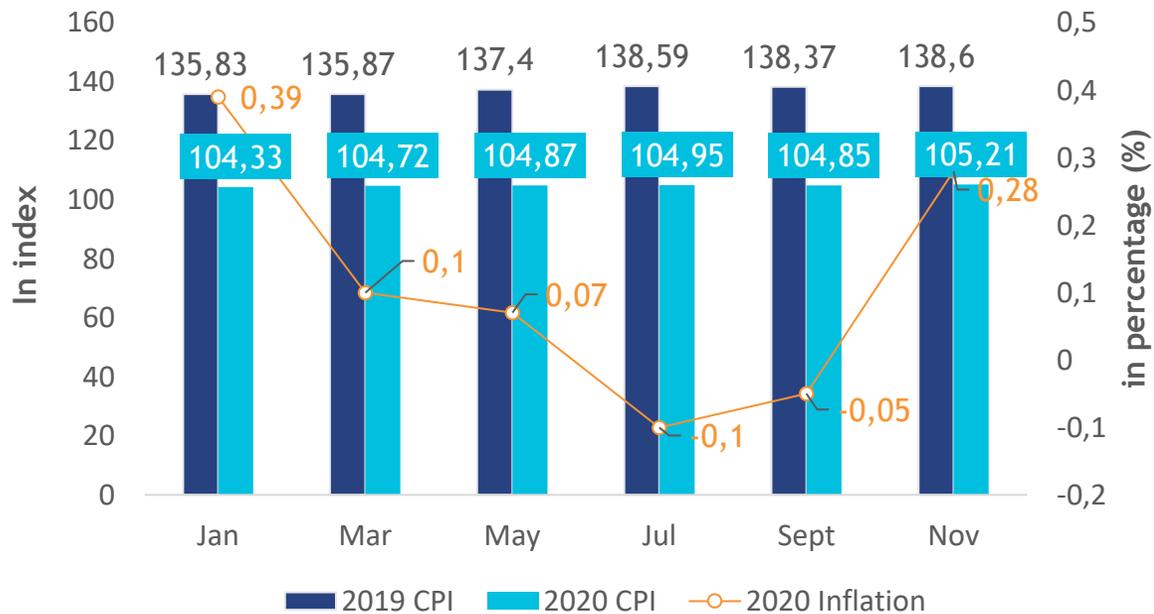
The Government of Indonesia (GoI) is trying to manage the health crisis while supporting the ailing economy through the easing of social restriction



Cumulative confirmed case data source: <https://covid19.go.id/peta-sebaran>

The economic impact of the pandemic has been unprecedented as the country experiences its first recession in more than 20 years

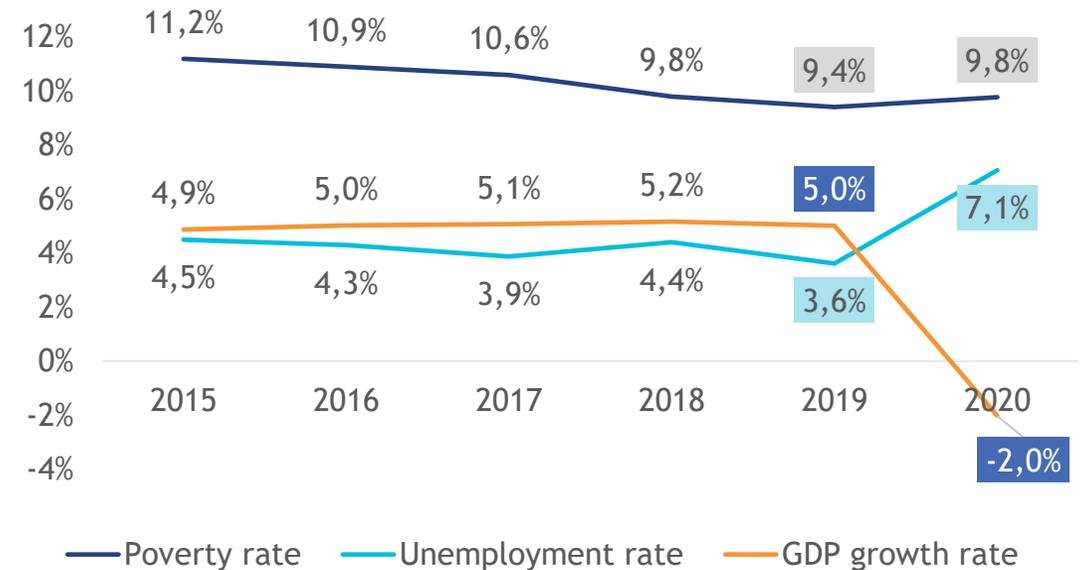
Year to date Consumer Price Index and monthly inflation rate¹



The supply of goods during the pandemic is adequate, but people's purchasing power is still low, as shown by a lower Consumer Price Index (CPI) in 2020 compared to last year. A declining purchasing power signal is also reflected in the continuous negative inflation rate from March to July 2020.



Poverty, unemployment and GDP growth rate²



Layoffs, wage cuts, delayed consumptions, and slower business are among the factors weakening people's purchasing power due to the pandemic. As per the government estimates, Indonesia may add between 3-5 million newly unemployed individuals and around 1.15 to 3.75 million new poor².



1. Data sourced from [Statistic Indonesia Bureau](#)
 2. Data sourced from [World Bank](#) (2000-2019) and [Statistics Indonesia](#) (2020, the newest available data)

The Indonesian government has allocated IDR 203.9 trillion (USD 13.8 billion) for social assistance interventions, including PKH

IDR 43.6 Trillion (~USD 3.2 billion) for **Kartu Sembako** (Food assistance)



IDR 16.2 Trillion (~USD 1.1 billion) for **Cash Assistance Non-Jabodetabek**



IDR 20 Trillion (~USD 1.3 billion) for **Pre-Employment Card**



IDR 37.4 Trillion (~USD 2.5 billion) for **PKH**: increased by 25% from the initial budget



IDR 31.2 Trillion (~USD 2.1 billion) for **Cash Assistance - Village Fund**



IDR 12.3 Trillion (~USD 837 million) for **Electricity Bill Waiver**



IDR 3.42 Trillion (~USD 232 million) for **Food Assistance - Jabodetabek**

The government increased the beneficiary base and entitlements to support the most vulnerable sections of the population during the pandemic

After the COVID-19 outbreak, the Indonesian government immediately provided a cushion to prevent people in the lowest socio-economic conditions from falling further behind during the crisis. The Ministry of Social Affairs (MoSA) responded by adjusting PKH and launching the new format of PKH in April 2020.



Increased the number of beneficiaries

From 9.2 million to 10 million in April 2020



Increased the benefit amount

The government increased the amount of PKH fund by ~25%



Modified the disbursement schedule

Starting April 2020, MoSA changed the disbursement frequency to a monthly schedule. However, for the Q4-2020 (October - December 2020), the disbursement frequency was returned to a quarterly schedule.

PKH conditionalities	Amount before COVID-19 (annually)	Amount during COVID-19 (annually)
Pregnant woman	IDR 3,000,000 (~USD 212)	IDR 3,750,000 (~USD 266)
Children from 0 to 6 years old	IDR 3,000,000 (~USD 212)	IDR 3,750,000 (~USD 266)
Elementary school children	IDR 900,000 (~USD 64)	IDR 1,250,000 (~USD 89)
Junior high school children	IDR 1,500,000 (~USD 106)	IDR 1,875,000 (~USD 133)
Senior high school children	IDR 2,000,000 (~USD 142)	IDR 2,500,000 (~USD 177)
People with disability	IDR 2,400,000 (~USD 170)	IDR 3,000,000 (~USD 212)
Elderly people above 70 years old	IDR 2,400,000 (~USD 170)	IDR 3,000,000 (~USD 212)

Adaptasi Kebiasaan Baru (AKB)

AKB or New Habit Adaptation, which is popular with 'New Normal', is when the Indonesian government eases the social restriction. In June 2020, the government allowed economy and public activities to resume normal with stringent health measures starting with Jakarta. The community allowed to perform activities with physical and social distance. In this study, we analyzed the impact of COVID-19 on PKH by comparing beneficiaries' behavior and how they accessed PKH funds, health, and education before and after AKB implementation.

MENUJU ADAPTASI KEBIASAAN BARU





Overview of the key
conditionalities of PKH



PKH conditionalities: Mother and child health (1)

Baby (0 - 11 months)



- Four pregnancy checks over three trimesters
- Assisted delivery by medical personnel or trained midwives in a health facility
- Four health check visits by mother within 42 days after delivery



Pregnant women and after delivery

Age 0 - 11 months:

- At least three health check visits during the first month after delivery
- Exclusive breastfeeding within the first six months of their age
- Complete basic immunization within the first year of birth
- Weight and height check every month
- Development monitoring at least twice a year

Age 6 - 11 months:

Receive vitamin A supplement

Age 1 - 5 years old:

- Complementary immunization
- Weight check every month
- Height check twice a year
- Receive vitamin A supplement twice in a year

Age 5 - 6 years old:

Weight, height check, and development monitoring minimum twice a year



Children (1 - 6 years)

PKH conditionalities: Education and social welfare (2)

- ✦ School enrolment
- ✦ Minimum 85% of attendance rate



Children age 6 - 21 years old who have not finished their education up to senior high school level



The elderly aged over 60 and the severely disabled

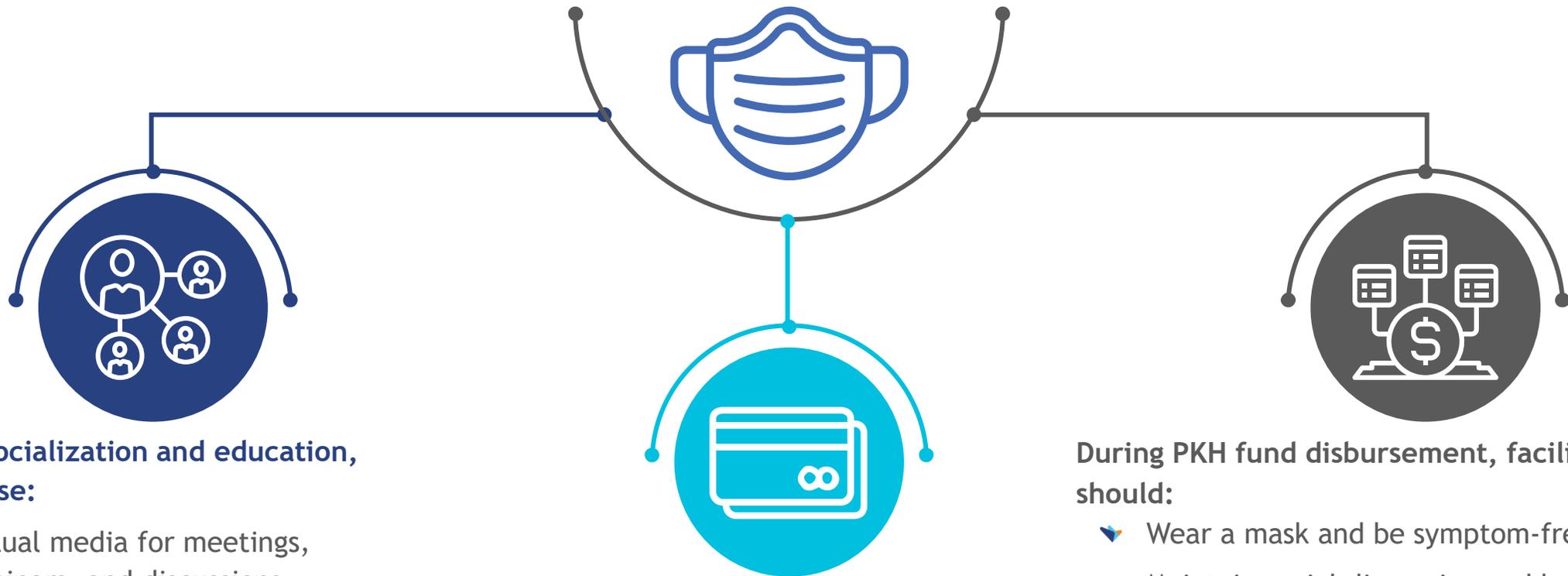
Elderly above 60 years old:

- ✦ Health check by medical staff for elderly health care (Puskesmas Ramah Lanjut Usia)
- ✦ Home care service (taking care of the day to day needs)
- ✦ Elderly joins daycare activity in their neighborhood (morning walks and aerobics among other activities) at least once in a year

Severely disabled:

- ✦ Home care service (taking care of day to day needs)
- ✦ Health check by medical staff through home visit

MoSA has mandated the facilitators and beneficiaries to follow PKH protocols



During socialization and education, should use:

- Virtual media for meetings, seminars, and discussions.
- TV or radio.
- Official websites and social media accounts of the central or regional government.
- Posters and flyers.

During the distribution of KKS card:

Distributing banks and the regional government shall coordinate and follow the “3M Campaign”.

During PKH fund disbursement, facilitators should:

- Wear a mask and be symptom-free.
- Maintain social distancing and have zero physical contact with other people.
- Wash hands after doing a transaction.
- Go back home right after disbursement.
- Not involve elderly people or underage children.

[Back to health access analysis](#)



Details of research methodology



Research methodology (1)

Research design



- ▼ Mixed-methods research
- ▼ Cross-sectional design for the quantitative component
- ▼ The quantitative data collection was done through face-to-face interviews using CAPI
- ▼ Qualitative research included in-depth telephonic interviews with beneficiaries and PKH facilitators

Sampling



- ▼ The sample for the quantitative survey included 1,200 beneficiaries
- ▼ Sample respondents, including their names and addresses, were selected from the Unified Social Welfare Registry (DTKS/Data Terpadu Kesejahteraan Sosial) of the Government of Indonesia
- ▼ The sample for the qualitative research comprises 35 in-depth interviews: 25 beneficiaries and 10 facilitators

Locations of research



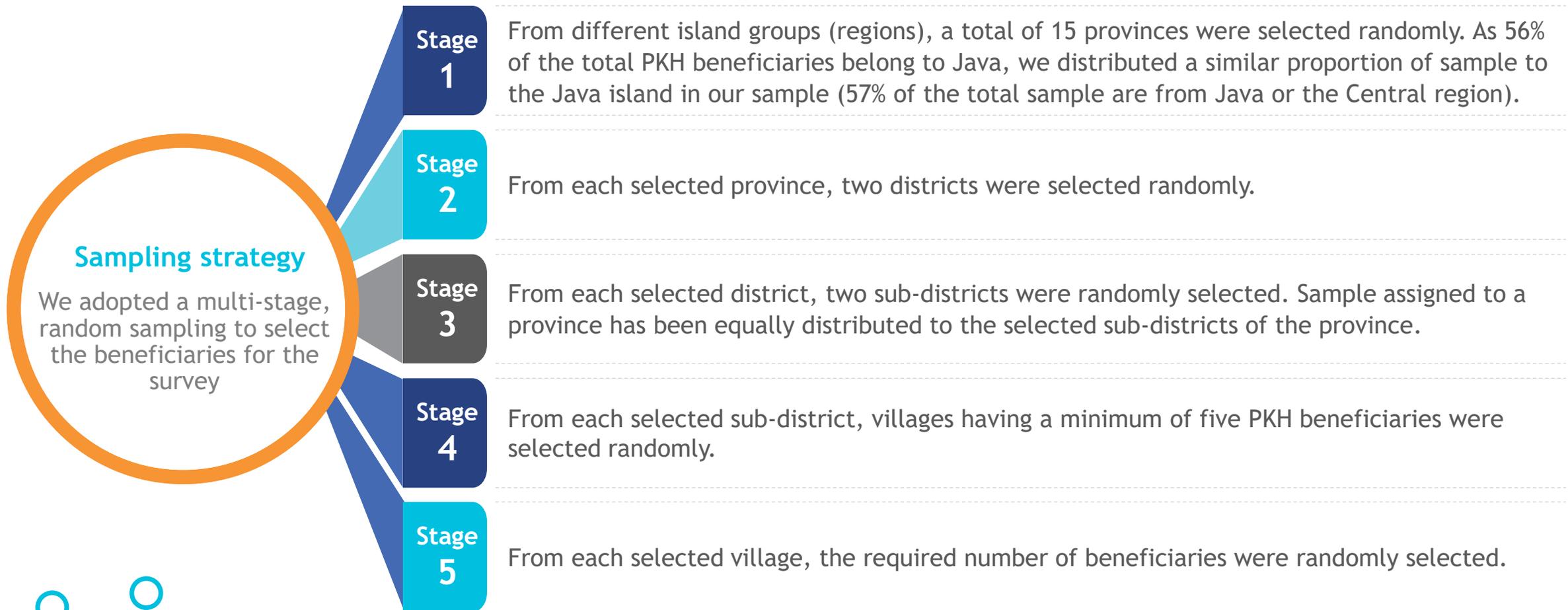
- This research covers 15 provinces in Indonesia. We clubbed these 15 provinces into three regions:
- ▼ Western: North Sumatera, West Sumatera, West Kalimantan, East Kalimantan, Kepulauan Riau
 - ▼ Central: Central Java, West Java, East Java, Banten, DKI Jakarta
 - ▼ Eastern: Maluku, North Maluku, Papua, North Sulawesi, East Nusa Tenggara

Limitations of the study



- ▼ This research does not analyze inclusion-exclusion errors in the selection, validation, and graduation of beneficiaries out of the PKH program
- ▼ As the qualitative interviews were done telephonically, telephonic interviews' inherent biases (excluding those without access to a phone, missing cues from expressions/body language, limited rapport building, etc.)

Research methodology (2)



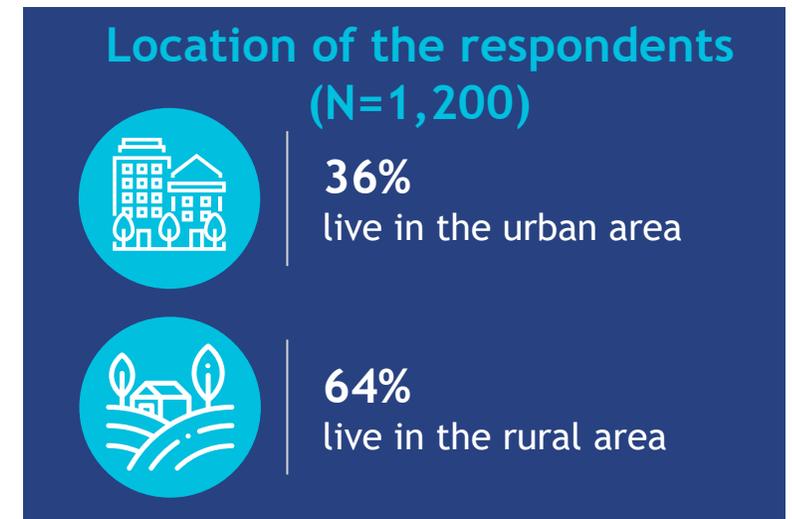
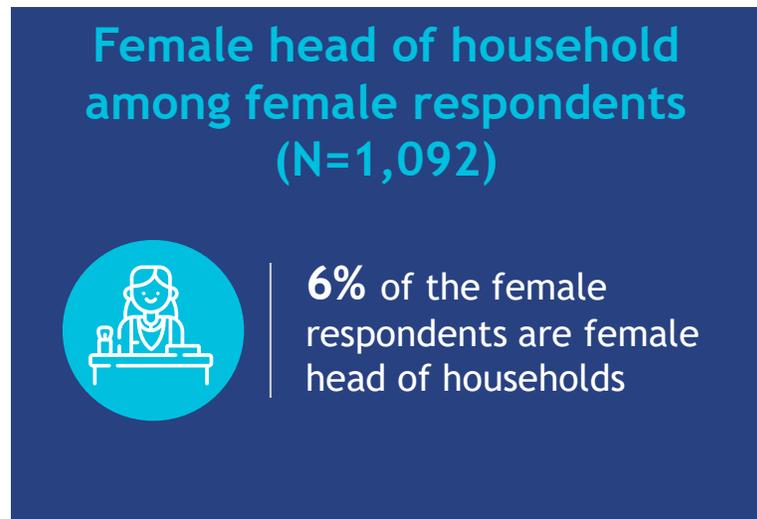
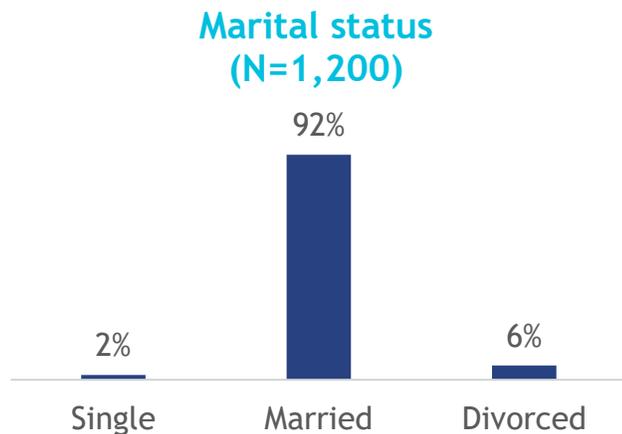
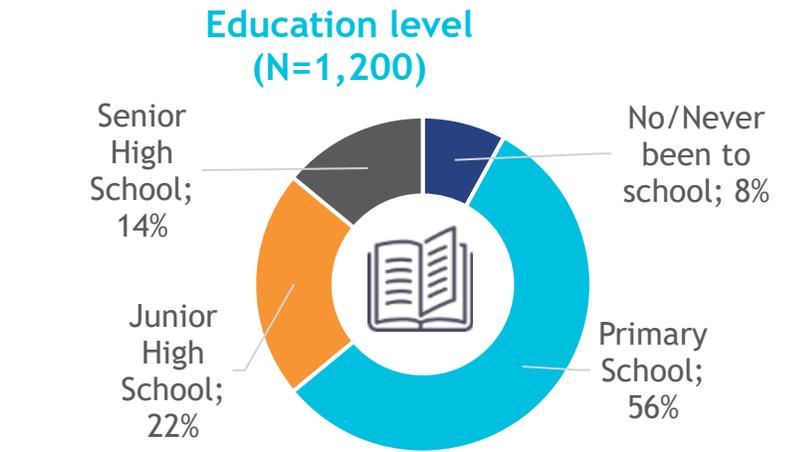
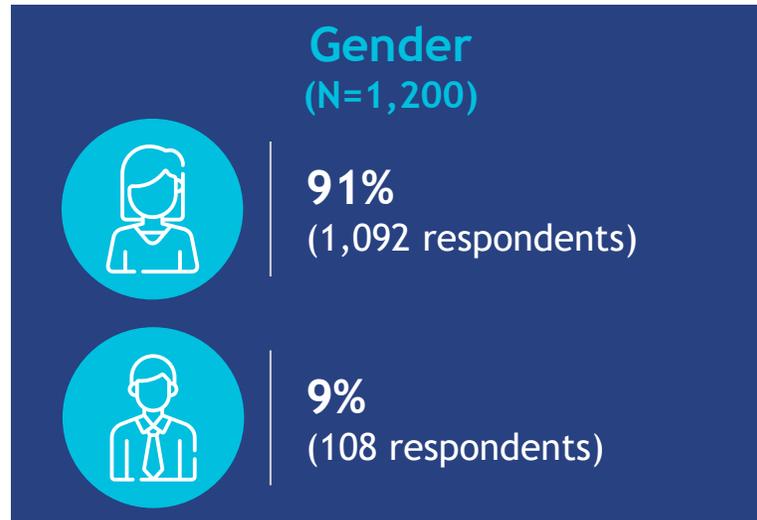
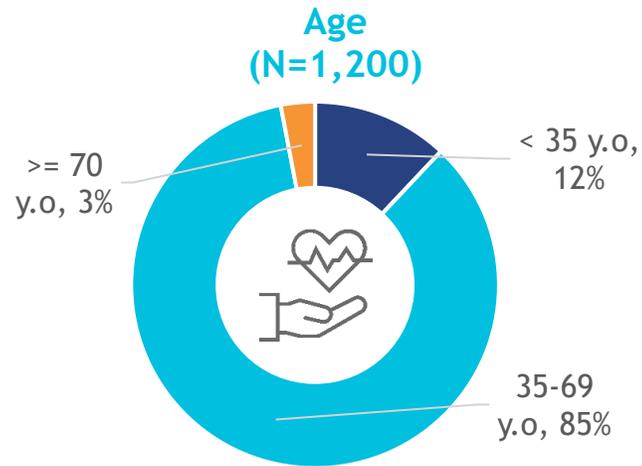
Total sample size
1,200

Sufficient to provide national-level point estimates for key indicators with a 95% confidence level and 4% margin of error



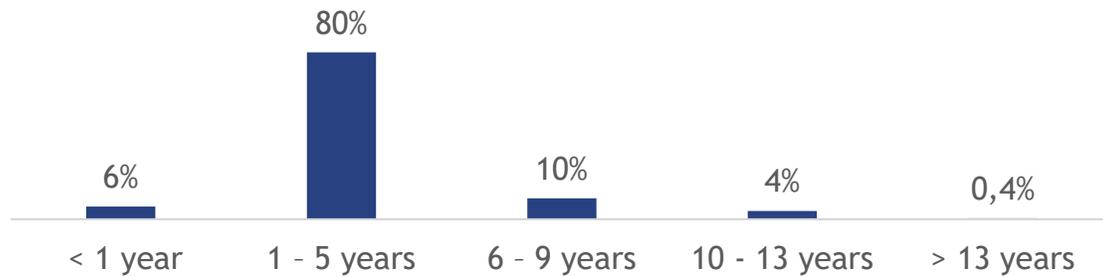
The respondents' profiles

Respondents were mostly married women living in rural areas



A large majority of respondents were receiving PKH benefits in the form of school enrollment for their children

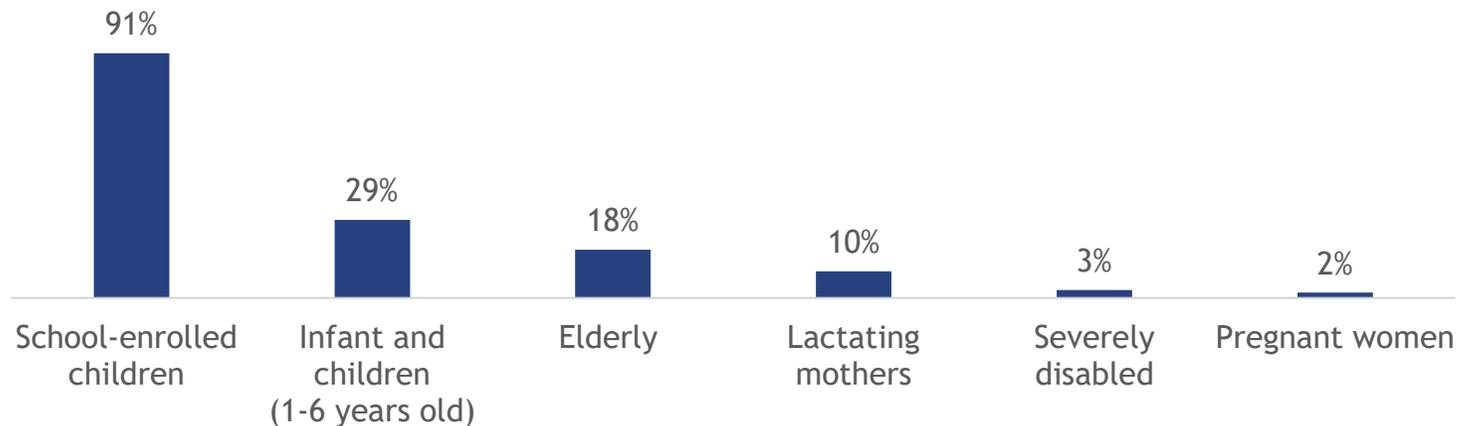
Number of years as PKH beneficiary (N=1,200)



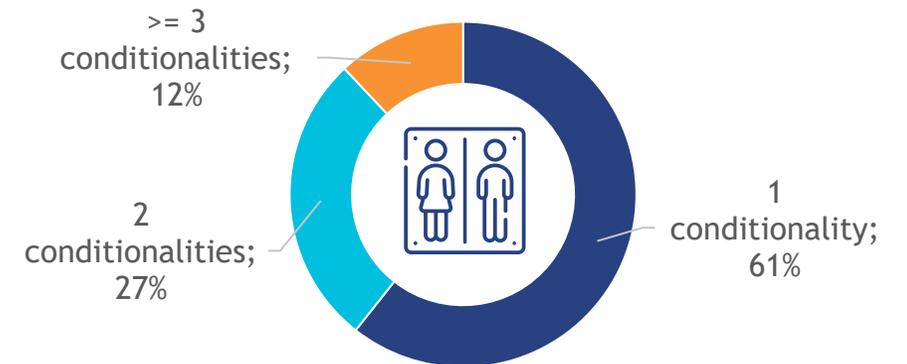
4.4% of the respondents had been receiving PKH benefits for more than ten years

- 72% have primary school education
- 62% live in Java island
- 64% live in the rural area
- Average family size is three
- 94% of them have school-enrolled children

Family member composition (N=1,200)



PKH conditionalities per family (N=1,200)



MSC is recognized as the world's local expert in economic, social, and financial inclusion



International financial, social, and economic inclusion consulting firm with **20+** years of experience



180+ staff in **11** offices around the world



Projects in **~65** developing countries

Our impact so far

550+
clients

>850
publications

Assisted development of digital G2P services used by **875 million+** people

Implemented **>850 DFS projects**

Developed **275+ FI products** and channels now used by **55 million+** people

Trained **9,000+** leading FI specialists globally

Some of our partners and clients





MSC corporate brochure | Contact us at info@microsave.net

Asia head office

28/35, Ground Floor, Princeton Business Park,
 16 Ashok Marg, Lucknow, Uttar Pradesh, India 226001
 Tel: +91-522-228-8783 | Fax: +91-522-406-3773 | Email: manoj@microsave.net

Africa head office

Shelter Afrique House, Mamlaka Road,
 P.O. Box 76436, Yaya 00508, Nairobi, Kenya
 Tel: +254-202-724-801 | Fax: +254-202-720-133 | Email: anup@microsave.net

