

# Lessons learnt on the Implementation of the Multi Sector Response Plan to COVID- 19 in Indonesia

Full Report

**For:**  
**Indonesia Humanitarian Country Team (HCT)**

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Prepared for United Nations Office for the Coordination of Humanitarian Affairs by:

Avianto Amri  
Idha Kurniasih

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## Executive Summary

On 14 March 2020, the President of Indonesia declared COVID-19 as a national non-natural disaster. This declaration was based on the beginning of the corona virus spread in Indonesia and following the announcement by the World Health Organization (WHO) of COVID-19 being a world pandemic three days earlier. The government subsequently developed a Task Force for the Acceleration of the Handling of COVID-19 at the national level, also followed at sub-national levels. The Government has also quickly shifted their priorities and resources to adequately support the COVID-19 response.

The impact of the COVID-19 pandemic was quickly felt in multiple sectors. The pandemic has also changed the perspective of phased disaster management of pre-disaster, emergency response and post-disaster, shifting into a set of concurrent efforts of readiness, response, and recovery. Recognizing the vastly complex issues early, the UNCT (United Nations Country Team) and HCT (the Humanitarian Country Team) agreed to develop a multi-sectoral response plan to support the Government of Indonesia's effort in addressing the COVID-19 situation. A total 14 UN agencies were involved in the Multisectoral Response Plan to COVID-19 (or MSRP) implementation, with the initial duration from May to September, and then extended to December 2020. This study is conducted to capture the lessons that have been learned from this effort, so that they can be used for future improved coordinated, effective, and accountable responses, and which can be shared with humanitarian actors in Indonesia and beyond.

A mixed method approach was undertaken by using desk review, online questionnaire, and group discussions. A total of 97 persons (44 female and 53 male) participated from more than 50 organisations. The data was collected from 18 March to 14 April 2021. Strength and limitations of the study are outlined. The team did not detect significant issues and/or bias that would affect the quality of this research

Based on our analysis, we see several strengths of the MSRP in helping organisations designing their response, open up opportunities for further collaboration and record exceptional multi-stakeholders' cooperation between the government and non-state actors (NGOs, CSOs, media, academia, private sector), as well as to unfold the discussion and mutual agreement in the nexus of humanitarian and development sectors of the UN (between HCT and UNCT). The pandemic situation has also driven the response through virtual platforms which made the interventions being implemented in a broader scope, across the country, and attracted more collaboration.

We conclude that the MSRP as a response plan could serve as a tool in delivering five main functions: **planning, coordination, monitoring and evaluation, fundraising, and partnership tools**. The extent of effectiveness of the response plan on each of its functions will depend on the investment of resources allocated to support the function.

For example, if the MSRP is expected to support coordination efforts, then there needs to be resources available to have competent and dedicated coordinators in place as well as other supporting resources such as IM team and communication team. Similarly, if the MSRP is expected to strengthen the monitoring and evaluation aspects, then there needs to be resources available to collect and analyse data to assess gaps and progress towards objectives.

Humanitarian funding is limited, and thus in many cases, may be not all functions will be able to be operationalised. Therefore, agencies need to decide on where these resources should be allocated. We hope that based on these lessons learned documentation, agencies can make an informed decision as well as

strengthen its collaboration and coordination to make sure that resources are being mobilised effectively and efficiently.

In conclusion, several key learning points have been documented as listed below:

1. MSRP is very useful in helping to develop a joint plan, assisting agencies to design their programs, and nurturing new partnerships. The MSRP has also been successful in increasing multi-stakeholder collaboration in the existing priority pillars
2. The response plan has five main functions. Moving forward, there should be a consensus to decide on which function(s) of the response plan that the humanitarian community expects to be delivered as well as where and how the available resources need to be strategically allocated to support the function(s).
3. The response plan should be more dynamic and adaptive to enable more agencies to participate in the response plan, even after the response plan has been published.
4. There needs to be a structured efforts to disseminate/ socialize response plan once it has been published
5. Strengthening coordination mechanisms and resources for analysis and facilitating opportunities for collaboration between institutions
6. Cross sector collaborations would provide significant added value to have more synergy and integrated approach across sectors
7. It is necessary to strengthen strategies and mechanisms for reporting, monitoring, and evaluation. Having mechanisms to monitor efforts at the local level will help local NGOs to nurture collaboration and coordination. Good practices and local champions are helpful to inspire replication and scaling up.

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## **I. Introduction**

### **I.1. Study overview**

On 14 March 2020, the President of Indonesia declared COVID-19 as a national non-natural disaster. This declaration was based on the beginning of the corona virus spread in Indonesia and following the announcement by the World Health Organization (WHO) of COVID-19 being a world pandemic three days earlier. The government subsequently developed a Task Force for the Acceleration of the Handling of COVID-19 at the national level, also followed at sub-national levels. The Government has also quickly shifted their priorities and resources to adequately support the COVID-19 response.

The impact of the COVID-19 pandemic was quickly felt in multiple sectors. The pandemic has also changed the perspective of phased disaster management of pre-disaster, emergency response and post-disaster, shifting into a set of concurrent efforts of readiness, response, and recovery. Recognizing the vastly complex issues early, the UNCT (United Nations Country Team) and HCT (the Humanitarian Country Team) agreed to develop a multi-sectoral response plan, with the aim of supporting the Government of Indonesia to:

1. Contain the spread of the COVID-19 pandemic and decreasing morbidity and mortality.
2. Decrease the deterioration of human assets and rights, social cohesion, and livelihoods.
3. Protect, assist, and advocate for particularly vulnerable groups, such as refugees, pregnant woman, people with disabilities, elderly, internally displaced people, migrants, and host communities.

The plan is operationalized through seven priority areas:

- |  |                                    |
|--|------------------------------------|
| a. Health  | e. Logistics                       |
| b. Mitigate the socioeconomic impact of the crisis   | f. Protection of vulnerable groups |
| c. Risk Communications and Community Engagement (RCCE)   | g. Food security                   |
| d. Critical multi-sectoral services, which include camp management and coordinator, shelter, water sanitation and hygiene, nutrition, and education. |                                    |

A total 14 UN agencies (UNICEF, WHO, IOM, UNOPS, UNDP, UNHCR, UNFPA, UNWOMEN, UNAIDS, FAO, WFP, UNIDO, UNODC, and ILO), 13 NGOs (Muhammadiyah, Nahdlatul Ulama, Human Initiative, Wahana Visi Indonesia, Save the Children, Dompot Dhuafa, OXFAM, CARE, Yakkum, Caritas Indonesia, MPBI, Sekretariat HFI, and Planas PRB), IFRC and PMI involved in MSRP implementation, with the initial duration from May to September, and then extended to December 2020.

With the involvement of many organizations, a joint Plan that brought together the efforts of the UNCT and the HCT to respond to the COVID-19 pandemic was prepared: the Multisectoral Response Plan to COVID-19 (or MSRP).

It is essential to capture the lessons that have been learned from this effort, so that they can be used for future improved coordinated, effective, and accountable responses, and which can be shared with humanitarian actors in Indonesia and beyond. Thus, this lesson-learning exercise is expected to capture multiple perspectives, including those of the Government and non-state actors (UN agencies, Red Cross movement, International and national NGOs, and others).

### **I.2. Purpose and scope of the study**

There are several objectives for the current lessons learned exercise, as follows:

1. To assess the appropriateness and relevance of the MSRP.
2. To assess how effectively the plan has helped support addressing the humanitarian needs created by the COVID-19 pandemic.
3. Review the outcome and impact on the implementation of the MSRP.
4. Identify barriers and challenges, lessons learned and recommendations for improving the planning and delivery model of other responses in the future.

## **II. Methodology**

### **II.1. Data collection methods**

This lesson learned exercise comprises of several steps:

- 1) A desk review to assess progress, achievements, and challenges.
- 2) An online survey among humanitarian agencies conducted to capture the knowledge, experience, and perspectives of humanitarian agencies in relation to the effectiveness, appropriateness, and relevance of the MSRP; and
- 3) three virtual sessions: the first virtual session was organised for international agencies, the second virtual session was organised for the national stakeholders, including NGOs, government representatives, etc. An additional session was conducted based on the suggestions from the Inter-Cluster Coordination Group (ICCG) for agencies that have more than one staff involved in the MSRP implementation. Thus, this third session was organised for UNICEF which is the agency that supports the Government of Indonesia leading the MSRP implementation in the sectors of RCCE, child protection, health and nutrition, WASH, and education.

The virtual sessions aim to explore more in-depth the lessons learned from the MSRP implementation, discussing barriers and challenges, achievements, and recommendations for the future.

### **II.2. Deliverables**

The deliverables from this study are as follows:

1. A brief lesson learned report
2. Brief presentations to the Inter-Cluster Coordinator Groups and Humanitarian Country Team in March 2021

### **II.3. Participants**

The overall number of participants of the evaluation are 97 persons (44 female and 53 male), consisting of:

- a. Online survey: 59 respondents (21 female, 38 male) from 50 organisations
- b. 3 Virtual FGDs:
  - a. UNICEF team (8 participants, 5 female and 3 male),
  - b. National, Local NGO, and Indonesian Red Cross (3 participants, 2 female and 1 male)
  - c. International organizations/ UN (18 participants, 12 female and 6 male)
- c. Group interviews with UN OCHA: 4 persons (3 female, 1 male)
- d. In-depth interview with representative of the Coordinating Ministry for Human Welfare and Culture

### **II.4. Time frame**

Data collection started from 18 March 2021 and was completed by 14 April 2021.

## **II.5. Strength and limitations of the study**

Our observations from the data collection showed that respondents were open and did not hesitate to share their views and the challenges faced during the COVID-19 response. Key stakeholders, including government representatives were insightful and there were active discussions during the FGDs and in-depth interviews. It is evident that the MSRP process has had a unique impact in the overall ways of working of humanitarian agencies in Indonesia. Furthermore, this study received strategic inputs from heads of agencies or senior management as well as operational inputs from technical specialists and program managers, providing more holistic recommendations.

Several limitations during the study that were identified are:

- a. Limited participation from non-humanitarian (development) agencies
- b. Limited time and resources to extend the data collection period to increase engagement from other organisations, particularly local organisations
- c. COVID-19 situation restrictions where all activities are being done virtually and no in-person interactions.
- d. Not all respondents had a complete understanding of the MSRP, where some of them were not involved in the development of the Plan, and thus may not be familiar with the underlying context.

Nevertheless, the team did not detect significant issues and/or bias that would affect the quality of this research. UN OCHA Indonesia staff were quick to respond and helpful throughout the study process. The team was also satisfied with the exceptional engagement from HCT in supporting this study

## **II.6. Structure of the Report**

The findings and discussion of this study are outlined based on the data collection method that was utilised. The online questionnaire that was disseminated captures responses to analyse appropriateness, relevance, and effectiveness. The desk review was useful to capture information in relation to the MSRP outputs and thus the information gathered was analysed to assess outcomes and impact. The group discussion was designed to investigate lessons learned in relation to MSRP. This was done in consideration of the time available for the group discussion, which was quite short, and the relatively large number of participants who attended the FGD.

In the beginning of the Finding and Discussions section, the context of MSRP is described to provide a better understanding of the situation that happened during the development of the response plan.

## **III. Findings and Discussions**

### **III.1. MSRP Context**

The MSRP was developed with the objective to support the Government of Indonesia in its efforts to prepare and respond to the pandemic. The humanitarian community in Indonesia has had several experiences in developing multi-sector multi-agencies response plan, including the recent Central Sulawesi Earthquake Response Plan in 2018.

However, it is important to highlight several distinctive aspects of the MSRP. These are:

- It was the first time that a joint response plan was developed with the combined efforts from the UN Country Team and the HCT. Based on our interviews, during the development of MSRP, there were some people who were not familiar with developing a joint-response plan.
- There was no previous experience in preparing for a pandemic response, especially at this scale, scope, and complexity. Based in GoI data, Indonesia faces around 2,500 to 3,000 disasters every year, where



some of these disasters were medium to large-scale disaster events. However, the pandemic situation is happening nationwide and impacting all sectors in Indonesia. Furthermore, in the beginning of the pandemic, there were changes in the government structure, mechanisms, and leadership in responding to the situation, which made coordination even more challenging.

- The human resources available for the coordination of the plan were limited. Surge capacity was not possible at the time. Indonesia was not part of the global humanitarian response plan and thus surge capacity to support the development of the plan was not available. The development of the response relied on existing resources in-country. As comparison, in previous emergencies such as the Central Sulawesi Earthquake response, technical assistance was provided from regional offices or headquarters level.
- Turnover of some heads of organizations and other key staff during the period of development and implementation of the MSRP. While the MSRP was developed and implemented, the UN Resident Coordinator incumbent changed twice. Furthermore, several head of agencies or senior management from other humanitarian organisations also changed.
- There was a significant shift in the ways of working due to COVID-19, Whereas in the past the development of a joint response plan was conducted through in-person interaction, due to the pandemic, all discussions took place virtually, with many people not yet accustomed and familiar with this shift.

### **III.2. Appropriateness, relevance, and effectiveness**

Our analysis on appropriateness, relevance, and effectiveness is based on the online survey conducted. Most respondents (68%) were familiar and had heard about MSRP, with most of the respondents comprising UN agencies, local NGOs, and national NGO staff (42 respondents, 70%) and then followed by representatives from the Red Cross, local and national government officials, academia, international NGOs (3 respondents each), as well as from the private sector and national NGOs networks (1 respondent each).

Appropriateness and relevance refer to how the assistance could be in line with the local needs and priorities while at the same time it is also tailoring of humanitarian activities to local needs, increasing ownership, accountability, and cost-effectiveness accordingly.<sup>1</sup> Furthermore, in line with the Grand Bargain, the localisation agenda also aims to increase the role of local and national actors that enable locally led humanitarian action to flourish. Measuring and reporting the appropriateness of humanitarian assistance is a matter of accountability, and is critical in helping achieve impact and value for money.<sup>2</sup> Appropriate and relevant humanitarian assistance is a combination of an intervention/package of services that addresses objectives, needs and threats to the health or welfare of crisis-affected populations; a modality of delivery that reflects the context to enhance community acceptability and promotes sustainability where possible; and a target beneficiary population that is clearly defined, sufficient in size and prioritized according to need.<sup>3</sup> Some key elements that should be considered in regard to appropriateness and relevance are: the objectives of response, choice of interventions, scale or geographical scope of a response and targeted beneficiaries or cultural acceptability of interventions.

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<sup>1</sup> Relevance and Appropriateness in Humanitarian Action Neil Dillon Research Fellow (ALNAP), 2019

<sup>2</sup> Abdelmagid, N., Checchi, F., Garry, S. *et al.* Defining, measuring and interpreting the appropriateness of humanitarian assistance. *Int J Humanitarian Action* 4, 14 (2019). <https://doi.org/10.1186/s41018-019-0062-y>

<sup>3</sup> *ibid*

The MSRP was perceived to be appropriate and relevant to capture and meet the needs of the affected population. Based on the survey, among 40 respondents who have heard of the MSRP, almost all respondents agreed that the MSRP was appropriate for the organizations’ priorities and relevant to the needs of affected people (Figure 1).

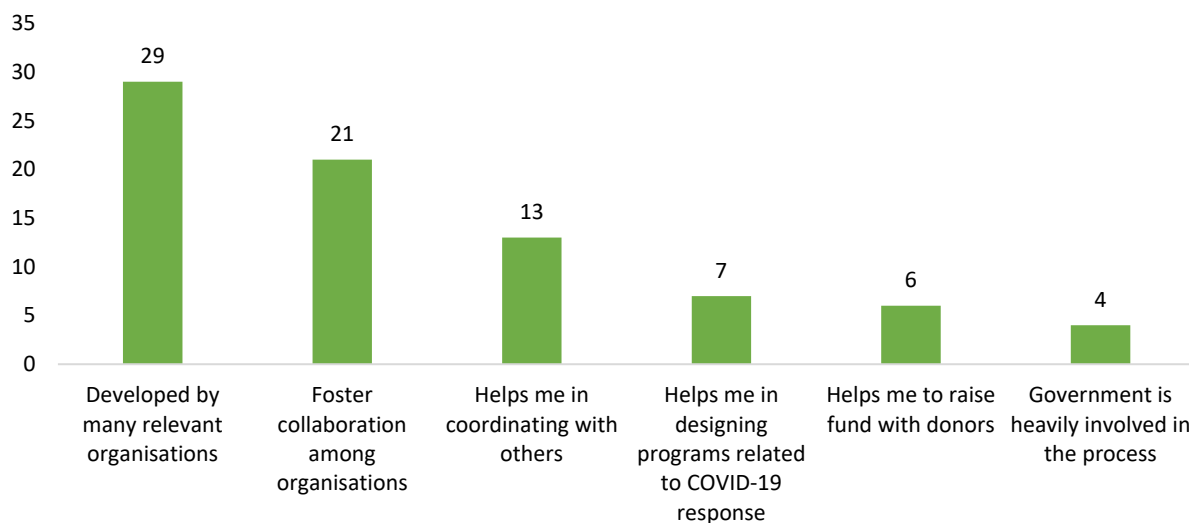


Figure 1. Participants responses on the strength of the MSRP

Moreover, most respondents (88%) think that the process has been participatory and involving relevant stakeholders and has helped them in knowing what other organisations are doing. Most respondents said that the MSRP has helped them in coordinating with relevant stakeholders and in fostering collaboration with other organisations.

Many respondents also think that having the MSRP was helpful for their organization (70%), it helped these humanitarian organisations to design their programs and re-align their funding in responding to the COVID-19 situation. Therefore, our analysis showed that the MSRP is considered to be highly appropriate and relevant in addressing humanitarian assistance needs.

Interestingly, the survey results (Figure 1) also showed that only several respondents see the MSRP to have helped them in raising funds with donors and that the MSRP process had robust engagement with the government. It should be noted however, that the Government may not needed to be heavily involved in all of the processes, although there certainly should be clear connection on how the MSRP contributes to the Government response. It should also be noted that the MSRP was not build as a fund-raising tool, and no appeal was linked to it. Further information related to coordination and collaboration is presented in the subsequent section (Lessons Learned) based on the findings from the group discussions.

### III.3. Analysis of Outcomes and impact of the MSRP

The team reviewed more than 20 documents, including progress reports, organisation updates, and the final report of the MSRP. Undoubtedly the MSRP is one of its kind with interventions in multiple sectors, implemented by multiple agencies across Indonesia at all levels (national, sub-national, local, and community level), with a prolonged period of implementation (Indonesia’s experiences in implementing response plans were typically in the period of 3-6 months, while the MSRP was implemented from April 2020 to September 2020 and then extended to December 2020 for a total of 9 months). Furthermore, it was not just humanitarian agencies that were involved in the implementation, but also development agencies

and various types of organisations -UN agencies, international NGOs, national and local NGOs, academics/ universities/ think tanks, and the media.

The MSRP engaged with more than 20 government agencies at the national level and most of the programs linked with efforts at the sub-national, local, and community level. This made the COVID-19 response as the response with the highest engagement with government agencies.

The MSRP has also successfully captured the response of at least 34 organizations (CSOs/ NGOs, professional associations, universities, corporations, and media) with the value of response more than 94 million USD, out of the requested 145 million USD. Based on our interview with UNOCHA, the actual funding figure is likely to be higher since not all agencies reported all the funding received for the COVID-19 response.

The plan also covered a wide range of topics from health services and health promotion, mental health, nutrition, waste management, water sanitation and personal hygiene, Risk Communications and Community Engagement (RCCE), food security, gender-based violence, education, livelihood, protection, logistics, as well as disaster preparedness.

The full report of the MSRP has showcased the significant outputs resulting from the interventions. For example, agencies managed to reach out to millions of people who received WASH interventions, almost 20 million children that benefitted from education intervention, and more than 14 million people reached through RCCE actions. There were other notable achievements from other sectors. For further information of these, please see the full report of MSRP.

In addition, at least 50 studies, assessments, and surveys on various aspects of the response covered by the MSRP were recorded. This highlight show organisations involved in the MSRP valued the importance of evidence-based research and designing programs based on the results from various studies. Moreover, new policies, guidelines, and mechanisms have also been developed as tools to support the implementation of the COVID-19 response. These tools not only focused on addressing the health risks of COVID-19 but also on reducing the socio-economic impact of the crisis in the communities affected by the pandemic.

#### **III.4. Lessons learned**

To gather a more in-depth understanding on the barriers and challenges, lessons learned and recommendations in moving forward, we conducted group discussions and interviews. From this exercise, the perspectives of heads of agencies, senior management, and technical specialists as well as from local and national NGOs, Indonesian Red Cross, and international organisations (UN agencies, international NGOs, and IFRC) and government representatives have been gathered.

The discussions reflected how different people have different expectations from a response plan, and that a response plan can become a tool to provide five main functions, which are:

- a. Planning tool
- b. Coordination tool
- c. Monitoring and evaluation tool
- d. Fundraising tool
- e. Partnership tool



Figure 2. Functions of the MSRP as a Response Plan

The following sections will provide further information on each of the functions.

#### III.4.a. Planning tool

As a tool for planning, the MSRP was found to be very useful. In particular, considering the nature and scale of the situation, which had not been experienced before by most humanitarian and development organizations in Indonesia, the MSRP process has been successful in gathering inputs from various agencies in Indonesia to plan for the COVID-19 response. The structure of the response was agreed around seven priority areas called “pillars” including the mitigating the socio-economic impact of the crisis pillar, critical multi-sector services, and food security. Agencies structured their interventions based on these seven pillars.

Some interviewees also described that the MSRP document has been useful for them as a reference to design their programs in the beginning of the pandemic response. Thus, the MSRP has enabled organisations to learn on what others are doing and inspire replications and new interventions for others. In a time of uncertainty regarding a pandemic response, the MSRP’s function as a planning tool was greatly helpful for most organizations as a source of information to design their response.

It is notable that the MSRP involved more than 30 organisations of different type, making it one of the most diverse and inclusive response plans recently developed in Indonesia in terms of participating agencies. However, participating agencies were mostly international and national humanitarian organisations. This is a common situation since usually the development of a joint response plan for large-scale disaster events is led at the national level and occurs in a very short timeframe, making it difficult for national agencies to engage.

Interviews with local and national NGO representatives show that the MSRP is a useful tool even though they are not participating agencies in the MSRP. They were also keen to be part of the MSRP, however it was uncertain on how to add more participating agencies after the MSRP has been published.

This also highlights the fact that the process of involving agencies in the response plan only occurred during the beginning, when the plan was being developed. There is an absence of a mechanism for agencies who

were initially not involved in the MSRP to be inserted if they were interested to become part of the MSRP<sup>4</sup>. This may be due to the nature of response plans that are often implemented in short period of time (usually limited to 3-6 months of implementation). However, with the prolonged humanitarian response operations to COVID-19 situation, there was value in having a mechanism for more agencies to be included in the response plan, even after it was published. This would have made the response plan a more dynamic planning tool, increase its usefulness and inclusivity, enhance its relevance, as well as promote the localisation agenda.

It is worth noting that the food security pillar, led by FAO, inserted additional ten organisations during the MSRP implementation. This also highlights that the lead pillar/ coordinator should provide more active steps to invite local and national actors in the MSRP and ensure that these organisations are represented in the MSRP document.

#### *III.4.b. Coordination tool*

In correlation to its function as a tool for planning, coordination is another aspect on which the MSRP has had a positive impact. Through the process of creating a MSRP, organisations have been able to decide the resources that were required to support the program, as well as to strengthen the networks among organisations. This occurred in the response to the Covid-19 Pandemic through the sharing of data and information. Based on focus-group discussion, it was also agreed that the MSRP has been used as a reference or guiding tool.

The MSRP has been successful in promoting the sharing of information, enabled progress updates of each agency, and data exchange. In some sectors, it has also helped promote joint activities and resource sharing. However, as a coordination tool, the MSRP could have had greater impact if sufficient resources had been made available to do further analysis to assess gaps and overlaps as well as promoting cross-sectoral collaborations. From the data collected it appears that limited discussions took place within each sector to provide analysis on gaps and overlaps. There were limited investments from agencies in each sector for coordination, Information Management (IM), and communications.

Coordination should be a shared responsibility among participating agencies, especially lead agencies, and each pillar should invest sufficiently in resources to support coordination. More importantly, the COVID-19 response delivered one of the most complex emergency response management and operations in Indonesia. The GoI's response structure and mechanisms continue to evolve according to developing situations of the pandemic. Initially, the response efforts were led by the Ministry of Health, and then the National Disaster Management Authority (BNPB) was assigned to lead the operation and the COVID-19 task force (Gugus Tugas) was formed with whole-government approach<sup>5</sup>. Later, the Covid-19 Handling and National Economic Recovery Committee (KPC-PEN) were established and led by the Coordinating Ministry of Economy, where the Gugus Tugas then changed its name to Satuan Tugas (satgas). In the meantime, previous emergency responses (pre-pandemic) have been coordinated using the national cluster mechanism, where key humanitarian organisations and government agencies have been accustomed with the arrangements.

Thus, the different structures, working arrangements, as well as people who are involved in satgas, KPC-PEN, clusters, and pillars can be quite confusing and challenging. This shows the importance of adaptability

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<sup>4</sup> Although, it is important to note that there was one organisation, Indonesian Scouts that was later added in the Food Security pillar after the MSRP was published

<sup>5</sup> Presidential Decree number 7 Year 2020 and then later changed to Presidential Decree number 9 Year 2020. The task force structure changed twice based on the Task Force decree number 16 Year 2020 and then later changed to Task Force Decree number 18 Year 2020

of humanitarian organisations in responding to changing and dynamic situations. As a comparison, the disaster response structures in Indonesia have been consistently different based on the local situations, as highlighted during the 2018 West Nusa Tenggara earthquakes, 2018 Central Sulawesi Earthquake, Tsunami, and Liquefaction, and 2020 Jakarta floods.

In addition, other key area that could be strengthened that of cross-sector coordination. For example, the RCCE and Logistic pillars have been providing significant results in promoting health protocols and ensuring essential items are available for the health workers, respectively. However, these pillars seem still limited on their measures in supporting the health sector. With the resources (particularly networks and expertise) from the RCCE and Logistic pillars, it is believed that other sectors would highly benefit from closer coordination.

If the humanitarian community expects the MSRP to serve as a coordination tool, there should be significant investments and resources allocations to support coordination efforts, recognising the complex nature of the COVID-19 response. Agencies should contribute to having competent and dedicated (sector/ pillar/ cluster) coordinators, information management teams, and communication specialists to support the coordination efforts.

#### *III.4.c. Monitoring and evaluation tool*

As a monitoring and evaluation tool, the MSRP is useful in capturing outputs and data for reporting purposes. However, based on interview data, the monitoring and evaluation process can provide further benefits if they can assess progress versus objectives. To date, there is no clear analysis on whether the MSRP has achieved its objectives and to what extent the MSRP has delivered its outcomes. This is because a combination of factors, which are:

- a. Participating agencies have difficulties in submitting progress updates.
- b. The monitoring tool is limited in just gathering output data; and
- c. Limited resources available to collect and analyse data

Despite these factors, OCHA managed to produce three progress reports and a final report with available inputs from participating agencies.

Supporting tools could be developed to gather qualitative data, capture good practices, and analyse progress in the outcome level. Moreover, the monitoring system can be further strengthened to capture or document good practices at the field level, identify local champions, and capture efforts at the local level. The last point has been highlighted during interviews with local NGOs, who noted that if they have information on what is happening in their local area of operations, it will help them to coordinate and work together. The good practices and local champions are important in recognising that the pandemic situation caused uncertainties among humanitarian organisations in designing effective programs. Thus, documenting good practices and identifying champions can inspire others to replicate, modify, and scale up the interventions.

#### *III.4.d. Fundraising tool*

The survey and group discussions results showed that majority participants did not see MSRP as a tool for fundraising. It should be clarified that, due to global guidance around the HRP, a flash appeal (or any type of appeal) took place to fund MSRP activities. Some people thought that each organisation has their own mechanism and existing relationship with their respective donors. Nevertheless, there were others who saw the potential for a response plan as a tool to support efforts in joint-fundraising.

During the initial months of the MSRP, UN OCHA and RC Office organised a meeting between participating agencies with the donor community in Indonesia, with a follow up bilateral meetings with key donors. This is a commendable effort and some thought that this was a valuable step. However, in order to be an effective tool for fundraising, there needs to be more structured and systematic efforts. Follow up meetings, additional discussions, and advocacy would be needed to secure funding.

Nevertheless, the MSRP has been useful as reference for agencies to communicate to their existing donors when they are planning to do re-alignment on their existing programs. In this situation, the tool did not necessarily generate new funding, however it helped in reallocating existing resources to support the COVID-19 response. In addition, there were participants who described that new funding has been secured by accessing the UN Framework for the Immediate Socio-Economic Response to COVID-19 (SERF) through the MSRP.

In the future, it would be worth to explore whether an MSRP-like response plan can also serve as a tool to access funding opportunities from the Government of Indonesia for local and national NGOs.

#### *III.4.e. Partnership tool*

To emphasize the previous premise, the MSRP as a tool has been highly useful in nurturing multi stakeholder collaboration not only among humanitarians but also in the development sector. The process of MSRP development did help push a range of discussions with cluster partners and other stakeholders. From the group discussion, it was also agreed that the tool has connected agencies who have never partnered up previously to work together in relatively new areas, as an example UNICEF, WHO, and IFRC which are collaborating in RCCE.

The MSRP has also proven to enable opportunities for collaboration with the increased number of agencies involved and the range of diversity of the participating agencies. Another good practice promoted by the MSRP is that it has successfully increased multi-stakeholder collaboration in each priority pillar. There is a lot of cooperation between the government and non-state actors (NGOs, CSOs, media, academia, private sector) captured in the MSRP. The engagement of the private sector (particularly in the logistic pillar) as fully respectable, as partnership in humanitarian action is in principle a necessary and desirable development. The MSRP has also enabled closer collaboration between the humanitarian (HCT) and development (UNCT) systems of the UN.

Notably, UN OCHA has led the coordination meetings between humanitarian agencies and the Coordinating Ministry of Human Welfare and Culture, and this was highly appreciated by the coordinating ministry. The Coordinating Ministry also described that the information gathered from the meetings was then relayed to other government agencies during the weekly joint coordination meeting among ministries involved in the COVID-19 task force (satgas).

However, the MSRP is yet to be used as a tool to strengthen partnership with the government counterparts. We found no evidence of participating agencies communicating with government agencies on their efforts as part of the MSRP. It should be recognised that the government has distinct working arrangements and developed their own plans. Nevertheless, there should be a bridging process in formally integrating/ synchronising/ harmonising the response plans between the government and non-government actors.

Lastly, the pandemic situation that drove the response through a virtual platform has also enabled the interventions to be broader in scope (more people were able to join meetings), implemented across the country, and attracting more collaboration. This should also be seen as a strength and an area that needs to be maintained.

## **IV. Conclusions and Key Learning Points**

### **IV.1. Conclusions**

Based on our analysis, we see several strengths of the MSRP in helping organisations designing their response, open up opportunities for further collaboration and record exceptional multi-stakeholders' cooperation between the government and non-state actors (NGOs, CSOs, media, academia, private sector), as well as to unfold the discussion and mutual agreement in the nexus of humanitarian and development sectors of the UN (between HCT and UNCT). The pandemic situation has also driven the response through virtual platforms which made the interventions being implemented in a broader scope, across the country, and attracted more collaboration.

From the discussion above, it can be concluded that the MSRP as a response plan could serve as a tool in delivering five main functions: planning, coordination, monitoring and evaluation, fundraising, and partnership tools. The extent of effectiveness of the response plan on each of its functions will depend on the investment of resources allocated to support the function.

For example, if the MSRP is expected to support coordination efforts, then there needs to be resources available to have competent and dedicated coordinators in place as well as other supporting resources such as IM team and communication team. Similarly, if the MSRP is expected to strengthen the monitoring and evaluation aspects, then there needs to be resources available to collect and analyse data in order to assess gaps and progress towards objectives.

Humanitarian funding is limited, and thus in many cases, may be not all functions will be able to be operationalised. Therefore, agencies need to decide on where these resources should be allocated. We hope that based on these lessons learned documentation, agencies can make an informed decision as well as strengthen its collaboration and coordination to make sure that resources are being mobilised effectively and efficiently.

### **IV.2. Key Learning Points**

In conclusion, several key learning points have been documented as listed below:

8. MSRP is very useful in helping to develop a joint plan, assisting agencies to design their programs, and nurturing new partnerships. The MSRP has also been successful in increasing multi-stakeholder collaboration in the existing priority pillars
9. The response plan has five main functions. Moving forward, there should be a consensus to decide on which function(s) of the response plan that the humanitarian community expects to be delivered as well as where and how the available resources need to be strategically allocated to support the function(s).
10. The response plan should be more dynamic and adaptive to enable more agencies to participate in the response plan, even after the response plan has been published.
11. There needs to be a structured efforts to disseminate/ socialize response plan once it has been published
12. Strengthening coordination mechanisms and resources for analysis and facilitating opportunities for collaboration between institutions
13. Cross sector collaborations would provide significant added value to have more synergy and integrated approach across sectors
14. It is necessary to strengthen strategies and mechanisms for reporting, monitoring, and evaluation. Having mechanisms to monitor efforts at the local level will help local NGOs to nurture collaboration and coordination. Good practices and local champions are helpful to inspire replication and scaling up.