



International  
Labour  
Organization



**RAPID ASSESSMENT REPORT**  
**Socio Economic Impact**  
**of COVID-19 towards**  
**People Living with HIV**  
**and Key Population**

▶ **RAPID ASSESSMENT REPORT**

**Socio Economic Impact  
of COVID-19 towards  
People Living with HIV  
and Key Population**

**EMERGENCY RESPONSE TO ENSURE WELFARE AND LIVELIHOOD OF PEOPLE  
LIVING WITH HIV AND KEY POPULATION DURING COVID-19**

A collaboration of:



Supported by:



Copyright © International Labour Organization 2021

First published 2021

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to ILO Publications (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland, or by email: [pubdroit@ilo.org](mailto:pubdroit@ilo.org). The International Labour Office welcomes such applications.

Libraries, institutions and other users registered with reproduction rights organizations may make copies in accordance with the licences issued to them for this purpose. Visit [www.ifrro.org](http://www.ifrro.org) to find the reproduction rights organization in your country.

---

ILO Jakarta Office, 2021

*Socio economic impact of COVID-19 towards people living with HIV and key population: Rapid assessment report*  
28 p.

ISBN: 978-92-2-034534-4 (print)  
978-92-2-034533-7 (web PDF)

Also available in Bahasa Indonesia: *Laporan Kajian Cepat: Dampak Sosio-Ekonomi COVID-19 Terhadap Orang Dengan HIV Dan Populasi Kunci*; ISBN. 978-92-2-034534-4 (print); 978-92-2-034532-0 (web PDF).

ILO Cataloguing in Publication Data

---

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications and electronic products can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address, or by email: [pubvente@ilo.org](mailto:pubvente@ilo.org). Visit our website: [www.ilo.org/publns](http://www.ilo.org/publns)

Printed in Indonesia

## Remarks from the International Labour Organization (ILO)

---

Since COVID-19 was declared as a pandemic by the WHO, it has infected 2,637,718 people globally by April 23th 2020, with approximately 184,225 deaths around the globe[1] and after one year the exponential cases increased into 153,954,491 confirmed cases including 3,221,052 deaths per May 2021. In Indonesia, the earlier month in April 2020, the Government of Indonesia recorded 7,418 infected cases and 635 deaths[2]; while in May 2021, one year after, 1,691,658 cases recorded and 46,349 deaths.

In the beginning of the COVID-19 pandemic, it has affected all aspects of human life in all around the world, including health life and sustainable economic movement. The ILO data in 2020 revealed that COVID-19 pandemic has globally affected the world of work with around half of working-hour losses due to employment loss and the other half due to reduced working hours (including workers who remain employed but not working).

The impacts of COVID-19 pandemic have caused more burdens to vulnerable groups who have previously faced challenges in fulfilling their basic needs, such as access to health and economy. Moreover, the stigma and discrimination that they face as people living with HIV and key population have made it more difficult to access social assistance due to administrative matters. Despite the importance of humanitarian responses on COVID-19 pandemic during the emergency response, the continuous advocacy actions are essential to strengthening the access to social protection in longer-term period.

Based on the ILO Recommendation No. 202 on Social Protection Floor and the ILO's priority on human-centered recovery during an unprecedented crisis in jobs and incomes during this pandemic, the findings on COVID-19 socio-economic impact survey among people living with HIV and key population have become significant. The findings have provided a robust data regarding the importance of strengthening advocacy activities and inclusive scheme of social protection policies for people living with HIV and key population as well as general vulnerable group.

The ILO supports this great initiative of Indonesia Aids Coalition to promote social protection through continuous advocacy actions as an effort to reach the Global target of 95-95-95, of which No One Left Behind, including people living with HIV/AIDS and key affected population.

Jakarta, May 2021  
Stay Safe, Stay Healthy

**Michiko Miyamoto**

ILO Country Director for Indonesia and Timor-Leste

## Remarks from Indonesia AIDS Coaliton (IAC)

---

Along with the outbreak of the COVID-19 pandemic, Indonesia AIDS Coalition (IAC) sees the needs to develop and implement strategies aiming to reduce not only the spread of the virus, but also its socio-economic and health system impact, as well as take concrete action to reach those who are in needs to face pandemic-challenge, especially for people living with HIV (PLHIV). In some people, even COVID-19 has a major impact on livelihoods. A survey from several organizations found that there was a lot of income inequality from the conditions between before and during the pandemic.

As in the survey conducted by Jaringan Indonesia Positif (JIP) about the needs of PLHIV in the context of COVID-19, it affects most of respondent's livelihood. The survey found that almost 30 per cent respondents lost source of income, 25 per cent were incapable of fulfilling basic needs, and 5 per cent were unable to pay rent. Data raised by Sanggar Swara, transwomen community in Greater Jakarta area, also shows that approximately 640 respondents depended on sex workers and/or street songsters (buskers) as source of income. Many key populations have lost their source of income and unable to fulfil their basic needs as well.

On this occasion, IAC released a rapid assessment with a mixed-methods approach in purpose to explore the ways COVID-19 have affected PLHIV and key population, particularly in relation to their socio-economic condition and whether these populations benefit from recently developed social protection. The rapid assessment tends to portray the impact occurred whether in a small or major scale. The objective of this rapid assessment refers specifically to identify existing social protection policies available for PLHIV and to explore the socio-economic impacts along with access to and coverage of social protection of COVID-19 among PLHIV and key population.

We refer to several social protection schemes during COVID-19 which are implemented by several key agencies; Ministry of Social Affairs, Coordinating Ministry for Economic Affairs, Ministry of Cooperatives and Micro and Small Businesses, Ministry of Finance, Ministry of Energy and Mineral Resources, and Ministry of Manpower.

At length, we thank all who took a part contributing and got involved in processing this rapid assessment, especially for PLHIV and key population communities. Hopefully this rapid assessment will further enhance our efforts to provide direction to mitigate the negative impact of current COVID-19 pandemic in socio-economic toward PLHIV and broader health system in Indonesia.

Jakarta, May 2021

**Aditya Wardhana**  
Executive Director

## ► List of Content

---

Remarks from ILO	3
Remarks from IAC	4
List of Content	5
Acknowledgement	6
Background	7
Objectives	8
Methodology	8
Key Findings	10
Social protection schemes during COVID-19	10
Profile of Respondents	13
Socio-economic changes post-March 2020	17
Experiences with social protection schemes post-March 2020	19
Limitation	26
Conclusion	26
References	29

## Acknowledgment

---

The rapid assessment report was developed and formulated by Elan Lazuardi, Lead Researcher of Indonesia AIDS Coalition (IAC).

The contributors who enriched the report with technical inputs were the following: Ade Prastyani, Researcher of IAC; Anindita Gabriella, Researcher of IAC; Rabiah Al Adawiyah, Researcher of IAC; Jaclyn Angelina, Project Coordinator of IAC; Hilmansyah Panji Utama, Planning, Monitoring and Evaluation Staff of IAC; Elis Widen, Community Support Adviser of UNAIDS; Inggrid Silalahi, Communications Consultant of UNAIDS; and Early Dewi Nuriana, Project Coordinator for HIV of ILO.

The final editor of the report was Gita Lingga, ILO's Communications Officer.



## ► Background

Since the World Health Organization has declared COVID-19 as a pandemic on 11 March 2020, the virus has affected virtually all people in the world. Around the world, it has infected more than 96 million people (per January 21, 2021) and caused the deaths of approximately 2 million. Indonesia has reported 927,000 infection cases and more than 26,000 deaths, with an average of daily infection around 4000 for the past few weeks (same date). The government of Indonesia has continued to develop and implement strategies aiming to reduce not only the spread of the virus, but also its socio-economic and health system impact. Since mid-March, President Joko Widodo announced his directive for people to work, study, and pray from home. This was followed by the implementation of large-scale social restriction (PSBB) in several provinces and cities in April, including DKI Jakarta and West Java – two provinces with the highest number of confirmed cases initially. In May, four provinces and 27 municipalities simultaneously implemented PSBB. However, since June, such restrictions have been lifted or relaxed to allow the so-called ‘New Normal’ life.<sup>1</sup>

Large-scale social restriction has unfortunately affected the ways people went about their daily lives, particularly in relation to their livelihood. Mobility was restricted, while public spaces, businesses, and activities were closed or suspended. As per 20 April 2020, approximately 2 million workers from formal and informal sectors have lost their source of income [1]. The Ministry of Finance estimates the potential negative impacts of COVID-19 might increase the number of people living in poverty by 5.71 million and number of people in unemployment by 5.23 million [2]. Similar estimates by the World Bank suggests that without emergency supports by the government, the pandemic could result in between 5.5 to 8 million living in poverty. According to Indonesian Official Statistics Agency (BPS), the proportion of people living in poverty has increased from 24 million in September 2019 to 26 million people in March 2020. The World Bank has also measured the various impacts of COVID-19 to Indonesians households through a five-rounds high-frequency monitoring survey since May. Based on the findings of the first three rounds, 24 per cent people (breadwinners) stopped working by early May, mainly due to business closure following the implementation of PSBB. Nonetheless, more than 75 per cent of those who had stopped working in May resumed working by August – mostly returning to the same jobs [3]. Those who stopped working in May were more likely to be wage workers, particularly in industry and service sector. More than half who continued working in May experienced income reduction between 35-50 per cent across all sectors [4].

People living with HIV (PLHIV) and key population are no exception from the socio-economic impact of this pandemic, particularly because many in this population works in informal sectors who depend on daily income. While there are no studies indicating the links between HIV and COVID-19 [5], PLHIV may feel vulnerable and reluctant to conduct activities outside their homes, fearing their HIV status will put them in greater risk of being infected by COVID-19. This may result in inability to work and fulfill their daily needs [6]. According to a recent survey conducted by Jaringan Indonesia Positif (JIP) about the needs of PLHIV in the context of COVID-19, most respondents are economically vulnerable [7]. This survey found that almost 30 per cent respondents lost source of income, 25 per cent were incapable of fulfilling basic needs, and 5 per cent were unable to pay rent. Similar survey conducted by Sanggar Swara on transwomen community in Greater Jakarta area shows that approximately 640 respondents depended on sex workers and/or street songsters (buskers) as source of income. In the context of COVID-19, many have also lost their source of income and unable to fulfil their basic needs, such as rent and food.

In response to this, the government through relevant ministries, has deployed several mitigation measures to assist workers and micro-small business owners in dealing with the socio-economic impacts of the pandemic, including expanding social insurance and assistance programme, developing new social assistance programme, loan relaxation, and tax exemption for workers with annual salary of 200 million rupiah or below.<sup>2</sup> Table 1 summarises Indonesian government responses to lessen the socio-economic impact of COVID-19. The majority of these programmes are conditional of meeting administrative requirements, including possession of National ID cards and/or Family Cards as means of verification of Indonesia citizenship. Unfortunately, several studies showed that key population, especially transgender people and sex workers have no access to ID cards or family register [8,9]. Because of this, they are unable to access these desperately needed welfare and livelihood support. In the context of a crisis caused by COVID-19 pandemic, this inability to access welfare support may put them at a more vulnerable position, including neglecting their healthcare needs.

<sup>1</sup> In DKI Jakarta, after seeing a surge in new infection, PSBB was implemented again after being relaxed during June-September.

<sup>2</sup> <https://www.kemenkeu.go.id/covid19>



A global literature review suggests that access to social protection by key HIV populations in low-income countries is low [10]. In 2014, ILO in partnership with several organizations conducted a rapid assessment on workers living with HIV and their households in four countries, i.e.: Guatemala, Indonesia, Rwanda, and Ukraine. The rapid assessment aimed to provide evidence on the difficulties faced by workers living with HIV in accessing social protection and the effects of such social protection for the life of workers living with HIV. In Indonesia, the rapid assessment was conducted in four cities, such as: Jakarta, Denpasar, Surabaya and Malang. The rapid assessment found that about 70 per cent of the participants who were engaged in formal work employment had access to various forms of social protection [11]. However, only half of the respondents working in informal sector had access to health insurance. Fewer participants had access to other forms of social protection, particularly social assistance programmes. Furthermore, informal workers who lived above the poverty line had little to no access to social protection programmes. The rapid assessment concludes that social protection has remained under-utilized by many respondents due to a number of complexities around administrative and bureaucratic processes as well as discrimination and lack of knowledge. The proportion of respondents accessing social protection schemes is estimated to be the lowest for Indonesia, compared to respondents from other countries.

According to the ILO Recommendation No. 202 on Social Protection Floor [12], each member state should work on extending social security for as many people as possible by establishing national social protection floor. This includes, at the very minimum, ensuring access to basic income and access to fundamental services and goods. In designing national social protection floor, member state is recommended to consider the following principles, i.e.: universality, non-discriminatory, and social inclusion (particularly for those engaged in work in the informal sector). Since the 2014 ILO study, Indonesia has made some improvements in the social protection scheme according to the Law of National Social Security System; hence, in theory, everyone should have access to social protection. Nonetheless, little is known about access to and effects of social protection for PLHIV and key population after the implementation of Social Security Law. In the context of COVID-19 crisis, it is once again very crucial to ensure that people with HIV and key population have access to basic income and social protection in general to reduce the socio-economic impacts of the pandemic.

## ► Objective

The rapid assessment is guided by the need to understand the impact of COVID-19 among PLHIV and key populations from socio-economic perspective and their access to recently designed social protection that aims to reduce COVID-19 socio-economic impacts. Specifically, it aims to do the following:

1. To identify existing social protection policies available for PLHIV and key population in Indonesia, including those existing pre COVID-19; and
2. To explore the socio-economic impacts of COVID-19 among PLHIV and key population; and
3. To explore access to and coverage of social protection among PLHIV and key population in Indonesia after the COVID-19 pandemic.

## ► Methodology

### Design

The rapid assessment used a mixed-methods approach, using desk review and online cross-sectional survey. Desk review was conducted to identify policy and regulations related to social protection in Indonesia both before and after COVID-19 pandemic. The findings of the desk review were used to inform the design of the cross-sectional survey. Following this, an e-survey instrument was developed to explore the ways COVID-19 have affected PLHIV and key population, particularly in relation to their socio-economic condition and whether these populations benefit from recently developed social protection. The e-survey was uploaded using Google Form, and was disseminated from 9-30 November 2020.

## Sample

For the purpose of the rapid assessment, there were two inclusion criteria in recruiting potential participants, i.e.: 1) they are living with HIV or they are not diagnosed with HIV but identify as one of the followings, sex workers, men who have sex with men, transgender women, people who inject drugs.; and 2) they are 17 years of age or older. Participants were excluded if they did not meet the inclusion criteria or if they were part of the pilot test. Potential participants were recruited through 1) Indonesian AIDS Coalition network in 23 municipalities, and 2) social media. Sampling size was determined based on the latest estimated number of PLHIV in Indonesia.

In total, there were 564 recorded responses. These responses were then screened to exclude those who did not meet inclusion criteria or were part of the pilot survey. As a result, thirty-five responses were excluded from the sample, i.e. 10 were either PLHIV or key population), 13 were below 17 years of age, and 12 were part of the pilot test. Data was analysed using descriptive statistics in SPSS.

## ► Key Findings

### Social protection schemes during COVID-19

The table below summarises various social protection schemes that Indonesian government has provided to respond to the socio-economic impact of the pandemic. The list consists of 10 different schemes, including those which have existed before COVID-19 and those newly designed.

**Table 1. Government Responses to the Socio-Economic Impact of COVID-19**

Social Protection Schemes	Existing pre COVID-19	Basis/Law	Key Agency	Description	When it is given	Value
Conditional Cash Transfer – Family Hope Programmeme (PKH)	Yes	<i>Law No. 11/2009 on Social Welfare; Decree of Ministry of Social Affairs No. 1/2018;</i>  <i>Government Regulation on State Finance Policy and Stability of Financial System</i>	Ministry of Social Affairs	Introduced in 2007, and since 2019 has two components: cash and temporary. In March 2020, the government has increased the number of the beneficiaries and the value of the additional benefit (top-up) by 25 per cent. Beneficiaries of this programme receive cash transfer each month and additional annual benefit for family members who are pregnant women, pre-school children, school pupils, people with disability and senior citizens. Maximum 4 additional benefits in one family.	Monthly for 12 months	Regular: 550,000 rupiah per month (AKSES 1 million rupiah per month).  Plus, additional yearly benefit for pre-school children and pregnant women: 3.75 million rupiah; for students in Elementary School: 1,125,000; in Junior High School: 1,875,000; and in Senior High School: 2.5 million rupiah. Senior citizens and people with severe disability receives 3 million rupiah.
Food assistance programmeme	Yes	<i>Law No. 11/2009 on Social Welfare; Decree of Ministry of Social Affairs No. 20/2019;</i>  <i>Government Regulation on State Finance Policy and Stability of Financial System</i>	Ministry of Social Affairs	Introduced in 2017 as Cashless Food Assistance (Bantuan Pangan Non-Tunai). In March 2020, the government has made a couple of modification to the previous design as a response to the pandemic, including increasing the number of beneficiaries by almost 25 per cent and increasing the value by 30 per cent.	Monthly for 12 months	200,000 rupiah per month

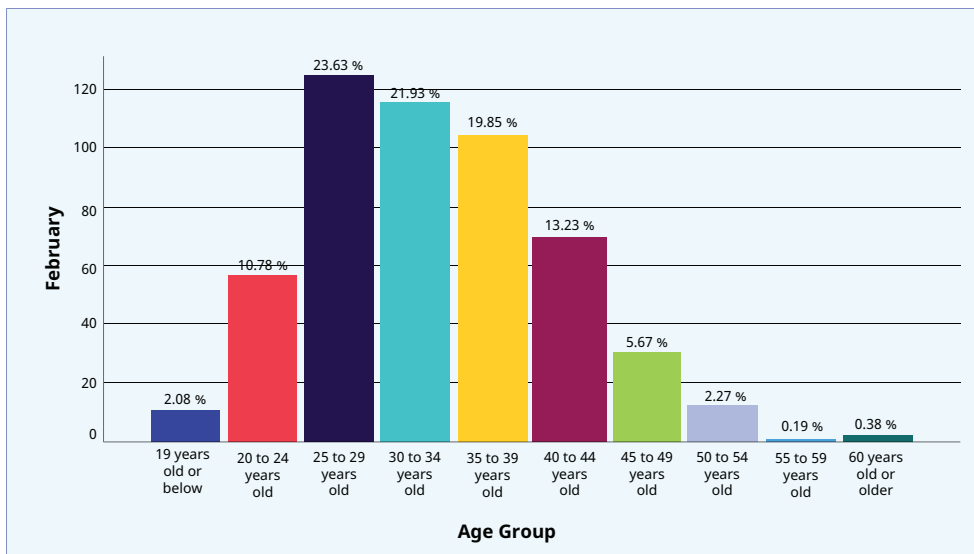
Social Protection Schemes	Existing pre COVID-19	Basis/Law	Key Agency	Description	When it is given	Value
Unemployment Benefit and Skill Training (Pre-employment card programme)	Yes	<i>Presidential Decree No. 36 of 2020</i>	Coordinating Ministry of Economy	Introduced in 2020 before the pandemic. The government originally plans this schemes to help those who are unemployed and jobseekers with skills training. The design was changed following the outbreak of COVID-19 in Indonesia to also provide financial assistance for the beneficiaries.	April - December 2020	Training: 1 million rupiah/month; Incentive: 600,000 rupiah/month for 4 months; Exit survey (3x): 50,000 rupiah
Assistance for Micro Entrepreneurs (BPUM)	No	<i>Decree of the Ministry of Cooperatives and SMEs No. 6/2020; Government Regulation on State Finance Policy and Stability of Financial System</i>	Ministry of Cooperatives and Micro and Small Businesses	Introduced in August 2020 as a grant to assist micro business owners who are not receiving other loans or investment. Targeted for 12 million beneficiaries.	April-December 2020	2.4 million rupiah
Various cash transfers	No	<i>Presidential Decree No. 36 of 2020</i>	Ministry of Finance	There are two kinds: 1) Conditional Cash Transfer-Village Fund; and 2) Conditional Cash Transfer for outside Greater Jakarta areas.  The first one is for poor households in the villages who do not receive other social assistance programmes, such as PKH, Non-cash transfer programme and Pre-Employment Card. The second one targets 9 million households outside Greater Jakarta areas who are not receiving PKH and Non-transfer Card.	April-December 2020	600,000 rupiah (April to June) and 300,000 rupiah (July to December)

Social Protection Schemes	Existing pre COVID-19	Basis/Law	Key Agency	Description	When it is given	Value
Non-cash transfer for Greater Jakarta areas	No	<i>Presidential Decree No. 36/2021</i>	Ministry of Finance	Targeted for 1.3 million (Jakarta) and 600 thousands (Greater Jakarta areas) households who are recipients of PKH and Programme for Essential Goods (Kartu Sembako).	April-December 2020	600,000 rupiah (April to June); 300,000 rupiah (July to December)
Electricity billing discount	No	<i>Government Regulation on State Finance Policy and Stability of Financial System</i>	Ministry of Energy and Mineral Resources	The government pays the bills for customers using 450 VA; and covers 50 per cent of the bills for those using 900 VA.	First 3 months of the pandemic (ending in July)	Discounted or free electricity billing
Credit suspension	No	<i>Government Regulation on State Finance Policy and Stability of Financial System</i>	Ministry of Finance	Targeted for informal workers such as online transportation drivers, taxi drivers and others relying on daily wage who have loans below 10 billion rupiah. Credit restructuring is also provided for those micro, small, and medium enterprises with loans between 10 million to 500 million rupiah.	For 6 months	Interest subsidy, credit restructuring, and/or loan relaxation
Tax exemption for workers	No	<i>Government Regulation on State Finance Policy and Stability of Financial System</i>	Ministry of Finance	Targeted for wage workers with NPWP ownership who earn no more than 200 million rupiah annually. Also provided for micro and small enterprises owners with NPWP.	?	Tax exempted income
Wage top-up for workers programme	No	<i>Manpower Ministerial Decree No. 14/2020</i>	Ministry of Manpower	Targeted for workers with active membership of BPJS for Employment (until June 2020) with monthly salary below 5 million rupiah.	For 4 months since August 2020	600,000 rupiah per month

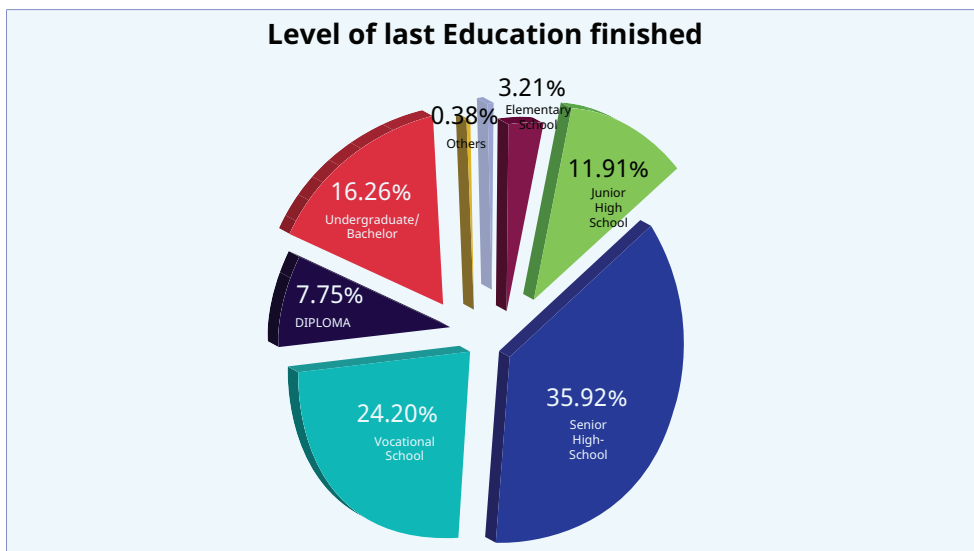
## Profile of respondents

In total, the sample of this rapid assessment consisted of 529 participants, i.e. 164 women, 329 men, 34 transwomen, 1 transman, and 1 other. Respondents came from 14 different provinces with the majority from West Java (30.43%) and DKI Jakarta (20.42%), covering more than 50 different municipalities (Figure 3). The majority of respondents were aged between 25 and 39 years (Figure 1), not married (60%; while 23% were married and 15% were divorced), high school graduates (35%) (Figure 2) and owned national ID cards (99%). Most respondents either lived with their parents in rent house (27.03%) or lived alone in rented room/boarding house (26.84%) (Figure 3). More than half of the respondents (53.9%) were people living with HIV, followed by gay or other men who have sex with men (24.4%), sex workers (12.7%), people who inject drugs (4.7%), and transgender women (4.3%). The sex workers in the sample consisted of 61 female and 2 male.

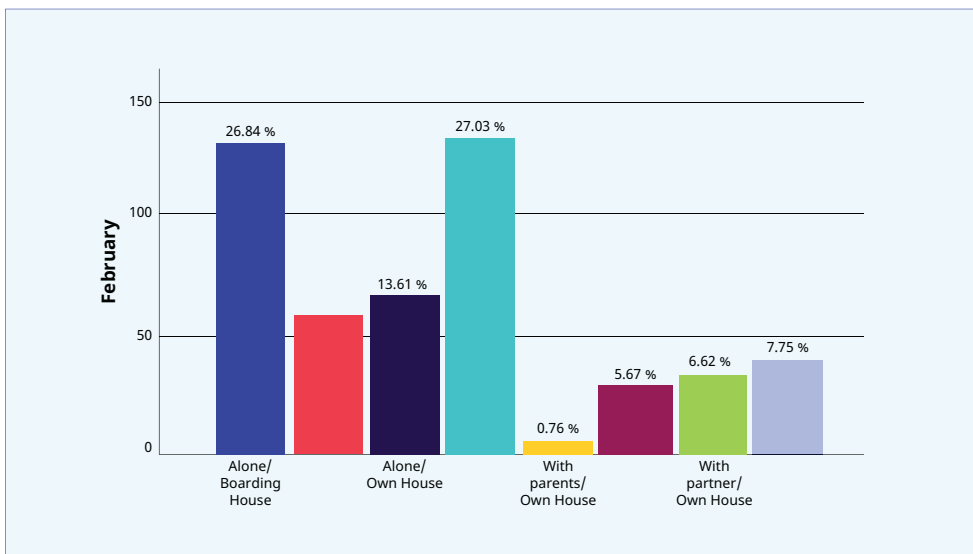
**Figure 1. Distribution of Age Group**



**Figure 2. Distribution of Last Education**

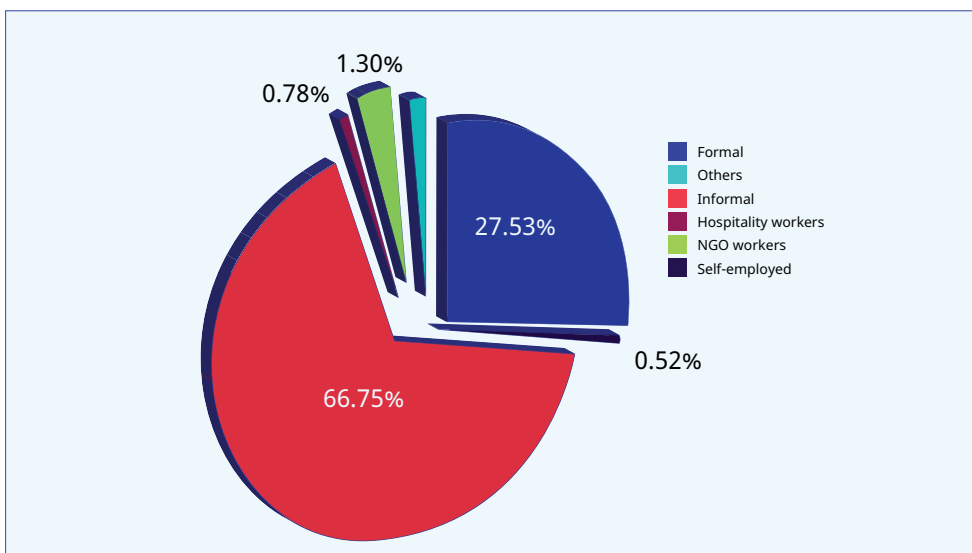


**Figure 3. Current Living Arrangement**



Seventy-three per cent of our respondents were currently employed or self-employed, while 25.7 Per cent were currently not employed or in-between jobs. The remaining others were stay-at-home mothers and student (only one person). Figure 4 below shows the distribution of job categories among those who were currently working, with more than half working in the informal sector (n=257) .

**Figure 4. Type of Jobs if Currently Employed**



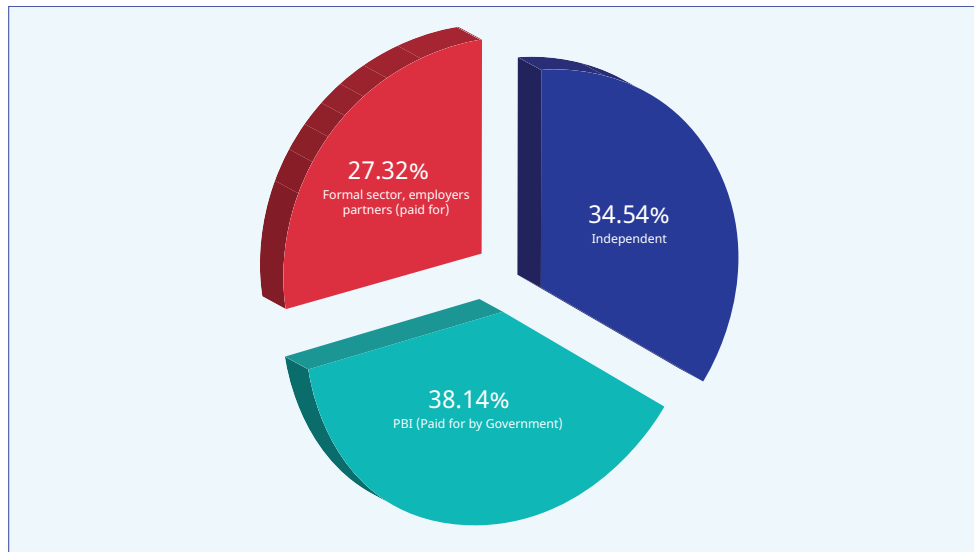
Since 2014, the Government of Indonesia has implemented the National Social Security System law. Under this law, the government aimed to expand its social security system to cover all Indonesians with health, work injury, pension, old age, and death insurance. This reform, as stated in the Introduction, aims to embrace those who were previously excluded, particularly those who live above poverty line and those working in informal sector. Eighty-nine per cent of the sample owned national health insurance (NHI) card; 82 per cent of which were active members. This is a larger proportion in comparison to the results of previous ILO rapid assessment in four Indonesian cities.

3 In the original questionnaire, respondents were asked to choose between formal and informal sector; and 'others' if they felt their occupation were not represented in either category. During data entry, all the 'others' responses were recategorized into either formal or informal if it was clear. For example, some participants work as motorbike drivers; hence re-categorized into informal. Others, however, responded with 'NGO workers' or 'buddies' (pendukung sebaya) or 'in retail'; in which case it was not possible to know for certain whether the type of job they were engaged in was formal or informal (how the working relationship is governed); hence put into new categories such as 'NGO workers' or 'hospitality workers'.



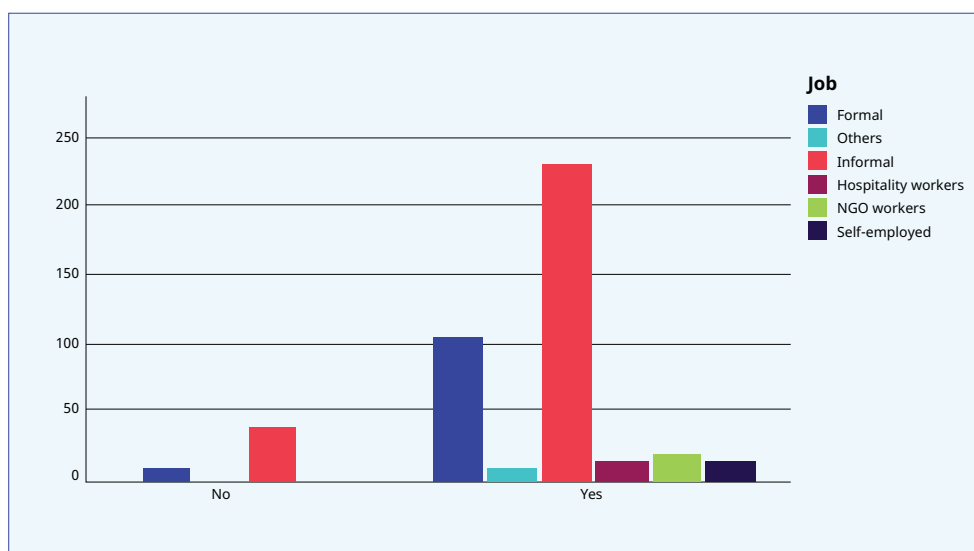
There are two types of NHI membership, i.e.: 1) Premium Assistance Beneficiaries (*Penerima Bantuan Iuran/PBI*), or people who are categorised as poor; for whom the government covers their NHI premium); and 2) self-paying (or non-PBI) members. In this rapid assessment, self-paying members can be classified into two types: formal workers whose employers pay for their NHI premium and others who pay their own NHI premium. More than 60 per cent of those surveyed who own active NHI are independent members (Figure 5). This includes formal sector workers and their partners (27%), other workers who pay their own insurance premium (28%), and the remaining others whose insurance premiums are paid by parents, partners, or other family members (5%).

Figure 5. Types of NHI Ownership



Of the 257 informal workers surveyed, 87.5 per cent have NHI membership. This number is higher than those surveyed in the ILO 2014 rapid assessment where only 57 per cent of informal workers have access to health insurance. Nonetheless, the number of those with active NHI membership in this rapid assessment is slightly fewer, i.e.: 80 per cent. Thus, compared to the formal workers, there are more informal workers whose NHI membership has lapsed (see Figure 6). In early 2020, the government of Indonesia has increased the premium of NHI by 65 to 96 per cent for each class service.<sup>4</sup> However, in this rapid assessment, respondents were not asked whether the lapse in their NHI membership was caused by this increase. In addition to this national health insurance, a small number of respondents also own private health insurance (7.2%).

Figure 6. Ownership of National Health Insurance Based on Job



4 Sutarsa, I.N., Prastyani, A., and R. Al Adawiyah. (2020). "Raising national health insurance premiums doesn't solve Indonesia's health-care problems: this is what needs to be done". The Conversation, June 11th. (Accessed from <https://theconversation.com/raising-national-health-insurance-premiums-doesnt-solve-indonesias-health-care-problems-this-is-what-needs-to-be-done-138941>)

While not as high, 62 per cent owned social security for employee card (BPJS for Employment); 58 per cent of which were active members. This BPJS Employment is an upgraded version of previous social protection schemes by combining Jamsostek (work injury, old age, and death insurance for formal workers in private sector), Taspen (old age pension and insurance for public servants), and Asabri (for military personnel pension). The current scheme, however, also provide insurance for non-wage workers which includes self-employees, entrepreneurs, and other workers who do not have formal working relationship (e.g. casual labours). In theory, Indonesians who work in informal sector are eligible for BPJS for Employment; however, in our sample, the participation in this scheme is not as high as in the national health insurance scheme. Nonetheless, it is noteworthy that of the 194 respondents with active membership of BPJS for Employment, more than half (51%) are informal workers.

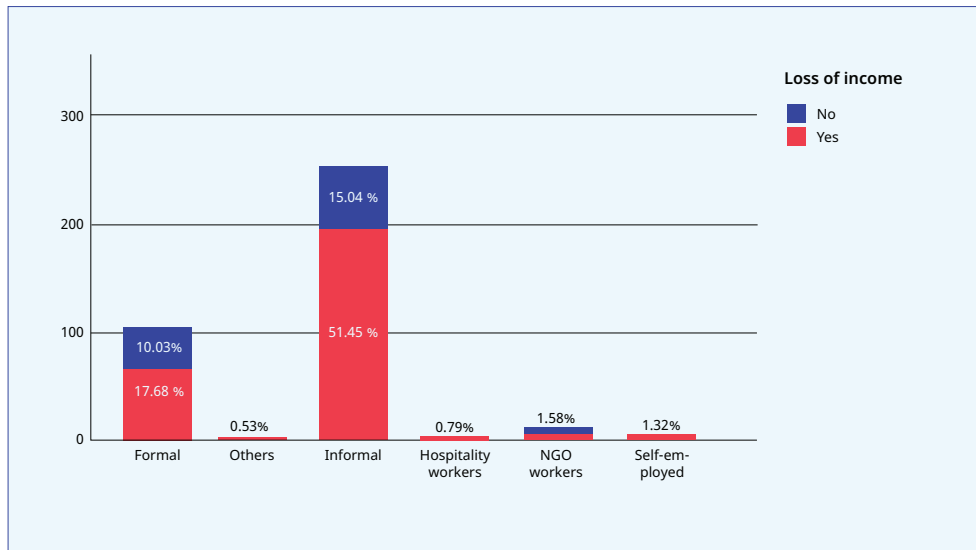
**Table 2. Status of BPJS for Employment based on Job**

Status of BPJS Employment			Frequency	Per cent	Valid Per cent
Active	Valid	Formal	82	42.3	42.9
		Informal	99	51.0	51.8
		NGO Workers	10	5.2	5.2
		Total	191	98.5	100.0
	Missing		3	1.5	
	Total		194	100.0	
Not Active	Valid	Formal	12	8.8	12.9
		Other	2	1.5	2.2
		Informal	74	54.4	79.6
		Hospitality workers	3	2.2	3.2
		Self-employed	2	1.5	2.2
		Total	93	68.4	100.0
	Missing		43	31.6	
	Total		136	100.0	

### Socio-economic changes post-March 2020

Of the 386 respondents who were working, the majority (73%) experienced income reduction ranging from 5 to 90 per cent since March 2020. More than 40 per cent of those experiencing income reduction reported to earn half their usual income before the pandemic. Respondents working in informal sector (51%) were the majority who reported income reduction, compared to the 17 per cent formal workers who experienced income reduction.

**Figure 7. Count of Job by Income Reduction**



Along with the government’s recommendation for large-scale social mobility restriction, respondents also reported a change in their current work arrangement with almost 40 per cent split their working time by half at home and in office. Consistent with the general concern that informal workers will find it more difficult to have different working arrangements, those whose job requires them to continue working from office<sup>5</sup> or outside of their houses<sup>6</sup> are informal workers (12% working in office; 2.8% field-based), compared to the 8.3 per cent formal workers. However, in this sample, 21.5 per cent informal workers were able to work from home, including a number of sex workers who reported to switch using online app to find clients and received clients at their residences.

**Figure 8. Current Work Arrangement**



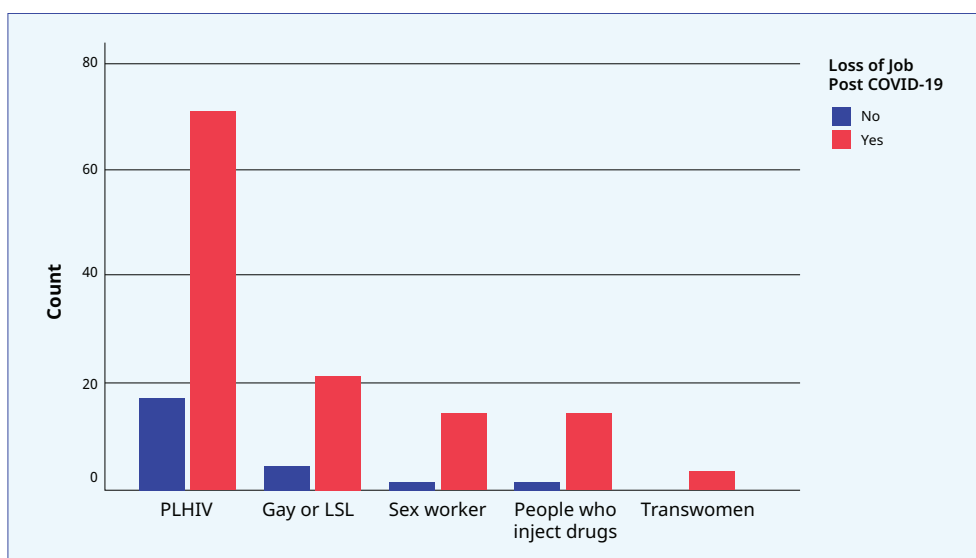
5 Office here refers broadly to offices, shops, restaurants or other places where respondents were working at.

6 These include those who work field-based jobs, such as motorbike drivers, NGO-based field workers, and others.

Along with the government’s recommendation for large-scale social mobility restriction, respondents also reported a change in their current work arrangement with almost 40 per cent split their working time by half at home and in office. Consistent with the general concern that informal workers will find it more difficult to have different working arrangements, those whose job requires them to continue working from office or outside of their houses are informal workers (12% working in office; 2.8% field-based), compared to the 8.3 per cent formal workers. However, in this sample, 21.5 per cent informal workers were able to work from home, including a number of sex workers who reported to switch using online app to find clients and received clients at their residences.

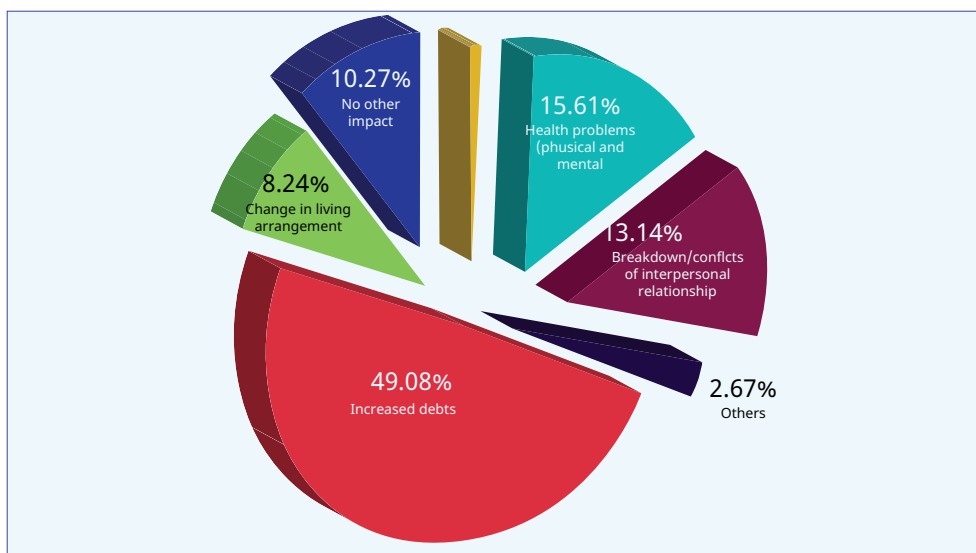
Consistent with findings from the general population, of the 136 respondents who were currently not employed, 82 per cent lost their jobs after the pandemic outbreak.

**Figure 9. Loss of Job after March 2020 According to Group**



The socio-economic impact has also trickled down to other aspects of social lives as shown in Figure 10 below; with the majority experiencing increased debts (49%) followed by health problems (15%) and breakdown in interpersonal relationships (13%).

**Figure 10. Impacts other than Loss of Income and Jobs**

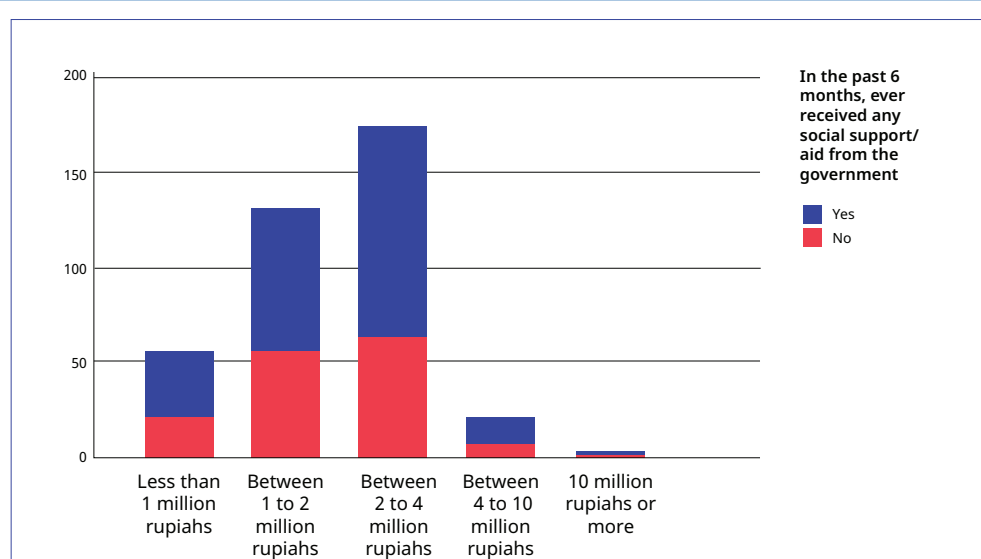


The remaining 2.6 per cent responding with 'Other impacts' includes 'not being able to see family', 'unable to send remittance home', 'change in food consumption', 'unable to meet daily needs', as well as 'loss of saving'.

## Experiences with social protection schemes post-March 2020

In the past 6 months, more than half (57%) of the respondents have received some forms of social protection schemes from the government. The majority of those who have received at least one type of social protection schemes from the government received it once in the past 6 months (40%). About 22 per cent of those who had never received any kind of government support in the past 12 months have received it in the past 6 months. This trend may reflect the result of the changes in a number of pre-existing social protection schemes as government response to the pandemic. Figure 11 shows the distribution of respondents receiving social protection schemes in the past 6 months based on the income group.

**Figure 11. Received Social Protection Schemes based on Income Group**



There were 10 types of social protection schemes received by the respondents (Table 2). Most respondents have received social assistance in the form of non-cash transfer, specifically food assistance programme (42%), followed by cash transfer (23%) and wage-top up for workers (8%) as well as the electricity bill waiver/discount (7%).

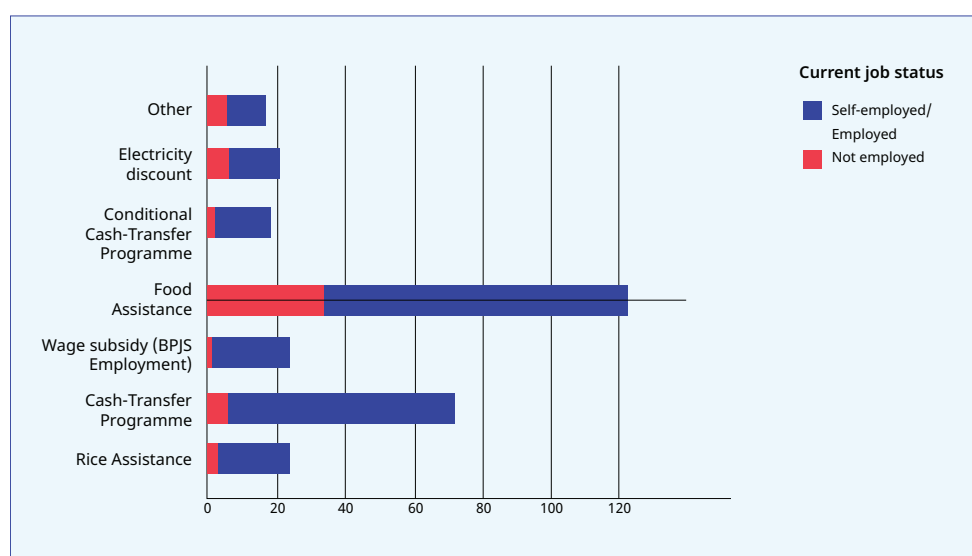
**Table 3. Social Protection Schemes Received in the Past 6 Months**

		Frequency	Per cent	Valid Per cent
Valid	Rice assistance	20	3.8	6.7
	Cash-Transfer programme	72	13.6	24.2
	Wage subsidy (BPJS Employment)	24	4.5	8.1
	Assistance for micro entrepreneurs (BPUM)	3	0.3	1.0
	Pre-employment incentives	7	1.3	2.4
	Food Assistance	125	23.6	42.1
	Conditional Cash-Transfer Programme (PKH)	18	3.4	6.1
	Electricity discount	21	4.0	7.1
	Credit suspension	5	0.9	1.7

		Frequency	Per cent	Valid Per cent
	Nutrition assistance	2	1.4	0.7
	Total	297	56.1	100.0
Missing	No Answer	4	0.8	
	Not applicable (have not received any)	228	43.1	
	Total	232	43.9	
Total		529	100.0	

Based on their current employment status, less than half of those who were not employed at the time of survey (43.4%) received social protection – most of whom (57%) are recipients of the food assistance programme. Over sixty per cent of those who were currently employed have received social protection in the past six months; the majority of which are recipients of food assistance programme (37%) and cash transfer programme (27%).

**Figure 12. Social Protection Received in the Past 6 Months based on Employment Status**

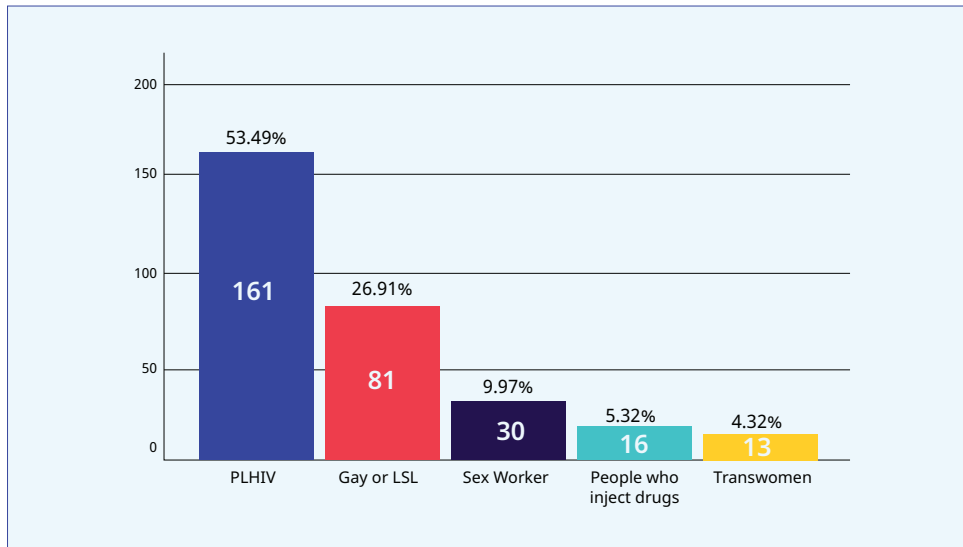


Those on cash transfer scheme have received IDR 1,045,000 on average in the past 6 months; and the majority received IDR 1.2 million (19%). In the design of the current cash transfer programme, recipients should receive a total of IDR 2.4 million between April and June (IDR 600,000 per month, given every two months) and IDR 1.8 million between July and December (300,000 IDR per month).

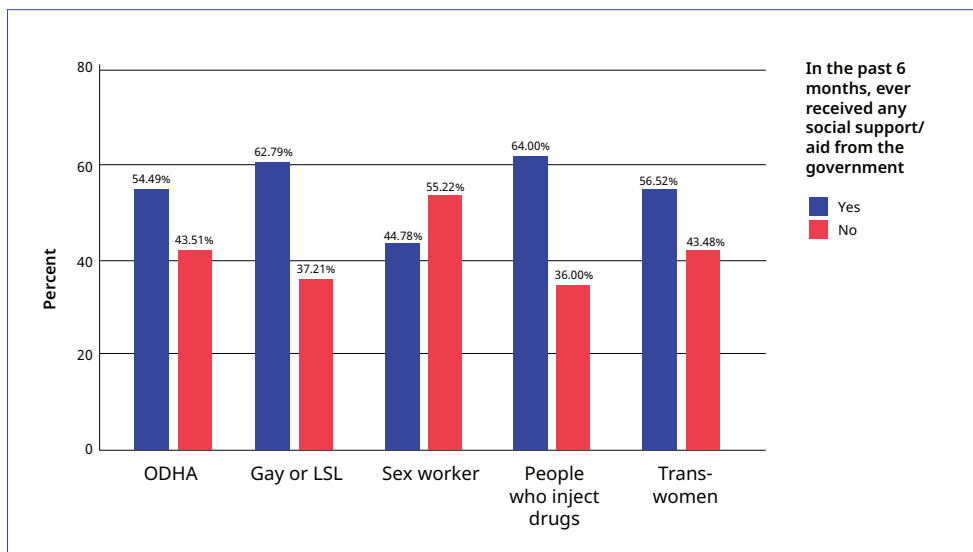
The skills training programme (Pre-employment Card) rolled out by the President Joko Widodo in the beginning of the year was revamped in response to COVID-19, particularly to assist workers who have recently lost jobs, have not been employed, or those engaged in micro-small medium enterprises. Only about 18 per cent respondents of this rapid assessment benefited from it in the past 12 months despite more than 80 per cent who were currently unemployed lost their jobs during the pandemic. However, the number of pre-employment recipients decreased to only 2.3 per cent in the past 6 months.

The findings suggest that there is not much difference between PLHIV and key population in terms of their access to social assistance programme (Figure 13). Fifty-six per cent of PLHIV surveyed have received social assistance programme in the past 6 months. Similarly, over half of key population (57.4%) have received social assistance programme in the past 6 months. For each key population, at least half of those surveyed in each group have received social aid in the past 6 months, except sex workers. It is, however, important to note that less than half of the sex workers (44%) surveyed have received social aid in the past six months (Figure 14).

**Figure 13. Recipients of Social Assistance based on Groups**



**Figure 14. Received Social Assistance based on Group (2)**

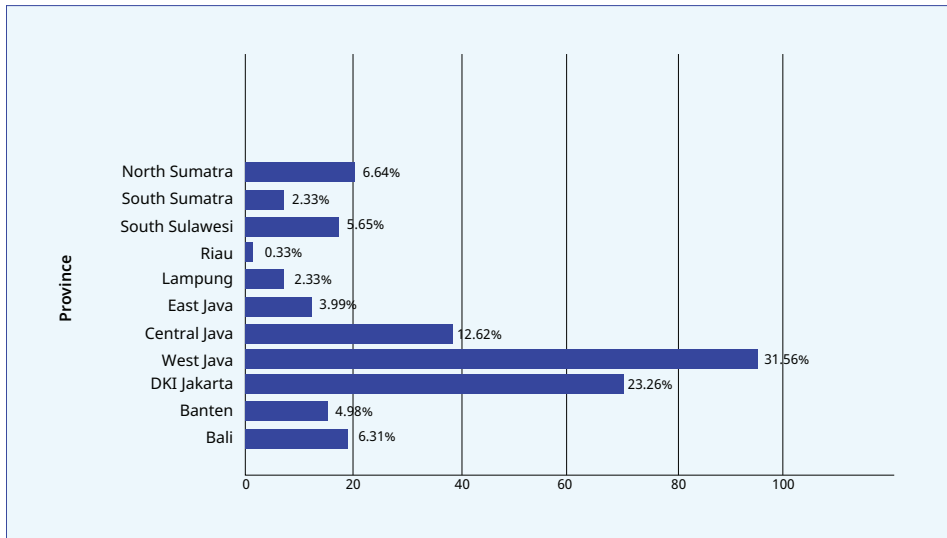


Compared to other provinces, more respondents who lived in West Java (31%) and DKI Jakarta (23%) received social assistance programme in the past 6 months. This suggests a possible link between existing local social assistance programme as provided by West Java Provincial Government in the form of cash transfer which covers 70 per cent of the total households in the province. In addition, the central government also supported those in the most affected areas, including 1.3 million households in DKI Jakarta and 600 thousand households in Greater Jakarta Area, with additional non-cash transfer programme<sup>7</sup> (Figure 15).

7 Anas, T. (2020) 'Jobs and Pandemic: The Government Policies to Help Workers Dealing with the Pandemic', pp. 1–20.

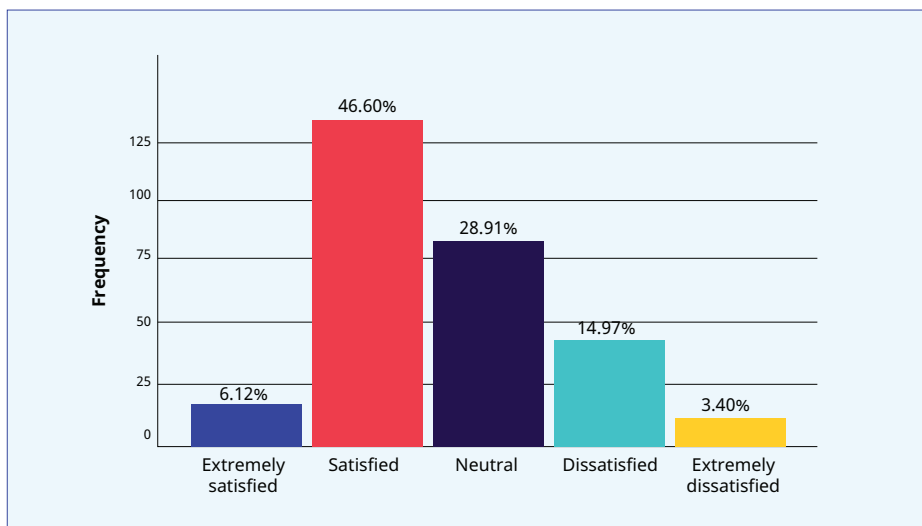


Figure 15. Receiving Social Assistance in the Past 6 Months based on Provinces



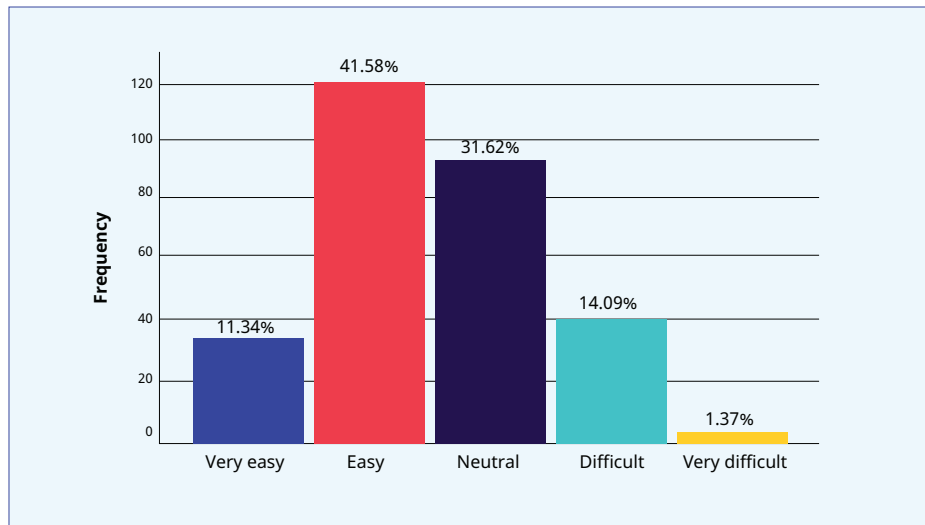
Less than half of the respondents (46%) receiving social assistance reported of being satisfied about the quality of support that they received, while 28 per cent felt neutral. Those who were 'extremely dissatisfied' (15%) and 'dissatisfied' (3%) with the support mostly said government support was not distributed fairly and was distributed inconsistently. Others attributed this dissatisfaction to the duration it took for them to actually receive the social assistance. Many respondents who received in-kind type of support mentioned that it was not adequate because they also needed financial support to cover other expenses. For instance, a respondent who have only received support from non-cash transfer (Programme Sembako) said the following, "I've been out of job for almost a year, yet I have only received it once".

Figure 16. Satisfaction of Social Support/Assistance Received



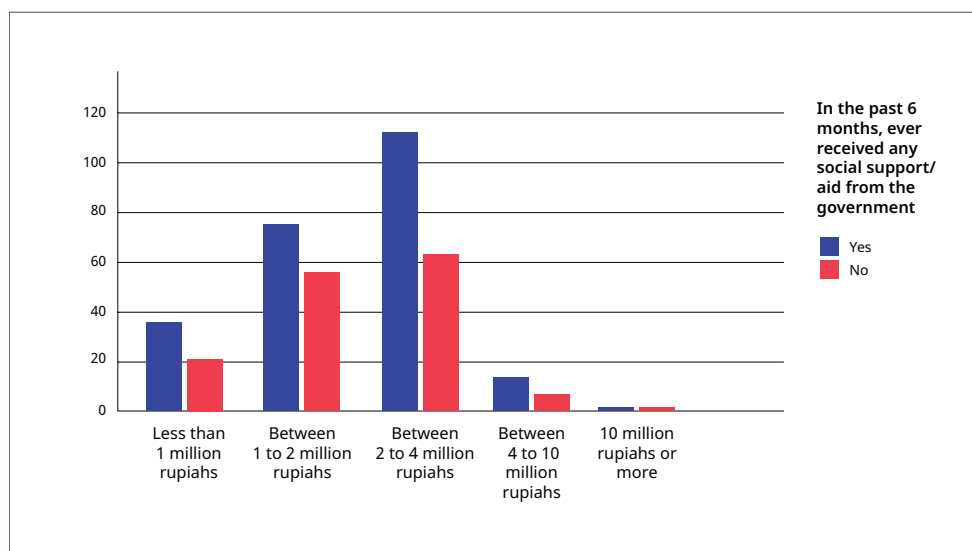
The majority respondents considered the overall process of getting social protection as easy; however, the percentage of those who considered the process easy was less than half (41%). A few who considered the process difficult or extremely difficult suggested that the verification process took a while and required them to visit the neighbourhood and village leaders or other authorised bodies such as banks more than once (before they could get verified online). Others mentioned that because their current address is different from their ID address, the process was slightly more complicated. One respondent said, she was assisted by her landlord to get a letter from the neighbourhood leaders confirming her current address. Others mentioned having good relationship with the neighbourhood leaders as crucial to facilitate their access to social protection scheme. This suggests that social network was important in facilitating access to social protection schemes.

Figure 17. Satisfaction of Access to Social Protection Schemes



Nonetheless, as shown in Figure 18, it is important to note that not all who were at the bottom income group (monthly income less than 1 million rupiah) have received any social protection from the government both in the past year (35%) and the past 6 months (36%).

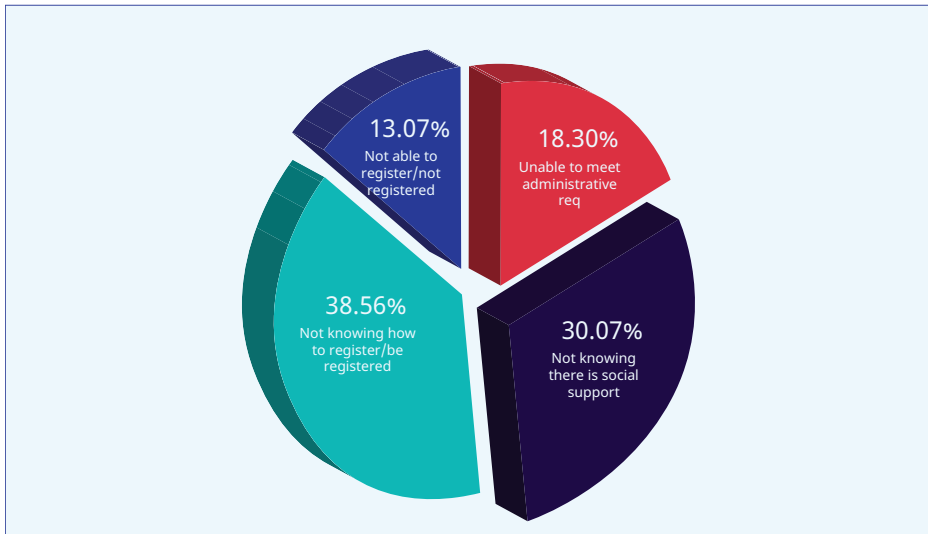
Figure 18. Ever Received Social Support in the past 6 months based on Income Group



Similarly, more than half (57%) of the unemployed respondents have not received any social support from the government. Of the 118 respondents who lost their job between March this year and now, less than half (43.2%) have received some types of government support in the past 6 months. For these respondents, despite being eligible and despite the existence of social protection designed for them (e.g. the unemployment benefit and skills training in pre-employment programme, the various conditional cash transfer, and wage top-up for workers), they have not benefitted from it.

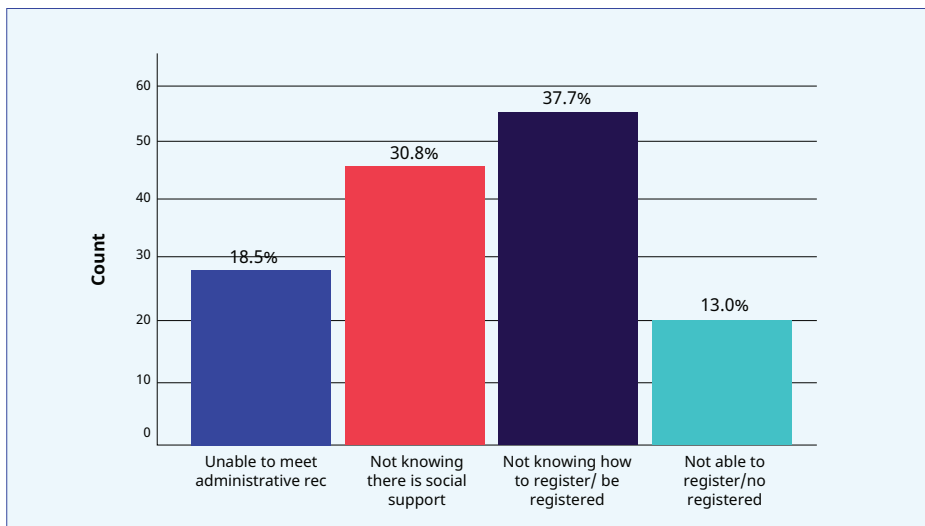
Of the 228 respondents who have never received any social protection schemes from the government, 67 per cent provided the reasons. One of the major reasons was not knowing how to register (38%). The other 30 per cent said they did not know that there was social support. A small proportion (8.8%) attempted to register but failed (particularly for those wanting to be part of pre-employment), and others found out they failed to be registered for reasons unbeknownst to them.

**Figure 19. Reasons for not Receiving any Government Social Protection Scheme**



protection schemes is crucial for them to help relieve the financial burden to cover daily and other expenses. In this rapid assessment, of the 142 respondents who had lost their source of income (including five who now identified as stay-at-home mothers and one student), more than 37 per cent reported that they did not receive assistance from any social protection schemes because they did not how to register or to be registered. An additional thirty per cent were not aware of the existence of such social protection.

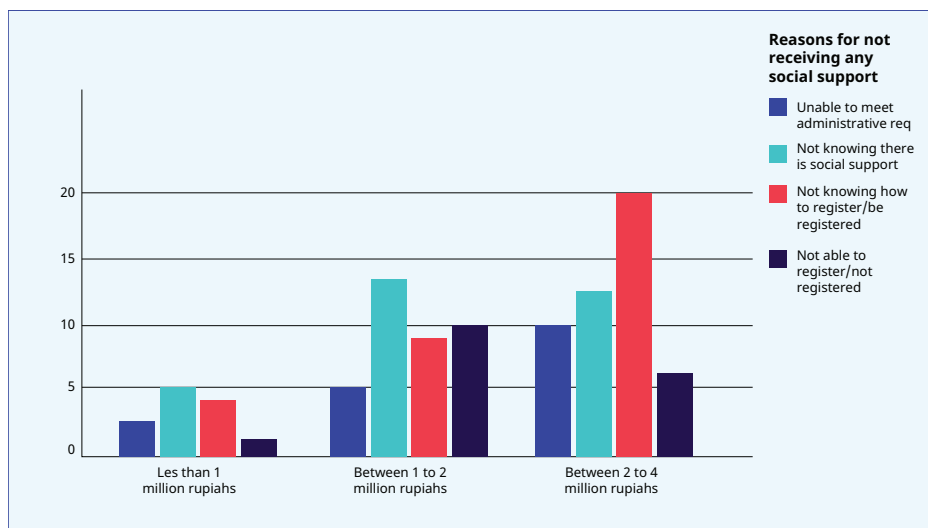
**Figure 20. Reasons for not Receiving Social Assistance among Those Who Lost Their Jobs**



Similarly, the majority in the bottom three income groups was also not aware of social support and of how to register/ be registered as recipients (Figure 21). The government of Indonesia has rolled out the Wage Top-Up Scheme since August 2020. The scheme is targeted for both formal and informal workers with active membership of BPJS for Employment and monthly income less than 5 million rupiah,<sup>8</sup> In this rapid assessment, only 6 per cent of the currently employed respondents has received this wage top-up. A number of rapid assessment participants whose monthly income is less than 5 million rupiah was either not aware of the scheme or of the procedure to register even when they are in possession of active BPJS for Employment membership; hence they have not benefited from it.

8 Which is the requirement of the Wage Top-Up Scheme (*Bantuan Subsidi Upah*).

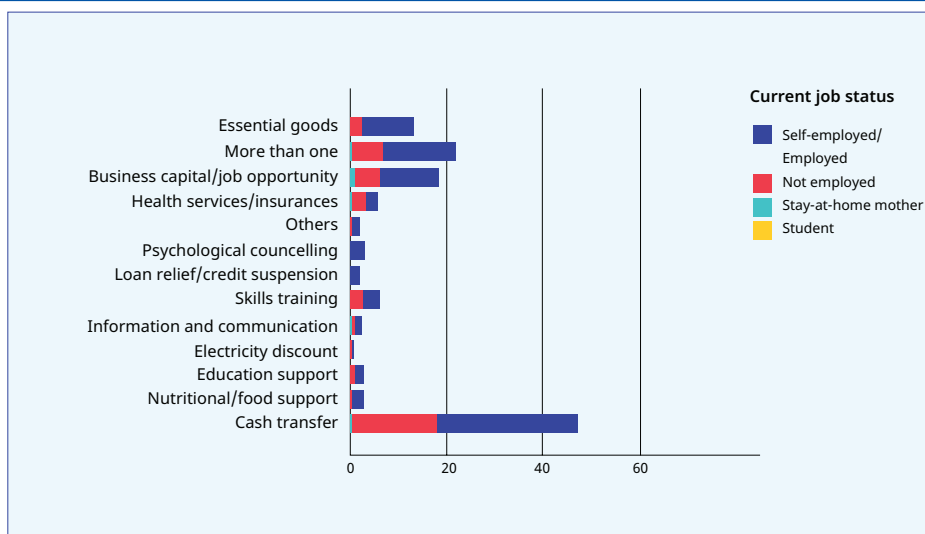
**Figure 21. Reasons not Receiving Social Protection based on Income Group**



Consequently, many (81%) turned to friends and family for help, including for financial support. Studies have shown that for PLHIV and people who identify as part of key population, social support is important, including that coming from peers and outreach workers. During the pandemic, PLHIV and key population who were surveyed mostly met outreach workers/peer educators once a month (51%) or once a week (25%), which is more or less similar to how it was before the pandemic. Nonetheless, seven per cent of the respondents have never met outreach workers during the pandemic. While it was unclear at this stage why this small proportion of respondents had never met outreach workers, it is important that social support – either from family, peers, NGO (outreach workers), or the combination – is available for these community, particularly in such time of crisis.

More than half of the respondents surveyed (64.5%) reported that they were still in need of different social protection schemes. The majority of which said they needed cash transfer (Figure 16). This suggests that for many participants, the social protection they received only partially relieve the impacts of COVID-19 to their socio-economic lives. For example, those who were recipients of non-cash transfer assistance also had other socio-economic difficulties, including business capital, skills training, and education support for their children (Figure 22).

**Figure 22. Other Social Protection Schemes needed based on Job Status**



In general, there was not much different between the needs of respondents who were employed and those who were currently unemployed (Figure 22). Nonetheless, it is worth noting that psychological counselling and loan suspension was only mentioned by those who were currently employed. However, cash transfer was mentioned by the majority in

both groups, followed by access to job opportunity/business capital, and food assistance. Ten per cent of respondents needed more than one type of social protection schemes.

## Limitation

In interpreting the findings, it is important to note a few limitations. *First*, the majority of respondents owned national ID cards and had some access to internet. The latter is related to the design of this survey which was held online. It is likely that PLHIV and other key population in the HIV programme who had no access to internet and with no national ID cards experience social assistance programme differently.

*Second*, findings were also based on data from 14 out of the 37 provinces in Indonesia. While COVID-19 has arguably affected a number of provinces such as DKI Jakarta and West Java (being the epicentre of the pandemic at least in the first few months in 2020), the impact of this pandemic is now felt (if not, increased) in other provinces. Therefore, it is important to note findings of this survey should not be generalized. PLHIV and key population in provinces such as Papua and West Papua, for example, were not represented in this survey.

*Third*, respondents were not specifically asked if they had received assistance from non-governmental organisations. Those who mentioned receiving assistance from such organisations answered in the qualitative part of the survey. Indonesian media has reported a number of instances where grassroots organisations mobilised social assistance for key population, particularly marginalised groups such as transwomen. Such information will be valuable in the future.

## ► Conclusion

By the end of 2020, Indonesia is still facing the impacts of COVID-19 first wave. There has not been a sign of slowing down both in the number of new infection and deaths, while testing rate remains low. As the pandemic and large-scale social and mobility restriction have caused havoc in the country economy, the government of Indonesia has disbursed funds to help alleviate the socioeconomic impact of the pandemic for individuals, families, and businesses. PLHIV and key population in Indonesia are not, by definition, excluded from existing social protection schemes as long as they are eligible and the eligibility criteria are commonly related to socio-economic status, rather than one's health status. Despite this, previous research has shown that PLHIV underutilised these various social protection schemes with the exception of health insurance [11,13].

A recent household survey has recorded the socio-economic impact of COVID-19 with increase in poverty rate estimated to be significantly higher than the years prior [4]. In general, there has been an increase in unemployment rate in the first half of 2020, i.e. 1.84% increase from August 2019 [14]. The majority of respondents in this survey has experienced income reduction (if currently working) and loss of job (if currently unemployed). More than half of those surveyed in this rapid assessment worked in informal sector, as is the majority of Indonesians who are estimated to be the hardest hit by the socio-economic impact of COVID-19. In the past year or so, many in the informal sector had to continue working without the ability to configure different working arrangement; hence might be more exposed to the risk of infection. Furthermore, about half of the respondents experienced increased debts and health-related issues since the outbreak. In time of such crisis, social protection schemes could be of importance in alleviating the socio-economic impact felt by PLHIV and key population in Indonesia. With the ways the government of Indonesia has attempted to modify the design or the disbursement plan, PLHIV and members of key population who are affected by the COVID-19 socio-economic impact may be eligible.

Nonetheless, as evident in this rapid assessment, there is an uneven distribution of social protection schemes received by PLHIV and members of key population in our sample. While access to health insurance (NHI) is relatively higher than similar rate in previous research, access to the broader social protection schemes remains limited. Among those with the lowest income level, less than half have received social protection benefits in the past 6 months. In addition, among those who work as sex workers, only half have received social support from the government in the past 6 months. Thus, considering the job status and income group – two criteria which accounts for eligibility of a number of available social protection schemes – of many who have not received any benefit so far, the findings suggest a problem in the disbursement of these benefits. For these respondents, social support provided by non-government actors including family members, neighbours, and NGOs was important to help reduce the impact to their socio-economic condition.

Lack of knowledge of both the existence of social support and of the procedure to register has been cited as the top reasons for not receiving any social protection benefits. Furthermore, failure to register or be registered without known reason has also been cited as another reason people have not received social protection benefit despite needing so. Those who have received one of the various social protection schemes also noted problems related to inconsistencies of the support they received. This demonstrates a clear need of improved promotional strategies not only the type of social support available, but also the eligibility criteria and the kind of procedure people have to go through.

This online survey provides a timely insight into the effects of COVID-19 to the socio-economic condition of PLHIV and their access to the various relief packages provided by the government. While access to national health insurance could be beneficial for their health needs particularly in relation to HIV treatment needs (and testing for members of the key population), this is not adequate to relieve the financial burden of living in the time of COVID-19 crisis.

## Recommendation

The crisis brought by COVID-19 has impacted the socio-economic lives of PLHIV and key population. The findings suggest there are still some steps ahead to ensure that PLHIV and members of key population most affected by HIV are not excluded from existing social protection benefits provided by the government of Indonesia.

The followings are some recommendations that we propose:

### 1. Ensuring the unmet needs of PLHIV and key population are covered

There is an imperative to identify the unmet needs of PLHIV and key population in Indonesia. In addition to measuring the scale of targeted population eligible for social protection programmes, such investigation should also be carried out in a participatory manner in order to enable identification of unique needs of PLHIV and key population beyond those provided by the existing schemes, leading to potential creative solutions. Considering the effect of the pandemic in the social and economic lives of PLHIV and other key population and how access to social protection scheme has helped (or not) in alleviating such effects, similar survey can be conducted in interval.

### 2. Promoting various social protection schemes through different kinds of media

Information about social protection scheme should be made available for all, particularly in relation to eligibility criteria and how to access, if eligible. Consistent with previous studies, participants in this rapid assessment identified lack of knowledge in relation to available social protection schemes and how to access as one of the main reasons they did not access. The government of Indonesia, through different key implementing agencies (ministries), should identify the social networks that PLHIV and key population are engaged with. Such social networks are crucial in providing information about various social protection schemes and in identifying prospective recipients. For example, while neighbourhood leaders were important figures in distributing this information, local non-governmental organisations usually already have established networks with PLHIV and other key population who will benefit from accessing such social protection schemes. These are valuable links that government agencies should take into account in developing the design and target for HIV-sensitive social protection.

### 3. Ensuring coordination between different implementing agencies

The rapid assessment findings suggest that while the majority of participants are active members of the NIH (BPJS), this only partially protects participants in the context of access to healthcare. The pandemic has impacted PLHIV and key population in ways not only health insurance can cover. Indonesia, as a member of ASEAN, has already pledged to extend coverage of social protection to the most vulnerable [15]. This should include PLHIV and key population who – according to previous studies and the present rapid assessment – underutilised non-health insurance social protection.

### 4. Fostering partnership between government agencies and non-government agencies

Partnership should also include members of key population and PLHIV group – who are often part of established non-governmental agencies. This works not only to provide data on prospective recipients, but also to meaningfully participate in the governance mechanism, including designing and monitoring programme.

## References

1. Sandi F. Juta PHK & Dirumahkan, Menaker: Coba Dulu Bayar Gaji 50%! [Internet]. CNBC Indonesia. 2020. Available from: <https://www.cnbcindonesia.com/news/20200422175202-4-153760/2-juta-phk-dirumahkan-menaker-coba-dulu-bayar-gaji-50>
2. Anas T. Jobs and Pandemic: The Government Policies to Help Workers Dealing with the Pandemic. 2020. p. 1–20.
3. Purnamasari R, Sjahrir BS, Febriady A, Farid MN, Sari VA. Indonesia High-frequency Monitoring of Covid-19 Impacts. The World Bank; 2020.
4. The World Bank. Indonesia Covid-19 Observatory: High-frequency monitoring of households (Summary of Results from Survey Round 1). The World Bank; 2020.
5. Fielding BC. COVID-19 and HIV: so far it seems the outcome is not what was feared [Internet]. The Conversation. 2020. Available from: <https://theconversation.com/covid-19-and-hiv-so-far-it-seems-the-outcome-is-not-what-was-feared-146213>
6. Bearak M, Slater J. Among the most vulnerable to coronavirus: The tens of millions who carry HIV and tuberculosis [Internet]. The Washington Post. 2020. Available from: [https://www.washingtonpost.com/world/hiv-tuberculosis-coronavirus-high-risk-africa-south-asia/2020/04/08/78820db6-737d-11ea-ad9b-254ec99993bc\\_story.html](https://www.washingtonpost.com/world/hiv-tuberculosis-coronavirus-high-risk-africa-south-asia/2020/04/08/78820db6-737d-11ea-ad9b-254ec99993bc_story.html)
7. Jaringan Indonesia Positif. Survey Cepat Kebutuhan ODHA dalam Konteks Covid-19. In: TWG HIV Virtual Meeting on HIV Response on COVID-19. Jakarta; 2020.
8. Nopiyani NMS, Indrayathi PA, Listyowati R, Suarjana IK, Januraga PP. Akses Jaminan Kesehatan Nasional pada Pekerja Seks Perempuan. Kesmas Natl Public Heal J [Internet]. 2015;9(4):308–301. Available from: <http://www.jurnalkesmas.ui.ac.id/kesmas/article/view/734/465>
9. Maimunah M, Martini S, Aribowo A. Pemberdayaan Waria Seniman Ludruk dan Penanggulangan HIV/AIDS. Mozaik Hum. 2016;16(1):54–69.
10. McCord A, Himmelstine C, Browne E. Social Protection and HIV Global Literature Review : Access and effects of social protection on people living with and affected by HIV and their households [Internet]. 2013. 100 p. Available from: [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---ilo\\_aids/documents/publication/wcms\\_217664.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_217664.pdf)
11. ILO. Access to and effects of social protection on workers living with HIV and their households: An analytical report [Internet]. 2014. Available from: [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---ilo\\_aids/documents/publication/wcms\\_248447.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_248447.pdf)
12. International Labour Organization. Naskah Rekomendasi mengenai Landasan Nasional untuk Perlindungan Sosial. 2012.
13. Kamil O, Praptoraharjo I, Gabriella A, Simanullang G, Evalyne Sitorus N, Lenggogeni S, et al. Analysis of the HIV-Sensitive Social Protection Schemes in Indonesia. Jakarta; 2011.
14. Badan Pusat Statistik. Agustus 2020: Tingkat Pengangguran Terbuka (TPT) sebesar 7,07 persen [Internet]. 2020. Available from: <https://www.bps.go.id/pressrelease/2020/11/05/1673/agustus-2020--tingkat-pengangguran-terbuka--tpt--sebesar-7-07-persen.html>
15. The ASEAN Secretariat. ASEAN Declaration on Strengthening Social Protection Regional Framework and Action Plan to Implement the ASEAN Declaration on Strengthening Social Protection [Internet]. Jakarta; 2016 [cited 2021 Feb 13]. Available from: [www.asean.org](http://www.asean.org)





**International Labour Organization**

Jakarta Office

Menara Thamrin Building 22nd Floor

Jl. M.H. Thamrin Kav. 3, Jakarta10250

INDONESIA

E: [jakarta@ilo.org](mailto:jakarta@ilo.org)

W: [www.ilo.org/jakarta](http://www.ilo.org/jakarta)