



# Enduring Impunity in the Time of Corona:

Survey of the Human Rights Victims Condition Facing COVID-19 Pandemic in Indonesia

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Indonesia**

This survey was conducted in collaboration with Asia Justice and Rights (AJAR) with KontraS Sulawesi, Fopperham Yogyakarta, PASKA Aceh, KPKC Sinode GKI in Papua, Ikatan Orang Hilang Indonesia (IKOHI), Lembaga Bantuan Hukum (LBH) Bandung, Kiprah Perempuan (KIPPER) Yogyakarta, Jaringan Perempuan Indonesia Timur (JPIT), El-Addper Merauke, ELSHAM Papua, Jayapura Support Group, KATANE Support Group Merauke, Labarik Lakon, Serlina Sembel, and Alam Surya Anggara.

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**About Asia Justice and Rights**

Asia Justice and Rights (AJAR) is a non-profit organisation located in Jakarta, Indonesia. AJAR's mission is to increase the capacity of local and national actors, specifically victims' organisations, in the struggle against impunity, and to contribute to the realisation of life based on the principles of accountability, justice, and the willingness to learn from the root causes of human rights violations. AJAR focuses its work on issues of conflict transformation, human rights, education, and strengthening communities across the Asia-Pacific region.

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## **Survey of the Human Rights Victims Condition Facing COVID-19 Pandemic in Indonesia**

May 2020

Asia Justice and Rights (AJAR)

KontraS Sulawesi, Fopperham, PASKA Aceh, KPKC Sinode  
GKI, Ikatan Orang Hilang Indonesia (IKOHI), Lembaga  
Bantuan Hukum (LBH) Bandung, Kiprah Perempuan  
(KIPPER), Jaringan Perempuan Indonesia Timur (JPIT), El-  
Addper, ELSHAM Papua, Jayapura Support Group, KATANE  
Support Group, Labarik Lakon

# Executive Summary

The influence of the pandemic is significantly changing the lives of everybody, however a higher impact has befallen people with existing vulnerabilities, including victims and families of victims of human rights violations, indigenous communities, PLHIV (people living with HIV/AIDS), and victims of trafficking. This group needs special attention, as many are also elderly and still struggling with overcoming the effects of human rights violations that put them in poverty while experiencing discrimination and social stigma.

In this regard, during April 2020, Asia Justice and Rights (AJAR) together with its partners conducted a survey aimed at mapping the condition of victims during the pandemic. The survey was conducted in 13 provinces, reaching 402 sources that had previously been documented by partners, individuals, or victims' organisations in their areas. The respondents included victims of human rights violations in May '98 Tanjung Priok, crimes against humanity from 1965-1966, military-based conflicts in Aceh and Papua, Stolen Children from East Timor, and victims of trafficking. There are also respondents from groups of women living with HIV in Papua who intersect closely with the current conflict situation.

A number of critical issues arose in the survey results that need to be considered. Namely, the magnitude of the victims' needs for food supplies, as many were spared the process of receiving government assistance. Another consideration is the importance of ensuring victims have access to health care, especially for elderly victims and PLHIV communities. The survey also shows how impunity and the narrowing of the current democratic space affect patterns of relations between the government and its people, especially with groups who were victims of human rights violations, during the pandemic. The survey also found that existing assistance could not provide effective and long-term recovery. There was a reported lack of trust of victims towards the policies made by the government including information disseminated. However at the same time this triggered community initiatives, working together to find options for survival in the midst of a pandemic.

This report contains recommendations addressed to governments at all levels to ensure transparency of information based on human rights principles, and ensuring victims receive their rights; to civil society groups who care about the condition of victims of human rights violations to oversee the implementation of fulfilling the rights of the government; and to the public at large to maintain a critical attitude in reading and disseminating information regarding COVID-19.

# Background

In the last few months we have been confronted with narratives about the way humanity in various parts of the world, including Indonesia, defended against COVID-19. The influence of a pandemic significantly changes the lives of everyone, but a worse impact will befall people who are already vulnerable due to their experiences as victims and families of victims of human rights abuses. This group needs special attention, especially so due to the community consisting of thousands of elderly people who still struggle to come to terms with the effects of the trauma of past human rights violations that situated them in poverty while experiencing discrimination and social stigma.

As it currently stands, Indonesia has one of the highest rates of infection and death (case fatality rate) in the world. However, the Indonesian government does not appear to have implemented a consistent handling policy nor provided adequate or consistent information to its citizens regarding the current health crisis. This condition has the potential to increase the risk vulnerability to hardship, and increases the risk of retraumatization.

We as a nation cannot find a solution without daring to face the truth objectively. Perversion of the facts will only worsen the problem in the long run. There is a link between health and human rights that can be learned from various events to help us face current challenges, such as the great famine in China in 1948, East Timor during the 1978-79 conflict, the malaria epidemic that impacted political prisoners on Buru Island from 1968 till 1978, and famine and disease outbreaks in the killing fields in Cambodia in 1975-79. Amartya Sen, Nobel laureate for Economics in 1998, wrote about how a lack of democracy- demonstrated by poor policy making and enforcement- can be a factor that worsens the conditions mentioned above.<sup>1</sup>

***There's a plague, there are victims, and it's the duty of good man not to join forces with the plagues.***

***– The Plague, Albert Camus***

For this reason, during April 2020 AJAR and its partners conducted a joint survey to get a snapshot of the condition of how the victims and their families are surviving the pandemic. This snapshot is expected to be a reference for every element of the individual, community, and government in finding the best steps to prevent and reduce the risk of victim vulnerability that is not only focused on health insurance, but also on economic and social life.

1. This note is taken from the opinion of Galuh Wandita (Director of AJAR) entitled "Truth in the Time of Corona: International Day on Right to Truth, Dignity of Victims" at the Jakartapost on March 24, 2020, accessed on May 8 2020, <https://www.thejakartapost.com/academia/2020/03/24/truth-in-the-time-of-corona-international-day-on-right-to-truth-dignity-of-victims.html>

# Method

**D**ata collection was conducted by AJAR together with KontraS Sulawesi, Fopperham Yogyakarta, PASKA Aceh, KPKC Sinode GKI in Papua, IKOHI, LBH Bandung, KIPPER Yogyakarta, JPIT NTT, El-Addper Merauke, Jayapura Support Group, KATANE Support Group Merauke, and Labarik Lakon. Data collection was also carried out by individual volunteers, namely Serlina Sembel dan Alam Surya Anggara. This survey covered 13 provinces including Aceh, Banten, DKI Jakarta, West Java, Central Java, DI Yogyakarta, Central Kalimantan, East Kalimantan, South Sulawesi, West Sulawesi, North Sulawesi, East Nusa Tenggara, and Papua.

## A. Data collection and respondents

Respondents of this survey were 402 victims and families of victims of human rights violations that had previously been documented by partners, individuals, or organisations of victims in their area. They were victims of human rights violations in May '98, Tanjung Priok, crimes against humanity from 1965-66, military-based conflicts in Aceh and Papua, Stolen Children from East Timor<sup>2</sup>, and victims of trafficking. There are also respondents from groups of women living with HIV in Papua who intersect closely with the current conflict situations.

The data collection was mostly carried out by telephone, while a small portion by directly visiting the victims. In collecting data directly, the survey volunteers were guided by the steps to prevent transmission of COVID-19. AJAR grouped the data to calculate both numbers and a collective narrative, which is the basis for writing the findings of this survey. AJAR also verified information through discussions with partners conducting the survey.

## B. Challenges and breakthroughs

**D**uring this survey, several challenges and breakthroughs emerged, including:

- The original survey planned to only use telephone, but had to be combined with direct visits because there were victims who live in areas that do not have telephone signal or alternative communication tools.
- Some victims live a considerable distance from the partners, meaning the data collection takes time.
- Some volunteers experienced rejection from potential participants because they visited areas that restricted the arrival of outsiders, or because the residents of the areas were afraid of contracting COVID-19.
- However, direct visits provided an opportunity for volunteers to disseminate information, through brochures created by AJAR, regarding COVID-19 and ways to avoid transmission. In some areas, visits were also combined with the distribution of food aid and medical equipment.

2. More detailed information about Stolen Children from East Timor can be read in the AJAR report entitled "LONG JOURNEY HOME: Reuniting East Timor's Stolen Children Living in Indonesia with their Families in Timor-Leste," 30 August 2016. The report can be accessed at <https://asia-ajar.org/2016/08/long-journey-home-stolen-children-timor-leste/>

# Findings

This survey reached victims and families of victims of human rights violations in the age range of 25 to 90 years with the largest number in the age group 65-85 years. This group generally lives alone, while other groups live on average with 3 to 9 other family members. This finding shows that elderly victims have double vulnerability because of poor health due to old age, and they have no other support than themselves.

Many victims are unable to measure and calculate their source of livelihood so they do not have the knowledge of how long it will last if social restrictions are applied or extended in their area. The inconsistent implementation of the PSBB (Large-Scale Social Restrictions) policy along with the weak management of social assistance from the government makes it difficult for victims to measure their survival abilities. Some victims also stated the loss of their livelihoods, especially victims with mere daily income. As well as this most victims did not have access to assistance when the survey was conducted.

In more detail, the main themes and findings of the survey were:

## **Limited access to food**

The main limitation that has arisen is the access of victims in meeting their daily needs to survive. Almost all victims stated that they had difficulty in obtaining food, generally due to the loss of work or because they could not access their farms. In urban and more densely populated areas it is more difficult to find alternatives to meet daily needs. Those who generally work as traders, motorcycle taxis, or daily-waged workers, make a living through assistance from other parties or by being forced to continue working during the pandemic.

Victims in rural areas have better conditions in accessing food despite experiencing limited access to land, and distribution to sell agricultural products and livestock due to government restrictions. In addition, they are threatened not to receive an adequate supply in terms of availability and nutritional intake. When the survey was conducted, many survived the harvest supply in December 2019. In Yogyakarta some even experienced crop failure and in NTT (East Nusa Tenggara), in addition to crop failure, victims also lost livestock due to African Swine Fever.

*“The longest I can last is a week on existing savings. [If it has been] more than a week with no food aid, then I have to go out to sell again even though there is little profit. The important thing is if you can still eat first, at least 2 times a day”*

**- Robert da Silva, Stolen Children in Jakarta.**

*“All vegetables have fallen in price so my income is lacking, my garden produce is no longer being bought, relations with the community are reduced, payroll is closed”*

**- Ti Laibah Abbas, victim of military violence in Pidie, Aceh.**

*“We can't farm this year because it's raining very little. The well of our spring water source has been dry, relying only on neighbouring boreholes for daily household needs.”*

**- Rosy Wadu Doko, family of survivors of '65 in Sabu, NTT.**

## FINDINGS

Specifically in Papua and NTT, many female victims face new burdens as they are the backbone of family income when their children and husbands lose their income.

*“I can’t talk anymore because everything is difficult, you can’t sell, so I make our children understand that we eat garden produce in two ways only now: boil and burn.”*

**- KI, victim of military violence in Papua.**

### **Increased vulnerability due to minimal health access**

Access to important health facilities for victims has been disrupted due to COVID-19. Victims are worried about visiting health facilities and feel forced to cancel their routine checks. Some victims asked for help from partners

*“I was not able to go to the hospital because the hospital where I used to seek treatment was a COVID-19 referral hospital, even though in the beginning of last April I was supposed to have polyp surgery.”*

**- Y Sumardi, ‘65 survivor in Yogyakarta.**

*“When I was sick, and because the Community Health Clinic was far away, we only bought paracetamol at the kiosk to drink after eating. Now we are all fine at home. We need food and health care when sick.”*

**- Berta Tunbonat, survivor of human trafficking in Kupang, NTT.**

and victims’ assistance to get medicines that they routinely consume for diseases such as hypertension, heart disease, and diabetes. This condition impacted many survivors of ‘65 in Yogyakarta, the majority of which are elderly. While victims in South Sulawesi, Aceh, Central Java, and NTT did not check the condition of themselves or their families who were sick at the puskesmas or hospital for fear of contracting COVID-19. All the while other victims live far enough away from health services so they decide to do independent treatment at home.

Most victims also cannot access health insurance, including cleaning tools to reduce the spread of the virus. The obligation to wear masks while in public spaces issued by the government of Pidie District, Aceh, for example, was not accompanied by the provision of adequate mask access, becoming another challenge for the victims. Meanwhile, PLHIV communities in Papua have lost access to the medications they need.

*“Now the local government no longer supports our organisation to provide our assistance, so it is difficult for us to provide access to usual medicines for PLHIV.”*

**- LM, community companion of PLHIV in Papua.**

### **Loss of the guarantee for children's future**

Victims report feeling a loss of certainty for the future of their families and children due to their limited access to distance education. Government policy to limit student attendance at school and replace it with distance learning lacks consideration of the economic and geographical conditions of some community groups. Victims’ children who are in remote areas such as NTT, South Sulawesi, and Papua in addition to not having access to electricity and the internet, do not have the resource of adequate technology for distance learning. While child victims who have adequate access to the internet pay quite expensive fees to access the needs during class, especially when they have to send assignments online to their teachers. As a result of this limitation, a few of them have stopped attending classes.

*“I have stopped school. I miss school. But I don’t have television to watch lessons on. I just stayed at home, and went to hospital for treatment.”*

**- IT, teenage PLHIV in Papua.**

## FINDINGS

*"[I] don't work anymore because everyone has to stay home. Because [I] don't work it is difficult to meet daily needs. College and school children are currently studying at home and need credit to get online, [and] sometimes it can't be provided because there is no money."*

**- Roberto da Costa, Stolen Children in Manado, Sulawesi Utara.**

Barriers to accessing education also originate from non-state actors when plantation companies make restrictions on their territories without guarantees for the fulfillment of children's educational rights from the local government. This occurred in Central Kalimantan when the child of a victim was unable to access the exam which was carried out outside the company's plantation areas.

*"Two of my children could not take the exam at school (because it was outside of the plantation area) as [we were informed] by the company not to leave the plantation area."*

**- Antoni, Stolen Children in West Kotawaringin, Central Kalimantan.**

The condition of victims who do not have the ability to accompany their children to study at home is another one of the factors preventing children from being able to access their full education.

*"My child's school was closed, the school urged me to do learning activities from home, but because I had to tidy the house and cook I did not have time to accompany my child [in their] studies."*

**- Aisyah, Stolen Children in Sumedang, Jawa Barat.**

### **Loss of community support due to limited social, cultural, and religious activities**

The victims also complained of restrictions in following religious rituals in places of worship, forcing them to worship at home. For many victims, ritual worship is one of the important ways to cope with the trauma of past violent events. This was conveyed directly by victims in Kupang:

*"We cannot worship in church or neighbourhood because there has been an appeal from GMIT to worship at home. I also could not attend the family funeral ceremony of the deceased as it has become a very strong culture for us in Sabu tribe for families who are grieving.."*

**- Sarlotha Dami Dato-Kopi Ledo, survivor of '65 in Kupang, NTT.**

Some practices carried out in the victims' area as a form of brotherhood, such as the habit of kissing the nose in NTT and eating areca nuts in several places in Eastern Indonesia are also limited. Furthermore, meetings that have been routinely carried out by survivors of '65 groups in Central Java and Yogyakarta have been stopped temporarily. These regular meetings between survivors of '65 are a source of strength and enthusiasm of life for these victims, especially those who live alone.

*"[We] cannot get together and meet with friends, it was very quiet. The main income from maintaining/servicing empty people's houses and so [I] sleep in the house alone. [I had] fainted 3 times, no one helped because I was alone."*

**- Sarjiyah, survivor of '65 in Yogyakarta.**

The parties involved in conducting the survey:

AJAR, KontraS Sulawesi, Fopperham, PASKA Aceh, KPKC, IKOHI, Bandung Legal Aid, KIPPER, JPIT  
 El-Addper Merauke, ELSHAM Papua, Jayapura Support Group, KATANE Support Group, Labarik Lakon



# Survey of the Conditions of Victims of Human Rights Violations in Facing COVID-19

**402**  
 RESPONDENTS

- Victims: 75,4 %
- Victim's families: 21,6%
- Victims and victim's families: 3%

The data presented is based on data collection during April 2020, with the exception of Papua region until May 2020.

The largest age range is

**65-84: 37,3%**

**45-64: 37,1%**

**25-44: 19,8%**

**Over 85: 2,5%**

## Respondent Areas

Aceh	25,4%
Banten	0,5%
DKI Jakarta:	5,5%
West Java:	3,2%
Central Java:	3,2%
DI Yogyakarta:	29,1%
Central Kalimantan:	0,5%
East Kalimantan:	1%
South Sulawesi:	7%
West Sulawesi:	0,2%
North Sulawesi:	1%
NTT:	8,2%
Papua:	15,2%

## GROUP OF VICTIMS

- Crimes against humanity 1965-1966: 36,3%
- Military-based conflict (Aceh and Papua): 33,1%
- Stolen Children (Timor-Leste): 14,7%
- Women living with HIV/AIDS (Papua): 7.5%
- Human Trafficking: 4,2%
- May'98 Tragedy: 4%
- Tanjung Priok Case: 0,2%



**17,7% of victims live alone**

**Stay with up to 3 people: 49,8%**

**Stay with up to 6 people: 24,6%**

**Stay with up to 9 people: 6,7%**

**Stay with 10 to 12 people: 1.2%**

\* Victims who live alone are usually over 55



# The most urgent needs in response to COVID-19



Access to food:

90%



Access to health, including personal protective equipment such as masks: 68%



Access to work:

37%



Safety:

30%



Access to education for children:

14%



Trauma healing:

8%

## Availability of resources to survive in situations of isolation at home/PSBB (large-scale social restrictions)

40% cannot calculate their daily needs or measure how long they can survive if they are isolated at home, 7% only last less than 3 days and 34% last 3-7 days, 14% can last for 2 weeks, and 4% for up to 1 month.



## 65% have not received support

35% have received assistance from several parties such as the Government, NGOs, religious institutions, and others.



## 14% RESPONDENTS

have not received information about COVID-19

86% had received information about COVID-19 but did not have sufficient knowledge to respond. For some, it brought up trauma because the confusion of information and news reminded them of the conflict.

## FINDINGS

### **Information is inaccurate and insensitive to the victim's condition**

Many victims experience confusion due to lack of clarity regarding the policy of restrictions imposed and their impacts, and the lack of accurate information about COVID-19 including ways to avoid transmission. Giving very “city-centred” information made it difficult for victims, especially in rural areas to understand self-protection against COVID-19.

Moreover, the method of disseminating information through government officials who are insensitive to victims' pasts, as well as the weak hearing condition of elderly victims, can re-traumatise victims, specifically for victims in Aceh and Yogyakarta. Siren sounds, announcements with loudspeakers, uniformed officers going back and forth, without any information that is conveyed clearly and thoroughly, reminds them of the conflict and violence they have experienced in the past.

*“Kuningan government has not provided any assistance, residents still play volleyball as usual even Jakarta migrants who should be quarantined but there is no treatment whatsoever.”*

**- Bahrul, Stolen Children in Kuningan, Jawa Barat.**

Some victims also voiced concern of the government's slow response in dealing with travelers who came to their area. Conditions of unclear information and inconsistent government regulations add to their current concerns.

### **The lack of available assistance and support for victims of human rights violations**

Most of the respondents of this survey needed urgent and direct food assistance. A small number of victims have received assistance from the government and some are still waiting to receive assistance. However, many victims do not know how to access assistance if there is no support from support agencies or civil society organisations in their area. In addition to the unclear data collection and criteria for beneficiaries, the social stigma rooted in the surroundings where victims lived was considered to be a factor that made it difficult for victims to get access to assistance.

*“Government assistance [was] only spraying the disinfectant and even then it was only a little, other assistance did not exist (masks, food) and because they were considered not really needed, there was something worse, I did not pass the verification of the village, even though I was equally affected because my economic activities had stopped.”*

**- Wijayanto, survivor of '65 in Ambarawa, Central Java.**

Seeing the lack of government response, civil society groups took the initiative to

distribute basic needs and assistance, and disseminate information about COVID-19 to victims and their families. AJAR partners such as PASKA, IKOHI, Fopperham, KIPPER and JPIT distributed food aid including vitamins for the elderly victims. While JPIT, Elsham Papua, El-Addper Merauke in Papua, and KontraS Sulawesi spread information to their assisted victims. Volunteers in Central Java bridged communities by connecting victims with various other communities that had sources of assistance. At the same time, religious institutions in Aceh, Yogyakarta and NTT presented as a place to rely on to reduce the anxiety of the victims by providing religious services and distributing groceries.

*“I got information about COVID-19 from the television and also from the village. I feel I don't trust the information that comes from the government, because the information is confusing and the people's situation is chaotic. But Kodim [Military District Commander] intelligence hasn't come back since Corona.”*

**- Munari, survivor of '65 in Central Java.**

*“Until Corona there is no definitive information, let alone from the district, the village government does not exist.”*

**- KI, victim of military violence in Papua.**

*“The government must pay attention to poor people. Because come to think of it all this time the government didn't pay attention, especially us Labarik Lakon (Tetum language: missing child).”*

**- Ali Nani, Stolen Children in Gowa, South Sulawesi.**

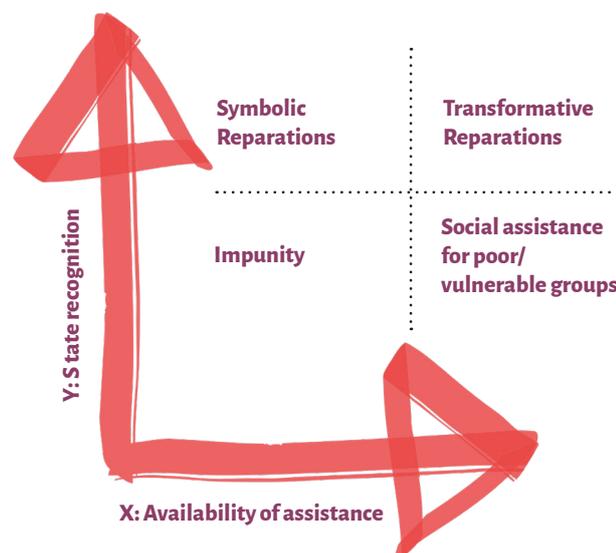
# Conclusion

**A**s Indonesia continues to face the challenges of the COVID-19 pandemic, ongoing impunity and restrictions on critical voices will strengthen hurdles in becoming a great nation. Learning from the experiences of other nations, the courage to open objective truths will be capitalised on in finding solutions to such difficulties, including responses to pandemics. This should be accompanied by clear objectives for the fulfillment of the rights of those in most need. In this situation it is important to ensure that the state does not reduce its fulfillment of its responsibilities only through the provision of disaster relief. The state is obliged to provide healing and reparations for victims of human rights violations in the perspective of transitional justice.

Ignoring victims' lived experiences of violence will obscure recognition and disclosure of the truth which is the basis for fulfilling the rights of victims of human rights violations. Ignorance of victims' lived experiences also eliminates the ability of the community to learn from mistakes and build justice for future generations. The state must be able to provide recognition and reparation to victims of human rights violations, especially victims further affected by COVID-19.

The survey findings show how impunity and the narrowing of the democratic space currently affect patterns of relations between the government and its people, especially with groups who are victims of human rights violations.

1. Although many victims are included in the criteria of beneficiaries on the basis of economic considerations, such assistance cannot provide effective and long-term recovery. This is because there has not been official recognition from the state for the treatment they have suffered in the past. The lack of recognition has meant that the government has not considered the specific needs of victims of human rights violations during the pandemic, such as the need for health checks and implementations that do not discriminate nor re-traumatise victims.



## KESIMPULAN

2. Various community groups and victims worked hand in hand to connect with one another in search of survival tactics in the midst of a pandemic. This was because they could not wait for help from the government, as victims have a low level of trust in the effectiveness of government assistance. This is strongly believed by groups of victims who for decades have demanded the right to recognition and remedies from various forms of discrimination, violence and injustice they experienced.
3. Lack or difficulty in accessing information, inconsistency, resemblance to previous experiences, and disharmony between stakeholders- from the village head to the president- meant victims are more reliant on information about COVID-19 from victims' advocates and agencies that help advocate for their rights, rather than government sources.
4. The general public does not obey the Large-Scale Social Limitation policy because they are unsure of the positive benefits to them in the long run due to economic hardship. Some of the community groups were immersed in a conspirative narrative that further challenged their joint efforts against COVID-19. Victims become vulnerable groups exposed to these narratives and other misleading information that is widely circulated in the community.
5. The government on the other hand increasingly complicated relations with its people through a lack of transparency alongside poor public communication strategies in response to COVID-19. This was acknowledged by a number of government officials in the media, stating that some information was deliberately covered up with the reason to avoid widespread panic.

It is time for the Indonesian government to not separate human rights and democracy in every aspect of health service provision. It is not impossible that other challenges, such as COVID-19, will emerge again in the foreseeable future, especially given worsening environmental conditions and climate crisis. Together, through the participation and solidarity of all parties, we can move forward together to face the variety of challenges that will arise in the future.

# Recommendations

**C**COVID-19 is a collective test as individuals, communities, and nations. This is the time of solidarity and to work together to overcome, reduce the impact, and stop the spread of the virus.

## **To the Government of Indonesia (ensuring at every level of government) to immediately:**

1. Ensure the dissemination of accurate and easily understood information about COVID-19, and widely disseminate through government officials so that there is no confusion of understanding, including for survivors who are elderly and in remote areas.
2. Providing subsidies, removing monthly contributions, and distributing urgent assistance immediately to the victims and survivors most affected by the pandemic. This implementation must uphold the principle of non-discrimination.
3. Mainstream human rights in every policy issued in dealing with COVID-19. Including giving recognition to victims of human rights violations who have special needs during the COVID-19 period.
4. Train government officials on duty in the field to be sensitive to victims specific needs, and be reflective of statements from influential public officials not to cause re-traumatisation to victims of human rights violations in response to the COVID-19 situation.

## **To Indonesian civil society groups, to immediately:**

1. Encourage the fulfillment of the rights by the government to vulnerable groups affected by COVID-19. Including the victims of human rights violations.
2. Oversee the implementation of aid from the government, and ensure transparency and accountability so as to avoid the practice of corruption, collusion, and nepotism.
3. Look for options that enable the support of victims by prioritizing the principles of solidarity and sovereignty of the people so that basic needs can be met during the pandemic.
4. Work with other civil society networks to identify as many victims and survivors as possible who need immediate assistance, and support their daily food needs due to loss of livelihoods during the pandemic.

## **To all Indonesian people:**

1. Encourage all Indonesian people to participate in efforts to reduce the spread of the virus by following the advice to stay at home, keep physical distance, and maintain personal and environmental hygiene.
2. Discourage all individuals spreading misinformation about COVID-19. Always be critical in reading information, taking from reliable sources, and avoiding hoaxes.



In collaboration with:

